

Transcript of Interview with Kerri Palamara McGrath by Christina Lefebvre

Interviewee: Kerri Palamara McGrath

Interviewer: Christina Lefebvre

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Location (Interviewee):

Location (Interviewer):

Transcriber: This transcript has been provided by Otter.AI with a 2nd pass for accuracy provided by Bryan Paintiff, HST580 intern, at ASU.

Abstract: Dr. Kerri Palamara is a primary care physician at Mass General, Boston Massachusetts. She describes how her practice has changed, seeing patients virtually now and filling other roles that would usually not be done by a primary care physician. Additionally, she describes how her personal and family life has changed with the pandemic lockdown measures. Kerri then explains how the medical facilities she worked at took precautions very seriously in order to protect the staff and patients in order to provide the best care that they could and how this transformed from treating only COVID patients to then being able to provide urgent care unrelated to COVID. Kerri then describes a strengthened sense of healthcare community in the Boston Hope field hospital that was stood up to take care of COVID patients and included doctors and nurses from all around the country. Kerri ends the interview by talking about how she believes that the US got serious too late about COVID and that caused the spread.

Christina Lefebvre 00:00

Could we start by talking a little bit about your regular job, and any ways in which your routine has changed since the COVID outbreak?

Kerri Palamara 00:10

Yeah, so my regular job is as a primary care physician at Mass General. And I also I do that part of my time and then the other part of my time is working, I direct the Center for physician well being at Mass General, for the Department of Medicine. And so in that, in that role, I developed programs and initiatives to support the well being of physicians. And so I split my time between seeing patients and doing that work. And other things about my like regular day to day life before COVID, where I would go to the gym like five days a week, I have a almost six year old who we would regularly be out and about playing on playgrounds and playdates and museums and different like the Children's Museum and Lego Land and all different ways to to entertain and get through the day. And I have family in New York, that we would spend a lot of time visiting on weekends, as well as family locally. And so when I think about my routine, everything from how I get to work and commuting in different ways, either walking to work now or driving, instead of taking the T and the bus. Where I work, I've been redeployed

to, to run respiratory clinics for Mass General as well as to help to run the, as one of the medical directors at Boston hope and at the convention center. And so I've been doing all different work. And also now when I do see my primary care patients is virtually and not in person. And the well being work I do really cool change there is that instead of just focusing on physicians that we have the ability to focus on all conditions, because one thing that COVID has done is it's really brought together all different role groups, and all different types of people in the care and really leveled the playing field between a lot of different roles. And that's expanded how we can do that work. Um, I can't go to the gym, which really stinks. And so I've been doing a lot of running outside and walking to places, I was supposed to run the Boston Marathon, which I will not be doing. Yeah. And so I went from like running 22 miles the week before, like, everything shut down to like, I'm lucky if I get to run like three miles now. Because of because I've been so busy. And you know, my my family routine has been completely uprooted as well, you know, not being able to visit with family and not being able to see friends as much not being able to really have anywhere to go like thank goodness, it's nice out because it was when it was cold or rainy it was really hard to figure out like how are we going to entertain our, our child for an entire day. So and like homeschooling and all that kind of stuff. So this has been like basically every part of my life as as is most people.

Christina Lefebvre 03:27

Yes. Could you talk a little bit more about the structural changes at MGH. The precautions and then also any of the programs that that you've implemented for the clinicians well being, like those kinds of projects?

