

NEWSLETTER

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The COVID-19 Pandemic: What do we know and where do we go from here?

Kyle Heber, MD



As it stands the day I write this article, our world of nearly 7.6 billion occupants has thus far suffered 21.8 million confirmed cases of COVID-19 resulting in over 772,000 deaths (0.01% of our current world population). The United States continues to top the list with over 5.4 million cases (one-quarter of the global total) and over 170,000 deaths thus far. To help put this in perspective, we can look at two other well-known pandemics caused by different respiratory viruses: the H1N1 influenza (“Swine Flu”) of 2009 and “The Spanish Flu” of 1918.

The 2009-2010 influenza season is known for the H1N1 strain that caused 60.8 million cases within the U.S. alone; however, this resulted in only about 12,469 deaths in our country. It is estimated that 284,400 people globally died of this infection (between 0.001% and 0.007% of the world population) over

its course of about 12 months. In contrast, the 1918 influenza pandemic raged for 14 months, infecting an estimated 500 million people (over one-quarter of the 1.8 billion people on the planet at the time) resulting in roughly 50 million total deaths (nearly 3% of the world’s population); 675,000 of which occurred in the United States.

Through this lens, our battle against SARS-CoV-2 falls in the middle. So far, it has not proven as incredibly contagious and deadly as the terrible Spanish Flu, yet much more dangerous than our most recent global pandemic with H1N1. The vast differences in medical care and infection control standards across the span of a century make it difficult to draw direct comparisons to The Spanish Flu. It is possible that without our modern medical capabilities we would be in a global situation much closer what happened in

1918, but this is not certain.

One of the great challenges people and physicians face with this virus is how differently it can behave. Many patients suffer a few days of mild fatigue, muscle aches, headache, cough, congestion, loss of taste and/or smell or no symptoms at all. Others become modestly ill for a few weeks with more intense symptoms more akin to the flu and are more likely to seek outpatient medical care. A smaller group progress from this moderate stage to severe illness and require hospital-level care, some of whom do not survive despite our best efforts. Still a small subgroup of people who recover at home or after a stay in the hospital can have ongoing symptoms of illness for months afterward. They do not seem to be actively contagious, but continue to suffer from ongoing inflammation in their bodies causing persistent symptoms like extreme fatigue, weakness and shortness of breath that we do not yet fully understand how best to treat.

The hallmark risk factors for severe COVID-19 illness have been well publicized: older age (55-ish or greater), high blood pressure, diabetes, coronary artery disease, congestive heart failure, COPD, asthma, kidney disease, obesity. Yet these risk factors do not guarantee who will become severely ill and who won't. There have been numerous cases of individuals in excellent health falling severely ill. Many of these survivors have publicized their struggle against this virus on social media, as well as their regret in failing to heed public health warnings because they were considered low risk. Alternatively, some patients considered to be

high risk by the criteria above have a relatively uneventful course with their COVID-19 illness. They fall mild to moderately ill, but recover at home with supportive care and guidance through frequent outpatient telemedicine visits. I am certain I am not the only physician happy (and sometimes surprised) to have managed several of these elderly patients with advanced heart, lung and kidney problems in this way without them ever needing to set foot in an emergency room. These inconsistencies are leading physicians and scientists worldwide to continue to the search for other explanations as to what makes on truly high risk of severe COVID-19 infection.

Children and adolescents pose a different puzzling matter: the Multisystemic Inflammatory Syndrome in Children (MIS-C). Patients under the age of 21 have been known to present with a severe illness causing inflammation in numerous organ systems that can include the heart, lungs, kidneys, blood vessels, stomach, intestines, skin and eyes. Sometimes this is how they first declare their COVID-19 infection; however, often it seems they recently were sick with a mild case or never had any symptoms at all, but develop this severe illness later on once their immune system has developed antibodies that fought off the initial infection. Although children suffering MIS-C are incredibly sick, usually requiring intensive care, this illness seems to be relatively rare (about 2 cases for every 100,000 COVID-19 illness under the age of 21) and these young patients have good chances of recovery with early recognition of the illness and aggressive supportive treatment.

Care for patients suffering COVID-19 infection is entirely dictated by where they fall on the broad spectrum of sickness that I mentioned before, and the best treatment regimen at each level of care is still uncertain. The standard of care for those who have mild illness remains supportive by focusing on patients' hydration and nutrition and treating their symptoms (cough, fever, shortness of breath, muscle aches, nausea, headaches, etc.) through over the counter as well as prescription medications. Much has been publicized regarding the combination of hydroxychloroquine, azithromycin and zinc use in the primary care setting to speed recovery and prevent progression to severe illness requiring hospitalization. Hydroxychloroquine has been touted both as a treatment and preventative drug based off of "test tube" studies showing how it SHOULD work against SARS-CoV-2. Disappointingly though, most studies have found it to have no effect on what truly matters when evaluating a potential treatment: helping patients recover faster or preventing them from becoming sicker. Some trial results have even suggested it does more harm than good.

