



WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE WE ALL HAVE A ROLE TO PLAY

It goes without saying that the world today is quite different from what it was just three short months ago. We are now facing a global pandemic with uncertain mortality rates and repercussions throughout our communities. Many of our physicians are helping fighting a life and death battle in our emergency rooms and intensive care units across New York State. Many of our physicians in private practice have needed to shutter their practices due to limitations on outpatient medical care. Every physician and individual in the state has been shook by this public health emergency. No matter your place in the healthcare ecosystem of New York, this emergency has been a call to arms for every physician.

First and foremost, our gratitude goes out to those physicians in our hospitals who are putting themselves at risk to care for those individuals most severely affected by the virus. They are truly living up to the mission of our profession and the oath that they took when becoming a physician. There is no way to repay these physicians for the service that they are providing to our friends and family.

While not every physician is needed at the front lines, every physician by virtue of our expertise and training retains the responsibility to continue to protect our population during this chaotic period. Our backgrounds allow us to cut through much of the conflicting news reports and bring clarity to our patients. It is important to maintain contact with your patients and reassure them as best as we can that their medical needs will be continued to be taken care of by their local and regional physicians. We must continue to support our colleagues fighting in the hospital setting with resources and supplies critical to the fight. We must support our local health authorities and their efforts to limit the spread of disease and control the morbidity of this outbreak. Most importantly, we must stand together as a united physician community to help guide our state and our country out of this unprecedented crisis. Stay safe and stay healthy.



DANIEL GOLD, MD
President, WCMS

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UPCOMING EVENTS

All Upcoming Events have been Postponed or Rescheduled at this time.

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FROM THE EDITOR...**PETER J. ACKER, MD**
TWO SCOURGES

I am like all physicians I'm sure watching the unfolding of the pan epidemic with considerable trepidation. There are multiple facets to this: fear of its unpredictability, concern about my patients, and worries about my own and my family's health. As has been pointed out by some commentators, it is decidedly different than other forms of disasters. I remember vividly after hurricane Sandy, walking up my street strewn with fallen trees, the humming of home generators and the sense of bon homie among the neighbors. Similarly after 9/11, we dealt with the fear of the future by reaching out to friends and neighbors. With this crisis, there is an increasing sense of isolation and we have to confront our inner turmoil at least six feet away from others.

Luckily, there is some solace in modern technology enabling us to be electronically connected. Crisis often brings out the best of us. I was heartened last Saturday when I was besieged with calls that all of my partners reached out to help. Unfortunately, it can bring out the worst in people. Reports of a Kentucky man massively hoarding hand sanitizer and charging huge sums of money went viral. And then anytime there are fears of the unknown, tribalism comes to the fore and conspiracy theories abound.

Because my age puts me in a high risk group, my younger partners suggested that I stay home for a while. I was a bit startled, thinking of myself as a hale and hearty man who works out several times a week. Besides, isn't there a proud tradition of physicians and other first responders putting themselves in harm's way? As I thought about it though, I reconsidered. Health workers need to take care of themselves. What good would it be if I contracted the disease and was out of commission indefinitely? It is hard to keep one's ego out of the calculations.

So I have been home for the last couple of days. I still have a fair amount to do –fielding calls, learning how to use the app for virtual visits, but I also have more time to contemplate. It is strange and unsettling to be middle of this unprecedented event during what I have to admit is at the twilight of my career. It has caused me to harken back to the beginning of my career.

I began my pediatric internship and residency at Bellevue in 1982. The year before in 1981, the CDC reported a cluster of five homosexual men with pneumocystis carinii pneumonia. Initially the disease was known as GRID or Gay Related Immune Deficiency. As it became increasingly recognized that more than 50% of cases were not gay related, its name was changed to Acquired Immune Deficiency Syndrome. At Bellevue, we began in the fall of 1982, to see young children with unusual infections. I remember one infant in particular who was my patient. Despite all our efforts, she got sicker and sicker. Drawing blood or replacing an

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STOP THE TRAIN

Elliot Barsh, MD

“We can all do something for one another, even if that’s simply staying home.”—Blake Lively

Hi everyone.

I think it is safe to say that the coronavirus pandemic has us *worried, stressed*, and feeling *anxious*!

The current *disruption, stress*, and *uncertainty* is unprecedented.

Helping patients live with the impact that stress and uncertainty have on our physical, emotional, and financial well-being is something we already know how to do.

