

ON THE FRONT LINES

*COVID-19 from the
eyes of those in the medical field*

BY VANESSA BEESON AND REAGAN POSTON

MEDICAL PROFESSIONALS train for worst-case scenarios as they are often required to make life-or-death decisions on a daily basis. While all healthcare professionals know that serving on the front lines, working long hours, and helping people in their hour of need simply comes with the territory, the medical field post-COVID-19 is an altered landscape. Navigating the fluid situation of global pandemic and enduring public health crisis requires a cool and collected disposition under pressure, a big heart, and a fighting bulldog spirit. We checked in with four CALS alumni who are serving on the front lines to see how they've handled the day-in, day-out of practicing medicine amid COVID-19 with poise and grace.

DR. TAMEKA HAIRSTON

Resident Family Medicine Doctor;
The University of Alabama
Tuscaloosa Family Medicine
Residency Program

HAILING FROM PACHUTA, a Mississippi community with a population of less than 300 people, **DR. TAMEKA HAIRSTON** found her passion for serving the underserved at a young age.

“I grew up seeing firsthand the health-care disparity in rural areas. With these places often also being the poorest communities, some people have to make the decision between suffering the financial burden of driving to a faraway doctor’s office or suffering through their illness. I thought, if there were more rural doctors, then the decision might be easier, and it was that notion of being able to actually help communities that are often overlooked that led me to the medical field,” Hairston said.

The road to residency, however, was winding for Hairston. An internship working for a local physician as a medical scribe made her realize that she didn’t want to be documenting someone else’s medical career; she wanted to have her own.

The 2013 Mississippi State University biochemistry grad went on to earn her medical degree at the University of Mississippi Medical Center and is now in her second year of residency at The University of Alabama Tuscaloosa Family Medicine Residency Program, where she practices under the guidance of seasoned attending physicians.

In the midst of COVID-19, rural communities have a heightened need for well-equipped and accessible healthcare providers such as Hairston. According to the U.S. Centers for Disease Control and Prevention, a lack of healthcare



infrastructure, including a shortage of health professionals for primary care, and older populations with higher rates of chronic disease are some of the factors that can make rural communities more susceptible to the disease.

Though COVID-19 has had such far-reaching impacts on rural communities like Hairston’s hometown, it has been an especially formative experience for the 29-year-old resident, who still has the vast majority of her medical career ahead of her.

“Before this pandemic, medicine, for me, was clear-cut. A patient came in with symptoms, and we knew exactly what to do and how to treat it. But because COVID-19 is unprecedented both in terms of what the medical field has seen before and the overwhelming scale of it, there’s a layer of uncertainty. It’s caused me to be much more critically-minded when planning the best course of treatment for a patient. Sending someone home with a false-negative strep test probably wouldn’t be life-threatening, but COVID-19 has

the potential to be,” Hairston said.

Hairston, however, firmly believes in the power of optimism and sees this as the pandemic’s silver lining.

“It’s difficult to think long-term when every day is so unpredictable, but I think healthcare is changing for the better in light of the pandemic. Doctors are insisting on even higher standards of care, patients are taking their health more seriously, and medical help is increasingly more accessible. That’s especially true for the care in rural communities,” Hairston said.

Hairston shared that, for those in rural communities, one of the largest inhibitors for receiving healthcare is transportation. With telehealth revolutionizing the way that patients and doctors are able to interact, a previously daunting hurdle for rural patients suddenly seems more manageable.

“Telehealth has been an option for a long time. It wasn’t until COVID-19 turned virtual practice into a necessity, however, that the major insurance

companies began to cover this type of visit, making it a viable option for those who might not be able to afford transportation or to take a full day off work. It's not an all-encompassing solution, but telehealth consultations now being covered by more insurance companies mean that we're one step closer to health equity," Hairston said.

She said that, upon completion of her residency, she hopes to one day return to her community and continue the effort for accessible health care by starting her own practice.

"Family medicine physicians, especially in rural communities, are expected to be able to treat anything. You might see us working in emergency rooms or nursing homes or traditional clinics. For me, coming from and planning to one day return to Pachuta, the ability to serve a community, whatever the need, is important," she said.

While Hairston is certainly aware of the impact one individual can have on a community, she also notes the importance of a combined communal effort in the broad scope of the pandemic.