Other medications we already have are being repurposed and studied to try and help severely ill hospitalized patients survive. The commonly used steroid dexamethasone has been shown to be beneficial in hospitalized patients and has become common practice in treatment, but this is often not sufficient alone. The antiviral drug Remdesivir continues to show promising results and is recommended by the CDC guidelines for use in any patient

hospitalized and requiring any amount of supplemental oxygen in order to prevent progression to severe respiratory failure and shorten the course of the illness. Convalescent plasma (intravenous serum of antibodies obtained from the blood of patients who have already recovered from the illness), has been a commonly used practice for decades in treating new viral infections; however, different studies have come to opposite conclusions as to whether it is helpful. All of these agents, and dozens of others, are continually being investigated and reinvestigated worldwide to definitively prove what works and what does not. The jury is still out, but we will find the solution. Simultaneously, other physicians

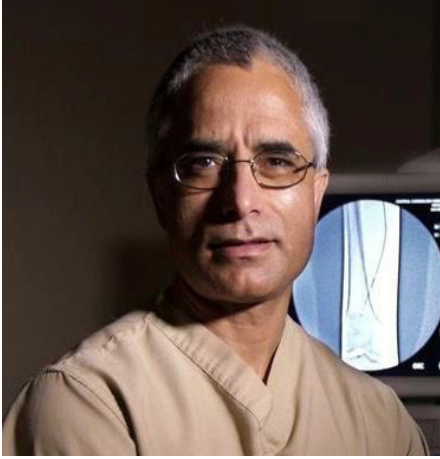
and scientists are focusing on preventing illness from SARS-CoV-2. Several vaccination trials continue to move forward and we hope to soon have an immunization strategy that will help protect people from this disease. This will still take more time to develop and even more to deploy it on a large enough scale to stem the tide of this virus. Additionally, vaccines have become a very contentious issue that many people may refuse based on their beliefs that they are ineffective or unsafe. This has led investigators to search for new and innovative ways to prevent the spread of COVID-19. UCSF has been working with small proteins called nanobodies that can be inhaled daily to bind up the virus

and render it unable to infect a person who is exposed to it. The combination of all of these efforts will lead us to a solution that helps us move past this pandemic.

We do not yet know what life will look like in 1, 2 or 5 years from now, but it is our goal that we will not include millions of people living in fear about going to the grocery store or hugging a loved one on their birthday. In the meantime, it is everyone's responsibility to continue doing their part to prevent further spread of the virus: wash your hands, wear a mask, don't gather in large groups and continue to protect yourselves and your loved ones while science works to restore our "old normal".



Community Voices: Vaccine Too Soon? - Brij Bhambi, MD



Contention, chaos, COVID. An utter lack of clarity. 2020 used to have a different connotation. The same haze is obscuring the scientific soundness of the warp speed endeavor to develop a safe and effective vaccine. Let the rush to judgement be undergirded by ground reality.

Numerous pathways have been proposed and variably adopted in different parts of the globe with the endgame of restoring normalcy to life. Evolving pharmaceuticals have significantly blunted virus lethality. So has segmentation of the vulnerable. However, inconsistent adherence to fact-based recommendations, uncoordinated approaches and cultural divides have generated a spectrum of outcomes. Even successful outcomes in some parts of the world are perched precariously as the virus and the vulnerability abound. The final common pathway to salvation has vaccine stamped all over it.

COVID-19 has widely heterogeneous clinical manifestations, concentrating lethality in vulnerable among us. So far Kern County has suffered COVID-19 related death toll that's nearly 15 times the average flu season. Thankfully,

unlike the flu virus, COVID-19 has much greater genetic stability and less propensity for antigen drift or mutations. Multiple studies have demonstrated fairly durable immunity even after asymptomatic infections. Taken together, these factors reinforce optimism in the development of an effective vaccine.

The vaccine aims to protect the immunized from infection, lessen infection severity and prevent transmissibility. The immunized prevent spread of infection by being a biological barrier — the concept of herd immunity.

Warp speed efforts have coalesced governmental, industrial and scientific resources in to a harmonious endeavor. By harnessing existing technology platforms, repurposing vast vaccine platforms (like Serum Institute of India) and breakthrough discoveries, we are tantalizingly close to one, possibly more successful vaccines.