Like a person, or patient, with a chronic illness, cancer, or terminal illness, the facts we know and the answers we have don’t address what we truly need.

Circumstances can leave us feeling *isolated* and *lonely*, when we need to feel *connected*.

Circumstances that are out of our control can leave us feeling *depressed, unsafe*, and *hopeless*, when we need to feel that we have *choices, hope*, and *possibilities*.

So let’s do what we already know how to do!

Let’s...

...generously *listen* to our patients with compassion and loving kindness.

...*work* with our patients and, *together*, take account of the complexities and uncertainties of what is happening, and help them generate openings and possibilities that they can hope for.

...*show* them what is within our control so we can act and begin to feel safe and secure again.

Together we can...

...*wash our hands*.

...*cough into our elbow*.

...*keep our hands off our face*.

...*personally distance ourselves when we are able to*.

...control our behavior and turn our anxiety into confidence!

The facts change daily, and the news cycle speeds along, but the hope we seek demands that we act. It is a power that we share. It is a natural expression of our common humanity.

Stay safe, stay connected, and thanks for reading.

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“Each of us has the capacity to embrace another person’s suffering.

We can have confidence in our kindness.” — Frank Ostaseski

<https://fiveinvitations.com/simple-human-kindness/>

We are not avoiding one another! We are all in this together!

How To Avoid Shaking Hands by Amy Gallo

<https://hbr.org/2020/03/how-to-avoid-shaking-hands>

We can extend a helping hand without shaking it!

From The New York Times:

The Handshake Is on Hold

And so is the hookup. Here’s how some people are dealing with social contact in the time of the coronavirus.

<https://www.nytimes.com/2020/03/06/style/self-care/shaking-hands-coronavirus.html>

“Hope is a gift you don’t have to surrender, a power you don’t have to throw away.” — Rebecca Solnit

Worry, Stress, and Anxiety.

From The New York Times:

Stress, Worry and Anxiety Are All Different. How Do You Cope With Each?

Have you experienced an increase in stress, worry or anxiety recently? What do you do to deal with it?

<https://www.nytimes.com/2020/03/11/learning/stress-worry-and-anxiety-are-all-different-how-do-you-cope-with-each.html>

When we deliberately make sense of our experience we can clarify our values and remember what we stand for!

<https://www.marcusbuckingham.com/rwtb/if-you-lead/>

We can even have a sense of humor about what is happening!



COVID-19: QUICK FACTS AND ESSENTIAL ACTIONS

Thomas Lee, MD

REALITY:

COVID-19 is a coronavirus, similar to the causes of common cold year after year, hence highly contagious, the distinction being that COVID-19 can cause pneumonia in a small portion of patients (specially elderly, patients with chronic disease and immuno-compromised hosts); COVID-19 resembles SARs, another coronavirus, which caused a smaller global outbreak in 2002. Current (3-26-2020) total worldwide cases stand at 495,086.

Metropolitan centers with close population contact/interaction, like NYC, San Francisco, Miami, are the disease centers. Haphazard compliance with personal hygiene and contact precautions in New York City resulted in case spiking, especially in the 18-45 age group. Dense population centers remain with large clusters of the disease. While cases in the clusters of disease have increased as testing become more prevalent, other areas with successful disease transmission interruption policies have seen cases stabilizing and lives returning to normal;

There are significant # of people who are carriers who can spread the disease, but may not become ill themselves; Death rate is currently about 1.4% in the U.S. (it was initially over 4%), but true rate is likely much lower. About 10% of the patients tested for coronavirus had positive results in the U.S. thus far, and such tests have thus far been performed mostly on highly suspicious cases. Clearly most tested people with respiratory symptoms have common colds, flu, hay fever, bacterial pneumonia, or other conditions rather than COVID-19. Less than 20% of test positive patients require hospitalization due to respiratory symptoms or other concurrent medical conditions;

There is no need to panic. Globally, there have been of **495,086** cases of COVID-19 to date, with **22,295** deaths (4.5%) as of March 26, 2020; that includes about **69,684** cases of COVID-19 in the U.S. with **1,049** (1.5%) reported deaths. One should **compare COVID-19 to the yearly flu season**, which infects **500,000,000+** people world-wide, with **250,000-500,000** associated annual deaths year after year, despite the availabil-

ity of flu vaccines and anti-viral agents. There has been well over **38,000,000** cases of **flu** in the U.S. alone this flu season (data through 3-14-2020, and the season has not ended), with over 390,000 associated hospitalizations, and well over **23,000** flu-related deaths in the U.S. alone, according to the CDC;

There is currently no clinically validated or approved vaccine or anti-viral agents for COVID-19, hence extensive testing in the asymptomatic folks may not be useful, except for tracking disease trend and epidemiology. Clinical trials are underway on vaccine(s) for coronavirus. Clinical treatment trial with hydroxychloroquine is also being performed at several centers across the globe. Current treatments are only symptomatic and supportive, or to treat secondary pulmonary complications.

