

Cheryl Matthews
Behind the Mask
April 1, 2022

ML: I'm Michele Lyons of the Office of NIH History and Stetten Museum and today is April 1, 2022. I'm speaking with Cheryl Matthews from the NIH Clinical Center Storage and Distribution Section. The NIH Clinical Center is the largest research hospital in the world, and it played a very pivotal role in the pandemic. What did your job consist of before the pandemic?

CM: Before the pandemic I was still in the Materials Management and Environmental Services Department, and I was a supply technician, and I was new to this section. I was previously working at the Building 10 [Clinical Center] self-service store so I was still new to everything before the pandemic hit.

ML: And then it hit and you're a tier one employee.

CM: Yes, ma'am.

ML: Can you explain what a tier one employee is?

CM: I can explain it in my terms and my recollection of what a tier one employee is: an employee that has to come to work—an emergency employee—an employee that has to be here basically every day.

ML: No matter what, right?

CM: Basically no matter what. Basically when you're needed, we just have to come to work and be ready to work during any kind of emergency whether it's weather-related, whether it's a hospital emergency—whatever it is—we have to be ready to work.

ML: You're a frontline person.

CM: Well, I don't like to use the term “frontline” because it makes it seem like I'm a doctor or a nurse but I'm actually still very important to this operation.

ML: Okay, can you give us an idea of what it is that you do?

CM: Well, I work with some doctors and scientists here in the Center for Cellular Engineering [CCE] and what I do is I supply them with medical supplies that they need to perform all the awesome things that they do on a daily basis.

ML: So what types of supplies are you are you finding for them?

CM: We get so many different things, Michele, like pipettes and syringes and different kinds of needles and different reagents and stuff like that. And we also receive stuff that comes in. We're the supply and inventory section for CCE.

ML: So when the pandemic began did you—what kind of changes happened in your job?

CM: Well, when the pandemic began that March, we were pretty busy up in CCE and then everything just went to a complete stop. At that time I was not a federal employee, I was still a contractor, and the young man that worked side by side with me, he was government, and what our department decided to have people come in one week on, and one week off, because we didn't want so many people to be in crowded workstations. So on his one week off, it used to be—it was so crazy! It was so much work for one person, but I was able to do it for seven months—for seven months. And it was life-changing because I drew strength from just people being around me on a daily basis, other tier one employees. I prayed a lot, of course, and I had to draw strength from other tier one employees, which made it so awesome, so wonderful.

ML: So what types of things were they working on that you were supplying them for?

CM: Well, one group was working on—I can't really [explain] the actual thing that they were working on—but they were working on something that was so fantastic to me as an onlooker, oh my gosh, I don't want to cry but it was so overwhelming to just see how dedicated they were and it made me want to step my game up to make sure that everything they that they had was there, it was in date, and [ready]. Oh my gosh, just thinking about it, Michele, just makes me want to cry because it's so many people up here in this department where I work at that work on really sensitive things, and you know patient care here at the Clinical Center is very, very important. It's like the front line of everything.

ML: So, the CCE, can you tell us a little bit about that? Is that critical care?

CM: No, it's the Center for Cellular Engineering.

ML: Okay. So were there ever any equipment shortages?

CM: During the pandemic, what I've learned was that some of the cleaning supplies started to be really, really in a horrible shortage because everybody in the whole world was looking for different cleaning supplies and some of that stuff is critical up here because they use certain things to clean machines and stuff like that and they have to keep the areas really sterile. So it got to be a little crazy. And then it kind of smoothed out too towards the end of 2020, but then when [January] 2021 hit, it kind of got back to that craziness. But we worked it out, we definitely worked it out.

ML: That's good. How did you deal with it when there were shortages? Did you have to make deals with other with other entities or did you have to go buy them off the market or...

CM: No, we have vendors that we strictly deal with. So what happens was that we had to make sure that our inventory—we checked our inventory completely, we made sure that we had enough—and when we got to maybe like a tiny bit of a shortage, before we got to that point, Michele, we made sure that we checked everywhere. We called all our vendors. We did everything we had to do to make sure that there was not a shortage or no empty shelves, nothing. So we did pretty good. It was, it was tight, but we did really, really well.

ML: Did you notice that the prices went up on anything?

CM: I don't deal with the pricing or the purchasing of anything, but I noticed even outside of NIH, just going to the regular grocery store at that time prices were skyrocketing.

ML: Yeah. So, how do you work with the lab? Do they come to you, or do you go to them or how does that work?

