

# Impact of COVID-19 on Research at UCLA

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## California Pulls \$1.3 Billion From Reserves for Coronavirus Fight

# Research Rampdown

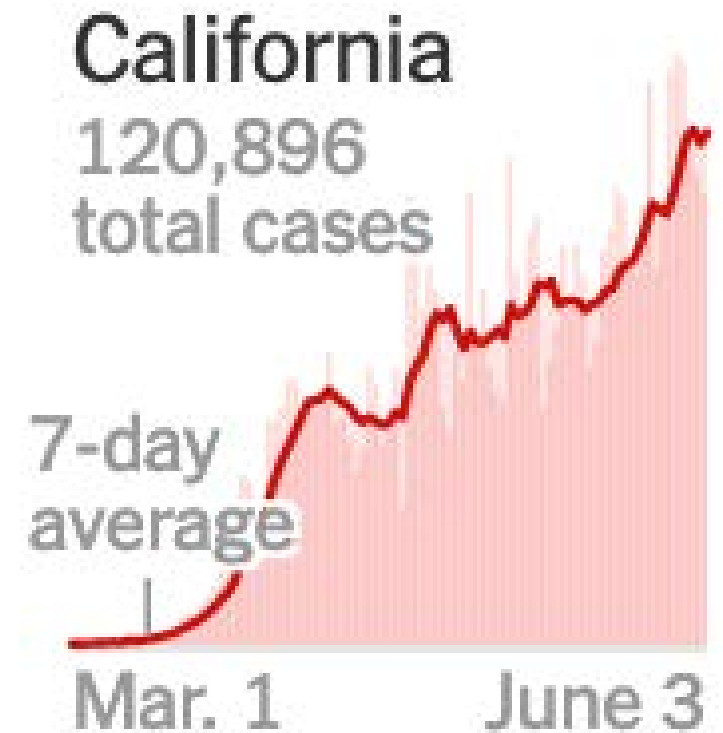
- March 20th all research halted except protocols deemed clinically essential (clinical trials with benefit to patients)- 2 days
- Medical School Class 2020 graduated early to join COVID response team
- All classes virtual until September; only necessary in-person classes to be held at least until the 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 IDD
  - (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 IDD)
  - 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

