

## AMA's president and president-elect discuss AMA's goals for 2021

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Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

### Featured topic and speakers

In today's COVID-19 update, AMA President Susan R. Bailey, MD, and President-elect Gerald Harmon, MD, provide details on AMA's priorities for 2021, the outlook for the COVID-19 pandemic, and initiatives to support patients and physicians, including health equity and physician wellness.

Learn more at the AMA COVID-19 resource center.

### Speakers

- Susan R. Bailey, MD, president, AMA
- Gerald Harmon, MD, president-elect, AMA

### Transcript

**Unger:** Hello, this is the American Medical Association's COVID-19 update. Today, we're talking to two AMA leaders about the outlook for the pandemic and the AMA's priorities to support physicians and patients in 2021. I'm joined today by Dr. Susan Bailey, AMA's president, and an allergist and immunologist in Fort Worth, Texas. And Dr. Gerald Harmon, AMA's president-elect, and a family medicine specialist in Pawleys Island, South Carolina. I'm Todd Unger AMA's chief experience officer in Chicago.

**Unger:** As we begin 2021, there's some good news. COVID-19 vaccines are rolling out after an emergency use authorization, but the bad news is we continue to see COVID-19 cases spiking across the nation. Dr. Bailey, what is the AMA going to continue to do in 2021 to support physicians and patients?

**Dr. Bailey:** Well first of all, happy 2021. I know we've all been waiting for it to get here and the AMA's mission and work however, does not change. And we will continue to work to make sure that physicians have the best and latest information about COVID-19. We will continue to do everything we can to support physicians in practice, advocate to the federal government for ongoing regulatory relief. Support for telemedicine, support for the financial state of our practices. We will continue to work to promote physician wellness, physician well-being, to fight burnout and physician suicide. We'll continue to work on health equity, which has been shown to be so incredibly important in this last year and has been for a long, long time. And to continue to help our medical education system, medical students, residents, faculty members adapt to this unprecedented situation we all find ourselves in and continue to re-imagine our system of medical education.

**Unger:** That's quite a lot on the plate as we try to move through this pandemic. Dr. Harmon, your hospital received its first allocation of the Pfizer vaccine and you're among the first staff members to receive it. Can you talk about the experience for you and your colleagues?

**Dr. Harmon:** Todd, Absolutely. The long awaited vaccine well, I received it about two weeks ago now, 19 days ago. In fact, I'll get my second injection in 48 hours and really counting it down. It's important. I was number six in line among our first-line workers. I was the second physician, a cardiology buddy of mine cut in line in front of me and got ahead of me. And I graciously didn't start an altercation in the line, but he was very affective as well. He stood right up and offered his deltoid muscle, took a shot and I took mine. We were excited to get this vaccine. We wanted to take a positive step in defending ourselves against this virus. And more importantly, allowing us to be safe as we provided care for our family of patients and our communities. And as frontline workers, we thought it was very important that we step up and take that vaccine.

**Unger:** Well, I know I for one am very excited about the possibility of getting a vaccine. Dr. Bailey, what's the physician's role now in promoting vaccination to those who might be less sure about that?

**Dr. Bailey:** Physicians have always been vaccinations greatest ambassadors, and we must continue to embrace and play that role. The recommendation of a physician to a patient about any medical modality, whether it being losing weight, getting exercise, making a major medical decision and especially getting vaccinations. Our recommendation to our patients carries a lot of weight and recent research has really reinforced that. We as the AMA are going to continue to help educate physicians to know as much as they can about vaccines, because we have to be completely confident in the vaccine to convince our patients to take the vaccine.

Physicians should get the vaccine, they should talk about getting the vaccine, they should share their experiences. They should do everything they can to get their staff members vaccinated and share those experiences. And then answer patients questions empathetically, patients do have a lot of questions. They're worried about how fast the vaccination has come about. There's vaccine hesitancy in general and physicians play an incredibly important role in allaying those fears and bring an end to

this pandemic.

**Unger:** We know you've spent a lot of time in the past year getting those physicians questions answered, so they can in turn answer their patients one. And there's more to come on that front, Dr. Harmon, we know that minoritized communities have really suffered disproportionately during this pandemic. Are there any specific challenges that you see in promoting vaccination to marginalized groups and what is the AMA doing to combat this?

