

Dr. Neelam Giri  
Behind the Mask

January 5, 2021

Barr: Good morning. Today is January 5, 2021. My name is Gabrielle Barr. I am the Archivist at the Office of NIH History and Stetten Museum and I have the pleasure of speaking to Dr Neelam Giri. Dr. Giri is a staff clinician with the Division of Cancer Epidemiology and Genetics at the National Cancer Institute. Thank you very much for being with us.

To get started, in addition to your work that you do with those with inherited bone marrow failure you have also been participating in the symptomatic car line testing. So, what motivated you to get involved with testing those in the car lines at NIH, and how did you jump in to help?

Giri: I am always willing to volunteer if there is an opportunity, and if I qualify for the position. So, here we had this pandemic just starting and we were not able to go to the office, and we were told to work from home. And at the same time there was an email asking for volunteers and the Branch Chief also forwarded the email. I was like, "Okay, why not?" So, I replied to the email saying that I am a staff physician, this is my position, and I am willing to jump in at whatever position you want me to join. Very soon after that, I received an email from OMS [Occupational Medical Service] asking me whether I would like to volunteer. They offered me various screening opportunities and testing opportunities and I said [that] I am willing to do the testing because I have done swabbing before when I was doing my residency and fellowship. And so I had to undergo some training, I had to answer written questions and I also had to do the confidentiality screening. After all those testing, I had to also do the PPE testing in person and also a written test.

Barr: Oh, wow! So how long did all of that take?

Giri: I think it took about a week. You had to go in a couple of times. You could do the online testing on your computer at home but then for the in-person testing, to try to wear the mask, N95 mask, you had to go in person, and also to learn how to do the nasopharyngeal swab you had to go in person to learn, and so that is what I did.

Barr: What were some of the qualifications that you had to have in order to do the testing?

Giri: You had to be credentialed at the NIH to be involved in patient care, that is one, second you had to be either a physician or you had to be a nurse or a nurse practitioner who has the credentialing at the Clinical Center to qualify for the position.

Barr: That definitely makes sense. Can you talk a little bit about what your role is with the symptomatic car line testing and can you provide what a typical shift might be like?

Giri: Okay. I am considered the swabber. It is a full team where one person does the swabbing, the other person is a swab assistant, then we have a labeler, and a communicator, a greeter, and a whole lot of people who are from the NIH Fire Department and Police Department who kind of arrange the testing site set-up, organize, and who are in charge of running it smoothly.

Barr: Okay.

Giri: The scheduler is the OMS person; her name is Althea Treacy. She is the one who plans the schedule for the month and puts in a list of the people who are involved each day, and then the rest she also puts in a list also the of people who should be available as back-up in case someone does not show up or you need an extra help.

So we start—we have to be at the site by 8:30 in the morning and, then we have what is called a quick huddle where the people who are in charge assign us all the duties and let us know how many people are coming in for getting swabbed that day. Then, the swabber and the swab assistant go into the change room, which is actually the fire department truck, and we are helped to put on our PPE. There is a person who helps us put this on. So, we wear the mask, the gown, the gloves, and then the shield to protect us. Then, it is all sealed, and when we come out, we have to clean our hands again with the sanitizer and then wear an extra pair of gloves before we test each person.

I am the main person; I am the swabber. There will be cars in line, and I call each car, and I explain to them what the procedure is and then swab the person's nasopharynx and let them know that they will hear from OMS within one to two days about their results and that they need to stay at home and not go in public anyway until they get the results.

I do the swabbing on Monday, every Monday, and I have to go in sometimes on other days if they need extra help or if someone falls sick or does not show up, so, one to two days in a week. When we started, we used to have about 50 to 60 people coming in on each day, then it reduced to 20 to 30 people per day. And now, when we had this second wave around Thanksgiving, and after that, again, the number of people coming for testing, on Monday especially, it is quite high. Recently, we are having more than 75 to 80 people come in. There were days when we had more than 100 people come in and we had to have two groups of people and two car lines to do the swabbing. That is what we have been doing for past several weeks at least on Mondays and sometimes on Fridays when the number of people is quite high.

We work from around 8:30 until 11: 30. We finish all the swabbing, then again, we have a huddle group where we discuss if anything needs to be changed, if anything went wrong, if everything was smooth and then we disperse after we have ungowned all and cleaned up.

