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AWARDS

VOLUME VII Summer 2020

## FOCUSED on Research

### Local Research has Global Reach

Research careers rarely follow straight and narrow paths. There are some twists, turns and detours. Sometimes researchers must stray from the road. But somehow many end up where they belong and are needed. For Dr. Phyllis Tien, her destination turned out to be the San Francisco VA Health Care System (SFVAHCS), where she investigates long-term organ damage caused by hepatitis C virus (HCV) and Human Immunodeficiency (HIV) infection, especially in women.

To some, the SFVAHCS may seem an unlikely place for research on women with HIV. “But over the years, it has become the research home for several scientists who study HIV, its treatment and immune effects on metabolic perturbations and non-AIDS co-morbidities including kidney, cardiac and liver disease,” said Tien. An infectious disease specialist, Tien is an NCIRE-supported scientist, physician at the SFVAHCS and a University of California San Francisco (UCSF) Professor of Medicine. She has become a leader in national efforts to study the progression of HIV in women.

Tien has chaired the Executive Committee of the Women’s Interagency HIV Study (WIHS), the largest ongoing NIH-funded prospective cohort study of women with and at risk for HIV in the U.S. Started in 1993, WIHS investigates questions at the forefront of HIV research, spanning topics such as HIV pathogenesis and cure, co-infections and chronic co-morbidities (vascular, lung, kidney, and liver disease, neurocognitive impairment, and physical function declines among others), and health disparities.



*Phyllis Tien, MD  
Professor of Medicine in the Division of Infectious  
Diseases, University of California, San Francisco  
Staff Physician, San Francisco Veterans Affairs  
Health Care System*

Recently, she led the successful integration of the WIHS and the Multicenter AIDS Cohort Study (MACS), the “brother” cohort of the WIHS established in 1983, and now chairs the Executive Committee of the MACS-WIHS Combined Cohort Study, which allows for the investigation of biologic sex differences. She has also chaired the NIH AIDS Clinical Epidemiology Study Section and co-led the Viral Hepatitis section of the Department of Health and Human Services Antiretroviral Guidelines Panel.

Tien has developed an important research niche: examining how treated and untreated HCV and HIV, as

well as adiposity and metabolic perturbations, influence the pathogenesis of liver disease and extrahepatic disease. These have become chronic problems, especially for women who are living longer and aging with HIV.

Getting to this point in her scientific career was not mapped. It was more of a mix of serendipity, luck, circumstance, altruism, and maybe a bit of destiny. A Berkeley native, Tien received a BA in molecular biology at UC Berkeley, and considered a career in the medical sciences. She was also no stranger to public service and research as both had a strong place in her family. Her late father, Chang-Lin Tien, served in the 1990s as Chancellor of UC Berkeley, where he was also a professor and renowned engineering scholar. He was one of the most popular leaders in higher education and the first Asian-American to head a major U.S. research university.

Phyllis Tien went to medical school at UC San Diego and received a masters' degree from the Harvard School of Public Health. She served her residency in internal medicine and went on to complete a fellowship in Infectious Diseases and Geographic Medicine at Stanford.

She always had an interest in global health, so perhaps care or research in a resource-limited setting affected by pandemics or saddled with health disparities was in the cards.

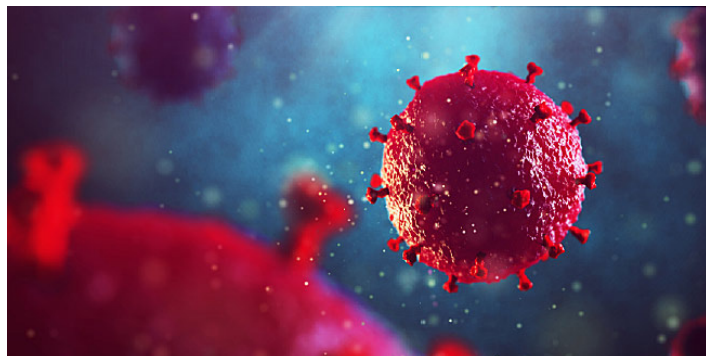


*Hepatitis C Virus*

Tien then arrived at UCSF in 1998 where she completed a post-doctoral fellowship, this time in AIDS Prevention Studies. During that time, her mentor, Dr. Ruth Greenblatt, who was the founder of the UCSF Women's HIV Practice and a well-known researcher in HIV and women's health, recognized Tien as a promising HIV scientist and steered her to Dr. Carl Grunfeld, Chief of Metabolism and Endocrine Sections at SFVAHCS. Grunfeld, who is also associate Chief of Staff for Research and Development at SFVAHCS,

is a pioneering researcher who investigates metabolic complications in HIV.

