Volume 69, Number 1 SPECIAL ISSUE Winter 2018 $6.95

Sonoma Medicine

#SONOMASTRONG
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PERSPECTIVES ON THE FIRESTORM

MEDICAL FIRST RESPONDERS

ABC7 NEWS

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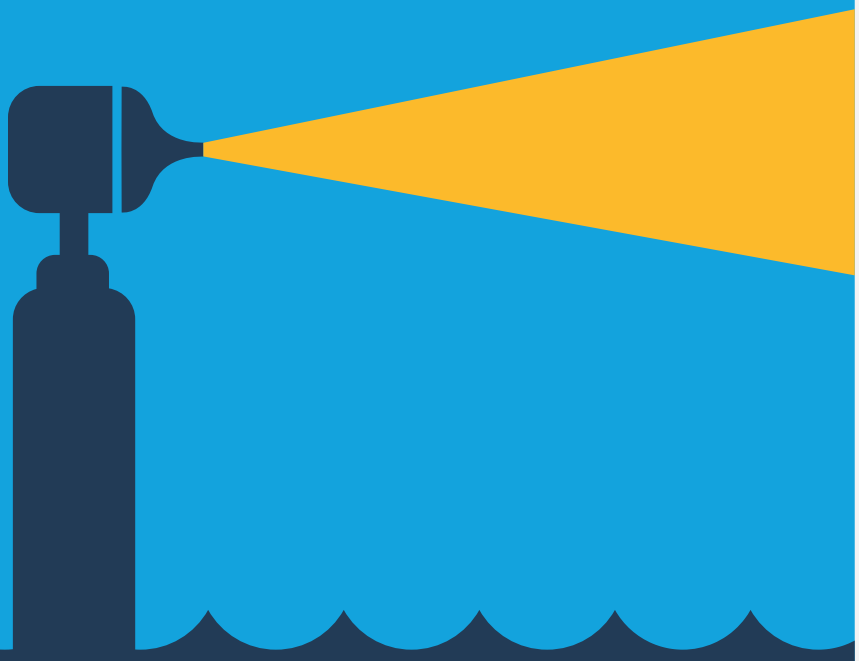

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Volume 69, Number 1 Winter 2018

Sonoma Medicine

The magazine of the Sonoma County Medical Association

FEATURE ARTICLES: #SONOMASTRONG

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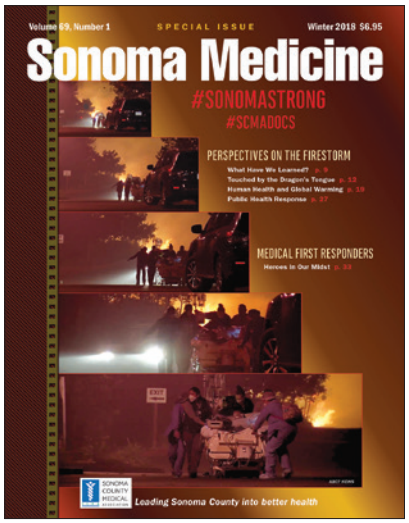

Cover: From video posted Oct. 10, 2017: http://abc7news.com/santa-rosa-hospitals-face-evacuations-and-hardship-as-fires-continue/2517736/

Sonoma Medicine

SPECIAL SECTION: MEDICAL FIRST RESPONDERS

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Mission: To enhance the health of our patients and community; promote quality, ethical health care; and foster strong patient-physician relationships and the personal and professional well-being of physicians through leadership, partnership and advocacy.

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LETTER FROM THE EXECUTIVE DIRECTOR

2018 Couldn't Come Soon Enough!

Wendy Young

707-525-4141 | exec@scma.org

2018, thank goodness you have arrived! 2017 is not necessarily a year we want to look back on, but it is certainly a year we will never forget. Onward and upward we charge, moving toward professional and personal growth and recovery for our community.

In mid-January 2018, SCMA hosted a **Fire Recovery Resources** dinner and discussion with many community leaders offering advice and answering questions from attendees from the medical community. We had 13 panelists and 170+ attendees at the Medtronic Auditorium in Santa Rosa. The goal was to help organize thoughts as we begin to make big decisions for the new year. Rebuild? How long will it take and at what cost? Sell the lot and buy an existing home? Take the insurance settlement and rent in Sonoma County? Leave the area completely and relocate to somewhere more affordable? One physician told me of a headhunter for an East Coast town that offered a free HOUSE if he would relocate and practice medicine! I wonder if they would offer a free house to an executive director? Likely not . . . I don't like snow anyway. If they were offering in a tropical beach town, this would be an entirely different conversation.

We have heard rumors that perhaps 25% of the physicians who lost their homes are considering leaving Sonoma County. What are the economic consequences to the community when we lose valuable medical personnel? How do we recruit new doctors to Sonoma County if housing stock is low? What about the loss of long-standing personal relationships (friendships) the departing physicians must leave behind? Trust is hard earned these days. It takes time to build patient/physician trust. Many patients, who themselves may be dealing with loss, will be devastated to lose their trusted physician and have to begin a new physician relationship. The loss of physicians in our community will be felt in ways not even yet considered.

2018 brings many opportunities for you to engage with your colleagues, compliments of SCMA. We have a new **Business Partnership Program,** designed to bring new benefits to our members. We will continue our **Discover Sonoma County Physician Wellness Program** with hikes in early 2018 at Pepperwood Preserve and Jack London State Historical Park. Our new **Solo/Small Practice Forum** (originally slated to begin in October 2017), had its kickoff event on Feb. 15. The ever-popular **Wine & Cheese Reception** is being planned for May with an amazing venue in Santa Rosa. We implemented a new format for the 2017 Awards Gala that was well received, but we have even more up our sleeve for the **2018 Gala.**

In addition, there will be leadership opportunities coming up shortly on the **SCMA Board of Directors** and **House of Delegates.** If you are looking to engage with your peers, please consider taking on a leadership role. I will share this info with you in the spring, but you can start preparing yourself mentally to accept the challenge to engage in 2018.

The **Medical Society of Sonoma County** (MSSC), our new 501(c)(3) nonprofit organization, will be rolling out community medical events/programs in 2018. If you have suggestions for ways that SCMA can do good works for and in the community using MSSC as our platform, please let me know. We are seeking new ways to serve not only our members, but our community through medicine.

I still have **#SCMAdoc** and **#SonomaStrong** bumper clings at the office if you want to swing by and pick up one or two. We love our visitors and are always looking for a way to get you to stop in! We also have appreciation plaques and custom SCMA Camelbak water bottles for members. Come pick up yours today.

As I've have said in the past, my door is always open! Please come visit or call me anytime. My direct line is **707-525-4141.** I look forward to hearing from you in 2018!

Wendy S. Young

Fire Recovery Workshop attendees receive answers from local professionals.

Three levels are available in the new Business Partnership Program.

Wellness hike is scheduled for March 17 at Jack London Park.

Appreciation plaques and SCMA water bottles are still available.

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FREE Service: for a sampling of our services, **see "2016 & 2017 Testimonials" below**.

For additional Information, use any contact method below.

2016 & 2017 TESTIMONIALS

My girlfriend asked ***"Where did you find that guy?"*** She asked after I told her about Gary making many phone calls to resolve a communications problem between a pharmacy, my physician's office and two departments inside of the insurance company. ***Beverley Saul***

At my request, Gary enrolled me in a new Medicare insurance plan. As promised, **he obtained authorizations for my already scheduled surgery. Also as promised, my surgery date did not change**. ***Sue Becerra***

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Area Physicians Answer the Call

Peter Sybert, MD

The winter season is definitely upon us. Another change, though a more predictable one than the events of the last few months. As we all know, a massive and devastating firestorm ripped into Santa Rosa causing massive damage, displacement, and loss of life. Our physician community was also deeply affected as over 200 physicians and their families lost their homes.

I have always been happy to be part of the Sonoma County physician community. Rarely have I been more proud to be a part of that community and Sonoma County at large. As exemplified by #SonomaStrong, the community was exactly that. Neighbors helping neighbors, many community businesses helping their fellow residents and members of the health care community taking care of patients. Our physicians, whether having lost, in the process of losing, or wondering whether they would be next while evacuated, worked prodigiously to staff their call shifts, cover for colleagues, and take care of people who became patients in the numerous shelters quickly established to provide for the displaced.

SCMA members and staff were a part of the support system. Kudos to our dedicated staff. They promptly prepared a list of resources, and we made it available to all physicians. Our annual Gala was somewhat restructured with a new and dual intent, the traditional time to recognize and honor colleagues for their contributions, and a more open time to provide for those who came to share their experiences within a community of peers. Most recently SCMA sponsored an evening event with 13 panelists, experts in multiple aspects of the rebuilding process. Over one hundred and seventy physicians and Medtronic employees attended, listened to presentations, and had their questions answered until almost 10:30 p.m.

Dr. Sybert is a Santa Rosa anesthesiologist and current president of SCMA.

There is a team component to living within a community. Our greater team of physicians, and others, supported the community. Others, both local and across the state, have in turn provided support to us. Included are not only local businesses, but the major health care systems and the CMA, as well. It has been a mix of expertise and donations that allow SCMA to support our community.

The above is part of the resilience I see in the progress that has been made to date. Much has been done, much more remains. Perhaps it was best symbolized by the flags and holiday decorations prominently displayed at sites that were, and again will be, families' homes.

* * *

The planned editorial content of this issue of *Sonoma Medicine* underwent a complete overhaul in the wake of the October fires. Our executive director, Wendy Young, and her support team at SCMA rightfully concluded that the tragedy that so severely impacted our region and our medical community took precedence over any previously planned topics.

Thus you will see in this issue a broad spectrum of fire perspectives:

- Dr. Ted Hard's piece, "Touched by the Dragon's Tongue," includes both harrowing personal experiences combined with anecdotes from fellow physicians and other first responders.
- Allan Bernstein, MD and Joshua Lichterman, PhD provide an examination of "Urban Wildfires: What Have We Learned?"
- Dr. Gary Pace addresses environmental concerns in his piece, "Our Duty Is to the Public's Well-Being: Human Health and Global Warming."
- In the article "Public Health Response: Varied and Vast," *Sonoma Medicine* editor Tim Burkhard outlines the considerable fire-related activities of Dr. Karen Milman, the Department of Health Services, and other allied agencies and groups throughout Sonoma County.
- "Traumatic Reactions After Wildfires: Common Reactions and Coping," by Dr. Anish Shah and Rhea Sheth, provides a psychiatrist's perspective on the disaster and its after-effects.
- Drs. Tara Scott and Lisa Ward serve as co-authors of "Community Health Centers Adapt, Improvise Amidst Fire Chaos."
- In addition, there are pieces on Sutter, St. Joseph Health, Kaiser Permanente, SCMA's annual Awards Gala, and much more.

As this issue required considerable input, cooperation, and sharing of information from the breadth of our local medical community, we at SCMA would like to extend our sincere thanks to all those who so patiently aided us in telling these stories of tragedy and triumph.

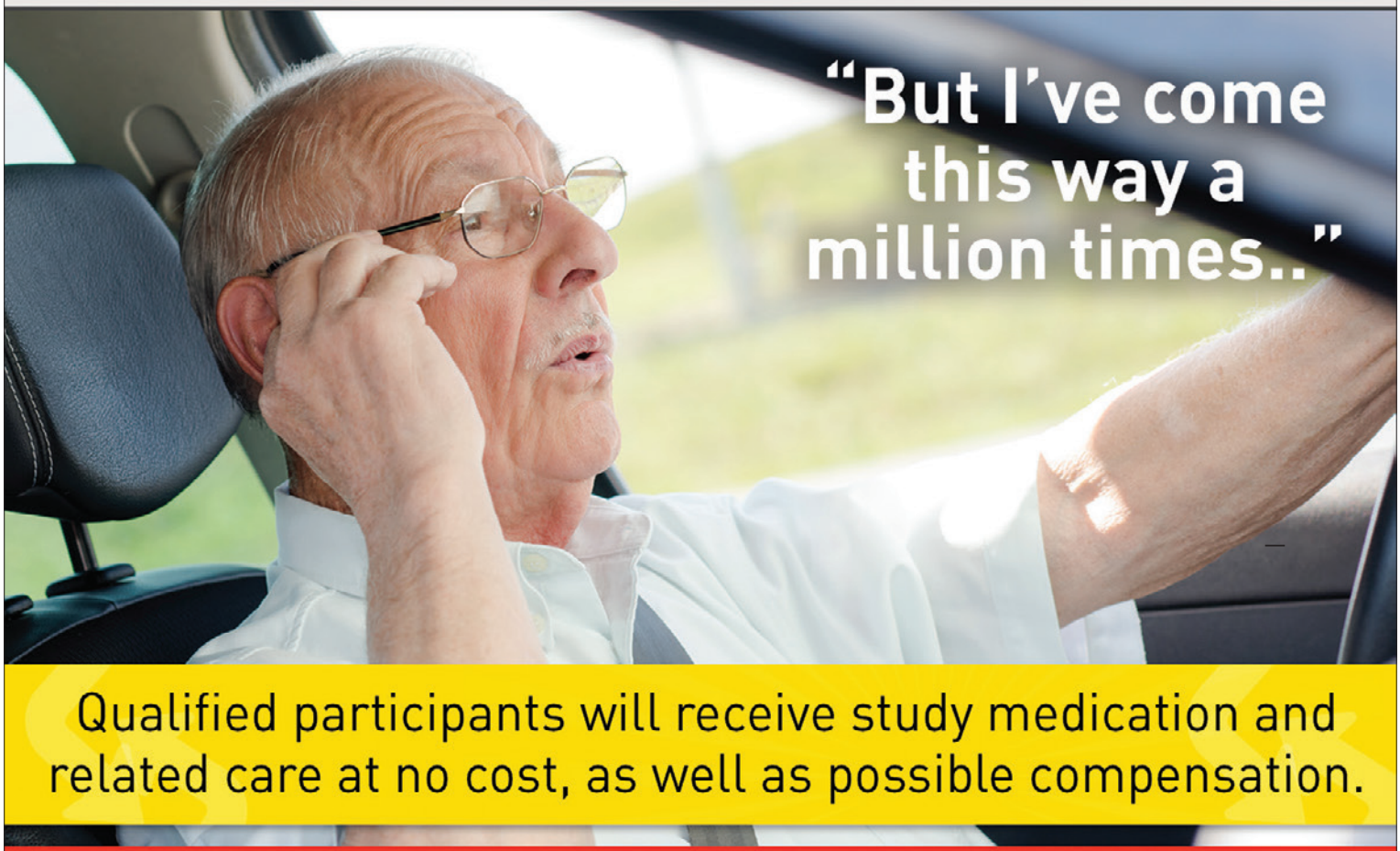
At a time when so many have lost so much, your cooperation and "can-do" attitude serve as reminders that we in the North Bay are blessed to have health providers who unfailingly place the needs of others above their own. ◇

Email:pessramg@aol.com

RESEARCH STUDY

Mild Alzheimer's Disease

A local research study is now underway to evaluate whether an investigational medication can slow the progression of Mild Alzheimer's Disease.



Qualified participants will receive study medication and related care at no cost, as well as possible compensation.

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Urban Wildfires: What Have We Learned?

Allan Bernstein, MD, and Joshua Lichterman, PhD

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In October 1991 a wildfire erupted in the Oakland hills, driven by strong offshore winds, spreading to Berkeley and being contained just short of a major university, a nuclear research facility, and four major hospitals. It occurred during daylight hours, on a Sunday, which should have allowed for efficient evacuations—and yet 25 people died in that event. It rapidly consumed houses as it went, downing trees onto narrow roads, preventing residents from leaving, and rescue teams from arriving. It jumped an eight-lane freeway and a six-lane freeway. Power to the pumping stations was cut off, leaving empty fire hydrants. The mutual-aid responders had hose fittings that didn't connect to the Oakland hydrants and differing radio communication frequencies that often didn't allow for collaboration between departments as close as Oakland and Berkeley.

The four hospitals in the fire's path—Alta Bates, Kaiser, Children's, and Summit—had over 1,000 patients potentially in need of urgent evacuation. Where could they go and how could they get out? The East Bay freeways were in gridlock; the Bay Bridge was clogged with fans going to a 49er game at Candlestick Park; and the only route to the east, through the Caldecott tunnel, was at the center of the fire.

The fire was contained a few blocks short of necessitating the evacuation of the hospitals. The university didn't burn and the nuclear facility never had a radiation leak. However, it was very, very close.

The recent North Bay fire came racing down narrow canyons that were lined with trees and serviced by narrow roads. It jumped an eight-lane freeway and threw burning embers for miles into dry brush and onto rooftops. Narrow roads prevented people from getting out and rescue teams from getting in. It could have been worse. We have actually learned a few lessons that limited the loss of life and property. However, we ignored some very basic safety rules in the interest of saving money, convenience, and a perceived "right to quality of life" that allowed us to live surrounded by dense vegetation and behind locked gates.

What went right? What could be done better?

Hospitals practice disaster drills. We plan for fires, earthquakes, and mass-casualty events. Unfortunately, we usually do the drills during the day, with full staff, typically with the most senior members of the staff. A disaster at night may involve less-experienced employees. The "call-in" tree works only if the people being called can be reached. A disruption in telecommunications and blocked access roads proved to be weak links in the system.

Evacuating a hospital is a dangerous thing to do. Two hospitals did outstanding work in safely getting all their patients to other facilities. Locating transportation vehicles was potentially a problem that was dealt with creatively by all the staff involved. The disaster planning was fine for getting people out of the building. It fell short on what to do once they were outside, which in this situation could have

Dr. Bernstein is a neurologist in Sebastopol. Mr. Lichterman is an emergency management specialist in Grass Valley.

been just as dangerous as staying inside.

Closing the freeway ramps was a lesson learned in our prior urban fire. We needed to get patients out of the area and we needed to get rescue teams into the area. It worked.

The disaster-response teams coordinated their activities through a unified command, a common communications system, and interchangeable equipment.

Most, but not all, of the assisted-living facilities in the area were able to safely evacuate their residents. Poor staff training in dealing with emergency evacuations put a number of people at risk. This will have to be addressed in the very near future. We are a county with a high percentage of retired people. Caring for them is a major industry. Disaster planning needs to include all of our senior communities.

What went wrong?

Our high-tech warning systems failed. Cell towers burned, phone lines burned, and power went out early in the course of the fires. Most people do not have battery back-up for their garage doors. This may have led to some elderly people dying in their garages. Many of the locked, metal gates couldn't be opened in the dark, without power, limiting people's ability to evacuate or hindering first responders from getting in. Our large back-up water tanks were often made of plastic. It's cheap. It also burns or melts, rendering such containers useless in a large fire. Many of the water pipes were plastic. They also melted or burned. Fortunately, we didn't have to test the ability of our generators to run for 48–72 hours, since some would fail and others would run out of fuel. We rarely test our generators for long runs, but probably should, at least once a year.

We love our dense landscaping, but it shouldn't be lining the only access road to our hospital.

Where do we go from here?

Fireproofing communities is expensive. **Buildings with metal or tile roofs** are more likely to survive and are resistant to wind-driven embers falling on them. **Shutters over windows that close automatically** when a fire approaches (such as in the Getty Museum in Los Angeles) would have prevented major damage to buildings that didn't burn but had windows break, letting in smoke and triggering sprinkler systems. **Low-fuel landscaping** doesn't include our beloved towering trees and dense, flowering shrubs—but we may have to get used to it. **Storing water at high points over communities,** connected to metal or concrete pipes, would allow for water pressure in the local hydrants even in the event of a power failure. **Fire suppression using high-volume outdoor sprinklers** could protect the perimeter of a house or a community from an approaching fire.

Building and re-building in the footprint of two major wildfires will be contentious, and yet people will still want to do it. Just ask the people who rebuilt in the Russian River flood plain multiple times after their houses washed away, again. In Oakland, large houses have been built on the footprint of houses that have burned, some more than once. There are still big trees, overhead power lines, and narrow roads in many neighborhoods. These areas will probably burn again.

We utilized our smaller community hospitals to take the pressure off the remaining big hospital during the forced evacuations. These hospitals may not survive in the near future for economic reasons. Should we consider partnering with the military in setting up "pop-up" hospitals in our community as part of regional disaster planning? Could the new commuter train line be pressed into service for emergency evacuations?

In some ways, a fire disaster plan is easier than an earthquake disaster plan, since in the fires we maintained our infrastructure such as roads, water, and most power. We were able to re-supply fuel for our generators, and food and medicine for our population. We could move people around on the ground, by car, bus, rail, or air. An earthquake would create a far more complicated set of issues.

Traditionally we have looked at fires as a local issue, involving one building or two, or even 10, while earthquakes are considered a regional issue. The "new normal" is here, with fires now needing regional planning on the same scale as earthquakes. We learned a lot from previous fires, but still made many of the same mistakes. We should be able to do a better job in the next "big one." ◇

Emails: bernsteinallan@gmail.com; joshemgi@mac.com

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- Land Advance Loan

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Aerial photograph of Coffey Park, showing blocks of devastation.
Page A-1, Lead Photograph, Oct. 11, 2017. John Burgess photograph, Press Democrat.

Touched by the Dragon's Tongue

Ted Hard, MD

"Flames stream from its mouth; and sparks of fire leap out. Out of its nostrils goeth smoke as if from a boiling pot or caldron. Its breath kindleth coals and a flame goeth out of its mouth…"

(Description of a dragon, the Devil's beast, from Job 41: 19-21)

i

Certain dates of historical importance often install themselves in our collective memory. Usually these are times of unexpected, catastrophic events with tragic consequences. Most of us remember where we were during the September 11, 2001, Twin Tower attacks. Likewise, older individuals recall exactly when they heard President Kennedy was assassinated on November 22, 1963. Before that, a few aging survivors still remember the "Day of Infamy" at Pearl Harbor, December 7, 1941. As physicians, we often recall patients we have lost, better than our successes. Perhaps nature has hard wired the human brain this way, as a protective mechanism for ancient man. Pain, fear, and loss have a special spot in our minds. In the distant past, the memory of a close, dangerous encounter (and future avoidance) may have been better for survival than the recall of a triumphant hunt.

Dr. Hard is an emergency physician at Petaluma Valley Hospital.

And thus the morning of October 9, 2017 would be indelibly seared in my mind.

On Sunday, the day before, I had driven 130 miles to Santa Cruz to retrieve a backpack I had lost coming off a flight from Alaska. After posting a number of texts in the Delta Airlines "Lost and Found," I received an unexpected call from an Italian man who had found my backpack at the airport. He wondered if I wanted to pick it up. Why he waited three weeks to call is unclear. Still, I asked no questions and drove to Santa Cruz. Inside the backpack was a disk of wildlife photographs I didn't want to lose. I returned to Santa Rosa in the early afternoon, driving Route 1 along the Pacific Coast Highway, past Pigeon Point and Pescadero, then north to Half Moon Bay. The temperature was a comfortable 65, winds 8 mph, with a partially overcast sky. Although the ocean seemed restless, it was a pleasant October day.[1] Upon returning to Santa Rosa, we went out to eat with friends that evening, then retired early, hoping to start the week with a good rest. Nothing would prepare us for the night to come.

