Steven Stack, MD, MBA, on Kentucky’s challenges in battling COVID [Podcast]
Dr. Steven Stack on confronting challenges in Kentucky's battle against COVID

Sep 13, 2021

Listen on Simplecast

Featured topic and speakers

In today's COVID-19 Update, a discussion with Steven Stack, MD, MBA, commissioner of the Kentucky Department of Public Health and former AMA president, about how Kentucky is faring in its battle with COVID, including the state's recent surge in cases and challenges posed by the politicization of health care issues.

Learn more at the AMA COVID-19 resource center.

Speaker

- Steven Stack, MD, MBA, commissioner, Kentucky Department of Public Health and former AMA president

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today we're talking with the commissioner of the Kentucky Department of Public Health and former AMA president Dr. Steven Stack in Lexington about how Kentucky is faring in its battle with COVID. I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Stack, boy I remember over a year ago, we were talking about COVID-19 in the initial parts of the pandemic. You were trying to get people to take it seriously then. Fast forward to right now, I think you've described or the Kentucky governor described, the situation in Kentucky as dire. What are you seeing down there? What are the numbers look like in terms of cases and hospitalizations?

Dr. Stack: Well, sadly the cases are at an all-time high and the hospitalizations, both regular admissions, ICU and ventilator use, all at all-time highs. They blew through the prior record highs that
we had this past winter. It's really pretty bad and I think a lot of people did take it seriously. I mean, we've got over 60% of people are vaccinated here in Kentucky. That's almost two-thirds have taken it seriously. There's just, unfortunately, a really substantial minority of the population who just see the world very differently and unfortunately, we're paying the price for that right now.

**Unger:** And we've seen that those unvaccinated populations are really driving this surge, especially in the face of the Delta variant. A lot of states are struggling with ICU beds and other shortages, same in Kentucky?

**Dr. Stack:** Oh, absolutely. So we have hospitals that have extended to 130% or more beyond their normal bed space and to non-traditional areas, places that have converted regular medical floors into ancillary ICU units. We have hospitals where we have over 40 or 50% of all the people in the hospital are COVID patients. It's in places where they just cannot find enough nurses and doctors and other staff to operate their full capacity. So there's actually in many of the hospitals enough extra beds, there's just no qualified health care professionals to operate them.

**Unger:** And I guess that makes it even more puzzling that you're facing a pretty strong contingency in Kentucky that is actively working against mitigation measures like mask mandates that are backed by science. What else can you tell us about that situation and other obstacles that you're facing?

**Dr. Stack:** Well, it's difficult and we're not going to persuade anyone by bludgeoning them with facts, by arguing with them. Generally that just causes people to dig in more and feel the need to prove and demonstrate that they were actually right. So we're going to have to find other ways to help have people hopefully come around on this. I wish it didn't take death and permanent harm to people but it may be that that's what it is. And what we're seeing now is Delta variant is hitting people who are younger and it's hitting some of these people much harder. So we have instances of people in their thirties, who from the day they got sick to the day they died was five days. We've had an announcement, I think today, of a 19-year-old, a couple of days ago a 15-year-old, certainly more people in their thirties and forties who are succumbing to the disease. At some point people will look around and probably realize, wait a minute, the people who didn't get vaccinated that I actually know are starting to get hurt. But until it's that close and real, I'm concerned that we're not going to get this population to come around on it.

**Unger:** I get to talk to a lot of physicians who are outspoken on this topic, are really doing their best to communicate this. Is there anything that you're finding that's working in this kind of fight to get those unvaccinated people into the column of the vaccinated?

**Dr. Stack:** Well, I think first of all, whenever you can have testimonials from people that some of the harder to reach audiences can relate with, right? That could be whatever demographic you're talking to. If you find people that others trust and relate to and they tell the story, that's probably more helpful. It's really more about a human connection than it is about the science and facts at times. The other
thing is try not to make it too personal and don't argue with folks. That's not going to win anyone. Argument is not going to prevail on this. And then the other thing is I think we all have to practice the best possible self-hygiene we can for ourselves. Particularly as I'm here talking to what I know will be a largely physician audience, physicians, nurses and other health care providers are really stepping up and going above and beyond to take care of folks. You got to take care of yourselves too. And I know as an emergency physician, the emotional drain and anguish that there can be when you have people dying multiple times a day and the distress of being overwhelmed, we've got to make sure we don't internalize that and see it as our own failing because it's not. We're doing the best we can with now a pandemic of the unvaccinated and until the unvaccinated join the vaccinated, unfortunately the crisis will continue to reemerge.

Unger: And this surge couldn't come at a worst time because we're, of course, into the initial weeks of school, students returning and last week it was reported that infections forced about one fifth of Kentucky school districts to temporarily close. How are you dealing with challenges like these?

Dr. Stack: Well, they're difficult. Obviously we need kids in school, right? In person instruction is so important, both for the instruction, the socialization, food and nutrition services, other social services. Everyone wants kids in school. The way we do that is everybody gets vaccinated who's eligible, everyone 12 and older, and we use masks when we're in indoor spaces. The combination of vaccine for all eligible and mask use for all when they are inside the school setting would enable us to keep the vast majority of kids in school and benefiting from in person instruction.

