Tsehai Crockett-Lynn, M.H.A.
Behind the Mask
October 28, 2021

Barr: Good afternoon. Today is October 28, 2021. My name is Gabrielle Barr, and I'm the archivist at the Office of NIH History and Stetten Museum. Today, I have the pleasure of speaking with Ms. Tsehai Crockett-Lynn. Ms. Crockett-Lynn is the Acting Chief of the Materials Management and Environmental Services Department at the NIH Clinical Center. Today, she's going to be speaking about how she supported NIH in combating COVID-19. Thank you very much for being with me today.

Crockett-Lynn: I'm happy to be here, Gabrielle. Thank you.

Barr: To begin with, can you briefly describe the responsibilities associated with both your official role and your acting role? It's quite extensive—the number of duties you do.

Crockett-Lynn: Yes, it is. We are the supply chain manager and the environmental services, which is basically housekeeping, support to the Clinical Center. We make sure that the departments and the staff and leadership, as well as the patients that are supported, receive proper medical supplies, linen support, and housekeeping services. Our department is the one that has the biomedical technicians that ensure that the equipment is functioning properly and that the right equipment is in place. We account for the property. So, we have the property management team. We provide the linen support, so the linen services. The scrubs and the bed linen items that are in the hospital room, we provide those as well. We also help to manage operations of the loading dock—the supplies and materials that come in from either our primary vendors or from other suppliers. We run the receiving area for the Clinical Center as well. As I said, we help manage the operations of the loading dock, which is where all the materials for the Clinical Center come into. So, we help manage that operation as well.

We provide quality assurance checks on the housekeeping services and any of the other support services that the department provides. We also do the warehousing for bulk storage of the Clinical Center's safety stock [additional quantities of items in inventory to reduce the risk that the items will be out of stock] if you want to call it that. We also provide, as I told you before, central hospital supply support, which is providing the supplies directly into the patient-care units so that the clinicians and nursing staff have what they need to operate.

Then finally, we also provide nurse-consulting services. We have two clinical nurses in our department, which is rare for a supply chain to have that clinical entity assigned to the department. They help us understand the clinical requirements for the supplies that need to be provided. They help us find substitutes, and they work with us to understand what the clinician and the nursing staff need to make sure that they provide safe patient care. In a nutshell, that's pretty much what the department provides. We're happy to be that. We call it the heartbeat of the agency because everything that touches the patient will potentially come from us, or we have a piece in helping that it gets to the patient.

Barr: How did the Materials Management and Environmental Services Department contribute to efforts like setting up a new-venue in the Clinical Center, the screening, and testing, and vaccine distribution, and a lot of the other activities related to combating the pandemic that occurred at the Clinical Center?

Crockett-Lynn: Well, what we did right at the start of the pandemic, just prior to the real height of the announcement of the lockdowns and quarantine, [we kept doing] those kinds of things because the Clinical Center remained open during the entire pandemic. We never closed. What we did was we prepared by getting as much PPE [personal protective equipment] as possible—the personal protective equipment items like the gloves and the gowns and the masks. And then we helped establish the supply chain to support the screening areas.

Vaccinations—we helped the pharmacy pick up and provide vaccines into the Clinical Center. We helped supply the ICU [intensive care unit] and our special procedure area. It's called the SCSU [Special Clinical Studies Unit]. It's where we care for the COVID protocol patients, patients that are either positive with COVID or being ruled out with COVID. We help [the staff] get the CAPRs which is a brand of PAPRs [powered air-purifying respirators], those white suits that you see a lot of times in the shows about health care during the pandemic. [Clinicians] wear [them] in case they had to be in close contact with a COVID patient or treat someone that was participating in a COVID protocol. We help provide those additional personal protective items for them. We cleaned the spaces that were designated to act as screening points. Prior to the pandemic, there was an open area just as you came into the Clinical Center through one of its main entry points. There was nothing there. And when the Clinical Center decided to establish deliberate screening points there, we helped ensure that they had hand sanitizer, that they had the gloves (for staff working in the screening areas) and the masks which were handed out to the visitors and the staff members coming into the Clinical Center.

