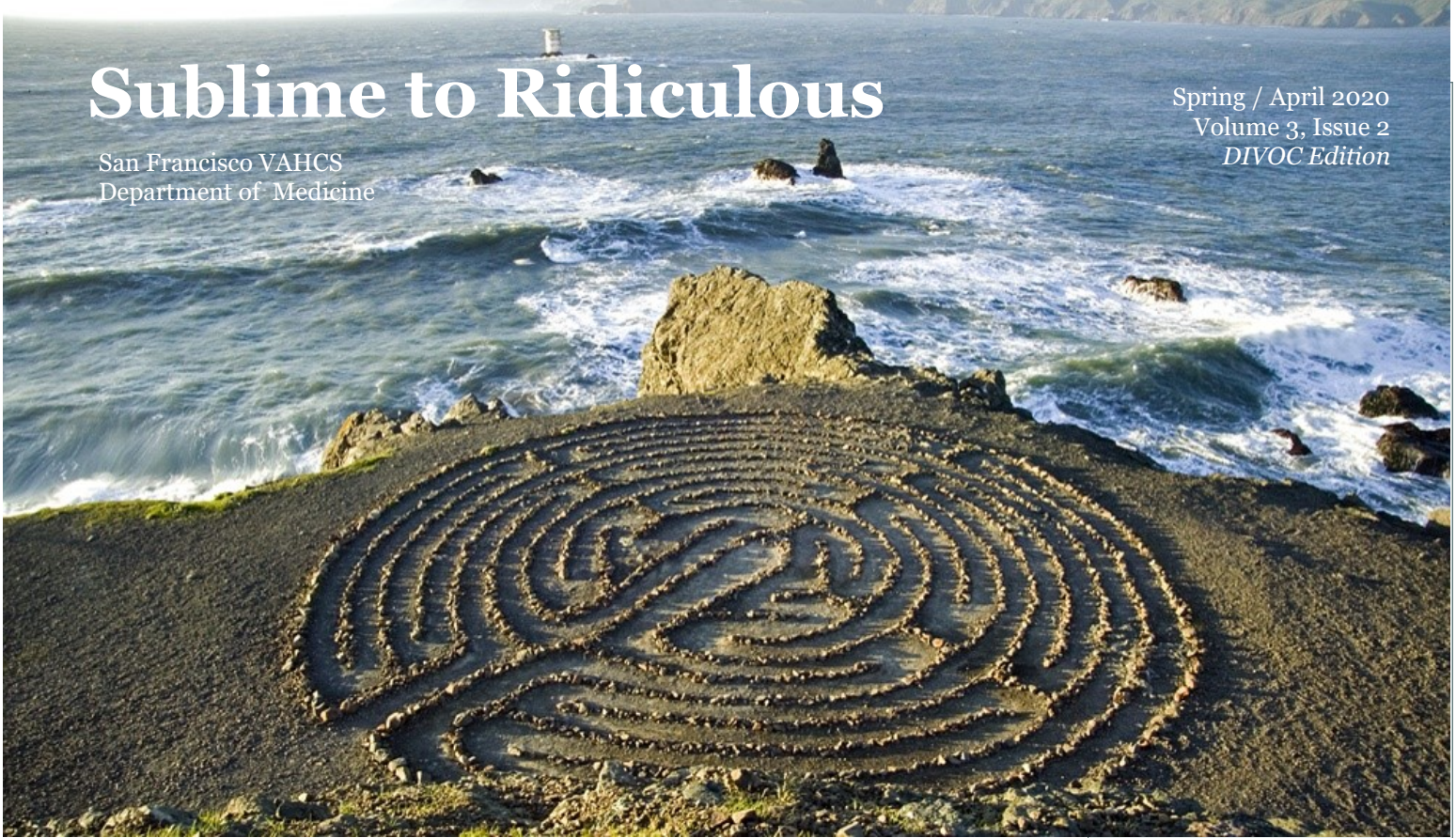


Sublime to Ridiculous

San Francisco VAHCS
Department of Medicine

Spring / April 2020
Volume 3, Issue 2
DIVOC Edition



That Which Shall Not Be Named

By Heather Nye

The C word, the D words, the P, P and E words.
Won't say them, can't make me, not windward nor
leewards
The alphabet soup of a new lexicon
Good riddance I bid you, pandemic be gone!

When Shelter's a tune, six feet merely space
And cars, but not meetings, zoom place to place
Kids learning again in a teachers' embrace
While carefree & coughing & touching their face

When sit-ups are means for flattening the curve
And traversing the sidewalks no longer takes nerve
When 'social' we celebrate, not banish in shame
Even then I will NEVER call out your name

You had your moment, brought us to our knees
Spikey nucleo-packs did as they pleased
Economy tanking, death tolls were rising
Job losses, food lines, and proselytizing

'Twas not with foresight nor malice you acted
As nature pushed sideways and forward, and back-
ward,
Just RNA force with a body redacted
Traveling the world in a TIE-fighter capsid

Soon we will breathe and regain composure
Mourn the lives lost via viral exposure
But what we have gained in this fear you have
caused
Is the gift of life's slowing from mandated pause

We hunker as families, while terms like 'essential'
Regain proper standing in the great differential
Less things to look at, new focus, not dizzy
Each day we're no longer interminably busy

A presence, awareness, and peace in a moment
The blur & the buzz are missing components
Forever the question, to thank or to blame?
We ask of this thing which shall not be named

WORD / PHRASE VAULT



- ◆ COVID
- ◆ Don / Doff
- ◆ PPE
- ◆ Face shield
- ◆ Gloves
- ◆ Handwashing
- ◆ Social Distance
- ◆ Shelter in Place
- ◆ Zoom
- ◆ Distance Learning
- ◆ Ventilators
- ◆ Universal Masking
- ◆ N95
- ◆ Virtual
- ◆ Flatten the curve
- ◆ PUI
- ◆ Quarantine



*"The future bears down upon
each one of us with all the
hazards of the unknown. The
only way out is through."*
PLUTARCH

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**KEN'S KWARRANTINE
IMPORTANT DATES
GAMES**

MORALE COMPASS



OPEN LETTER OF GRATITUDE

To the SFVA Medical Service

To the physicians of SFVA at the front lines of C-planning. We would like to at last salute the unprecedented leadership displayed by so many Medical Service faculty at the earliest stages of this crisis; at a time when forward thinking could be the only thinking. You took the lead.

