

Transcript – Teena Shetty, Class of 1995, MD 2000

Narrator: Teena Shetty

Interviewer: Amanda Knox, Pembroke Center Assistant Archivist

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Amanda Knox: Good morning. My name is Amanda Knox. I am the Pembroke Center's Assistant Archivist. It is Tuesday, April 28, 2020. It is 10:15am and I am here on Zoom with another of Brown's alums who has decided to donate an oral history regarding COVID-19 today. So would you like to please introduce yourself to our listeners?

Teena Shetty: Yes. Good morning, Amanda. It's a pleasure to be speaking to you today. And thank you for interviewing me about this topic. My name is Teena Shetty, and I am a Brown alumni. Class of 1995 undergraduate, and 2000 for medical school.

AK: Wonderful. And can you tell me about some of the work that you're doing right now?

TS: I'm a neurologist at the hospital for special surgery and after the pandemic I've been spending some time working on the inpatient service where I see neurological complications of COVID-19

AK: Fascinating. So [1:00] you heard about our oral inter, our oral history project through Resa Lewiss, who is another of our interviewees and Brown alums who's in the medical field. Can you tell me why you felt compelled to participate in the project?

TS: Yes, I was invited to participate by Resa and I thought it was a very interesting opportunity to record, you know, real time what's happening, as the pandemic kind of has been exploding in New York City. And I think, you know, we're really seeing this firsthand in my particular hospital. I find it particularly disturbing and intriguing. In one sense, we're seeing neurological complications of COVID-19, which are not necessarily disease processes that we recognize, or

that we've been taught. So one feels a bit like an explorer in terms of actually encountering new ramifications of a virus that have not been either clearly defined or [2:00] clear treatment parameters. So it is very unusual experience.

AK: And obviously, without sharing any kind of confidential patient information, can you tell me about some of the complications that you've been seeing?

TS: Of course. So, one of the now more well recognized complications is stroke. So, there may be a pro-thrombotic effect in COVID-19 due to a phenomenon called DIC, disseminated intravascular coagulation, which leads to clotting. And from that we have seen some occurrence of strokes in the brain. This is different to the other more typical mechanisms of stroke. So it's, it's a, it's a little bit of a conundrum in terms of both recognizing it and also knowing how to treat it in the context of the virus and its complications. I think most commonly what we've seen in our postsurgical patients is actually confusion, [3:00] or as we like to call it, toxic metabolic encephalopathy, which is kind of a encephalopathic or confusional state which occurs in the virus. And this may occur in the context of a fever or delirium. But it seems to be particularly common in the virus. And that has been problematic because we have patients who have been infected for weeks who remain very confused, and have difficulty with orientation to person, place, and time. And so we have a role where we come in and try to sort through that and try to explain exactly what could be causing the confusion, but it can be challenging. Everyone is still trying to understand the complete ramifications of the virus.

AK: Interesting. When you had first heard about this virus and maybe kind of first heard about the different symptoms that were going along with it, were you able to predict that these neurological complications were going to come up or was it, was it kind of more exploring as you go kind of thing? [4:00]

TS: It was definitely more of the latter, in that there were no clear neurological complications that were well defined. Some of the initial data from China did suggest that there may be neurological complications, but they were poorly defined. And I think we're still trying to fully grasp those, and also understand how to better treat them.

AK: How do you, this might be a little bit more of a personal question, how are you finding your day to day emotionally and physically? So for example, do you feel that you have enough access to personal protective equipment? Are you finding that you have enough staff on hand to help you deal with these problems? And is it also taking an incredibly emotional toll that that maybe you weren't expecting going into it?

TS: I've been very fortunate in that my hospital has really made an effort to have sufficient personal protective equipment as well as [5:00] support staff. So personally, I have not felt that I didn't have access to those resources, but I think that is a privilege. And that's not one that's shared by all hospitals and that's a problem that we face as a city.

In terms of the emotional toll, I think it is challenging to see how much these patients are suffering. And in particular, I think one of the challenges with my particular patient base has been that they are, they're usually deeply confused when I see them and are not able to interact as well as some other patients because they're very, very ill. So that can be, that can be challenging. But I think emotionally I've been able to compartmentalize thus far. You know, clearly we have a problem in the world that we have to deal with and I feel fortunate and blessed to actually be to [6:00] help in some small way.

AK: What do you see going forward with COVID-19? Do you foresee, this is total speculation, of course, but are you expecting to see new complications as we're dealing with this longer? Or do, I know New York is kind of coming to the other side of the curve, so to speak. Are you expecting new curves or preparing for those in any way?

TS: We, there's a lot of uncertainty right now. I think we, although we have to, at this point, prepare for reopening and restructuring the new normal as we call it internally. I do think we have to be prepared for a second wave. And we don't know if that will hit in summer or fall. But if you look at some of the epidemiological predictions, I think it is, it's possible. So we have to consider that and be kind of mentally prepared for that. [7:00]

AK: A couple of more questions for you before we wrap up. I know you're on call today, so I don't want to take too much of your time. If, if I were to make this interview available tomorrow,

what is one thing you would really want people to know? And if they're listening to this 50 years from now, what is one thing you would want them to know then?

TS: That I think there's still a tremendous deal about the virus and its ramifications within different organ systems that remains unknown. It is definitely a very unusual kind of illness. We recognize neurologically that there's cranial nerves involvement, as evidenced by the people who've lost their taste and smell. We know that there is both probably central and maybe even peripheral nervous system involvement. So we need to try to contain this as much as possible.

AK: Absolutely. Another doctor I interviewed last week couldn't emphasize enough, just [8:00] put a mask on. Just, just do anything to try to contain this that you can. And I know something very special happens in New York in the evenings around seven o'clock, I believe. Have you been able to experience that at all? Would you like to talk about it?

TS: Yes, it's been very moving. I haven't, in particular been looking out for it, it's kind of taken me by surprise every day and it is, it is quite profound. As a physician, you know, you, you kind of feel like you are doing your job and that you're not used to kind of being recognized in that way. And there is a movement where many, many people really just stop what they're doing and, you know, in some form, celebrate the work of frontline health care workers. And there are so many people who are really on the frontlines and working extremely hard and I think this is, it's really very touching when the world comes together in this in this manner. [9:00]

AK: Absolutely. Before we wrap up today, is there anything else that you would like to kind of get on the historical record while, while we're here?

TS: I think, you know, I think that the pandemic has been devastating for each of us. And I feel that, you know, the way that the world has come together is, is very meaningful. And there's been many opportunities for people to, to think of how they can be helpful. And I, I personally have been touched by how many people have reached out in different ways and tried to do something that actually is helpful. And I think that there, there are many lessons that we can learn from this.

AK: Absolutely. Well, thank you so very much for your time today. And thank you also to your assistant, Esther, who helped organize this. I appreciate your time and all of the work that you're doing on the front lines for us. [10:00]

TS: Thank you. I've always heavily valued the Pembroke Center and I think this is wonderful that you're, you know, on this mission to record everything and it hopefully will be something very meaningful in years to come, so.

AK: It feels very meaningful now, so I believe that it will be

TS: Excellent. Thank you so much for your time as well Amanda, and for your effort in interviewing me.

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