At 1:30 in the morning the telephone rang. My good friend and retired physician Bob Scheibel called. He had woken to the sound of transformer explosions and found a fire working its way along the Foothills ridge. He thought he needed to leave. I got up and looked outside. There was no smell of smoke and no obvious sight of fire. I thanked Bob for his call and offered him a place to stay. At the time, I remember the wind seemed particularly fierce. Inside, a gust had blown a cup off a table. I walked through the house and closed all the windows. "What's going on?" my wife asked. "Fire up in the Foothills — Bob may come down for a while." Feeling safe and secure, and sure there was no pending danger to our Fountaingrove home, I made a potentially fatal mistake. I turned off the light and went back to bed.

ii

Californians are used to calamity. We have earthquakes from time to time. (Remember Napa, August 24, 2014, magnitude 6.0; and Loma Prieta, 1989, magnitude 6.9. By comparison, the "Great Quake" of San Francisco, 1906, was rated as magnitude 7.8). Wildfires also char the landscape. The Oakland Hills fires of October 1991 killed 25 people, destroyed 2,800 homes, and remains in our distant memory. Likewise, the Valley fire in Lake County on September 12, 2015, which killed four people and destroyed 1,955 structures, came close.[2] I drove through Middletown last year and noted the scattered signs of fire: charred trees, hillsides of burned brush; but the town seemed in the process of rebuilding, and the home sites that burned were mostly cleared.

When we moved to Rocky Point in Fountaingrove in 2007, a wildfire was the furthest thing from our minds. I recall looking over the Santa Rosa Valley one lovely October morning, remarking to a neighbor that we were truly blessed. We were living in an area described by Luther Burbank as "the chosen spot of all this earth, as far as nature is concerned."[3]

From my perspective the location seemed incredibly safe. No worry about fire or floods, hurricanes, or tornados. The open space across from our home had few trees and the brush was frequently cleared. The only thing we might be concerned about was an earthquake. In preparation, I kept a large "earthquake" box filled with flashlights, water, blankets and supplies, just in case we lost power for a couple of days. My neighbor reminded me of an old joke: "If you don't have earthquake insurance, just set your house on fire." The concept seemed amusing at the time. Not so now.

Missing from our hindsight was the Hanley fire of September 1964. This fire followed a remarkably similar path to the Tubbs fire, starting in Calistoga, fanned by wind, working its way west along Mark West Springs Road to Santa Rosa. Due to some heroic work by firefighters the old Community Hospital was saved, just as flames reached the hospital grounds. The Hanley fire was apparently started by a deer hunter in Calistoga who carelessly dropped a burning cigarette. No one was killed. The flames scorched an area of 53,000 acres and destroyed 84 homes.[4]

At Rocky Point, cardiac thoracic anesthesiologist Dr. James Finn was a friend and neighbor of mine. Jim had a Bay tree in his backyard, which still retained burn scars from the fire of 1964.[5] Perhaps this should have been a warning. Cal Fire has posted fire danger zones over the years, and the Fountaingrove area of Santa Rosa remained a high risk zone marked in red on fire maps.[6]

Over the past two decades, builders, contractors, and buyers rarely considered the warning. The area was too beautiful, the views too scenic to pass up. The Fountaingrove Homeowners Association was even given an award for its meticulous clearing of brush and debris. Over time, builders erected a series of remarkable luxury homes along its ridges. The danger of wildfires seemed incredibly remote and homeowners were willing to take the chance. But Coffey Park? Coffey Park is in a high-density, flat area containing 1,000 homes in western Santa Rosa across six lanes of open freeway. There is no way Coffey Park could have been a dangerous wildfire zone.

iii

There is a sharp knock on our door. It is two in the morning. The knock repeats loudly. "Hold on!" I'm sure Bob is coming down from the Foothills for a place to stay. But the man at the door is not my friend. It is a neighbor from across the street. "Fire coming!" he yells. "You've got to evacuate. Now!"

I grab a few belongings: my cell phone, a laptop, a battery pack. When I look outside there is a faint glow along Fountaingrove ridge. I am in my pajamas. I realize I have time to dress. This is no big deal. I go back into the house. My wife grabs a few things. We have a cat and dog. The dog seemed eager to go. The cat did not agree. When we finally found the cat, he defiantly hissed and refused to come. My wife threw a blanket over his head and stuffed him into a dog crate. Outside, we made a quick decision to take both cars. (Similar decisions proved deadly on two occasions). If the fire came we didn't want to lose a vehicle. We planned to meet in the CVS parking lot. We soon became separated. The cars fleeing down Brush Creek were bumper-to-bumper. I ended up getting stuck in traffic and fell further behind. Cell phones were still working and we were able to communicate every few minutes to be sure everything was all right.

Bob Scheibel made a number of calls that night, warning friends a fire was coming. He remains one of our

early heroes. When the electricity went out, he dashed for the garage. When he tried to pull the garage release to open the door, the spring pulley mechanism was off track. He couldn't lift the door. He thought then about getting into his vehicle and smashing his way outside. He didn't want to escape on foot. The Foothill estates are often acres apart and he knew there was no way he could outrun a fire. For a brief instant, the electricity came on and he opened the garage. When he finally sped out, the area was filled with smoke.

By the time I reached the CVS parking lot, all spaces were full. I made a quick run to the Flamingo Hotel to see if there were rooms. The lobby was crowded with worried, displaced people. Everything was booked. I returned to our vehicles where we settled for the night, having little insight what was ahead. We called a few friends. They were safe. Everyone else was evacuating, too. We were all sure we could go back to our homes in the morning.

Our best source of outside information was KZST on 100.1 FM. Radio announcer Brent Farris had come into the station and taken over broadcast duties. For the next six hours Farris provided continuing reports and updates. Calls were coming in constantly as the fire spread. The updates became more and more alarming. The fire had jumped 101. Flames were raging up Fountaingrove. Kmart was burning. So was the Hilton Hotel.

And now the fire was approaching the radio station itself on Mendocino. The station was on reserve power. The place was getting hot. Kaiser Hospital was evacuating. Farris was not sure how much longer his staff could remain on the air before running for their lives.[7]

When we finally fell asleep it was 4 a.m. I awoke at daybreak, noting a strange orange glow permeating the sky. The radio was silent. Our cell phones were dead. All communications were gone.

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Aaron Brown is an EMT who worked with a paramedic rig that night.[8] The first 911 fire calls began to come in around 7:30 p.m. on Sunday evening. Many of the early calls were for grass fires, downed trees, or sparking power lines related to the wind. A number of fires were reported across Sonoma County. Over the next several hours, emergency dispatchers began receiving dozens of calls. By 10 p.m. fires were cropping up all over. One of these would be a blaze that started on Tubbs Lane just north of Calistoga. Fanned by gusts over 50 mph, the Tubbs fire was spreading fast. As the flames began to work their way west toward Santa Rosa, emergency rescues were needed as people were disabled and unable to flee. For the next eight hours dispatchers responded to numerous calls to bring injured or incapacitated individuals out of the fire. And each time Brown's crew went back into a fire zone, they were more afraid. By midnight, 911 calls were approaching 300 per hour. During these first hours over 759 calls were received. Of these, 197 were pleas for assistance and help.[9]

By 11 p.m. all local fire engines were deployed and an urgent call to Cal Fire requested 25 additional "Strike Teams" for mutual aid. Each Strike Team is composed of five engines, with a team captain and 25 firefighters. The call for assistance eventually carried all the way to Los Angeles. Strike Teams were on their way. But the needs were urgent and help was required immediately. Worse, the calls were not only for the Tubbs fire. Fourteen other separate blazes occurred through Northern California that night. As dawn approached, the existing crews were spread incredibly thin.

Often the paramedics stood by a three-man fire crew trying to fight an oncoming blaze. And each time the paramedics left for a call, they worried the firefighters might get trapped. Several times during runs the ambulance drove over fallen power lines. "It was the most harrowing night of my life," EMT Brown said. "There were times when I didn't think we would get out."

Paramedic Bill Chase was off duty that night.[8] The family awoke at 2:30 in the morning to find Coffey Park ablaze. Chase sent his family ahead, then ran for a pair of hoses to help a neighbor water down spot fires that were rising across the yard. The air was filled with smoke. Fiery embers blew past their heads. They worked at this for 20 minutes until the water pressure fell. By then the winds were too fierce, the fire too hot to continue.

When Chase saw his neighbor's house go up in flames, he knew he had to leave. He raced for his car and tried to depart but the Coffey Park exit was clogged with other vehicles, trying to escape. It took nearly an hour to get out. When Chase finally reached safety, he was just ahead of the flames.

Don Paulson is a nursing supervisor who has worked with local hospitals for 30 years.[8] The family lived in an area behind Cardinal Newman High School. Paulson remembers well the loud pounding at his door. When he opened the door he was greeted with a sheet of flames. "You've got to get out!" a neighbor cried. Paulson rushed back into the house, alerted his wife, grabbed two of their four dogs (the other two were hiding) and ran for their car. When Paulson got outside, his vehicle was on fire. The entire exit was clouded with smoke. He realized if they went on foot they would not survive. Leaping into the burning car, he loaded up and blasted through the smoke. When his wife jumped into the car, her hair was on fire. "Another five seconds and we would have died," Paulson recalled.

Such encounters were repeated multiple times. By the time the fire burned through Santa Rosa 4,000 homes were lost. Many survivors were lucky; others not so fortunate. The *Press Democrat* tells of a couple who fled their Mark West home in two cars. The wife went ahead and the husband followed. At a sharp curve, the wife took a wrong turn. When the husband arrived at their preplanned meeting site she was not there. He waited through the night, praying for the best. In the morning they found her car and burned remains. "If I had known this would happen, I would have gone with her," he said.[10] In a few desperate minutes their lives had irrevocably changed.

Near Fountaingrove, a family was visiting from San Diego, vacationing in an Airbnb rental with their teenage kids. When they evacuated they left in two cars. The children went ahead, the mother and father followed. A tree fell between the vehicles and suddenly blocked their path. Unable to proceed, the two parents returned to the home and took shelter in the swimming pool. Here they spent the night, treading from side to side, trying to keep safe from the horrible heat and flames. By morning, the mother was dead, succumbing to exposure and smoke.

Memorial Hospital is a Level II Trauma Center and the largest hospital in Sonoma County with 278 beds and 1,400 employees. The hospital is

staffed with a night crew of nurses, aides, doctors and support personnel. When the two other major Santa Rosa hospitals, Sutter and Kaiser, evacuated, Memorial took the brunt of emergency patients. Many of the staff endured the night not knowing whether their homes were standing. "I can't tell you how proud I am of our physicians and caregivers," reported Todd Salnas, president of St. Joseph Health, which runs Memorial and Petaluma hospitals. Both hospitals served key roles during the first days of the fire. "Despite enormous personal losses, our staff continued to work through the fires, placing patient care above their own personal needs," he said. The medical staff office at Memorial reports that 52 physicians lost their homes, as did numerous nurses and staff.

After 37 years of practice, Dr. Mike Holmes, a well-respected family physician, had decided to close his office in Sebastopol some months before. He looked forward to a change of life, continuing work in the Emergency Department at Sonoma West. When he first got the call at 5 in the morning he thought it was a joke. He recognized the calling number as that of a colleague. "Damn, I'm retired," he told himself. The caller was Dr. Dave Fichman. "I don't know if you know it or not," Fichman said, "but there is a fire in Santa Rosa and a busload of patients are heading this way." Dr. Holmes got up, dressed, and went to the hospital to help. He worked steadily for most of the next seven days, joining Drs. James Gude and Shelly Denno, providing almost continuous, non-stop, patient care.

Dr. Joe Clendenin told a similar story. Although retired for a number of years, he has worked with the Red Cross assisting with large scale national disasters. Dr. Clendenin was returning from a trip abroad when he received the Red Cross call: there was a devastating fire in Sonoma County. The Red Cross needed help. Dropping his wife at his son's home in San Francisco, Dr. Clendenin returned to Santa Rosa. For the next 10 days he worked in the Red Cross Evacuation Center at the Sonoma County Fairgrounds. Here he provided medical assistance for over 1,000 individuals who had been displaced. Along with Peggy Goebel, RN, the two gave continuous, 24/7, on-site medical care.

Silhouette of a man with burning house in the background.
Lead photograph, Page A-3, Oct. 10, 2017. Kent Porter photograph, Press Democrat.

Such stories are similar to dozens of other health care workers who gave up their personal interests for the well-being of patients during a time of incredible crisis. In every interview I conducted, physicians pointed out numerous other health care providers who assisted them in their work. By the end of the week, over 200 physicians in Sonoma County and an estimated 450 health care workers had lost their homes. At the time of this writing, most of them are still working; many, still displaced. The heroism, dedication, and commitment of these individuals are qualities for which we should all be both grateful and proud.

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Thursday, October 12, 2017. The fires have left Santa Rosa and are roaming across the Sonoma Hills. Thousands of firefighters have come to the area, some from as far as Australia. The parking lot at the fairgrounds has become a tent city. Row upon row of fire trucks are there. And these are the off-duty crews. An equal number are out on the lines, fighting the fires. Multiple Strike Teams have been called to assist with mutual aid. Over 4,000 individuals are here from 14 different states. So is the National Guard. In the distance you can hear the sounds of jet aircraft as planes swoop over the hills, dropping clouds of pink retardant.

Along with another 50,000 evacuees, we have been displaced. My wife and I, plus cat and dog, have found a room at the Oxford Inn in Rohnert Park. The hotel staff tells me there were hundreds of people turned away. Most of the evacuees staying here have lost their homes. Rumor comes from friends that we have lost our home, as well. I have to see for myself.

This morning I am traveling with a county inspector. We drive along Mendocino Avenue toward Fountaingrove, passing through a blockade of sawhorses, police, and National Guard. When we enter the Fountaingrove Parkway I am stunned. Everything I remember is gone. The Round Barn, the Equus Restaurant, the Hilton Hotel. Nothing remains but rubble and ash. We continue east, curving up the roadway. In every direction is devastation. As we reach the top of Fountaingrove, we round a corner and look back on blocks and blocks of destruction. The sight is reminiscent of photos I have seen of Allied bombing in Dresden toward the

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end of the Second World War. Nothing is standing. Everywhere is in ruins.

I step numbly out of the car and try to take a picture with my cellphone. For some reason the photo app doesn't work. Is the scene too horrible to record? The area looks like a death zone. There is no sound, no murmur, no sign of life.

We continue up to the crest of Fountaingrove and turn onto Rocky Point. I lived with my family here for nearly a decade. The house has warm memories for raising my children; hosting guests; enjoying hospital gatherings. We even had several weddings here. Everything is gone. The place is unrecognizable.

Two years ago we downsized to a smaller house a few blocks away. As we get into the car and drive toward Helford Place, my heart is pounding in my chest. There is no way our home could have survived. A satellite photo I have downloaded shows nothing standing. When we turn onto the road, I count the burned-out homes. The remnants look like corpses. No roofs, no walls, no color. The corner house is gone. The next two houses burned. The neighbors' homes behind and across the street are rubble.

Suddenly, there it is, along with a cluster of a few others. The house is standing. I cannot believe my eyes. I open the front door with shaking fingers. There is a smell of smoke. I walk through the rooms expecting the worst. Miraculously, everything looks intact. Out in the back, the fire has burned down the fence and singed across the lawn. On a table next to the house, I find charred marks where the fire touched the walls. There is a hose stretched across the backyard. Was someone here? Did someone save our home? I sit down in shock. What has happened? How could we be spared?

Given our location beneath the crest of Fountaingrove, it appears the fire swept across the top of the ridge, then swirled over the homes beneath. The flames skipped a block and took out several scattered houses, and then it was gone. The miracle of some homes standing and others spared is a strange phenomena seen along the outer borders of wildfires.

Perhaps, it is like the concept of bacteria inoculum on a human host. The susceptibility of the host is often dependent upon the size of the inoculum versus the host's natural immunity and defense mechanisms. In terms of housing, the defense mechanisms are the roof, the composition of the walls, the type of trees and surrounding vegetation. Wooden decks are often the beginning site of fires. So are the redwood chips used to cover landscaped grounds. And then, of course, there is always luck.

Dr. Gary Mishkin, an emergency physician and longtime friend, tells me he was able to get to his house on the morning of October 9 before all the roadblocks were set. His home was on fire, the flames whipped violently by the wind. Fiery pine cones blew past his head, like Molotov cocktails.

When you get this much wind and a fire this hot, there is little hope. The winds during the early morning of October 9 were so strong they blew embers a half mile ahead. The gusts were so fierce, the fire jumped six lanes of freeway on Highway 101. Sometimes, it only takes a single ember beneath a roof shingle, fanned by the wind, and a flame begins. When a house is hit by hundreds of embers and a heated environment over 1,000 degrees, everything goes.

How hot was this fire? Dr. Bob Scheibel tells me he carried his safe from the ruins. Inside he had kept his most valued personal papers. The safe was guaranteed to 1,000 degrees. When he opened the safe everything was charred. Another account tells of man who kept a treasured collection of gold coins in his safe. Some dated back to Roman times. When he opened the safe all he found was a blob of ore. The heat of wildfires can sometimes reach 2,000 degrees. Pictures of vehicles in Coffey Park show hubcaps that have melted, some flowing off in molten streams.

Man with American flag sifting through ruins. *Page A-11, Oct. 15, 2017. Mac Porter,* Press Democrat.

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Cartoonist Brian Fies drew an account of the fire, which was published in the *Press Democrat* on Oct. 29, 2017. The panels tell the story better than most. In his drawings, he describes the fire; the loss of his home; the bravery of his wife; and the ache of losing an entire collection of drawings that went down with the flames. Sure, he is alive and surviving. But the emotional loss of memories, of special memorabilia, of family encounters, cuts to the bone.

Many have sifted through the debris, hoping to find a favorite memento, or a photograph, or perhaps a child's drawing. Often these are items of special importance to an individual that are impossible to regain. How do you replace the dog tag and American flag of a son killed in Afghanistan? Or the wedding ring of a loved one lost to cancer? Houses and furniture and carpets you can replace. It is the loss of intangible memories that hurts the most.

And then there are the pets. Over 500 pets were lost, the *Press Democrat* reports. One man recounted being blocked by a gate. He had to go around, accompanied by his dog. As they detoured through the

path of flames, his dog caught fire. There was nothing he could do to help.[11]

In one devastating period in Sonoma, Napa, Lake and Mendocino counties, 43 lives were lost and 8,900 homes gone. Twenty-four different fires burned that week. Of these, three of the fires are in the top 20 of the most destructive fires in the history of California. The Tubbs fire is cosidered number one. Wine experts caution that cabernet grapes that survived the fires will probably taste of smoke. I wonder, too, if you will be able to taste the tears.

To families who have lost loved ones in the fire, the loss is unimaginable. And to those who have lost their homes, the emotional pain, the displacement, the thought of having to rebuild or move on, is difficult to fathom. To the first responders and law enforcement officers, the physicians, nurses, hospital workers, and caregivers who continued through the seven toughest days anyone can imagine, we owe great thanks. We have all been touched by the Dragon's Tongue. ◇

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5. Personal communication plus *Press Democrat* article covering Dr. James Finn, Oct. 22, 2017.
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Author's note: *The stories and accounts used in this article were largely taken from conversations with friends and co-workers involved with the Tubbs fire. As an emergency physician, I often cross paths with many of these individuals during my normal work. After the stories started to unfold, I began taking notes of the incredible encounters of co-workers and staff, which formed the basis for this article. Many of the paramedics and fire personnel were reluctant to use their names, feeling they didn't want to detract from colleagues who worked long hours through extremely hazardous conditions. Accordingly, I have changed names (where indicated) to honor these requests. Reported statistics and dates were taken largely from articles in the* Press Democrat, The San Francisco Chronicle, *and research over the Internet. Wherever possible I have used references to help verify the sources of information.*

Our Duty Is to the Public's Well-Being:
Human Health and Global Warming

Gary Pace, MD, MPH

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"Tackling climate change would be the greatest global health opportunity of the 21st century."
—The Lancet Commission

The fires that ripped through our community beginning Oct. 8 changed everything. As was seen in Puerto Rico, Houston, and New Orleans, the visceral impact of climate change has hit home. The medical community must now begin to grapple with the unfolding impact of global warming on human health.

Dr. Pace is a family physician who has been working in Community Health Centers in Mendocino and Sonoma counties for 20 years. He currently serves as the interim health officer in Lake County.

In a warning issued in 1992, a group of 1,700 leading scientists issued a call to arms: "A great change in our stewardship of the earth and the life on it is required if vast human misery is to be avoided and our global home on this planet is not to be irretrievably mutilated."[1] In the absence of significant action on the climate front, these dire predictions are now coming to fruition.

Now, 25 years later, *The Lancet* in October 2017 carried a landmark report based on the work of a collection of health experts. "What the commission has found is that climate change is already affecting human health in serious ways, with harms 'far worse than previously understood.'" The report argues that the health professions have a responsibility "to communicate the threats and opportunities" of a phenomenon that is "central to human well-being."[2]

Is There Scientific Consensus?

The increase of CO2 in the atmosphere from burning fossil fuels is well established as a major contributor to global warming. Methane and nitrous oxide are even more potent in trapping heat, and these gases come largely from the agricultural sector. Scientists generally agree that we need to stay below a 2°C rise in temperature to prevent cataclysmic changes; yet all projections are that we will exceed that level by the end of the century.[3]

From the NASA Climate website:

"Humans have caused major climate changes to happen already, and we have set in motion more changes still. Even if we stopped emitting greenhouse gases today, global warming would continue to happen for at least several more decades if not centuries. That's because it takes a while for the planet

(for example, the oceans) to respond, and because carbon dioxide—the predominant heat-trapping gas—lingers in the atmosphere for hundreds of years. There is a time lag between what we do and when we feel it.

"In the absence of major action to reduce emissions, global temperature is on track to rise by an average of 6° C (10.8° F), according to the latest estimates. Some scientists argue a "global disaster" is already unfolding at the poles of the planet; the Arctic, for example, may be ice-free in the summer within just a few years. Yet other experts are concerned about Earth passing one or more 'tipping points'—abrupt, perhaps irreversible changes that tip our climate into a new state."

The environmental changes coming from atmospheric warming appear most obviously as greater extremes in temperature and precipitation. Locally, these changes will tend to lead to devastating wildfires and increased flooding. The associated sea-level rise will also have long-term implications, particularly in coastal cities like San Francisco.

Climate Impacts on Health: Immediate Disaster-Related Changes

The Tubbs fire drastically affected local accessibility to health care as illustrated by the iconic photos of nurses at Kaiser and Sutter wheeling patients on gurneys out through the flames in order to transport them to other regional hospitals.