"To beat this, it's going to require a united effort. I'm extremely grateful and blessed to be able to do my part, but everyone has a role to play in stopping the spread of COVID-19. We all have to do the little things that have been stated by multiple physicians and healthcare staff. Stay home. Wear your mask," she said. "I know the big push has been to thank essential workers, and while they deserve that acknowledgment for all they do, every single person is essential in this pandemic."

DR. ASHLEY HARRIS

Associate Chief Medical Officer
Baptist Memorial
Hospital-Memphis

DR. ASHLEY HARRIS, '04 biochemistry alumnus, grew up in Water Valley, Mississippi, and knew he wanted to be a doctor around age ten.

"My great uncle was a family medicine physician in my hometown and I grew up with him as a mentor. Watching him take

care of patients and seeing his role in the community inspired me to want to do something like that," Harris remembered.

Harris's bulldog roots run deep. When it came time for college, he knew MSU would be the first stop on his journey to med school. His dad, Wayne Harris, an All American, played MSU football from 1979 to 1982 and was inducted into the M-Club Hall of Fame in 1998, so the family was maroon and white through and through. Harris met his wife, Jennifer, in an organic chemistry lab at MSU. She became a nurse and the couple now has two girls, Kenzie and Ella, who Harris

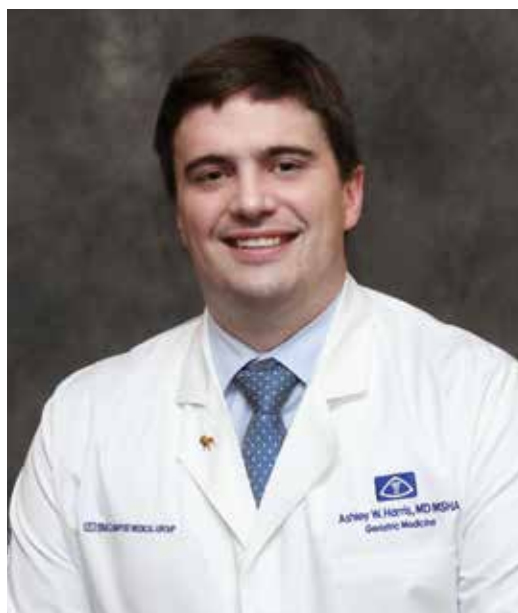
says are being raised to love MSU, too.

After Mississippi State, Harris earned a medical degree at the University of Mississippi School of Medicine in Jackson in 2007, then completed his internship and residency at the North Mississippi Family Medicine Residency Program in Tupelo. A geriatric medicine fellowship took him to Harvard University, where he served as an associate faculty member from 2010 to 2011.

As time went on, the trajectory of his career has shifted from hometown doctor to hospital administration. While Harris has always possessed a physician's heart for healing the sick, that passion led him on the path to administration, to help people he felt called to serve at the system level. Harris was inspired by his mentor—a fellowship-trained geriatrician who was chief medical officer at the hospital where he completed his residency.

"My training during residency opened my eyes to the fact that so much of our healthcare system isn't necessarily tailored to the care of older patients. While I ended up working as a clinician serving older patients in the hospital and nursing homes, I recognized that to significantly impact healthcare delivery for this population I needed to be involved at the administrative level where policies are enacted and decisions are made that can impact the type of care we provide," he said.

After his fellowship, Harris earned a



Dr. Ashley Harris (photo submitted)

Master of Health Administration from the University of Alabama at Birmingham. Now, he is the associate chief medical officer of Baptist Memorial Hospital-Memphis. In that role, Harris is a key liaison between the medical staff and hospital administration. Prior to that position, which began in May 2020, he served as chief medical officer for Baptist Memorial Hospital-Golden Triangle.

Harris helps lead a medical team of more than 2,000 doctors, nurses, and ancillary staff. He describes his role as a bridge between the administrative side of the hospital and the medical staff. His goal is to work with administrators to get medical staff all they need to care for patients, both those who may be sick with COVID-19 and those who are there for other reasons.

"While much of our day may be devoted to addressing COVID-19, we all have the same goal and that's to provide excellent care for all of our patients, whether that care is related to COVID-19 or not," Harris said.

He said the team has taken everything in stride and stepped up to the unprecedented occasion.