We helped with providing the temperature monitoring when we were doing that initially. We took away the regulated medical waste when they boxed up the gloves and masks and other things that have been used. And we also, like I said, cleaned the area at a hospital-level clean. Before it was administrative-level clean because you didn't have any sort of clinical practices going on. So, we shifted housekeeping services to areas that don't normally have healthcare type cleaning. You have the normal administrative cleaning of your office area and your corridors and things like that—nonpatient-care areas. But when you start doing a clinical function in an area where it's normally not been done, then you have to change your cleaning practices to make sure that you are doing healthcare-level housekeeping.

Barr: What does healthcare-level housekeeping entail?

Crockett-Lynn: It's extra precautions to prevent infection from spreading. It's a higher level of infection control, risk-mitigation strategies. We'll use a hospital-grade cleaner in an area to make sure that there's no living microorganisms or anything that we don't know about it. It reduces the transmission and spread of the COVID virus. So, if somebody comes in that didn't know that they were positive for COVID and we find out later that they were, that space had already been initially cleaned to reduce the likelihood that the virus would live in that environment. Then we would also come back as soon as we were notified that anybody was either exposed to or potentially had COVID, or tested positive after the fact unbeknownst to them because they were asymptomatic. We would go back and make sure that everything was cleaned with a chlorox hydrogen peroxide cleaner and follow all the COVID-cleaning protocols to minimize the risk of spreading any sort of infection.

That reminded me that we also supported asymptomatic testing. The Clinical Center has a very active asymptomatic-testing program that we run out of the fifth floor of the Clinical Center. We provided the supplies that help set up that area—the isolation gowns that the staff is wearing, the gloves, the face shields, the masks,

the hand-sanitizer stations at the entry and exit points, and the vials where they put the samples—the swabs that they use to do the testing. So, we helped in that capacity as well.

We've been pretty involved throughout from the beginning. We've evolved. As you've seen in the news, all healthcare entities had to evolve as the virus evolved. Our practices had to evolve to minimize risk of infection and spread and to protect staff members as well as the patients.

We've shifted each time that the leadership has said we need to do something different to ensure continued safety. We have had very minimal spread of the virus within the Clinical Center and no transmission of the virus from staff to patient. That's a high mark for us as an organization because we are a high-reliability organization. We help minimize risk and truly keep our staff and patients safe. I'm proud to be a part of that.

Barr: Definitely. What was it like to procure all this new equipment and supplies? I mean, I'm sure you didn't have so much hand sanitizer before. What was it like to buy all this stuff in terms of quantity, and new things, and then organize how you went about replenishing, and things of that nature, making sure it was all there?

Crockett-Lynn: It was very challenging to find [supplies]. As the pandemic initially started and supplies started to become harder to get, the challenge for us was, like I said at the beginning of the interview, we did a lot of pre-planning. As soon as we started hearing about the potential that there was going to be an outbreak and that we were going to need the [supplies], we started looking into what PPE we needed as a mitigating strategy. We started putting in our orders early. That helped. We had a lot of the stock already on site. But the challenge became, as the pandemic ran on, getting the resupply and the replenishment as you talked about. We just combed every supply avenue that we could find. We reached out to suppliers that we had never reached out to before. We used our networks. Here in the supply chain community—we're a very tightly knit community in terms of we try to make sure we know who our neighbors are, so that we can borrow if we need to. If we need to find a new supplier, we shared information that way. Each time that we found a new supplier, we established a relationship and tried to bring in as many different options as possible. The good thing about our staff at the Clinical Center is they helped us by giving us their exact requirements, like which PPE worked the best for them, what was it that they wanted to have. We were able to, for the most part, get them everything that they needed and keep the quantities going.

We had a deliberate tracking system where we do an inventory every night of our critical PPE. And then we have a burn-rate calculation tool that we got from the CDC [Centers for Disease Control and Prevention] that we use that helps us track how much of a certain item do we use. Based on that usage, we make sure that we're in close communication with all our suppliers in terms of predicting what we need. That has helped us.

