

JUNE 2020 SPECIAL EDITION

Pulse



A Community Fights, and Heals

PROUDLY SERVING VETERANS OF NORTH TEXAS AND SOUTHERN OKLAHOMA FROM LOCATIONS IN

BONHAM ★ DALLAS ★ DECATUR ★ DENTON ★ FORT WORTH ★ GRANBURY ★ GRAND PRAIRIE ★ GREENVILLE ★ PLANO ★ SHERMAN ★ TYLER

EDITOR/WRITER

Jeffrey Clapper

PHOTOGRAPHY/Writers

Jesus Flores

Jennifer Roy

CONTRIBUTORS

Dr. Stephen Holt

James Walters

Dr. LaTonia Arris

Dr. Stephen Burgher

Dr. Dorothy Sanders-Thompson

Kendra Softly

Joshua Pangle

Doreen Ekwerike

Aleena Thomas

Cami Rutledge

Dr. Stephen Halla

Jamelia Cullins

Arelis Rivera

Dr. Rajani Potu

Bobbie Kay Scoggins

VA North Texas Health Care System

4500 S. Lancaster Rd. | Dallas, TX 75216

www.northtexas.va.gov

Member of VISN17

VA Heart of Texas Health Care Network

Pulse is published for Veterans living in North Texas and southern Oklahoma. We welcome your story ideas and suggestions. Send to: ntxpublicaffairs@va.gov.



VA NORTH TEXAS SERVED MORE THAN 134,000 VETERANS IN FY2016 WITH ALMOST 1.5 MILLION OUTPATIENT VISITS. IT IS THE SECOND MOST COMPLEX VA FACILITY IN THE NATION, AND OUR WORLD-RENOWN CLINICIANS AND RESEARCHERS DRIVE THE TECHNICAL QUALITY OF OUR HEALTH CARE SERVICES AND PROGRAMS.



U.S. Department of Veterans Affairs
Veterans Health Administration
VA North Texas Health Care System

Changing lives.
One Veteran at a time.



3 COVID-19

What is coronavirus?

4 Emergency Department

The Frontlines of COVID

5 Protecting the Population

The growing need for supplies and personal protective equipment (PPE)

7 7C-400

Nursing on the frontlines of a virus

11 Opening Garland

Prepare for the worst.
Hope for the best.
Build the future.



14 Bridging the Gap with Window Art

Creativity brings people together

15 A Survivor's Tale

Dr. Rajani Potu's COVID-19 story

17 Salute to Heroes We Lost

18 Community gives thanks to health care workers

Local community support goes a long way



GET SOCIAL WITH US!  

www.facebook.com/VANorthTexas
www.twitter.com/VANorthTexas

Director's Message

We are VA and we are proud

April, May and June 2020 have proved to be some of the most challenging times for our patients and employees in the 80-year history of VA North Texas Health Care System.

The onset of the COVID-19 pandemic in North Texas brought about unprecedented actions and emotions throughout our patient base of over 135,000 men and women who've worn the uniform for our country. Each day, our 5,900 employees were laser focused on what they do well, what we as a health care system had to work on, and what we collectively could do to help others during their time of need. One thing was certain--during the many long days and hours spent overseeing VA North Texas' response to the COVID-19 pandemic, a single thought frequently ran through my mind: It seems quite impossible to catch our employees unprepared for unexpected responsibilities and realities. During times of national crisis, this is a very comforting thought and it's the collective result of many selfless, talented, individuals who lead by example, challenge and lead (whether formally or informally) others around them to excellence. As VA health care professionals, we must continue be good today, and better tomorrow.

Within hours of being notified of the local potential of the virus, a COVID-19 Multidisciplinary Task Force (MTF) was assembled with representation from all service lines, with a universal mantra--Whatever needs to be done, we will make it happen. And we did.

The first order of business was an assessment of the increased demand for supplies and personal protective equipment (PPE) to protect patients and employees. Keeping up with the tremendous tasking of keeping the steady demand for these life-saving tools on shelves and in the hands of our professionals and patients has seen James Walters, the Chief Supply Chain Officer for VA North Texas Health Care System, running a 24-hour operation, with just over a hundred people on staff. His team has tirelessly worked weekends and steady overtime making sure purchase orders flow and deliveries continue to arrive. James and his team had to be creative and aggressive with purchasing to ensure we will never run out of any of our PPE products or anything related to COVID-19. Thanks to these efforts, the community rate of spread of the virus among our patient and employee population has been very low compared to other community hospitals and cities.

The second order of business was addressing the possibility of using a newly acquired hospital in Garland as a COVID-19 relief center, should it be needed, to augment any possible surge in COVID-19 positive patients. Thanks to the leadership of VA North Texas Nursing Executive and Deputy Chief of Patient Care, Dr. LaTonia Arris, and a litany of dedicated professionals who worked tirelessly to ensure every facet and need was addressed in a very short amount of time, the seemingly impossible became reality as a 200-bed center was stood up and operational within 14-days. Thankfully, as of this writing, we have not had to use it.