WHAT TO DO PERSONALLY:

Assume everybody around you has COVID-19 and act accordingly, and be socially responsible;

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SOME SATIRE FOR A GOOD LAUGH...

AN ORTHOPAEDIC SURGEON EXPLAINS CORONAVIRUS—By Naan Detheraal—Originally published on Gomerblog.com

Time to kick Coronavirus' ass!

First things first, [ancef doesn't do shit](#) against COVID19. That's a huge bummer. The good news is that it doesn't target joints, bones or ligaments unless there are joints or ligaments in the bone aerators aka lungs that no one has told me about yet.

Here's what sucks, this damn virus is running around knocking off around 3.4% of the people that get it. That's a shade more than the percentage of orthopods who can spell "pneumocytes."

Where the hell did this thing come from? Wuhan, China is where it was first found. Apparently it came from bats and/or pangolins. What the hell is a pangolin? Its like a Walmart version of an armadillo but without the ability to grow leprosy on it's feet. Did some dude make a soup with a bat and set this whole thing off? Maybe. As a rule, bat soup is like cardio, it can only make you weaker.

The virus is an enveloped coronavirus that can be spread by symptomatic or asymptomatic carriers. I know what you're thinking, you're thinking "Ok Naan, how the hell do I know if I'm an asymptomatic carrier?" That's a damn good question The incubation time is around 14 days. So if you're near someone who gets sick, I guess you shack up for some solo Netflix and chill for a couple weeks until you either clear the virus or don't have symptoms.

What are the symptoms? Mostly coughing, half the people have a fever initially and most have a fever while they're sick but 1 in 10 people get the tummy troubles, maybe that's why everyone and their second cousins are snatching up butt wipe like I do gains in the hospital gym.

What about labs? Platelets and white cells drop like my mixtape at my quarantine party of 1. Liver functions, Creatinine, CRP, D-dimer and IL-6 pop up like they're on the bar

when I'm bench-pressing.

You like pictures? Of course you do, I've seen your Instagram. Stop the damn duck-faces, no one looks good with a duck face except for ducks. Anyways, get xrays and CT scans. Xrays are like intern biceps, hazy bilateral with less functional volume. CT scans are like a bar floor after last call, ground in glass all over.

Ok, now you're like "Naan, we think the professor in bed 16 has the Covid, now what?" Step 1; isolate the patient. Send them to a Nickelback concert or some other place with no one around. Step 2; mask and gown on the patient. Step 3; Test them early. Step 4; chill out with the fluids, Coronavirus isn't like my cousin from Chicago, it can swim and your patient's lungs cant. Step 5; Stick a breathing tube down their trachea if you need to. Step 6; pretend it's Easter and let the PEEPs fly! You can even flip the patients over if you want, just make sure their face isn't stuck into a pillow or something. That seems like it would be counterproductive.

We've got drugs for everything from floppy weiners to balding, there has to be a medication for this, right? Maybe. Some really smart nerds are trying to figure this out. Chloroquine may help, steroids may help, Remdesivir and Tocilizumab may help but we're not sure. ACE inhibitors and ARB's may help, or they make things worse. Its confusing as hell at least for dumb ortho guys like me. That's why I'm leaving this to the experts until they need me but trying to learn as much as possible along the way.

"Someone on the spacebook said its like the common cold, so nothing to worry about, right Naan?" Wrong-o friend-o! Like we said earlier, 3-4% of people die. Who's most likely to die? People who were sick beforehand, obese patients, old people, and those with chronic illnesses like diabeetus, COPD, heart disease, and even hypertension. The biggest factor seems to be age. If you're over 80, 15% odds of dying if you get it. 70-80 is about 8% and 60-70 is 3%. If you're under 60, 1% or less. So be young if you can, if you can't pray the young people are smart!