Moderna synthesized a viral genome of COVID-19 within 48 hours of its release by China. Warp speed is right.

Political colors will tend to stain the purity of this life sustaining collaboration. Shared conviction in the scientific community runs counter to these concerns. There is every evidence that safety and efficacy are not being martyred at the temple of expediency. Recruitment of prominent nonpartisan scientists as vaccine ambassadors and a transparent audit of data will further alleviate these apprehensions.

Beyond a successful vaccine, issues of trust deficit and logistics of widespread inoculation need to be attended to urgently.

Life yearns normalcy. My left shoulder awaits the painful poke of the vaccine that can't come soon enough. And while I'm at it, so long 2020, you can't end soon enough.



COVID -19 Pandemic and Mental Health - William Baker, MD

The COVID-19 pandemic has brought many changes in our lives. What was once predictable is no longer. Infection with Covid-19 or the threat of infection, economic uncertainty, social isolation imposed by quarantine, public health measures that infringe on personal freedoms, altered daily routines, information overload, rumors, misinformation and conflicting directives from authorities have contributed to widespread emotional distress, anxiety and uncertainty. The impact on our mental health may be profound. Understanding the threat and implementing self-care strategies can help us to endure this difficult time and emerge with both our physical and mental health intact.

Public health emergencies impact the health, safety and well-being of the individual and communities. "Conventional" natural disasters predispose to PTSD as the result of exposure to trauma. The mental health impacts of the COVID-19 pandemic include widespread feelings of stress, anxiety, sadness, and loneliness. Mental health disorders of anxiety and depression may be worsened or newly emerge. Individuals especially vulnerable to the psychological effects of the pandemic include those who contract the disease, those at increased risk (40 years and older with comorbidities such as diabetes, uncontrolled hypertension, diabetes, asthma, chronic lung disease, individuals 70 and over, people with immune compromise, those living or receiving care in residential care facilities). As well, those with substance abuse, preexistent psychiatric disorders and

healthcare providers are especially vulnerable to develop adverse psychosocial consequences from the Covid pandemic.

Children and young adults are especially vulnerable to adverse mental health consequences. Currently 99% of the world's children live in some form of pandemic-related limitation of movement and 60% live in countries with partial or complete lockdown and at least 1.5 billion children are out of in-person school. In the United States world-wide, the poorest children are dependent on school meal programs as the only source for nutrition. It has been well documented that social isolation and high levels of stress in children not only lead to mental health disorders but can affect brain development. Nearly every aspect of children's lives has been affected, including physical health, development, learning, behavior, family economic stability and their personal protection from violence and abuse.

While we are dependent on our scientists, public health and government officials to guide our recovery from the pandemic, we are not powerless to protect our mental health. Doing so requires a plan of self-care focusing on our body, our mind and our social interactions.

Take care of your body

- Get enough sleep – preferably 8 hours per day on a regular schedule
- Regular physical activity – movement such as dance or indoor exercise routines or best of all walking outdoors

- Eat healthy – balanced diet limiting junk foods

- Avoid tobacco, alcohol and drugs

- Limit screen time – especially turn off devices 30 minutes before bed

- Relax and recharge – set aside quiet time for yourself and practice this regularly

Take care of your mind

- Keep your regular routine – regular bedtime, regular mealtime, regular work and study schedule

- Limit exposure to news media – constant news about Covid-19 heightens fears about the disease and its adverse effects; social media can spread rumors and misinformation; keep up to date on local and national recommendations especially from reliable sources such as WHO and CDC websites

- Stay busy – hobbies, new home projects, clean out that neglected closet

- Focus on positive thoughts – emphasize things you are thankful for and maintain a sense of hope

- Use your moral compass or spiritual life for support

- Set priorities – set reasonable goals you can achieve each day

Connect with others

- Make connections – avoid social isolation using virtual connections each day

- Do something for others –

find purpose in helping those around you (following guidelines regarding social distancing and group meetings)

- Support a family member or friend – stay in contact with someone who is ill or seems to be isolated

When to get help

- Feeling stress is normal. Sometimes, despite your best

efforts, symptoms become overwhelming and medical intervention is needed.