To protect our nursing home patients from any community spread of COVID-19, we had to limit visitor and staff access. This was a hard decision because these residents are like family members, but it was a necessary, potentially lifesaving, decision. To fulfill the continued need of these Veterans, our Community Living Center (CLC) employees and social workers became the connectors between patients and their families, scheduling meet and greet events through outside windows and ensuring a level of compassionate care that each patient has earned through their selfless service.

The ability to operate at a high-level under less than ideal, and sometimes, tragic, situations and conditions, like a pandemic, is the true hallmark of any professional organization. VA North Texas performed well beyond any expectations from VA and the local community—and is still performing at the highest levels in every measure. VA North Texas is here to stay the course for its patients, and the community, through thick and thin, during this COVID-19 pandemic. Rest assured that our team of professionals are among the very best in what they do and are here to honor the service of each Veteran by giving the very best care and treatment available.

We are VA. And we are proud.

Stephen R. Holt

Stephen R. Holt, MD, MPH, MSNRS
Director





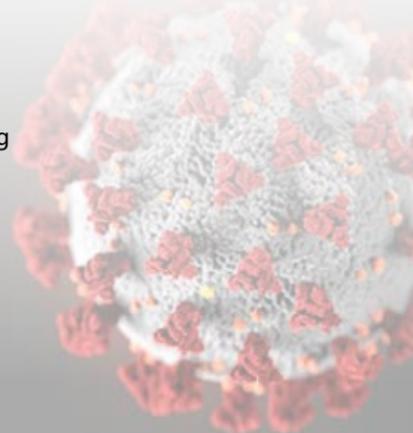
What is coronavirus (COVID-19)?

Coronavirus or COVID-19 has been declared a Pandemic by the World Health Organization (WHO) and a Public Health Emergency (PHE) by the U.S. Government. A pandemic, as defined by the WHO, is a worldwide spread of a new disease; occurring over a wide geographic area and affecting an exceptionally high proportion of the population. Evidence shows that the virus infects others at a higher rate than influenza and has higher rates of hospitalization and death when compared to influenza. U.S. citizens, including Veterans and healthcare personnel are at risk for COVID-19 infection.

The Centers for Disease Control and Prevention (CDC) defines COVID-19 as a disease caused by a new type of coronavirus (or “novel coronavirus”). The virus that causes COVID-19 belongs to a large family of viruses that are common in people and different animal species. On rare occasions, animal coronaviruses can infect people, and then spread from person-to-person. This is how the COVID-19 virus started. People with COVID-19 can have a wide range of symptoms that can range from mild to severe.

Symptoms may include:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills or repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell



2,000,000

Total cases in U.S.
(as of mid-June 2020)

110,000

Total deaths in U.S.
(as of mid-June 2020)

550,000

Total recoveries in U.S.
(as of mid-June 2020)

76,000

Texas cases
as of mid-June 2020)

1,800

Texas deaths
(as of mid-June 2020)

50,000

Texas recoveries
(as of mid-June 2020)

VA's Response...

To protect Veterans and employees from acquiring COVID-19 infection by leveraging technology, communications as well as using dedicated staff and space to care for COVID-19 patients. VA will create a safe environment by implementing a system where one VA facility operates as two separate “zones” (Standard and COVID-19) for inpatient care. VA will provide most outpatient care for Veterans through telehealth services as appropriate. This approach minimizes the risk of infection, supports expansion to meet an increasing need for COVID-19 services, and provides Veterans in routine VA care consistent access to VA care. The plan includes strategies to address a large number of COVID-19 cases to include alternative sites of care for Veterans with COVID-19.

EMERGENCY DEPARTMENT

THE Frontlines OF COVID

Dr. Stephen Burgher is no stranger to being on the frontlines and saving lives as a U.S. Navy Combat Veteran.

With the rise of COVID-19, Dr. Burgher is treating patients in Dallas VA Medical Center's Emergency Department. VA North Texas Healthcare System made many changes to their normal operations at all facilities to protect their patients and employees. One major change was made in the Emergency Department.

“We essentially created two Emergency Departments,” said Dr. Burgher, Chief, Emergency Medicine Service. “We have repurposed our Clinical Decision Unit (CDU), our old ED, and repurposed it back into an Emergency Department that’s our green or clean ED.”

Dallas VA Medical Center's Emergency Department is now a COVID-19 or “red” ED and when Veterans have symptoms that might be COVID-19 related, they are brought in on the red side.

“Basically, when you come in the door you are sorted to red side or green side,” said Burgher. “Patients that come in and it seems pretty clear that it is not COVID related at all, we keep them segregated over on the green side.”



As COVID-19 and non-COVID-19 cases come through the ED doors, more skilled employees are needed to meet the need to care for the Veterans.

“We have added staffing from other units, and we are in the process of bringing in physicians, nurse practitioners and physician’s assistants from the community on a temporary basis under a COVID-19 temporary and expedited appointment,” said Burgher. “It’s a 120-day appointment to be a part-time VA employee and augment our staff.”