CM: Well, what happens is because we are the supply inventory crew up here for CCE, when we have supplies that come in, we check them in. We put them on quarantine and once we put them on quarantine, the information goes to our QA [Quality Assurance] department and our QA department goes over everything and makes sure they have all the proper paperwork. And then once it's released, then we're able to distribute it to different labs that we have here under CCE.

ML: So how many labs are there?

CM: Oh my gosh, like five left that we basically serviced.

ML: And so when you said they come in for quarantine does that—okay, my mind's thinking, “Oh, quarantine for the pandemic?” Is that something...

CM: Oh no, what happens is because of the type of labs that we have here, [but] everything that comes in has to go on a quarantine. “Quarantine” meaning that it can't immediately be used because we have to check everything out first, basically. And then once it's on quarantine, QA looks at everything to make sure it has a certificate of analysis and stuff like that. So once that happens and it clears, they put a green sticker which it says, “in use” and it's okay for us to now take it to the different labs where it's supposed to go to.

ML: So you actually take it to the lab then.

CM: Yes.

ML: Oh, that's nice. It's like door-to-door service.

CM: And we also currently have two clean room labs. And my co-workers [and I], what we have to do, we have to go into a gowning area. We have to completely gown up after scrubbing down our hands and stuff. We gown completely up with sterile stuff, and we go into these sterile labs and we take down all the inventory that they may need or stuff that has to be replenished.

ML: That's interesting. I didn't know you'd have to do all that. That's a lot of work! How long does it take to get all that stuff on?

CM: It all depends. You know, some of the young people are a little faster than I am because you have people that have to sit on the bench, like myself, and then you have people that can stand up and put on their sterile stuff or their clean room coveralls, which we call them.

ML: Oh, okay. I didn't know that. That's interesting.

CM: Yeah, it is pretty interesting because once we go into that gowning room—you know, your gowning has a certain technique that you have to do: once you open up the packet, you have to hold the clean room coverall by the tag so you can't touch the outside of it [moving hands like holding something up]. It's, oh Michele, I have to show you in person. It's pretty cool but it's a process that we have to do before we go into these labs because these labs are very important and stuff that goes in there, we have to

clean them and wipe them down a certain way. And it's there for our scientists and our techs to use when they need them.

ML: That's interesting. I didn't know. So you have to balance everything in a particular way before they're opened and...

CM: Well, I mean it's a whole process because starting out in the hallway we have these blue little sticky mats that we have to tap our feet on—tap, tap, tap—when you go in and you tap, tap, tap again. Then you go to the sink and then you have to scrub, wash your hands, and then you have to go onto another sticky mat. And then we have these machines, well, these little things called the “booty butlers” where you stick your feet in them, and then you tap, tap again. And you go inside this small little room called the gowning room and then you just, one by one, you gown up. [There's] certain things you got to do, like you got to put your boots on first, your mask on, and your gloves on—your one set of gloves first—and then you just gown up and then you get ready to go inside the lab.

ML: Oh my gosh, it's—that's a process! So somebody can't just say, Oh, I need a box of pipettes and you [take it in].

CM: It's a real process. Now pipettes and stuff, inside of the 3T lab we have a supply room where the techs can go into that supply room that we supply all the supplies for them. They can go in there and get what they need. But another lab we have, they have this room called the Window Room, where we don't go all the way inside of their lab; we just make sure that their supply room has all the supplies. So if I'm a tech going into this lab called 2J, I wipe everything down. I put [the supplies] in the window and the person on the other side, which is inside the clean part of the lab, they'll take it out.

ML: That's involved.

CM: It's really involved. We are so involved up here and we love it.

ML: My next question was going to be: what is the thing that you're most proud of from during this period of time?

CM: I think besides the resilience of everybody, I think seeing how people have grown, you know. It's not like a like a personal growth, but it was like an emotional growth. You know what I mean? It's like people really, really had to tap into something to make them come to work every day and to not think about what's going on in the world. But it was hard. But we had to draw our strength—I mean, my strength comes from God, but other people had to draw a certain kind of strength to come in every day to do a job that some love, some may not love. And then to know that we're not alone in this pandemic because it was worldwide. It was difficult in the beginning, walking through the hallways. I remember when it first happened, walking through the hallways and you're walking down the hallway and another person is coming in the opposite direction and they're staying so close to the wall, so that they don't—you know what I mean. It was stuff like that. Then after a while, when the vaccines came out, it was like, okay, people are really starting to feel a little bit better, so it's okay to walk a little bit close to somebody now. It was, it was so different at that time, it really was.