Tien worked with Grunfeld before becoming a principal investigator herself on the metabolic consequences of HCV coinfection in women living with HIV, as more than one quarter of women with HIV were also living with HCV coinfection.



*HIV Virus*

While Tien ended up close to home, in San Francisco, her research certainly is in the global realm and targets a vulnerable population bearing the brunt of a pandemic. Worldwide in 2018, there were nearly 19 million women living with HIV - 52 percent of all adults with HIV. And there are millions more at risk of HIV infection. The vast majority of people with HIV are in low- and middle-income countries. In the U.S., 258,000 or 23 percent of persons with HIV are women.

"Even though U.S. women with HIV are living in a resource-rich country, they confront many challenges, including socioeconomic barriers and cultural inequities," she said. "Many are poor, many are women of color and many have experienced intimate partner violence."

In her research on metabolic and vascular outcomes in women with HIV, Tien follows a cohort of HIV-positive women and a comparison group of at-risk HIV-negative women to track any progression of metabolic disease. She recently noted a surprising finding. "It was the HIV-negative group that was showing a higher risk of metabolic and vascular disorders, including fatty liver disease and peripheral arterial disease."

"Women with HIV may actually have better access to health care through their HIV diagnosis than at-risk HIV-negative women – which includes injection drug users and those with multiple and high-risk sex partners," suggested Tien. "Women at risk for HIV appear to have worse health indices than women with HIV, including obesity and higher rates of smoking."

**“Even though U.S. women with HIV are living in a resource-rich country, they confront many challenges including socioeconomic barriers and cultural inequities... many are poor, many are women of color and many have experienced intimate partner violence.”**

So, Tien is now focusing research efforts on health disparities in both women with and at risk for HIV resulting from race/ethnicity, sex, education, and income among other factors of interest.

Tien’s research provides an example of how a study finding can shift research to other necessary paths. Current events, such as the COVID-19 pandemic, can also alter priorities or open new avenues for investigation. At SFVAHCS, where Tien treats Veterans, she is looking into ways to include them in the various clinical trials of COVID-19 therapies that are emerging.

And because of her leadership roles with national AIDS research groups, Dr. Anthony Fauci, Director of the National Institute for Allergy and Infectious Diseases, invited her to serve on an NIH COVID-19 panel that provides expert guidance on the rapidly evolving clinical management and treatment of COVID-19 disease. She has also worked closely with investigators of the MACS-WIHS Combined Cohort Study on developing and administering a COVID-19 survey to 4,000 participants across the U.S. to capture key information about the acquisition and severity of COVID-19 disease. The data collected will ultimately be used to examine the long-term clinical sequelae (e.g. pulmonary and cardiac disease) and psychosocial impacts of the COVID-19 pandemic on U.S. men and women with and at risk for HIV.

Her Participation in this panel will add to her exceptional and noble research journey. “I feel more committed than ever to continue the focus of our research program on understanding HIV coinfections -- including hepatitis C and now, SARS-CoV-2 -- on clinical outcomes in our vulnerable population with and at risk for HIV and the impact of health disparities on these outcomes.” said Tien.

## Getting to the Heart of the Matter



*Paul Sullam, MD  
Professor of Medicine, University of California,  
San Francisco  
Staff Physician, Medical Service, San Francisco  
Veterans Affairs Health Care System*

In the hospital, Dr. Paul Sullam sees firsthand how infections can ravage vulnerable people. And as a laboratory scientist, he is getting to the root of how the tiniest infectious organisms can wreak vast damage to tissues and organs in the body.

“Every microbe has a story to tell,” said Sullam, an NCIRE-supported researcher, SFVAHCS Physician and UCSF Professor of Medicine.

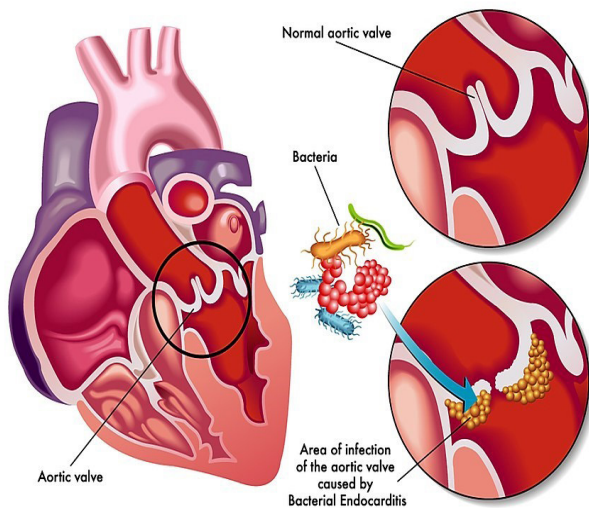
For Sullam, the culprits in this mystery are microscopic bacteria – such as streptococci and staphylococci – that seep into the bloodstream and settle in the heart’s chambers and valves.

