



Brooklyn, Queens, Staten Island,
Manhattan and the Bronx
HEALTH SCIENCES LIBRARIANS
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Political Action Committee Chair Report for BQSIMB 2020 Fall Meeting

1. 116th Congress (2019 - 2020)

[1.1. H.R.5967 - Public Library Innovation Space Act](#)

Sponsor: Rep. Lujan, Ben Ray [D-NM-3] (**Introduced 02/25/2020**)
Committees: House - Education and Labor; Ways and Means
Latest Action: House - **02/25/2020 Referred to** the Committee on Education and Labor, and in addition to the Committee on Ways and Means, *for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.*

Public Library Innovation Space Act

This bill requires the Institute of Museum and Library Services to carry out a program for making competitive grants to eligible partnerships (composed of a public library and an economic development corporation, a local government, a tribal government, a state government, an elementary or secondary school, a museum, an institution of higher education, a nonprofit organization, a corporation, and/or other entities) to establish makerspaces at public libraries.

A makerspace is a facility (which may be at a fixed location or a mobile unit) that is open to the public and provides individuals with access to (1) tools, technology, and educational resources designed to enable such individuals to create physical goods, including prototypes; and (2) educational opportunities, including vocational training and assistance with early-stage business ventures.

A partnership must contribute, for the activities for which the grant was awarded, nonfederal matching funds in an amount determined appropriate by the institute.

Each eligible partnership that receives a grant *may not use its grant funds, or the matching funds contributed by it, for construction activities at a public library that would provide extra square footage to house a makerspace.*

2. Updates from the AAMC (Association of American Medical Colleges)

[2.1. AAMC Recommendations for COVID-19 Testing: The Current State and The Way Forward – \[Regularly Updated\] – Accessed on Oct 22, 2020](#)

-Testing for COVID-19 must increase rapidly and dramatically

Improvements in testing technology and availability have increased daily test rates to near 1 million per day, but we are far short of the number of tests which should be administered daily under current conditions. **A commitment to increasing the number of tests and suppressing the virus requires dedicated funding; continued investment in technology and test development; and smarter, more strategic use of our resources.**

- How many — and what kind of — tests should the United States be doing?

- What would change the needed number of tests?

- Why aren't there enough tests now?

- We need transparent and coordinated action to increase testing

- A national testing strategy

- A coordinated focus on a single testing goal

- A multi-stakeholder partnership to move forward

[2.2. Feeling overwhelmed? Make more time for love and play / Patrick Boyle, Senior Staff Writer. - October 8, 2020 – \[Wellness / Workforce Section\]](#)

Author Brigid Schulte observes how medical professionals fall into the busyness trap, how it hurts them and their work, and how they can put more “live” into their lives.

Brigid Schulte’s bestselling book, *Overwhelmed*, began as a mission for an audience of one: Brigid Schulte. The stressed-out journalist, wife, and mother set out to find out why her life had drifted into a cycle of meeting work and family obligations, always feeling behind, and rarely pausing for leisure — a journey that led her to discover what researchers call “time serenity”: the feeling that there actually is enough time to do what you want and need to do.

Her findings, published in 2014, hit home for millions of Americans who feel overwhelmed by the demands of daily life — **a feeling that’s particularly intense among medical students, physicians, and researchers. Schulte found that people across the country, especially in knowledge professions like medicine, have absorbed a cultural obsession with busyness that causes significant harm:** robbing them of living full lives, causing burnout, and impeding the quality of their work.

However, **she also found ways that individuals and institutions can reduce the sense of being overwhelmed and find more balance between life and work — hence the book’s subtitle, *How to Work, Love, and Play When No One Has the Time*.**

Schulte will discuss her observations in a dedicated **one-hour session at the AAMC’s annual conference, Learn Serve Lead 2020: The Virtual Experience, on Nov. 16.** Now the director of the Better Life Lab at the New America think tank in Washington, D.C., she talked with AAMCNews about how her findings apply to medical professionals. Below are excerpts from the conversation.

When you published *Overwhelmed*, you couldn’t imagine that within just a couple of years, Americans’ feelings of being overwhelmed would be even worse. Your

message about stepping back from stress about work and things we can't control is even more relevant now — certainly for medical professionals.

The stress is off the charts. We've got a global pandemic. And for workers on the front lines, for health workers — doctors, residents, nurses — it's created this additional level of intense stress that, by going to work, you are literally putting your life on the line.