We recognize that it has taken time in many cases for others to catch up to your astute predictions and call for urgency—and your ability to overcome resistance became a critical strength. We appreciate the policies and protocols you collectively devised, proposed and instituted to adequately equip our medical center with a state-of-the-art, well-reasoned, and nimble emergency response & contingency plan.

We acknowledge that our internists have become most important line of defense during this pandemic and may have disproportionately carried a heavy load which is not reflected in their standard level of compensation. We are forever indebted and grateful for your guidance to prepare us.

Nearly all Medical Service faculty have selflessly volunteered for newly crafted front-line roles and creatively adjusted clinical duties to meet needs of a soon-to-be-home-sheltered society. Without instruction or prompting, you created your own roadmaps and protocols to show others the way—keeping our most vulnerable veterans in mind at all times. You did what was right—because you knew what was right—even when it wasn't easy or administrative hurdles were presented.

We wholeheartedly trust and believe in the integrity of our workforce. We know that you work well beyond any 80-hour pay period throughout the year, whether in your homes or on campus. We count ourselves lucky to celebrate you as our own and know that while praise is not what you have ever sought, it is what you most certainly deserve. And though some have been slow to get here, we are hopeful you will forgive their oversight in recognizing all that you've done.

Thank you, Medical Service.

SINGING OUR HEROES

We frankly think *you're all heroes* for maintaining a positive can-do spirit during this time and for figuring out our Zoom invitations. A few amazing people have stood out for their work on the operational front-line and we wanted to recognize them individually as...

Medical Service MARCH / APRIL C-HEROES



Dr. John Newman, Geriatrics

For an interminable & selfless team spirit. John immediately offered to cover several weeks of wards backup during the early stages of C-planning, and also stepped in to cover a two-week team assignment on the same day. He graciously offered his connections to facilitate mask donations and continues to ask Josue—if there is anything else he can do. Seriously? Yes, actually, he is.

Dr. Kip Mihara and RN Renee Latoures, Emergency



For their snap-to-it, solution-centered crafting of what once was called the C-clinic, now Respiratory Screening Clinic. State of the art patient flow, processes, and video capability were all available on an extremely short timeline which undoubtedly rivaled most medical center responses. We want to keep the RSC, but not the C. Any ideas?



UCSF Medical Students For a heartfelt delivery of over 2500 collected masks from the community during a time of great uncertainty regarding local suppliers here at the SFVA. While later deemed to be an 'unofficial' donation, the masks provided a layer of protection that we would not have otherwise had.

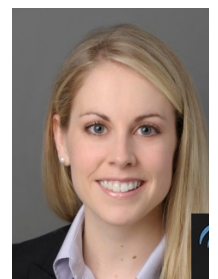


Dr. Joe Wang, Infectious Disease

For feverishly working side by side with lab medicine and Dr Mark Lu at the SFVA to develop on-site testing, reagents, devise necessary work-arounds for potential supply shortages, and for overall being REALLY, REALLY smart and never taking credit for the amazing knowledge and innovation he brings. We don't expect you to change, Joe, but you're going to get a Hero pen anyway.

Dr. Jennifer Mulliken, Infectious Disease

Well, she couldn't have planned it better, to walk into her first SFVA Faculty year and be confronted with the single greatest infectious crisis of our time. Jen has tirelessly (and quite pleasantly) crafted protocol after protocol for testing, triage, and treatment, and many other things C-related for our Medical Center. She is on damn-near every C-committee and still smiles under her mask in the hallway. We couldn't have been luckier to procure you as faculty and know that you'll be bringing so much to our Service well after this virus is history.



...continued on the next page

Hospital Medicine Section Faculty For truly being on the front lines—busily planning for staffing of inpatient teams, while repeatedly being thrown into new situations not anticipated (ie: the first PUI, the evolving PPE situation). For endless critical conversations with ID, with families, with Infection Control—all in the trenches...working out kinks of the systems while it was being put into place—and for being nimble on their feet. And for the nocturnists admitting many of these PUI patients each night—and jumping in when rapid deterioration occurred....For the cheerful forbearance of a likely long-term scenario with disruption of regular roles, cancellation of vacations, and mad searches for childcare. Sometimes their voices have been forgotten in larger circles of planning. None the less, they’ve been at the core of this response.

Dr. Paul Blanc, Occupational & Environmental Medicine

For his work in streamlining employee health C-tracking and for his advocacy of the best means of testing and guidance on Return to Work . For also being on darn near every C-committee possible and representing the faculty’s best interests at all times. We know it’s been a hell of a month for you and hope you can take a break to admire your wisteria at home soon.



Dr. Josh Shak, Hospital Medicine

What can we say? Well, we can say A LOT—see [Featured Faculty](#). Josh has simply been an astounding leader in C- planning and operations for the entire hospital. We are humbled by his expertise in this area and grateful beyond words he volunteered to lead the hospitalists through this tumultuous time, and for advocacy of the 3B Respiratory Care Unit.