Kerri Palamara 03:46

Yeah, yeah. So um, so structurally, in the beginning, everything closed down so you couldn't see any patients in the office, and they couldn't do any surgeries unless things were very urgent. And so it was it was really, it was really intense. It was necessary because it was really worrisome trying to figure out who was at risk and how to control for that. And, and so interestingly, the [inaudible] clinics at MGH were were created to, to really control exposure for our for the patients, as well as for the people taking care of them and the staff. And so by, by basically removing anyone who might potentially even be at risk for COVID, and putting them through one central place with like, like, well oiled routes of like how they would get from their car or their door right up to the clinics and like knowing what buttons they would touch and making sure that there was a clear way to minimize exposure. And so that we in the clinic knew that like every patient that we saw, we looked at them and said you probably have COVID and so that way we could protect ourselves and and each other. And that the patients would get the care that they needed in a really specialized way with the whole clinic was designed just to take care of them, and to like, increase their throughput. So that it was minimal time that they had to be if they weren't feeling well, that they had to be out of their homes. And, and it was, it was a very cool process. And I felt I, I told people in the beginning, like I felt safer there than I did at the grocery store, because at least I knew what I was working with there. And we had, we I've never once in this entire time worried about my safety in terms of my PPE or anything else. I mean, people who would watch us put our put on our

PPE and take off our PPE, and, oh, you just touched your face, you know, change your gloves, or whatever, like they were really good about it. And similarly at Boston hope we had, you know, watchers and everything as we, as we put everything on. And, and in there, the whole hospital field hospital, everyone has COVID. So similarly, you're going in just knowing what you're going into, and you protect yourself accordingly. So, so, so in the beginning, I digressed there slightly, but with the risks like so we the restory clinics, we moved all the patients at risk over to that clinic, which then allowed some of the primary care office to to actually be able to see some urgent care patients again, knowing that they wouldn't be putting themselves at risk, and the patients coming in would be at lower risk. So we could actually reassure our patients who really just needed to see somebody that they could come in, and they wouldn't be, you know, exposing themselves to COVID. And then over time, now that now that numbers are starting to come down, we're starting to be able to see a few more patients in the office. But primarily, all of our visits have been on our have been virtual, over over zoom.

Christina Lefebvre 07:02

Right

Kerri Palamara 07:04

about the work that the center is doing. Like that was really interesting. In the beginning, like people were just so freaked out and working really hard. And like grocery stores are closed, and they don't know how to get to work. And so a lot of it was figuring out how to support people. And really, we we started with just the like, using a framework of Maslow's Hierarchy of Needs of just like what are what are people's basic needs, like food, shelter, clothing, water, childcare, things like that. And then how do you expand beyond that into, you know, transportation and other things. And so we scrambled initially, and it's interesting, because a lot of the work that we did before COVID was like, don't focus on like, things just for individuals focus on the system, like think about problems that are in the system. You know, we need to where we need to focus our efforts. And then all of a sudden, COVID came, it's like, help them [inaudible] individuals. And so it was the system ended up working really smoothly. And so it was less about the system and more individuals, and finding ourselves in a position to going back to the system again, which is a good thing. But making sure that we're still keeping an eye out for how people are doing.

Christina Lefebvre 08:20

Definitely, that's really amazing that you were able to set up that much that quickly.

Kerri Palamara 08:27

Yeah, it was it was pretty incredible. There was there, the good thing is we have a great team who does this work together. But also there were a number of resources that made themselves available pretty quickly, like apps and websites and, and speakers were like, oh, we'll give you our time for free. And you know, blue bike saying like health care workers get free memberships, like there's all this like free stuff, it was actually hard at first keep track of it all. And so we actually ended up making a web make,

like a weekly newsletter that goes out that just has everything organized in one place. And while you may not read the whole newsletter, it's like a place that you can reference back to, and then we updated our website to sort of match what's in the news. So that people know where where to looking. And, and thinking about how can we support people, their mental health, their well being, and that's another area sort of made themselves available. There was like so much that became available right away, and it actually became overwhelming for people. And so what we tried to do was like organize and curate those resources so that people could understand like, okay, if I'm looking for this type, if I'm looking for one on one, like these are the different types of resources, if I'm looking for group based if I'm looking for, you know, like on my own, like I just want to learn about something. So it allows Just to sort of walk through that and, and figure out what people really need it.

Christina Lefebvre 10:05

That's amazing. And then shifting gears a little bit, do you have a memorable patient experience either directly or indirectly related to the pandemic that you could share?