In addition to the added staff and repurposed CDU, the ED has increased the amount of treatment space. “We’ve doubled the size of our ED,” said Burgher. “We now have a 45-bed ED.”

For those Veterans who still do not want to come to the ED, or they have some concerns about coming in, there is another option for them with VA Video Telehealth.

“We have also implemented Emergency Medicine via VA Video Telehealth. We have a provider available 24/7. and what we found is that older Veterans and higher-risk Veterans are afraid to go to the ED, they are afraid to get COVID, and yet they still need urgent medical attention. This technology allows us to talk to the Veteran and tell them if they really need to come in—it really helps when they hear it from a provider.”

DR. STEPHEN BURGHER
US NAVY COMBAT VETERAN





COVID-19 surfaced in the United States in January after originating in China and Dallas County reported its first presumptive case on March 10. VA North Texas had its first case at the end of March.

“We changed the way we were set up and we went to seven day a week purchasing. I moved staff to working the weekends and we already had purchasing staff working at night. I worked seven days a week for approximately two months as did my assistant and we ordered everything we could using multiple avenues.”

JAMES WALTERS, CHIEF SUPPLY CHAIN OFFICER
VA NORTH TEXAS HEALTH CARE SYSTEM

Surgical masks had initially been in severe short supply and hard to come by for Walters and his team. When ordering more surgical masks, along with all other PPE, they took the same approach as was taken for N95 respirators, and they have continued to make order after order to increase their inventory.

“We had to be creative and aggressive with purchasing and we haven’t run out of any of our PPE products or anything related to COVID-19,” said Walters. VA North Texas is prepared and will be ready if cases of COVID-19 remain on the rise throughout the summer in the DFW area.

“Our goal has been to make sure our patients and staff who require the PPE items have them available when they need them,” said Walters.

To ensure timely and detailed coverage, a PPE Hot Item Distribution Process was created and implemented by Emergency Management for services to receive critical items needed such as

face shields, surgical gloves and masks, isolations gowns, N-95 masks and filters.

“We have a list of different sections for the PPE Hot Room and we work with Infection Control to make sure the people receiving the PPE actually have a requirement for it,” said Walters. “Normally we would carry a few isolation gowns with maybe three or four thousand in inventory. Now we carry over 50,000 now and we order them every single day.”

VA North Texas has also received PPE through donations from the local community. The donations go through Safety and Infection Control before they can be used in the hospital. Once donations are accepted and approved, they are entered into the supply chain.

“Since I’ve been here, this has been by far the most challenging event we have ever experienced,” said Walters. “Being in the Navy, I learned how to network, and I have used that with working with vendors, and because of this, we are ready to support our healthcare workers with the PPE they need.”



As COVID-19 became a stark reality, the need for supplies and personal protective equipment (PPE) for the patients and employees of VA North Texas Health Care System became exponentially important.

James Walters, Chief Supply Chain Officer for VA North Texas Health Care System, is running a 24-hour operation, with just over a hundred people on staff. They have been working weekends and steady overtime making sure purchase orders flow and deliveries of much-need protective equipment continue to arrive.

“COVID-19 created a lot of challenging opportunities for us,” said Walters, a retired Navy Supply Corps Officer. “One of the biggest challenges is N95 respirators. Prior to COVID-19, our normal stock level was about 14 boxes or a total of 700 respirators. That’s about all we would maintain, and we never had an issue. Today, we have approximately 100,000 available here on station.”

Protecting the Population



“Our goal has been to make sure our patients and staff who require the PPE items have them available when they need them,” said Walters.



U.S. Army Veteran Kendra Softly, RN

7C-400: NURSING ON THE FRONTLINES OF A VIRUS

7C-400 looks similar to every other inpatient ward on Dallas VA Medical Center's 9-floor facility. It features 12-beds and a litany of clinical professionals attending to the often complex needs of VA North Texas' 135,000 enrolled patients, 7-days a week, 365 days a year.

When a new virus appeared, 7C-400 took on a new role—taking care of our Veterans who are either under investigation of COVID-19 or they are COVID-19 positive. Some of the beds are now occupied and the employees who call 7C-400 home are embracing new challenges and opportunities.

"The staff here is the best because each and every day they put their life on the line, they walk in here and they do what they know is best for the Veterans," said **Dr. Dorothy Sanders-Thompson**, 7C400 Nurse Manager "It's a wonderful opportunity to provide that care to those who have laid their life on the line for us and now we do the same for them."

The nurses on 7C400 are caring for the Veterans in the unit that was designated as the COVID-19 unit since the beginning of March.

U.S. Army Veteran **Kendra Softly** spent six-years on active duty and three-years in the reserves and as a U.S. Army medic. "I served my country and now I'm serving my community and putting my life on the line, again. I take great pride in this," said Softly.

Softy is part of the COVID-19 unit and has been with the VA for 4-years. After her service in the Army, Softy used the G.I. Bill to earn her nursing degree and has steadily continued her education.