**Dr. Harmon:** Todd, very good point. I basically live in coastal South Carolina and rural South Carolina. And I've said before we measure our growth in the number of stoplights in my town. We're up to about seven stoplights now. So we're still small town, rural America. Our hospital system is stretched right now. We have 50% of our inpatients are COVID positive. We have a COVID positive rate of over 33% in our state. So that means of every three people, one of them test positive and it's incredibly stressful right now. This vaccine is so critical to our underserved population and a lot of my population is underserved. I have probably 45% African-Americans in my community of patients and they historically ... These folks are very good friends and neighbors and professional colleagues. They historically have not been dealt the trust card when it comes to vaccines. They've been a little concerned about that.

And we as a medical, scientific community, as an enterprise need to make sure we earn their trust. We tell people and underserved, ethnically diverse populations, that this is a safe vaccine. We've taken this vaccine and rapidly developed it. It's an incredible new messenger RNA technology for the type that I've taken and that we're offering to our community. And Dr. Bailey who's an immunologist can speak to that professionally if necessary, but this is a very safe vaccine. The government in its development, the CDC and the private vendors, they cut red tape but they didn't cut corners when they developed this safe vaccine.

**Unger:** Very, very important messages. Dr. Bailey well, speaking of your practice, you work in a private practice right now. How do private practices prepare to administer the COVID-19 vaccine to their patients? And what challenges is your practice encountering?

**Dr. Bailey:** Well, there are a lot of special things that practices need to do to be able to administer COVID-19 vaccines. First of all, you need to enroll with your state or federal jurisdiction, if that is appropriate for your location to become a vaccine provider. That is so that you will be included in the immunization registry and the data can be shared. And then once you are enrolled, then you can find out how to actually obtain the vaccine. If you already are enrolled in Medicare and see Medicare patients in a private practice, you don't have to do anything else, but if you aren't seeing Medicare patients, you still can give vaccines to Medicare patients, but you do have to get a special enrollment for that. And CMS has got a website all set up, [cms.gov/covidvax-provider](https://www.cms.gov/covidvax-provider). And we can post that on the screen or put that on the website, but it's got all sorts of tool kits in there.

We've got to make sure that you've got the proper storage capabilities to handle the vaccine. Most private practices don't have the cold storage to deal with the Pfizer vaccine, which has extremely cold requirements but the Moderna vaccine just takes a simple freezer and refrigerator. You've got to be able to be ready with paperwork. You've got to be ready with special consent forms. Giving the shot itself is not that big a deal, most practices are going to feel comfortable administering an IM injection into the deltoid, but you do need prepared to treat anaphylaxis if it occurs. It isn't happening often, there's just really a handful of cases, but it's a good idea to have epinephrine on hand to know how to recognize and treat anaphylaxis and make sure that you watch patients for 30 minutes, if they have a history of drug allergies. And be able to follow up. With the Pfizer vaccine it's three weeks, with the Moderna vaccine it's four weeks, subsequent vaccines that are coming online, we'll have other requirements and we've got to make sure our patients get that second shot to be fully protected.

**Unger:** Thank you. AMA's immediate past president, Dr. Patrice Harris met with President Trump and his administration to tell them exactly what physicians needed to effectively fight COVID-19. I remember at the top of that list was PPE. Dr. Bailey, what would you tell the incoming administration that are the top three things physicians need at the most of this stage of the pandemic?

**Dr. Bailey:** Well, the AMA has been in dialogue and has been working with the incoming administration and if, I had to summarize all of my desires in two or three bullet points. The first one would be to leave science to the scientists and to listen to your public health experts. We need to rebuild the trust in the CDC and the FDA that has eroded over the past year. We need to let them feel like they can speak what they need to speak to communicate with the public. We need support of our practices. We still need financial support. We need relief from the regulatory burden and yes, we still need PPE. We've been asking all along for there to be a national system for tracking PPE and we still would like to see that happen. And lastly, I think just right now, we need support in vaccinating as many people as we possibly can in the next few months to help bring an end into this pandemic. We need a national strategy on how to get vaccines in arms as quickly and as equitably as possible.