Dr. Janeen Smith, Emergency / Tele-Urgent Care

The original tele-urgent care MD at SFVA, she developed a protocol with TLC to evaluate patients who are screened for ED visit or to clinic within a two to eight hour window. She then expanded this protocol, trained NPs and MDs from all over VISN 21 to do TLC back up for veterans from Reno to Honolulu. With her training and leadership, TLC is now referring patients who would previously be referred to EDs to providers who see the patient over VVC or phone, and often times are able to manage the condition without the additional risk and burden of an ED visit.



FACULTY FEATURE

MEET DR. JOSH SHAK



Drs. Emma & Josh Shak, plus 2 year old daughter, Miri

You’ve heard his voice on phone calls, seen his name in emails, and witnessed his inspiring leadership in full force over the past 2 months during SFVA coronavirus preparation. The typically low profile Dr. Josh Shak keeps has gone by the wayside as he moved to center stage in development of numerous COVID processes within the hospital. Josh has served as the Inpatient Unit Lead in the HICS structure and developed policies/procedures for the new Respiratory Care Unit on 3B.

First year faculty in Hospital Medicine, Josh (and his amazing wife Dr. Emma Shak) were remarkable assets acquired by the SFVA in 2019. Both deserving of their own columns, we will start by getting to know Josh—then catch up with Emma in the coming months to feature her critical contributions as Medical Director of the VA Downtown Clinic.

A San Francisco native, Josh spent his early years growing up in Burlingame. He later headed East to Amherst College for undergraduate studies, and then earned his MD and PhD from Emory University in Atlanta. His PhD was in population biology of infectious diseases, where he studied the interactions of different bacteria that colonize the nasopharynx, including *S. pneumoniae*, and *S. aureus*.

UCSF was lucky to recruit Josh back for Internal Medicine residency in 2015, and the SFVA even luckier to hire him in 2019 to a position in Hospital Medicine as an Assistant Clinical Professor. Josh also enjoys spending some clinical time in the Emergency Department. Both roles and his training in population biology in ID have been outstanding preparation for his emerging role during the COVID crisis.

When asked about why he chose the VA , Josh states “for the patients and the colleagues. Since medical school I have liked providing medical care for veterans, who I find to be funny and honest. Since residency I have found the faculty at the SFVA to be some of the most casually smart and genuinely kind doctors I have come across and chose the VA so that I could count these people as my colleagues!”

Josh is also interested in the application of new technologies to healthcare. He has consulted for a large technology company and sits on the SFVA's Information Management Committee.

Outside of the hospital Josh spends time with his wife and their 2 year old daughter Miri. They enjoy biking, fruit picking, freshwater swimming, and cooking. The Shak family rocks.

VA Visions



MAKING THE VA PROUD

- ◆ **Dr. Mike Steinman** of Geriatrics co-chaired a task force to develop recommendations for post-acute and long-term care to manage meds in the context of the COVID-19 pandemic. It has been supported by major national organizations. <https://www.pharmacy.umaryland.edu/centers/lamy/optimizing-medication-management-during-covid19-pandemic/>
- ◆ **Dr. Rebecca Sudore** of Geriatrics in concert with other health care professionals and patient advocates launched a national campaign which urges people to BE PREPARED TO TAKE CONTROL IN COVID 19 ...have “Hospital Go Bags”, designate personal medical decision makers, and talk to loved ones about what matters most <http://www.globenewswire.com/news-release/2020/04/14/2015933/0/en/National-Health-Care-Leaders-Urge-Everyone-to-Be-Prepared-Take-Control-in-COVID-19-Crisis.html>
- ◆ **Dr. Michi Yukawa** of Geriatrics was elected to Secretary/Treasurer elect for the California-Hawaii Regional SGIM.
- ◆ The **San Francisco VA** was the Gold Medal winner for February 2020 for facility with the greatest increase in PrEP prescriptions in the country
- ◆ **Dr. Ashwin Kotwal** of Geriatrics was awarded the 2020 AGS Health in Aging Foundation New Investigator Award
- ◆ **Dr. Salomeh Keyhani** of GIM has been leading an effort along with **Drs. Dan Kelly, Steve Bent**, and others to start a large, nationwide RCT of hydroxychloroquine vs. azithromycin vs. placebo in outpatient veterans who have mild-mod COVID+ disease that, if all goes well, will start soon with SFVA as the coordinating center. Salomeh has done a fantastic job of re-purposing her already outstanding clinical research team into a clinical-trial group almost overnight. From idea to implementation, this will have taken less than a month (including UCSF IRB, VA IRB approval, med and placebo formulation, data capture systems, consent via Telehealth, etc. It has been a remarkable achievement and hopefully one of the meds works!