"This pandemic highlights the fact that by far the significant majority of people who go into healthcare do it because they genuinely have a heart for caring for others and healing sick people. I think that's

highlighted by what I've seen in the midst of the turmoil surrounding COVID-19 as our healthcare providers face challenges at work and then go home and deal with disruption in their own lives," Harris said.

He continued, "Our teams have responded with a collaborative sense that if we work together we can manage this crisis much more efficiently than if we work in silos. I think that as administrators we support our physicians, nurses, and staff by acknowledging all they do and by making sure they have the tools and resources they need to continue to provide excellent care and protection for themselves as they take care of sick patients."

Harris is board certified in family medicine and geriatric medicine and is a certified hospice medical director. His expertise, specifically in geriatric medicine, offers a unique lens for better understanding COVID-19 as it relates to older Americans.

"So much of what we do in healthcare is caring for older patients and that's certainly truer in the middle of this pandemic, which disproportionately impacts elderly patients from the direct impacts such as higher mortality rates and higher acuity of illness to the indirect impacts of social isolation," Harris said. "I think of my own grandmothers who are largely at home because of this and the impact of social isolation on their long-term mental and physical health. I think for me it's important to think about those individuals and communities that are significantly more vulnerable, while also considering the overall impact of this pandemic."

He emphasized the importance of reaching out to those populations while heeding the advice of healthcare professionals on preventing the spread of the virus.

"We are all tired of this pandemic. While we want the virus to go away, we have to be realistic. We have to adopt the practices advised by our infectious disease experts," he said. "Wear our masks. Socially distance. Leverage technology, so we can still be connected even when we're apart. Obviously, that's challenging for some of our older population but we can be intentional and go out of our way to make sure there is still that connection."

Harris said while overall challenges abound in a pandemic of this scope and size, he's honored to be a part of a team that provides care on the front lines.

"I'm very proud of our physicians, nurses, and staff because I've seen more teamwork in these last four months than I've seen in all the time I've worked in healthcare."

DR. RYAN LOONEY

Staff Physician for MSU John C. Longest Student Health Center; Doctor for Mississippi State Bulldogs

FOR DR. RYAN LOONEY, '07 biochemistry major, a career as a physician was second nature.

The Kennett, Missouri native grew up along the banks of the Mississippi River and remembers spending long hours at the local hospital as a kid alongside his twin sister.

"I was raised by a single mom who was a microbiologist at the local hospital and if she was on call at night or on the weekends, she'd bring us to the hospital," Looney said.

Whether it was coloring in a corner of the lab or walking the halls of Twin Rivers Regional Medical Center, Looney remembers the place fondly as something that inspired

his future pursuit toward medicine.

"My comfort is this profession. For me, medicine isn't a job. It's who you are 24 hours a day, seven days a week, 365 days a year," said Looney, who earned his medical degree at the Kentucky College of Osteopathic Medicine and completed his residency at Brookwood Baptist Health in Birmingham, Alabama.

For the past four years, Looney—board certified in internal medicine—has been one of the staff physicians at the MSU John C. Longest Student Health Center, serving students, faculty, and staff alike.

"People forget that MSU is like a little city when the students are here on campus. We have more than 20,000 students plus faculty and staff. On a game day weekend, we might have 100,000 people in Starkville," Looney said. "We have a very diverse, condensed community and I might see everything from a runny nose to diagnosing cancer all within a given day."

Looney said while the core mission of the center hasn't changed, the global pandemic of COVID-19 has shifted the way the facility operates on a daily basis.

"Prior to the pandemic, traffic in the clinic flowed with a little more flexibility. Now, we have checkpoints and safeguards at various intervals to ensure greater safety," Looney explained.

Looney said the center has established a separate wing to treat possible COVID-19 cases and currently, possible cases and well visits are staggered so sick



Dr. Ryan Looney. (photo by David Ammon)

and healthy patients enter the clinic at different times. He also said patients are screened prior to and upon arrival, which includes answering a set of COVID-19 screening questions and temperature check at entry. Social distancing measures have also been adopted and personal protective equipment, including masks are required of patients and medical staff alike. The team has also increased the availability of telemedicine visits, which many patients have opted for as a viable alternative to coming into the clinic.