ML: Were you able to get your vaccine at work?

CM: Yes, and I am so glad that I was able to get it at work. You know, I was able to get my first shot, my second shot, and my booster shot here at NIH.

ML: That's good. That's really good. What the most difficult thing you had to deal with?

CM: I think the most difficult thing I had to deal with, honestly, was seeing—because the floor that I work on, the third floor, has pathology and stuff like that—and just seeing a few bodies, you know, bodies going in or bodies coming out going to that special elevator. I think that was hard because I think for me, I just assumed that it was COVID-related, you know what I mean? And that was wrong to do but my heart was so overwhelmed. I'm like, “Oh my gosh, was it COVID-related?” or “Who was that person?” And how is their family is feeling and what happened and then it makes you overwhelmed. You really can't work like that, but that was my reality. Some days I'll see people [being wheeled away] and some days I don't. That wasn't my reality.

ML: That would be hard because that's not really something you usually deal with.

CM: It's not, but I know the people that have to deal with that on a daily basis and to see them in a certain light as far as joyful and still pleasant and still having that laughter and that jokingness about them, that really made me happy too. I know what they had to go through, so if they could still be relatable to me as far as joking and laughing around with me, it made me feel better, because I know that I'm just merely supplying supplies, but these people are examining bodies, doing autopsies, or whatever they're doing, and I just know if they can come from out of that environment and still greet me with a smile or “Hello” or “How was your day?” or “Have a great weekend”, it just made me....It just really, really changed me. It just changed me; it really, really did.

ML: I could tell you that probably seeing you and talking to you really improved their day too!
[Laughter]

CM: Thank you.

ML: I was going to ask what did you do with all that stress?

CM: Well, I do a lot of writing. So what I try to do is write in journals, but it got to be so hard because exhaustion will kick in and I get so exhausted because I'm tier one, so it was a lot of days where I didn't get any sleep. I'm still dealing with that now. But when it first happened, oh, it was horrible. I was exhausted, but once I got here at work, I knew I had a job to do, so you couldn't tell. If you look at my eyes, you can probably tell but I knew that I had to do my best at what I was working with—some days maybe four hours of sleep. But I did my best, got here on time, and did my job.

[Laughter]

ML: Well, thank you for doing that.

CM: Thank you, Michele, you're welcome.

ML: One last question. So not just as a person working on the NIH campus, but also just as a person living through the pandemic, is there anything else that you'd like to add?

CM: Well, I do think the pandemic has really brought the best out in people, and the worst in people. I look at my own family, my dad is a Vietnam vet and his decision not to get the vaccine—I'm sharing this because there's so many families like that. I have four grown sons and for them to say, "Mom, well, I'm gonna go ahead and get the vaccine," you know as a mother I was happy; I was extremely happy. My brothers and my sisters, my mom, got fully vaccinated, and to see that and to hear that and to try to get back to some kind of normalcy, oh my gosh, that was the light at the end of the tunnel! We're almost back to a new normal, but we're almost back. So that truly, truly, just made my heart shine. Because [it wasn't] just my family and my friends, but I talked to so many people here at NIH and a lot of them were struggling. A lot of them had a tough time. Some of them had losses but they were still holding on. They were still holding on and that right there was a testament to just positive people being around them and people comforting them. I'm still comforting them and listening to them because a lot of folks just want to talk, they just want somebody to hear them out, just for a little bit; they don't want to just talk your ear off, but they just want somebody to show a little compassion. Just a little helps.

ML: And they found that with you. That's great. That was your other service to people.

CM: Yeah, it is. There're so many wonderful people, Michele, that I work with, like when I first met you. This is just me. I know so many people here at NIH and it's a blessing basically, and I've talked to a lot of folks on a personal level. I've heard personal stories and I am truly grateful that they're still doing what they want to do. It may not be at full capacity, but they're gradually going back to some of the things that they used to do. A lot of them have added some new things like myself; I'm trying to do more writing and I'm trying to do meditation—something that my brain hates to do, my brain hates to sit quiet somewhere—but I've learned how to just meditate a little bit and I'm working on that. I'm working on it.

ML: Well, thank you for joining us today and for sharing your experiences. It's really nice to get your experiences.

CM: Thank you. I appreciate everything that everybody does for NIH. When I met you and you said that we have a museum and I didn't know, I really didn't know, so I was so interested in finding out more about you and that museum. I want to see it and want to learn more about it.

ML: Well, I'll see you maybe next Tuesday.

CM: Okay, I do appreciate that. Thank you, guys.