A SPECIAL PUBLICATION FROM LSU HEALTH SHREVEPORT

IN THEIR OWN WORDS

Stories of COVID-19 from the Frontlines and Beyond

LSU Health SHREVEPORT

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2021 Class Reunions

Due to the COVID-19 pandemic, all reunions are cancelled for the remainder of 2020 and have been rescheduled for 2021.

LSU Health Shreveport School of Medicine Spring Reunion for the Classes of 1975, 1976, 1980 and 1981

School of Medicine Commencement Weekend
(with special recognition for our 40-year and 45-year reunion attendees)
Friday and Saturday, May 21-22, 2021

LSU Health Shreveport School of Medicine Reunion for the Classes of 1990, 2000 and 2010

Friday and Saturday, April 23-24, 2021

LSU Health Shreveport School of Medicine Reunion for the Classes of 1991, 2001 and 2011

Friday and Saturday, October 22-23, 2021

Registration is not yet open, but please check **lsuhsfoundation.org/alumni** for updates.

Dear LSU Health Shreveport Alumni,

I hope this finds each of you healthy and adjusting to life during a pandemic.

While none of us would choose to live through a pandemic, I am pleased to share that our alma mater has responded with swift, effective and relentless efforts to positively impact the pandemic. I have never been more proud of our students, faculty and staff. I am also proud of my fellow alumni as I have learned through this publication, news stories, phone calls and social media that many of you have played critical roles in the COVID-19 response. LSU Health Shreveport is fortunate to have each of you as an ambassador of our health sciences center.

Please accept my heartfelt gratitude to each of you who make LSU Health Shreveport stronger by sending your children to be our students, by sending your loved ones for us to treat and by sharing your financial resources, which in turn, allows us to continue the mission to teach, heal and discover.

Sincerely,

G.E. Ghali, DDS, MD, FACS, FRCS(Ed)
Chancellor
Class of 1994

Have a personal COVID-19 story to share?

We're still anthologizing alumni stories from the ongoing Coronavirus Pandemic.

Visit lsuhsfounation.org/mycovidstory to leave a testimonial.

FAMILY MEDICINE

When three doctors from the same family were called to action during the COVID-19 pandemic, their bonds and training from LSUHS kept them together.

The Conrad Family needs a vacation. No one can attest to this fact better than the family matriarch, Mona. She's already daydreaming of 2022, when she hopes to be able to assemble her entire family for their next cruise, ski trip or adventure abroad. Until then, she'll try not to read too many headlines about COVID-19, and she'll try to keep off of social media. She'll prepare for the worst while hoping for the best.

"I've had a lot of sleepless nights," she said over a Zoom call, with husband Dr. Steven Conrad by her side. "It's getting better lately, but it's been very hard."

Mona is worried because Steven is an emergency care physician and professor of emergency medicine at LSU Health Shreveport, where he also attended medical school and completed his residency in internal medicine.

She's also worried because her son, Taylor, is a critical care fellow at the State University of New York Downstate Medical Center in Brooklyn. Taylor also attended medical school at LSU Health Shreveport.

There's also their daughter, Dr. Lesley Conrad, who is assistant professor of obstetrics and gynecology at Emory University in Atlanta. Lesley also received her medical degree from LSU Health Shreveport.

Mona and Steven also have a son, David, who practices law. Thankfully, they don't have to worry too much about David.

"Taylor is training in both emergency medicine and internal medicine, so his residency puts him on the frontlines, both in the emergency room and the ICU," Steven said. "So, he was the one who we were quite concerned about, because he had such a high level of exposure to COVID-19."

"Lesley also deals with a lot of stressful situations, because she has to keep her patients safe," Mona added. "That part has been difficult for her."

Though Lesley specializes in the treatment of cervical, ovarian, uterine, vulvar and vaginal cancer, she also felt what she calls "the downstream effects" of the pandemic.

"We'd be operating, and I'd ask for a certain supply, and they'd say 'We don't have any.' These are things that we always had before, like a 60cc syringe," Lesley said. "Then, in speaking to Taylor, I'd learn that hospitals were using those syringes to do tube feeds for COVID-19 patients."

There was a momentary silence, as often happens in conversation with the Conrads. They share a trait of choosing their words with care.

"Taylor, I knew, was seeing things that dad and I hoped to never see," Lesley said.

It was the third week of March. Taylor was making his rounds as a resident at Memorial Sloan Kettering Cancer Center when he received a call from his chief resident. The ICUs at Kings County Hospital, back in Brooklyn, were being overwhelmed by a sudden influx of COVID-19 patients. Taylor heard a muted panic in his colleague's voice: "If you're willing to come, come."

That Friday, he packed a few bags and rode an eerily empty subway car into the city. While

Taylor was on the train, Governor Andrew Cuomo announced the "New York State on PAUSE" executive order. New York City had entered lockdown.

"I probably have a little bit of a hero complex," Taylor said. "I want to actually be in the thick of it. But I had no idea what I was getting myself into."

Taylor arrived at the Brooklyn apartment that he shares with his wife, Chelsea, at 1 a.m. Sleep eluded him. He was at the Kings County Hospital ICU by 5 a.m. The shift that Taylor began in the pre-dawn hours of that spring morning would not end for two months.

"When I got there, the entire ICU was full. We'd filled our medical and cardiac ICUs completely, and we were just starting to fill up the surgical ICU," Taylor said. "All with COVID patients."

