

Eduardo Sanchez:

And I realize those aren't folks that are at home and to answer their phone at three o'clock in the afternoon. I used to literally get their address, this is pre-internet, I get their address. I wrote a note on a piece of paper. This is your doctor, I really would like to hear from you, and I go to their house and I put a note under their door. People would respond.

Eduardo Sanchez:

I had patients who were homebound and I learned that the process of coming to see me, which involved calling an ambulance, having them come to their house, get them all set up, load them on an ambulance, get them to the clinic, put them in a room, me see them. And then all the things that happened get undone. That was their whole day. And what I started doing was plan my visits to those homes at the end of my day. And I would drive by and I'd go and visit them.

Eduardo Sanchez:

My name is Eduardo Sanchez. I serve as the chief medical officer for prevention at the American Heart Association.

Speaker 2:

The American Heart Association mission is to be a relentless force for a world of longer healthier lives. In our pursuit of that mission, we're having some amazing conversations along the way. These are the voices of the relentless.

Eduardo Sanchez:

I many years ago coined a definition. I made it up, maybe it's out there, I don't think so, which is leadership is about stepping into uncomfortable circumstances to help manage dis-ease. And if this isn't a time of uncertainty and a time of lots of people feeling unease, I can't think of a time that's more like that.

Eduardo Sanchez:

And it is the role of AHA and the role of all of us inside of AHA. And we've done that, we've stepped into that leadership role. It's uncomfortable because there's uncertainty and there's an opportunity to help people manage up through this really difficult time.

Eduardo Sanchez:

I'm an American with a very Dominican acculturation. That affects everything about me. I spent the summers of my life as a kid in the Dominican Republic at my grandparents' house, with my siblings and all my cousins on my mother's side of the family. And those cousins are like brothers and sisters to me. That has affected the way I think about all things that I have done and all things that I do.

Eduardo Sanchez:

I went to school to study engineering. And why that binds me is that even now I'm a person who thinks in terms of systems and how systems are interrelated. I went to medical school because I am more of a person than a thing person. And systems still apply to people. They're not just about things and mechanical things and built things. They are about how people interrelate. And I became very interested in public health.

Eduardo Sanchez:

Again, it's not that that's my title, it's that my thought after I went through medical school was taking care of people one at a time is so satisfying and so important. And I got to tell you that people who are on the front lines in COVID-19 I'm both envious, but so thankful for what they're doing.

Eduardo Sanchez:

Envious, because I feel like I need to be there. And there's a part of my pride that says, why am I not there? And I thought to myself, how can one address the health opportunities for populations? And I became very, very interested in public health. Who I am is because of where I came from. I'm a family doc, I'm a public health doc. I'm somebody who is intellectually curious because my parents instilled that in me and my grandparents instilled that in me, and every summer in the Dominican Republic every day was about some new discovery.

Eduardo Sanchez:

Sometimes in the midst of no electricity, no water. And part of what we were trying to figure out is how do we make it work if we don't have water to bathe ourselves and we don't have electricity to turn things on. And young kids left to their own devices can sometimes very safely do some really, really interesting, innovative things. That's Eduardo Sanchez.

Eduardo Sanchez:

So as I came up and became a family physician, I had the great privilege of work in a federally qualified health center. Those are federally funded, locally managed health care centers that provide access to persons who either do not have insurance or are what we call under-insured. And what I learned was to think about the context in which people's lives are lived. And rather than think that because I was really smart and could write the right prescription and all they had to do was take that medication that I knew what was going to happen was just made clear that I had no clue.

Eduardo Sanchez:

And as I got to do things like go visit people in their homes. There's a couple of things about that. One, it took the burden off of them of having a really, really, really bad day because if one thing went wrong, they didn't see the doctor, but it also allowed me to step in and see how people live their lives. And it helped me reframe what might've been my thoughts, not to judge, but to know what the challenges were in their day to day lives.

Eduardo Sanchez:

So federally qualified health centers got me in front of lots of people who now we think about as the American Heart Association, and we characterize in terms like social determinants of health, et cetera. And I lived social determinants of health by doing the things I did. Those were the things that I experienced in federally qualified health centers that make me who I am, along with the whole lot of other things and a whole lot of other people in my life, patients, fellow practitioners, including a nurse practitioner, Karen Goddard, who was absolutely awesome. So it's who I am.

Eduardo Sanchez:

Through what we're living through right now, I am absolutely relentless about blending my past experience, my skill, my talent, my knowledge to do everything we can to help staff at AHA. The people

we serve through AHA, the volunteers we work with at AHA, the members at AHA and the general public at large get through this in a way that helps us all get through this from where we are to where we're going to be.

Eduardo Sanchez:

And that means providing people good, understandable information about the things they can do to protect themselves. That means providing people words of support, when they're going through tough times, providing others the science that helps us sometimes do the intellectual management that we need to do.

Eduardo Sanchez:

And the American Heart Association has stepped up because COVID-19 is an infectious disease, not a cardiovascular condition, not the cerebrovascular condition, but we are an organization that knows how to manage science, how to present science, how to provide health education. And we have stepped up to do all of those things for all of those audiences that I said earlier.