Despite the fact that these institutions all did remarkable jobs in getting people to appropriate levels of care, closing hospitals until safe to reopen, and diverting patients for emergency services, the loss of major health facilities for up to two weeks demonstrated the vulnerability of our system to natural disasters.

Evacuees were housed in community centers, with approximately 4,000 people sheltered at the highest point. Many of these people had medical issues, and often they didn't have their medications with them. The vulnerability of people with mental-health needs, addicts in treatment, elders living in care facilities, and medically fragile patients who barely make it in normal times, was increased in these settings. Local medical providers volunteered their services at shelters to address the most immediate needs. The long-term effects from damage to health infrastructure such as the VISTA Community Clinic extended closure, and the fact that over 200 physicians and other medical staff have lost their homes and may need to relocate, will result in increased challenges for years.

Injuries, smoke inhalation, and flood-related exposures to toxins and water-borne illnesses are all examples of acute health concerns in disaster situations. Our understanding of the risks from these exposures and how to deal with them is continuing to evolve.

Ongoing Health Impacts from Global Warming

The World Health Organization (WHO) currently estimates that between 2030 and 2050, there will be 250,000 additional annual deaths due to climate disruption.[4] The following discussion will illustrate general types of health problems worsened by global warming and examples of the supporting evidence that is emerging. Climate change affects everyone, but the impact is always much more intense for the more disadvantaged.

Heat can have an impressive impact. We tend to think that the effects from high temperatures can be accommodated through air conditioning or staying inside, but especially in areas with fewer resources, there is little protection for people from the record temperatures we are seeing now (often over 120° F in some parts of the world). *The Lancet* reports that the number of vulnerable people (over 65) exposed to very high temperatures has increased over a few years by 125 million.[5] In a 2003 Europe heat wave, over 70,000 excess deaths were reported.[6] Outdoor labor capacity in rural areas fell, on average, by 5.3 percent over the past 16 years (the hottest on record) because of heat stress rendering manual work more difficult.[5]

Respiratory problems and allergies are increased due to the photochemical reactions that produce smog (a major contributor to respiratory disease and asthma) and the growth of plants with allergenic pollen in scenarios of higher temperatures.[3] Pollution from coal-fired plants in China and India led to 4,000 school closures and cancelled flights in Delhi, India in early November 2017.[6]

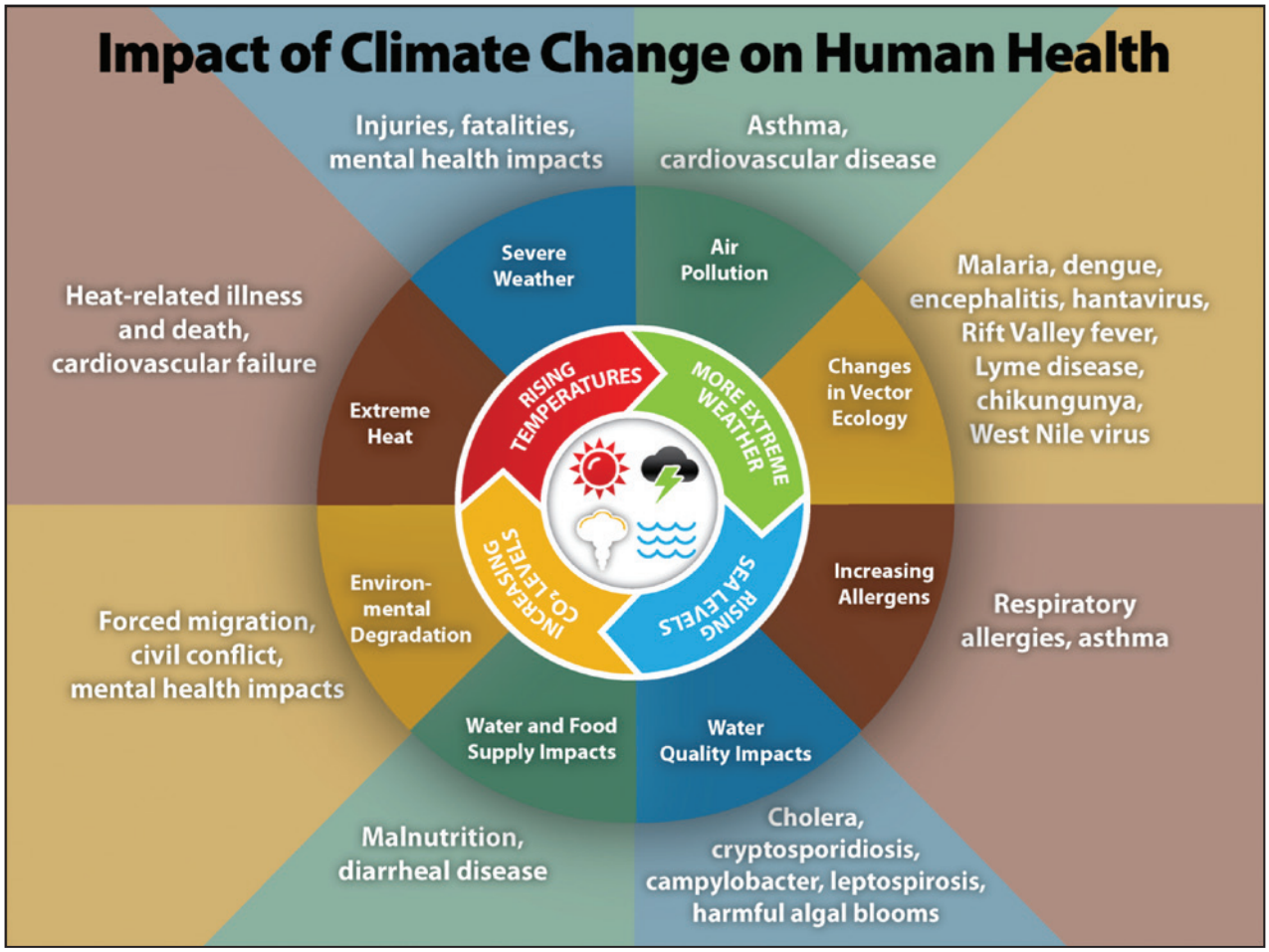
Vector-borne illness distribution is changing in response to shifting climate and temperature patterns. According to the Centers for Disease Control (CDC), tick-borne illnesses in the U.S., especially Lyme disease, are on the rise. And globally, mosquito-borne illnesses such as malaria, West Nile, Zika, and dengue have also increased, with dengue up by 10 percent.[8]

Food insecurity and undernutrition have increased approximately 5 percent due to drought, floods, and temperature extremes, leading to decreases in food production.[5] Researchers predict that in the year 2100, higher temperatures will lead to corn and rice harvests decreasing by as much as 40 percent.[5]

Both the quality and quantity of food seem to be changing. Samuel Myers at the Harvard School of Public Health reports on the decrease in micronutrients in food due to changes in soil health caused by the climate, especially the levels of iron and zinc. It is likely other micronutrients are also affected. They studied six staple foods over multiple continents over 10 years and found significant reductions in iron, zinc, and protein in wheat and corn, which are two of the essential and basic foodstuffs for billions.[9]

Mental-health disorders appear to be on the rise, with PTSD, depression, and anxiety increases at least partly attributed to disasters and associated insecurity. Certainly, we are seeing these effects in our area after the fires. (For a more in-depth look at the climate change and mental health connection, see Table 1, p. 22).

On a global level, researchers report increases in violence as temperature rise. Migration from rural areas due to decreasing access to clean water and food shortages leads to social unrest and violence in cities. This unrest can then lead to emigration to perceived safer places in other countries, often with devastating effects on the health of both the refugees and the receiving countries. In 2016, the United Nations High Commission documented the largest number of displaced people in the history of its record-keeping: 65.6 million people, half of them children, were forced to leave their homes.[9] Many analysts feel that the strong pull of Far-Right political parties in Europe stems from pressures caused by immigration, much of which can be attributed to environmental devastation in refugees' countries of origin. Syria is a prominent example.[10]



Reprinted from Centers for Disease Control and Prevention website: https://www.cdc.gov/climateandhealth/effects/default.htm

Similar patterns are starting to unfold in the U.S. By Nov. 18 (2017), "more than 168,000 people have flown or sailed out of Puerto Rico to Florida since the hurricane . . . another 100,000 are booked on flights to Orlando through Dec. 31."[11] Many people from New Orleans have relocated since Katrina, and it appears that Houston will have some population shifts after the hurricane this past year.

The diversion of resources to disaster or war areas and away from needed health services can be a big issue. In the U.S. in 2017: "Disaster relief costs are approaching $100 billion, with more likely to come."[12] Republican leaders are looking for ways to cut funding from other sources, with a huge focus on repealing the Health Insurance infrastructure, and shifting the tax burden away from the wealthy and from corporations. Military spending continues to rise, and the U.S. State Department reported that in FY 2017 the U.S. recorded $75 billion in weapons sales, mainly to the Third World.[13] If some of this money instead helped fund the transition to an economy that produced fewer greenhouse gases (GHG), we would certainly be further along towards a more sustainable society.

Medical Community Response

How can we as health professionals wrap our heads around a complex scenario such as the one that is now unfolding? What is the role of health professionals in addressing climate change and its effects on the populations we serve? Embracing the fundamental understanding that climate change is happening and that it is impacting the health of our patients and our families constitutes the first step. Then we can move on to solutions.

Fortunately, the interventions that can help a community lower carbon emissions are also directly beneficial to people's health. As an example, active transport by walking or biking has been recommended for decades, and is now an obvious intervention for decreasing GHG. Plant-based diets also improve both health and the environment.

Since a focus on this crisis can lead to hopelessness, it is important to realize that effective, strategic solutions have been well-outlined. Paul Hawken in *Drawdown* chronicles 100 viable approaches to making the transition to a carbon-neutral society.[14] The technology is already in place; political will and grassroots demand have yet to reach critical mass. The importance of the role of the medical community in this conversation cannot be underestimated.

Interventions

One framework that may be helpful is to look at two avenues for engaging with this massive problem: mitigation and adaptation. A public-health perspective will address both approaches.

- Mitigation is prevention; it looks at ways to decrease the amount of GHG going into the atmosphere in order to slow climate change. This is analogous to "primary prevention," or strategies such as moving to a lower-fat diet in order to decrease cholesterol levels in a patient. The Paris Climate Agreement works at this level of prevention, trying to keep

MENTAL HEALTH RESOURCES

- Union of Concerned Scientists: **"Climate Change and Mental Health"** https://www.ucsusa.org/global_warming/science_and_impacts/impacts/climate-change-and-mental-health.html#.Wh3drrQ-fBIAnd
- **Climate change and human health: present and future risks** https://noharm-global.org/sites/default/files/documents-files/151/Climate_Chg_Human_Health.pdf
- **"Mental health effects of climate change"** *Indian J Occup Environ Med.* 2015 Jan-Apr; 19(1): 3–7. https://www.ncbi.nlm.nih.gov/pmc/articles/
- **Mental Health and Our Changing Climate: Impacts, Implications, and Guidance** https://www.apa.org/news/press/releases/2017/03/mental-health-climate.pdf

Table 1

the temperature rise below 2° C. The medical community could take the lead in promoting solutions to GHG emissions due to the significant health impacts of unchecked climate change. A key element of this work is decreasing the burning of fossil fuels and moving to a "carbon-neutral" society.

- Adaptation looks at helping populations prepare for and accommodate to the health impacts of the changes that are already happening. This is analogous to taking a statin when someone already has atherosclerosis, or "secondary prevention."

Mitigation

From a public-health point of view, we need to understand which parts of human activity are most responsible for increases in GHG. Also, in which arena can the medical community make its particular contribution in affecting the conversation? Mitigation as an intervention strategy directly addresses climate impact, but fortunately it can also dovetail nicely with recommendations for more healthy behaviors.

- Food and agriculture contributes about 30 percent of human-caused GHG.[15] Changes in agricultural techniques, less food waste, and plant-based dietary choices can improve this by as much as 50 percent.[16] With a 75-percent decrease in meat and dairy consumption, and a 50-percent decrease in food waste, food activists suggest that the contribution of the food sector to GHG would be in range to keep at the goal of a 2-degree temperature rise. An easy solution is to minimize beef in the diet, since beef accounts for approximately one-third of all GHG emanating from our diet.[16]
- Transportation contributes 13 percent.[15] Cleaner transportation (with positive health benefits from less air pollution), mass transit, and "active transportation" (like biking and walking more, clearly healthier than sitting in cars all day) could make a big difference. Air travel is a real problem due to its huge production of GHG. Divestment from fossil fuel corporations and strategies to "keep it in the ground" can be seen as health-related interventions (like limiting access to tobacco) in addition to their identification as environmental campaigns. Electric cars seem to be a viable solution, and with the current incentives, this is a good time to make the switch. Institutions could begin to provide encouragement for carpooling or biking to work, as well as promoting the placement of electric vehicle chargers.
- Energy production—the largest contributor at 26 percent.[15] Shifting from fossil fuels (coal and petroleum) is a major component of mitigating climate change, and it would have immediate health benefits due to air pollution's current impact on health. Cleaner water and less damage from extraction in mining areas would be side benefits of a carbon-free future.
- The health care industry contributes 10 percent of human-produced GHG.[10] Ironically, hospitals and health care concerns are adding an inordinate amount of carbon to the atmosphere, which will eventually worsen the health status of the population. Healthcare Without Harm is a well-established organization that has been doing pioneering work in helping health care institutions decrease their carbon footprint.

Adaptation

Adaptation means setting up systems to deal with problems that are emerging. First we must acknowledge the problems that are unfolding; study them; and finally, put structures in place to help us to deal with them. Addressing disparities in access to health care due to economics and geography are paramount, as is disaster preparedness. The Public Health infrastructure is particularly well-suited to deal with this level of intervention.

- Community resilience is essential for preparing for these changes. We have seen this in our communities during the fires—volunteerism, involvement of local organizations to help with food distribution and support, fundraising. Building relationships and strengthening community structures are essential for long-term resilience. Some resources to consider: "Transition Towns"; climatesmartmissoula.org; coolblock.org.
- Health disparities. Our communities already have significant health and economic disparities, and these issues will be amplified during times of disaster. See "Portrait of Sonoma County."[17] Improving access to health care, food security, and access to housing should go a long way towards averting a crisis during the next natural disaster.
- Disaster preparedness. Planning currently occurs mainly through the County and State Health Departments and the Red Cross. FEMA and national agencies seemed less helpful than local organizations.
- Public Health planning. The California Department of Public Health has some recommendations on the county and the regional level.[7] The CDC has a program to help fund local planning called BRACE. Many jurisdictions, including Sonoma County, have Climate Action Plans. (http://sonomacounty.ca.gov/PRMD/News/Climate-Action-Plan-Update/).

Where Is the Medical Community Now?

So, how has the medical community begun to address the climate crisis? On the research and monitoring level, "The Lancet Countdown" provides an important focus on observed links between climate and health. They have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established 40 indicators, including the health impacts of heat waves, weather-related disasters, climate-sensitive diseases, exposure to air pollution and malnutrition, and others that will be monitored on an annual basis. [19] In this way, the medical community can be apprised of progress or decline in these important measures.

The Medical Society Consortium on Climate & Health is a group of medical organizations that helps inform and network around the links of climate and health. "Climate Change is Harming our Health" is a review of research showing that physicians are ahead of the general population in their understanding. [20] Two out of every three doctors think climate change has direct relevance right now to patient care. Medical people are noting health effects from poor air quality, worsening allergies, injuries due to storms, heat-related illness, and infections spread by mosquitoes and ticks. [20] Doctors continue to hold a potent position in our society concerning health issues, so it is hoped that awareness of the problem within the medical community can lead to effective action.

Regarding public health, The American Public Health Association's 2017 annual conference, "Creating the Healthiest Nation, Climate Changes Health," brought together leaders and researchers from many different disciplines to begin to construct a strong response on how to research and respond to the growing crisis of climate-change-related health problems.

Nurses have been organizing for years on these issues, with local nurse and USF Public Health faculty member Barbara Sattler being a leader. The Alliance of Nurses for Healthy Environments (enviRN.org) is a good avenue for interested nurses to get involved. The California Nurses Association has a very progressive position statement on climate change. Both organizations have been actively engaged in climate-change efforts, including a 2016 meeting at the White House to establish roles for nurses regarding climate change and health, as well as an International Council of Nurses' position statement that is now circulating in 134 national nursing associations for adoption.

The group Physicians for Social Responsibility (PSR) shared in a Nobel Prize for work in nuclear-war issues and is now directing attention to climate-change impacts. Robert Gould, MD, former national head of PSR and leader in the Bay Area chapter, has provided a strong physician voice in this arena, especially in policy advocacy.

The California Department of Public Health has produced "Climate Change and Health" reports for each county. Its nine recommendations include both mitigation and adaptation strategies, and go into some detail on the department's website, cdph.gov:

- Promote community resilience to climate change to reduce vulnerability (through decreasing inequities, improving food security, and improving community involvement).
- Educate, empower, and engage California residents, organizations, and businesses to reduce vulnerability through mitigation and adaptation.
- Identify and promote mitigation and adaptation strategies with public-health co-benefits.
- Establish, improve and maintain mechanisms for robust rapid surveillance of environmental conditions, climate-related illness, vulnerabilities, protective factors, and adaptive capacities.
- Improve and sustain public-health preparedness and emergency response.
- Work in multi-sectoral partnerships (local, regional, state, and federal).
- Conduct applied research to enable enhanced promotion and protection of human health.
- Implement policy changes at the local, regional, and national levels.
- Identify, develop, and maintain adequate funding for implementation of a public-health adaptation strategy.

What about the medical organizations? The American College of Physicians has a clear fact sheet, "Climate Change and Health Talking Points, What Does Climate Change Have to Do with Health?," that outlines many of the points in this article. Does the AMA have a stance on climate change? Does your specialty organization have any position paper on it? Some of these physician organizations could be encouraged to take a prominent stand on such an important health-related issue.

Many hospitals have "Green Health" committees. "Healthcare Without Harm" is an organization that has been consulting on these issues for many years, and it has compiled an impressive track record in assisting with environmental progress for many institutions. The annual environmental conference CleanMed's next event is in San Diego on May 7–9, 2018. The conference is for health professionals and hospital facilities managers interested in decreasing the carbon footprint of their facilities. The Alliance of Nurses for Healthy Environments will be hosting a pre-conference on environmental health and nursing. Helping establish "meatless Mondays" in hospital cafeterias is another strategy that some hospitals such as UCSF have begun to adopt.

Conclusion

The recent fires serve as a wake-up call. The unfolding climate crisis is impacting human health now, and will become even more of a factor in the future. The medical community has been rather quiet on this issue, but action now may help to alleviate suffering in the future. The encouraging news is that some progress is being made, and the interventions that have been identified are good for human health as well as for slowing the increase in rising temperatures.

Suggestions for potential points of action for each of us in the Sonoma County medical community:

- **Self.** All of us can begin to educate ourselves and consider personal lifestyle changes.
- **Individual patients.** By intervening at the level of an individual's health, we can educate patients on the connection between health and the environment and we can link certain problems with extreme climate conditions. Fact sheets for patients on heat-related illness, airborne issues, and tick-related issues are on the CDC website.
- **Community.** The medical profession is beginning to advocate for the public's health by encouraging movement towards a carbon-neutral society. Political discussions are happening at the county level concerning Climate Action Plans, and we can be an active part in addressing them as a health issue. Health professionals can become a part of a community's disaster preparedness team through the Medical Reserve

Corps, the local health department, the local hospital's team, or the Red Cross.

- **National.** Larger organizations and political groups are addressing climate change, and there exists a great opportunity for medical professionals to enter the discussion from a human-health perspective.

Let us confront this challenge the way that the medical community has approached other health crises in the past: by educating, advocating, and mobilizing. The sooner we can help to shift the trajectory, the better the conditions for health will be for our children and grandchildren. ◇

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Public Health Response: Varied and Vast

Tim Burkhard

"Tent city" at Sonoma County Fairgrounds provided temporary shelter for hundreds of firefighters. The fairgrounds also provided a staging area for fire equipment, a command center for Cal-Fire, a media center, and an animal shelter. PHOTO BY WILL BUCQUOY

When Dr. Karen Milman's pager lit up at 1:30 a.m. on Oct. 9, she grabbed her beloved cat, Grendel, along with her laptop and passport, and hopped in the car. She spent the next four weeks working on disaster response, barely taking a pause to visit either her Rincon Valley home or her office in downtown Santa Rosa.

That's because in her position as health officer for all of Sonoma County, Dr. Milman had a unique perspective on the October 2017 fires: the sheer breadth and scope of her responsibilities. According to California's Disaster and Medical Response Plan, the county health officer and the local emergency medical services administrator are jointly responsible for the coordination of medical and health disaster resources in response to a disaster. In actuality, this is accomplished by the work of many people throughout the Department of Health Services (DHS). DHS staffed the Medical Health Branch in the County Emergency Operations Center, as well as a Department Operations Center in support of the wildfire medical-health response.

The medical-health response encompassed a wide range of activities, and DHS staff functioned as the point of coordination with regional and state medical authorities. Staff coordinated requests for EMS mutual assistance to the county, bringing in an additional 250 EMS responders from around the state to assist with both emergency response and facility evacuations. In the first few hours of the event, both Kaiser and Sutter managed evacuations to move patients and accompanying staff to safety ahead of the oncoming fire. Throughout the next week, evacuations of skilled nursing facilities, assisted-living facilities, memory care and other residential-living situations were ongoing. DHS staff coordinated with the region to help determine bed availability and find destinations for individuals needing placement. Throughout the event, approximately 840 medical patients were moved to at least 60 other facilities in 12 counties.

Shelters were set up throughout the region, peaking at over 35 in Sonoma County alone, with around 5,000 individuals seeking refuge. These shelters were managed by the county and our cities, and run by private groups. Many local physicians and health care agencies deployed to shelters to provide care. DHS worked with partners to find providers and get medical supplies and medications. Regular shelter visits were coordinated with other county agencies and a multidisciplinary shelter task force was formed to assist with medical and social needs. Sheltered persons identified as exceeding the level of care available in the shelters were moved to facilities outside the area. DHS gathered and publicized information on which health care providers and pharmacies were open, including where and when people could access services.

DHS was also very involved in environmental-health response. On

Mr. Burkhard edits Sonoma Medicine.

Oct. 10, under her authority as health officer, Dr. Milman declared a Public Health Emergency due to environmental hazards. This emergency declaration enabled support from the federal government for cleanup activities. DHS has been an instrumental part of the overall county cleanup response, coordinating with the City of Santa Rosa, FEMA, the USEPA, and the U.S. Army Corp of Engineers on the cleanup. This includes both the program for those who are participating in the state and federal cleanup as well as designing and implementing a program for those residents who opt to clean up themselves.