Dr. Taylor Conrad and his wife Chelsea

Patients were "all throughout the hallways" of the hospital's sprawling, 115-bed ER, as well as the ICU and critical care unit. "Hallway beds" lined both sides of each hallway, even with four patients in each two-patient room. New patients were constantly arriving.

For a few hours, Taylor was overwhelmed. He retreated to a desk, his mind racing.

"I thought: 'What am I doing? How can we possibly care for all of these people?'"

And then, something happened that very few people outside of medical professionals, first responders and soldiers can relate to. His training took over.

Both Taylor and Lesley Conrad have memories of roaming the halls of LSUHSC as children, tagging along with their dad as he squeezed in rounds whenever possible.

"On the weekends, after my soccer tournaments, I'd go up to the hospital with dad and make rounds with him," Lesley said. "I remember being on the critical care unit, in my soccer gear, just observing him. He was definitely a role model."

Taylor also remembers childhood visits to the hospital; however, those visits didn't necessarily leave the same impression on him that they had on his older sibling.

"I loved what my dad did, but when I went to college, I thought 'I want to do something completely different,'" Taylor said. He studied economics, politics and business. In the end,


The Conrads on a family ski vacation pre-Covid (February 2020). L-R: David Conrad, Taylor Conrad, Craig Nicholson (Lesley's husband), Lesley Conrad, Steven Conrad

two factors changed his path: his need for the occasional adrenaline rush, which seemed to be entirely lacking in the world of economics, and his burgeoning relationship with Chelsea, who'd dedicated her life to public health.

Steven sees Taylor's path to a career in medicine as a near-inevitability.

"By the time he was 12, he was actually teaching some of the incoming fellows how to set up some of the emergency equipment," Steven said.

Taylor began attending medical school at LSUHSC in 2012, more than 40 years after his dad's first day of class. Much had changed...but not everything.

"Some professors who taught me were teaching when my children went through," Steven said. When asked to name a professor who shaped their medical education, all three Conrad doctors immediately cited Dr. David DeSha, Professor of Cellular Biology and Anatomy.
"Beyond anatomy, the life lessons that he teaches his students made such an impact on me," Taylor said.

All three Conrad doctors described, using remarkably uniform language, an educational culture at LSUHSC that promotes individual responsibility through a combination of empowerment and mentorship. While residents-in-training at many academic medical centers are "sheltered," according to the Conrads, residents at LSUHSC are entrusted with a level of responsibility that is not seen at many hospitals around the country.

"There's certainly a lot of autonomy, but there's also pretty exceptional mentorship," Lesley said.

"Not just in patient care, but also in professionalism and the skills that equip you to stay calm and keep moving forward during a crisis."

"You're forced into situations in which you need to step up, figure out what you need to do, and take responsibility for your own medical decisions," Taylor said.

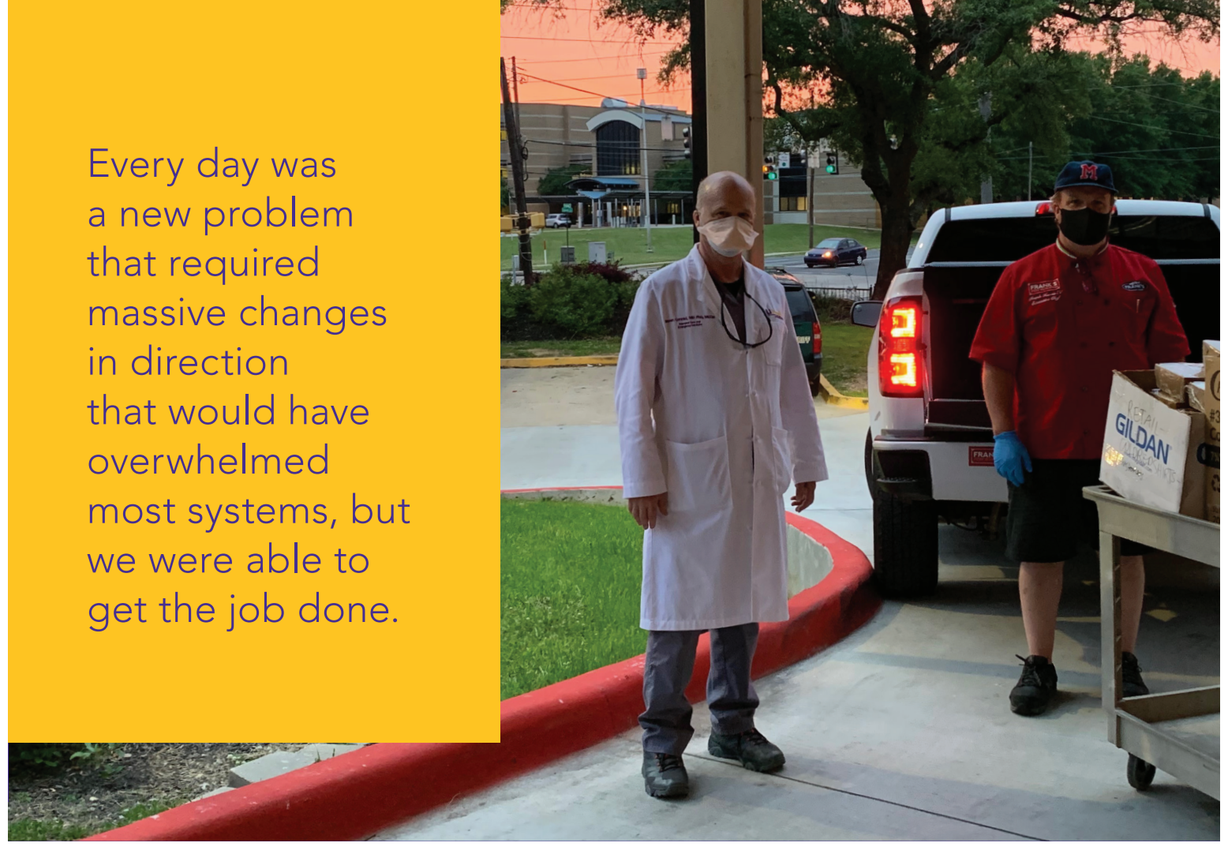
As fate would have it, those would be the very skills that Mona Conrad's three beloved physicians would need most during the Spring of 2020.