(Continued on page 15)



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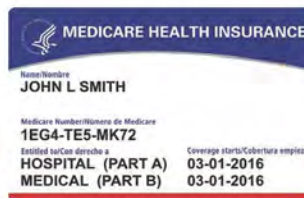
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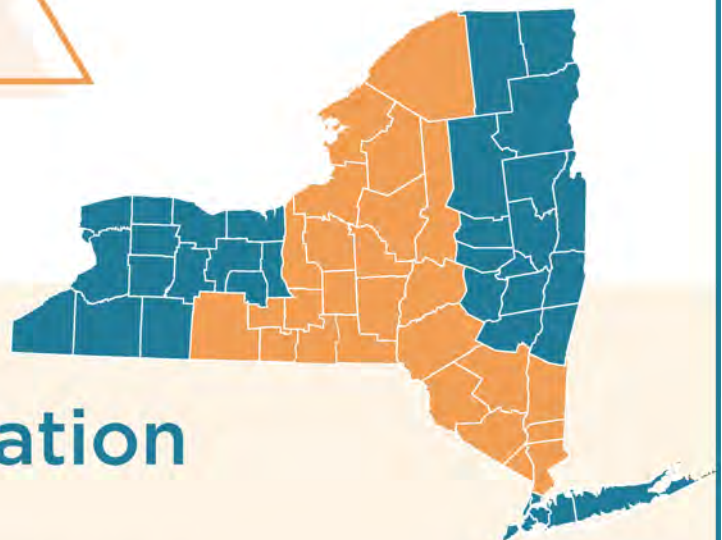
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FROM THE EDITOR...

PETER J. ACKER, MD
TWO SCOURGES

(Continued from page 2)

IV in her became a dreaded task for all involved and I remember struggling sometimes up to an hour, ungloved in what was typical during that halcyon era and afterwards scrubbing off all the blood from my bare hands. Only in retrospect, did we recognize that she represented one of the first cases of pediatric AIDS, usually contracted at birth. Two years later, a pediatric AIDS clinic was set up at Bellevue.

In some ways, that era resembled America pre 9/11. Though the AIDS crisis intruded upon the public consciousness far more slowly than the terrorists attack upon the World Trade Center, there are, I think, some real similarities: the sense of an undetectable enemy, a similar kind of fear. AIDS changed our feeling of safety and brought an abrupt halt to the notion of sex without consequences which had blossomed on the college campuses of the 60's and 70's after the advent of oral contraception. Potential lovers were scrutinized suspiciously in the same way that thirty years later air travelers uneasily eye fellow passengers of Middle Eastern appearance and

today we look nervously at an Asian individual letting out a sneeze. The AIDS virus is the ultimate bioterrorist, sneaking into our bodies undetected, biding its time in patient preparation for its assault on the immune system. COVID 19 is cruel in a different way, sparing the majority of serious disease, but striking the vulnerable with fury. In addition, it's promiscuous in seeking out new hosts and spreading fear at light speed compared to the AIDS virus as it encircles the globe.

So my career strangely and improbably is bookended by two seminal epidemics, each quite different, but eerily similar at the same time. Stay well all.



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COVID-19: QUICK FACTS AND ESSENTIAL ACTIONS

Thomas Lee, MD

(Continued from page 5)

Practice good personal hygiene: washing hands with soap and water for > 20 seconds or use alcohol based hand sanitizers regularly after contact, regularly wipe down surfaces of contact;

Maintain inter-personal distance (at least 6 feet is optimal) and avoid contact with sick people: wear a mask if available to protect others from you if you are ill, and possibly you from others who are sick. Remember that you may carry a viral illness without noticing it;

Call your medical doctors for advice and utilize telemedicine instead of just showing up at the clinic or hospitals, unless you have severe respiratory symptoms possibly requiring treatment and hospitalization.

WHAT I WOULD LIKE TO SEE THE GOVERNMENT DO:

Speed up manufacturing of personal protective equipment (masks, gloves, gowns) and supply items directly to the end-users (the healthcare and public health facilities) to protect the healthcare workers; Distribute regular masks to all citizens to be reused weekly (masks could be sterilized in the sun/by UV naturally when not in use);

Shift policy and efforts away from testing and focus more on disruption of disease transmission, since there is no specific treatment for the COVID-19 virus itself. The only exception is to speed up the timing of COVID-19 test results to an hour or below, which would unclog the congested hospital ER and in-patient beds so medical professionals and potential patients are not waiting around without clear treatment direction;