**Unger:** Absolutely. Dr. Harmon, would you add anything to that list?

**Dr. Harmon:** I would foot stomp, which is an old aviator term. I would emphasize with a stomping foot what Dr. Bailey just said. I want to make sure that we equitably distribute and immunize folks with the vaccine. That's critical. I live in this underserved community, I practice in it daily. I want to make sure the poorest folks in my community that have the poorest access who might not be able to get on a website, who don't really have the bandwidth to do all this stuff and fill out the consent forms online and everything. I want to make sure we get that vaccine to those communities. Those folks are disproportionately affected by the coronavirus. They're already economically disadvantaged. They're already having to go to work. They can't always work from home, we all know that. They're having to work away from home. They're having to do some physical skills that can't be done telephonically or in a virtual workspace. So they're already struggling.

Those folks, my patients in those communities, we've got to make sure they get the vaccine. We're working hard with that in our local community. It's critical that we get that population vaccinated. We doctors, need to be kept healthy, safe and in the frontline. And I appreciate that, but then we need to go out there and deliver that frontline health care.

**Unger:** Dr. Harmon, after 11 months of the pandemic, it's really taken a huge mental toll on both physicians and patients. How do you suggest we cope with this challenge as we head into 2021?

**Dr. Harmon:** Todd, it is. It's a big toll. I would tell you, I personally, I don't know if I would say it's a mental toll, I hope that I'm still mentally active. But boy, that emotional toll is really tough, that behavioral toll. I don't know that I have COVID fatigue. I have just a COVID experience fatigue, every day. I mean, now I always look for my mask as I'm getting into car, I grab my mask. We don't go anywhere for essential shopping trips without making sure we have several extra masks in case something happens. I never thought of having a backup mask, but you do it. Sanitizers, all the things we try to make sure as a community that we're maintaining all the social rules. We really are getting fatigued. That's an incredible emotional toll. And now we're having to back down the hatches a little bit more, as we've had a spreading of the virus in our local communities. I mentioned 33% in South Carolina today. That's an incredible number. Half of my patients in the hospital are COVID positive patients and I'm not talking about just a lab test. These are sick people.

So we really have a great toll. I want to tell you thinking ahead, I want to make sure that we don't let our guard down and I've taken care of a lot of people now that have been, as you said, 11 months into it, nine months since March, when we kind of closed down our schools and closed a lot of things in March of 2020. Now 9, almost 10 months later, we're starting to see more people sick in our community. We've never had 30%. I think that's a result not so much of the virus transmission, is our fatigue letting us drop what we're doing. I don't think we're wearing as many masks. We're still having people going to parties, for goodness' sake. When you have 33%, you have a gathering of 10 or 12 people, you're almost guaranteed to have a positive in that group. We're not thinking rationally. That's a mental toll. You're exactly right.

**Unger:** Yeah. Dr. Bailey, thinking specifically about mental health, what can hospitals and practices do to help physicians and patients with their mental health now and throughout the year?

**Dr. Bailey:** I think that one of the most important things is to normalize and encourage open expression of how people are feeling, of fatigue, of exhaustion, of frustration. And I also think that it's incredibly important for health systems to make extra sure that all of their health care workers are properly protected with PPE. We know that some states are asking systems to have stockpiles of 60, 90 days of PPE on the shelves. That's all well and good, but that doesn't mean you ration PPE on the front end just to make sure that your stockpiles check someone's box. The lack of PPE is a major, not only a medical risk to the patient. It's a mental risk to the provider as well, because of dealing with that constant underlying fear that they're not adequately protected and that they're going to become ill

while they're caring for their patients.

It's also important I think for hospitals to understand that flexibility is important, that we need to make sure that people are getting enough rest, that they're eating well, that they're able to stay hydrated. Just the basic needs of daily living, while they're caring for patients. And as time goes on for all of our population, we need to continue to support parity for mental health care. We need to be able to make sure that the needs of all of our patients in all of our communities in terms ... because depression is skyrocketing, suicide rates are up. And just things like anxiety and insomnia are being reported by so many people. And those things can have long-term sequela. So we need to be able to support the mental health, just in general, even if it's not directly related to COVID.

**Unger:** Well, as we enter this year and we reflect on what we saw in 2020. Dr. Bailey, what's one kind of thing that you've learned personally in 2020 that'll help guide us in this coming year?

**Dr. Bailey:** Oh, gosh. I think that flexibility is probably one thing that I've learned, it is incredibly important. Learning how to take care of patients through telemedicine, something I'd never dreamed that I would do. Leading medical meetings through virtual formats just like this one. Rolling with the punches and realizing that you're going to have to do some things differently in order to be able to achieve the goals that you want to achieve. The goals are still reachable, you just may have a little bit different set of tools in your toolbox to get those done. And I think in all of our society, we're all doing things differently. We're going to church differently, we're going to school differently, we're going to work differently. And I think flexibility and the willingness to change is a vital skill these days.