Dr. Milman and her colleagues, including Dr. Karen Holbrook, the deputy county health officer, and Christine Sosko, the director of environmental health, worked to write countless advisories, health warnings, and updates. They reviewed research and gathered input and guidance from experts at the California Department of Public Health as well as from leaders in other counties who had previously been affected by wildfire disasters, and created Sonoma County-specific recommendations. And when the fires hit in Southern California, this information was then shared with officials and agencies to help in their response.

Dr. Milman is quick to point out that the fire response was a group effort, and a massive one. Agencies and individuals from across Sonoma County stepped forward to help in a time of need. In addition, the entire staff of Sonoma County's Department of Health Services, over 690 people, many of whom lost their own homes in the tragedy, stepped up and responded. Dr. Milman marvels at the courage of staff who continued to serve the community while giving little thought to their own personal losses. "Our co-workers' unwavering dedication, their ability to adapt, is just so impressive. We are so lucky to have these talented, generous, hard-working people serving Sonoma County," she said.

Now that day-to-day routines are moving back towards normal, Dr. Milman advises that post-fire trauma for individuals remains a real factor. Between lowered attention spans, dealing with the five stages of grief, and other effects, people cannot and should not be expected to perform at work as they might have in the past. She stresses that all of us need to be generally aware of this, and exercise compassion and patience with one another, whether at work or in one's personal life. "Productivity levels are down, attention spans and tempers can be short, and we all need to learn to deal with these factors in humane and understanding ways," she emphasized.

Prior to accepting her current position, Karen served as prevention division director of Public Health—Seattle & King County, in Seattle's Public Health Office. She received her medical degree from the University of Maryland and holds a master of public health from and completed her residency at Johns Hopkins University. She is board certified in preventative medicine and public health. She is an avid outdoorswoman, hiker and kayaker, and looks forward to restarting those activities someday. But not any time soon.

"Our collective response to the fire and to its after-effects is not over by a long shot," she said. "The efforts by the county, including the Department of Health Services, are ongoing, and will continue for years to come." ◇

Traumatic Reactions After Wildfires:
Common Reactions and Coping

Anish Shah, MD, and Rhea Sheth

The Sonoma County wildfires of 2017 resulted in the loss of dozens of lives and billions of dollars, rendering it among the most expensive in U.S. history and leaving countless individuals with personal and financial losses, and potentially, the acute stress that accompanies such loss. These individuals may develop adaptive reactions in response to the stress, which may later manifest into long-term psychological problems.[1] Psychological distress over an extended period of time may result in major depression or even post-traumatic stress disorder.[2] With the passage of time, most people do recover from the trauma of wildfires, though a minority continue to struggle with mental health issues over extended periods.

Diagnosis of PTSD

While some individuals may display symptoms that clearly align with PTSD after a fire, the majority will show symptoms that lay outside of diagnostic criteria.[3] The effects of a traumatic event on an individual depend on several factors, including the nature of the event itself, developmental processes, the meaning of the trauma, and various sociocultural factors.

According to the *Diagnostic and Statistical Manual V,* published by the American Psychiatric Association, a diagnosis of PTSD is considered when an adult has experienced all of the following symptoms for at least one month:

Exposure: if a person was exposed to death, threatened death, actual or threatened serious injury in the following ways: direct exposure, witnessing the trauma, learning that a relative or close friend was exposed to a trauma, indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g. first responders, medics).

Re-experiencing: flashbacks (reliving the trauma, including physical symptoms of a racing heart or sweating); bad dreams; frightening thoughts.

Avoidance: staying away from places, events or objects that are reminders of the traumatic experience; avoiding thoughts or feelings related to the traumatic event.

Cognition and mood: trouble remembering key features of the traumatic event; negative thoughts about oneself or the world; distorted feelings like guilt or blame; loss of interest in enjoyable activities.

Arousal and reactivity: being easily startled; feeling tense or "on edge;" difficulty sleeping; angry outbursts.

Risk Factors for the Development of PTSD

While anyone may develop PTSD following a traumatic event, certain individuals are more prone due to several factors, including genetics, gender and personal history.

Genetics: Research suggests that genetic factors play a pivotal role in the development of PTSD.[4,5] Notably, research indicates that the role of responsive neurobiological systems in response to trauma is influenced by genetic factors, both in terms of risk and resilience to traumatic events. Not only do these studies suggest that genetic variances influence the amygdala and serotonin levels,[6] but that they can also lead to the development of neuroticism and increased amygdala activity that can make an individual more susceptible to PTSD.[7]

Gender: Females and individuals who have experienced child abuse are more likely to show signs of PTSD. Research also shows that there is a range of physiological differences in response to trauma when comparing males and females. In some studies, females showed a longer hypothalamic-pituitary-adrenal (HPA) axis response (the body's central stress-response system) to stress than males.[8] Sex steroids, such as progesterone in females, can also interfere with the stress response. Pregnancy is also a risk factor. 1–2% of women have PTSD postnatally.[9]

Life experiences: Exposure to adversity in childhood or even prenatal stress can affect the development of the brain's stress-response mechanisms.[10–11] Examples include living through dangerous events and traumas; getting hurt; seeing another person hurt or seeing a dead body; childhood trauma; or a history of mental illness or substance abuse. Physical injury also increases

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the risk of developing PTSD, especially traumatic brain injury (TBI).[12] Individuals with a TBI to their prefrontal cortex may show severe symptoms of PTSD.[13] An impaired hippocampus may result in deficient memories about the traumatic events and impair the ability to differentiate between safe and unsafe situations, leading to paranoia and hypervigilance.

Trauma: Common Emotional Responses

Extreme fear, anxiety and feeling stressed: Such reactions following a traumatic event may result in becoming short-tempered or emotionally unstable. A subsection of the population may also experience mood swings. Anxiety and nervousness are commonly observed, and some subjects may feel depressed or be overwhelmed by social situations, avoiding social interactions to a greater extent than before the traumatic event. Following events such as wildfires, family discord may increase for some, while others may experience the need for isolation in the absence of their usual activities and routine.

Feeling of hopelessness for the future and detachment from loved ones: In the event of financial and personal losses, people experience a feeling of a hopeless future and might not be able to understand and have concern for others.

Denial/shock tend to be the most commonly reported reactions after natural disasters impacting on a large scale. Denial and shock are generally reported immediately after the traumatic event has occurred and these reactions are protective, assisting with the coping mechanism. With the passing of time, as shock ebbs, different people experience different emotional responses to the aftermath of a wildfire.

Intense emotional reactions such as fear and anxiety to triggers such as fire, emergency sirens, smoke and ash. These distressing emotions can affect the quality of interpersonal relationships, with maximal impact observed for subjects living in a short-term housing arrangement.

Behavioral issues: Altered behaviors and thoughts can cause elaborate but disturbing memories of the scene of evacuation or the flames approaching one's home and family. Reliving traumatic memories may cause physiological responses such as sweating and an increased heart rate. Subjects may also have trouble or an inability to concentrate and make decisions while experiencing disorientation. Experiencing the event may impact sleep patterns and eating habits.

Feeling disconnected or numb: Numbing is a process whereby emotions are detached from thoughts, behaviors, and memories. Withdrawing from others frequently is a warning sign.

Confusion: Confusion as well as difficulty concentrating and retaining information is another emotional response to trauma.

Delayed emotional responses may include persistent fatigue, sleep disorders, nightmares, fear of recurrence, anxiety focused on flashbacks, depression, and avoidance of emotions, sensations, or activities that are associated with the trauma, even remotely (NCBI).

How to Recover Following a Fire

The commonly known grieving process has five stages: denial, anger, bargaining, depression, and acceptance. However, it is not necessary that people will go through all five stages in the same order. Some individuals may even skip these steps altogether.

Take time to adapt and adjust. It is important to realize early on that recovering from a traumatic event such as a wildfire and the loss of material and human life will not be easy. As human beings, we require time to mourn losses and this is a gradual process.

Ask for support from loved ones and extended family. It is important to understand that those who have experienced the traumatic event may not be in a best position to offer help and may not be as supportive as normal. It is important to look out for help from outside the community as well as volunteer organizations.

Seek help from local support groups that can help you following the wildfire. Local support groups are often led by trained professionals such as psychologists, well-equipped to handle the situation you are in. Local support groups can be especially helpful for people lacking family support or support through personal networks.

Taking a break from too much information will keep you well informed but limit access to excessive online and television news. This can help in limiting the excessive stress one is exposed to upon repeated exposure to the trauma experienced.

Adopting a healthy lifestyle can improve one's capacity to deal with extremely stressful situations such as natural disasters. It is important to eat healthy, balanced meals, exercise, relax and get enough sleep. Relaxation techniques can help in tackling sleep disturbances (these include things like meditation, yoga, or deep breathing exercises). Alcohol consumption and drugs should be avoided as they do not help with the coping mechanism in the aftermath of a disaster. Furthermore, the consumption of alcohol and drugs may adversely impact emotional responses by intensifying feelings of sadness and anger.

Establish routines in day-to-day life. Scheduling times for meals and exercising can help in structuring the day and avoid focusing on the losses experienced after the disaster. It is important to focus energy on hobbies and doing things one enjoys. Try to avoid sugary and fried foods and instead eat foods rich in omega-3 fats (salmon, walnuts, soybeans, and flaxseeds), as these can help lift energy levels and mood.

Delay important decisions such as change of jobs or changes in personal

Common Physical Responses to Traumatic Events

- Stomach upset and trouble eating
- Trouble sleeping and feeling very tired
- Pounding heart, rapid breathing, feeling edgy
- Sweating
- Severe headache when recollecting the event
- Failure to engage in exercise, diet, safe sex, regular health care
- Excessive smoking and indulging in alcohol, drugs, and food
- Deterioration in pre-existing medical problems
- Experiencing aches and pains
- Lowered immunity

relationships. Important life-changing decisions are also stressful and should be avoided after experiencing a natural disaster such as wildfire, as decision-making can be overwhelming for one's emotional and mental well-being.

Engage in community-building activities: Spending time with people in the community who have also been affected in a similar way helps in the healing process while bringing the community together in the aftermath of the experience.

Make small decisions on a day-to-day basis to help feel in control of one's life and to distract focus from the long-term future.

Avoid non-prescribed mood-altering substances and alcohol: While one may feel overwhelmed by the situation, it is best to avoid alcohol consumption and other substances, as they hinder the healing and recovery process. Do not use them to numb pain or to help lift your moods artificially.

Mindful breathing: If one is feeling particularly panicked or lacking control of emotions, take 60 breaths, slowly inhaling in and exhaling out. This will help calm and re-orient the individual in the moment.

Sensory input: Certain smells or sounds, such as a particular genre of music, may help calm and improve one's mood. Experimenting with these different sensory inputs to calm the nervous system may be a worthwhile activity.

Stay grounded: An exercise that can help ground one in the moment is to sit on a chair, and feel the feet on the ground and the back against the chair. Then pick six objects nearby with red or blue colors. This can help calm rapid breathing.

Acknowledgement of feelings: A natural acknowledgement and allowance of emotions is integral to the dissipation of negative emotions.

Resilience

While some may encounter a feeling of hopelessness following a trauma, others find healthy ways to cope and heal. Resilient responses include increased bonding with family and community; redefined or increased sense of purpose and meaning; increasing commitment to a personal mission; revised priorities; and increased charitable giving and volunteerism.[14]

Taking Care of Children After a Wildfire

Children are vulnerable to extreme stress and anxiety after experiencing emergencies such as wildfires. They do not have a well-developed coping mechanism to extreme stress, and may demonstrate behavior more typical of younger children. They may become prone to nightmares and may not perform well at school due to distractions caused by trauma. Some may become more irritable in dealing with adults and their friends, while others may experience loneliness and become withdrawn. The following steps can be adopted by parents and caregivers to minimize stress in children after experiencing wildfires.

- **Give enough time and attention to children** and let them know that the parents and/or caregivers are there for them. This is especially important during the first few months following the event. Some children may regress into earlier behaviors, such as bed-wetting or wanting a bottle, while older children may not want to be alone. Children younger than 8 may also blame themselves for the event and it is important for them to get rid of the feeling of guilt.
- **Being affectionate with children** can be extremely comforting to those experiencing trauma. It is important to allow younger children to express their feelings through non-verbal activities such as drawing or painting, as they are excellent ways to relieve stress and engage in social activities with other children and adults.
- **Encourage older children to express their feelings and thoughts** with their peers as well as parents/caregivers. As children express their feelings and thoughts about their experiences in the wildfires, it reduces their anxiety levels and the confusion that they may experience. Adults interacting with children should engage with them using appropriate language while addressing their concerns and questions. Parents and caregivers should assure children that they are available at all times to address their emotional concerns.
- **Maintain regular schedules** for meals, play, and bedtime to help restore a sense of order to the daily schedule.
- **Reduce news viewing.** Just as with adults, excess information on the disaster can trigger traumatizing memories in children and therefore should be kept to a minimum.
- **Dealing with separation anxiety:** Damage to one's home and community can threaten the sense of safety and normalcy in children, and may trigger separation anxiety in younger children, manifesting in behavior such as excessive clinging, crying, screaming, and fear of the dark. Parents and caregivers should maximize good communication skills, strong self-efficacy, and positive coping skills among children to reduce fear and anxiety.
- **Resuming classroom routines** of reading, projects, and participation in social and school activities as well as community rebuilding activities can help reduce children's stress after experiencing natural disasters such as wildfires.[15]
- **Some children may have difficulty falling asleep,** and it may help to provide them with a stuffed animal, soft blanket, or flashlight to take to bed. Try spending more time with them before they go to sleep, perhaps reading to them before bed.
- **Help combat their feeling of helplessness** by writing thank-you letters to people who have helped, like first responders, as activities like these can help restore a sense of hope and control over the situation.

When Should I Seek Assistance from Mental-Health Professionals?

One should seek help from mental-health professionals in the case of persistent feelings of being overwhelmed, anxiety, or sadness. These feelings can negatively impact interpersonal relationships and/or performance at work.

Individuals who experience prolonged response to trauma that negatively affects their daily functioning should consult a trained mental-health professional with experience handling trauma, especially if they exhibit the following:

Intense depression with crying that continues weeks after the incident.

Persistent insomnia or vivid nightmares and flashbacks about the incident occurring on a regular basis. In a recent study by Psarros et al, insomnia is experienced in around 63% of the victims while 46.7% of the subjects have PTSD in the first post-disaster month. Moreover, 51.1% of the total sample experienced "fear of imminent death." Female victims have higher incidence of insomnia and PTSD.[16]

Lack of concentration and inability to concentrate on daily tasks in a way that it affects one's performance at work and the capacity to carry through the day.

Angry, emotional outbursts in children or serious issues related to performance at school, anxiety related to the fire, or social withdrawal are all issues that must be evaluated by a mental-health professional trained to handle children.

Poor frustration tolerance and angry outbursts that create noticeable problems in interpersonal relationships and relationship with peers.

History of clinical depression, anxiety disorder, or PTSD: Those with a history of mental-health issues can experience exacerbated problems following natural disasters such as wildfires and need to consult health care professionals.

Suicidal thoughts and attempting to end one's life after experiencing wildfires.

Increased consumption of tobacco and anxiolytics: If one feels the urge to smoke more often after the experience of surviving the wildfires or when one starts medication for anxiety, it is suggested to consult a medical health professional as these symptoms have been linked to experiencing wildfires, and are independent of PTSD.[17]

Changes in diet and sleep patterns: If one notices stark changes to diet or does not feel like eating, or has extreme difficulties getting enough sleep, one must consult a mental health counselor for advice.

Putting oneself in a situation of extreme harm: If a person has thoughts of putting one's life at risk or the urge for substance abuse in days or months following the incident. ◇

Advice to Counselors: Helping Clients with Trauma Responses

- Create an environment that allows acknowledgement of the traumatic event.
- Discuss their initial recall or first suspicion that they were having a traumatic response.
- Become educated on delayed trauma responses.
- Draw a connection between the trauma and presenting trauma-related symptoms.
- Create a safe environment.
- Explore their support systems and fortify them as needed.
- Understand that triggers can precede traumatic stress reactions, including delayed responses to trauma.
- Identify their triggers.
- Develop coping strategies to navigate and manage symptoms.

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Sonoma Medicine

#SONOMASTRONG SPECIAL SECTION

Medical First Responders

- Community Health Centers
- Partnership HealthPlan of California
- Kaiser Permanente
- St. Joseph Health
- Sutter Health

Community Health Centers Adapt, Improvise Amidst Fire Chaos

Tara Scott, MD, and Lisa Ward, MD

In the early morning hours of Monday, Oct. 9, Santa Rosa Community Health's largest health center, the Vista Campus, was one of over 5,000 structures destroyed in the firestorm that devastated Northern California. In a few short hours, 24,000 patients lost their primary-care medical home, and over 150 medical staff lost their place of work. At the same time, our 36 family medicine residents lost their continuity clinic and 15 family medicine faculty lost their teaching home. As a result, our beloved Santa Rosa Family Medicine Residency was in jeopardy of closure and our treasured patients lacked access to primary-care services.

Southeast side of Vista Campus with burned playground in foreground.

When her pager woke her in the early hours of the morning with the message, "Residents in house say the hospital is under evacuation, nobody can come or go," Dr. Tara Scott could hardly have imagined the scale of the wildfires burning in our community. Only a few months earlier, Dr. Scott had assumed the role of program director for the Santa Rosa Family Medicine Residency. Now she was about to discover that the pager message and constant sirens she had been hearing were both in response to the most destructive fires the county had ever experienced.

The response to this community-wide tragedy was tremendous. As many know only too well, there are heart-wrenching stories of medical providers and health professionals working to evacuate patients from Kaiser and Sutter hospitals while their own livelihoods were being threatened and their families fled neighborhoods without them. Three of our family-medicine residents lost homes. There is just so much loss. Yet, there have been extraordinary acts of courage, perseverance, and innovation that have grown out of a challenging time.

In the early days of the fire, we did not know the full extent of the damage to our hospital or clinic. Thankfully, the residency's sponsor, Sutter Santa Rosa Regional Hospital, survived the fire. However, the loss of Santa Rosa Community Health's flagship Vista Campus brought continuity teaching clinics to a standstill. It became crystal clear that the regulations of the Accreditation Council for Graduate Medical Education (ACGME), the regulatory body that oversees medical residency training across the country, made no exceptions even in the event of a natural disaster. Continuity teaching clinics could not be interrupted for more than a few weeks, or the residency would be closed. Those are the rules. Countless community partners from private and community health systems reached out to offer our residents continuity sites so their training would not be interrupted and the residency program could continue. Working together, Santa Rosa Community Health pulled off a miracle and offered all 36 residents a continuity

Dr. Tara Scott serves as program director of the Santa Rosa Family Medicine Residency. Dr. Lisa Ward serves as chief medical officer for Santa Rosa Community Health.

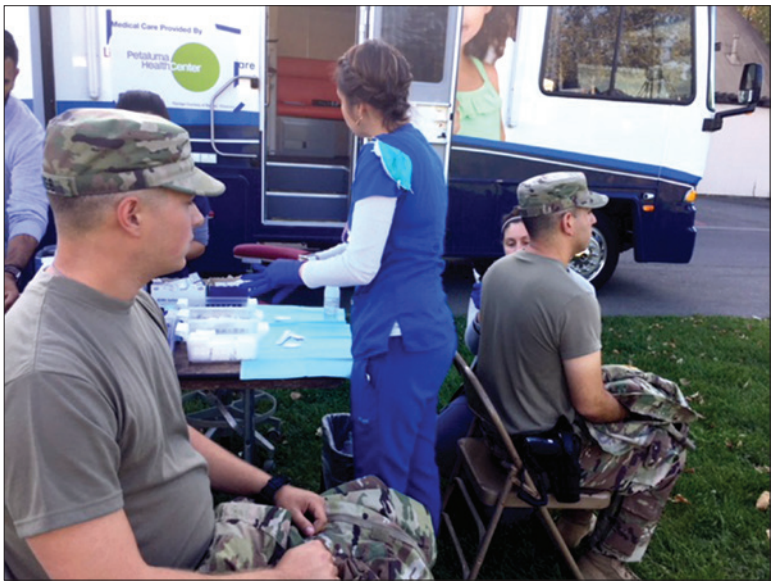
site at other clinics in Santa Rosa. Clinics were consolidated, but patients were seen!

What all those community partners offering help knew too well is the immeasurable value of a residency program in our town. Overall, on average six of our 12 graduates each year stay in Sonoma County to practice primary care. The loss of the program would be devastating for the future primary-care workforce in our county. What would happen if the family physician pipeline in Sonoma County ceased? How would that impact the health of the county? We all know the answer: fewer primary-care doctors and poorer health for the community.

So, the community saved the Family Medicine Residency, and the residency went to work in the community. For the first three weeks of the fires, over 30 staff and providers from Santa Rosa Community Health staffed several evacuation centers. This included rotations of family nurse-practitioner residents, our family-medicine residents, and faculty valiantly working around-the-clock shifts. In the midst of the chaos in those high school gyms, they actually built functional medical triage units from the ground up. They created a workable paper medical record; formed rounding schedules to assess the acutely ill and vulnerable; and established a command structure of internal and external communications with emergency-response support groups. They learned how to make decisions. They organized.

Elsie Allen High School was the site of the most intensive medical care. The school gym was converted into an elder-care ward for 250 evacuees from skilled-nursing facilities across the city. Psychologists provided support and trauma-recovery services. Nurses administered medication, organized new supply inventories, and triaged waves of stunned evacuees as they arrived. Faculty and residents cared for many octogenarians with limited medical support. Across all the evacuation centers, it was the same work. Medical providers cared for the shocked and scared, the frail elderly, the single unconnected men, and the young families alike. Evacuees were all those who lacked the support to be anywhere else but in a school gym, sitting on a cot.

There were other contributors, as well. Our medical colleagues from Petaluma Health Center arrived, bringing their mobile medical van to multiple evacuation centers and homeless shelters in Santa Rosa to deliver over 250 flu shots. Even Army National Guard staff got in on the immunization opportunity.



Nurses and medical assistants from Petaluma Health Center provide assistance at the Santa Rosa Fairgrounds Evacuation Center.

One community health clinic from the Central Valley drove its medical van up to Santa Rosa and donated it to Santa Rosa Community Health on the spot! And our in-house pharmacy rose from the ashes at Vista Campus and transformed itself at our Lombardi Campus, filling 10 times the normal rate of prescriptions through the first week of the fire.

The immensity of the volunteers offering assistance was amazing as much as it was overwhelming, on top of the demands of managing the response to the disaster in those early days. After struggling to coordinate and connect people and shifts and shelter needs, community member Travers Ebling, SRCH's Dr. Toni Ramirez, and faculty physician Dr. Panna Lossy created an online sign-up program called "Signup Genius" so that people's best intentions could be matched with the needs for medical providers in the evacuation centers.

