

UMC Newsletter

March 4, 2021

Volume 2, Number 11



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It's Time For a New Plan

Yesterday, I had the honor of representing UMC before the DC Council Committee on Health to discuss all our wonderful hospital accomplished in fiscal year 2020 and will accomplish in fiscal year 2021. We are all aware of the unique challenges healthcare systems faced due to the unprecedented public health crisis. Despite these challenges, UMC maintained a safe environment for our patients, staff, and visitors. Through collaboration with our medical staff we developed and implemented plans to enhance patient throughput in the Emergency Department and utilized industry standards to realize an appropriate reduction in the length of stay for observation patients. These efforts and others helped us to continue to improve our patient satisfaction scores by more than 20% in the Emergency Department and more than 15% for inpatient care.

Unfortunately, since the beginning of this fiscal year, when the hospital was essentially balanced due, in part, to the District's \$15 million subsidy and significant federal funding to defray the hospital's cost for responding to the pandemic, UMC's financial situation has worsened, leaving significant challenges and critical decision points for hospital leadership.

As the first step we must become more proactive and develop a plan that aligns -- step-by-step with the opening of the new hospital. Accordingly, Board Chairwoman LaRuby May has indicated plans to establish a hospital closure committee and charge this group with the responsibility of developing and implementing a Board-approved plan for an organized wind down of UMC operations. This plan will perfectly coincide with the opening of the new hospital so that there can be a seamless transition from one hospital to the next.

The goal of this plan will be to ensure that the services which are utilized and necessary to maintain an acute care hospital in Ward 8 are properly funded, while other aspects of hospital operations are reduced to scale or permanently closed. As we work on a plan to restructure UMC's hospital services shall support the hospitals' financial goals, leadership will continue to work with all staff to remain committed to our Mission & Values and achieving the "Quadruple Aim" Better Outcomes, Improved Patient Experience, Reduce Care Cost, and Satisfied Providers.

Colene Y. Daniel

A handwritten signature in blue ink that reads "Colene Y. Daniel".

Chief Executive Officer

1310 Southern Ave. SE
Washington, DC 20032
202-574-6000
Unitedmedicaldc.com



Who We Are...

Our Mission
&
Our Vision

The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC is a District of Columbia government acute care hospital servicing Southeast DC and surrounding Maryland communities

Our Mission

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care

Our Vision

UMC will be an efficient, patient-focused, provider of high quality healthcare the community needs

UMC will employ innovative approaches that yield excellent experiences

UMC will empower healthcare professionals to live up to their potential to benefit our patients

UMC will collaborate with others to provide high value, integrated and patient-centered services



Who We Are...

Values

Values

• *Compassion*

Empathy for patients, their families and staff is ingrained in our history and inspires our future. We do more than treat the patient we practice family-centered care as the cornerstone of compassion.

• *Excellence*

Our promise to treat, prevent and cure disease is an enormous responsibility. We follow the highest standards of quality and safety and expect accountability from each other.

• *Integrity*

At all times, we approach our work with openness, transparency, decency and humility. It is our responsibility to use resources wisely to sustain UMC for generations to come.

• *Collaboration*

We work in partnership with patients, their families, staff, providers, volunteers and other caregivers. This spirit of respectful cooperation extends beyond our walls to our business partners and the community.

• *Equity*

We embrace and find strength in the diversity of our patients, their families, staff and community. We believe all patients deserve exceptional care, the best outcomes, respect and a safe environment.

• *Innovation*

We aspire to be an innovative leader in community healthcare and service. We continually seek new and better solutions. Because innovation springs from knowledge, we foster learning in all disciplines.

Who We Are...

Values



REBECCA LEE CRUMPLER

First African American Woman Physician In the United States

March is Women's History Month. This year we celebrate the life of Rebecca Lee Crumpler (1831-1895). She is best remembered as the first African-American woman physician in the United States.

Born Rebecca Davis in Delaware on February 8, 1831, she grew up in Pennsylvania, where her aunt provided care for the ill.

A bright girl, Rebecca attended a prestigious private school, the West-Newton English and Classical School in Massachusetts, as a "special student." In 1852, she moved to Charlestown, Massachusetts, and worked as a nurse. In 1860, she took the bold step of applying to medical school and was accepted into the New England Female Medical College.