SHOW ME THE MONEY

- ◆ **Drs. Beth Cohen, Tonya Kaltenbach, Gabriela Schmajuk and Mary Whooley** of GIM, GI, and Rheumatology received a (Multiple PI) Program Project grant of \$5.1 million to fund the Measurement Science QUERI Program from 10/2020 to 9/2025.
 - ◆ **Dr Heather Whelan** of Hosp Med received two Education Innovation Funding Grants through the Academy of Medical Educators "Turning Up the Heat" on Creating a Comprehensive Climate Change Curriculum *Principal Investigators:* Heather Whelan, MD and Nicholas Iverson, MD
- And Equity in Mentoring: Developing an Improved Understanding and Response to Unmet Mentoring Needs of Underrepresented in Medicine (UIM) Trainees *Principal Investigators:* Carina Marquez, MD, MPH and Heather Whelan, MD, *working with* Brent Kobashi, MD; Kate Lupton, MD and Mallory Johnson, PhD



- ◆ **Dr. Geoffrey Stetson** of Hosp Med received an Education Innovation Funding Grant through the Academy of Medical Educators Podcast Series for GME Core Competencies *Principal Investigator:* Erick Hung, MD, *working with* Claudia Mooney, MD; Geoffrey Stetson, MD; Caitlin Costello, MD; Tim Dyster, MD and Jack Penner, MD
- ◆ **UCSF Rheumatology** was awarded the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) T32 to support their fellowship. It will be funded starting May 1, 2020. We are thrilled they will be able to continue the 40 year legacy of the training program.
- ◆ **Dr. Barbara Bensing** of ID R03 grant “Using streptococcal sialoglycan binding proteins to characterize MUC7 glycoforms” (R03DE029516) has been approved for funding by the NIDCR Salivary Biology and Immunology Program.

CONGRATULATIONS TO ALL! Please continue to send us your super-human, amazing, and noteworthy accomplishments

ANSWERS TO IN A WORD FROM PAGE 12

record	horned	clique	hurdler	incurred
recoil	drench	cinder	hunched	horrify
ornery	docile	cherry	hunder	cylinder
orchid	curled	6	honored	chlorine
nodule	curdle	rounder	equinox	chloride
nucely	corner	rhonchi	coroner	children
liquor	cooler	recolor	churned	8
induce	condor	orderly	choroid	uncovered
indoor	colder	include	7	hurdled
hourly	coiled	lexicon	unicolor	conqueror
horrid	cloned	hurried	liquored	9

A quarterly column featuring one core concept designed to empower VA staff to plan for their financial futures and take advantage of the many benefits of being a federal employee.



Disclosures:

- We are not giving specific financial advice, everyone’s situation is different and you should use judgement as to how this applies to yours
- Josué has no formal training in personal finance, he just reads and thinks a lot about it
- Tips are, **simple by design** to make it easy but Josué is happy to get into the nitty gritty with you in a 1:1 conversation

You need an emergency fund. I’ve been told many times in my career that medicine is “recession proof,” usually accompanied by some anecdote about how no matter the economy, appendices rupture and strokes happen. Becoming a physician and living frugally seemed like a sure-fire way to become fairly wealthy over several decades of plugging away in the hospital. However, never during any of these discussions did anyone tell me that pandemics happen. Indeed, the significant and unexpected impact on health care systems and physicians across the country have made me reconsider what I had formerly taken as gospel. Amid dramatic drops in income and hiring freezes, I’ve come to realize that even the safest jobs can’t shield you from all financial risk. Thus, our core concept for this newsletter: **you need an emergency fund.** You never know when the unexpected will happen and you may have to rely on reserves to get you through a tough period. An easy, painless, and timely way of building out such a fund is to save additional money that you receive but aren't counting on. These windfalls actually happen more often that you might expect: think performance pay, merit increase, **this new COVID bonus*** and even your COLA. You are already used to paying your bills and getting by on your fixed salary, so this is money that you weren't really counting on anyway. Rather than splurging on a cruise or a dinner out at a nice restaurant, put this money into your emergency fund.

Basics:

- How much do I need? 3-6 months worth of expenses
- Where should I save this money? A safe, liquid account (i.e. a high-yield savings account)
- How do I find such an account? Go here: <https://www.bankrate.com/banking/savings/rates/>
- Where can I learn more? <https://www.nerdwallet.com/blog/banking/savings/life-build-emergency-fund/>
- I already have an emergency fund, I'm never going on a cruise again, and my favorite restaurant isn't open, what should I do with this money? Check out the [Reddit Personal Finance Flowsheet](#) (non-VA computers only)

**COVID bonus- also called the group retention incentive, is a 20% bonus on your salary from 3/29/20-6/29/20 . This incentive is designed to reward and retain title 38 employees (MDs, NPs, RNs) who are vital to our COVID pandemic response. These bonuses appear on your typical bi-weekly paychecks, are prorated to FTE, and are being processed in batches, so not everyone has seen the increase yet. There is nothing special you need to do to receive it, it just happens automatically.*



ALL I REALLY NEED TO KNOW...

I LEARNED IN KINDERGARTEN. COVID-Edition.

- Keep your hands to yourself
- Don’t use too much toilet paper
- It’s important to get outside
- Watching too much TV is bad
- Cover your mouth when you cough
- Stay away from strangers (at least 6 feet)
- You can’t always get what you want



- Doctors are there to help you
- Wash your hands
- There’s no place like home
- Be grateful for what you have
- Your mom will always be happy to find a kindergarten picture of you
- Family is precious
- Rainbows are comforting
- It’s okay to cry

Heather Nye April 1975, Kindergarten birthday barrettes

IN BRIEF.....

◆ All SFVA conferences via Skype and/or VANTS **will now begin at 22 minutes after the hour** to account for start-up time necessary to shout at people to mute their phones—and for the host to realize they need to unmute theirs.



◆ The Medical Service has been reprimanded for its sense of timing. Perpetually one or two weeks ahead of the pack, crafting critical plans before receiving instructions, being spot on with recommendations, and adeptly stepping up as emergency scenarios approach. It'll take an army to keep them from running amok.

◆ FOMITE or FIRE. Those propping open doors to avoid repeated hand contamination, just STOP! You may have noted doors were closed again minutes to hours later. Applying sophisticated prediction models of relative likelihood of a coronavirus hanging out on door handle vs the hospital burning to the ground, it has been determined for the greater good of our community, doors shall remain closed.