Back in Brooklyn, Taylor emerged from his moment of fear to find that he was not as outnumbered as he'd first thought.
"ER colleagues even younger than me were coming in, all hours of the day, saying 'We're here to help,'" Taylor said. "Every single day was walking into a disaster, but day after day, the nurses, techs, and everyone else would show up and play the cards that we'd been dealt."

And many of those "cards" were cruel and unpredictable. There were chronic shortages of ventilators and hemodialysis machines. The entire hospital spent two terrifying hours without wall oxygen due to a delayed delivery truck, during which time Taylor and his colleagues frantically ransacked the hospital's storage closets and assembled makeshift CPAP machines using surplus tubing, masks and pressure valves.

Tragically, Taylor's mentor at Kings County Hospital contracted COVID-19 and died. So did his nurse administrator. During this time, Lesley recalls being under the impression that Taylor rarely left the hospital.
"But I knew that he was doing what he loved to do," she said. "I knew he was able to handle it because of the values that my parents instilled in us. We can always fall back on those values."

> Every day was a new problem that required massive changes in direction that would have overwhelmed most systems, but we were able to get the job done.



They can also fall back on Steven, to whom both Lesley and Taylor recounted making panicked calls in the wee hours of the morning.

"I would call him all of the time, during the peak of it," Taylor said. "Mostly, I was calling for emotional support. But his expertise is unmatched, when it comes to critical care."

Taylor shared the story of one of those phone calls. He'd tracked down a spare ventilator but it was so outdated that no one at the hospital knew how to operate it. Taylor called his dad, who proceeded to remotely walk him through the operation of a ventilator that he had last seen used during the administration of George H. W. Bush.
"He rarely calls, but when he does, it's for a good reason," Steven said. "You know how kids are."

Back in Shreveport, Steven joined the fight against COVID-19 in a different way. In addition to his work as an emergency care physician, he helped spearhead an international study of inhaled nitric oxide as a therapeutic treatment for COVID-19. LSUHSC was only the second medical center in the U.S. to join this high-profile study.

Steven works in the adult ICU and the trauma ICU, as well as the neurosurgical and pediatric ICUs. He has a quiet, firm demeanor that belies an underlying geniality. He has witnessed the fearsome power of COVID-19 as well as proof that even the sickest patients can be wrested from its grip.

"One of the very first severely ill COVID-19 patients that I cared for, along with many other physicians, had a good outcome," Steven said. "We were able to apply some of the experimental therapies that we thought would be beneficial, including inhaled nitric oxide, convalescent plasma, and experimental antivirals. In the end, it worked out for the best."

As Steven recounted this victory, Mona beamed with pride. She, too, has seen evidence that a well-led team can overcome any obstacle. She has been a member of such a team for 46 years, since the day she and Steven were wed. Right now, she and Steven are navigating a new challenge: living together in the age of social distancing.
"This is the most time that we've actually spent together, just the two of us, in all 46 years of our marriage," Mona said with a laugh.

Together, they have raised three remarkable children and answered countless late-night phone calls. They've organized badly-needed ski trips and made the time to attend softball tournaments and swim meets (even if they did stop by dad's work on the way home).

There are still plenty of reasons for Mona Conrad to be worried, but these days, she'd rather be guardedly optimistic. She's beginning to plan that "big blowout" get-together to celebrate Taylor's completion of his fellowship in critical care in 2022. Until then, the Conrads keep practicing the best kind of medicine they know: a different kind of family medicine. •

Special thanks to All Y'All Media for helping to tell this story.

WEATHER THIS STORM

Jack Heidenreich, Jr., MD

Raceland, Louisiana
Class of 1989

My story is bittersweet, but it's the reason I became a physician.

Thanks to the training I got from LSU Shreveport and the support of my staff, I have been able to weather this storm.

In early March, I was asked to see a patient in my ICU at Ochsner St. Anne General with bilateral pneumonia. We weren't ready. One week ago, he was having a great time in New Orleans during Mardi Gras, and now he was struggling to breathe. I knew Covid was coming, and I was getting ready for it. But I was not expecting it so soon.

We had the patient on BiPap; he was quite tachypneic. I went in his room without a mask thinking he may need to be intubated. I felt his breath on my face. He was critical but stable and holding his own. I wrote some orders and went home.

I was watching the ten o'clock news, and it featured a story on Covid in China. I saw a Chinese doctor hold up a chest X-ray, and it looked identical to that of my patient. Oh no, I thought.

I immediately called the ICU and told them to mask up and quarantine the patient. The next morning I got our ID nurse to shore things up, and then I called the Louisiana Department of Health. It took a while, but I was able to convince them to test my patient for Covid-19.

Three days later, the test came back positive.