These bacteria can invade the lining of the heart (endocardium), causing endocarditis. Infective endocarditis can destroy heart valves and cause strokes and heart or other body organ failure. If not treated, it is always fatal.

In endocarditis, infection starts when bacteria enter the bloodstream from sources such as the mouth, gut or skin. In most cases, this is a harmless event. But some organisms are able to initiate infection by attaching to heart valves.

There are many more chapters to this story, including: how bacteria skirt a patrolling immune system to get to their desired destinations, and how they manage to attach to the heart lining where they do their harm.





*Illustration of Infective Endocarditis*

## Complex transportation system

That answer lies in part with the ability of the bacteria to attach to cardiac valves as the organisms flow through the heart at high speeds.

“This binding is the central event in the pathogenesis of infective endocarditis,” said Sullam.

He and co-investigators around the country have identified a family of proteins on the surface of streptococci that help the organisms bind to host surfaces. Now, much of Sullam’s research focuses on the inner workings of how these “adhesins” are produced and transported to the bacterial surface to mediate binding to heart valves.

Focusing on streptococci harvested from human mouths, Sullam and co-researchers are characterizing a finely tuned transportation and delivery system for these adhesins at the molecular level.

Understanding the molecules’ components and their unique pathways will help researchers develop better and highly targeted antibiotics to stop infection in its tracks.

## Rare but deadly

While relatively rare – about 20,000 cases in the U.S. per year – infective endocarditis (IE) is a serious, hard to treat condition. Even with current antibiotic and surgical therapy, it carries a high mortality rate – up to 30 percent, according to some studies.

IE is twice as common in men as in women. In the U.S., more than 25 percent of cases affect people 60-years-old and above.

People with heart defects, especially those with damaged or artificial heart valves, are also at higher risk for IE. Dental procedures and problems, such as gum disease, can launch bacteria in the bloodstream. Surgical and hospital tools, including intravenous catheters, also can spread infection. Injecting drugs with unclean needles are a risk factor. Anyone who develops sepsis also is at risk for IE.

**“Every microbe has a story to tell,” said Sullam, an NCIRE-supported researcher, SFVAHCS Physician and UCSF Professor of Medicine.**

## A Research Toolkit

Sullam and Dr. Barbara Bensing – formerly a postdoc in Sullam’s lab and now a UCSF Assistant Professor of Medicine and investigator at the SFVAHCS – uncovered several members of the family of adhesins and identified their targets. Their important work is being applied to develop an affordable and easy-to-use toolkit for analyzing glycoproteins. This will be especially valuable to scientists who are not experts in this type of work, or do not have access to the highly specialized and costly equipment that is otherwise needed.

The toolkit includes “glycan-binding probes” developed from these streptococcal adhesins, and that will help shed light on the extensive network of bacteria and glycoprotein interactions in various settings, such as microbiomes.

Identifying all the complex molecular steps and factors in infections such as endocarditis could take scientists down a lengthy, circuitous road. But Sullam has made headway in this quest. It’s a long research story ahead, but he’s sticking to it.

## Q and A: An Interview with Drs. Alan and Alexis Dang



*Brothers – Alexis Dang (upper photo) and Alan Dang (lower photo) – are both orthopaedic surgeons and scientists at San Francisco VA Health Care System (SFVAHCS) and University of California San Francisco (UCSF). In addition to healing scores of Veterans, they research ways to quicken recovery from injuries and prevent long-term impairments that are common among Veterans and the general population. In the last few years, they have developed and demonstrated how 3D printing can be a valuable and cost-effective health care resource.*

### **Q: How and why did you introduce 3D printing into your research and clinical care?**

**A:** Alexis: We started when Alan Dang purchased a 3D printer. We initially intended that it be used to create scaffolds for implantable drug/growth factor delivery devices in our basic science research. After exploring this, we realized that

the current materials available at that time were not amenable to this. At this same time, Alan was working on small animal models for spine fusion and was using high resolution micro-CT to evaluate healing. At this time, we also explored the ability to create 3D models from the micro-CT data sets.