"I am almost finished with my Masters, courtesy of the VA, with the National Nursing Educational Initiative, NNEI, scholarship and I am going to be a CNL, clinical nurse leader," said Softly. Caring for COVID-19 patients requires additional precautions, personal protective equipment (PPE) and endless empathy for the plight of a Veteran who must remain isolated for their own safety and that of others.

"We are these Veterans families now because they are not allowed to see their loved ones because they stopped movement to keep down the possible spread of the virus. We are here in those tender moments."

U.S. ARMY VETERAN KENDRA SOFTLY, RN

Softly lives with her mother and her ten-year old son and she has faced some of her own fears during this pandemic.

"My son is immune compromised because he was born with one kidney, so I'm scared, too. But I do the things I need to do right here, knowing one step here could impact my whole life, so I am extra, extra cautious here," said Softly.

Softly knew she always wanted to be a nurse and feels she is right where she needs to be by giving back to fellow Veterans during this time.

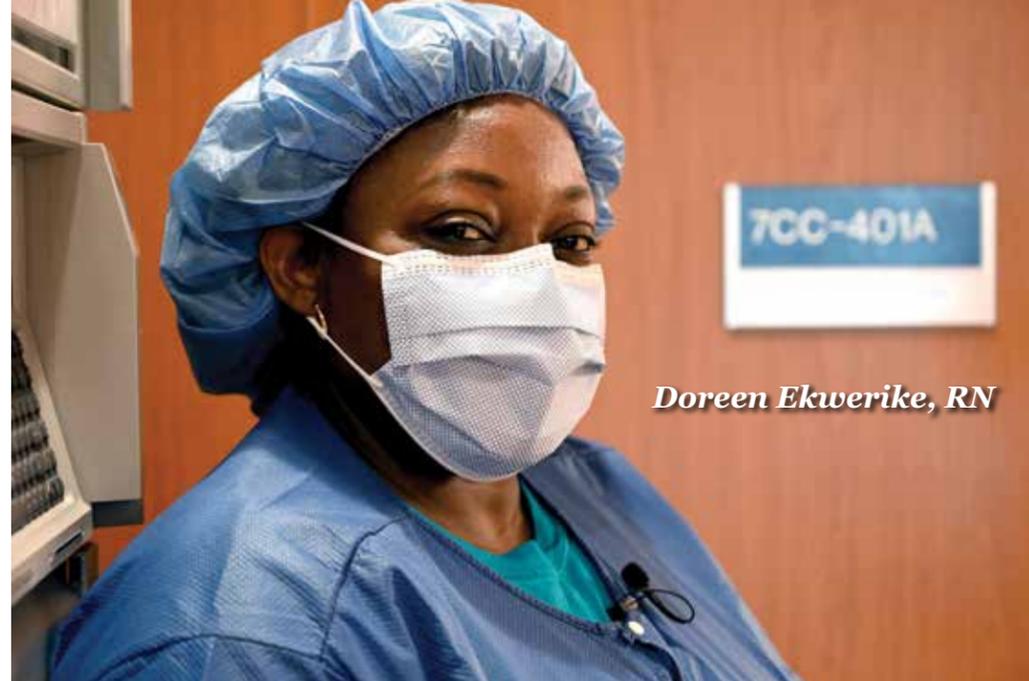
"I love to give, and I love the serve," said Softly. "It comes natural to me. If I'm not helping someone, I feel like I'm doing something wrong. I love what I do, and I wouldn't change it for the world."



*Dr. Dorothy Sanders-Thompson
Nurse Manager*



*Jacob Pangle, RN
U.S. Army Veteran*



Doreen Ekwerike, RN



Aleena Thomas, RN

7C-400: NURSING ON THE FRONTLINES OF A VIRUS

“I believe my training in the Army prepared me for situations like this. I feel one of the reasons why I came to the VA is because I know how it feels to be a Veteran and wanted to give my fellow Veterans the best possible care I can.”

JACOB PANGLE, RN, U.S. ARMY VETERAN

Fellow Army Veteran and registered nurse, **Joshua Pangle**, is also providing direct patient care in the COVID unit.

One of the features of 7C-400 is private bed-space allowing complete for isolation for the Veterans. To help prevent the spread of COVID-19 among patients and employees, patients are isolated in their rooms. This can be a challenge.

“Some patients who are not coherent enough to follow the rules of isolation do not understand why they have to be in their room,” said **Doreen Ekwerike, RN**. “They don’t understand and feel they are being restricted or restrained in their room and may not understand the risk of coming out of their room.”

Ekweike has been a nurse for more than 20-years and said caring for patients in any situation is what she signed up to do. She was born and raised in Nigeria and earned her nursing degree before moving to the United States. She has been part of the VA two and half years.

“VA is a great organization and really helps you to brighten your future,” said Ekweike. “They help you to grow professionally and I have been growing

every day since I have come to the VA.” Ekweike has always loved taking care of people and becoming a nurse is a dream come true. Ekweike, along with her 7c-400 team, show up every day to give the Veterans the care they need and deserve.