Layer on top of that, economic downtimes and fears. You layer on top of that, if you've got children, they're not in school, you're not sure what's happening with child care, their activities are shut down. Layer on top of that the racial justice reckoning. On top of that you've got this divisive political climate.

We just feel the world is spinning out of control.

What can you tell health professionals about how to handle that loss of control?

People in medicine are expected to perform miracles under the most difficult circumstances. What this [COVID-19] showed is that there's a limit to that ability to perform miracles when the system isn't working.

You have to be really aware of what you cannot control. What the medical professional cannot control is that we had a weak response from our political leadership. They did not get the personal protective gear in a timely and consistent manner. They were not given the support they needed.

That's not easy to reconcile. You need to put it in larger perspective. When there are massive system breakdowns like this, we all need to be asking, "How do we fix this system?"

Medical workers have been urged to recover from the stress by taking time off through vacations or short work breaks. A lot of doctors, researchers, and faculty say that sounds nice, but they can't pull back because their work is too important — especially now.

We make it so difficult in this country to have work-life balance. Our culture celebrates the image of an "ideal worker" as someone who is always on, always available, never needs to sleep, or has no life outside work. And we have almost no public policies that support combining work and life in meaningful ways — no national paid family and medical leave, no national paid vacation policy, no investment in child or elder care.

The pandemic makes that even more difficult. **We don't have recovery time.** Plus, during economic downtimes where there is a threat of layoffs, it's human nature to try to show how irreplaceable you are: "Don't furlough me, I'm important!"

You see busyness as a status symbol more among more educated workers. You see it in medicine, you see it in law, you see it in journalism, you see it on Wall Street. It's the culture.

I'm doing work now trying to understand busyness through the lens of behavioral science. What is our fascination with — almost addiction to — busyness? **It's a very American phenomenon.** Some of it's rooted in the Protestant work ethic; there's always been a strong sense that our most salient identity comes from work, and a belief that hard work will pay off.

What we've found in working with organizations, we hear over and over from staff, "I've been busy all day long." Yet they get to the end of the day and they haven't even started their most important work. So work spills over into weekends and evenings. People feel like they're never not working.

Yet your research found that working more can produce worse results.

There needs to be some interrogation of the idea that long work hours lead to better work. The data is incontrovertible that it doesn't. The way we work is not only dysfunctional, it's killing us.

Look at the burnout statistics. A frighteningly high share of people in the medical profession are experiencing at least one symptom of burnout.

Work used to be measured by the time you spent doing it. The thinking went, "If you spend more time working, you must be doing better work." Now that work has changed so much, we need different metrics, like performance outcomes, to measure what is good work and how to reward it.

What's an example of how busyness can be counterproductive?

In behavioral science, you see this practice called "tunneling," when you get in that busyness tunnel. It's like your vision collapses and you really only see the next thing in front of you.

If you're doing surgery, tunneling can be a good thing. It can really focus you on what is right in front of you that you have to immediately attend to.

But oftentimes, we're not focused on the most important thing. We plow through emails and go to meetings. We end up being very attentive to what appears in front of us. We don't do our most important work. Instead, we stay in the tunnel, we stay busy. We can't see a way out — of doing things any differently.

That suggests that some of our most important work is doing things where we don't look busy.

A lot of times in knowledge work, the busier you are, the less able you are to think strategically, the less able you are to be creative. When you're tired you cannot create, you cannot innovate. You end up perpetuating status quo thinking.

The research is really clear: To have insight, to have innovation, requires a couple of things. You need to be well-rested. You need to be in a calm state of mind. The ideas come when you're in this diffuse, day-dreamy kind of mode. Your brain is wired to have the best ideas when you're taking a walk or you're in the shower.

When you make time to rest, to get out of the tunnel, it actually makes you work better. You're fresher. You're able to think about problems in a new way.

What can medical institutions do about that?

Focus on well-being instead of wellness. If you have a wellness program but the environment is built around the at-work-all-the-time culture, all you're doing is creating more cynicism. You're giving me a lunchtime yoga class and yet expecting me to work a million hours and answer emails all evening? That isn't well-being.

I often speak with corporate executives who also have this sense of overwhelm. One said, "Maybe the millennials will come in and lead the way. They'll teach us about work-life balance." I said, "Shame on you. You cannot expect the most junior people with the least power to change the culture. You join an organization and you quickly adopt the culture that's already set."