The New England Female Medical College was based in Boston and attached to the New England Hospital for Women and Children. It was founded by Drs. Israel Tisdale Talbot and Samuel Gregory in 1848 and accepted its first class, of 12 women, in 1850. From its inception, many male physicians derided the institution, complaining that women lacked the physical strength to practice medicine; others insisted that not only were women incapable of mastering a medical curriculum and that many of the topics taught were inappropriate for their "sensitive and delicate nature."

Fortunately, Drs. Talbot and Gregory ignored such false claims and organized a school that required "a good English education," a "thesis on some medical subject," and a set of courses on the theory and practice of medicine, materia medica, chemistry and therapeutics, anatomy, medical jurisprudence, obstetrics and diseases of women and children, and physiology and hygiene. The coursework was 17 weeks in length (30 or more hours per week) during the first year of instruction. Following this was a two-year preceptorship, or apprenticeship, under an established physician's supervision.

In 1864, Rebecca became the New England Female Medical College's only African-American graduate (the school closed its doors in 1873.) A few statistics help put her remarkable achievement in perspective. In 1860, there were only 300 women out of 54,543 physicians in the United States and none of them were African-American. Some historians have wondered if Rebecca even knew of her status as "the first" given that for many decades in the 20th century that credit was awarded to Dr. Rebecca Cole, an African-American woman who received her medical degree from the Woman's Medical College of Pennsylvania in 1867. The first "historically black" medical school in the U.S., the Howard University College of Medicine, would not open until 1868. As late as 1920, there were only 65 African-American women doctors in the United States.

Around the time of her graduation, Rebecca married for the second time. (Her first marriage to Wyatt Lee, from 1852 to 1863, ended with his death in 1863.) In 1864, she married Arthur Crumpler. Rebecca began a medical practice in Boston.

After the end of the Civil War in 1865, the Crumplers moved to Richmond, Virginia, where, to use her own words, she found “the proper field for real missionary work, and one that would present ample opportunities to become acquainted with the diseases of women and children.” Rebecca worked under the aegis of General Orlando Brown, the Assistant Commissioner of the Freedman’s Bureau for the State of Virginia.

The Freedman’s Bureau was the federal agency charged with helping more than 4,000,000 slaves make the stunning transition from bondage to freedom. In Richmond, Rebecca valiantly ignored daily episodes of racism, rude behavior, and sexism from her colleagues, pharmacists, and many others, in order to treat, as she later wrote, “a very large number of the indigent, and others of different classes, in a population of over 30,000 colored.”

In 1869, the Crumplers returned to Boston and they settled in a predominantly African-American neighborhood on Beacon Hill. She practiced medicine there, as well. In 1880, she and her husband moved, once again, this time to Hyde Park, New York. Although there exists little evidence that she practiced much medicine after this point, she did write a fine book, “A Book of Medical Discourses in Two Parts,” which was published by Cashman, Keating and Co., of Boston, in 1883.

The book is divided, as the title implies, into two sections. The first part focuses on “treating the cause, prevention, and cure of infantile bowel complaints, from birth to the close of the teething period, or after the fifth year.” The second section contains “miscellaneous information concerning the life and growth of beings; the beginning of womanhood; also, the cause, prevention, and cure of many of the most distressing complaints of women, and youth of both sexes.” The volume, which may well be the first medical text by an African-American author, is dedicated “to mothers, nurses, and all who may desire to mitigate the afflictions of the human race.”

Rebecca Davis Lee Crumpler died on March 9, 1895, in Hyde Park.

Let us applaud her courage, perseverance and pioneering achievements. She is an inspiration to all who face adversity, seek diversity, and forge the path forward. Her passion “to mitigate the afflictions of the human race” was Rebecca’s gift and historic legacy.

Excerpt taken from PBS News Hour, March 9, 2016.

LOOKING FOR YOUR W2?

To All UMC Employees:



Please be advised that the 2020 W2 statements are now available in Adobe Acrobat PDF on the Paperless Pay website under the Tax Forms tab. Please take a moment to review your copy and notify Payroll immediately if you have any concerns or issues. You can download and print a copy for your 2020 federal and state income tax returns as needed. Contact the Payroll Department at 202-574-6681 for assistance.



UMC would like to welcome our newest members to the team!