Ekweike said it has been very rewarding to see COVID-19 patients get better and get discharged home to be back with their families.

“We have the equipment we need to take care of our patients and that is the most important thing to me. We are on the frontline of this virus and we have to save the lives of the patients that are entrusted in our care.”

DOREEN EKWERIKE, RN

COVID-19 has brought new-found uncertainty to many, and it can take a toll on one’s mental health.

“The hardest part for me personally has been the mental health part of it and having to go home to family and younger children and wondering if I’m passing anything to them,” said **Aleena Thomas, 7C-400 registered nurse**.

Thomas has been with VA North Texas for 2-years and knew at an early age she wanted to be a nurse. She started volunteering at the hospital her father worked when she was only 12-years old, and after she shadowed a few nurses, she knew it was what she wanted to do.

“The most rewarding part of working here during COVID-19 is when the patients get two negative results and they are able to go home,” said Thomas.

“I feel we are in a safe environment and thankfully we have the proper PPE, negative pressure hallways and rooms and the teamwork and collaboration needed to make sure the Veterans get the care they need at this time.”

ALEENA THOMAS, RN

Dr. Sanders-Thompson keeps her staff positive and focuses on the importance of teamwork.

“We talk about something called psychological safety and as team each day we remind each other the work we are doing is important, and we have each other’s back,” said Dr. Sanders-Thompson. “One of the nurses starts with something positive in our daily huddles—a positive meditation—just so people know that we have to keep our minds really clear, that we understand our purpose, and understand our goal.”



Opening Garland:

Prepare for the worst.
 Hope for the best.
 Build the future.

Preparing for the Worst

On May 3rd, as the world continued its battle against COVID-19, VA North Texas Health Care System celebrated the one-month anniversary of the acquisition of the former Baylor, Scott & White hospital now known as Garland VA Medical Center. But there was no time for cake and punch, the day was spent like any other—further preparing the 470,000 square foot facility to accommodate some of the 184,000 area Veterans currently enrolled with VA North Texas for their healthcare.

“Because this was a priority, with it being a national emergency, all of the focus was put, in two weeks, to bring this facility up,” said Dr. LaTonia Arris, VA Deputy Nurse Executive. “On Monday, April 20, we were able to admit up to 47 veterans to this facility, if needed. Within two weeks, the first floor was be able to accommodate 123 veterans.”

It took two weeks to open the COVID-19 Relief Center in Garland, and the goal that the COVID-19 Multidisciplinary Task Force (MTF) had of being able to admit up to 200 veterans, has been exceeded.

“Our goal was 200 [veterans], but the MTF came together and exceeded that goal,” said Dr. Arris. “We will be able to provide care for up to 207 veterans, if needed.”

Hope for the Best

Data collected from the Centers for Disease Control initially predicted that the Dallas-Ft. Worth metroplex could experience a surge in COVID-19 positive cases starting in mid-April.

VA North Texas ensured they were ahead of that expected surge by aggressively training its nurses and staff, and having them ready to mobilize, if needed. VA North Texas also fully equipping the Garland COVID-19 Relief Center with beds, medicines and other medical equipment that might be necessary to treat patients.

“It seems that, now, [the surge] will be pushed back to mid-May,” said Dr. Arris. “But, on April 20th, we were [ready] to see our first veteran. We reached our goal. It is not due to any individual effort, but due to the collaboration of all the services within VA North Texas and all of their efforts.”

Before a veteran can be transferred from the Dallas VA Medical Center, they will be screened, and a decision will be made on if they can be transferred to the Garland COVID-19 Relief Center based on the services that can be provided. “We are ready to take on anything,” said Dr. Arris. “We are able to take both positive and negative patients and we can isolate where we need to isolate. We are able to take the geriatric population, the ambulatory population, and there’s very little that we cannot offer for an acute care setting.”

Prepare for the Future

It is a quiet Friday morning in early June at the newly acquired Garland VA Medical Center, but all that will change on June 23, 2020, when Phase 1, of turning the former Baylor-Scott and White Hospital into a fully functional VA medical facility, goes active.

Cami Rutledge, the facility’s operations administrator, accompanied by Dr. Stephen Halla, the section chief of ambulatory care for Garland VAMC, walks down an empty hallway that opens up to a smaller hallway with doors on each side.

“This used to be an emergency department in its Baylor days,” said Rutledge.

“We’re using space that wasn’t necessarily designed for an outpatient clinic, but I think it will function pretty well,” said Halla. “We’re trying to retrofit the ER from the previous Baylor-Garland hospital and make it into a clinic, while they’re trying to work on the medical offices building next door.”

In her new role, Rutledge has been instrumental in facilitating the transition of the old emergency department into a fully functional unit that will temporarily host seven Patient-Aligned Care Teams (PACT).