- Symptoms of depression or anxiety needing treatment – persistent symptoms of helplessness, sadness, anger, irritability, anxiety or fear; difficulty concentrating on simple tasks, difficulty sleeping, changes in appetite, difficulty facing routine daily activities

- Get help - call your primary care physician or mental health provider, spiritual leader, employee assistance program

IF YOU ARE FEELING SUICIDAL OR THINKING OF HURTING YOURSELF- CALL A LOCAL SUICIDE HOTLINE OR THE NATIONAL SUICIDE PREVENTION HOTLINE AT 1-800-273-6255

Show Your Team Spirit – The Backyard Tailgate Way

By Bakersfield Heart Hospital

There are plenty of activities synonymous with college football, but the one that brings more people together is the traditional tailgate. For decades, Saturday mornings meant piling into the car, finding the perfect parking spot and setting up to ensure the ultimate tailgate included games, grilling, and comradery with fellow fans before kickoff.

Since mid-March, college sports have been put on hold due to the coronavirus pandemic and everyone is encouraged to social distance. But there's no need to stop the tradition – you can still host a tailgate party for you and your family.

How is that possible, you might ask? Well, it's simple. Throw a team inspired "tailgate" of your own in the comfort of your own backyard by following these 5 simple steps.

Step One: Plan Your Menu

The good news is you don't have to worry about keeping hot foods hot and cold foods cold because you have your oven and fridge just steps away. But if you want to get the real feel of the tailgate then:

- Select a majority of menu items that are best at room temperature
- Serve only one or two high-maintenance foods that need to be kept hot or cold. For hot items like barbecued ribs, brats or burgers, a mini Weber-style grill can be a great tool for a small investment. When serving dips or mayo based salads, place the bowl in a larger bowl of ice to keep them cool.

Step Two: Make Your Own "FanZone"

If you want to tailgate right, pull out that team tent, set it up in your backyard, hoist up the team colors and pull out the Cornhole game or football to toss around.

You have to dress the part, too! Jerseys, pom-poms, face paint, whatever gets you in the mood. It's up to you, and it's your job to really sell your backyard tailgate as the next best thing to being there.

Step Three: Find the Perfect Playlist

There's no way you can tailgate without a music playlist that puts everyone in the mood. Try mixing some of the top billboard songs with songs played at the stadium if you want to start a rally. Be sure

to have your favorite team's fight song ready to play loud and proud on every touchdown.

Step Four: Connect Virtually

One of the main reasons people tailgate is for the camaraderie. Connecting on social media using Facebook Private Groups, or video apps like FaceTime, or Houseparty and website like Zoom can be a great way to get the same feel while practicing social distancing.

Step Five: Find Your Favorite Game to Re-Play

Take your TV to the patio, hook it up to YouTube and find a great game to replay. An old game isn't the same as a new season, but it will surely get the team spirit flowing. And the bonus: your team wins... again!

The best thing about catching the game at home in a backyard tailgate party? No lines at the bathroom and no long drive home.



Cardiac Rehab in the COVID-19 Era - Kelsey Reason, CEP



The COVID-19 pandemic has certainly left us all wondering what activities, where, and with whom are safe. Dining in an outdoor patio or parking lot is allowed but eating indoors is hazardous. Going to the grocery store is necessary so we brave the risk but perusing Target's "dollar spot" for things you probably didn't need anyway is something that can wait until this all blows over. Being around family because you regularly babysit the grandkids is just how things have to be but spending time with friends is out of the question. These regulations and rules about what is acceptable and what increases your risk can cause you to question whether or not it is safe to attend cardiac rehabilitation at this time. After all, the gyms are closed and what sense does it make to risk exposing myself at the hospital two to three times per week? Exercise is beneficial for your physical and mental health and cardiac rehabilitation is recommended by your doctor especially after a cardiac procedure. The Bakersfield Heart Hospital Cardiac Rehabilitation Center has taken a number of additional precautions to ensure that you are able to receive exceptional post cardiac event care in a safe environment. All patients and visitors are required

to wear a mask upon entering the hospital and are screened for COVID-19 symptoms verbally when having their temperature taken. Our department has always been meticulous with our cleaning habits however in light of COVID-19 we have been increasingly diligent and now escort the patients back to the gym once we have ensured all equipment is properly cleaned and to avoid cross contamination between classes. Patients are asked to use hand sanitizer upon entering and departing the cardiac rehab gym. Patients in cardiac rehab used to be able to mingle freely throughout the gym and would use multiple pieces of equipment throughout their exercise session. We have since adopted a model that ensures social distancing as the gym has 5 appropriately spaced stations that contain cardiovascular equipment, a chair, and a box for personal belongings. The patients continue to wear their mask until the exercise portion begins and are encouraged to continue wearing the mask throughout exercise if they are able to do so. Resistance training equipment, water, and a towel are distributed to the patients by the staff. Our Cardiac Rehab staff are required to be screened each day in the same