Focus economic assistance and stimulus on the essential service workers (150%-200% pay for employees to encourage uninterrupted services at the hospitals, utilities companies, grocery stores, pharmacies, gas stations, banks, food industries, as well as infrastructure transport workers like truckers, delivery persons, shelf stockers, freight pilots, train

conductors) and displaced/laid off workers. Broader consumer stimulus such as \$1000 per person cash payment/rebate probably does not help much as most (government workers, teachers, and others who are working remotely) are still getting a paycheck and most retail and entertainment outlets are closed anyway. There is nowhere to spend the money. Some truckers are already threatening work stoppage because of the lack of food or bathroom service on major highways. Many food service companies have already shut down as owners cannot find employees willing to work. If there is prolonged lockdown and the above essential services are interrupted, mass panic will ensue. You can do your part by encouraging and rewarding workers to remain on the job, by tipping the workers and service providers at the food establishments, gas station, etc;

Support of industries like airlines, transport and other infrastructural companies are essential and reasonable and should be implemented. This should be done with the aim to facilitate infrastructural preservation and economic recovery after COVID-19 plateaus, and people resuming their lives;

Incentivize and diversify healthcare supply chain to possibly repatriate manufacturing of vital healthcare products such as personal protective equipment and pharmaceutical items especially antibiotics back to this country, such that supply chain would not be severely interrupted in the future epidemics or healthcare emergencies.

A DIFFERENT APPROACH?

In our democratic society, perhaps we should consider a different approach of dealing with such potentially recurrent viral illnesses. We did not shut down the country or world year after year when the flu epidemic or swine flu (2009) killed hundreds of thousands of people globally. Flu season also returns every year. We must learn from other countries which have successfully dealt with such pandemics. A public health approach to prevent disease dissemination is needed, and is favored over treatment of the disease. We all need to strive to be good citizens. In democratic countries like Singapore and

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COVID-19: QUICK FACTS AND ESSENTIAL ACTIONS

Thomas Lee, MD

(Continued from page 11)

Taiwan, almost all citizens wear face masks during a viral infection epidemic to reduce droplet transmission. Personal hygiene and contact precautions are emphasized and strictly observed by almost all people. Individual cleaning of spaces and objects around them and cleaning in the public transportation/spaces by public service crews reduce chances of contact transmission. Peer pressure motivates and drives the non-compliant citizens into compliance. Law enforcement is reserved for recalcitrant or repeated offenders who harm themselves and others around them. Businesses remain open and daily life/economy is marginally affected. There has to be a better way. We cannot afford to continue disrupting the world and all our lives with current measures. All public health officials, epidemiologists and medical professionals would

generally agree that disease prevention is more effective than disease treatment under these circumstances in reducing the human and economic tolls.



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OUR BEST DEFENSE AGAINST COVID-19?

SCIENCE—By PATRICE A. HARRIS

The United States gained a grim distinction in the world this week when it officially [overtook Italy and China](#) as the country with the most confirmed cases of Covid-19. Time is not on our side in the fight against this sweeping pandemic. As physicians, nurses, and the entire health care community work courageously to turn the tide against Covid-19, our singular goal is to save as many lives as possible.

In suggesting that people could begin returning to their normal routines [around Easter](#), President Trump has set up a false choice by pitting the health and safety of the American people against the economy.

The choice we face in this crucial moment is not between public health and the economy. The choice is between listening to science and saving lives or ignoring science and losing lives. The choice is between working together across the country to defeat this virus or letting it kill our grandparents, parents, and neighbors.

If we do not act in a sustained way to stay home collectively — following the counsel of trained physicians, nurses, and public health officials — we will overwhelm our already taxed health system. Choosing drastic measures to [flatten the curve](#) of this virus is a stark choice.

This isn't to suggest that economic considerations aren't important in a health emergency or that people aren't already experiencing serious financial hardships because of this pandemic.

But a national directive to send people back to work early would not only create confusion with existing policies adopted by the states, but would likely apply disproportionately across race and class lines, sending some of our most vulnerable populations back to work and imperiling their lives.

It would expose more people to the dangers of Covid-19, require the need for more hospital beds and ventilators, and ramp up pressure for more protective equipment for health providers. Such a scenario is frightening to consider and would inevitably result in more death and suffering.

Simply put, the best long-term strategy for economic recovery is to stop the spread of the virus. A healthy economy relies on a healthy workforce.

We've reached a critical stage in the battle against Covid-19 and health experts have laid out a number of scenarios that can alter the trajectory of the outbreak depending on how society commits to physical distancing. Public health experts indicate that strict physical distancing is our best chance to slow the pandemic.