“I will be bringing seven physicians over for the PACT teams and two for the well-women’s unit, and their supporting services,” said Rutledge. “So, nutrition will have a dietician here, primary care-mental health integration (PC-MHI) will have a couple of social workers here. We’ll have additional social workers and a couple of pharmacists to help support the veterans, who are getting their primary care here.”

During this first phase, Garland VAMC will offer ambulatory care, nutrition, pharmacy and lab work services for Veterans that choose to receive their primary care at Garland VAMC.

CONTINUED ON NEXT PAGE



OPENING GARLAND

“By the end of the Summer we hope to have dermatology here as well,” said Rutledge. “We hope to expand our mental health services over the next couple of months—we’ll have a pretty large mental health footprint here.”

Options are also being explored that would allow Garland VAMC to offer diagnostic sleep studies, including a sleep laboratory and CPAP clinic in the future.

“We looked at patients’ drive times and there were about 8,000 patients where it made clear sense for them to get their medical care here, just out of convenience,” said Halla. “There’s a big unknown, as far as how many Veterans were choosing not to get their care at the Dallas VA that may consider getting their care at Garland.”

“When we brought up the COVID-19 decompression unit, immediately, we had a large response from the Veteran population right around here. We’ve had several say that they are excited to receive their care closer than the Dallas VA Medical Center is.”

CAMI RUTLEDGE, OPERATIONS ADMINISTRATOR

Along with being a point of primary care for Veterans, the Garland VAMC, will continue to operate as a COVID-19 decompression unit for the Dallas VAMC that offers up to 207 beds, if needed. Dallas Health and Human Services suggest that there are a multitude of new cases in Dallas County and that number is expected to continue growing. It’s a challenge that Rutledge and her team at Garland VAMC are prepared for.

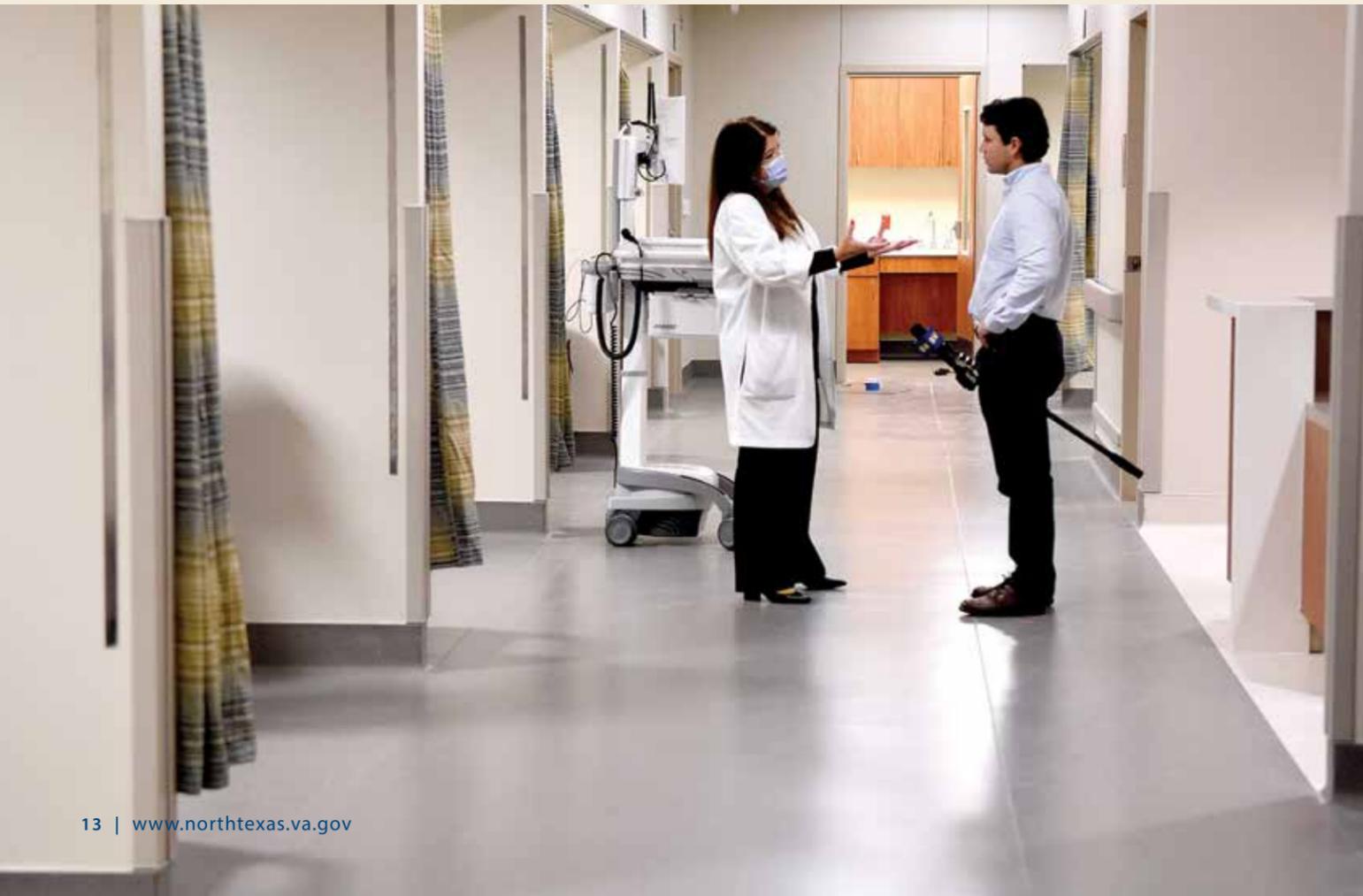
“We certainly could continue to do a lot more than just the 200-decompression site for COVID-19,” said Rutledge. “Should that become necessary, we will be able to support the COVID-19 unit or whatever that entails for the [COVID-19 positive] Veterans that might overwhelm the Dallas VAMC and continue to serve Veterans.”