◆ Speaking truth to power occurred last week when one brave soul on the phone decried that the virtual meeting host was the cause of interminable feedback.

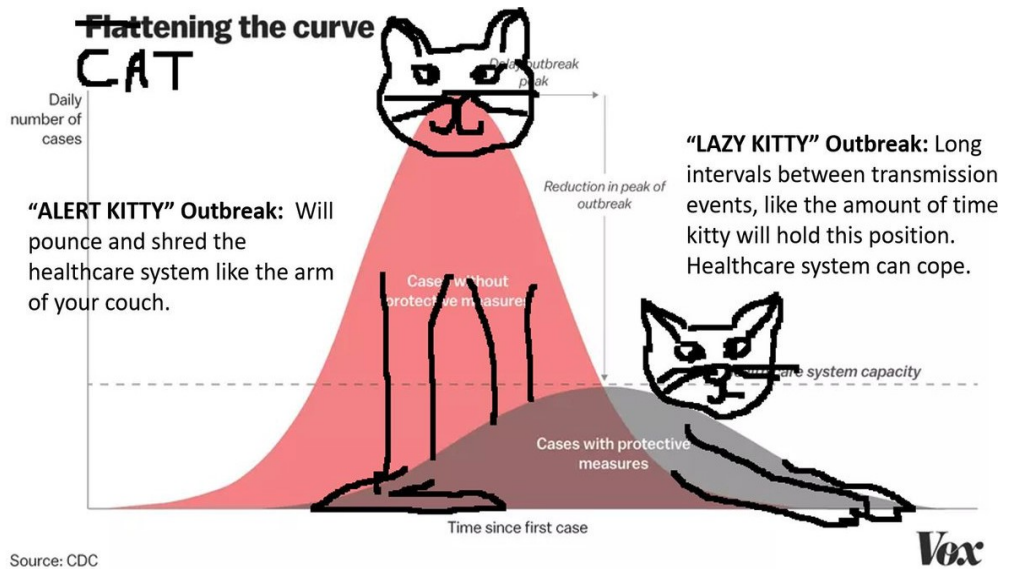
◆ Now that HICS is fielding all substantive questions, McQuaid has expressed a sense of relief. His LEAF inbox has been reduced to approval requests for resident meal plans, bathroom passes, and haircuts at the VA boutique. HICS will begin curtailing absolute control and relinquish Black Bean Burger approval by early May.

WAIT, WAIT DON'T TELL ME: A SERIES OF PUZZLERS IN MESSAGING

◆ Announcement about a sweeping new federal COVID law enacted, retracted, then redacted—all within 12 hours: *Families First Coronavirus Response Act*. Two weeks additional leave for COVID-related issues starts April 1. NO—it's on hold until April 17th. It's the thought that counts.

◆ Enter leave! Don't enter leave! Shelter in Place. Cancel all elective procedures and transition face-to-face visits to phone or VVC visits. All employees on campus, you're essential. Okay, Okay, fill out telework agreements. Restrictions will be placed on how many employees can telework. Mandating daily reporting of teleworkers. Anyone who can figure out where the hell they are supposed to be after reading this, please complete ASAP.

◆ Wear a mask—wait, don't wear a mask. N95, no surgical mask—no both. Wait! You'll be prosecuted for wearing a mask. Okay—Universal masking as of today. Masks optional. And thank you for your PPE donations, they are unofficial and we will not be using them.



“...pandemics tend to be substantially annoying and inconvenient”
 EPIDEMIOLOGIST

OFFICE SPACE ABOUNDS

April has been **the** month to procure private office space at the Medical Center. Hundreds of empty square feet await all those who dare to enter. Meanwhile the SFVA has surveyed all home office space utilized during the pandemic and has calculated a 152% increase overall in campus size.

Construction has been placed on hold in favor of lease agreements with homeowners; accomplishing the impossible **hexfecta**:
 1) defraying living costs of the Bay Area
 2) eliminating cumbersome federal building contracts
 3) decompressing our sardine-compacted campus
 4) reducing emissions
 5) increasing satisfaction, and ...wait for it...
 6) fostering a culture of trust.

LET'S THINK THIS THROUGH

◆ It's been overheard that single point entry is inconvenient and annoying. Spidey senses of one local epidemiologist concluded what many had already suspected, that pandemics tend to be substantially annoying & inconvenient.

◆ A retention incentive is offered for those who love to work here and are dedicated to the mission and vital SFVA community. It is intended during a crisis to prevent attrition and promote loyalty. Meanwhile, other medical centers suffer deep financial trouble due to same crisis, enact hiring freezes & impose salary cuts. 1) They're not hiring. 2) We never wanted to leave.

BEYOND TELEHEALTH: PORTAL MEDICINE

As the entire country tries to catch up with the VA in a telehealth frenzy sparked by the COVID crisis, Dr. Billy Smith, a leader in the field, is intent on staying ahead of the pack. Brace yourselves for a novel form of in-home clinical care poised to take the stage in coming months: PORTAL MEDICINE.

Taking cues from Back to the Future and Minecraft all at once, Dr. Billy Smith of Primary Care Telehealth is on a mission. “If things go well, telehealth will soon be yesterday’s news,” claimed the confident portal pioneer.

Hard at work on a portal system designed to deliver providers directly into patient homes, Smith reports that the prototype is now in the final stage of testing. The relatively simple set up includes provision of PPE for each encounter and auto-decontamination following the visit. Providers, relevant equipment and phlebotomy supplies are co-teleported as well to ensure full services are available in the home.

The idea was birthed during a covert UV Decontamination training session, when against all regulations Smith stepped IN to the UV light box. In a moment, he recognized how the tele-revolution wasn’t going far enough.