**Unger:** Dr. Harmon, what's the one big thing that you've learned personally that you're going to apply in this coming year?

**Dr. Harmon:** You've touched on it Todd, you and Dr. Bailey both. And that's the frontline worker, the physicians, the lab techs, the nurses, the respiratory therapist. I had a military career, I understood battle fatigue. I understood coming back from the battlefield, when you're in the theater of operations, AOR. We'd come back and you'd get to decompress. You had post-traumatic stress. You would be in a battlefield where there's lots of stress at 24/7 around you. Then you'd come back, you're in your civilian community, life is normal. You get to rest a little bit. Right now, we've been in a battle for almost a year. The enemy's right with us everywhere. There's no such thing as decompressing. You can't even go on vacation because you can't travel anywhere. Think that through, it's an ever-present battle.

I worked this past holiday weekend. The two days after Christmas, Saturday and Sunday, I volunteered to give some battle fatigued, younger physicians, some rest, just a little. They had younger children, they needed to be home with their children on the holidays. I'm blessed to have them in my neighborhood, but they're all grandchildren. And I see them literally every day, if I want to. So I worked two hospital shifts. And let me tell you, I had not only battle fatigue, I was physically



fatigued. I learned that I'm maybe a little bit more human than I thought and I also think that we as doctors or frontline workers need to not be embarrassed to reach out. To say, "Hey, I need a bit of a break." And so I encourage, and I think all of us need to do that to each other, touch each other at least emotionally and spiritually. You can't physically do it. You got to maintain your distance and wear your gear. But say, "Hey, are you okay today Susan?" "Are you okay today, Todd? How are you doing?"

I thank people when I go to the hospital, I thank them for working, whether they're in the reception desk, whether they're housekeeping. I tell them, "Thanks for working the holiday weekend. Are you feeling well?" They say, "Dr. Harmon, I am. Thanks for asking." So it's all about morale boosting. It's about appreciation and it's about a willingness to reach out and offer help. That's going to be my new year now, is to be a hopefully reveling in a better tomorrow and learning the lessons of last year.

**Unger:** That's amazing. Last question for you, again thinking about where we've been and where we're going. We're in a situation where we've lost 350,000 lives in the U.S. from COVID-19, we're in a much different place than we were last year. Dr. Harmon, do you feel hopeful as we begin this new year? What are you, what are you looking toward?

**Dr. Harmon:** I'm looking towards having an element of what the allergist, the immunologist, the epidemiologist talk about herd immunity, where we have enough vaccine recipients out there that we won't have to worry about the spread, unintentional spread. And we'll be able to have some social gatherings, some meetings, some ability may be even to touch somebody at some point. That would be incredible. Just to put your hand on their shoulder and say, "Thank you for what you've done." To be able to every now and then to share that long, lost art of hugs. I can't wait for that. And we were going to get there, but you got to be patient. I just mentioned that I've had patients over the last two or three weeks that have been so safe and so diligent and so focused and now they've let their guard down. And bingo they've turned positive, if they can wait another month or two, maybe three months, depending on how our logistics work. We're going to have that vaccine. So I've got to maintain an air of positivity, an air of support, but an air of vigilance all the same. Stay focused.

**Unger:** Dr. Bailey.

**Dr. Bailey:** I have so much hope, Todd. We have learned so much in the past year. We've learned all about COVID. We've learned how to treat it. We've developed multiple vaccines, and I am very hopeful that we will be able to take what we've learned and not only help get our society well, but to work on the problems that really got exposed during the pandemic. The inequities of health care, how fragile our health care system is. The weaknesses in our public health infrastructure. And I think that now we have got learnings from all of these things that we can use in the future. We're going to get there. We will get this pandemic behind us. There will be a new normal, I am confident of that, but we just have to stay patient, stay vigilant and hunker down until we get there.



**Unger:** Well, thank you both so much for all the work that you're doing. We do have a lot of work on our plates. That's it for today's COVID-19 update. Dr. Bailey, Dr. Harmon, thanks for being here today and sharing your perspectives. We'll be back tomorrow with another segment. For resources on COVID-19, visit [ama-assn.org/covid-19](https://ama-assn.org/covid-19). Thanks for joining us, take care.

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