I was one of the first doctors to diagnose Covid-19 in Louisiana. My reward was a 14-day quarantine (that incidentally ruined my planned Florida vacation). Fortunately, the patient persevered and ultimately survived after two weeks in the hospital.

After three days, they allowed me to return to work with a mask and a face shield. I was ready to return to work as long as I was safe. I followed strict CDC guidelines, but was nervous.

A huge wave of Covid patients followed.

The specialists in New Orleans advised me and my pulmonologist, Dr. John King, to intubate early and avoid BiPap because of the exposure risks to the nursing and respiratory therapy professionals. It turns out that Covid lungs don't like air being forced into them like that. We had a few deaths. At one time, in my hospital, I had five patients on vents. Two young patients died. We lost a lot of elderly from our community and nursing home.

Overall, we did better than other facilities. Our numbers were small compared to New Orleans. The specialists with Ochsner were very helpful with guidance. After two weeks of vents, we realized that BiPap was much better. Once we got HEPA filters, we were able to support people with BiPap, and our survival rate got better.

I am a family physician, and I work with five other very brave internists and family docs. We take turns being the hospitalist. My senior partner is over the age of 70, and we've begged him not to work in the hospital. But he would not hear of it. This is why he became a physician. Thankfully, the PPE is protecting him, and he is doing great.

I am the VPMA of Ochsner Bayou Region. I organized Thursday lunch meetings with my fellow physicians to discuss Covid and get specialists to call in and give us advice on patient care. Every week things were changing. The doctor that was the weekly hospitalist became the expert on Covid for that week. We would take notes and get back to work.

I'll never forget this: the second meeting, every frontline physician stood up and told our pulmonologist that if they caught Covid, intubation would not be an option. We all agreed that we would prefer to die on BiPap under our own power — not intubated, on propofol, paralyzed. They were half-joking, but they meant it. They all understood the risks.

Thankfully, we recently discharged our last Covid patient. Overall, we treated around 60 Covid patients and had around 10 deaths. Compared to New Orleans, we didn't have it so bad. I can't imagine what those medical staffs went through.

Personally, Covid has taken a huge toll on my family. The virus got into our nursing home where my father-in-law was a resident. He was a 94-year-old, Purple Heart WWII veteran. He died from the virus. They let my wife go to his bedside. She caught it May 1. I caught it from her. My son and daughter caught it as well. All I can say is Covid is a lonely death. No one is allowed to see you. Fortunately, the four of us recovered. My wife's godfather contracted it and died at age 89. Great man. My

> Every day was a new problem that required massive changes in direction that would have overwhelmed most systems, but we were able to get the job done.

Covid was a horrible illness. I had moderate symptoms: chills, myalgic, chest pain, cough. Then I lost my sense of smell and taste. I guess this is what chemo is like.

My pulmonologist and coworkers were very supportive. They called us every day. They had us on a regiment of vitamin C, Zinc, Pepcid, Singulair, Advil, mucinex, aspirin, Tylenol, and Melatonin. Thankfully, we never had the cytokine storm or significant hypoxemia. My lowest O2 sat was 94% on day 3. The Ochsner nurse would check on me for about three days and finally told me I had mild symptoms. Mild, my ass. Thank God I didn't have severe symptoms.

Thankfully, she was right. On day 10, I was allowed to go back to work. Now it has been 33 days, and I am finally feeling back to normal as well as the rest of my family.

The leaders at Ochsner have done an amazing job helping us weather this storm. I can't imagine what smaller health care systems went through. We had great PPE. We were able to turn our ICU into a Covid unit. I had excellent, experienced ICU nursing staff making the necessary changes as well as upper-level management keeping the supplies coming to St. Anne as well as nearby Chabert Medical Center in Houma.

As bad as the last four months have been, Covid is the reason I became a physician. We are now ready for the next wave. Thankfully, I have tested positive for antibodies, which is reassuring. Having an opportunity to reflect and share my story has been therapeutic, so thank you for doing this! •

THE RIGHT THING TO DO

Alexandra Wright, MD

New Orleans, Louisiana
Class of 2012

I will never forget the day I was asked if I would be willing to be redeployed to work on the adult side when the COVID-19 pandemic came to our community.

I immediately knew in my heart that it was the right thing to do. However, with all the unknowns about the virus at the time and the fact that I would be willingly walking into rooms of people affected by the virus, I was overwhelmed.

After graduating from medical school, I completed residency in Internal Medicine and Pediatrics at LSU Health New Orleans and spent my first 2 years after residency as a Med-Peds hospitalist at USF Health in Tampa. I then decided to move back home and focus my career on caring for pediatric patients, and I have been working at Ochsner in New Orleans as a pediatric hospitalist since that time. When COVID-19 came and it was clear that adult patients were being hit the hardest, my department asked for volunteers to be redeployed to work in adult units in the area.

Knowing that I was well-equipped for this task, I found myself suddenly faced with a difficult decision. After a few days of being able to mentally prepare, I was redeployed to work as an internal medicine hospitalist, caring for patients affected by COVID-19. This time was unforgettable, especially experiencing how patients with the virus could decompensate so unexpectedly.

Dr. Wright with colleagues at Ochsner in New Orleans

Despite all the uncertainty, the camaraderie of the medical team and the gratitude displayed by the patients and their families was truly inspiring. Now that I have been able to take some time to reflect, it was obviously the right decision. I am so thankful to have the skills and knowledge to care for these patients and to help their families through the process. I am now back on the pediatric side, and we are currently faced with learning about multisystem inflammatory syndrome in children (MIS-C) and how to identify and manage these affected children.