Relaxing physical distancing too soon represents the most serious and direct threat to public health and would likely result in far greater the number of deaths.

Fifteen days of physical distancing is not enough to defeat Covid-19. We cannot rush this effort. There is no skipping the hard work it will take to fully recover from this immense health emergency.

Public health experts, physicians, and scientists know that physical distancing works. More than 100 million people in the U.S. are already adhering to their local and state guidelines to shelter in place or stay at home. They're still maintaining meaningful connections with friends, family, and loved ones through video chats, social media, or simply by phone. Physical distancing doesn't have to mean the end of socializing; we just need to do it at a safe distance.

While some states have been leaders in this effort, many have not yet put such physical distancing restrictions in place, which threatens to prolong the battle against Covid-19. We need everyone in this effort, committed to ending this pandemic as soon as possible.

Our only chance to win this fight is to slow the spread of Covid-19 and give health professionals the necessary time and resources to care for those who need it. We must unite as a country around this effort. We have no other choice.



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LOBBY DAY RECAP

On Wednesday, March 4, 2020 MSSNY held its annual Legislative Day event. The Westchester County Medical Society represented the physician membership with a group of 10 physicians. MSSNY held an informational session for the morning program that included a legislative update by Morris, Auster, Esq., Senior Vice President and Chief Legislative Counsel MSSNY and a panel to discuss *How to address huge deficits while protecting patient access to their physicians*. On the panel were New York State Senators Gustave Rivera and Neil Breslin along with Assembly members Richard Gottfried and Kevin Cahill. COVID-19 was just beginning to make its way into New York at this time, so it was a very important topic of discussion throughout the day. Other speakers included Arthur Fougner, MD, President MSSNY; Bonnie Litvack, MD, President-elect MSSNY; Paul Pipia, MD, Chair Leg & Physician Advocacy Committee MSSNY; and William Latreille, MD Speaker, MSSNY House of Delegates

- The Westchester physicians along with Janine Miller, Executive Director were able to meet with many of our local legislators and their staff people including Senators Mayer, Serino, Stewart-Cousins, and Biaggi and ; Assemblymen Byrne, Abinanti, and Buchwald; and Assemblywomen Paulin & Galef. Our group spoke about the importance of some of the items in the Governor's budget including: As previously announced, expanding the information that can be made available during a physician disciplinary process and to make it easier for the Commissioner to summarily suspend a physician license during a disciplinary investigation
 - Expanding the information on the physician profile to include office hours, whether accepting new patients and insurance participation information
 - Legalizing, regulating and taxing the production, distribution, transportation, and sale of cannabis.
 - Expand the list of adult immunizations that can be provided by pharmacists
 - Expand the existing physician-pharmacist collaborative drug therapy program

We appreciate all of those physicians who took time away from their patients to join us up in Albany. The work that they do on behalf of all the members of WCMS and New York State physicians is invaluable.



Center—Assemblyman Kevin Byrne with WCMS members taking a tour of the Assembly Chambers



Thomas Lee, MD; Rubina Heptulla, MD; Assemblywoman Sandy Galef; Janine Miller; Andrew Kleinman, MD; & Daniel Gold, MD

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SOME SATIRE FOR A GOOD LAUGH...

AN ORTHOPAEDIC SURGEON EXPLAINS CORONAVIRUS—By Naan Detheraal—
Originally published on Gomerblog.com

(Continued from page 6)

“Naan, I’m a 26yr old MS3 ready to set the world on fire. I’m basically immortal against the Wuhan Flu’s charms. I’m going out! YOLO not FOMO!” Shut your little millennial mouth and get back inside!

You may not die from it, but you could pass it to someone who very well may. I swear on Thor’s almighty mallet Mjolnir and everything holy, if you knock off my grandma because you won’t stay inside, I will crush you like I do leg day! You’re not staying inside and keeping distance for yourself as much as you are for all of our grandparents.

Got it? If you got it, stay away from people unless you’re really sick. If you don’t have it or don’t think you have it, stay home unless you’re working to help those who have it. If you’re not working in healthcare, help those who are. Watch their kids, bring them food and otherwise avoid crowds and try not to add to the damn problem.

Questions? Ask an actual Infectious Disease Doctor like Dr. Ryan Maves in San Diego. Dude’s wicked smart, massive biceps in his brain fo sho!

The sooner we kick Coronavirus’ ass the sooner I can get back to doing elective joint replacements which makes me, my patients and most importantly, my mallet happy! Naan out!