“Everything is a lot more regimented, deliberate, and slower,” he said. “If we have to stop at a checkpoint, we stop and wait until we can move forward.”

Looney noted that the more mitigation factors implemented in any given situation, the easier it will be to keep people healthy.

“Reducing risk through social distancing, the use of masks, meeting together in smaller groups over shorter periods of time, and meeting outdoors or in well-ventilated indoor spaces will help keep yourself and others healthy,” he explained.

He encouraged people to remember that while the virus can be fatal to some, it can also be incredibly challenging to those who survive it.

“It’s not just the mortality of this virus, it’s the morbidity. People with COVID-19 might feel terrible for two or three weeks while others might have six to eight week recoveries. Since it’s such a new virus, we’re also just learning that some patients might have permanent damage,” said Looney, who noted that just because someone has a mild case of the virus doesn’t mean the person they give it to will have the same outcome.

Looney, who also serves as a doctor for MSU athletics and is one of the

head physicians for the university’s football team, said MSU Athletics have implemented layers of safeguards to keep student athletes, coaches, staff, and the greater student population safe.

“We address everything as a public health situation whether it’s in the clinic, an athletic facility, or the campus as a whole. With athletics, for instance, it’s not just keeping the student athletes healthy so they can play and be successful on and off the field. It’s also about keeping them healthy so we can help keep the student population healthy as a whole,” Looney explained.

Looney, a former student athlete himself who ran track for MSU, said going forward MSU student athletes will serve as an example for all students.

“There is more at play here and the student athletes have become a focal point for the MSU community’s public health in general,” Looney said. “For instance, for MSU football players engaging in workouts, we have protocols and strict regulations in place that have been laid out by MSU, the SEC, and the NCAA to make sure it is as safe as possible.”

He said COVID-19 has been unlike anything he’s experienced before as a physician.

“While we train for things like mass casualties, biohazard risks, and emergency medical life support, a pandemic of this size and scope is truly unprecedented,” Looney said. “During my residency, I worked on a tuberculous wing and have been around highly infectious diseases, so it wasn’t foreign to me to wear PPE but that was a patient at a time or an hour at a time. Now, it’s all day, every day.”

He emphasized the importance of slowing down, ramping up communication,

and introducing several mitigation factors to decrease the risk of transmission.

“Slowdown has become our motto and I take extra time with every single patient. Even when someone has no symptoms, we still have to be dressed in varying degrees of PPE like masks, gloves, and eye protection because we have to have personal protection while seeing every single patient but also be continuously protecting every single patient, even if they aren’t being seen specifically for COVID-19,” he said.

While he said the pandemic brought plenty of changes to the clinic and throughout the MSU campus, he said the hardest part centers on the family.

“Our families are the true frontline heroes. My wife, my kids, and the families of other clinicians, nurses, respiratory therapists, lab technicians, people who work our front desk, the people that clean the clinics and campus buildings are the true heroes behind all this and the challenge is that we keep our families safe but also keep our families sane,” he said.

He continued, “Our families are really the backbone behind this because they’re taking on as much risk as us and they are keeping us safe and without them, we wouldn’t be able to do what we’re doing,” he said.

Looney emphasized the importance of the bulldog family stepping up to take care of each other as well as stewards of one another’s health.

“Everything done on campus, whether it’s in our clinic, athletics, or the campus as a whole, it’s all done from a public health perspective. Everyone needs to know we adopt measures like wearing masks and social distancing not just for ourselves but for others,” Looney said.

He continued, “This is a public health

situation and that's why it's important for everyone to make these sacrifices so that everyone as a whole can be healthy. If one of us is well, then we can all be well."

DR. JEFF MOSES

Emergency Services Physician
Greenwood Leflore Hospital

BORN AND RAISED in Greenwood, Mississippi, **DR. JEFF MOSES**, 1980 biochemistry alumnus, followed in the footsteps of his brother not only to Mississippi State but to medical school as well.

"I don't remember ever wanting to be anything other than a doctor, so I trained in internal medicine and moved to Greenwood to build a practice with my brother. When I got here, Greenwood Leflore Hospital was looking for a director of emergency services, and I initially took the position to help pay off student loans," Moses said.

His professional stint in emergency services was only supposed to last a year. Now, 33 years later, he can't imagine himself anywhere else.