All in all, I am very grateful for my medical training at LSU-Shreveport. I honestly believe we especially had an incredible clinical experience that prepared me well for my residency. While I have chosen to focus my career on pediatrics at this time, I plan on keeping up with my internal medicine skills in case they are needed in the future. Thank you to everyone for all that you do, for your families, your patients, and your communities! •

IMPROVED CARE

Barbara Carnes, MD

Los Angeles, California
Class of 1985

I am the chief of staff for a medium-sized hospital and the medical director of an integrated health care system (Kaiser Permanente) in Los Angeles County.

We serve over 250,000 pre-paid members. In early March, we identified our first COVID-19 positive patient, and suddenly we were doing tracers and furloughing multiple staff and physicians. Many physicians were unable to return from foreign travel, and those who did get back were requiring quarantine.

By mid-March, we began to see an exponential rise in cases, with doubling times of 2-3 days. Many patients presented to the Emergency Department, undiagnosed and in respiratory failure. We converted our ICU, whole med-surg floors, and a POD in our ED into negative pressure areas to cohort patients. We also opened up co-hosted ambulatory treatment areas and tents to manage the anticipated peak surge. We canceled all non-urgent surgeries and closed most outpatient clinics by transitioning almost all ambulatory care to virtual in less than a week. This allowed us to protect patients and staff as well as shift some nurses and doctors into acute care to help the urgent care, ED, hospital, and ICU service teams.

In the beginning, we didn't have much knowledge of the best way to treat patients, and we had limited PPE and testing capacity. It was chaotic, and there was a lot of fear and anxiety. We opened a full-time command center, consolidated our operational structures, and implemented daily briefings and tiered huddles.

We worked rapidly to develop clinical guidelines and operational protocols, procure PPE, and expand testing, tracing, and follow-up. We participated in the Remdesivir and Convalescent Plasma trials. We developed a home monitoring program with O2 sat and temp connected devices to follow our COVID-positive patients.
Thankfully, here in California, our Safer at Home orders kicked in, and doubling times slowed dramatically by mid-April.

During the last month, we have restarted surgeries and re-opened many of our medical offices, but we are still managing the tail of the pandemic. Since the beginning of the re-opening activities, we have seen a notable jump in hospitalizations, so we are trying to thoughtfully manage the continued COVID-19 pandemic while also addressing long-term health needs that were deferred over the last several months.

Today, most of our patients are tested and get results within 24 hours. Then, they are enrolled in a home monitoring program which follows them through telehealth, using home devices. If they have worsening symptoms that are not appropriate to manage at home, they are seen in our special ambulatory COVID medical office or referred proactively to the emergency department.

Patients are getting care much earlier, and we have been able to successfully avoid intubation and critical care through improved clinical protocols and early intervention.

Overall, my hospital has diagnosed and managed over 1600 confirmed cases and thousands more patients under investigation (PUIs), with over 250 hospitalizations due to COVID over the last 3 months.

We see significant disparities among ethnicities and the socioeconomic status of the patients who seem to get the sickest. We have learned so much and yet know we have so much more to learn to optimize our clinical management. I am proud of our team and thankful to provide care in an integrated system. •

FROM THE FRONTLINES

More stories from our LSU Health Shreveport family

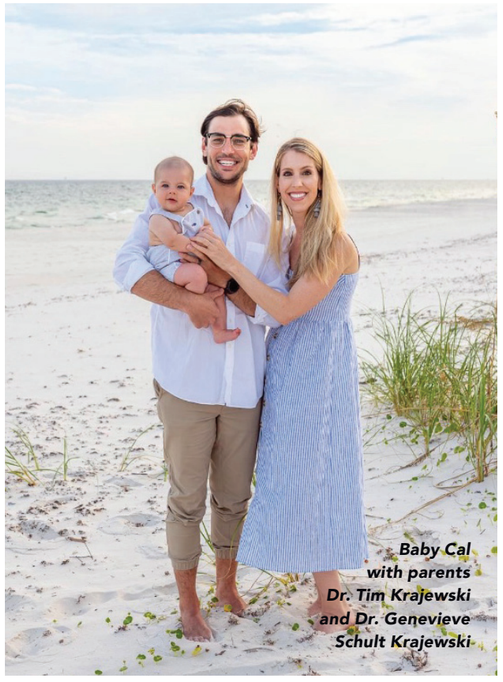
Genevieve Schult Krajewski, MD

New Orleans, Louisiana
Class of 2012

There has been a lot of stress these last few months. Since marrying last May, my husband Tom and I have both practiced emergency medicine in the New Orleans area and are on the front lines of pandemic response. In addition to the stress of the pandemic in general, we welcomed our first child Cal on March 5, after COVID cases had already started showing up in late February. I felt guilty to leave my coworkers for three months of maternity leave, but after seeing what happened during that time, I was also very worried about going back to work.

During that time, we couldn't have any visitors at home. It was hard not having my family there for support. Tom was working in the ER at St. Bernard Parish Hospital and was always concerned about bringing the virus home. He was very busy, and as the only physician on duty at times, he performed a high number of intubations in the ER. When he came home from work, he followed a strict protocol to lessen the risks of disease transmission to me or our son Cal. He would take his clothes off on the porch before coming into the house, then jump in the shower and put his phone in a UV sanitizer. After all this, he still wore an N95 mask all the time while at home.