“If baby Stewie (*Family Guy* reference) can time travel, the SFVA can teleport,” said the portal prodigy.

Initial stages of testing have been bumpy, but in recent months greatly anticipated success was finally announced.



Dr. Billy Smith’s arm

“We believe that the substantial hair loss and skin bronzing caused by frequent teleporting can be overcome in the coming months. Even more encouraging, is that early hiccups with co-teleporting wherein fusion of physicians with inanimate objects occurred, have now been rectified,” reported Smith. “The health and safety of our providers is of utmost importance and we will go to any lengths to ensure no long term genetic disasters occur more than once.”

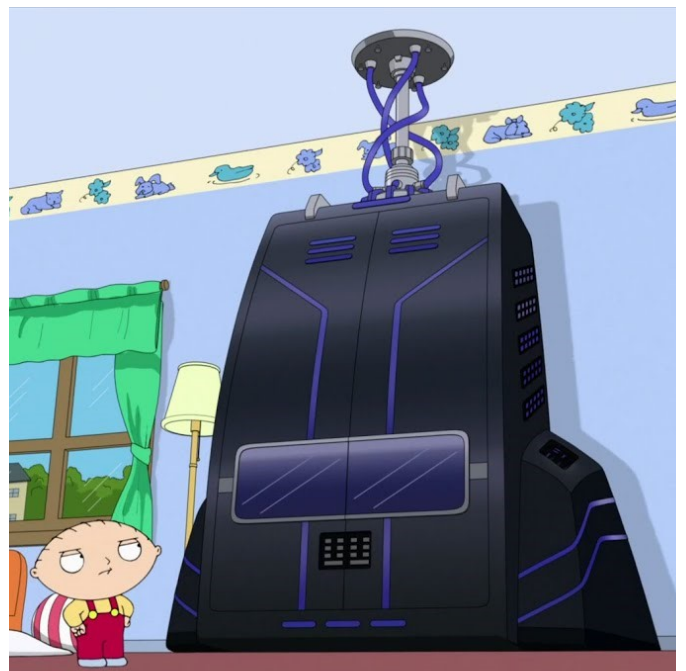
Portal test subjects have noted that some pesky activities like shaving and showering are no longer necessary and have gained countless minutes in a day by eliminating them altogether. Not bothered by the social stigma of clear teleporting activity, early adopters wear their new appearance with pride.

“It’s really becoming a trend. You can tell who are the cool cats teleporting and who are the less adventurous providers staying in their offices.”

VA Central Office originally banned the concept, but subsequently announced full support of the program darling, now branded as **‘VA There.’**

Said one trainee “It brings the personal touch back to our practice and opens the door to the great beyond.” Liability rules don’t yet allow students, residents, fellows, or animals to participate in the pilot program, but attorney’s are hard at work on a global release for anyone interested. On a separate note, union officials are exploring hazard pay & survivor benefits should complications be encountered further down the line.

Occupational Health is determining pre-portal evaluations for all providers who will be part of the Phase 1 roll out.