Bridging the Gap with Window Art



“I had a lot of families calling to check on their family member and we would give them verbal updates and talk to them on the phone and I just tried to think of different ways to get creative and get them involved. I wanted to do more to put them at ease about their loved one being here and not being able to actually see them every day.”

JAMELIA CULLINS
HOSPICE AND PALLIATIVE CARE SOCIAL WORKER



Kim O’Connor stands outside her husband’s window at the Community Living Center (CLC) at Dallas VA Medical Center with window markers in hands. O’Connor is unable to walk in the door and sit by her husband’s bedside and tell him she loves him, instead she is saying it by drawing it outside on his window.

O’Connor is one of many family members who are unable to enter the CLC due to COVID-19 and precautionary measures that are in place for the safety of all patients and staff.

A social worker at VA North Texas wanted to do something for these Veterans and families and a program called Visual for Veterans was started. It allows family members to come to the window of their Veteran and write a message.

“Because of COVID-19, families are unable to come and visit and this was a way they can see their loved ones,” said Jamelia Cullins, Hospice and Palliative Care Social Worker. “Visual for Veterans is a way it could be fun and meaningful at the same time with sending a message on the window.”

Cullins arranged the visit with family members ahead of time for the window art. O’Connor is more than a two-hour drive away from Dallas and it was the first time she was able to see her husband in a month.

Areliis Rivera, RN, in the CLC said after the visit and window art messages, she saw a noticeable change in one practical Veteran she cares for. She said the visit from his family boosted and changed his entire mood and he was smiling and laughing for days after the visit.

“It was a feel-good social work moment for me,” said Cullins. “I felt this made a difference and I was a part of something great.”



A Survivor's Tale



Dr. Rajani Potu

As the Assistant Chief of Staff of Ambulatory Care for VA North Texas Health Care System, Dr. Rajani Potu, routinely attends meetings as part of her duties. It was late March and cases of COVID-19 were just beginning to pop up around North Texas.

"We didn't really know much about COVID-19 and were just beginning to see COVID cases in the community," said Dr. Potu.

Dr. Potu attended a meeting with five other colleagues and the following day a member from that meeting developed symptoms of COVID-19.

"It was the very first time an employee called me and said I think I'm coming down with this sickness," said Dr. Potu. "He said he had terrible body pains and we said come on in and we will test you and he turned out to be COVID positive. Contact tracing was done to see everyone who this employee had been in contact with and Dr. Potu was on that list. Dr. Potu sat next to him for almost two hours in that meeting just the day before he developed symptoms.

"There were six of us in the meeting and it was decided to put all six of us in quarantine," said Dr. Potu. "It was recommended we all go home and telework for the next two weeks and if we develop symptoms, we would go get tested, but if we didn't at least they would be safe at home."

Five days later Dr. Potu became ill. Dr. Potu developed flu like symptoms. She had a sore throat, terrible headache, cough, low-grade fever, loss of taste and loss of smell.

"Because I had contact, I knew something was not right, so I did go ahead and get checked and I did test COVID positive," said Dr. Potu. "I think my initial impression or feeling was fear and anxiety."



Dr. Potu self-isolated at home and kept away from her family as her biggest fear was passing it along to them.

"I had to keep my family safe because my mom lives with me and she is in her 70's so I was worried about her," said Dr. Potu.

Dr. Potu remained positive and focused on the good things in her life.

"Just thinking I am lucky to have a job, I am lucky to have a family, I am fortunate to have so many people to care for me, and an agency that is so very supportive, my supervisor at work, and everyone is extremely supportive," said Dr. Potu. As a physician, Dr. Potu was able to assess her symptoms and determine if she needed to make a trip to the emergency room or not and fortunately, she never had to make the trip.

"There are so many unknowns," said Dr. Potu. "Luckily, I had a mild illness. For almost a month, I had that thing in mind--is someone else in going to get sick in my home. You can do everything right and still you never know."

Dr. Potu has recovered and says she feels 100 percent.