Barr: How long does it take you to do on average to swab somebody?

Giri: I haven't actually looked at that, but it doesn't take more than 10-15 seconds. I would say about less than a minute because the car has to stop, I have to explain to them, and then I put in the swab into their nostril, and I have to be in there for about 10 seconds, and then I explain to them how and when they will receive the results, and the precautions they should take, which takes another 10 to 15 seconds, and then they go. So, I would say less than a minute, on an average about 30 to 40 seconds.

Barr: Have you had any interesting exchanges by doing this like meeting different people or are people more very business-like?

Giri: No, we have had interesting exchanges also. Sometimes, some people are really very, very scared and you may have to take a longer time to explain to them, and you may have to go in a couple of times because they just jerk their head and are not ready. So sometimes you have to make them understand and make them ready and tell them, "It's only going to take 10 seconds and you will be free to go." I also explain to them my experiences because I usually go in to get asymptomatic testing, and I explain to them that I have had this done in the past and I also get now mid-turbinate done almost every week on the fifth floor in the Clinical Center so I understand it's not a very pleasant experience, but it won't last, it is only for 10 seconds.

Of course, sometimes, I meet people whom I know. They may not recognize me because I am behind a mask and a shield, so, if I know them very well, then I tell them who I am. At times, of course, we also get Secret Service people that we test, Dr. [Anthony] Fauci's Secret Service. My interesting experience was one of the days when Dr. Fauci came in for testing and they were doing a documentary on him. Fortunately, it was my day, on Monday, and they filmed us.

Barr: Oh, that's exciting!

Giri: So, that was very interesting, and it was very nice meeting Dr. Fauci at the testing site. We meet his Secret Service people almost every day because they come for testing, so those are interesting experiences. We also get to know many more people. Most of them do not recognize me and may not recognize me because of the mask and the shield.

Barr: Have you developed a methodology since when you began, I am guessing in the spring? Have you a certain system in place where you are going even faster than when you started?

Giri: Yes, we have. When we started, we were not very sure how to go in and sometimes it would hurt the people because they would say, "Oh, it's hurting my brain." When you put the swap stick in, you reach the base of the skull and sometimes you can stimulate the nerve ending there and it really hurts. Now, we have developed a method [where] we have to go in and direct in a downward direction, people have to raise their head. So, it has become much faster, and it has become much smoother and less painful for people. Initially, there were a couple of instances, when a couple of people had nose bleeds. Sometimes that can happen because you have an inflamed nostril because you have an infection in that area, and sometimes it can be if you have hurt a blood vessel because there are a lot of blood vessels in the nostril. But since we have been doing this for about 10 months now, it has become very smooth and it has become more rapid and less painful for people and less painful for us, so it is a more comfortable experience now for many of us.

Barr: That is really good. Were you ever nervous considering that you were testing symptomatic people?

Giri: In terms of?

Barr: Contracting COVID?

Giri: Actually, no. That is one of the reasons that I go and get tested at the asymptomatic site once in a week or once every two weeks. I feel very confident that I am fully protected because I am wearing an N95 mask, and I also have the shield to cover my face, and in terms of my hand hygiene, we don't touch any area, we just put the swap stick into the nostril and then put it into the tube and seal it and then change gloves after swabbing each person and also do hand sanitization in between each swabbing. We have an inner glove and an outer glove, so we take out the outer glove and do hand sanitization and then put on the new glove for the next [person]. We also have the full PPE protection so I am not concerned that I would catch COVID, and I don't think anyone of us over the past 10 months have gotten COVID. Some people, when they come to the car line are scared that they might catch it from us, and we have to sometimes explain to them what precautions we are following between each person so that they won't catch it.

Barr: Yes. Oh, that is interesting. You were one of the first people at NIH to receive the vaccine. How were you selected to be one of the first candidates?

Giri: I really don't know how I was selected, and I didn't ask. But out of the blue one evening, I got a phone call from one of the Fire Department people or Police, a person who was in charge, and I didn't ask his name—but I think I know who he is—asking me whether I would be interested in getting the vaccine. My name was put up and I would be receiving vaccine the next day, but I would get a call or I would get an email from the coordinating group. I said, "Well, yes, I am interested!" And I said "When?" and he said, "Tomorrow." I was, "Yes, of course, I am interested."