manner as patients and visitors, sanitize or wash their hands often, wear masks continually throughout the day, and maintain social distance as much as possible. Patients are also instructed during their orientation appointment about how they are to proceed should they develop symptoms, test positive, or are exposed to someone who tests positive for COVID-19. These patients do not lose their spot in cardiac rehabilitation but are asked to quarantine as recommended by the Public Health Department. These new implemented procedures have been well received by the patients who have reported the immense social and physical benefits of participating in cardiac rehabilitation during this pandemic. Many patients have stated that they feel very safe while exercising in the cardiac rehab gym and are grateful for the opportunity to continue their recovery despite the unique circumstances of the year.

It's safe to say that this is not the way anybody planned for the year 2020 to turn out, but we are all finding that you have to do your best to make the most out of the course we have been set on. I'd venture to say that this year has been just like experiencing a cardiac event – not something you ever planned on happening but hopefully it is the start of a healthier lifestyle going forward. There can be good attained through the unfortunate event of a heart attack, stent placement, valve repair or replacement, heart failure, or heart transplant. Though 2020 hasn't been our favorite year, don't let it stop you from taking care of yourself and your heart health!

Colchicine Coronavirus SARS-COV2 Trial (COLCORONA) - William Baker, MD

The COVID-19 Pandemic in the United States has been documented in 6 million Americans and over 195,000 have died as a result of the illness. The economic consequences are severe, as businesses have been forced to close in order to slow the rate of infection. Our daily life has been dramatically altered as our first thought every day is how to avoid infection and at the same time how to avoid infecting our loved ones if we are unknowingly infected and spreading the virus. What it comes down to is we wear a mask, practice social distancing, wash our hands and HOPE.

The scientific facts are that there is no proven cure. In spite of all the dizzying rhetoric from the internet and the news, it is clear that nothing prevents us from becoming ill if we are exposed. Although there is evidence that if given within the first 3 days of illness convalescent plasma (plasma-containing antibodies from previously infected individuals) might work, solid scientific proof of this is lacking. The antiviral agent remdesivir shortens the time to recovery by about 4 days if given early in the most seriously ill but firm data are lacking which prove a clear mortality benefit. The anti-inflammatory steroid dexamethasone reduces the risk of death by about 12% once a patient is on a ventilator due to severe lung inflammation and by about 3% if a patient is on oxygen but not a ventilator. Ill patients not on oxygen had a 3.8% higher mortality rate if given dexamethasone. As we wait for a vaccine, all we know that works is prevention.



There is a new approach which offers hope that when initiated early, can prevent the severe immune response, known as a cytokine storm leading to COVID-19 death and disability. As the Regional Principle Investigator, I am pleased to announce the COLCORONA TRIAL, recruiting individuals newly diagnosed with COVID-19 infection. This trial is a double-blind, randomized, controlled, multinational trial with Principal Investigators from New York University, Canada and France. The trial is funded by the NIH, Quebec Government and the Gates Foundation. The design of the trial follows the "gold standard" for clinical research. Once the results are known from 6,000 study participants, we hope to know if the drug colchicine, which powerfully inhibits the pathway of human immune response the coronavirus triggers, can reduce the risk of hospitalization and death. Eligible for participation in the study are the most vulnerable patients – outpatients age 40 and over with high risk conditions including age 70 and older, obesity, uncontrolled high blood pressure (systolic blood pressure over 150), asthma, chronic lung disease, diabetes, heart failure, coronary artery disease, and fever over 101.1 degrees in the last 48 hours. There are few exclusions other than pregnancy.

As most Americans, physicians

are faced with frustration and at times despair, knowing that our newly diagnosed COVID-19 patients need help, but all we have to offer is words of guidance regarding when to go to the hospital and simple measures to make them more comfortable. Now, with COLCORONA, we have the opportunity to actually DO SOMETHING. While the randomized nature of the trial means that not everyone will receive the trial drug, there is a strong scientific basis on which to believe that those who receive the active medication will benefit. Moreover, Kern County physicians and residents have the opportunity to rapidly advance the scientific understanding of COVID-19 illness and to play a role in potentially saving millions of hospitalizations and possible deaths.

If you, a loved one or acquaintance are newly diagnosed with COVID-19, please contact our Research Coordinator immediately. We must receive notice within 24 hours of your diagnosis and begin your treatment within 48 hours. Please help us help you and our fellow citizens. Contact Ritika Sharma at Hotline 661-716-4751 rsharma@centrichcare.com, or cell 661-747-5795. You will be contacted and provided with all necessary information for enrollment.