I went back to work at Ochsner on June 1 when there was a slight lull in new COVID cases. By mid-June, cases began to rise once again, but we were more prepared than we had been in late February and early March. And because the effects of the illness are more widely understood, the patients showing up to the ER now are generally not as sick as those we saw early on.



Baby Cal with parents Dr. Tim Krajewski and Dr. Genevieve Schult Krajewski

I am very thankful that my family and I are healthy.

We know that all the precautions have worked to keep us and especially our six-month-old safe from COVID. I can't wait to be able to cuddle with my baby without fear of passing something on to him. Even while we've learned to live with the uncertainty of it all, Tom and I are looking forward to life getting back to a "new normal" for our young family.

Text adapted from a phone interview conducted in August 2020.

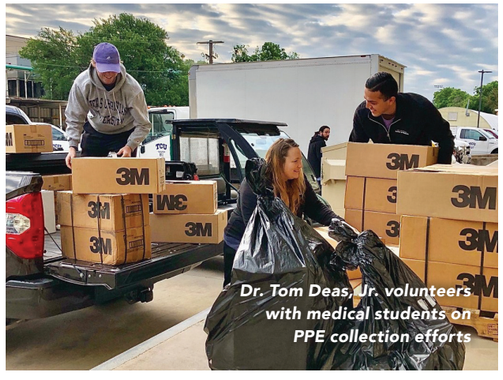
Tom Deas, Jr., MD

Fort Worth, Texas
Class of 1978

As a 1978 graduate, I am now retired from a 33-year practice of internal medicine and gastroenterology. Recently, I have been blessed to serve as a medical student coach for the new TCU and UNTHSC School of Medicine in Fort Worth, TX; therein lies my story, motivated by an incredible and diverse group of medical students. They are remarkably bright, mature, and compassionate.

They demonstrate resilience as they have adapted to the distance learning superimposed on the incredible stresses of their curriculum, not to mention the agony of social unrest in recent weeks. Yet, they still find time to serve their community with blood drives, PPE collections, assisting our public health team, providing school clothing for under-served communities, and caring for each other during these crises.

Rejoice, the future of medicine is in great hands!



Dr. Tom Deas, Jr. volunteers with medical students on PPE collection efforts

I am so very thankful for our colleagues who have risen to the occasion to tackle this pandemic head-on - I am hopeful that we have seen the worst of it.

Webb Stewart, MD

Shreveport, Louisiana
Class of 1990

Meredith Hall, MD

New Orleans, Louisiana
Class of 2020

I am an Emergency Medicine Faculty Attending for the LSU Spirit of Charity Emergency Medicine Residency Program in New Orleans. We are based out of University Medical Center on Canal Street and were inundated with Covid cases during March and April. Thanks to our teamwork and dedicated physicians, nurses, and staff, we are proud of our efforts to not only care for our patients, but support and care for each other during this time.

Cheyenne Roohani, MD

Tampa, Florida
Class of 2018

I matched into ENT at University of South Florida in Tampa, FL. As ENT's we are performing tracheostomies on patients who are intubated for a prolonged period of time and still require a ventilator. The tracheostomy allows them to stay on the ventilator for as long as they need and gets the breathing tube out of the mouth which can lead to complications if left in place too long. We perform these surgeries in the ICU at the patient's bedside to avoid moving COVID-positive patients through the hospital to the operating room.

Kim Edward LeBlanc, MC, PhD

New Orleans, Louisiana
Class of 1978

I am employed by the St. Thomas Community Health Centers in New Orleans doing mostly musculoskeletal medicine. St. Thomas is a Federally Qualified Health Center (FQHC) and serves mostly the underserved population of New Orleans and the Westbank.

Once the pandemic started, within a few days, we converted fully to telemedicine visits and are currently providing medical services to nearly the same number of patients as before. We are finding this allows many patients the ability to be seen without leaving their homes or offices, and not having to deal with public exposure to the virus. This also allows us to actually view the patient's home (somewhat) and obtain a real appreciation for the situation and environment.

Obviously, some parts of the physical examination are not possible, such as examining a knee or ankle, etc. However, with a bit of coaching, patients are able to position themselves and their cell phone for parts of the physical exam and also palpate and examine themselves. This does allow some medical information to be obtained. There are challenges with wireless or cellular connectivity and the older patients may not be familiar with their own phone. These challenges can be overcome most of the time with some effort.

COVID-19 has fundamentally changed the practice of medicine and it will be quite interesting what changes will become permanent.

On a personal note, this has made me contemplate retirement.

Paul Plusquellec, MD

Norman, Oklahoma
Class of 1992

I am part of a 12-physician, 2-PA practice in Norman, OK (since 1995). I spend half my time with office practice and the other half managing a 53-bed skilled nursing facility in town. We had a Covid-19 outbreak, starting March 29. I have cared for over 30 affected patients over two months. Only 20 cases developed in-house with the others coming to our sick wing from hospitals to recover.

Staff becoming ill seriously strained us. Fortunately, I appear to have avoided it (negative antibody test). It was the biggest challenge of my career. We lost at least six patients to the illness. One was a frail man on hospice. But, our facility has been clear for two weeks, and we remain vigilant against another outbreak.

Lauren Lange, MD

Memphis, Tennessee
Class of 2019

After matching into the field of dermatology, I never would have thought that I would be working on the front lines of a worldwide pandemic. For the first year of dermatology training, we spend our time training in general internal medicine. I had the privilege of being one of the first resident physicians at UTHSC in Memphis, Tennessee, to man one of the first COVID-19-only units in Memphis at Regional One Hospital. An article was even published in the USA today about our amazing team.