Then a clinical challenge came to my clinic. There was a patient with shoulder pain who wasn't getting better. I felt that the mechanics of the shoulder were disrupted due to a prior malunited clavicle fracture -- the clavicle healing had shortened.

Today, with that same fracture he would likely have been offered surgery to restore his anatomy. Using the tools and skills from our research lab, we were able to create a plastic 3D model of the injured clavicle and a mirrored normal clavicle from the opposite side. Using these models, we practiced various surgical strategies to restore the native anatomy with the least amount of surgery required. We were also able to test-fit plates prior to surgery and plan out where our screws would be. This experience has since been published.

### **Q: Explain the value of 3D printing in orthopaedic surgery.**

**A:** Alan: We find that surgery is all about data integration. We teach residents to be able to anticipate and predict what they will see/feel at the time of the operation. Alex

likes to say that the most valuable/expensive thing in the OR is our cumulative education in the room. We have general understanding on pathology from our books and our labs, and then have to apply that to our individual patients.

Each individual brings a unique anatomy, but also in the case of orthopaedics, unique pathology. Even though there are common fracture "patterns" it is true that no two fractures are identical, let alone individuals. Surgery still remains a hands-on, tactile science as well as art. With the help of 3D models, surgeons are able to mentally visualize the individual's anatomy, even if they can't see it all with their eyes.

When we do surgery, we have to respect and preserve the soft tissue envelope around the bones. If we do not, the blood flow can be disrupted, leading to complications in healing. Knowing what the injury looks like on the far side, or around the corner, without having to visualize it, is necessary, and made easier with 3D models. We find that 3D models give additional information to the surgical team that can be applied during the operation. In some cases, the 3D prints are indispensable, in other cases they corroborate what is seen at the time of surgery, but we think there is always a net benefit. These prints also improve communication among the surgical team, including the patients, surgeons, nurses, anesthesiologists

and technologists. Explaining complex procedures is easier with the models for everyone.

An often-heard criticism is that these models are not necessary. We agree with that. Surgery can and has been done safely and successfully for many years without these models. But we argue that the data to make these models is already there, with advanced CT scans, these models are just another method of visualizing that data. Alex compares it to driving across the bridge in the fog, or when it is clear, or using GPS to find the optimal route. Chances are you will still make it across the bridge safely, but in one instance your stress and comfort level are much better. We want to bring clear visualization to surgery every day.

**Q: In late March, when COVID-19 shutdown some research and care, you mobilized an effort to gather 3D printers and provide face shields for health care workers. How did that happen and what were the results?**

**A:** In late March, we had a stop of elective procedures nationally. We went to work trying to figure out how we could help. We started with looking at what PPE could be efficiently and safely produced with local resources, mainly 3D printing and design knowhow. At this same time, UCSF had established a PPE task force which reached out to us for assistance.

We quickly got into their hands a few prototype designs for face shields, and after presenting the devices to the group, the green light

was given to mobilize. Different parts of the campus all came together, with space, infrastructure, engineering, logistics. Within a week, we had consolidated our smaller printers to the UCSF Library and started production. In six weeks, we manufactured over 5,000 shields in-house and distributed over 8,000 to UCSF and the SFVAHCS with the help of our community partners who were also 3D printing our specific design, which had undergone safety and clinical approval at UCSF.



*Alexis Dang, MD, wearing an assembled face shield.*



*A 3D printer making headbands for face shields that will help protect frontline health care workers*

About a week into this, the SFVAHCS asked if we could help with 3D printing PPE, and by then we were already able to make our first delivery of face shields. Everything we did and learned has been shared online so that others in their local communities can do the same.

**Q: What other research projects, besides 3D printing, are you working on?**

**A:** Alan: Orthopaedic implants using bone-inspired Trabecular lattices (with Alexis) -- patent pending through SFVAHCS/UCSF; spinal fusion and UCSF surgical innovations (with Alexis.)  
A l e x i s : P o s t - t r a u m a t i c osteoarthritis and fracture repair after spinal cord injury.

**Q: How did you develop common medical and research interests and become teammates?**

**A:** We started medical school not intending to go into the same specialty of orthopaedic surgery, but I think we both migrated towards it because it helped to combine our interests in clinical care, research and cutting-edge technology. We were both involved in computers and technology in college.

**Q: Alan, tell us something that people would be surprised to know about Alexis.**

**A:** He still changes the oil in his car, he says, because he can do it faster than taking it to the dealer.

**Q: Alexis, tell us something that people would be surprised to know about Alan.**

**A:** At Stanford, in the programming classes that Alan took (the equivalent of a minor) he won their programming competitions.