The problem is when we have somehow politicized as a society these masks, so we refuse to take a simple, inexpensive public health measure that could make all of those other goods possible. What we end up with is people getting sick and then whether or not we quarantine them in public health, they end up staying away home when they're sick anyway because they don't feel good enough to go out and then, unfortunately, some of them end up in the hospital and we have the other crisis we already discussed. So we got to have people get vaccinated and wear those masks to get through this. It's going to be a difficult journey. It has been so far.

Unger: In fact, I think the situation has gotten so overloaded in Kentucky that you have the federal government in there working and other help to help kind of manage the crisis. How do you see state and federal governments working together in a time of crisis like this and have we learned anything so far in this kind of year and a half that we've been in this?

Dr. Stack: Well, I think we've learned that human sociology and behavior is the really difficult thing, it's not the science at this point. I will say, regardless of who's the president of the United States because obviously we had a big transition midpoint through this pandemic, the career public health professionals, the career science professionals at the national, the state and the local level, in my personal experience, have done heroic work and we have cooperated and collaborated openly and freely to try to help all of us do the best we can. And across the states there are colleagues who are
my peers in other states doing really heroic work under really difficult circumstances. I couldn't be more proud of what we're trying to do. The difficulty of course is translating that into the reality of the world. Otto von Bismarck says 'politics is the art of the possible.' It's not what you want, it's not what you believe should happen, it's what you can persuade society to do and to follow and we have to find a way to get more people to follow the good guidance that public health personnel are already putting out across the nation.

Unger: I think that's so right. A similar sentiment expressed today in a big op-ed in the New York Times that you have a scientific miracle and where the trouble is, is in the marketing and changing human behavior and that's always been such a challenge. I mean, when you look at the situation, what is it going to take to turn the corner on something like this?

Dr. Stack: Well, it's tough. So I have actually read some books on pandemics during this pandemic. I don't know that that was much of an escape but I did it anyway. There's a book called The Great Influenza, I think, in 1918 the Spanish, it's not the Spanish but the 1918 influenza epidemic. And then also a book called Premonition, which talks more recently about the current situation. And then I read one about the crisis in the red zone, which talks about the Ebola outbreak in 2016 in Africa.

The one about Ebola comments how people in the African communities feared the outsiders who were giving the guidance because they were outsiders coming into their community. But when the local community started to recognize whole families were dying off because they were touching the bodies of deceased and being too close, they started doing reverse quarantine. People didn't leave their house or their home, they stayed inside and away from everyone else so that they could stay safe. I think what we're going to have to have happen, unfortunately, is people are going to have to really rigidly adhere to these things, get vaccinated, get boosters if they get approved, wear your mask, avoid places where you can get infected and then the disease, unfortunately, appears to going to have to run its course through everybody else, with all the harms that unfortunately it brings, until we get to a place where it's mitigated a bit as the threat. And hopefully some of them will then come along on the journey of vaccination.

If we looked through history, small pox, measles, mumps, rubella, polio, right? Meningitis in college kids, hepatitis. The thing that brought those diseases under control was vaccination. This is not an untold story before, it's a tale as old as time and it's been shown over and over again. We've got great vaccines now, we'll make them better yet as we learn with the evolution of the virus but they only work if people take them.

Unger: Yeah, we had a chance to speak with John Barry, the author of The Great Influenza, on a segment last year. If you haven't read that book and you have a chance, the afterward in that book is about as close to a crystal ball as I've ever seen in a book written back in 2005 and basically kind of laid out a scenario like the one we're facing right now. Dr. Stack, last question. Your presidency at AMA, you had plenty of difficulties to deal with and difficult topics to have discussions with the media.
How does something like this compare?

**Dr. Stack:** Well, first of all, shameless plug for the AMA. I'm a big fan and have been and obviously, as a past president, I've had the privilege to see the organization at pretty much all of its levels. The AMA faces difficulties all the time. There are always crises that feel like they're existential threats, a threat to the profession, a threat to health care, a threat to the association itself. So I think the AMA during my time, and those before and after me, always faces difficult challenges. I will say being a public health commissioner during a pandemic like this one has been orders of magnitude harder. I really don't have anything in my professional or personal life that approximates the intensity or the duration of the distress that this kind of job has brought with it. And also the difficulty of providing and projecting leadership reassurance to a population of health care providers and public health workers who are in serious distress because of the ongoing unrelenting intensity of this burden.

I will tell you though, whether it was at the AMA and serving the professional medicine or serving the public health community, it is an incredible privilege, a privilege to be part of these teams and to serve alongside these men and women who are doing such amazing things to try to help the public and society at large, despite the fact that large numbers of folks are really now enduring and bringing upon themselves and others horrible harms that could otherwise be prevented.

**Unger:** Well, Dr. Stack, I want to say thank you for all the work that you're doing in Kentucky and to all of those physicians and their health care teams down in Kentucky, thank you. That's it for today's COVID-19 Update. We'll be back with another segment soon. In the meantime, for resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us and please take care.

**Disclaimer:** The viewpoints expressed in this podcast are those of the participants and/or do not necessarily reflect the views and policies of the AMA.

Copyright 1995 - 2021 American Medical Association. All rights reserved.