Kerri Palamara 10:19

I can think of, of a few actually. The, the first patient that I saw actually, really just for me highlighted all the ways that we had to work harder to make this easier for clinicians, and how scary it is. So like the first patient I saw, he did, he came in like his chief complaint was, like, urinary frequency or something like not COVID. And it was early on like the Biogen conference had just happened. So we weren't totally segregating these patients yet, the ribs weren't open yet. And I had like, just gone to a town hall where I like, learned all about what I needed to do. And I watched the videos and did the training. And the guy comes in, and I'm in the room with him. And all of a sudden, he tells me he has a cough, a fever, he's losing weight, he's having shortness of breath, and he just got off two airplanes in the last week. And I was just like, Oh, my God, this guy has COVID. And testing wasn't available. And it I had to jump through all these hoops to try to figure out what to do. But then I was like, they're in the room. And I didn't even know what to do. Should I leave the room? Should I stay in the room? I've already been exposed. What do I do? And then I was freaking out. I like screwed up everything possible. Luckily, I didn't get COVID. But it it really, for me just highlighted, like how the difference between readiness and preparedness. And I, despite anyone's preparedness, I was not ready. And that was really hard. And I was so distressed. And I was like worried about every human I saw I was like, am I gonna get them sick? Is this gonna be my fault? Am I gonna bring COVID to everybody. And it was like, for two weeks, I felt like I was just ticking time bomb of COVID. until like, my time was up. And then I was like, okay, I guess I'm okay. And so that was just like, just how stressed I was that whole time, like really just highlighted for me the the work we had to do, and I could understand the needs that existed. And then in the Rick, I saw, I saw this young girl, I think she was 20. And she was okay, like, she wasn't that sick. But she clearly had COVID. And I'm talking to her and explain to her, like, you probably have COVID And you know, the tests, we didn't have all the test available then so we're not gonna test you, we're just gonna assume that you have it. And she burst into tears. And I was like, You're gonna be okay, it's all right. And she said, I don't know what to do. I live in Chelsea, in an apartment. And it's a, it's a three

bedroom apartment with one bathroom. And in it is my sister with asthma, her son, they share a room together, I share a room with my grandma who's 80. And then my parents share room and like her dad was sick with something else. And she's like, What am I gonna do? I can't quarantine. And this is before we had any hotels or field hospitals or any anything for this girl. And so her and I spent a half hour like walking through like every bodily function that one has, and walking through everything she needed to do to try to protect her family. And it just struck me like this, like how much this disease would affect her and her family with her life circumstances versus someone who has like, you know, a five bedroom house, like with a huge backyard and multiple bathrooms and everything. And and then that was right before the huge outbreak in Chelsea. And so it was like, I kept seeing things right before they became like a really big deal. And, and they helped me appreciate the importance of the work that needed to follow.

Christina Lefebvre 14:13

Definitely. Um, and then a lot in a lot of my interviews, people have mentioned the strengthened sense of community among health workers. Could you talk a little bit about your experience with that?

Kerri Palamara 14:29

Yeah, I mean, I think for me, the Boston hope experience was a great example of that. Basically, the staff of Boston Hope, which was a field hospital that was set up to have half of it was for homeless patients who tested positive and needed to but weren't sick and just needed a place to rest out their quarantine. And then people who were ill and didn't have any place to go for the rest of their quarantine. or just needed, like more support before they went home. And the staff of that was Doc's from primary care Primary Care Group in Boston that was basically closed and their providers really had nothing else to do when there wasn't like an inpatient option for them to work like we have at MGH, and nurses from that group, as well as nurse practitioners. And then doctors from mg, some doctors from MGH and the Brigham. But then like school nurses, and then there was like the military team was [inaudible], basically had like this whole group of people from all around the area. And for some like the military people around the country, all coming together, having never worked together before, working in a place that had never been a place one would take care of patients before. Like, it's at convention center. And it was the most elegant and like, beautiful experience working together there. Like, like, nobody was like, top of the food chain, there was no, like, it was just a completely level playing field. And like, everybody's voice mattered. Everybody talked to everybody, and we were all just in it together. And most people didn't know anybody else either. So you were kind of coming in, like, you know, looking to make friends, it wasn't like you came in with like your, your, with your clique already established. So it was just like a really cool place. And, and, and everybody wanted to be there. It wasn't like anyone was forced to be there. And so people were incredibly engaged. And it was so inspiring, working with these people in the care that we were able to give these patients that like the scariest time of their experience was was really inspiring.