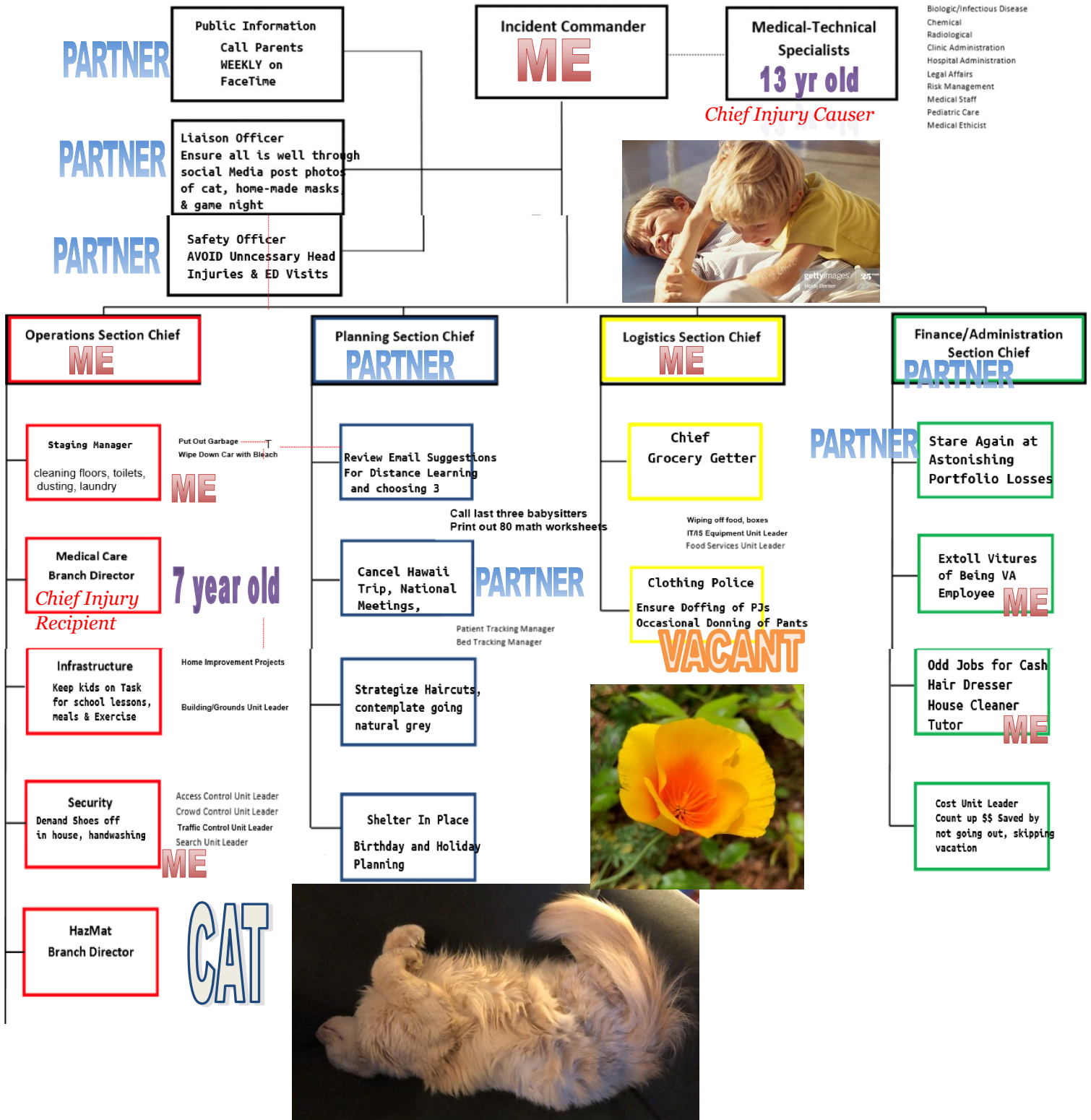


HICS at Home ...RESPONSIBILITY CHART FOR TEAM MEMBERS

What is **HICS**? You may have been wondering about the elusive acronym (although you must have been hiding under a rock this month to not know...). *Hospital Incident Command System* is run, naturally, by the **HIMT** (*Hospital Incident Management Team*.) It is the guts and hierarchical leadership structure for any medical center during a disaster to maintain order. They've done smashing well this year at the SFVAHCS—and our own Ken McQuaid served an important role as Operations Commander. It's not easy work—and we wish we could say it stopped at the parking lot.

By now you've likely developed a HICS of your own (**Home** Incident Command System), with equally important Team roles—exhausting in their own ways—necessitating term limits (with no one to fill the void when vacated). It likely you will be serving in several roles (or all of them) simultaneously during this timeframe. Here's how ours shakes out... Positions without notation are shared.

4. Current HOME Incident Management Team (fill in additional positions as appropriate)



WHAT I DID ON MY SHELTER-IN-PLACE WORKCATION

Megha Garg is embarking on a project (so far it's all in her head) to refinish a coffee table

Jeff Kohlwes is studying to become a beekeeper. Per Dr. Leslie Miya, his wife, "He's been studying, setting up and literally nesting for the arrival of these darn bees....more than he did for the arrival of our children!"

Carling Ursem "I haven't tried anything new during the SIP, but I am logging lots of miles running while pushing a double stroller"

Ben and Lisa Davoren have been (surprise, surprise) entertaining the masses through weekly online performances...Annie & Daddy Warbucks singing and signing "Tomorrow" and the latest Saturday night special... "Wake Me When Corona Ends"

Josue Zapata has been cleaning out many drains at his house and scraping off the gunk that builds up on the grill. Yum.

Mike Harper is learning to play the guitar.



Ta da! Beautiful, Josue...



Yogurt Cake for the Greenland kids!



Gabby's Schmajuk's Kitchen Crew Cuts.... just \$5 !



Ben & Lisa Davoren passing the time until Coronavirus is gone



Ever efficient, Jeff considers all-day PPE wear while working with his beloved bees. Jeff!! YOUR HANDS!!

I READ IT SOMEWHERE.... NEW PUBLICATIONS

Dr. Mehrdad Arjomandi of OEM, Pulm/CC. PDCEN (post-deployment cardiopulmonary evaluation network) factsheet of the Airborne Hazard Center of Excellence was published in the blue journal . <https://www.atsjournals.org/doi/pdf/10.1164/rccm.2017P13>

Dr. Steve Bent of GIM. Hwong A, Wang K, Bent S, Mangurian C. Breast cancer screening in women with schizophrenia: a systematic review and meta-analysis. *Psychiatric Services*. March 2020. 71:263-268.

Dr. Daniel Bikle of Endo/Metab. 1) Bikle D, Christakos S. New aspects of vitamin D metabolism and action -addressing the skin as source and target. *Nat Rev Endocrinol*. 2020 Apr;16(4):234-252.

2) Bikle DD. Vitamin D: Newer Concepts of Its Metabolism and Function at the Basic and Clinical Level. *J Endocr Soc*. 2020 Feb 8;4(2):bvz038.

3) Xie Z, Wang X, Bikle DD. Editorial: Vitamin D Binding Protein, Total and Free Vitamin D Levels in Different Physiological and Pathophysiological Conditions. *Front Endocrinol (Lausanne)*. 2020 Feb 11;11:40.

Dr. Ken Covinsky of Geriatrics. 1) Covinsky K, Katz M. Supplemental Nutrition Assistance Program-Do Not Take the Food Out of Patients' Mouths. *JAMA Intern Med*. 2020 Mar 9.

2) Portacolone E, Halpern J, Luxenberg J, Harrison KL, Covinsky KE. Ethical Issues Raised by the Introduction of Artificial Companions to Older Adults with Cognitive Impairment: A Call for Interdisciplinary Collaborations. *J Alzheimers Dis*. 2020 Mar 30.

- Dr. Gurpreet Dhaliwal** of GIM. Manesh R, Dhaliwal G. **Leadership & Professional Development: A Letter to the Future Teaching Physician.** *J Hosp Med.* 2020 Feb;15(2):94.
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It appears at this time that the Bay Area and has been spared the horrible surge in COVID-19-related hospitalizations and deaths that has engulfed New York, New Orleans, Boston, and Detroit. Our hearts and gratitude go out to the dedicated and courageous health-care workers who have given so selflessly to provide care and comfort the victims and their families. Their heroism is inspiring.