To get the staffing ratios matched to the ever-changing environment of the evacuation shelters, multiple assessments were done daily to understand acuity of illness, the number of evacuees, and support from agencies like the Red Cross and Department of Health Services emergency operations staff. The communication structures and triangulation of information in this setting was complex, yet essential to care for the thousands from our community living in evacuation shelters. By the time shelters were closing weeks later, the Department of Health Services and Redwood Community Health Coalition were coordinating shelter staffing using this new sign-up tool, and a new best practice in emergency management was born!

From the patient's experience there have certainly been the same highs and lows. A woman twice evacuated in the early days of the fires, with her home destroyed first and then the home of her brother and rescuer also destroyed days later, put our collective experience of that first week into stark view. She came to the SRCH Dental campus at 1100 North Dutton Avenue with terrible tooth pain. She was seen by the dentist and was found, with most unfortunate timing, to have a tooth infection requiring a root canal. The dental clinic was not full, so the woman had the procedure the same day. The dental staff remarked to her that she was so calm, and nearly asleep during the procedure. She put it into perspective

when she said, "This is the least stressful experience I've had all week."

Despite the bravado and heroics of the first few weeks, the health centers suffered a huge loss. The organization is morphing into spaces and places that change by the week. In December, we added 15 exam rooms outside two other existing clinic sites with mobile vans and "Clinics-in-a-Can," which are freight containers refitted with surgical-grade medical equipment.

At the same time, we have a beautiful new clinic, our 1300 North Dutton Campus, opening in early February. Alas, it will now open with expanded hours and twice the capacity for patients and staff compared to our initial plans. So much for a "soft opening"! By March, we plan to open new clinical spaces including approximately 20 exam rooms that will house the residency, its faculty, and the teaching clinics, as well as lecture and group-learning space for the year to come. Finally, we expect to rebuild, renovate, and reopen the Vista Campus in early 2019. Architects are drafting amended building plans, the recovery crew has gutted the building, and a new roof will have been installed by the time this article is published.

We are incredibly proud of our health centers. The clinics offered care as the first ambulatory clinic system to open its doors on day two after the fires started. By day three we provided fully comprehensive primary-care services including HIV treatment, mental-health services, medication-assisted therapy for substance-use disorder, and HCV treatment. And the clinics saw every soul: those with all forms of health insurance and those with none. We saw patients regardless of immigration status or ability to pay. Similarly, we faced the threat of these fires together with the residents of Sonoma County we have had an opportunity to serve. In so doing, we learned that family physicians are well-positioned to serve the needs of the community in both times of peace and times of disaster.

Mobile "Clinics-in-a-Can" are freight containers refitted with surgical-grade equipment.

And so, it promises to be a year of rolling transitions as we grow accustomed to an uncomfortable mantle of continuous change. Changed hallways, changed workflows, and a residency and a community forever changed. And yet, the really fundamental things—those elemental parts of our lives that really matter—have only been emboldened and clarified: connection, kindness, and gratitude. Add in a pile of patience with a fistfull of grace, and you now have the recipe for a prolonged response to a community-wide tragedy. ◇

The Sutter Santa Rosa Family Medicine Residency began in 1939 as a general practice residency and operated out of the county hospital until it became one of the first family practice residencies in 1969, the year the specialty was born.

Partnership HealthPlan of California Supports its Members

Marshall Kubota, MD

The Northern California fires of October 2017 brought challenges to Partnership HealthPlan of California (PHC), for the members and communities we serve, our daily operations at two regional offices, and, for some, very personal challenges.

PHC is the non-profit managed care health plan for Medi-Cal recipients in 14 northern California counties, including those counties affected by the fires: Sonoma, Lake, Mendocino, Napa, and Solano. Having had the unfortunate but instructive calamities of the Valley, Jerusalem, and Clayton fires in Lake County the past few years, PHC was prepared to implement its emergency-response plan to respond to community disasters. That plan was activated on the morning of Oct. 9.

The Community Emergency Response Plan brought together the highest level of administrative staff at PHC for daily and twice-daily updates to develop specific action plans during the first few weeks of the fires. The initial priority items focused on keeping operations open. The Santa Rosa regional office was without operational power for the first four days of the fire. The main office in Fairfield was thought at times to be in the possible path of fires, and the poor air quality in Fairfield and Santa Rosa affected staff—in particular, those with respiratory medical conditions and those who were pregnant. Evacuation of the Fairfield office occurred at the end of the first week due to voluntary fire evacuation from the Atlas fire.

Dr. Kubota is regional medical director at Partnership HealthPlan of California, Santa Rosa.

One of the most significant actions PHC took was to allow members displaced by the fire to seek care from doctors and health centers to which they were not assigned. Pharmacies were notified regarding how they could support members who lost medications in the fires, and those displaced without their medication. Additionally, PHC tracked patients who were moved from evacuated hospitals, skilled nursing facilities, and dialysis facilities, for updates and for necessary transfer of medical care. Member Services had updated information to help those members calling in for assistance.

The longer-term consequences of the fires are still evolving for PHC. The direct effects on the health and emotions of adults and children will be evident, but not measured. The final tally of members displaced and those who have left the region are not known. The shortages of clinicians and specialists who have decided to leave or retire, and the increased cost of housing, will make access to medical care for PHC members more difficult. The financial consequences for the public institutions from a reduced tax base will likely result in reductions in services to the vulnerable populations that make up a part of PHC membership. There will be a lot of hard work in the coming months and years, but we will continue to pull together and work side-by-side with those communities impacted.

On a more personal level, of the over 750 employees of PHC, three lost their homes. All were based at the Santa Rosa office. All have called Santa Rosa home for many years, have raised their families here, and—Sonoma Strong—are staying and rebuilding. ◇

PHC is a non-profit community-based health-care organization that contracts with the state to administer Medi-Cal benefits. PHC provides quality health care to over 560,000 Medi-Cal members. Beginning in Solano County in 1994, PHC today provides services to 14 Northern California counties: Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo.

North Bay Strong

Lynn Mundell

Members of Kaiser Permanente's Santa Rosa Emergency Department team. All photos courtesy of Kaiser Permanente.

It was 1:15 in the morning of Oct. 9 when Judy Coffey, RN, Marin-Sonoma senior vice president and area manager, got the call at home that smoke was bothering patients and staff in the Kaiser Permanente Santa Rosa Hospital.

Coffey called Tom Hanenburg, senior vice president of Hospital & Health Plan Operations. They learned the smoke was worsening, and sent out an emergency notification, or Tier 1.

Next, Coffey noticed the smoke at her home in the Fountaingrove neighborhood of Santa Rosa, and called Joshua Weil, MD, assistant physician-in-chief for Hospital Operations, who was on duty in the Emergency Department.

"He said, 'I think my house just burned down,'" Coffey remembered. "At that point, we activated Tier 2: calling in everybody who could make it to help at the facility."

Judy Coffey, RN; Joshua Weil, MD; Michael Shulman, MD

A Hasty but Successful Evacuation

By 2:30 a.m. the hospital command center was opened. A regional command center followed one hour later, and within minutes, Dr. Weil called the evacuation order. Employees and physicians loaded more than 100 patients—including women in labor and ICU patients—into ambulances, city buses, and, in some cases, their own cars to get them safely to other hospitals, including Kaiser Permanente San Rafael.

Fanned by wind and fed by parched vegetation, the multiple North Bay blazes destroyed nearly 9,000 structures and scorched around 210,000 acres. To date, there are 43 confirmed deaths and many people injured.

With the Santa Rosa Medical Center closed, Kaiser Permanente hospitals throughout Northern California pitched in.

"We received tremendous support from local physicians, nurses, and staff as well as from our Northern California leaders and medical centers," Coffey said. "Santa Rosa Memorial Hospital and our Kaiser Permanente sister facility in San Rafael opened their doors to receive and care for our patients."

"The disaster proved that we can count on each other in a crisis," said Dr. Weil. "And that's what we think of as a real high point—just knowing how much people have your back."

Vicky Locey, RN, chief operating officer and chief nursing executive, said her phone "blew up with messages" in the wee hours of Oct. 9.

Unable to go the hospital, the 28-year Kaiser Permanente employee set up shop in downtown Windsor, nine miles north of Santa Rosa, to manage her patient-

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Lynn Mundell is editor of the online newsletter, LookInsideKP Northern California.

care responsibilities. She has referred to employees and physicians as family—and said that their closeness is now magnified.

Reopening After Disaster

On a late October visit to the Santa Rosa Medical Center, one would barely know the Kaiser Permanente community had faced the worst disaster in the organization's history—and the deadliest week of wildfires on record in California.

Employees and physicians moved with purpose through the facility's halls, which smelled of scrupulous cleaning, not smoke. Members received flu vaccinations in a lobby clinic and the parking lots were full.

But a closer look showed people hugging and talking urgently. After all, the medical center had just reopened on Oct. 25. And everyone had a story to tell.

On that first night of the fires, Judy Coffey lost her own home, driving her husband, who was recuperating from knee surgery, through falling, burning trees to safety. Dr. Weil listened in anguish on the phone as his terrified wife and daughter escaped through a wall of fire.

So far, about 1,200 employees and physicians are displaced by the disaster. While supported by emergency monies, grants, and loans from the organization, including Kaiser Permanente's donation of $250,000 to the Red Cross, it will take a long time to rebuild homes and longer still to recreate lives.

A Glimpse of Green

Camille Applin-Jones, RN, the medical group administrator, was evacuated from her Solano County home. Having served in the U.S. Army during Desert Storm, she likened the fear, uncertainty, and shock of the fires to war.

"I've seen a lot of pain and loss, but also a spirit of resilience like I've never seen before," she said. "A nurse from Pediatrics said that our landscape is changed, but just over the hill you see a glimpse of green. That is a beautiful way to see a new day on the horizon."

When the facility reopened, she recalled another happy sight: children skipping through the lobby on their way to the temporary daycare provided for staff left without child care.

Kaiser's Emergency Department reopens Oct. 25.

Michael Shulman, MD, physician-in-chief for only 8 days when disaster struck, returned to his evacuated home after a week, and felt "so proud and appreciative of Kaiser Permanente's response in the crisis."

"All of the other medical centers came to our assistance: individuals, departments, and physicians reached out. It was a regionwide and even programwide effort, in any and all ways. It was tremendous and it was inspiring."

"I see the amazing spirit, cooperation, support, kindness, and resilience of our community," added Coffey. ◇

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Resiliency, Sonoma County Values Keys to St. Joseph Health Fire Response

Tim Burkhard

Incident Command Center at Santa Rosa Memorial Hospital.

When Dr. Chad Krilich and Dr. Mark Shapiro spoke recently with *Sonoma Medicine* about St. Joseph Health's response to the October fires, the word "resiliency" was a familiar theme. The resiliency of doctors and nurses, of hospital staffers, of public-health providers, and of members of the community at large—all came together to play a role in mitigating the effects of one of the worst natural disasters in California history.

"The resiliency of our people and of the community as a whole was truly something to behold. We want to hold on to that, and build on that sense of resiliency in preparation for future events," Dr. Krilich said.

Chad Krilich, MD, MBA, serves as chief medical officer for St. Joseph Health, Sonoma County. Mark Shapiro, MD, serves as medical director for Hospital Medicine at Santa Rosa Memorial Hospital. Both played integral roles in the response to last October's fires.

St. Joseph Health in Northern California encompasses five hospitals, three of which are in the areas of the October wildfires: Sonoma County hospitals Santa Rosa Memorial and Petaluma Valley Hospital, and Napa County hospital Queen of the Valley Medical Center. All remained open and provided critical care when Santa Rosa's other two hospitals,

Mr. Burkhard edits Sonoma Medicine.

Sutter and Kaiser, were forced to evacuate.

Krilich said that, in retrospect, last Oct. 8 was what would be called a "normal" day, with about 120 patients in emergency care and a total patient census of about 180 at Santa Rosa Memorial. Twenty-four hours later on Oct. 9 there were 185 emergency patients and a total patient census of 228. Things came to a head on Friday, Oct. 13, when Petaluma Valley faced the possibility of having to divert patients.

But that fear was never realized. The key to dealing with the patient influx caused by the disaster was community health care partnerships, the two physicians said. In a move that had the side-benefit of preventing hospital-care overload, many local physicians ended up treating patients where they were, at shelters provided by the county and by private entities. And Petaluma Valley Hospital did "simply a phenomenal job" dealing with its share of patient overflow, Krilich said.

Drs. Krilich and Shapiro stressed that while there are simply too many fire heroes to name, a few stand out for their extraordinary contributions under stressful conditions. John Bibby of Human Resources, who led employee-outreach efforts focused on financial and emotional support; Dr. Jeannette Currie, who similarly assisted, in addition to her regular duties; Nate Friar, senior fundraising coordinator, who led employee-housing initiatives; and Margaret McEvoy, Memorial's chief of staff, and St. Joseph Health Sonoma County President Todd Salnas, whose combined managerial initiatives kept everything on track.

Memorial Hospital's Incident Command Center proved crucial during the initial hours and days of the natural disaster. The two physicians said they expect the housing command center to remain in place for at least a year or two more, in part because of its key and continuing role in locating and securing housing for local physicians and other medical personnel whose homes were lost. They were pleased that out of 139 housing requests, 125 had been filled as of Jan. 22, 2018—a remarkable figure, given the county's preexisting housing shortage.

When asked to summarize St. Joseph Health's fire response, Dr. Krilich remarked that, "what came home was the sheer humanity of the people in the Sonoma County health care field. Many physicians lost their own homes and yet stayed on the job, persevered, kept serving the community. It speaks volumes about the character of people who work in our field. They gave no thought to personal losses while continuing to 'answer the call,' and they continue on today," he said.

Dr. Shapiro added that, "this community's commitment to one another has long been talked about. But the heroic response we saw was real: genuine, heartfelt, and entirely spontaneous. We experienced firsthand that Sonoma County's much-vaunted values really do exist. They were writ large in the wake of this devastating event, and we cannot sufficiently express our gratitude and admiration." ◇

Sutter Fire Response: Calm, Focused, Courageous

Peter Valenzuela, MD

It had been a typical Sunday at Sutter Santa Rosa Regional Hospital (SSRRH). No one inside the facility was focused on the near-hurricane-force winds outside or aware of the fire that had started just north of Calistoga.

At 1:02 a.m. on Monday the hospital administrator on call, Kristin Dalitz, RN, was notified of the fire. She connected with Robin Allen, RN, MSN, chief nurse executive, and they headed to the hospital. "When we got there we could see buildings starting to burn off in the distance," Allen said. The two activated an Incident Command Center as soon as they arrived at the hospital and things moved very quickly after that.

"There were flames to the north and west. At that time the hospital was a beacon," said Forest Neel-Grant, CNA. Evacuees from the surrounding neighborhood also saw the hospital as a safe haven and started arriving in need of shelter from the fast-moving blaze. By 1:30 a.m. SSRRH had received over 100 people from the community, including residents from a nearby board-and-care-home.

Around 1:30 a.m. the Tubbs fire jumped across Highway 101. By 2 a.m. the hospital could no longer be accessed from outside the immediate area. "Sometime between 2 and 4 a.m. the fire had surrounded the hospital," said Allen.

Dr. Valenzuela is a family physician and serves as chief medical officer for Sutter Medical Group of the Redwoods.

At 3:30 a.m. the team began the job of evacuating the hospital.

Over the course of six hours, the team safely evacuated 77 patients to hospitals in Santa Rosa, Novato, Berkeley, Oakland, and San Francisco. Sutter Health's Novato Community Hospital doubled its census in three hours.

Patients were transferred by ambulance or bus, each with his or her medical records in hand, many accompanied by a nurse or physician who would continue caring for them—at least initially—at the destination facility. By 9:15 a.m., the last patient left, completing the full evacuation of the hospital—the first in Sutter's history.

"I went on 'automatic' and didn't really think about how serious the situation was. It wasn't until a couple of days later that it really hit me—how close we had come to devastation. But during the evacuation, we just tried to remain focused and calm, and worked toward getting all our patients out safely," Allen said.

"I never once saw the staff waver, look panicked, or stressed" recalled Teri Spooner, patient care manager. "This is what they do every day, whether there's a fire, a baby's not breathing, a mom is bleeding, or there's something going on with a Med-Surg patient. This is what they do and they do it extremely well," she added.

"The hospital staff was truly amazing. They all have families and homes in the fire zone but had to put that in the back of their minds. None of them knew the status of their homes. They focused on getting patients moved and also safely evacuating the community members sheltering there," said Julie Petrini, CEO of Hospitals, Sutter Health Bay Area.

"I'm always so proud to see how the staff puts patients' needs and issues first. They're willing to sacrifice their own personal situations to make that happen," Mike Purvis, CEO, SSRRH, commented. "I want to say 'thank you' to that team and let them know how honored I am, how privileged and really blessed I am, to be working with them," he added.

Fire Extinguishers, Garden Hoses, and Teamwork

The Santa Rosa Fire Department was overwhelmed, leaving hospital staff to fend off flames on their own initially. "During the first few hours we were outside trying to stop the fire from hitting critical points," Kelsey Claybook, security supervisor, recalls. A handful of staff, armed with fire extinguishers, garden hoses, buckets, and shovels labored to put out spot fires on roofs and the ground—dangerously close to medical gas tanks and hospital's well system.

SSRRH isn't on the city's water system; instead its water is supplied by a well and held in six vast underground tanks. "When the firefighters did arrive they were able to tap into our system and use more than 500,000 gallons to battle the blaze—both on and off of the hospital's property," said Jeffery Miller, chief engineer and facilities manager.

The efforts of a few brave men and women saved the hospital and medical office building, but unfortunately the Shea House on the SSRRH campus—

which provided a place of respite for out-of-town families to be close to their hospitalized children—burned to the ground. "We have a phenomenal team of people. The acts of individual courage and the stoicism they displayed were truly remarkable," said Bill Carroll, MD, chief medical executive, SSRRH.

The Race to Reschedule and Reopen

"Our usual way of operating was completely out the window," said Toni Brayer, MD, CEO, Sutter Pacific Medical Foundation. The 13 Sutter-run clinics in Sonoma County were closed on Oct. 9, most having lost power and phone service, and the two largest damaged by fire.

"Each morning we tried to identify which sites we could reopen. Once the decision was made, every remaining hour was spent accomplishing the small and large tasks necessary to move patients, physicians, staff, and supplies to that location," Brayer said.

"Our initial focus was on high-acuity cases. We coordinated transportation so patients who needed chemotherapy infusions could get them at a network location nearby. We relocated physicians and reworked their schedules so women with high-risk pregnancies could see their doctors," recalls Kiren Rizvi Jafry, VP of operations, Sutter Pacific Medical Foundation. Hospice patients from Santa Rosa were welcomed at the Sutter Care at Home facility in Vallejo. Over the 10 days that the fire raged, Sutter staff contacted thousands of patients to reschedule appointments and facilitate medication refills.

Two SPMF care centers were reopened within 24 hours of closing. Another two reopened 24 hours later and an urgent-care clinic—which was moved from a different building—provided weekend services starting Oct. 14, 2017, and every Saturday and Sunday through the end of 2017. The same day that Sutter Santa Rosa Regional Hospital reopened—just eight days after it was evacuated—SPMF had 10 of its 13 clinics back up and running.

Sutter is bigger than just our regional resources. We were able to leverage project managers, engineers, supply chain, information systems, environmental experts, and technology for video visits from numerous out-of-area Sutter hospitals and clinics to care for our patients and help us get back up and running.

"So many of our team members were affected by the fire—at least 60 lost their homes—and yet we were able to reopen the hospital only eight days after having to evacuate," said Jeff Gerard, president of Sutter Health Bay Area. "Working together, we were able to marshal and quickly provide the necessary support and resources to reopen the hospital and empower the staff to do what they do best: take care of the community," he said. ◇

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SCMAAF: Trial by Fire

Patty Lyn Tweten

October's devastating fires struck the Sonoma County Medical Association Alliance Foundation in an extremely personal way. Dozens of our own members lost their homes, and our foundation programs were impacted like never before. This Alliance contribution to *Sonoma Medicine* reflects moments when our mission, "to create a healthier Sonoma County by improving the lives of those in need," was challenged and met by our membership.

Foresight and Communication

On the morning of Oct. 9, with nearly half our membership displaced across northern California, I picked up my phone to call every member of the Alliance I could reach. Through my conversations, I realized that, aside from food, clothing and shelter, the commodity most needed was information. Fortunately, because of excellent planning and foresight two years ago by Maria Pappas, former marketing director, and Margaret Peterson, our VP of information technology, the Alliance was armed with a powerful website and people who knew how to use it to its best advantage.

By noon on Oct. 9, we had an online blog in place. People could check on the status of fellow members to offer assistance and update the ever-growing list of physician homes lost to fire. I reached out to Wendy Young, Executive Director of the SCMA, to combine efforts and share information. This turned into a week-long daily briefing of who was where and what was needed.

It soon became apparent that fires had disproportionally affected our physician population. One out of every six Alliance members lost their homes, along with one-fifth of the physicians in Sonoma County. I was fielding phone calls from members, fellow Alliance organizations, and the CMAA. Everyone wanted to DO something for us. It was time for the Alliance to act.

Although board members were displaced and four had lost homes, by Oct. 12 the Alliance established the Wine Country Fire Relief Fund by email ballot, with a structure in place to handle online credit-card donations. Margaret Peterson added the Wine Country Fire Relief donation option, and I created a logo and narrative to market through our website and Facebook pages to interested donors.

Over the last five years, the efforts of previous Alliance presidents, Shawn Devlin and Sheela Hodes, have resulted in clearly defined board positions and clarified bylaws. This enabled our board members to move quickly and take action.

Since October, the Fire Relief Fund has collected over $14,000 in donations. A committee has been established to evaluate grants and disburse the funds to our community. It turns out that the fund's value has been two-fold: in addition to taking donations to assist community rebuilding and recovery, we also established a way for people to help.

The Struggle to Give-a-Gift

Since 1965, our Give-a-Gift program has donated holiday gifts to children in foster care throughout Sonoma County. This popular program for members and donors alike has been chaired by Laura Robertson since 2014. Give-a-Gift is exemplary of the kind of organized and focused teamwork we have at the Alliance.

The annual fundraising kicked off in September. A month later, it was upended.

Give-a-Gift campaign efforts were severely hampered by the fires. On Oct. 9, both the Alliance treasurer, Janet Lakshmanan, and the Give-a-Gift program treasurer, Kathryn Koh, fled their homes with moments to spare. Along with priceless family belongings, many donation checks were lost to the firestorm. Devoted donors were displaced—temporarily or permanently—during the critical funding period. The thousands of homes lost also included foster families and the children in their care. For children and youth in foster care, the disruption of their homes was particularly stressful.

When the Give-a-Gift committee came together to reassess, they were able to identify the checks lost in the fire. Twenty-four dedicated and generous donors re-issued their checks, with some increasing their initial donations. The committee opted to send out one more donation email with a simple request: "Will you donate today?" Even in the midst of delay and loss, the Give-a-Gift donors came through with approximately $25,000 for this year's holiday gifts.