Christina Lefebvre 16:47

Do you feel like that strengthened sense of community has translated to our overall society? Or do you feel like COVID has done more to divide us?

Kerri Palamara 16:57

I wish I wish I could say that it has, but then you look on the news, and you see what's going on. And I think there are some ways where we're people, I think there are some ways where we're really unified. And God, we want so much to just like, be around other people. But, peop-, I think the problem is, is that there are people who are in it, and connected to it and get it and are doing what they want to be it's supposed to be doing and there are other people who are not. And then anytime you have two groups like that, you're gonna have frustration. And as it goes on long enough, and uncertainty starts to settle, and people start getting really activated and anxious. And I and then you add some terrible situation like, like what's happened with Mr. Floyd and then, and then it goes, it just goes crazy. And so like, I love the protests, I love it. I think it's a beautiful expression of people coming together. It kills me to see the violence. But I do love the activism of people coming together and people saying this isn't okay. And I think the combination of how COVID has disproportionately affected non white people, and how racism is disproportionately affecting non white people. It's, it's like you even if you could ignore racism before, if you were that kind of person, you can't ignore it anymore. And so in some ways, I think that's bringing more people to the table to be together than before. But I do worry about this, like sense of, like chaos and anarchy that's, that's going on with some people.

Christina Lefebvre 18:49

Right. Have you seen any impact from the protests on like, COVID numbers? Or is it too early to tell?

Kerri Palamara 19:00

too? It's too early so far. Yeah. We're like, kind of like on the edge of our seat about it. So we'll, we'll know, in the next, like, week to two weeks [inaudible], what's going on. You know, you look at the pictures and not a lot of people are wearing masks.

Christina Lefebvre 19:16

Exactly.

Kerri Palamara 19:18

But it's also thinking like they're I think people are doing a really good job right now to give like it, you could show up to a protest. But there's also other things that you could do and I think people are getting more vocal about what are the other things other than like posting on social media, this isn't okay, like, what are the what are the other things that you can do? So, you know, I do think that spirit of like, completely learned how to do everything remote. So how can we use that to our advantage and harness that to support the anti racism movement that's resurging right now. Right.

Christina Lefebvre 19:58

Are there any common misconstrued options that you hear among patients, or co workers or even in the media about COVID?

Kerri Palamara 20:08

Like, it's not real.

Christina Lefebvre 20:10

Yeah

Kerri Palamara 20:11

which any, any of us taking care of these patients like it's so very real. And that like, only old people are an issue. And like, if you're young and healthy, you don't need to worry about wearing a mask. Those are the things I hear a lot and I live in Southie. And you see, like, all these young people crowding the beach, and it kills me to see it. But the idea is that, like, I'm not wearing a mask to protect me, I'm wearing a mask to protect you. And, and so, so I think the awareness of how serious this is, and the importance that one individual can play in, in preventing the spread of COVID, I think, is a really important part of this. I think the other the other thing that people aren't necessarily as aware of is that like, you know, a vaccine isn't going to be here, like next month, and, and a solid treatment probably won't either like this is going to be going on for a couple of years. And I think a lot of people have been like, oh, we'll just like hunker down until it's over. without really thinking about this, the widespread need to continue to keep your stuff up. And so you look at pictures of like, after in like 1918, after the Spanish flu, you'll see like people at a football game all wearing masks, like that needs to be us for a long time until everything is settled. And that's not going to happen overnight. So I think that that's a really important part of this. And I'm trying to think about the other things where like, my blood pressure starts to go up when I hear people say it. But I think those are the three that that drive me bonkers, the most. And, and the other misconception is that like, just because there's a blood test available, we should all get it. Like we don't really know what to do with the blood test yet. So right now I'm telling people not to go and be tested until not sort of the party line here at Partners, until we know what to do with this test. We can't really use it. Those are I would say those are the biggest ones that I spend a lot of time re-educating people about.