It's become more challenging lately. As you've seen in the news, the raw materials, and transportation, and workforce issues are causing a strain on the supply chain. Right now, we're trying to do things a little more deliberately. Identifying alternative products is always helpful. Having our two nurse consultants as part of our staff has helped tremendously, because they can help us quickly identify a substitute. So, if we can't get the primary item, we already know from the staff what is an acceptable secondary and tertiary item to look into. Those were the kinds of things that helped us overcome what could have been a more challenging situation.

I count us pretty fortunate. During the height of the pandemic, we never ran out of anything. When we were hearing the news stories about facilities having to rewash things and reuse things beyond what was recommended by the manufacturers, just because supplies were so short, we were never in that situation. We

always had a healthy supply of items that we tracked very closely. I think that helped tremendously—the collaboration with the clinical staff to let us know [acceptable] alternative substitute items. That helped tremendously.

Barr: Did you ever do any of your own research online or talk to some of your contemporaries at other medical centers around the country in terms of what they were doing in coping with the situation?

Crockett-Lynn: Not so much I in terms of [doing online research]. My background is from the military. I'm retired military. I did reach out to my military counterparts and some of my Department of Defense supply chain points of contact to ask them what's being recommended in terms of conservation strategies. A lot of times we were reaching out to [find out] what's the FDA guideline? What emergency use have they given us? What are some alternative practices that we could put in place that will still ensure that we can continue to support our patient population and keep our staff safe? So, I did [research] in that respect.

I am in close collaboration with the two hospitals that surround the Clinical Center. I have a point of contact at Suburban [Hospital] and I have a point of contact at Walter Reed National Military Medical Center. We collaborate closely on when we have critical shortages. [We] try to share ideas on how to get certain products. [We also have a point of contact with] the Johns Hopkins Hospital network. Holy Cross was another point of contact that we reached out to, [as well as] George Washington Hospital, and the VA [Veterans Affairs]. So, we did tap into some of our resources.

Again, it was because we had folks on the staff that had someone that they had worked with or knew someone who knew someone else. We were able to do that to collaborate with them and reach out and say, "What are you doing? What's going on with you? And how are you dealing with this?" So, we did do that. But we did it more on a personal level, like who we know, and who knows someone else, a friend of a friend. It's kind of one of those things [where] we phoned a friend of a friend.

Barr: Was the Clinical Center at all affected by increased pricing of PPE and medical supplies during the pandemic? I heard that it went through the roof occasionally.

Crockett-Lynn: There were some things that the prices had increased slightly, but I don't think that we felt them as much as other facilities might have. Again, it's because we bought a lot prior to the pandemic, before the prices started to skyrocket. Having pre-existing orders early on was really effective to be able to lock in the lower prices. There were a couple of things where the prices did rise because of what was going on with the high demand and the pandemic, but we didn't feel it to the point where it was just a huge spike in pricing. That was because we bought a lot of our products early, or we had orders in the system that secured the original lower price. Many of our suppliers, because we had long-standing relationships, honored that lower price that we originally had in place.

Barr: That's really great. Can you speak about how routine operations that fall under your jurisdiction, that you mentioned—like laundering, providing linens, cleaning of the building, emptying waste, maintenance—how those activities had to be adapted due to the pandemic? And how did you train the staff on these changes?

Crockett-Lynn: Training for the pandemic—the way that we did things didn't change too much in terms of processes other than having to wear the additional PPE and test more often and clean more often. There wasn't really a big change for us in how we conducted our business. Housekeeping changed only in that we had to do more frequent cleanings, not so much in the type of cleaning, because it's all based on the level of clean of an area anyway. We were already trained on conducting the highest level of healthcare clean, which is typically like a contact isolation if there are protocols where there's something that's more highly communicable than in a normal patient. We were already trained on how to do that. When it came to COVID, staff here were already trained, because they were part of the Ebola response and those kinds of things.