In the midst of this extraordinary period in our lives and the world's history, we all struggle to find inspiration, reassurance, serenity and comfort in various ways: prayer, reading, meditation, exercise, yoga, and, most especially, through deeper connections to our friends and loved ones. We have come to savor and cherish the simple joys of family dinner, of bath time with the grandkids watched through the marvels of FaceTime, or a quiet, unrushed happy hour shared with our partner.

For your inspiration today, look no further than this newsletter - to Heather Nye's beautiful and defiant ode to resilience, "That which shall not be named". Despite the horrific toll this pandemic has wrought, its 'gift of life's slowing' has brought us some measure of 'presence, awareness, and peace'. In the Sublime to Ridiculous tradition, I confess that Heather's stubborn refusal to acknowledge the virus by name reminded me of Tom Petty's defiant rock and roll lyric, "You can stand me up at the gates of hell, but I won't back down." Rock on, Heather!

It's hard to believe that our VA Medical Center has been preparing for this pandemic in earnest for only 7 weeks. Let's snap out of our collective sadness for a moment to reflect with pride at what we've accomplished in so short a time: a screening clinic with widespread (in house!) testing of symptomatic patients; a respiratory care ward with dedicated hospitalists and nurses; an isolated ICU unit; PPE acquisition and training; rapid enactment of telework for physicians and staff; rapid conversion of non-urgent procedures, consults, and

clinic visits to telephone and VVC visits; and a website and Share-Point with up-to-date information for our entire medical community. My hat is off to all of you for a job well done. Many of my heroes are acknowledged in this newsletter, but there are so many others who have served without credit or notoriety. Please know how deeply appreciative I am to all members of the Medical Service and Geriatrics for your courage, self-sacrifice, devotion, and hard work. All of you are heroes in my book.

We now enter the next phase of our national slog through this pandemic: the reactivation of our health-care system and economy. The Chief of Staff is putting together task forces to provide guidance on how to do this. Given an enormous backlog of patients who need care, we must prioritize those most urgent while putting systems in place to minimize the risk of nosocomial COVID-19 transmission. We'll need to expand testing; continue emphasis on telework and telehealth visits; assure continued masking of patients and staff; and assure appropriate supply and use of PPE. Unfortunately, eagerness to address the backlog of surgeries and procedures may be dampened by limited inpatient bed availability and need to protect some for spikes in COVID cases. It's a daunting task, but I have complete confidence in our collective commitment to the task at hand.

On a broader level, we also look to the reactivation of our economy and day-to-day lives with some admixture of anticipation and anxiety. We may feel like Phil Connors in the last scene of Groundhog Day when he comments "Anything different is good", but secretly hope that the 'new normal' will be closer to the 'old normal' than the nightmare we have been living. For the time being, our new lives will continue to involve social distancing, masking, and home cooking. No doubt, it will be different. But, I am absolutely confident that the collective efforts of our best scientists will develop effective antiviral therapies and, yes, an effective vaccine. The kids WILL go back to school. (They will, right?). And my wife and I WILL be able to see our grandkids! (I am certain!). But, no matter what happens in the days and months ahead, I'm comforted with the knowledge that we're all in this together. We have so many things for which to be grateful, most especially our family, friends, and colleagues. And as I've come to appreciate, that's enough for now.

SUBLIME TO RIDICULOUS NOTES

Editor: Heather Nye (*if no byline, I wrote it*)
Please send us your news, ideas, and photos. And remember, we are only trying to make you chuckle a bit....

DOM Leadership Team Heather.nye@va.gov

IN A WORD HOW MANY ≥6 LETTER WORDS CAN YOU FIND IN THE WORD **HYDROXYCHLOROQUINE** ?

HINT: There are more than 500 words with five or more letters. We have selected ~50 words that have six, seven, eight or nine letters and may have particular relevance during this crisis....

Answers on Page 4

HIGHLY IDENTIFIABLE SOUNDS (HIS)...

ON TELECONFERENCES

You may think you're fooling us, but we know what you're doing! Because we've been doing it too.

Ears highly attuned to subtle noises coming across the telephone line have identified the nine most recognizable distractions on Zoom, Skype or VANTS lines across the nation. Can you guess them? Be sure to add your own—and for the love of God, **MUTE YOUR PHONES!!!**

- | | | | |
|----|-----------------|----|--------------------|
| 1. | TYPING | 5. | EMAIL CHIME |
| 2. | CHEWING | 6. | SIDEBAR WITH COL- |
| 3. | TODDLER CHATTER | 7. | CAR STATIC |
| 4. | WALKING | 8. | SENDING A TEXT |
| | | 9. | COOKING |
| | | | YOUR OFFICE |
| | | | LEAGUE WHO ENTERED |

IMPORTANT BUT NOT ESSENTIAL DATES

NCAA March Madness	CANCELLED
All Professional Meetings	CANCELLED
Spring Break	CANCELLED
Opening Day MLB	CANCELLED
The Masters	CANCELLED
NBA Finals	CANCELLED
Bay to Breakers Race	CANCELLED
Mother's Day.....	Sun May 10
Holly Smith Dinner	CANCELLED
Memorial Day HOLIDAY	Mon May 25
Last day of Home School.....	Tues June 2
First day of Home Summer Camp....	Wed June 3
Father's Day.....	Sun June 21
Independence Day HOLIDAY	Fri July 3
Tax Day.....	Wed July 15