Sports During The COVID-19 Pandemic - William Baker, MD



The COVID-19 Pandemic has affected all aspects of what was previously considered to be “normal” life. The death toll in the United States alone is over 195,000. The impact on the economy has resulted in loss of employment for millions of Americans. Students from K-12 to college have had the course of their education altered. Compared to the dire consequences of COVID-19 infection for so many lives, the impact on interscholastic, collegiate and professional sports seems insignificant. Worldwide as in the United States, whether volleyball, soccer, golf, football, basketball or baseball; sports is part of the fabric of our culture. Resumption of athletic competition in a way serves as symbol and guide for our way forward from this devastating scourge.

As there is no vaccine to prevent COVID-19 infection and no cure for the illness, management continues to rest with prevention. The principles are well understood since COVID-19 is primarily transmitted by person-to-person contact. Social distancing and the wearing of masks prevent droplet transmission from one person to another. Balls, bats, training rooms and equipment might potentially be contaminated with virus-laden droplets allowing survival of

COVID-19 and consequent spread from one person to another. The close proximity between teammates, coaches and staff typically present in the training room and other facilities make social distancing and the wearing of masks difficult. Practice as well as competition present other challenges to prevention of viral transmission. Each sport and each level of competition have developed unique approaches to allow resumption of games.

Surveying the United States has revealed a wide range of approaches to interscholastic competition, largely reflecting the school academic calendar. Collegiate sports plans have varied between conferences. The Big Ten, PAC 12 and Mountain West conferences have suspended fall sports. The ACC, SEC and Big 12 have initiated conference only fall sports schedules. Professional sports have the economic necessity and resources to proceed with altered schedules. Although each professional sport has approached the challenge differently, the principles of each are similar. The Major League Baseball Players Association Operation Manual concerning COVID-19 is a 101-page document specifying every detail of team and individual behavior including a strict out of the team facility

code of conduct. A similar document is in place dictating the operations and activities of players in every professional sport. Professional Golf, Major League Soccer, Major League Baseball, NBA and NFL competition have resumed. Detailed plans have been implemented with the goal of preventing COVID-19 transmission between coaches, staff and teammates, between competitors and from players to their families. All leagues have based their strict rules on regular testing for COVID 19, returning results in hours or less. Symptom questionnaire’s and temperature checks are performed at least daily. Immediate isolation of individuals testing positive is required. After initially experiencing game cancellations due to players testing positive, Major league Baseball has proceeded without incident. The NBA has been competing in a “bubble” designed to keep all players safe from infection allowing completion of a modified schedule to crown a 2020 NBA champion. PGA tournaments are held without spectators. NFL teams have begun a regular season schedule with a markedly reduced number of fans in the stadium.

The COVID-19 Pandemic will evolve in both predictable and probably unpredictable directions. The development and implementation of a vaccination and continued progress to effective treatment will allow stabilization of our public health, economy and our way of life. The approaches taken by professional sports serve as an example of “best practices” for us all to avoid COVID-19 infection ourselves and if infected, the transmission of the virus to others.

Centric Health

Centric Health is a multispecialty medical group comprised of many of the most outstanding medical professionals and medical groups in Bakersfield dedicated to providing the highest quality of medical care in a rapidly changing health care landscape. Centric Health was developed to enable physicians to do their best work and to assure access to high quality care for residents of our community. Centric Health includes a broad spectrum of medical specialties and services designed to meet the many needs of patients.

The Physicians and healthcare professionals at Centric Health Medical Offices offer an array of services ranging from Cardiology, Vascular, Primary Care, Endocrinology, Pulmonology, Neurology, General Surgery, Neurosurgical Spine Surgery, Urgent Care, and Diagnostic Imaging.

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- **Centric Health Imaging**
- **Centric Urgent Care**
- **Centric Priority Care Clinic**

What Centric Health is doing to protect You?

At Centric Health, we are doing everything we can to provide for your healthcare needs and at the same time protect you and our staff from infection with COVID-19. Listed below are steps we are taking to keep us all safe.

- 1) Wearing appropriate PPE.
- 2) Reducing the number of patients in our waiting rooms so as to allow at least 6 feet between patients.
- 3) Allowing patients to wait from their car so as to limit their time in the waiting room.
- 4) Utilizing Telemedicine to provide our patients with needed care at home rather than always requiring a visit to the office.
- 5) Providing information and guidance regarding COVID-19 so that patients can receive testing when needed and access to medical evaluation promptly.
- 6) Remaining available to meet our patients' needs regardless of what challenges we may all face.