"Spending three decades with the same institution has allowed me not only to learn from the incredible doctors and staff here but also to help it grow," Moses said.

Though Moses began his involvement with Greenwood Leflore Hospital as the director of emergency services, he added that, now, the seven fulltime emergency room physicians on staff at the hospital share the responsibility of the role. This includes everything from hospital-wide disaster-response training to direct patient care in the ER.

"Working in the emergency room has been very fulfilling for me. It's an honor to be able to care for people and for them to put their trust in me, especially in times of emergency," Moses said. "In a given night, we might be dealing with a heart attack, a gunshot wound, and a car wreck back to back. Adaptability is something you develop quickly working in emergency services, and it's something

that's proven especially useful, as of late."

As an emergency physician, Moses and his team see their fair share of patients who are presenting COVID-19 symptoms. The task remains the same: figure out what's wrong and determine the best course of care.

Though there are alternatives to the ER for those who are presenting symptoms, such as walk-in testing clinics and screening centers around Greenwood, the emergency room staff serves as the gatekeepers of the hospital. Moses and his fellow physicians determine if a patient needs to be admitted and provides reassurance for those who don't.

"The global scope of the pandemic is what can be boggling, but in the bubble of the ER, we're doing what we've always done by striving for the best possible care for our patients. Now, we just wear more personal protective equipment," Moses said.

He also said that the most challenging aspects of COVID-19 have been a lack of available bed space and staffing deficiencies, both of which they've managed by upholding the caregiving attitude that is intrinsic to medical professionals.

"Hospitals have always tried to help one another in any way they can, but we have all become a lifeline for each other during the pandemic. If a patient comes in and our beds are full but the individual needs to be admitted, we are able to transfer the patient to other area hospitals that have available space. If other hospitals don't have space, then we keep calling until we find it," Moses said. "The same goes for our nursing staff. It's uncommon to share nurses between hospitals, but so many of those on-staff here are going above and beyond, both in terms of their hours and in their investment to the patients."

While this investment to the patients is certainly applicable to those who are admitted, Moses also underscored the importance of reassuring the ones who aren't.

"There's a lot of anxiety and fear surrounding this pandemic because it's something we as a society have never experienced before, but the reality is that, as scary as it is, the vast majority of COVID patients will recover. We try to remind our patients of that, even though we tell them

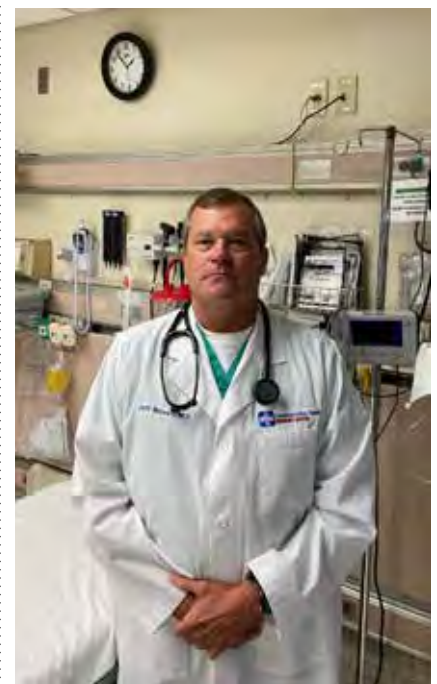
to come back if they get worse," Moses said.

Moses's optimistic diagnosis is closely related to the collaborative attitude of his medical peers. He shared that the hospital's staff holds weekly meetings to discuss the different policies surrounding the pandemic, and that, while the policies are continuing to evolve, it's because they're becoming more efficient and effective at managing it.

"As we go along, we continue to figure out better ways to minimize the spread of COVID-19 and maximize the resources we have. I think one thing that is particularly encouraging about how we're adapting to the circumstances is that none of our seven ER doctors have had the virus, even with daily exposure in the months since the first infected patient arrived in our hospital," Moses said.

For Moses, the key to COVID-19 is remaining steadfast.

"The best thing anyone can do is stay diligent. Keep wearing your masks over your mouth and nose. Keep washing your hands. Keep your distance. Keep your spirits up, if at all possible. There's no doubt in my mind that we're going to get through this, but it's just going to take a little while." 🐾



Dr. Jeff Moses. (photo Submitted)