It was definitely an experience I will never forget, and I am thankful that my dermatology training allowed me such an opportunity.

Dr. Lauren Lange and her team in the Covid-19 unit at Regional One Health Medical Center in Memphis

Elizabeth Strabel, MD

Portage, Wisconsin
Class of 1991

My Covid-19 experience as a family physician in a small town (about 10,000 residents) in south central Wisconsin was uneventful. Literally.

We geared up for the pandemic that never happened, cancelling most of our appointments and getting ready for the huge wave that thankfully never materialized. But we were prepared for the worst.

Our healthcare group organized a regional location for Covid patients, and I volunteered to man it one Sunday, the first week of April. I saw only one patient, and they didn't meet the criteria for testing. Needless to say, a couple of weeks later the initiative (regional Covid clinic) was dissolved for lack of use.

Meanwhile my practice in the clinic slowed way down. It was great actually. I much appreciated the opportunity to take a breather from the hectic pace to do things in the office we rarely get a chance to do, e.g., administrative tasks like optimizing EPIC, etc. At first, I saw a couple of televisits, telephone visits, and in-person visits each day. Like everybody else, we had to learn to use a new thing called Zoom. Now my practice is about half-and-half (in-person and tele) and has settled back into a steady torrent.

Like the AllState man says, the "Mayhem Has Returned"—but my patients are in Good Hands! •

"LSU Health Shreveport is excited to continue our impact on the COVID-19 pandemic by serving as a site for this Pfizer-sponsored vaccine trial. Having our discoveries play a key role in the availability of this worldwide vaccine trial is another example of the strength of our basic science faculty."

— Chancellor Ghali

LSU Health Shreveport part of Pfizer vaccine study

LSU Health Shreveport discoveries were licensed earlier this year by global biopharma firm BioNTech and serve as a key building block of Pfizer's mRNA COVID-19 vaccine. LSUHS recently began local enrollment in the Pfizer-sponsored randomized, placebo-controlled trial currently in phase 2/3 safety and efficacy clinical study.

LSU Health Shreveport faculty member and NIH-funded researcher John Vanchiere, MD PhD, is serving as principal investigator for the study which will enroll up to 30,000 adults nationwide. He currently serves as the leader of a state COVID-19 Strike Team providing testing for ninety-eight percent of Region 7 nursing homes and other strategic communities.

Further details of the study can be found at **clinicaltrials.gov**. For information on LSU Health Shreveport's COVID-19 response, visit **lsuhs.edu/coronavirus**. •

Pfizer

COVID-19 CLINICAL TRIALS

LSUHS First Louisiana Site Approved for Clinical Treatment Trials

LSU Health Shreveport was the first institution in Louisiana and among the first in the U.S. to enroll patients in three clinical trials studying possible treatments for COVID-19 patients. In April, critical care and emergency medicine faculty at the LSU Health Shreveport School of Medicine joined the Department of Anesthesia at Massachusetts General Hospital (MGH) and the Division of Cardiology in the Department of Medicine at University of Alabama at Birmingham (UAB) to become one of the first centers in the country to enroll patients in an international study testing the use of inhaled nitric oxide to improve outcomes for COVID-19 patients with severely damaged lungs, using gas to effectively "kill" coronavirus in the lungs and improve delivery of oxygen to injured tissues.

"This is a wonderful collaboration with highly regarded institutions in the U.S. as well as sites in Europe. We have tremendous confidence that this therapy will alter the devastating effects of COVID-19, but we must test it. If results show promise, and since this gas is already FDA approved, wide spread use could begin immediately," shared **Dr. Keith Scott**, Professor of Pediatrics and Principal Investigator for the inhaled nitric oxide clinical trials at LSU Health Shreveport. "I am fortunate to have my esteemed colleague and Professor of Emergency Medicine, **Dr. Steven Conrad** working alongside me on this trial as he brings immense research experience and knowledge in working with critically ill patients."
In May, LSU Health Shreveport became one of five sites in the world involved in a clinical trial that assesses inhaled nitric oxide as a treatment for patients with mild to moderate cases of COVID-19. This clinical trial in particular will monitor patients with mild to moderate cases of COVID-19 to see how they respond to inhaled nitric oxide as a treatment. Preventing disease progression in spontaneously breathing patients with mild to moderate disease could help to reduce the number of severe cases and deaths, which in turn lessens demand on healthcare resources such as critical care physicians and nurses.

These nitric oxide clinical trials are sponsored by **Dr. Lorenzo Berra**, Medical Director of Respiratory Care at Massachusetts General Hospital. MGH reports that preliminary data suggests that inhaled nitric oxide could have a virus-killing effect on COVID-19 due to the genomic similarities between this virus and those that caused the SARS and MERS outbreaks, and studies during the SARS outbreak in 2004-2005 demonstrated that nitric oxide was effective in killing that virus.

The third clinical trial that began at LSU Health Shreveport in April involves convalescent plasma therapy. This investigative therapy uses convalescent plasma from individuals who have recovered from COVID-19. It is possible that convalescent plasma contains antibodies to SARS-CoV-2 (the strain of coronavirus that causes COVID-19) and might be effective against the infection. Use of convalescent plasma has been studied in outbreaks of other respiratory infections, including the 2009 H1N1 influenza virus pandemic, 2004 SARS-CoV-1 epidemic, and the 2012 MERS-CoV epidemic. On April 4, the first convalescent plasma therapy in Louisiana was provided to a critically ill COVID-19 patient by LSU Health Shreveport physicians and researchers. The transfused plasma was donated hours earlier that same day by two people at LifeShare Blood Center in Shreveport.

