Impact of COVID-19 on Research at UCLA

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California Pulls $1.3 Billion From Reserves for Coronavirus Fight
Research Rampdown

• March 20th all research halted except protocols deemed clinically essential (clinical trials with benefit to patients)- 2 days
• Medical School Class 2020 graduated early to join COVID response team
• All classes virtual until September; only necessary in-person classes to be held at least until the end of the year
• All employees except “essential” (no researchers) required to work virtually
• Jobs protected with paid administrative leave
• Focused our research on existing data clean-up, analysis, future recruitment, new COVID relevant applications/added questionnaires
• Tele-neuropsychology was invented overnight
Impact

• For Researchers
  • Hiring freeze- affects ongoing research
  • Pay cuts for UCLA officials; pay freezes, likely cuts for faculty
  • Junior faculty- tenure and reviews extended by 1 year; cannot obtain preliminary data, don’t have a backlog of data to use

• For human research
  • Major studies halted, like the ABCD longitudinal study; human connectome project in development
  • Missing key longitudinal time points

• New COVID research opportunities
  • Includes work on disparities
  • Effects of COVID on mental health
  • Calls for work on effects of COVID on IDDs
  • (new commentary by the IDDRC leadership)
Research Ramp-up

• Phased ramp-up has begun (despite continued increases in numbers of new infections)

• Tremendous effort spent on planning safe research return at low density; researchers are reporting the time they spend on COVID-related work

• Re-design of work and research models: remote working is the new normal

• Many problems exacerbate disparities!
  • Risk (minorities; older adults; unknown for individuals with IDDs)
  • Transportation: disproportional affects disadvantaged
  • Results in unacceptable bias
On the other side of COVID....

• It was really easy to get, despite every possible precaution
• Despite our President’s claims, testing was virtually impossible to obtain
• ER only accepting patients when “you think you are going to die”
• No PPE available even for patients
• Prolonged isolation, fear of dying alone, especially for vulnerable populations
• Unacceptable response on the part of our country and our CDC