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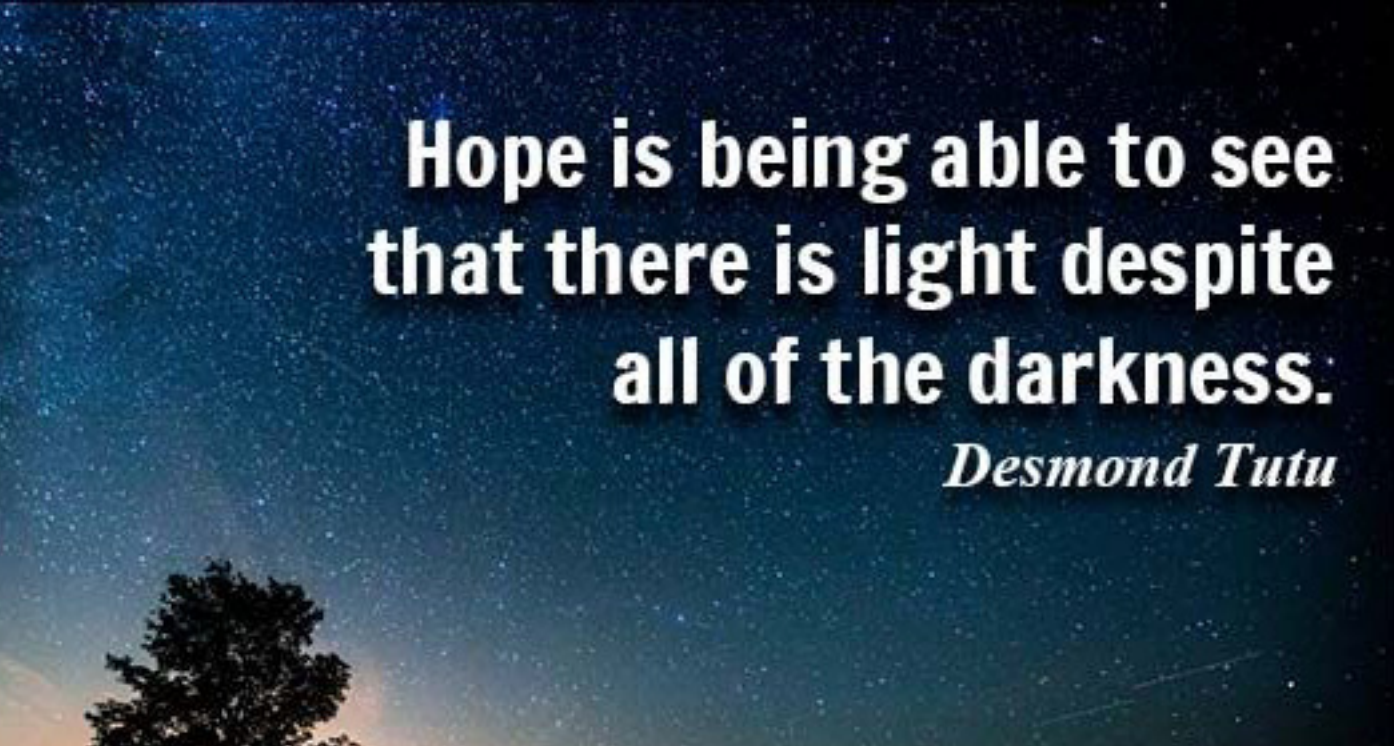
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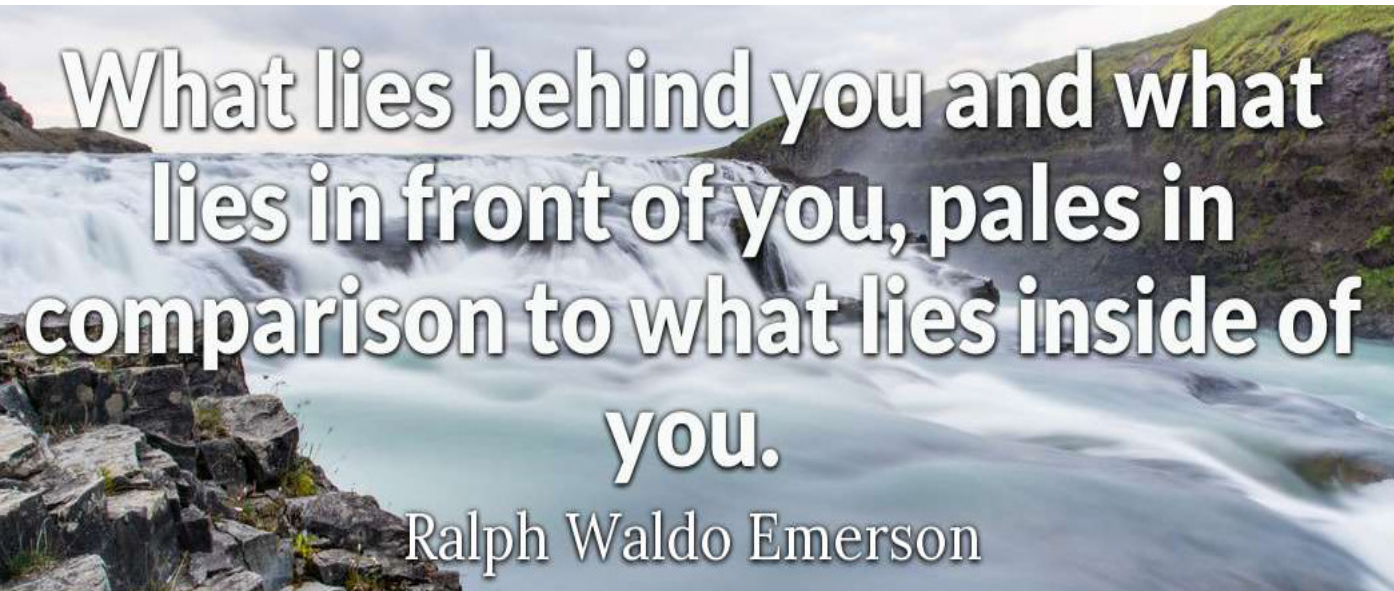
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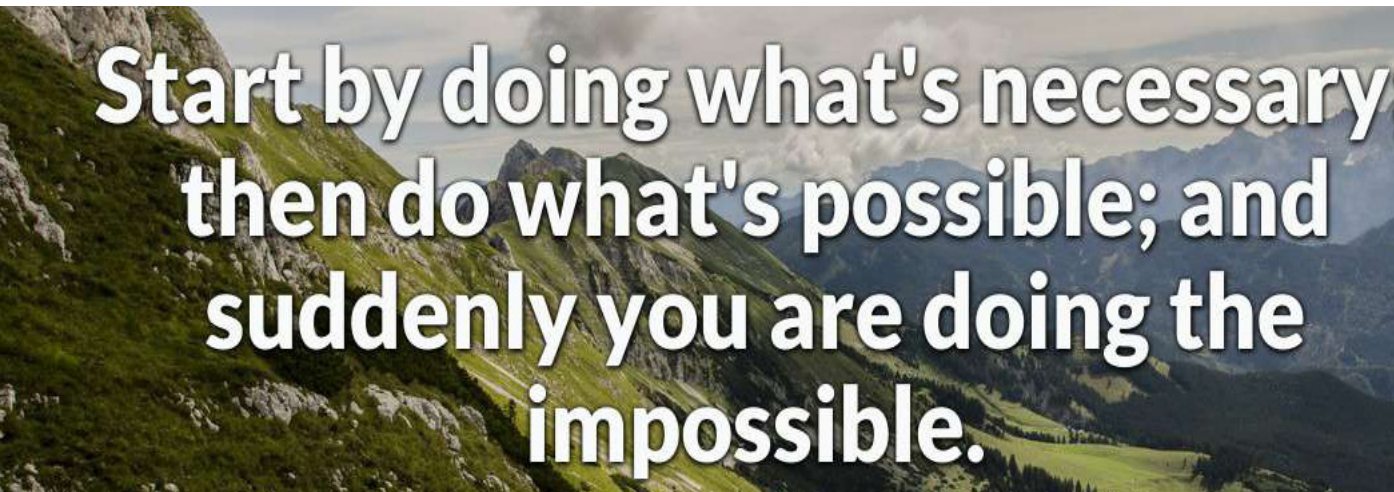
**Hope is being able to see
that there is light despite
all of the darkness.**

Desmond Tutu



**What lies behind you and what
lies in front of you, pales in
comparison to what lies inside of
you.**

Ralph Waldo Emerson



**Start by doing what's necessary
then do what's possible; and
suddenly you are doing the
impossible.**

You must not rely on the information in these materials as an alternative to medical advice from an appropriately qualified professional. If you have any specific questions about any medical matter you should consult an appropriately qualified professional. If you think you may be suffering from any medical condition you should seek immediate medical attention. You should never delay seeking medical advice, disregard medical advice, or discontinue medical treatment because of information in these materials.