It's really important, if you're a manager or a leader, to think about, "What is the work culture you've created? What are the values you've communicated?" People follow the leader. If you're a boss and you say, "You should take vacation," but you're answering emails at midnight, that's remote overwork. It's boundary-blowing.

What should health care workers do for themselves?

There are changes we can make in policy and culture — big changes — but while we're working toward those changes, there are things you can do in your own life.

Give yourself permission to have leisure time. It's almost like that's a dirty word — the thing that has made life worth living. Find a way to bring that into your life, that sense of joy and awe. It's going to make you better at your relationships, better at your work.

Connect with what's most important to you and make time for that. You can start really small. Maybe it's doing 10 minutes of something you look forward to. It doesn't have to shift your entire day.

Start your day by getting clear on what's most important to you. What's your one thing today? Sometimes it's a work thing, sometimes a home thing, sometimes a personal thing.

What's one thing for you?

It depends entirely on the day. My running partner and I often finish our run asking each other this question. It helps focus the mind on what's most important. You may not be able to do 75 things in a day. You may not even be able to get to your top three to five. But you can focus on one.

I've tested positive for COVID. My daughter came home from college feeling sick one weekend and wound up bringing it home. So the other day, my one thing was to rest and heal. The next day, since I'd been feeling better, my one thing was to be present and helpful for some virtual mentoring sessions I promised to do.

When you focus on one thing, not 75, and you do it well, the day feels more like a win.

[3.1. Updates from the ACGME \(Accreditation Council for Graduate Medical Education\) – October 30, 2020](#)

The ACGME Urges Presidential Nominees to Commit to Accelerating PPE Production / [ACGME News Section]

In response to the recent resurgence of COVID-19, the ACGME has sent a letter signed by President and CEO Thomas J. Nasca, MD MACP to both presidential nominees, urging them to commit to accelerating the production of personal protective equipment (PPE) to protect frontline health care workers, who include many members of the GME community.

The following information was included in the letters to both candidates.

Now that our nation is confronting a resurgence of the COVID-19 pandemic, one of the highest priorities continues to be the health of frontline health care workers, including those receiving their education while caring for COVID-19 patients. Not only do they put their own health and personal safety at risk, but if experience from the global pandemic is any indicator, they are almost three times more likely than the general population to contract the disease. Particularly at risk, are our Black and Brown health care workers who staff our nation's safety net hospitals, which serve those most vulnerable to infection and where data show that those health care workers are 21 times more likely to contract the disease. These workers can also become sources of transmission when they return to their communities and families.

The Accreditation Council for Graduate Medical Education (ACGME) is the nation's principal accreditor for medical residency and fellowship education and has focused its efforts during this crisis to ensure there is adequate protection, supervision, education, and training of the US's 140,500 resident and fellow physicians. Integral to the protection of these residents and fellows are the financial and logistic decisions to supply adequate personal protective equipment (PPE) to health care workers who require it so that the lack of it does not become a barrier to care delivery. We cannot ethically ask health care workers, no matter how altruistic their intent, to sacrifice their lives and those of their loved ones because all possible resources to protect them from infection were not marshaled by their institutions and their state and federal governments.

Failure to prioritize appropriate safety provisions for frontline health care workers undermines and marginalizes current and future generations of clinicians, further hampering an adequate supply of health care workers. This lack of regard for the lives of physicians and other health care professionals will contribute to their perception that they are viewed as expendable. This in turn will accelerate the demise of our physician workforce, which then will adversely impact our patients and our country, now and for the foreseeable future. Without adequate PPE and access to adequate viral testing, our physician faculty members and residents/fellows now risk becoming sources of this deadly virus, endangering their patients, fellow health care workers, and all those they contact. The pledge to "first do no harm" becomes meaningless under these circumstances. In order to preserve the integrity of our profession, we must ensure that adequate PPE, viral testing, and equipment required to serve our patients are provided to our nation's health care facilities. ...

[Letter to President Donald Trump](#)
[Letter to Vice President Joe Biden](#)

[3.2. ACGME Releases 2019-2020 Statistics on Graduate Medical Education Programs and Resident Physicians – September 28, 2020](#)

The Accreditation Council for Graduate Medical Education (ACGME) released its 2019-2020 Data Resource Book, the most comprehensive and reliable resource of its kind, including data on the size, scope, and distribution of graduate medical education (GME) in the US.

Respectfully submitted via email on October 22, 2020 by Rimma Perelman, Chair of Political Action Committee, BQSIMB.