In early December, 12 Alliance members gathered to wrap over 1,000

Patty Lyn Tweten is president of the SCMAAF and a freelance graphic designer.

On Dec. 1, Alliance members gathered to wrap over 1,000 presents for Sonoma County foster youth.

holiday gifts for 258 children in foster care ranging in age from newborn to 17. Dedicated volunteer "shoppers" stretched donor dollars and were determined to find the special requests to put together customized packages for all the foster youth. The shopping season culminates with "Wrap Day," a precise operation requiring organized chaos that boggles the mind. Gifts included 126 requests for clothing, toys, and books, and nearly 50 special requests.

Laura and her co-chair, Carol Lynn Wood, recall, "We were touched by the warmth in the room . . . lively conversation and a sense of friendship with a purpose." That friendship is the essence of Alliance membership.

The Alliance Is Here for You

Since the fires, the Alliance has reached out to current and potential members with the phrase, "We are physician families. We're here for you." The personal losses of October have united us like never before. We are called upon and motivated to support our own community of physicians, their spouses and partners, and their families. It's difficult to know how to help. Fortunately, our members are imaginative and generous.

Almost immediately, Sheela Hodes, board member and realtor, began identifying potential temporary housing for physician families and others who had lost homes to fire. In November, the board organized the #AllianceStrong pasta dinner for members and also any Sonoma County physician families that had lost a home. It was a healing moment when we could confirm that we were all still here and could begin our recovery together. In December, board member Melody Morales created an after-hours shopping event sponsored by the Alliance at Favorite Things, a Santa Rosa gift shop. Physician families who had lost everything to fire were able to select gifts or choose a treasured holiday item. Since January, the Alliance has been hosting a monthly Pub Night for members and their displaced physician friends in the community.

And, in an unprecedented move, the Alliance teamed with the state CMAA to offer honorary SCMAAF membership to any Sonoma County physician spouse or partner who had lost a home in the October firestorms. They can register for free at **scmaa.org** by clicking "Join the SCMAAF" and selecting the "honorary membership" option.

E Pluribus Unum

Out of many, one. In the last few months, the Alliance has discovered that a common mission binds us together and each member is empowered to bring individual skills to the table. As we move forward, we are committed to hosting monthly events specifically for displaced physician families and frequent social opportunities for all our membership. Event details will be posted on our website at scmaa.org. Please join us!

What's in a Name?

SCMAAF might be the most awkward acronym ever. It doesn't roll off the tongue and the use of it often results in puzzlement on the part of the listener or reader. For expediency, we refer to ourselves as the Alliance. Still, we stubbornly cling to all those other letters, because they accurately represent who we are and what we do.

SCMAAF

SC=Sonoma County. We've been about as "Sonoma County" as it can get for over 85 years; and more than ever since October.

MAA=Medical Association Alliance. These letters mean we partner with the medical professionals in our community to look out for the well-being of our physicians and their families, in addition to our community outreach programs.

F=Foundation. A recent addition to our alphabet soup, the letter F indicates that we have an endowment supporting us and we are a 501(c)3 non-profit organization.

Six letters—each so important. So, we keep them.

Fire Recovery Workshop & Dinner

Tennis Wick explains innovations to Sonoma County's permit-generating process, newly streamlined to assist rebuilding by fire-loss residents. Twelve other panelists representing legal, insurance, financing and construction also responded to attendees' questions.

Over 170 Santa Rosa residents, medical personnel, and employees of medical-technology firm Medtronic gathered on Jan. 17 to gain valuable guidance on the post-fire rebuilding and recovery process at SCMA's Fire-Recovery Resource Panel and Dinner. Held at Medtronic's Cardiovascular office complex, this community-outreach event featured experts making presentations and answering questions about the broad spectrum of recovery issues, including construction, financial, legal, real state, government, insurance, and debris clean-up.

CMA acted as a co-sponsor of the event, and CMA chief executive officer Dustin Corcoran told *Sonoma Medicine* that he had toured Santa Rosa's fire-damaged areas earlier in the day. "The experience was jarring, and the destruction is almost unimaginable," he said. "SCMA's community-outreach event is providing a great resource to the local medical community, and CMA stands ready to continue providing long-term help in any way we can."

Medtronic's senior director for regulatory Affairs, Declan Dineen, was on hand for the informational meeting and Q & A session. He and his family lost their home, in Santa Rosa's Hidden Valley neighborhood, in the firestorm. Dineen remarked on the value of the informational event as he, his family, and so many of his fellow Medtronic employees begin the rebuilding and recovery process.

SCMA's co-sponsors for the event included CMA, Medtronic, and Exchange Bank. SCMA executive director Wendy Young acted as emcee for the event.

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COUNTY OF SONOMA: **Tennis Wick**
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EVENT ORGANIZER: **Wendy Young**
Executive Director
Sonoma County Medical Association
707-525-4375 | exec@scma.org

Q&A

The following are abbreviated excerpts of some of the questions posed and answers provided during the workshop. Look for a complete and unedited transcript of the discussion at www.scma.org.

Q: Our insurance company has agreed to pay us the limit on our policy, but it still isn't enough. Is it possible to recover more than our policy limits? Do we have any recourse?

A: It comes down to how you and your agent wrote your policy. The policy provides you with limits that you're entitled to. Unless you can prove that there's a miscalculation or an error on the agent's part, for example, you told the company you had 2,000 square feet and they put 1,500 square feet on the form, you might have room for adjustment. The policy is the policy and unfortunately that's what we're forced to live with.

Q: My adjuster has not been very communicative, and has not answered emails. Is email as good as snail-mail, or do you need to use hard copies to get answers?

A: It is important for you to memorialize your conversations/contact attempts in writing and keep a record for your files. You may have to contact the agent's superior for assistance. If that doesn't work, contact the Department of Insurance (DOI) which has been very good about following up on these complaints.

(continued)

Q&A . . . continued

Q: My understanding is that the County will act as the primary administrator for debris clean-up, meaning the County will collect monies from the insurance companies and distribute the funds to the agencies involved in the clean-up process. In the event that the clean-up exceeds what the insurance pays, will the County place a lien on my property for any gap between the invoice total and the insurance payout?

A: No. For each [insured] individual, you have a line item in your insurance for debris removal, that is what the County will take. You will not have a bill for debris removal on your individual properties. However, a word of caution: some will actually end up getting paid out for debris removal directly from your insurance. Make sure to read your statement of loss from your insurance company for any monies received. If you receive a check earmarked for 'debris clean up,' put those monies aside as the County will come back to you and ask for payment if you participated in the government program.

Q: Friends with the same insurance have received full reimbursement for contents with just a general list of contents. However, our adjuster is insisting on a detailed content list. Do we have any recourse for the inconsistencies in the way claims are handled?

A: What it comes down to is, are they doing the things that they're required to do within the confines of the policy? If the carrier takes a simpler approach with your neighbor—even with the same adjuster—have they done anything that violates that contract that they have with you?

Q: Does debris removal include fallen trees and wood, and if not, how do we get rid of it?

A: If they are creating a hazard to the crew or if the trees are within the debris pile that is within the footprint of the debris from your home, they will be removed and taken care of. Otherwise, no. The county is working with FEMA to come up with a solution for removal, but they will not be removing them for you.

Q: Is it necessary to rebuild in order to receive code upgrade funds or will a bid from a contractor suffice? Is it specific to each policy?

A: Typically speaking, code monies (known as law & ordinance) afforded you in the policy do need to be incurred in order for you to receive that benefit. Some policies will pay you without them being incurred, but it will still need to be measured—someone will still have to come up with an estimate. As an example, most State Farm policies we've reviewed have an endorsement that allows you to collect those code monies without the need for them to be incurred. However, absent the State Farm policy, I am unaware of any other insurance company that is paying these expenses without them first being incurred.

Q: What is the statute of limitations for joining the PG&E lawsuit?

A: The statute of limitations for filing suit against PG&E is two years. There is also a statute that could apply that is a three-year statute depending on the case, so you should be looking at the two-year statute, just to be safe.

Q: We wish to build a "granny unit" on the site of our barn. We are looking at prefab or modular houses. How difficult is it for a homeowner to be the "contractor" for a prefab project? Is it a bad idea?

A: "Granny units" are also known in state law as "accessory dwelling units." You can apply for a temporary permit to have an RV, trailer, modular shelter or just about any kind of shelter that the state licensing rules approve on your property up through December 2019. Prefab is anything that's manufactured off-site. Prefab can be anything from dragging an entire unit, which typically people know as modular homes, to bringing a portion of the unit, to bringing a wall. Prefab units must be approved by the State's Housing and Community Development Department to ensure that they can travel on a truck and still be structurally sound when placed at the site. A prefab will change some of your permit requirements, because you must obtain a permit for the foundation, but it is allowed. If you are in the County there are issues around well and septic that are site-specific and need to be addressed individually.

Q: I have been denied renters insurance because "my apartment was in a fire with a claim." I explained it was the Tubbs fire, but they still denied my application. How can I obtain renters coverage?

A: You contact an agent that knows what they're talking about. The fire was a declared disaster, so this claim does not count against you. When applying for new insurance, this loss is not taken into account.

Q: We live in the County limits; do we have to rebuild on the same footprint?

A: [County] You can build elsewhere on your property as long as you abide by the property setbacks. You have a good deal of flexibility in where you can build. A lot of customers are building smaller and adding something called a "junior unit," which is a new creature under state law. It could be as large as 500 square feet. We are encouraging people to build a junior unit into the main dwelling and look at an accessory dwelling on the property because now you could build two income streams into the redevelopment of your property. Currently, the County has a 1,000-square foot limit on accessory dwelling units. We will be recommending to the planning commissioner in February to increasing that to 1,200 square feet.

Q: If a person buys a lot in the fire areas and wants to build on it but it wasn't their house that burned down, is it still considered a rebuild as it relates to permit fees?

A: Yes. If you are rebuilding in the burn zone areas, you are considered a rebuild for permit fees. Our interest is in getting the housing stock back.

Q: If the value of my house goes up, how does that affect my property tax?

A: Property owners will retain their previous factor base year value, if the house is built to like or similar manner regardless of the actual cost of construction. However, new square footage or extras such as an additional bath will be added to the Prop 13 factor base year value at its full market value.

Resource Links:

https://www.sonomacountyrecovers.org/

http://sonomacounty.ca.gov/Permit-and-Resource-Management/

WITH GRATITUDE FROM SCMA

Thank You

for Supporting Fire Recovery Initiatives

Following SCMA's Awards Gala, which recognized achievements and heroism in our medical community after the October firestorms, the Medical Association is continuing with recovery initiatives to help maintain our critical, local medical infrastructure.

More than 200 Sonoma County physicians and countless medical staff were made homeless by the firestorms. As we move forward in 2018 with recovery programs and new initiatives, SCMA would like to thank the many contributors who have supported our mission. The concern and generosity of these individuals and organizations have enabled much of our fire recovery work and will support ongoing and new programs on behalf of Sonoma County physicians.

SONOMA COUNTY MEDICAL ASSOCIATION

Want to help? To learn how you can support our medical community with a sponsorship or SCMA partnership, contact Susan Gumucio at 707-525-0102 or susan@scma.org.

2017-2018 Contributors

- ABBEY, WEITZENBERG, WARREN & EMERY
- BANK OF AMERICA
- CALIFORNIA MEDICAL ASSOCIATION
- CHRIS FOPPIANO HAUN
- CITY OF SANTA ROSA
- COOPERATIVE OF AMERICAN PHYSICIANS
- COUNTY OF SONOMA
- CYNTHIA BAILEY, MD
- EUSTACIO HUMPHREY
- EXCHANGE BANK
- GEORGE PETERSEN INSURANCE
- GHILOTTI CONSTRUCTION CO.
- JAIME STICH, ARCHITECT STUDIO[8]ARCHITECTURE
- JUDY CLARK
- KAISER PERMANENTE
- KERRY CENICEROS / NATURAL FOCUS, INC.
- KOZLOWSKI FARMS
- MEDTRONIC
- MERCER HEALTH & BENEFITS INSURANCE SERVICES
- META LIGHTFOOT
- MKM & ASSOCIATES
- MONTGOMERY TAYLOR COMPANIES
- NORCAL MUTUAL INSURANCE CO.
- NORTH BAY BUSINESS JOURNAL
- NORTHERN CALIFORNIA ENGINEERING CONTRACTORS ASSOC.
- PAZ DEL RESCATE / VIVA LA REVE
- PISENTI & BRINKER LLP
- PRACTICE & LIABILITY CONSULTANTS
- RUSSELL KRIDEL, MD
- SANTA ROSA CHAMBER OF COMMERCE
- SMART TRAIN
- SONOMA COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION
- ST. JOSEPH HEALTH
- SHEELA HODES & TAMMRA BORRALL PACIFIC UNION
- STEPHANIE SETTIMI, DDS
- SUDHA SCHLESINGER / PACIFIC UNION
- SUTTER HEALTH
- SUTTER MEDICAL GROUP OF THE REDWOODS
- THRIVE CONSTRUCTION GROUP
- TRADITIONAL MEDICINALS
- TRICIA HUNSTOCK
- UNITED HEALTHCARE
- VINTNERS INN / JOHN ASH
- ZFA STRUCTURAL ENGINEERS

LETTER TO SONOMA COUNTY PHYSICIANS

Dear Colleagues,

T.M. Mazer, MD

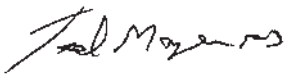
With California's 2017 fire season having been one of the worst on record, burning more than a half million acres of land so far, I'd like to take the opportunity to reflect on the devastating impact that this year's fire season has had on Californians throughout the state. While many have experienced the fear and uncertainties of evacuations, we know that for our colleagues in affected communities like Sonoma County, the loss of homes, businesses, and cherished irreplaceable items cannot be fully comprehended by others who have not experienced such complete loss. The staggering impact of these natural disasters has affected all of us, directly or indirectly, displacing our families, friends and neighbors. Many of us can hardly imagine having lost so much, while still maintaining a positive attitude about the future.

Yet communities like Santa Rosa came together, putting caring for others first. We honor those who, with their own properties and safety on the line, came through for their communities, and are standing tall in the face of loss and disaster, rebuilding homes as they go forward with day-to-day life.

As physicians, committed to preserving the health of our communities, many of us felt a personal duty to provide aid to fire victims throughout the state. We can be proud of the incredible response we have seen from medical professionals around the state. This includes heroes like Dr. Michael Witt, who risked personal safety to help evacuate babies from Sutter Santa Rosa Regional Hospital, and hospital staff at Kaiser Santa Rosa, who helped evacuate patients attached to IVs as flames grew closer. We commend the efforts of all our colleagues who have opened their homes to displaced families and volunteered to provide emergency medical care in their communities.

This spirit of community is an essential part of the healing process. That is why the California Medical Association (CMA) would like to acknowledge the hard work of our partners at the Sonoma County Medical Association (SCMA) in the aftermath of the Tubbs fire. Their efforts have provided crucial resources to help rebuild infrastructure and support community wellness. Yet, we know that there is still much work to be done to help restore Sonoma County to its pre-fire state.

As an organization, CMA pledges our unwavering support to all those who lost their homes or practices in the fires. We look forward to continuing our partnership with SMCA until the last homes are rebuilt and Sonoma County and all other affected communities are thriving once again.



Theodore M. Mazer, MD
CMA President

In Action for You!

Early in the morning of Oct. 9, while evacuated from her home and sitting in a parking lot waiting to see which direction the fires would turn next, SCMA's executive director, Wendy Young received a phone call from a board member seeking volunteer physicians for evacuation centers. SCMA immediately began calling and fielding phone calls for physician and nurse volunteers from across northern California. SCMA also began checking medical licensure to pre-qualify volunteers before they were sent to evacuation centers. Later in the week, in an effort to get a sense of the community's most pressing needs, the SCMA team volunteered at the City of Santa Rosa's Fire Call Center. It was an enlightening experience and great to participate as a team.

SCMA staff called and fielded phone calls from physicians who lost their homes, as well as people offering homes for physician families, both temporary and permanent placements. Through SCMA's efforts, some have found a welcome, new roof over their heads. SCMA contacted utility providers on behalf of those who lost homes, to shut off water, gas, electric and cable services, enabling physicians to focus on more important tasks. SCMA also became a resource for documents and books derived from the Local Assistance Center (LAC) so physicians didn't have to wait in line at the LAC. All resources were scanned and emailed to physicians and medical staff to download as needed.

SCMA will continue with its recovery initiatives to help maintain our critical, local medical infrastructure. If you are looking for a home; replacement documents; fire recovery resources; contract review; architect, builder and engineer referrals; a realtor; bank loan, etc. please contact SCMA for assistance. We will shift our focus to personal care of our physicians as long as there is a need, and beyond. If there is something we can do to help your practice focus on the business of medicine, please ask. You can reach SCMA staff at 707-525-4375. ◇

Profile: Dr. John Schafer

SCMA's Longest-Serving Active Member

Tim Burkhard

When Dr. John Schafer began his Sonoma family-medicine practice, John F. Kennedy was President, "Spider-Man" made his first comic-book appearance, gasoline was 28 cents per gallon, the Beatles had their first hit record, and astronaut John Glenn became the first American to orbit the earth.

The year was 1962, and now, 56 years later, Dr. Schafer is still practicing medicine at age 84. *Sonoma Medicine* is recognizing Dr. Schafer in this issue as the longest-serving active member of SCMA.

Dr. Schafer with Cocoa . . .

Dr. Schafer received his undergraduate degree from UCLA in 1954, funding his tuition by working at Douglas Aircraft, Santa Monica, Calif., as a tool-and-die maker. He also had a stint on the assembly line that carmaker Ford Motor Company then maintained in Long Beach, Calif. He moved on to attend and graduate from the University of Chicago, Pritzker School of Medicine in 1959. Dr. Schafer completed his residency in Martinez, Calif., before answering a classified ad in a CMA publication that offered an opening in Sonoma.

Today, Dr. Schafer is partnered with Dr. Daisy Manuel-Arguellas and Dr. Subhash Mishra at Sonoma Family Practice on Perkins Street in downtown Sonoma, where he maintains a busy three-day workweek.

In the early 1960s, family practitioners performed a wide variety of medical procedures, as the medical specialists we are so used to today simply did not exist. Dr. Schafer would perform an ear, nose, and throat exam for one patient, and then might encounter a C-Section with the next, which he would perform himself. He eventually forfeited any obstetrics activity when premiums for malpractice insurance became prohibitive.

Vigorous and full of good humor, Dr. Schafer maintains an active, exuberant schedule of activities. Depending on the weather, he rides his Vespa scooter to his office a half-mile from his home. On rainy days he pilots his GEM electric car to and from work. His constant and vigilant companion is "Cocoa," his 15-year-old Jack Russell terrier.

. . . and with his GEM electric car.

Dr. Schafer and his wife Gwen had five children. Martin is a physics teacher in Felton, Calif.; Glen-Ellen-based Ginny is a graphic designer; Angela is a stay-at-home mom in Maine; and Timothy works and lives in San Francisco, where he runs a successful video-game company. Another son, Danny, is deceased.

While the Schafers were once avid travelers and skiers, they've cut back a bit in recent years. They previously took family trips to Costa Rica every year. And when the children were younger, John and his wife would regularly drive the family from Sonoma to Mexico in a motorhome.

As for working and living in the town of Sonoma, Dr. Schafer appreciates the benefits of living and working in such a beautiful locale. "There are no freeways, and everyone looks out for one another," he said.

Dr. Schafer has appreciation for both SCMA and CMA. He was once the victim of an unfounded citation lodged by the state's Medical Board, and CMA went to bat for him to get the complaint withdrawn. "CMA stood up for me when I needed them," he said, "and I've appreciated my membership ever since."

At an age when many others have long since retired, Dr. Schafer will have none of it. "Don't retire unless you hate your job," he said with emphasis. "We all have something to contribute. If you can be of use to others, why would you stop?" he said.

"I've no intention of retiring, unless somebody orders me to," he smiles. ◇

Mr. Burkhard edits Sonoma Medicine.

This article and "Significant New California Laws" (page 56) printed with permission from the San Diego Physician.

2017 HOUSE OF DELEGATES

California Medical Association delegates set policy and elect officers at annual meeting **BY KATHERINE BOROSKI**

Hundreds of physicians, residents and medical students met October 21–22 in Anaheim for the 146th annual meeting of the California Medical Association (CMA) House of Delegates (HOD). During the meeting, the delegates discussed major issues affecting the practice of medicine, installed new officers, and recognized the recipients of CMA's annual physician awards.

Before debating the major issues — which this year were mental health, healthcare reform and physician workforce, the delegates heard from experts in each major issue area, with continuing medical education (CME) credit offered for these educational sessions.

The House also installed a new president, San Diego otolaryngologist Theodore M. Mazer, M.D., while Los Angeles ophthalmologist David Aizuss, M.D., was tapped as president-elect.

The full 2017–2018 CMA Executive Committee includes:

- President: Theodore M. Mazer, M.D., San Diego
- President-Elect: David H. Aizuss, M.D., Los Angeles
- Chair of the Board: Robert E. Wailes, M.D., Oceanside/Encinitas
- Vice-Chair of the Board: Shannon L. Udovic-Constant, M.D., San Francisco
- Speaker of the House: Lee T. Snook, Jr., M.D., Sacramento
- Vice-Speaker of the House: Tanya W. Spirtos, M.D., Redwood City
- Immediate Past President: Ruth E. Haskins, M.D., Folsom

2017 MAJOR ISSUES

CMA physician delegates establish broad policy on current major issues that have been determined to be the most important issues affecting members, the association, and the practice of medicine. This year's major issues were:

Healthcare Reform: While the future of federal healthcare reform remains unclear, CMA continues to work with federal and state lawmakers to ensure that the healthcare system works for physicians and patients. The CMA House of Delegates discussed recommendations and regulations that will assist with federal healthcare reform, and debated how single payer or public healthcare options might work.

Physician Workforce: Maintaining a physician workforce that ensures all patients have sufficient and timely access to quality medical care continues to be a challenge for California. The delegates discussed barriers that impact the practice of medicine in California and analyzed various strategies and policies to address the physician workforce problem.

Mental Health: For decades, CMA policy has strongly supported adequate funding and provisions for high-quality mental healthcare. However, despite raised awareness, mental illness continues to go unrecognized and underfunded in California; many people with mental illnesses do not receive the help they need. The delegates discussed significant factors affecting the mental health system including access and infrastructure, and established policies to support and improve the mental health system.

Final reports detailing the actions taken by delegates are posted now at www.cmanet.org/hod.

SUBMIT A RESOLUTION

A recent change to the CMA governance process was the introduction of a year-round (quarterly) resolution process. Any CMA member may author a resolution and have it submitted to the Board of Trustees using the year-round process for consideration between annual meetings. This approach preserves the ability of individual members to participate in and influence CMA policymaking in a more timely way, rather

than waiting for a once-a-year opportunity at HOD. This allows CMA to be more nimble and effective in making decisions on critical issues that are important to physicians.