<https://www.library.ucsf.edu/news/ucsf-3d-printed-face-shield-project/>

<https://www.library.ucsf.edu/news/ucsf-3d-printed-face-shield-repository/>



# Did You Know?



## Good News from the NIH

The National Institutes of Health (NIH) has approval for federal budget appropriation through September 30, 2020. The agency received \$41.68 billion in funding, which is an increase of \$2.6 billion more than FY 2019!

Click here to read the details. <https://www.niaid.nih.gov/grants-contracts/budget-appropriation-fiscal-year-2020>

## FSA changes for 2020

On May 12, 2020, the Internal Revenue Service (IRS) released guidance impacting Flexible Spending Accounts (FSA). This guidance is designed to provide temporary flexibility for employers and employees and assist with the National response to the COVID-19 pandemic. These changes permit participants to use funds from a prior plan year for expenses incurred through December 31, 2020 and also make mid-year changes without a qualifying event.

NCIRE has decided to implement these changes to assist those who may be impacted due to the COVID-19 pandemic.

- Effective June 1, 2020, you may make mid-year election changes for healthcare and day care FSAs for the remainder of the 2020 plan year without a qualifying status change event. This change also allows participants to enroll or increase their election to take advantage of the newly eligible over-the-counter medication and menstrual care items provided through the CARES Act.
- Extension of the FSA Grace Period through December 31st, 2020 for prior year funds. The grace period to use 2019 funds has been extended from March 15, 2020 to December 31, 2020. If you still have 2019 funds, you can incur expenses and use funds available through the grace period for the entire 2020 calendar year.
- Effective June 11, 2020, Day Care FSA participants will be able to use the Navia Benefits debit card to pay for daycare expenses.
  - **Participants who already have a Navia Benefits debit card, their Day Care FSA funds will automatically have their Day Care FSA funds available on the card on the release date.**
  - Participants who do not have a Navia Benefits debit card will automatically receive a card at their address on file on the release date.
- [You can now use your FSA funds to buy feminine care products.](#)
- **And you can now also purchase over-the-counter medications without a prescription, such as pain and allergy relief medications.**

Please contact Jennifer Yee at [Jennifer.yee@ncire.org](mailto:Jennifer.yee@ncire.org) or 415-750-2232 if you have any questions and if you would like to make changes to your FSA account.

# IT Remote Access



The COVID-19 pandemic has accelerated the adoption of remote work in many organizations around the world. At the SFVAHCS, there are two remote access methods available.

The Virtual Personal Network (VPN) is available if you have a VA issued computer or a NCIRE purchased computer that is configured following VA standard. With VPN, your computer is connected directly to the VA network, and you can access network resources the same way you do onsite. One consideration is that the computer must have up-to-date security updates which are automatically installed through the network each month. If the computer misses any of the updates, VPN connection will be denied.

Citrix Gateway (<https://citrixaccess.va.gov>) is another tool available, and you can access it using any device including your personal computer. Unlike VPN, your computer is not connected to the VA network directly, and therefore VA mandated software and updates will not be installed on your personal computer. There are commonly used VA applications published on the Citrix StoreFront, and you can access VA e-mail, R drive, W drive and other network drives from there. In addition, you can remote connect to your office computer, but to do so requires you to make a request for that separately. There are limitations with Citrix Gateway. You cannot copy files from Citrix onto your computer and vice versa, and you cannot print to a local printer connected to your computer.

To request a remote access account, please visit <https://vaww.ramp.vansoc.va.gov/>. This is an internal site, and you need only access using a computer that is connected to the VA network.

Both remote access methods require the use of a PIV card. For Citrix users, you may request a 14-day PIV exemption by calling the VA Enterprise Service Desk at 1-855-673-4357, and you will be given a temporary password to log on.

In addition to remote access tools, the VA also provides WebEx licenses for hosting web conferences. To setup an account using your VA e-mail address, visit <https://veteransaffairs.webex.com>

If you have any questions about remote access, please contact the NCIRE IT Helpdesk at [helpdesk@ncire.org](mailto:helpdesk@ncire.org) or extension 23939.



# The Lifecycle of a Requisition

**Have you heard? Your requisition has a lifecycle with several stages.**



Any expense paid to a vendor or institution for goods and/or services requires a purchase order (PO). A requisition created in ReQlogic begins the procurement process by outlining the goods or services needed, funding source, research justification, vendor, delivery destination and more. The requisition is the vehicle that carries the data, agreements, contracts, specifications, quotations, selection criteria and back up documentation as it routes for approval, which is needed for tracking and audit purposes.