It wasn't that much of a deviation from what we already did. We may have had to do it more often, especially in the housekeeping, with linen support. At the height of the pandemic, we didn't have as many patients, but we still had to conduct normal operations, maybe on a smaller scale. And then we've since ramped up back to almost pre-COVID timeframes in terms of staffing and hours worked. Processes in support provided and frequency were pretty much almost back to what they were pre-pandemic. It really wasn't that big of a change for us. The staff that worked in Central Hospital Supply, Sterile Processing, Housekeeping, Linens—they all pretty much worked through the pandemic. There was never a time where they were not on site. Because we're a service provider, we had very few staff that did not work on site during the pandemic. We had a few, like our inventory management team [that] could do their job remotely, because it was ordering items, talking to customers, and making sure deliveries were received, but the dock support did not change in the receiving area. We still were getting supplies in and the majority of… [interrupted by interviewer].

Barr: Did you have to work more because there was so much that you all had to accomplish?

Crockett-Lynn: It's all a day-in-the life of a logistician here, or a supply chain person, and a staff member within the Materials Management and Environmental Services Department. That's a typical day for us. It's just we would do it more frequently. The days didn't get any longer per se because it's still during their normal shift. We have a couple of different shifts at work. Our Central Hospital Supply still stayed open to, I think it was midnight, at that time; it opened at 7:00 a.m. and closed at midnight, seven days a week. We still had a shift working in Central Hospital Supply and still had shifts working in Sterile Processing, because there are the instruments that need to be sterilized before they're used in the operating room. They still had procedures being conducted in the operating room. We still had patients in the ICU. To some extent, it was on a smaller scale for a little while, but it still was [operational] the whole time during the pandemic.

Then like I said, we've since gone back to pre-pandemic levels in terms of support and service. It is challenging in some respects, because now we have the constraints of the supply chain—not being able to get the materials [or] the products. It depends on the item. Sometimes it only affects a certain item for a little while and we think we're okay. Then it's another item that's affected. Right now, our challenge is getting the blood tubes for the research blood tests and those kinds of things. But that's a global shortage. If people have been watching the news, they would see that Becton Dickinson, and Greiner are the manufacturers. There's so much demand and very little supply, so they've had to allocate and restrict. We make sure that we put in our orders in a timely manner and double check on getting the supplies. They've helped us get supplies diverted from other areas, if necessary, to support the research protocols and the patient-care mission that the Clinical Center has.

Barr: Given the number of your staff that was on campus, how did you go about keeping up morale and helping them deal with any concerns that they may have with the virus going on?

Crockett-Lynn: Well, I think with us, it's talking with them, having leaders do the management by walking around. We have an active supervisory force that was on site with the staff as well. We shared information on video calls, like this one, with the leadership and some of the staff to be able to get the messages out there. We still did walk arounds to talk to them and ask if they had concerns.

Our staff was used to having to provide care to really sick patients. They saw all of the precautions and all of the things that were put in place by the Clinical Center to keep them safe—giving them plenty of hand sanitizer, and reminding them about hand hygiene, and keeping a fresh mask supply for them, and making sure that the housekeeping team was cleaning like they were supposed to, and reminding them about social distancing, and being transparent if we had someone that had tested positive with COVID, but not releasing the PII [personal Identifiable Information] or the person's name. [We let] them know that these are the precautions that are being taken—going through the standard contact tracing to see if there was exposure. [We also gave] them support and the tools to reach out through our Occupational Medical Services to say that they're there for them to answer questions or concerns. We just tried to be very transparent with all information that we had and communicated as much as possible to as many, if not all, of our staff as we could.