If you have a resolution you would like to submit, email it to resolutions@cmanet.org. Please visit www.cmanet.org/hod and read the guidelines before submitting a resolution. Resolutions that do not follow the guidelines will be rejected.

ELECTIONS

CMA installs San Diego otolaryngologist as 150th president

CMA installed San Diego otolaryngologist Theodore M. Mazer, M.D., as its 150th president. Dr. Mazer has been a CMA and San Diego County Medical Society (SDCMS) member for 29 years. He has served on the CMA Board of Trustees since 2002, as Speaker of the House of Delegates from 2013 to 2016, and chaired various committees, including those focused on medical services and access to specialty care. Dr. Mazer is a past president of SDCMS and a delegate to the American Medical Association.

"I take the role of leading this organization as an awesome responsibility," Dr. Mazer says. "I look forward to working hard this year to ensure practicing physicians have a seat at the table to promote policies that protect our patients, our practices and our ability to care for our communities."

A defender of patients' right to access medical care, he has fought for Medi-Cal access all the way up to the Supreme Court and worked for more than a decade with Congress and CMA to correct improper Medicare payment rates in San Diego and throughout California.

Dr. Mazer currently practices at Sharp-Grossmont Hospital, where he has served as chair of surgery, and at Alvarado Hospital Medical Center, where he has served as chief of staff. Dr. Mazer is a consultant to the Alvarado Hospital Medical Executive Committee and was a member of the national Physicians Advisory Commission at Anthem Blue Cross. He completed his residency at Baylor College of Medicine in Houston.

Dr. Mazer is very active in San Diego's medical community. He is founder and member of several Independent Practice Associations (IPA) and management groups. He served as a board member and medical director for several years with Mercy Physicians Medical Group. He presently serves as a director with Scripps Mercy Physicians Partners messenger model IPA and its management group, which provides integrative support services for small- and medium-size practices. He has been selected as a San Diego Top Doctor several times and awarded the *San Diego Business Journal's* Health Leaders Award.

"CMA can forge ahead with confidence with Ted Mazer at our helm," says CMA Immediate Past President Ruth Haskins, M.D. "He has the will to get the job done, the data to back up his plan, the heart to steer us in the right direction, and the energy to move us steadily forward."

CMA presidents serve a yearlong term, starting and ending in October. Dr. Mazer was elected to serve as president for the 2017–18 year.

You can view Dr. Mazer's inaugural address to the CMA House of Delegates at www.youtube.com/cmaphysicians.

CMA names Los Angeles ophthalmologist 2017-18 president-elect

David Aizuss, M.D., a board-certified ophthalmologist practicing in Los Angeles, was selected as the association's president-elect. He will serve in this capacity for one year and will be installed as president at the conclusion of next year's HOD.

Through the David H. Aizuss, M.D., Medical Corporation, and the Ophthalmology Associates of the Valley Medical Surgical Group, a partnership of medical corporations, Dr. Aizuss focuses exclusively on direct patient care. He also serves as an assistant clinical professor of ophthalmology at the UCLA Geffen School of Medicine.

Dr. Aizuss is a medical staff member at Tarzana Hospital and West Hills Hospital, in Los Angeles County, and belongs to several professional societies, including the American Academy of Ophthalmology, the American Society of Cataract and Refractive Surgery, the Cornea Society and the American Medical Association.

He received his medical degree from Northwestern University Medical School and his bachelor's degree in medicine from Northwestern University. He completed his residency in ophthalmology at the Jules Stein Eye Institute in Los Angeles, where he also undertook a fellowship in cornea and external ocular disease from 1984 to 1985.

He is a former president of the Los Angeles County Medical Association and the California Academy of Eye Physicians and Surgeons. Before being elected as president-elect, he served as the chair of the CMA Board of Trustees.

OTHER NEWS

CMA presents resolution honoring AMA for work in protecting medical staff rights

CMA has been actively and aggressively supporting the medical staff at Tulare Regional Medical Center in their lawsuit against the hospital for illegally terminating and replacing the entire medical staff and its duly elected officers. If left to stand, the hospital's actions will create a dangerous precedent that could have much broader implications for the fundamental rights of medical staffs and physicians' ability to care for patients in hospitals.

Recognizing the critical national implications of this case, the Litigation Center of the American Medical Association (AMA) has provided significant legal support and monetary contributions to this case. AMA President David O. Barbe, M.D., recently traveled to Anaheim to speak to the CMA House of Delegates about the unprecedented attack on medical staff self-governance in the Tulare case. AMA's contributions to the litigation in this case represent the single largest legal contribution in the history of the AMA. CMA presented Dr. Barbe with a resolution recognizing AMA for its extraordinary commitment to protecting medical staff rights to independence and self-governance.

This case was recently featured in a *New York Times* op-ed, which provides a good look at why this local conflict could have a dangerous effect on patient care in U.S. hospitals.

If your medical staff is interested in contributing to CMA's Legal Defense Fund, which is used to litigate cases of critical importance to physicians, email swolley@cmanet.org.

District X Calendar:

Monday, March 5: GoToMeeting online session

Wednesday, April 18: Leg Day, Sacramento

Wednesday Aug. 22: GoToMeeting online session

SCMA has two openings on our HOD Delegation. If you are interested in this appointment, please contact Wendy at exec@scma.org or 707-525-4141.

2018

SIGNIFICANT NEW CALIFORNIA LAWS OF INTEREST TO PHYSICIANS

The California Legislature had an active year, passing many new laws affecting health care. These are just a sampling of the new laws. For a comprehensive list, see "Significant New California Laws of Interest to Physicians for 2018," in the California Medical Association's online resource library at www.cmanet.org/resource-library.

ALLIED HEALTH PROFESSIONALS

AB 89 (Levine) – Psychologists: suicide prevention training
AB 1153 (Low) – Podiatry
SB 554 (Stone) – Nurse practitioners: physician assistants: buprenorphine

ANCILLARY SERVICES

SB 512 (Hernandez) – Health care practitioners: stem cell therapy

CONFIDENTIAL INFORMATION

AB 210 (Santiago) – Homeless multidisciplinary personnel team
AB 1119 (Limón) – Developmental and mental health services: confidentiality
SB 241 (Monning) – Medical records: access
SB 575 (Leyva) – Patient access to health records

DRUG PRESCRIBING AND DISPENSING

AB 40 (Santiago) – CURES database: health information technology system
AB 265 (Wood) – Prescription drugs: prohibition on price discount
AB 720 (Eggman) – Inmates: psychiatric medication: informed consent
AB 1048 (Arambula) – Health care: pain management and Schedule II drug prescriptions
SB 17 (Hernandez) – Health care: prescription drug costs.

END-OF-LIFE ISSUES

AB 242 (Arambula) – Certificates of death: veterans

HEALTH CARE COVERAGE

SB 133 (Hernandez) – Health care coverage: continuity of care
SB 223 (Atkins) – Health care language assistance services

HEALTH CARE FACILITIES AND FINANCING

AB 395 (Bocanegra) – Substance use treatment providers
AB 658 (Waldron) – Clinical laboratories
AB 1102 (Rodriguez) – Health facilities: whistleblower protections
SB 54 (De León) – Law enforcement: sharing data
SB 219 (Wiener) – Long-term care facilities: rights of residents

MEDI-CAL

AB 205 (Wood) – Medi-Cal: Medi-Cal managed care plans
AB 340 (Arambula) – Childhood trauma screening
SB 171 (Hernandez) – Medi-Cal: Medi-Cal managed care plans

MEDICAL CANNABIS

AB 133 (Committee on Budget) – Cannabis Regulation
SB 94 (Committee on Budget and Fiscal Review) – Cannabis: medicinal and adult use

MENTAL HEALTH

AB 1315 (Mullin) – Mental health: early psychosis and mood disorder detection and intervention
SB 565 (Portantino) – Mental health: involuntary commitment

PROFESSIONAL LICENSING AND DISCIPLINE

AB 508 (Santiago) – Health care practitioners: student loans
AB 1340 (Maienschein) – Continuing medical education: mental and physical health care integration
SB 798 (Hill) – Healing arts: boards

PUBLIC HEALTH

AB 643 (Frazier) – Pupil instruction: abusive relationships
AB 841 (Weber) – Pupil nutrition: food and beverages: advertising
AB 1221 (Gonzalez Fletcher) – Responsible Beverage Service Training Program Act of 2017
SB 239 (Wiener) – HIV and AIDS: criminal penalties
SB 536 (Pan) – Firearm Violence Research Center: gun violence restraining orders

WORKERS' COMPENSATION

SB 189 (Bradford) – Workers' compensation: definition of employee
SB 489 (Bradford) – Workers' compensation: change of physician

WORKFORCE & OFFICE SAFETY ISSUES

AB 461 (Muratsuchi) – Personal income taxes: exclusion: forgiven student loan debt
SB 63 (Jackson) – Unlawful employment practice: parental leave
SB 179 (Atkins) – Gender identity: female, male, or nonbinary
SB 396 (Lara) – Employment: gender identity, gender expression, and sexual orientation

INTRODUCING

Our New 501(c)(3) Nonprofit

Medical Society of Sonoma County

The SCMA Board of Directors is pleased to announce the formation and IRS approval of a new 501(c)(3) nonprofit organization—the **Medical Society of Sonoma County** (MSSC). The physician-driven public charity will function in partnership with SCMA, greatly expanding the Medical Association's access to resources and ability to serve our community.

The organization was formed to provide support to local physicians and their efforts to enhance the health of the community. MSSC services will be provided through a wide array of referred resources, wellness education, community outreach, medical and health educational trainings, health screenings and collegial benefits to SCMA members. MSSC will also offer volunteering opportunities, medical services and charitable giving for residents of Sonoma County and the State of California.

Donations made to MSSC are fully tax-deductible, and as a 501(c)(3) organization, MSSC is eligible to apply for funding and grants that are not available to SCMA. The new organization will be managed by SCMA leadership, board of directors and staff in tandem with the Medical Association.

Potential areas of activity envisioned for MSSC and SCMA partnerships include:

Community educational programs

- Health care directives
- Mental illness
- Food allergies
- Healthy living and nutrition
- Preventing emergency room visits
- Tobacco | vape education
- End of life advocacy | Health care directive education
- Community support for activities related to health matters

Physician wellness and educational programs

- Discover Sonoma County/physician hikes, tours and activities
- Emotional support
- Firestorm recovery
- Addiction, opioid, pain management education
- Cannabis (interaction with physician-directed meds)
- Medical community connectivity

MSSC is now seeking partnerships, grants and community engagement opportunities. If you have a program that you would like MSSC to consider, please contact Wendy Young, Executive Director at 707-525-4375 or **exec@scma.org.**

Medical Society of Sonoma County Tax ID Number: 82-1456994 | Date of IRS approval: Nov. 27, 2017

Awards Gala 2017

"Honoring achievements and heroism in our medical community"

The Sonoma County Medical Association honored achievements of individual physicians and medical heroes of the October firestorm at its 33rd annual Awards Gala on Dec. 7. The event, held at Vintners Inn in Santa Rosa, hosted more than 200 attendees and dignitaries who gathered to celebrate and recognize achievements of their physician colleagues. Dr. Peter Sybert, president of SCMA, acted as master of ceremonies.

After the October firestorm devastated much of Sonoma County, SCMA expanded its annual December event to a celebration inclusive of all physicians and their service, including medical heroes of the firestorm.

Physicians and medical staff at all levels continued to work and care for patients as the fires raged in early October, some even as their own homes were burning. The work continued for the next two weeks at hospitals, clinics, evacuation centers, and a multitude of medical facilities supporting patients throughout Sonoma and surrounding counties. It is estimated that nearly 200 physicians and many more medical professionals lost their homes in the fires.

SMCA recognizes annually the work of physicians who demonstrate sustained, exemplary service. Awards are also given for Practice Manager of the Year, for contributions to SCMA's quarterly magazine, *Sonoma Medicine*, and to a non-physician who made a significant contribution to the local medical community.

Introduced by event emcee Wendy Young, executive director of SMCA, Santa Rosa Mayor Chris Coursey expressed his admiration for the community's resiliency in the face of such a devastating natural disaster, and highlighted the area's collective gratitude for the heroic response of Sonoma County's medical community in the wake of the fires.

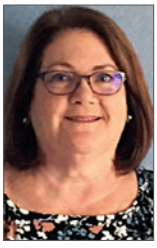
Dr. Ted Mazer, president of the California Medical Association, expressed CMA's support for physicians and rebuilding in Sonoma County. Following Dr. Mazar's opening remarks, the awards were presented by Dr. Len Klay, chairman of the SCMA Awards Committee. ◇

2017 AWARDEES

Lisa Ward, MD received the award for **Outstanding Contribution to Sonoma County Medicine** in recognition of her leadership in improving health care delivery standards for safe prescribing of opioids at Santa Rosa Community Health and across the larger community.

In appreciation of his article, "'Low T' and Testosterone Therapy," which appeared in the fall 2017 issue of *Sonoma Medicine*, SCMA presented **Michael Magnotti, MD** with the award for **Article of the Year.**

Allan Hill, MD received the award for **Outstanding Contribution to the Community,** acknowledging his service and highly-valued contributions as a volunteer physician working in cooperation with Operation Access to deliver outpatient surgical services to those in need.



Kris Hartigan, RN received the award for **Practice Manager of the Year** in recognition of her dedicated supervision of staff and support of radiation and medical oncologists at St. Joseph Health Medical Group's clinics, and an exceptional 45-year career in oncology nursing.

Clinton Lane, MD received the award for **Outstanding Contribution to SCMA** in appreciation of his exemplary level of leadership and commitment to SCMA through service on the Board of Directors and as a CMA delegate, while maintaining a challenging and diverse primary care practice.

Steve Osborn received the award for **Recognition of Achievement** for his quarter century as managing editor of the award-winning *Sonoma Medicine* magazine, and for guiding and inspiring high standards of excellence in SCMA communications.

#SonomaStrong

With deep gratitude for unprecedented service to patients and community throughout the October 2017 firestorm, SCMA honored all Sonoma County physicians as **Medical Heroes of the Firestorm** with a special **Recognition of Service.**




Tricia Hunstock and Dr. Alan Hunstock; Kerrilyn Scott and Dr. Yuichiro Nakai; Dr. Jackie Senter. ***Group:*** *Scott Hoffmeyer, Dr. Lauren Bower, Flint Pulskamp, Dr. Janet Pulskamp, Dr. Cortney Harper, Dr. Shawn Quinlan.*



Tyler Hedden (St. Joseph Health), Drs. Rajesh Ranadive and Rajina Ranadive; Dr. Michael Magnotti and his wife Rose Li, Ellen Gall Gilbert; Anne Seeley and Dr. Brien Seeley.



Drs. Eric Culbertson and Stanley Jacobs; Drs. Jeff Sugarman and Rachel Mayorga, Frank Lindsay; CMA president Dr. Ted Mazer, Cinfonie Chiu (NORCAL), Mike Steenburgh (CMA), Dustin Shaver (NORCAL).




SCMA and CMA staff members.

Above: *Dr. Peter Sybert, essay-winner David Zechowy; Awards Committee chair Dr. Len Klay; Santa Rosa Mayor Chris Coursey.*

Right: *Attendees appreciate speaker's comments.*

See more event photos at SCMA's Facebook page!

OPEN CLINICAL TRIALS
IN SONOMA COUNTY

Sonoma Medicine lists open clinical trials in Sonoma County to increase awareness of local medical research and benefit physicians who may wish to refer patients. This list includes research groups that are conducting open trials. Clinical trials at other research groups are open only to their own patients.

Each listing includes the group's name and address, along with the phone number and email address of the contact person. As the list is subject to change, contact the individual research groups for the latest information.

If you know of other local open trials, contact SCMA at 707-525-4375 so the trials can be listed in the next issue. This section is provided as a free service by *Sonoma Medicine*, and we rely upon voluntary input from the medical community in order to provide it. ■

NORTH BAY EYE ASSOCIATES

104 Lynch Creek Way #12, Petaluma
Contact: Angela Reynolds
707-769-2240
research@northbayeye.com

Glaucoma

- **Sustained Release Punctal Plugs**
  Criteria: OHT or OAG (no PEX or PIG), IOP ≥24 and ≤34 off meds. Stable inhaled steroids OK. Pachy >480 and <620. C/D 0.8 or less.
- **Japanese Glaucoma Patients**
  Criteria: OHT or OAG (no PEX or PIG). 1st gen Japanese or 2nd gen Japanese-American. OAG IOPs (off meds) ≥15mmHg and < 35mmHG. OHT IOPs (off meds) ≥22mmHG and <35mmHg. No PIs or SLT/ALT. No LASIK.
- **Sustained-release, P.F., biodegradable implant**
  Criteria: OHT or POAG (secondary Glaucoma ok- PEX or PIG). IOP ≥22 and ≤32 off meds. Pachy ≥480 and ≤620. No asthma or COPD.
- **SLT or Implant for NON-COMPLIANT PT'S**
  Criteria: OHT or POAG (secondary Glaucoma ok- PEX or PIG). Not compliant with drops or unable to get drops in. Suitable candidate for SLT. IOP ≥22 and ≤34 off meds at washout. Pachy ≥480 and ≤620.
- **Trav/Tim Combo drop**
  Criteria: OHT or OAG (secondary Glaucoma ok- PEX or PIG) IOP (off Meds) >26 and <36, CD <0.8, VA 20/80 or better.
- **Generic Brinzolamide**
  Criteria: OHT or OAG (secondary Glaucoma ok- PEX or PIG) or OHT OU, IOP (off Meds) >22 and <34, CD. < 0.8, VA 20/200 or better. Pachy <600.

Chalazion

A patch for the eyelid

Criteria: Subjects aged ≥6 years with SINGLE chalazion for ≤21 days, > 2mm from lid margin. No glaucoma, IOP ≥22mmHg or steroid responders.

Blepharitis

New treatment for Blepharitis

Criteria: Subjects >1 year, Active blepharitis (eyelid redness, swelling, debris, irritation) IOP >8 and < 22 in either eye, no mod to sev dry eye, preferably no eyelid medications or steroid use w/in 14 days.

Anterior segment uveitis

Easy treatment given using a device in the office

Criteria: Patients diagnosed with non-infectious anterior segment uveitis with AC cell count ≥11. No glaucoma gtts/treatment or IOP ≥25.

Bacterial conjunctivitis

- Criteria: Suspect bacterial conjunctivitis w/discharge and conjunctival injection. Symptoms <4 days. No topical ophthalmic medications or ATs w/in 2 hours. NO topical ophthalmic antimicrobial or anti-inflammatory agents w/in 48 hours.
- Criteria: Subjects of ANY age. Suspect bacterial conjunctivitis w/discharge and injection. Symptoms ≤ 3 days. No antibiotics (topical or systemic) within ≤ 7 days. No topical oph. products (ANY) w/in 2 hours of Visit 1.

Adenoviral conjunctivitis

Only potential treatment for viral conjunctivitis

Criteria: Subjects of ANY age. Suspect adenoviral conjunctivitis w/watery discharge and injection. Signs/symptoms ≤ 3 days. No antivirals or antibiotics w/in ≤ 7 days; topical NSAIDs w/in ≤ 1 day; Top/systemic steroids w/in ≤14 days.

NORTH BAY NEUROSCIENCE

7064 Corline Ct, Suite B-1, Sebastopol
Contact: Susan Smith
707-827-3593, Fax 707-861-9465
susan.smith@northbayneuro.org

Alzheimer's disease

- Crenezumab for prodromal to mild AD.
- Efficacy and safety of CNP520 in participants at risk for the onset of clinical symptoms of AD.
- Effect of LY3202626 on mild Alzheimer's disease.
- Aducanumab in the treatment of mild Alzheimer's disease.
- Gantenerumab in patients with prodromal to mild AD.

REDWOOD DERMATOLOGY RESEARCH

2725 Mendocino Ave., Santa Rosa
Contact: Liza Marie, RN
707-755-3946
liza.marie@ncmahealth.com

Guttate psoriasis (pediatric). A longitudinal study of 8- to 17-year-old subjects with guttate psoriasis.

Molluscum contagiosum (pediatric to adult). VP-102 topical film-forming solution for subjects 2 years old and older with molluscum contagiosum.

Psoriasis (adult). Handheld Luma light therapy system for adults 18 years and over with mild to severe psoriasis.

Psoriasis vulgaris (adult). Calcipotriene/betamethasone dipropionate, weight/weight 0.005%/0.064% cream for adults 18 years and over with mild to moderate psoriasis vulgaris.

ST. JOSEPH HERITAGE HEALTH

3555 Round Barn Circle, Santa Rosa, CA 95403
Contact: Kim Young
707-521-3814
kimberly.young@stjoe.org

Bladder cancer

- Chemotherapy versus combination checkpoint inhibitor therapy in metastatic bladder cancer.
- Durvalumab in locally-advanced and metastatic bladder cancer.

Breast cancer

- Post-operative adjuvant ribociclib and anti-estrogen therapy in patients with high-risk breast cancer.
- Post-operative adjuvant NeuVax vaccine and Herceptin in patients with high-risk HER2+ tumors.
- Post-operative adjuvant NeuVax vaccine and Herceptin in patients with high-risk HER2- tumors.
- BriaVax vaccine for patients with metastatic breast cancer.
- Post-operative study of genetic risk factors in lymphedema (UCSF).

Colon cancer

- Chemotherapy with or without a stem cell inhibitor for patients with metastatic colon cancer.
- Chemotherapy versus a checkpoint inhibitor in patients with MMR-deficient metastatic tumors.

Endometrial cancer

- Sodium cridanimod and progestins in metastatic or recurrent endometrial cancer.

Gastric cancer

- Pembrolizumab and hyaluronidase in patients with metastatic hyaluronan-expressing tumors.

Head and neck cancer

- Chemo/radiation with or without pembrolizumab for locally advanced head and neck cancer.
- Pembrolizumab with or without epacadostat versus chemotherapy in recurrent head and neck cancer.

Lung cancer

- Post-operative adjuvant chemotherapy plus a third-generation tyrosine kinase inhibitor.
- Pembrolizumab and hyaluronidase in patients with metastatic tumors expressing hyaluronan.
- A MET inhibitor in patients with metastatic lung cancer harboring a MET mutation.
- ErbB3 receptor blockade in patients with heregulin-expressing metastatic lung cancer.
- Maintenance therapy with rovalpituzumab following chemotherapy for small cell lung cancer.
- A Notch receptor inhibitor (rovalpituzumab) versus chemotherapy in recurrent small cell lung cancer.
- Carboplatin/etoposide plus atezolizumab with or without a CDK4/6 inhibitor (trilaciclib) in metastatic small cell lung cancer.

Lymphoma

- A novel PI3K inhibitor in patients with relapsed mantle cell lymphoma.
- A novel PI3K inhibitor in patients with relapsed marginal zone lymphoma.