Once fully approved, the requisition is used to create a purchase order. Orders are electronically sent, placed manually online, or by phone by one of our purchasing team. Other purchase orders may be for services and are provided to the requester to arrange services with a vendor directly. Some transactions require documents be provided as justification (quotes, etc.).

The PO becomes the receipt in the case of tangible goods delivered. Our team receives the orders, delivers to end users, and obtains signatures/approval. Then, we enter each line in our accounting software to reconcile the PO in preparation for payment to the vendor. If equipment is received, the PO is synchronized to our asset management database and utilized to create the tag record which is required for auditing purposes and tracking.

As the vendor invoices are received, they are matched with the PO's and signed packing slips for payment by our Accounts Payable (AP) team. Then, the receipts in the system are converted to become the checks to pay our vendors.

## **Tips & Tricks for Clear Requisitions**

**- Discuss new vendors with your buyer ahead of time**

**- Ensure that quotes are addressed to NCIRE**

**- Provide competitive quotes for transactions surpassing \$10,000**

**- Create a separate line for each tangible good**

**- Use the Header level above the line items for justifications and attachments  
to help approvers more quickly assess request**

**- Include notes with descriptions, URLs, specification sheets, or screenshots for new items**

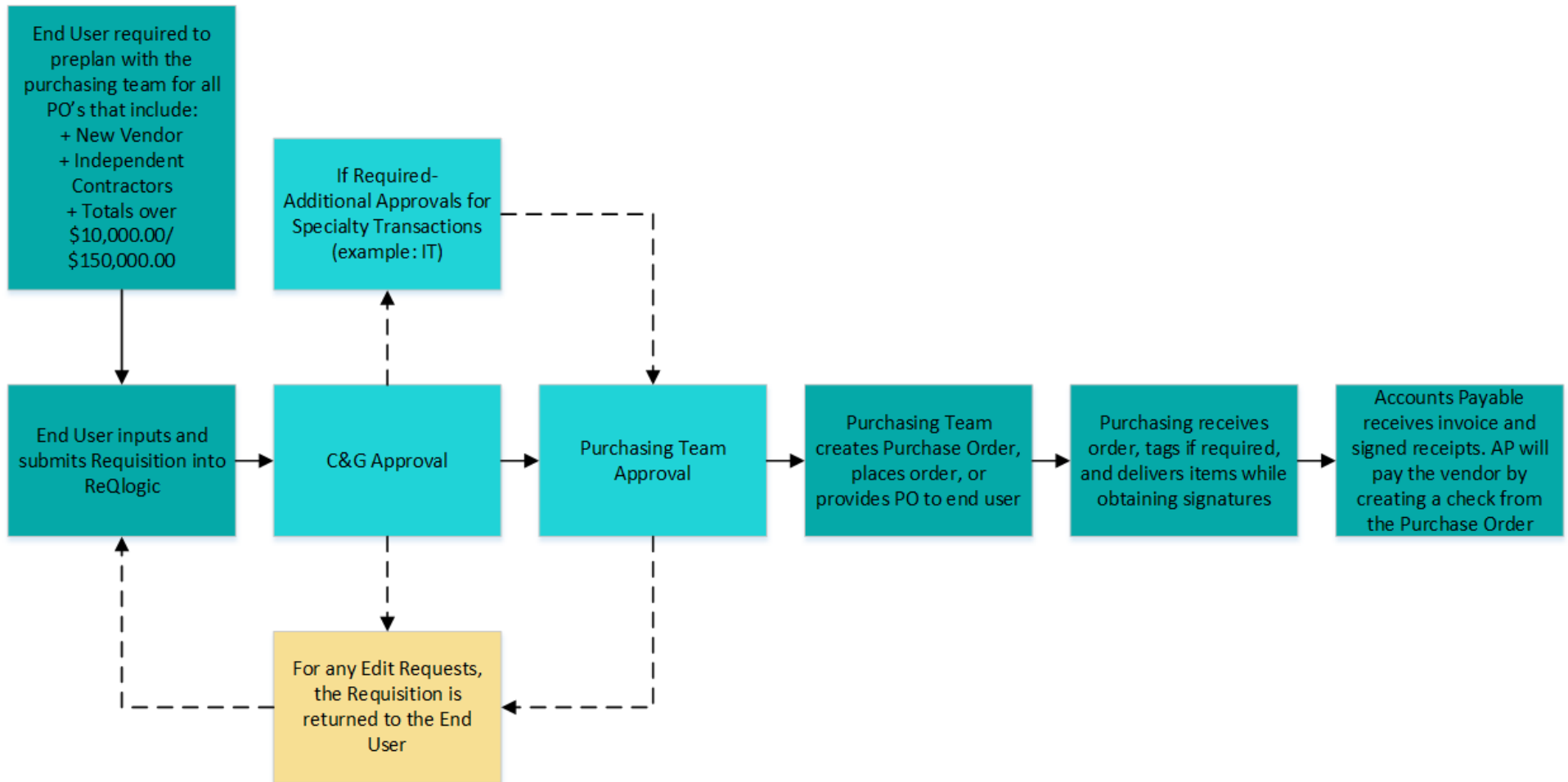
**- Enter notes only once**

**- Attach required back up documentation such as conference agendas, MTAs, contracts, etc.**

**- Include Internal Review Board and/or protocol numbers in your justifications for sensitive transactions**

**Still have questions? Contact us at [purchasing@ncire.org](mailto:purchasing@ncire.org)**

# The Lifecycle of a Requisition



# Annual Budget Planning Season Opens Soon



One of NCIRE's goals is to support its Principal Investigators (PIs) throughout the year with grant submission support, grant reporting support, and creating spending plans each year that help ensure that they will have enough funds available for their research when they need them. An important part of this support is annual budget planning, which begins in August. With this in mind, here's an overview of the process from NCIRE's Controller, [Joanna Zhao](#).