Kristopher Pope-Radiographer

Maurice Johnson-Linen Technician

Stephanie Harper-Med/Surg Tech II

Tanya Robinson- Med/Surg Tech II

Michael Hayes-Psych Tech I



Start Saving Now Enroll Online

You can now contribute to your UMC's 457 (b) Deferred Compensation Plan automatically each paycheck, and receive a 401 (a) Defined Contribution Plan match – a valuable step for your financial future.

ENROLLING IS SIMPLE – JUST CLICK [HERE](#)

457 (b) Deferred Compensation Plan - You make voluntary contributions to the Plan by agreeing to defer a dollar or percentage of your salary on either a pre-tax or after-tax Roth basis.

401 (a) Defined Contribution Plan- UMC will contribute an amount equal to 100% of your voluntary deferrals up to 3%. Must meet eligibility and vesting requirement.

To learn more, please register for a virtual meeting with your ICMA-RC [Retirement Plans Specialist](#) for more information.



Kevin Brown
Retirement Plans Specialist
(877) 313-8318
[Send an Email](#)

Want to learn more about finances and investing? Check out the [Investing](#) and [Education](#) sections of the [DCRetire.com](#) website.



UMC – Manage Your Contributions Online



Making changes to your UMC 457(b) Deferred Compensation Plan is easy

By saving in your 457 Plan you've taken a huge first step. Now, take the next step.

Aim to save more! You can change your contributions at any time.

It's simple-

1. Log in to your account or set up your online access at www.DCRetire.com
2. Select:
 - **Change Contributions** under your 457 plan – 307260
 - **Pre-tax, Roth**, or both
 - **% or \$** - then indicate the amount You wish to contribute
3. Click **Change Savings**

That's all! Your change will be effective on the first payroll the following month

You may also call ICMA-RC at **1-800-669-7400** for assistance



For more information, contact us at service@dcretire.com



ICMA-RC 1-800-669-7400



www.DCRetire.com

STAY SAFE

As the District of Columbia's only public hospital, we all have a heightened responsibility to prevent the spread of COVID-19 **whether on/or off duty**. Although the city continues to reopen we must continue to adhere to the safety and social distancing mandates in effect throughout the region.

IT'S SIMPLE: WHEN YOU LEAVE HOME, YOU MUST
WEAR A MASK. 

Common allowable exceptions:



You are a child age 2 or younger



You are vigorously exercising outdoors and not close to anyone else

You are actively eating or drinking



You are in an enclosed office and alone



Wear a mask. Save lives. Stop the spread.

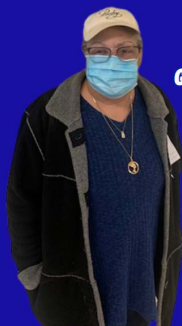


DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

GET VACCINATED DC

KAREN WILLIAMS
FORMER WARD 7 STATE BOARD OF
EDUCATION REPRESENTATIVE



"I AM TAKING THE
VACCINE SO MY
GRANDCHILDREN CAN
HUG ME AGAIN."



ARNEICE BERRY
GRATEFUL DC RESIDENT

"I AM TAKING THE
VACCINE TO TRY AND BE
SAFE AND HEALTHY AND
KEEP OTHERS SAFE AS
WELL. IF I DO CONTRACT
THE VIRUS, HOPEFULLY IT
WILL NOT BE LIFE
THREATENING."



EARL WILLIAMS
PRESIDENT EMERITUS
DC FEDERATION OF CITIZENS
ASSOCIATIONS

"THE ONLY WAY WE ARE
GOING TO GET OUT OF
THIS PANDEMIC AND GET
SOME SEMBLANCE OF
NORMALCY AGAIN IS IF
EVERYONE TAKES THE
VACCINE."



UMC is currently offering the COVID-19 Vaccine to:

- Residents of Wards 7 & 8
- Ages 16-64 with a qualifying medical condition OR
- Age 65+



TO SCHEDULE AN APPOINTMENT

Call UMC at **202-574-6473** between the hours of **9:00am – 5:00pm**. Please be ready to provide your date of birth, social security number, home address, and phone number to the reservation specialist.