Myelodysplasia

- Roxadustat for patients with transfusion-requiring low grade myelodysplasia.

Ovarian cancer

- Niraparib maintenance following chemotherapy for patients with platinum-sensitive ovarian cancer.

Pancreatic cancer

- Chemotherapy with or without hyaluronidase in patients with metastatic tumors expressing hyaluronan.

Prostate cancer

- Androgen deprivation with or without enzalutamide in metastatic hormone-sensitive prostate cancer.
- Rucaparib in patients with HRD-positive metastatic castration-resistant prostate cancer.

Skin

- Pembrolizumab for recurrent squamous cell carcinoma of the skin.

Solid tumors

- Entrectinib in patients whose tumors harbor a NTRK, ROS1 or ALK gene rearrangement.
- Fruquintinib for recurrence in multiple solid tumor types.

SUMMIT PAIN ALLIANCE

392 Tesconi Ct., Santa Rosa
Contact: Leny Engman
707-623-9803, Ext 118
leny.engman@summitpainalliance.com

Lower extremity pain. Dorsal root ganglion stimulation for the management of moderate to severe chronic, intractable pain of the lower limbs due to complex regional pain syndrome (CRPS) types I and II.

Upper back and/or trunk pain. Efficacy of spinal cord stimulator to treat patients with upper back axial and/or radicular thoracic pain.

ANNOUNCING INAUGURAL PARTNERSHIP PROGRAMS

Meet SCMA's New Business & Supporting Partners

SCMA's **BUSINESS PARTNER PROGRAM** adds valuable new benefits for SCMA members. The program is dedicated to offering products and services designed to support the business and personal needs of practicing physicians. Physicians benefit from discounts and referrals to quality services, and partners benefit from ongoing visibility with the medical community. Endorsed Partner and Partner levels are available to qualified companies.

The **SUPPORTING PARTNER PROGRAM** offers local businesses an opportunity to affiliate with SCMA. Our supporting partners are recognized as advocates of the medical profession and the contributions made by physicians to the well-being of our community.

Inaugural partners are listed below. The programs are open continuously for new annual memberships beginning at the date of approval. For more details and program applications, contact SCMA today: Susan Gumucio at **707-525-0102** or susan@scma.org. Application and details are also available at www.scma.org.

ENDORSED BUSINESS PARTNER

Exchange Bank
Invested in you.
Member FDIC
EQUAL HOUSING LENDER
NMLS ID 643948

Since 1890, **Exchange Bank** has been serving the local community through trusted banking, financial services and charitable giving. Exchange Bank differs from national and regional banks by focusing 100% of its charitable giving on the community it serves. In 2017, Exchange Bank and its employees contributed over $665,000 to the community. 50.44% of the Bank's cash dividends go to the Doyle Trust, which funds the Doyle Scholarship at Santa Rosa Junior College. Since 1948, the Doyle Scholarship Fund has provided $83 million to over 127,000 students.

BENEFIT: Exchange Bank has designed special checking benefits and discounted residential and auto loans exclusively for SCMA members. Our staff is available to review these programs and benefits with you—contact our Customer Care Center at 707-524-3000 or visit a local branch. Please indicate you are an SCMA member when you call; have your membership ID number available. www.exchangebank.com

In addition, Exchange Bank has developed five Community Rebuild Loan Programs that offer flexible lending options to those who experienced a direct property loss during the North Bay fires. Our local, experienced lending consultants are available to discuss which program works best for your needs. Contact us at **communityrebuild@exchangebank.com** *or call Dennis Harter, VP, Rebuild Loan Programs Coordinator at* ***707-541-1482.***

BUSINESS PARTNERS

Real Estate Services

Sudha Schlesinger/Pacific Union: Since moving to Sonoma County with my physician husband in 2007, I have been actively representing physician families in the local housing market. My savvy and experienced team at Pacific Union repeatedly exceeds expectations with customized marketing and purchase strategies; efficient execution; tough negotiating skills; and state-of-the-art marketing tools.

Sellers receive consultations for home/landscape staging and buyers enjoy tours of housing, inventory and analysis of neighborhood, amenities and schools available.

BENEFIT: SCMA buyers receive an exclusive $1,000 voucher toward closing fees. SCMA sellers also receive a free Pest Inspection, $1,000 toward staging costs, and if selling lot only—a complimentary estimate of value. Please let me know how we can help you in this challenging post-firestorm market. **707-889-7778** or **sudha@sschlesinger.com.** | **www.winecountryluxuryhomes.com**

BUSINESS PARTNERS, cont.

Real Estate Services

Sheela Hodes & Tammra Borrall/Pacific Union: Business partners since 2007, we have consistently ranked in the top 1% of realtors in the county. Our priority remains quality over quantity; we have built a team of professionals who provide personalized service focused on individual clients. Over the past 11 years we have served the medical community in Sonoma County, helping more than 50 local physician families buy and sell property—and build connections in the community.

BENEFIT: SCMA buyers package: Professional services including home design consultation and comprehensive 1-year home warranty (up to $1,000 value). SCMA sellers package: Professional services to prepare home for sale, including staging, landscaping and trade consultations/services (up to $1,500 value).

Contact us at 707-547-3838 or Team@SonomaWineCountryHomes.com.

SUPPORTING PARTNERS

AUDIOLOGY ASSOCIATES

Bringing improved hearing and better communication to our patients' lives is our passion. As an elite AudigyCertified™ provider, the experts at **Audiology Associates** dispense personalized and individualized hearing health care using patient-friendly, advanced technologies available under the AGX brand name. A comprehensive Better Hearing program is available for all auditory patients. We also provide solutions, ongoing care and management programs for balance and tinnitus problems. **www.audiologyassociates-sr.com.**

CONTACT: Peter Marincovich, PhD, CCC-A • **707-523-4740** • **pmarincovich@audiologyassociates-sr.com**

marin WEIGHT LOSS & WELLNESS

Lose weight safely and keep it off for life with science-based, physician-supervised care from **Marin Weight Loss & Wellness Center.** We become partners on your wellness journey, identifying your health goals and delivering individually tailored dietary and wellness plans. Carefully designed meal plans include education, accountability and support. Ask about our new Mindful Eating Program, which taps into physical cues for hunger and fullness. **www.marinweightloss.com.**

CONTACT: Nicole Knowlton • **415-897-9800** • **nicole@marinweightloss.com**

MT MONTGOMERY TAYLOR FAMILY OF COMPANIES *Growing and protecting your wealth*

Montgomery Taylor & Company, a CPA and wealth management firm, has over 30 years of experience and expertise in financial services and tax planning. Don't let retirement sneak up on you, or be caught off guard by the sudden death of a loved one. We can help you strategize to reduce your tax liability, achieve your financial goals as the economy changes, and take control of your long-term income. Let us help you feel secure in your financial future. **www.taxwiseadvisor.com**

CONTACT: Montgomery Taylor • **707-576-8700** • **monty@taxwiseadvisor.com**

PRACTICE & LIABILITY CONSULTANTS, LLC

Practice & Liability Consultants, LLC is a nationally recognized consulting firm specializing in practice management, malpractice prevention and presenting seminars/webinars. President Debra Phairas has consulted with over 1,850 practices regarding start-ups, assessments, mergers, financial analysis, revenue enhancement, overhead reduction, personnel management, practice valuations, expert witness, partnership issues and recruitment support. **www.practiceconsultants.net.**

CONTACT: Debra Phairas • **415-764-4800** • **dphairas@practiceconsultants.net**

Add your company to this exclusive list of organizations that support the professional and personal well-being of Sonoma County physicians. Contact SCMA today: Susan Gumucio at **707-525-0102** or **susan@scma.org.**

WELCOME NEW SCMA MEMBERS!

William Chernoff, MD, Otolaryngology*, *Cosmetic Surgery,* 1701 Fourth St. #100, Santa Rosa, Univ Saskatchewan 1986

Robert Harf, MD, Orthopaedic Surgery*, 181 Andrieux St. #111, Sonoma, Univ Guadalajara 1977

Sabrina Kidd, MD, Colon & Rectal Surgery*, 462 W. Napa St., Sonoma, Tulane Univ 2004

Redwood Radiology Group Incorporated (RRGI)

Vivek Sahani, DO, Vascular & Interventional Radiology, 121 Sotoyome St., Santa Rosa, Univ New Jersey

St. Joseph Health Medical Group (SJHMG)

Benjamin Dickey, MD, Family Medicine, 2323 Bethards Dr., Santa Rosa, Med Coll Wisconsin 2014

Charles Elboim, MD, Surgery*, *Breast Diseases,* 121 Sotoyome St. #203, Santa Rosa, Univ Vermont 1972

Hyun Kang, MD, Critical Care Medicine, 500 Doyle Park Dr. #303, Santa Rosa, Yonsei Univ

Sae Hee Ko, MD, Vascular Surgery*, 121 Sotoyome St. #203, Santa Rosa, Duke Univ 2005

Chad Krilich, MD, Family Medicine*, 1165 Montgomery Dr., Santa Rosa, Tufts Univ 2001

Gregory Rosa, MD, Family Medicine*, 652 Petaluma Ave. #B, St. Louis Univ 1973

Sharad Sharma, MD, Critical Care Medicine*, 585 W. College Ave. #A, Santa Rosa, Tribhuvan Univ 2002

Leigh Slater, MD, Critical Care Medicine, 1165 Montgomery Dr., Santa Rosa

The Permanente Medical Group (TPMG) 401 Bicentennial Way, Santa Rosa

Lakshmi Aggarwal, MD, Internal Medicine*, Drexel Univ

Benakar Batista, MD, Obstetrics & Gynecology*, Univ Connecticut

Melinda Carol, MD, Occupational Medicine, Drexel Univ

Radha Chirumamilla, MD, Internal Medicine*, Virginia Univ

Miriam Davis, MD, Emergency Medicine,* Jefferson Med Coll

James Gibboney, MD, Internal Medicine, Indiana Univ

Colin Iberti, MD, Internal Medicine, Mt. Sinai Sch Med

William Kerridge, MD, Diagnostic Radiology, Wayne State Univ

Audra Lehman, MD, Family Medicine, Univ Tel Aviv

Maayan Lieberman, MD, Psychiatry*, Saba Univ

Jaime Martinez MD, Family Medicine*, Univ Caribbean

Matthew Olsen, DO, Internal Medicine, Kirksville Coll Osteo Med

Robert O'Malley, MD, Internal Medicine, Drexel Univ

Tejas Patel, MD, Diagnostic Radiology, Univ Illinois

Aurora Selpides, MD, Family Medicine, UC San Francisco

Pocholo Selpides, MD, Family Medicine, UC San Francisco

Olga Sokolova, MD, Psychiatry*, Ural State Med Univ

Dane Stevenson, MD, Emergency Medicine

Duc Tien, MD, Otolaryngology, UC Los Angeles

Bridgit Travinsky, MD, Internal Medicine, Tulane Univ

Anshu Vashishtha, MD, Internal Medicine, Rajasthan Univ

Victor Wong, MD, Plastic Surgery, Boston Univ

The Permanente Medical Group (TPMG) 3900 Lakeville Hwy., Petaluma

Monte Bible, DO, Occupational Medicine*, Coll Osteo Med Pacific

Rodney Erwin, MD, Child & Adolescent Psychiatry*, Univ Texas

Roberto Gonzalez, MD, Internal Medicine, UC San Francisco

Ari Hauptman, MD, Pediatrics*, Univ Southern California

Thienly Huynh, DO, Family Medicine*, Touro Univ

Jaclyn Klekman, MD, Obstetrics & Gynecology, Med Coll Wisconsin

Anna Lewis, MD, Family Medicine*, Univ Vermont

Jack Nadler, MD, Family Medicine*, Univ Southern California

Maria Theresa Paz-Lum, MD, Geriatric Medicine, Univ Santo Tomas

Ellie Rogers, DO, Family Medicine*, Touro Univ

Tamar Segev, DO, Obstetrics & Gynecology, Midwestern Univ Coll Osteo Med

Helene Spivak, MD, Obstetrics & Gynecology*, Loyola Univ

Rukiye Yoltar, MD, Internal Medicine, Tip Fakultesi Ege Univ

The Permanente Medical Group (TPMG) 3554 Round Barn Blvd., Santa Rosa

Fredysha McDaniel, MD, Psychiatry* Howard Univ

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CME

- **Physician Regional Spring Symposium, Saturday, March 24, at Hyatt Regency Sonoma Wine Country,** 170 Railroad St., Santa Rosa. Symposium 8 a.m. to 4:20 p.m. Breakfast before and cocktails/dinner to follow. No fee required.

  Program provided by Santa Rosa Memorial Hospital and Northern California Medical Associates. *5.5 AMA PRA Category 1 Credits™ will be offered.* Keynote speaker Jack Boyd, MD, Stanford, Thoracic and Cardiovascular Surgery, on "Current State of Robotics in Health Care," plus a distinguished group of local physicians addressing variety of timely topics. For more details or to register, call Debra Esposti at 707-569-7862.

EVENTS

- **PHYSICIAN WELLNESS HIKE**

  Jack London State Historic Park St. Patrick's Day, Saturday, March 17, 10 a.m. to 12:30 p.m. Celebrate the green with a hike in the green! **Private hike exclusively for SCMA members and guests**—parking fee waived. Moderate 4-mile hike led by Jack London naturalist and SCMA staff will include park history, wildflower viewing and a trek to the Ancient Redwood. To register, contact Rachel Pandolfi at 707-525-4375 or **rachel@scma.org.**

IN THE NEWS

- Santa Rosa urologist **Michael J. Shulman, MD**, was named the **new physician-in-chief of the Kaiser Permanente Santa Rosa Medical Center,** helping guide the medical operation of the hospital and oversee physicians and medical staff. Dr. Shulman joined the Kaiser Permanente Santa Rosa Medical Center in 2006. He served as Santa Rosa's Chief of Urology for over nine years and replaces Kirk Pappas, MD, who served as physician-in-chief from 2011–2017. "Our work is now compounded by the devastation of the fires," says Dr. Shulman, who became physician-in-chief just eight days before the fire storm. "Nevertheless, I hold vast optimism for our future as I witness tremendous dedication and caring by our medical physicians and staff toward the work of healing and building a better medical center. For me, it is truly an overwhelming honor and privilege to serve as physician-in-chief for Kaiser Permanente Santa Rosa Medical Center."

- Northern California Medical Associates (NCMA) is proud to welcome **Dr. Brianne Dickey** to the NCMA Redwood Family Dermatology practice. Dr. Dickey received her medical degree at the Medical College of Wisconsin in Milwaukee, and completed her internship at Aurora Luke Medical Center in Milwaukee and her residency at the Medical College of Wisconsin for Dermatology. Dr. Dickey practices general dermatology for children and adults, as well as dermatologic surgery.

- **Yusuf Erskine, DO,** has recently joined Northern California Medical Associates (NCMA). Dr. Erskine has been providing health and wellness in Sonoma County through the therapeutic continuum of osteopathic medicine and integrative homeopathy for over 25 years. Dr. Erskine began his studies as a physician in osteopathic medicine in 1985, followed by a three-year UCSF based MD-Family Practice Residency. Dr. Erskine's Family Wellness Center is located in Sebastopol.

- **Sheryl Garrett, MD,** has recently joined Northern California Medical Associates (NCMA) cardiovascular team in Petaluma. Dr. Garrett received her medical degree at Georgetown University and did her residency at Stanford University. The residency was followed by a fellowship in cardiology—split between the University of Utah Medical School and the other with Mt. Sinai School of Medicine in New York City. Dr. Garrett went on to spend 18 years at a busy tertiary cardiac hospital in San Francisco.

SCMA 2018 Calendar of Activities

OTHER NOTICES

- **Kaiser Permanente to open new medical office building in Southwest Santa Rosa** in May 2018. Kaiser Permanente broke ground for a new medical office building in Southwest Santa Rosa in November 2016 and is scheduled to open the building to patients in May of this year.

  The three-story facility, to be located at 2240 Mercury Way, will offer a wide range of high quality primary and specialty care services, including pharmacy, lab, and imaging services. With 87,300 square feet of space, the facility will be part of a new wave of Kaiser Permanente medical offices in the Bay Area designed to enhance the care experience by using technology and space to make getting medical care easier and more convenient.

- **UC Davis** announced that researchers from its Environmental Health Sciences Center (EHSC) are working with Northern California communities to **study the impact smoke and burned debris have had on survivors of the catastrophic fires** that swept through Napa, Sonoma, and other counties. These fires were unique because they burned manmade structures, which scientists believe could impact the health of people differently than "natural" wildfires that burn trees, grass, and other plants. Researchers are gathering information about residents' experiences during and in the immediate aftermath of the fires through an online survey.

  Those interested in participating in the online fire survey can find it at https://ucdavis.co1.qualtrics.com/jfe/form/SV_aaS1gHzT5AKhdsh.

  For more information, interested parties can speak to a UC Davis staff member at 916-703-9151. ***—UC Davis***

To post an item on the Bulletin Board, contact Rachel at 707-525-4375 or rachel@scma.org.

JANUARY

17: Fire Recovery Resources Dinner — at Medtronic
23: SCMA Board Meeting — at Exchange Bank

FEBRUARY

5–7: MEC Retreat
10: Discover Sonoma County — Wellness Hike – at Pepperwood Preserve
15: Solo/Small Group Forum — SCMA with Debra Phairas, Practice & Liability Consultants*: Thriving in Private Practice*
20: SCMA Executive Committee Meeting
26: Editorial Board Meeting

MARCH

13: SCMA Board Meeting
15: SFMMS 150th Anniversary Gala
17: Discover Sonoma County — Wellness Hike — at Jack London State Historic Park
29: Large Group Leadership Dinner – at Mayacama Golf Club, Santa Rosa
30: National Doctors' Day

APRIL

14: Discover Sonoma County – Wellness Hike – at Pepperwood Preserve
17: SCMA Executive Committee Meeting
18: CMA Legislative Day in Sacramento
23: Editorial Board Meeting

MAY

8: SCMA Board Meeting
24: SCMA Wine & Cheese Reception – at TBD winery

JUNE

10: Mountain Play—*Mamma Mia*—at Mt. Tamalpais Outdoor Theatre
19: SCMA Executive Committee Meeting

JULY

10: SCMA Board Meeting
16: Editorial Board Meeting

AUGUST

21: SCMA Executive Committee Meeting

SEPTEMBER

11: SCMA Board Meeting:
- First review of 2019 budget
- Call for leadership nominations

OCTOBER

13–14: CMA House of Delegates
15: Editorial Board Meeting
23: SCMA Executive Committee Meeting – 2nd review of 2019 budget

NOVEMBER

6: SCMA Election Day
13: SCMA Board Meeting | MSSC Annual Meeting – Finalize 2019 budget

DECEMBER

18: SCMA Executive Committee Meeting

Practice Manager Forum venues, additional Fire Recovery workshops, Physician Wellness activities and other events will be added to the calendar as details are finalized. For more information about scheduled activities or to add an event of interest to SCMA members, contact Rachel Pandolfi at **707-525-4375** or **rachel@scma.org.**

In Memoriam

JOHN MONTEITH GRAY, MD

31-Year Member of SCMA

John Monteith Gray, one of the Bay Area's leading orthopedic spine surgeons, passed away in January. He had been battling cancer.

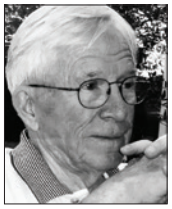
Dr. Gray completed his orthopedic residency training at UC San Francisco and his postgraduate training at Harvard Medical School. As a Lieutenant Commander in the U.S. Navy, Dr. Gray served as Chief of Orthopedics at the Roosevelt Roads Naval Hospital, Puerto Rico. He returned to the Bay Area in 1978 to begin his long-standing private practice of pediatric orthopedics and orthopedics of the spine.

He was on staff at California Pacific Medical Center for 35 years, as well as Marin General, Santa Rosa Memorial Hospital, and Sutter Santa Rosa Regional Hospital. He specialized in scoliosis in adult and pediatric patients, spinal deformities, and degenerative conditions of the spine. He was chosen by his peers as one of the top 100 doctors in the Bay Area, one of only 10 orthopedic surgeons to receive this prestigious award.

—*Originally published in the* Marin Independent Journal

LYLE F. JACOBSON, MD

9-Year Member of SCMA



Dr. Lyle F. Jacobson died peacefully in Santa Rosa in December, surrounded by his family. He spent his early life traveling with his parents across the U.S. and Canada, attending more than 30 schools before he reached the eighth grade. Lyle settled in Minneapolis and eventually studied at the University of Minnesota. He received his medical degree in 1946.

After an internship at Detroit Receiving Hospital, Lyle served as a physician in the U.S. Navy. Stationed in the Pacific, he witnessed multiple atom bomb tests and was on board one of the ships that escaped down the Yangtze River as Mao's forces overtook China.

After leaving the Navy, Lyle returned to Detroit and began an illustrious career as a cardiothoracic surgeon. He was a true pioneer in the field, training and operating with some of the greatest surgeons of the 20th century. Technically brilliant and innovative, Lyle was a passionate and dedicated physician, for whom medicine was a true vocation.

HUGH BURRELL, MD

45-Year Member of SCMA

Dr. Burrell graduated Phi Beta Kappa from UC Berkeley in 1949. He enrolled at Stanford and in 1954 became a physician. Finishing his internship, he and his wife moved with two boys and a new daughter to Modesto for residency in general practice (later family and geriatric medicine).

In 1956, the family moved to Sonoma, and Dr. Burrell opened a practice in Boyes Hot Springs to serve the farming community. Later, he opened a practice in Sonoma. He served as medical director at Hanna Boys Center and on the State Inspection Team for the California Medical Association. Dr. Burrell was a staff physician at the Veterans Home in Yountville.

Dr. Burrell practiced medicine until he was 80. He enjoyed locum tenens work and traveled widely, including stints at West Point and at Sonoma Valley Community Health Center.

PAUL KOJI UMINO, MD

38-Year Member of SCMA

Dr. Umino completed premedical studies at UC Davis before earning his doctorate at the Creighton University of Medicine. During the Vietnam War, he was drafted into the U.S. Air Force, serving at an outpost in the Aleutian Islands before being transferred to Travis AFB in Fairfield, Calif. Dr. Umino would find a permanent home working in Petaluma, as part of the El Rose Medical Group with his good friends, Dr. David Sisler and Dr. John Shearer.

Dr. Umino cared for and treated Petalumans out of the El Rose office, often still performing house calls, until his retirement in 2014. He said the best thing that ever happened to him was having children, and he loved Patrick, Whitney, Marcus, and Mallory immeasurably. In recent years, he could be found on his bike, in his garden, or cooking something delicious with his longtime partner Karen Newman.

He always loved fast cars, motorcycles, and watching virtually all motorsports. He also enjoyed bird- and duck-watching and spent many days walking at Ellis Creek with his dog, Charlie.

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