Then for the next couple of hours I was really excited, and I was waiting for that email and it did not come for the next two hours. I told my husband, "I think I'm going to get the vaccine tomorrow but I'm waiting for the email. It seems to be a big event, but I do not know the details." Then we were having dinner and I was like, "Okay, maybe it was just a joke and I am not going to get it." I was checking my email every two minutes. Anyway, so then I got there was this email and I had to fill in a form, which I did immediately. I didn't realize it's going to be a big event. I thought it will be just an NIH-wide webcast. I did not know CNN would show it in person too, and that everyone could watch it on TV.

Barr: Yes, we were watching you.

Giri: Yes, I was excited that Dr. Fauci and [the] director, Dr. Francis Collins, would be there getting the vaccine and six of us were selected, one person from the car line. I think they selected one person from the car line because we are probably considered first responders since we do come in contact with people who have COVID, since we are testing them. I was very excited.

Barr: What was it like that day for you?

Giri: Well, it was really nice. It was enjoyable. I was not tense or stressed. We went in at around 9:30 in the morning to the Masur Auditorium. I had to tell them who I was, and they had my name so, they had the seating arrangement for all of us. I went and sat on my seat by 9:30 (closer to). Then, when the big people came in, Dr. Fauci, Dr. Francis Collins, and they had the introductions, and one by one all of us went on to the stage to get the vaccine. So, it was very enjoyable experience. After that, we had to wait for half an hour in the library and that was the time which was real fun time because we got to spend time with Dr. Fauci and Dr. Francis Collins, and talk to them, and get pictures taken.

Barr: Yes, oh that's really [nice]. Was your whole family watching?

Giri: Yes, my daughter was. My husband and my daughter were more excited than I was. My husband was in a meeting when the live session was going on, but he was recording it and as soon as he finished his meeting, he watched it. My daughter watched it in person, and, of course, she took my permission and put my picture and recording on her Instagram.

Barr: That is very exciting!

Giri: Yes, before it started, I didn't know how big this event was, but I let my Branch Chief know so that she could alert our division, and then they would know what I'm doing. I didn't want to just go ahead and get things done without my branch knowing about it, or my division knowing about it. But I didn't have much time in between because I came to know at night and the next morning this was happening. So while they were filming us and getting it done, I was also texting with our division people letting them know what they are doing. They were not sure that they can watch it live so I forwarded the link to them so they could watch it.

Barr: Yes, oh, that's really nice. So, how has COVID impacted your work with inherited bone marrow failure syndrome?

Giri: Inherited bone marrow failure syndrome study here at NIH is a natural history study. We bring in the families and we see them in the Clinical Center. Because it is natural history and no treatment is involved, we were told at the beginning of COVID that we cannot bring in families anymore. So, we stopped bringing in patients and families, but we were communicating with anyone who had questions via phone or emails, and a couple of times via teleconferences. We have been working from home most of the time and there is a lot of analysis to be done because we have a lot of families in our study. We started using that time in doing the analysis, writing papers, and attending all the virtual meetings. I didn't realize but it has been a very busy time. It was very difficult, initially, getting organized but ultimately—because there were lots of meetings happening online and it was exhausting. I think we had to reschedule our meetings and everything so that we have some time in between to think and to work. I was also involved with several other conferences for which I had to prepare, and we also had site visit for which people had to prepare so it was a very busy time.

Barr: Were you ever able to see any of the families [in the study] this summer? Did it open up at all?

Giri: I am also part of another study which is a treatment study going on at NIH with a group from Hematology Branch, and because their patients are on treatment, they had to bring in patients. So I still do go in to see patients at the Clinical Center when they come in, which is about once or twice a month. Initially, I got permission from our division and I was going in once a week to Shady Grove, to my office, to work from office because there were certain things that I couldn't do from home and I needed more quiet time. I could focus more at work. And so, I used to go once a week and work from there but, otherwise, most of the time I have been working from home. We did bring in a couple of patients who needed some care at NIH from the inherited bone marrow failure syndrome group, to NIH and got them

evaluated at the Clinical Center [and] I went and saw them at the time. But mostly it has been working from home.

Barr: Which I am sure has had its advantages and its disadvantages.

Giri: Yes, it has both, but over time we have learned to make use of our time more efficiently.