NCIRE's Principal Investigators need to provide their spending plan annually. This spending plan should be based on both their existing grant monies and future grants they expect to be awarded. NCIRE provides a budget planning worksheet for each PI in which annual spending is pre-estimated for the upcoming fiscal year based on the current spending pattern by project. PIs are asked to review and make changes to the estimated spending per their best knowledge. In this case, we are using FY 2020 spending to date to estimate FY 2021 budget. This information is for reference so that the PIs have eight months of their actual spending to refer to and base a new plan on. NCIRE sends out this information at the beginning of August and the deadline for its return is the end of August. This material also goes to the primary administrative person in the PIs group, who assists in the planning, NCIRE's grants specialist assigned to the PI also assists, as well as Joanna herself.

The COVID-19 crisis has had the biggest impact on budget spending this year and will continue to have an impact on next year's planning and spending. With this in mind, the NIH has issued a notice, [Flexibilities Available to Applicants and Recipients of Federal Financial Assistance Affected by COVID-19](#), outlining areas within NIH grants that can have flexibility under the current guidelines. The federal Office of Management and Budget has issued similar guidelines for DOD and DARPA grants. [Memo M-20-26, Extension of Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus \(COVID-19\) due to Loss of Operations](#) outlines flexibilities under these grants.

More information from NCIRE will be available as August approaches. Along with emailing each PI the budget planning worksheet, [NCIRE's Intranet](#) will also have the budget planning forms and information on where to get advice. These budgets are all subject to NCIRE's Audit Committee and Board review and approval.



# Contracts and Grants



Summer submissions are in full swing. When submitting to the National Institutes of Health (NIH) it is important to follow the current guidelines. Make sure to review all links provided to you on the funding opportunity/announcement. Please follow the links below for specific instructions when applying to NIH awards.

- NIH [SF424 Application Guidelines](#)
- NIH's updated [Biosketch](#) template has a new expiration date of 2/28/23.
- For all submissions that are due on or after May 25, 2020; it is important to use the new National Institutes of Health FORMS-F Grant Application Form so that your application does not become administratively withdrawn for non-compliance. Read more on FORMS-F packages.

NIH recently issued a [Notice Of Special Interest \(NOSI\)](#) highlighting the urgent need for social, behavioral, economic, health communication, and epidemiologic research relevant to the 2019 novel coronavirus (SARS-CoV-2) and COVID-19. If you're interested in submitting an administrative supplement in response to this NOSI, please let your NCIRE Grants Specialist know or email [cgawards@ncire.org](mailto:cgawards@ncire.org).

