Q & A with Mitchell S.V. Elkind, M.D., MS, FAHA, FAAN, volunteer president of the American Heart Association for its 2020-2021 fiscal year

1. How has your experience been so far with the AHA and what is it that made you get involved with the organization?

My first experience with the AHA was as a new faculty member at Columbia University, when I was fortunate to receive an AHA grant to study inflammation and stroke. The grant was actually an award created by Bert Scott in memory of his wife, Kathleen Scott, who died at a young age from stroke. That research fellowship helped launch my research career and made me a committed lifelong volunteer for the AHA. And now, of course, the icing on the cake is that I get to serve as President with Bert as Chairman of the Board!

2. What are some of your goals now and what will be your focus, fiscal year goal?

As only the second neurologist to serve as AHA President in its nearly 100-year history, I am committed to expanding the AHA’s focus on stroke and brain health. I hope to bring more neuroscientists, both basic and clinical, into the AHA family. Now that the AHA has made brain health a key element of research focus, along with cardiovascular disease and stroke, I plan to encourage members of the neuroscience community to think of the AHA as a scientific home, a place to look for research funding and intellectual engagement. There are so many areas of overlap between cardiovascular disease and neuroscience, like sleep health and vascular contributions to dementia, and I would love to see AHA take the lead in facilitating research in that borderland.

3. In the current climate do you have any thoughts on how it could impact your presidency?

There is no question that the recent dramatic changes in our world have impacted our organization and will influence my goals as President. The pandemic and its associated economic crisis have challenged us to focus on the most impactful activities and to be as smart and efficient as possible. At the same time, these crises make our work more important than ever. We are a voice for science, evidence, and the highest ideals of clinical practice and professionalism, all of which we have now turned towards this pandemic. We quickly learned that COVID-19 can cause heart disease, strokes, and other vascular complications. As a result, we quickly launched efforts to provide
education about COVID-19 to the public and the medical community, to offer research funding on COVID to combat the virus, and to set up clinical research resources like our Get With The Guidelines COVID registry. The pandemic has also highlighted the fundamental weaknesses of our public health and healthcare infrastructure, particularly for the most vulnerable in our communities. This has led us to redouble our efforts in advocacy to support health care reform and a number of initiatives to foster equity and strengthen the social determinants of health. Finally, the recent horrible murders of Black Americans and calls for police reform have made clear to me that we need to relentlessly push to make clear the links between systematic and structural racism, health outcomes, and social justice more broadly. This will become another central focus of our work this year.

4. What would you want your legacy to be?

I hope that I help to successfully steer the AHA through the myriad complicated medical, economic and social difficulties that we as a society face right now. My fondest wish would be that we look back years from now and say that the AHA during this year met the challenges posed by a global pandemic, which threatened everything we believe in, and responded with leadership, energy, and integrity to save lives and improve the quality of life for all. At the same time, on the scientific front, I hope that under my leadership the AHA will embrace fully the community of basic, translational, clinical, and population neuroscience researchers. Neurologists and neuroscientists are brilliant, passionate people, and neuroscience itself is in many ways a next frontier in medicine and biology. We are just beginning to unlock the mysteries of the brain: this organ carries all our human thoughts, joys, abilities, and fears. It will take many more years of study to understand how it all works. I would be thrilled to watch the AHA, with all its resources and talent, tackle the thorny issues of brain health, and to feel that I contributed to that process.

5. Can you tell me a little about your background – why you chose to be a stroke neurologist? What are your key areas of interest/expertise?

Since college, I have been fascinated by questions about how the brain functions, how that three-pound gelatinous mass in our skulls creates all of the experiences of a human life. In medical school, I found neurology the most interesting specialty: witnessing the ways in which brain disease changed those human experiences was humbling. During neurology residency, I discovered that modern medicine and technology now offered ways to ameliorate brain disease. While I was a resident, in the early ‘90s, clot busting medications like tPA and interventional techniques to dissolve clots were just beginning to improve outcomes in patients with stroke. Finally, I could see, neurology was not just fascinating in an abstract, philosophical way, but offered an opportunity to improve people’s lives in dramatic fashion. Along with these new treatments came the opportunity to conduct research and expand the benefits to more
patients and to those who previously would have been left behind. This led to my undertaking a stroke fellowship that included training in epidemiology and clinical research. Now I spend most of my time conducting population studies, trying to identify novel risk factors for stroke in diverse communities, and running clinical trials that test therapies for stroke patients. One of my main areas of interest has been in the ways in which infections contribute to cardiovascular and stroke risk, a topic of paramount importance in the wake of the coronavirus.