Barr: What has been some personal challenges and opportunities for you that have arisen due to the pandemic?

Giri: The personal challenges had been re-organizing my schedule and focusing on my work and also taking care of the household responsibilities. Suddenly, they tended to fall more on my shoulders because I am a woman. It had been initially very difficult because the work challenges and meeting the deadlines and getting my work done and helping fellows get their work done and coordinating with my seniors. It was very, very challenging but it took several weeks to months to understand what is more important and how to focus and how to say no and get really organized. But after that it has been more smooth.

Barr: Yes.

Giri: I had to reorganize the priorities. And I also had to take help because NIH has this helpline and I did call in and spoke with the person and attended a few sessions and that was really helpful.

Barr: What does the helpline do? I haven't really heard of that.

Giri: Well, the helpline: you speak with a person and you discuss what your issues are, what your challenges are, and they help you. They guide you through the process and help you prioritize and understand that these are difficult times and not everything can be achieved at the right time and in the right way, so you prioritize. It's mainly a guidance to help you how to go around and to find out if you need any further treatment or further help. You have, actually, six sessions with them and it was very helpful because I was very busy. I was sharing a session at one of the bigger meetings where about 30,000 people attend.

Barr: Oh, my goodness!

Giri: This time, the meeting was virtual, and I not only had to prepare my talk, I had to also check the session and prepare the question answer sessions and at the same time continue doing my regular work. So I really needed guidance on how to prioritize. I was getting very stressed and they helped me understand what was more important, where I should focus my energy, and what I could postpone or give up, and that helped.

Barr: Do you feel there have been opportunities during this time as well for you?

Giri: Yes, there have been opportunities to learn more, to write papers, and to work in a different way.

Barr: Yes. So, this is a fun question. Did you partake at all in the COVID cooking craze, and if you did, what was the favorite thing that you made?

Giri: I actually did not because I was very busy with other things but, what I did was a lot of gardening. So whenever I could, whenever I would get stressed with my work or the days when I went for my COVID duty—because when I come back in the afternoon I am really exhausted, and I cannot focus on my other responsibilities—I would just go online. I would order bulbs and I would plant and so I have planted a lot of bulbs, I would say in hundreds or thousands—

Barr: Wow!

Giri: —in my yard. So I am waiting for spring to see what will bloom. So I did that but, otherwise, I did not partake much in cooking. My husband and my daughter, actually, stepped in and they did most of the cooking when I was busy. I did the regular cooking in the evening. After six o'clock, I would get off my computer and the Zoom meetings and I would do the regular cooking, but I did not do any special COVID-related fun cooking.

Barr: Yes, that makes sense. Well, it must have been very hot in the summer. What did you guys do with the car line in the summer with all your PPE on?

Giri: They used to have those huge fans and ACs with the cold air blowing and so they have a shed in which we stand, and the cars come in and the cold air blows in. In winter time now it's the opposite. We get very cold and when I am doing swabbing sometimes my hands are freezing and so instead of the cool air now, we have the heating pads and the warmers, the warm air blowing at us or we stand in the heated area. And we go in from time to time to warm our hands when there is less busy schedule in the car line.



Barr: Anything else you would want to share either as an NIH scientist or as a person living through the pandemic?

Giri: Well, I would encourage people to go in and get the vaccine whenever they are called to get the vaccine because we need to get rid of this pandemic. It has been going on for so long, it is frustrating, and we need to start leading a normal life and the best way to move forward is we have the vaccines now. I would encourage people, "Don't question it, just go and get the vaccine." And if more and more people get [it] as our turn comes in and we will have, as Dr. Fauci says, 80 to 90 percent of the population getting the vaccine, and then getting the herd immunity we will get rid of this pandemic and we need to get rid of it as soon as possible so that we can lead a normal life. So that's the message that I would like to give to people: just take the vaccine.

Barr: Yes.

Giri: Help get rid of this pandemic. And in the meantime take all the precautions. Do not do things that you are told not to do because we have seen the waves come in when people become more lenient in their restrictions and don't follow all the precautions. We have had these waves of increased numbers of people getting infected and it's very sad, the number of people who are dying and [we] do not want that to happen.

Barr: Well, thank you very much for your service and I wish you and your family all the best and hope you all continue to stay safe.