Library of COVID-19 funding opportunities and resources:

<https://www.infoedglobal.com/COVID19/COVID-19>

<https://grants.nih.gov/grants/how-to-apply-application-guide.html>

<https://grants.nih.gov/grants/forms/biosketch.htm>

<https://nexus.od.nih.gov/all/2020/04/06/nih-moving-ahead-with-forms-f-grant-application-form-update/>

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-097.html>

## In the Helix



Joanna Zhao

Controller and Board Secretary and Treasurer, NCIRE

**Q: What have you learned from Sheltering in Place?**

**A:** During SIP my email volume has surged incredibly, I have learned to print payroll manual checks for the payroll administrator who works from home. I use digital signatures for most review and approval requests every day. I enjoy the easy parking on campus and I've learned quite a few new cooking recipes.



Heather Frasier

Research Dietitian, Medical Service,  
Metabolism Section, SFVAHCS

**Q: What is one thing about you that surprises people the most?**

**A:** I enjoy baking realistic cakes.



Newton Ong

Manager, Compliance and Contracts, NCIRE

**Q: What is one thing about you that surprises people the most?**

**A:** The number of years I have been with NCIRE, 27 years and counting. When I am not working, I am a huge home improvement do-it-yourselfer from landscaping to kitchens. I really enjoy the excitement of planning, working with my hands, and completing home renovation projects.



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

## Managing Stress Associated with the COVID-19 Virus Outbreak

### Impact of the COVID-19 Outbreak on Individuals and Communities

The COVID-19 (coronavirus) outbreak has the potential to increase stress and anxiety, both because of the fear of catching the virus and also because of uncertainty about how the outbreak will affect us socially and economically. There are practical steps you can take to improve your wellbeing.

### Coping with the Stress of COVID-19

Dealing with stress reactions caused by the COVID-19 virus outbreak can improve your health, quality of life, and wellbeing. The following evidence-informed principles have been shown to be related to better outcomes in many adverse situations (Hobfoll et al., 2007). There are key actions within each element that might be especially helpful for those affected by the COVID-19 outbreak (Reissman et al, 2006; Gonzales, 2003). It's not necessary to have all elements in place but implementing some of the following suggestions may help you deal with the stress caused by the COVID-19 virus.

#### *Increase Sense of Safety*

Reduce anxiety with healthy actions that make you feel safer. The [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov) and other experts suggest the following good hygiene habits to limit the risk of infection:

- Wash hands frequently with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Properly dispose of used tissues.
- Cough or sneeze into your upper sleeve, arm, or elbow if you don't have a tissue.
- Clean your hands after coughing or sneezing.
- Stay at home if you are sick.
- Avoid contact with those who are sick.
- Clean and disinfect objects or surfaces that may have come into contact with germs.
- Make plans for what will happen if someone in the home becomes ill or if quarantine or shelter-in-place measures are ordered.

[Read the full flyer here.](#)

# Message from the Chief Executive Officer

Thank you for taking time to read our Summer Newsletter and learn about recent NCIRE activities. I am very thankful to Drs. Dang, Sullam, and Tien for their time and participation in this edition.

June is likely the heaviest grant submission month. I am pleased to share that in June 2020, there were 27 grant application submissions. For reference in June 2019 there were 17 application submissions, this represents a 59% increase. Good luck to all who submitted applications.

Effective June 29, 2020 NCIRE rolled out a new Health Attestation for COVID-19 Form. This form can be found on the [NCIRE website under Employee Resources](#). Employees who will be on campus are required to complete the form daily.

NCIRE has compiled supply kits with cleaning supplies, disinfectant and cloth face coverings for PIs and their research staff. These are available for pick up at NCIRE in Building 14.

I know that circumstances have changed, and our outlook may not seem as it was when we began 2020. NCIRE wants to continue to support the SFVAHCS Research Community and has sent several communications in the past months as things change for all of us during this crisis; we hope you have found these to be helpful. If there are additional things we at NCIRE can do, please contact me.

Our newsletter is created by a hardworking group of volunteers. We are very interested in your feedback, suggestions or comments. Please send them to [dna@ncire.org](mailto:dna@ncire.org).



Rebecca Rosales, MBA, CRA  
Chief Executive Officer

## About NCIRE

NCIRE - The Veterans Health Research Institute has one mission and one goal: Advancing Veterans Health. We sustain a scientific community of clinicians and researchers and support over 200 researchers who have joint faculty appointments at the University of California, San Francisco (UCSF) and the San Francisco VA Health Care System (SFVAHCS) and are working to foster innovation through leadership in the field of Veterans health research. Our broad portfolio of projects receives generous support from the National Institutes of Health, the Department of Defense, and individual donors, making us the largest nonprofit research institute devoted to Veterans health in the US. NCIRE is a 501(c)3 nonprofit. (Tax ID #94-3084159). Visit NCIRE at [www.ncire.org](http://www.ncire.org)



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