"During this time, I would say make sure you follow all the CDC safety guidelines, and when you go places, I would strongly encourage all to wear a mask and try to maintain the six-foot physical distancing. That is key."

When to seek Emergency Care for COVID-19 symptoms:

- Difficulty breathing
- Persistent chest pain or pressure
- Confusion that you weren't experiencing before
- An inability to get up
- A blue tint to your lips or face



SALUTE TO HEROES WE LOST

Congressman **Sam Johnson**, who represented North Texas in Congress for more than 20 years, passed away of natural causes on May 27, 2020 at age 89

Mr. Johnson was a genuine hero. He flew 100 combat missions in Korea and Vietnam. He was flying a bombing mission in 1966 when he was shot down and wounded. He was imprisoned in the infamous “Hanoi Hilton” for nearly seven years, mostly in solitary confinement. After retiring from the Air Force as a Colonel, Mr. Johnson represented Plano and other northern suburbs of Dallas as a member of Congress.

Johnson was known for his work on Veterans’ affairs and was a great friend to VA North Texas. He was the key driver for securing the establishment of the Plano CBOC in 2017 and

worked tirelessly to take care of the 30,000+ Veterans who lived in his district.

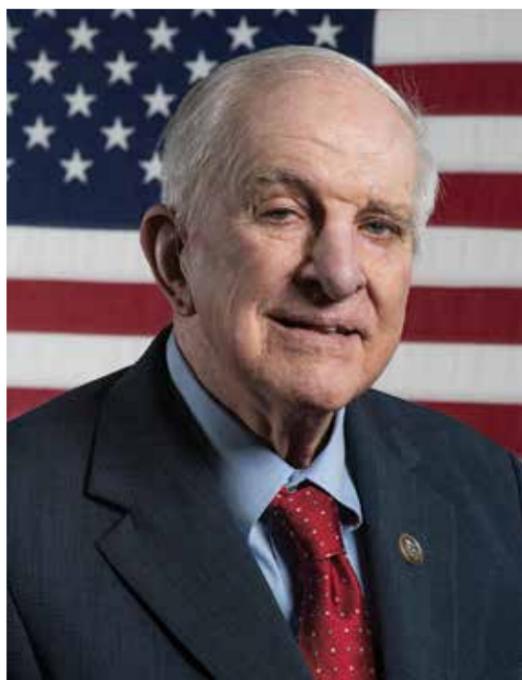
Mr. Johnson will be missed, but his legacy of honor and service to Veterans lives on at VA North Texas.

JD Randolph, U.S. Army Korean and Vietnam War Veteran, and 19-year volunteer at VA North Texas, passed away on May 26, 2020.

JD loved volunteering, talking to and advising his fellow Veterans about programs and services that benefited all VA North Texas patients and employees. He performed over 9,000 hours of volunteer service and left a lasting impression on so many. His generosity and support in making VA North Texas a better place is legendary.

Rest in peace, heroes.

Sam Johnson, U.S. Congressman (left)
JD Randolph, U.S. Veteran (right)



Community gives thanks to health care workers

The phones began to ring, and the emails started filling the inbox for Bobbie Kay Scoggins, Chief, Voluntary Service, shortly after the rise of COVID-19 cases in Dallas county, with people from the community who wanted to donate to VA North Texas health care workers.

Hot meals for health care workers treating COVID-19 patients began arriving daily and Personal Protection Equipment, PPE, by the boxes were being dropped off to the hands of Scoggins and her staff in Voluntary Service, which manages all donations for the medical center.

“Multiple individuals and organizational groups have been very responsive in wanting to give back to the health care system and health care staff with items such as surgical and cloth masks, hand sanitizer, face shields, disposable wipes, gloves and food donations,” said Scoggins. “Our community partners have coordinated and purchased meals from approximately 50 different restaurants and mobile food trucks in efforts to support local businesses. The support has been tremendous.”



Voluntary Service also supports a multitude of programs at VA North Texas such as the Mental Health, homeless program, social work, Community Living Center, recreation, and clinical inpatient areas.

Scoggins has staff coming in seven days a week and working extending hours to accommodate the with hot meal deliveries for the staff on both day and night shift.

“Prior to COVID-19, VA North Texas had approximately 250 volunteers physically rotating onto the facility campuses Monday through Friday,” said Scoggins. “At this time, volunteers are not allowed to perform their assignments and duties at any VA North Texas facilities due to restricted access.”

And with staff not always having time to go and get something to eat, having food brought to them really means a lot and makes a big difference.

“The staff have been very appreciative of the support provided by our local community. It is very heartwarming that we’ve had so many individuals from the community who wanted to give back and show their gratitude and appreciation to our health care system.”

BOBBIE KAY SCOGGINS, CHIEF, VOLUNTARY SERVICE



WE ARE



PROUD

Veteran, employee, volunteer, family member — we share a common bond and a legacy of service to those who've borne the battle.

These are the Faces of Service.

The Faces of VA.

We are strong and we are VA Proud.

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
VA North Texas Health Care System