IT'S IMPORTANT TO KNOW:

- The vaccine will be provided free of charge.
- Two doses are required which means two appointments/visits will be scheduled.
- Visit unitedmedicalcenterdc.com for more information on the vaccine.
- The list of qualifying medical conditions can be found at: <https://coronavirus.dc.gov/vaccine>



GRAPEVINE HEALTH

ASK THE DOCS

**Have questions about COVID-19?
About vaccines? Are they safe?
What are the side effects?**

**Join our 'Ask the Doctor' chats
from the safety and comfort of
your own space!"**

**We're hosting weekly ZOOM
sessions with doctors from
the Grapevine Health team.
Ask anything!**



TUESDAYS 6:30-7:30pm EST

For the Zoom link, text
202-702-8175 or

email info@grapevinehealth.co





March 10

*HIV prevention
starts with ME:*

ENDING THE HIV EPIDEMIC TOGETHER

What is National Women and Girls HIV/AIDS Awareness Day?

National Women and Girls HIV/AIDS Awareness Day (NWGHAAD) is an annual, nationwide observance, led by the U.S. Department of Health and Human Services' Office on Women's Health (OWH). Every year on March 10 — and throughout the month of March — local, state, federal, and national organizations come together to shed light on the impact of HIV and AIDS on women and girls and show support for those at risk of and living with HIV. This year marks the 14th annual observance of NWGHAAD.

Why is National Women and Girls HIV/AIDS Awareness Day important?

HIV and AIDS are still widespread public health issues, and women remain vulnerable to infection — especially African-American and Hispanic women.^{1,2} In fact, any woman who has sex can get HIV, regardless of race, ethnicity, age, or sexual orientation. Today, nearly 1 million people in the United States are diagnosed with HIV, and nearly 1 in 4 of them are women.³

The 2020 National Women and Girls HIV/AIDS Awareness Day theme, *HIV Prevention Starts with Me: Ending the HIV Epidemic Together*, emphasizes the role everyone — women, men, community organizations, health care professionals, those who are HIV-negative, and those who are living with HIV — plays in HIV prevention. There are steps you can take to protect yourself, your partner, your patients, family, and neighbors from HIV infection:





- Get an HIV test, which is free and confidential. To find a location, visit [gettested.cdc.gov](https://www.gettested.cdc.gov).
- Practice safe sex.
- If you are HIV-negative and your partner has HIV, talk to a doctor about taking pre-exposure prophylaxis (PrEP), a daily pill that can reduce your risk of getting HIV from sex by more than 90 percent.⁴ Find a PrEP provider near you at www.prelocator.org.

In 2017, women accounted for 1 in 5 new HIV diagnoses.³



There are over 235,000 women and girls in the United States who have been diagnosed with HIV.³



-  facebook.com/hhsowh
-  twitter.com/womenshealth
-  youtube.com/womenshealthgov
-  pinterest.com/womenshealth



www.womenshealth.gov | 1-800-994-9662

Join the conversation

#NWGHAAD

- If you are living with HIV, talk to your doctor about ways to stay healthy and take your medication as prescribed to achieve and maintain an undetectable viral load. It can help prevent spreading HIV to your sexual partner or, if you are pregnant, to your baby.
- If you think you may have been exposed to HIV, visit a doctor right away. The doctor may decide that you should get post-exposure prophylaxis (PEP). PEP is an anti-HIV medicine that you take within 72 hours of possible exposure to HIV to lower your chances of getting HIV.
- If you are a health care professional, you should know the screening guidelines, talk to patients about their risk, and encourage patients living with HIV to adhere to treatment.

Who should participate in National Women and Girls HIV/AIDS Awareness Day?

Any individual or organization can observe National Women and Girls HIV/AIDS Awareness Day. For more information, visit www.womenshealth.gov/nwghaad.

How do I observe National Women and Girls HIV/AIDS Awareness Day?

You can plan a National Women and Girls HIV/AIDS Awareness Day event; spread the word on Twitter, Facebook, Instagram, or Tumblr about the day; and use the hashtag #NWGHAAD on social media. Visit www.womenshealth.gov/nwghaad/resources to get started.

For ideas on how you can show your support for women and girls affected by HIV and AIDS, visit womenshealth.gov/nwghaad/resources.



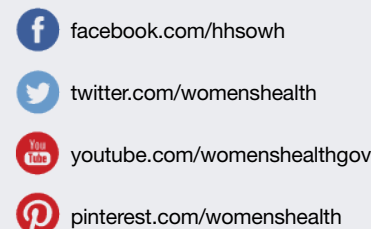
Learn more about HIV/AIDS and women's health at www.womenshealth.gov/hiv-and-aids.