Eduardo Sanchez:

And so I am relentless about being part of that role of leadership that the American Heart Association is exercising right now in the midst of COVID-19.

Eduardo Sanchez:

I by training I'm prepared for the unknown. I spent a good time of my early career working in emergency rooms, where literally every time that I was on shift, I didn't know what was coming and I needed to be able to respond in a way that met the needs of the person or the persons who came in the door and to use the talent of the team I had around to address whatever it was that came my way.

Eduardo Sanchez:

And the most important thing I think was to play the leadership role of even though in my head, what I was thinking it was, "Oh my God." My face said, "I got this." That's part of it. I ran the State Health Department in Texas from 2001 to 2006, and I got to do some really, really great stuff.

Eduardo Sanchez:

One was, I oversaw the SARS outbreak, what little piece of it happened in Texas. From the years, 2001 to 2006, I served as commissioner of health for the state of Texas. What that means is that I ran the State's Health Department. I like to think I had 23 million patients at that time, during the 2004 flu vaccine shortage, which was a bit of a challenge.

Eduardo Sanchez:

One third of the flu vaccine supply was not going to be available in United States that flu season and we had to do some scrambling. Up to and including messages about washing your hands for 20 seconds, sound familiar. And I also was the commissioner of health when Labor Day weekend, 2005, half a million Louisianans came to visit Texas, not because they love Texas, but because a hurricane called Katrina was bearing down and was wreaking havoc even post Katrina with what happened with the levees breaking in New Orleans.

Eduardo Sanchez:

All of that prepared me for what we're doing now, but even then there was an element of trying to be prepared for those kinds of unknowable, unpredictable kind of events. And so here we are. I wouldn't say that I wasn't prepared, I would say I was prepared. And if you think about it, the American Heart Association was a few weeks ahead of many other organizations in terms of providing staff information about COVID-19, still not named when we first started, beginning to message about how important it was to wash our hands.

Eduardo Sanchez:

We were starting to think about what we would have to do if social distancing became obligatory. So the other is, I think about preparation is having the ability to scan your environment and see what's going on in other places and anticipate what happened over the course of time that might affect you directly. So maybe we wasn't thinking in early February, that we would be where we are now in early April.

Eduardo Sanchez:

But at the same time, I'm not surprised that we are where we are given where things were globally back then. I think with the magnitude of this situation ... there's a couple of things I would have to say. One thing that I am working on every single day to restrain is my sense of frustration. The one thing that I learned when I was commissioner of health is that these kinds of situations require a level of coordination and co-leadership across not only local state and federal jurisdictions, but also across public private partnering.

Eduardo Sanchez:

And while we seem to be getting to the place we need to be, I'm frustrated that we didn't get there sooner, because what I learned as I went along was that anticipating these kinds of events means thinking about how you would organize yourself in the event of an event. So I'm going to pat myself on the back for one second here and share with you a little story.

Eduardo Sanchez:

When I became commissioner of health and it was made clear to me that among my responsibilities is to respond to a public health emergency, I spent a little bit of time with others thinking about what that meant. And in that thought process, we determined that 90% or so of the assets that you would need to respond, do not belong in government hands, definitely did not reside in government hands. They resided in other hands and particularly is it related to the health department, I might've had 5% of the assets I needed, the rest was out there 95%.

Eduardo Sanchez:

And I thought, you know what? This can't possibly be a situation where I want to have a public health emergency on my hands and not have talked to that 95% of the action beforehand. And I created something called the Preparedness Coordinating Council. And it brought together folks from the private sector, the medical care sector, the ACLU. I anticipated that in the event of a public health response, you might have to do some things that we'd want the ACLU on our side to figure out the how, as opposed to the, just do it.

Eduardo Sanchez:

Things like quarantining or even a directive to self-isolate. So because of that, when hurricane Katrina happened, even though we had never thought a hurricane would be the thing that we would need to respond to, the Preparedness Coordinating Council over the time that we had invested in getting to know one another and setting up at least some informal, because none of this was by way of memorandum of understanding or anything that formal, we came up with an informal way of getting things done, that we did.

Eduardo Sanchez:

So example, I had a line of sight to every single hospital bed in Texas during the whole Katrina, Rita period. I say, Katrina, Rita, you will recall, maybe not, there was a hurricane about two and a half weeks after Katrina that came in through the Gulf coast and kind of ravaged the Northeast part of Texas.

Eduardo Sanchez:

So what am I saying? I'm saying that there's a level of frustration as we go through this. That frustration though is subsumed by my sense of responsibility and obligation to be a leader who presents a positive face, who thinks about what do we need to do to get this done right?

Eduardo Sanchez:

And because I worked for the American Heart Association and because my training has always been about learning organizations, when we're on the other side of this, we want to be at the table to look back and say, "What did we do right, and what could we have done better?" And make sure that we put that in place.