If we had staff that were at home during part of the pandemic, we tried to make sure that we reached out to them a couple of times during the week to make sure that they weren't forgotten and to let them know that they're still a relevant part of the staff. [We] told them ways that they could contribute when working remotely, calling people that are at home and checking in on them. If [staff] knew of anything when they're talking to their colleagues, and [had] concerns without exposing personal information, [they would] share with the supervisors or with the leadership, "Hey, so and so is having a challenge, is going through some things, and needs some additional support." We did have that happen. One of our staff members noticed that one remote worker that's on 100% telework, stopped communicating, wasn't answering emails, wasn't answering phones, and she knew something was wrong. She finally reached out to [the remote worker] and found out that this staff member had just had enough. She felt overwhelmed, and she needed time off and some support through the behavioral health channels. She was having some challenges that she needed to work through and talk through. Because we were so in tune with each other, it was discovered as soon as it started happening before it was too late. Now that staff member is back with us, and she's got the support services in place that she uses and is back to being productive and contributing. We touch base with her a little more often now because we know we don't want her to feel isolated. She's got family around her, so we're assured that she's not by herself.

Barr: That's really very rewarding. What was the most rewarding part for you about working at the Clinical Center during the pandemic?

Crockett-Lynn: It was, I think, really seeing the impact of the planning that we did before the height of the pandemic hit us—having the supplies on hand for our staff to keep our patients safe and keep our staff safe. To hear our hospital CEO, say [that] because of the Materials Management and Environmental Services Department, we've never gone without PPE, we've never gone without a critical medical item that we needed to treat a patient, we haven't had a delay in care because we didn't have a resource that was supplied by our department, the Materials Management and Environmental Services Department. Our facilities were kept clean by our housekeeping team. We didn't have a lot of the issues and concerns that were being [mentioned] in the

media. It just didn't happen in the Clinical Center because of the collaboration of our staff and support of the leadership. That felt good. It was rewarding to know that we were keeping the staff members and the patients safe.

Our team members were recognized several times throughout the pandemic—given free tee shirts to say how they were appreciated and that they were an NIH hero. This leadership and the staff went out of their way to recognize the hard work and the dedication of the folks that were able to work on site and had other ways of recognizing those that had to continue to work off site. It was rewarding being part of the NIH team. It's just a different environment. I know people probably say that about their organization. But there is something truly special about the Clinical Center and for us to be the supply chain—the heartbeat for supplies and materials and services—to help keep patients and staff safe. It's just really rewarding. It really is.

Barr: How have your military experiences, particularly your time in Afghanistan and Iraq, prepared you for the sort of high-stakes-evolving environment that COVID-19 created for the Clinical Center?

Crockett-Lynn: The military prepares you for the unknown, unexpected, [and] to always anticipate what's around the corner, like what's next, what's the worst case. When you plan for the worst case, normally it doesn't happen, but you're prepared. Whatever it is that happens, you're prepared for it.

Afghanistan was a unique environment in terms of [being] multicultural [and having a] high risk of any of the most egregious things going wrong. I think when you're in an environment like that and then you come into the Clinical Center understanding that everything you do impacts whether patient-care outcome is a successful one [and] is seen as a good one, you do everything to prevent it from being an unexpected or a terrible outcome.

For me personally, the military developed me as a leader and a manager [with an] understanding of the value of having a diverse group of people that bring different types of talent. But the biggest thing is looking ahead and understanding the way to identify all possible risks, and then having a plan in place in the event that the risk is realized, even though you don't want it to be. Don't take anything for granted or assume anything. Always make sure that you have a plan for anything that could go wrong. That, I think, is the biggest thing that Afghanistan and the military prepared me for. I was in the healthcare field for the majority of my military career, but not necessarily in my role in Afghanistan. I was part of a DOD [Department of Defense] supply chain when I was in Afghanistan. [I was] supplying materials to the warfighter at the very tip of the spear—it's what we call the very frontlines.