Christina Lefebvre 22:37

Yeah, I think it'll also be interesting to see, at least for me how the college setting changes, just hearing from Northeastern and from my friends schools, kind of what the plans are for the fall. And how, like everyone will be very wearing masks inside and outside and you won't be able to have any visitors who don't live in your specific dorm building. So it'll definitely change a lot of how college is usually run.

Kerri Palamara 23:12

Yeah,

Christina Lefebvre 23:12

I think it'll be really interesting.

Kerri Palamara 23:15

Unlike, I think, you know, when you when you have rules imposed upon you at a time when you thought you were you'd otherwise be free, the natural inclination is to push against those rules, or to figure out how to work around those rules. But this is the kind of thing where, like I was saying earlier, like we have to all be in it together. Otherwise, it's just going to continue. And it's really hard as a health care worker hanging around in PPE all day long. Having someone hearing someone say like, oh, with a mask is uncomfortable. And it's like, do you know how uncomfortable it is for me to go to work every day? Or even worse for these patients to feel sick with COVID every, you know, while while they're ill or dying, or for their families to not be able to be with them? Because they have COVID? Like that's that's uncomfortable.

Christina Lefebvre 24:07

Right? Would you say that kind of hearing those misconceptions, given everything that you're doing every day is one of the hardest parts of working during the pandemic.

Kerri Palamara 24:22

It you know, it's interesting, we get like, I don't know that healthcare workers have ever been more beloved than now. You know, like, ever. Oh, thank you so much. Thank you for all you're doing and you're like, I don't know, I'm just doing my job. But and so like, that's awesome. But what I think what I think what's been great is like the patient experience has been really bonding because they don't have anyone else that they can talk to. So like you, you really kind of take it on yourself to be there for them and they embrace that. And so it's really hard to be so respected in some ways and have people like supporting you so much, but then they can't even be bothered to go and wear a mask like on their way to the grocery store. And it is really hard. I went for a run along the water in Southie the other day, and as I'm running, I'm just like seeing all these people not in masks, and it just is like, what am I doing? Like, why am I like, working so hard and not seeing my family and, and doing all these things when these people can't even be bothered? And so yeah, it's really disappointing.

Christina Lefebvre 25:26

Are there any things that you feel could have been done differently? Not just politically, but as a society to prepare for and respond to COVID?

Kerri Palamara 25:37

Think we spent so much time convincing ourselves, this wasn't going to be a big deal. That it's no wonder these people are like, Oh, it's fine, it will blow over because that's what we told everybody in the beginning. And I feel like if from the beginning, everybody just took it really seriously and said, we don't know what this is. But what we do know is that if we just like lock this thing down for like, three

or four weeks, we should be good. And, and we didn't do that. And so I think unfortunately, we just we got serious, too late. And then people either didn't believe it, or were frustrated. And and a lot of people died and are still. So I would say that was the biggest mistake, I think that we made was spending so much time convincing people that it wasn't serious. But by the time we asked them to take it seriously, it was too late for many,

Christina Lefebvre 26:32

right. Are there any lessons that you'll take away as a doctor from working during the pandemic?

Kerri Palamara 26:42

I would say that one of the things I've that has been really meaningful for me during this time is just realizing how how grateful I am to be able to be somebody's doctor and to serve in that role. So many I have I know so many people like Oh, I wish there was something I could do I feel so useless. And like that is the farthest from how I feel right now. And I think I'm I'm really I'm really grateful that I can like walk into a room and sit down with someone and help them that I get to come to work every day that I get to be around other people even though we're all like masks and gowns and everything you still get to talk to people in person every day. And you feel like you're a part of it. And so I really do, I really do appreciate that part of it and I and when I get to see my usual patients on a Zoom, zoom virtual visit, I It's so good to see them like to have that taste of your pre COVID life and just see people like in their kitchens and wherever else they are where they're zooming. So it's I'm very I'm very grateful that this is the path of I chose for myself even when it's been hard. It's It's rich with with meaning.