Eduardo Sanchez:

Because right now, I think it's very reasonable to believe there will be a list of things that we could have done better that might have averted, not all of COVID-19, but the way COVID-19 has played out in the United States of America,

Eduardo Sanchez:

All of my career, I've always found time to find peace. I was saying earlier that when I lived in Austin, Texas, I used to swim at a swimming hole called Barton Springs. Well, there were some days where what I did at lunch was go swim at Barton Springs to find peace. I am somebody who used to love to run more than I'm able to now that my body doesn't let me do it as much, but running is a way that I find peace.

Eduardo Sanchez:

I always try to find that time. I cannot be my best if I can't find some time for peace. I will say though, that these days and nights and weekends are all beginning to run together because COVID-19 is front and center all the time. I've stepped into this role willingly to be one of the leads in the American Heart Association related to COVID-19, but I find myself doing more than usual in public gatherings, virtual public gatherings, let me be clear, more than usual.

Eduardo Sanchez:

And I get up in the morning and have to be caught up on where are we on COVID-19 compared to yesterday, just so that I can be current. While that may not seem like a lot, it's on top of my normal

duties and responsibilities. And not complaining at all, it's in my DNA to step up and be a public servant. I'll tell you a story about the DNA.

Eduardo Sanchez:

So I am a person who this hasn't happened in a while, I haven't come across it. But back in the day, I was the dad who we'd be driving along and if there was an accident on the road, I stopped, I stopped my car, I got out, I made sure everyone was okay. If I needed to stick around, I stuck around. There's been times just so this audience hears it, you can't see me necessarily, but I'm a Brown man, and there's been times where I'm in my car wearing casual clothes and I've had uniformed officers question what I was doing.

Eduardo Sanchez:

And I've wondered to myself, would this have happened if I looked different than I do? And I've made clear, I'm a physician just trying to provide some help, I carry my medical license in my wallet, because people sometimes don't believe I'm a physician. I've had it happen in, going through customs in Miami, some years ago, I said, I'm a physician and I got put in the long line, the line where people have boxes and in red letters it said, 'claims he's a doctor'.

Eduardo Sanchez:

And when I got to the person who was in the long line, he actually apologized to me. So not too long ago, here in Dallas, I was with one of my daughters and one of her friends, we came up on an accident, I stopped the car and my daughter's friend looks at her and says, "What's going on?" And my daughter says, "He's going to go be a doctor." That's what makes me who I am. That's my instinct, and my instinct now is to do that for AHA during COVID-19.

Eduardo Sanchez:

In my role, I won't rest until we are A, on the other side of this that we've done as an organization everything we can to help inform persons who have cardiovascular disease or cerebrovascular disease, had a stroke disease about how important it is to be very, very careful about what's going on until we are part of the voice that says disparities in COVID outcomes is not okay, but we're not surprised because we've seen disparities in cardiovascular disease and stroke outcomes, and those are not okay.

Eduardo Sanchez:

And so in the long run, I won't rest until when we're on the other side of this, we can look back and say, how can we as a society respond to something like this pandemic better than we did, and how can we take some of the insights that came from our response to this pandemic, including the disproportionate effect that COVID-19 has had on people of color and people who are working in low income jobs, et cetera, et cetera? And make sure that we put in place the things that are going to make a difference.

Eduardo Sanchez:

So one that comes to mind, we have this strategic national stockpile. Back when I was commissioner of health, I conducted one of the biggest strategic national stockpile exercises in the United States. We did it in Texas, biggest ever conducted in the United States. And what that was about was serving people as well as the healthcare system.

Eduardo Sanchez:

And the conversation that we've had during COVID-19 is about face masks for health professionals. And it is very, very clear to me that our national stockpile needs to be about stockpiling what's necessary for the entire population to be able to withstand a pandemic on the level of what COVID-19 has been.

Eduardo Sanchez:

And that means knowing that social distancing is a thing, this isn't the first time we do social distancing, we did it in 1918 during the flu pandemic. We've done it in other instances. Knowing that social distancing and the need for people to protect themselves from others, if they need to be close by, we have to make sure that everybody, everybody, health professionals and others have the things they need to protect themselves, or we're going to have another situation like we have now.

Eduardo Sanchez:

Every single day, there are health professionals from physicians, to nurses, clerks, to janitorial staff in hospital settings who are putting themselves on the line to address this COVID-19 epidemic. The doctors and nurses are treating the patients. The others are supporting those doctors and nurses. All of them deserve our gratitude.

Eduardo Sanchez:

And if I have one more thing to say, it's that our public safety professionals also need a shout out. Whether they work as ambulance services, EMTs and paramedics or firefighters, or our police officers. They are putting themselves on the line as well, and they deserve our gratitude. They didn't ask for this and they are stepping up every single day.

Speaker 2:

Thank you for being a special part of the American Heart Association's relentless stories. If you enjoy what you just heard, please press share, tell a friend and leave us a review.

Speaker 2:

Your next episode is on the way. You'll meet a superhero physician who forgot to tell her husband she was going to New York City to treat COVID patients. Wondering how? Stay tuned.