It is similar to here where we are responsible as the material managers, as the supply chain leaders within our agency, to make sure that the patient who's at the tip of the spear for us gets what they need. If you walk that backwards, [we ensure that] the doctor, the nurse, [and] the medical technician have the resources to be able to treat that patient for the condition that they are being seen for in the Clinical Center or [for] their participation in the research protocol, and that their environment has everything that is needed to be safe and conducive to that patient outcome. That the bed is working properly. That's our biomed folks. That we bought the right bed. That's our property folks. That we have the right linens on there. That's our Linen Management Section. That we have the right tubing and supplies attached to the monitor, the [right] bandage to cover a cut, or the pharmacy uses [the right] tubing to deliver drugs into that pump. That the hospital room is clean, and [there's] minimal risk of infections being passed. That's our Housekeeping team. Our QA [quality assurance] team makes sure that the housekeepers are cleaning the rooms and using the right techniques and the right products. That's what our

whole focus and purpose is—making sure that that patient at the end of everything we do, is given everything for the most positive patient outcome.

Barr: It's like a mission.

Crockett-Lynn: It really is, and we look at the patient as our most important customer at the end of the day. When you walk it back, of course, everyone that's treating the patient and helping to deliver that safe patient care are our customers as well. But the patient is our ultimate customer.

Barr: In addition to being an NIH staff member, you're also a person who has been living through this pandemic. So, what have been some personal opportunities and challenges for you that COVID-19 has presented?

Crockett-Lynn: [I've had the] opportunity to use the time and talent and experiences that I gained from coming out of the military to help support the mission here at the Clinical Center. That's on a professional level. Personally, I have two sons that are in their 20s. We quarantined a little bit and then mom went right back into the workforce, because we didn't stop doing healthcare in the Clinical Center. [I was] getting to know [my sons] a little bit better. We were always close, but seeing COVID through their eyes, and seeing the things that they saw, in terms of how it impacted their social circle and what their thoughts were about different things that happened in the news related to COVID. The simple things of just vaccination and wearing the mask, and those kinds of things. I mean, it was challenging in terms of tempering, I guess, the anxiety and fear that sometimes the stories in the media can tend to generate.

I think one of the most valuable things I gained being here at the Clinical Center was understanding the science behind the virus and understanding the science behind the vaccine and how it got to be approved. Now hopefully, everybody will get it, but it's available for everyone to get. It was just amazing. I would go home and share with my sons that I was at NIH, one of the organizations that helped develop one of the vaccines. [NIH] shared the science with us at a macro level for those of us that aren't scientists or physicians. But it was enough to be able to take back to my sons to say that it's solid science and this is what it's based on, this is the intent, and to be able to temper some of the things that were going on in the media with the real science of developing the vaccine and understanding how the virus operated. To me, that was just that was one of the biggest rewards of being at NIH during the pandemic—I got to be included in what was going on behind the scenes, and in the science of it all.

Barr: That's really wonderful. Is there anything else that you would like to share about either your work during the pandemic, or your experiences?

Crockett-Lynn: In my mind, I played a very small role in terms of supporting through the pandemic, and providing my time and talent to ensuring that we survived the pandemic for lack of a better way to say it. But the teams that we had here at the Clinical Center [played] a big role in the different things that we saw them do—just the care and concern and the compassion, that the leaders here and the staff went through to ensure that patients stayed safe, and family members that worked here, the staff members that worked here, remained safe.

I just played a small part in that. I always call us the silent warriors. We're the ones behind the scenes—I'm comfortable behind the scenes—to make sure that things happen, and items are where they need to be, and services are provided to the staff and patients in the Clinical Center. But the pandemic was one time in my life where I felt like my time and my talents and energies were put to very good use and appreciated by anyone walking in the halls here at the Clinical Center or when we have opportunities like this to tell our stories and have interest about "What did you do during the pandemic?" and "What was your impact?", like you've been asking. "What's your legacy that you leave that people are going to read about at the height of the pandemic?" or "[What was] your role in the pandemic?" I was honored to have this time and opportunity to be able to give my time and talent to support this agency and our staff and especially the patients that were being seen here at the Clinical Center.

Barr: Well, thank you so much for this lovely interview, and I wish you and your staff continued success and continued help and thank you so much for your service.

Crockett-Lynn: I appreciate you taking the time to talk to me, Gabrielle. It's been a pleasure.