Both individuals who donated plasma at LifeShare had fully recovered from COVID-19. Although promising, convalescent plasma has yet to be definitively shown to be effective in COVID-19.

There is a need for donations of convalescent plasma to be able to perform this therapy. The current criteria for convalescent plasma donations is that a person must be 14 days post-recovery of COVID-19 with a positive antibody test.

At LSU Health Shreveport, **Dr. Ricky Bass**, Professor of Internal Medicine and Pediatrics, is generating the registry of convalescent plasma donors and **Dr. Matthew Woolard**, O'Callaghan Family Endowed Professor in the Department of Microbiology and Immunology, is collaborating with LifeShare Blood Center in Shreveport to define antibody titers.

"Because of the LSU Health Shreveport Emerging Viral Threat Lab and its serology testing platform, we are uniquely able to identify potential convalescent plasma donors in collaboration with LifeShare to produce this potentially lifesaving therapy for the entire regional community," said Dr. Kevil. •

A SPECIAL PUBLICATION

About the EMERGING VIRAL THREAT LAB

BY THE NUMBERS

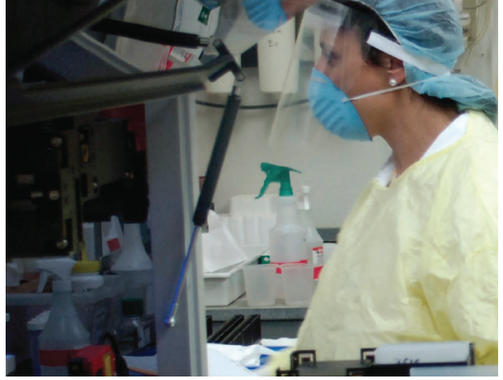
81,457 *unique rtPCR COVID-19 tests performed in the EVT Lab*

144,560 *Viral Transport Media/ Sample Collection Kits produced and distributed, in two varieties:* ***82,411*** *full test kits for use in the EVT Lab; another* ***62,149*** *simplified VTM kits produced and delivered for distribution by LDH*

2657 *serology assays, including* ***462*** *for convalescent plasma*

The Emerging Viral Threat (EVT) Lab is different from any other laboratory in the state because it not only tests to determine if a patient is COVID-19 positive, it also screens samples for other mutations of the virus.

Learn more online at
lsuhs.edu/EVTLab



"LSU Health Shreveport is proud to have nationally and internationally renowned NIH funded virologists on our faculty. Creation of the EVT laboratory brings together numerous regional experts to provide urgently needed COVID-19 testing solutions while allowing our community and state to be prepared for future viral threats when they occur," said Dr. Chris Kevil, Vice Chancellor for Research.

"I am grateful to all those involved in securing and granting the approvals required to establish the EVT lab so quickly. Our research leadership, faculty and staff have worked tirelessly to reach this milestone of processing COVID-19 tests. Their efforts will play a key role in addressing the impact of this virus on the citizens of Louisiana," stated Dr. G. E. Ghali, LSU Health Shreveport Chancellor.

The EVT Lab also offers serology testing, which is in high demand due to its accuracy in determining the number of COVID-19 cases that include those of people who have already recovered and were asymptomatic. Researchers established an Enzyme-linked immunosorbent assay (ELISA), a lab-based test that can determine the amount of COVID-19 antibodies in a patient sample. Antibodies are measured that bind against the receptor binding domain of the SARS-CoV-2 spike protein. This domain of the major glycoprotein mediates attachment to the host cell and is most diverse among different coronavirus strains and induces virus-neutralizing antibodies. Dr. Florian Krammer, Professor of Microbiology at the Icahn School of Medicine at Mount Sinai in New York, was instrumental in providing the necessary reagents to the lab at LSUHS and allowing researchers to get the tests up and running quickly.

The LSUHS antibody testing is different from those that may be commercially available because it allows for the measuring of antibody titers, which shows the amount of antibodies in a person's blood, and if linked to neutralization assays, could possibly determine whether somebody is immune.

The team also validated ELISA assays by developing a neutralization assay, which measures the neutralization of 'pseudotyped' VSV virions. These are viruses that mimic SARS-CoV-2 on the outside by expressing the SARS-CoV-2 Spike receptor protein in the viral envelope but contain harmless (not disease causing) genetic information that allow easy measurement of infection in the lab. This unique testing ability was possible through collaboration with Dr. Benhur Lee, Professor of Microbiology at Mount Sinai.

"The serology lab will aid the convalescent plasma therapy clinical trial that is ongoing at LSU Health Shreveport and throughout the community. By identifying the amount of antibody in donated plasma, we can select the most effective plasma to be used to treat infected patients," said Dr. Matthew Woolard, O'Callaghan Family Endowed Professor in Microbiology and Associate Professor in the Department of Microbiology and Immunology. "In the future, we hope to use this serology assay to better determine who has been infected and understand the scope of the COVID-19 pandemic in North Louisiana." •

Join the White Coat Society Today

Our medical students began school this fall in the midst of an unprecedented global pandemic. Just as we all are adjusting to the new normal, so must our students. They now face challenges above and beyond the normal rigors of medical education, like preparing for fully virtual residency interviews. They need your help now more than ever in this unique time.

Join the White Coat Society today to show them that LSU Health Shreveport alumni have their back.

lsuhsfoundation.org/whitecoatsociety

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