¹ Centers for Disease Control and Prevention (CDC). (2018). *HIV Among Women* (PDF, 388 KB). <https://www.cdc.gov/hiv/pdf/group/gender/women/cdc-hiv-women.pdf>

² CDC. (2018). *HIV and Hispanics/Latinos*. <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

³ CDC. (2018). *HIV Surveillance Report, 2017* (PDF, 6.4 MB). <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

⁴ CDC. (2018). *HIV Basics: PrEP*. <http://www.cdc.gov/hiv/basics/prep.html>



Word Search

Words may be horizontal, vertical, diagonal, or backwards.



Avocados
Beans
Cereal
Dates
Eggs
Flaxseed
Garlic
Hummus
Ice
Jackfruit
Kiwi
Lettuce
Milk
Nuts
Oats
Potatoes
Quinoa
Raisins
Shrimp
Turkey
Vinegar
Wild rice
Yogurt
Zucchini

A	L	M	N	D	R	S	A	V	O	C	A	D	O	S
T	X	V	G	P	M	N	O	I	T	L	C	V	K	T
N	S	N	A	E	B	R	H	N	L	I	F	H	S	M
R	L	G	R	J	K	Y	X	E	M	L	N	O	E	Q
L	J	Z	L	V	U	Q	Z	G	C	E	B	B	O	S
E	R	A	I	S	I	N	S	A	Y	T	L	M	T	X
B	C	M	C	N	P	T	D	R	L	T	Z	A	A	V
I	E	D	M	K	S	L	C	Q	S	U	O	N	T	M
C	L	J	Y	U	F	G	I	X	V	C	Q	L	O	C
E	T	R	M	Z	B	R	G	P	W	E	S	R	P	D
F	Q	M	N	C	D	K	U	M	C	L	M	Q	E	L
N	U	H	J	P	T	W	Z	I	R	T	U	A	F	Y
H	I	F	O	S	M	S	R	R	T	Z	L	X	O	O
L	N	I	E	P	Q	D	W	H	J	P	B	G	F	L
K	O	T	L	R	L	M	Y	S	T	B	U	Z	R	I
M	A	C	Z	I	O	E	L	A	E	R	E	C	R	N
D	O	I	W	I	K	C	R	Q	T	T	N	M	S	I
L	X	M	N	R	B	L	K	P	S	F	G	N	N	H
J	L	A	U	T	Q	S	I	R	P	P	L	U	M	C
K	B	T	R	F	C	D	P	M	E	N	N	T	I	C
A	I	D	C	G	F	A	Y	X	G	Z	R	S	L	U
M	O	Z	X	R	B	Q	D	L	G	M	N	P	R	Z
N	F	D	K	L	F	L	A	X	S	E	E	D	S	T



For the latest information on the District Government's response to COVID-19 (Coronavirus), please visit coronavirus.dc.gov.

Cases as of March 3, 2021

	Total Number Positives
All	41,014
Race	
Unknown	298
American Indian/Alaska Native	86
Asian	893
Black/African American	19,963
Native Hawaiian/Pacific Islander	80
Other/Multi-Racial	9,109
White	10,581
Ethnicity	
Unknown	2,813
Hispanic or Latinx	8408
NOT Hispanic or Latinx	29,778

UMC IN THE NEWS–February 20-

March 5, 2021

UMC Staff are reminded to direct **ALL MEDIA INQUIRIES** to Toya Carmichael,
VP of Public Relations @Tcarmichael@united-medicalcenter.com.



Public health experts say equity requires long-term commitment.

March 2, 2021, Alanna Elder, WITF

DC Housing Authority begins COVID-19 vaccine rollout while nonprofit low-income senior living is left behind.

February 26, 2021, Kaela Roeder, Street Sense Media

The Vaccine Website and Call Center Crashed Again for Some Residents.

February 26, 2021, Amanda Gomez, Washington City Paper

Black History Month Spotlight: US Air Force Maj. Robert Jobe

February 24, 2021, Airman 1st Class Daira Vargas DC National Guard, DVIDS

Washington taps pastors to overcome racial divide on vaccine

February 23, 2021, Ashraf Khalil and Hilary Powell, Associated Press