

CONVERSATIONS WITH MIKE MILKEN



Joelle Simpson

Medical Director of Emergency Preparedness,
Children's National Hospital

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Mike Milken: Dr. Simpson. Good morning.

Joelle Simpson: Good morning, Mike.

I remember when I met you the first time. I couldn't be more proud of the path you've taken, which led you to Harvard University and an undergraduate degree in neurobiology, which led you to George Washington University for multiple degrees, becoming an MD, and also a degree in public health. You've continued to develop your career, from pediatric emergency medicine to emergency preparedness. Let's start at the beginning. How did you get interested in medicine?

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My interest in medicine came about probably like a lot of others where I had a personal experience in my adolescent years. My grandmother was diagnosed with a brain tumor, but at the time my grandmother was in Trinidad where my family is from. We had migrated to the U.S. in the early nineties. From a distance, I was trying to speak with her and explain to her some of the science of what was going on. At the time I was fortunate to be in a summer program for high school students with exposure to research

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in the neurosciences. So I actually was able to understand to some degree what was going on with my grandmother. Being a translator of science to my family was a source of pride for me and that I was able to support my grandmother.

So I became very interested in the neurosciences, which is why I pursued those studies at Harvard. After graduating from Harvard, my first job was working with a nonprofit organization that was focused on public health, and particularly on researching Medicaid programs across the U.S. I became fascinated by the

financing of health, the public health impact of certain diseases and of culture. I subsequently entered medical school, where that interest just continued to flourish; not just the sciences, but the art of medicine. That led me to where I am today.

Joelle, when I think back on when I met you as a senior in high school, how did the family transition to the United States? What was your initial experience in the U.S.? Where did the family settle and why?

I'm fortunate to have two parents that are passionate about education. They were determined that my brother and I should have the choice of a fine education wherever we chose. While Trinidad has an amazing educational infrastructure, it may not have had the choices that we have in the U.S. My mother's family was already here in New York, so we moved and settled and became citizens in New York. At the time I entered high school, we were exposed to programs that emphasized science and math and allowed us opportunities to be exposed to scientists and mentors that I might not have otherwise had if I were not here.

My family sacrificed, honestly, in moving to the U.S. because we had a good life in Trinidad. My parents gave up their jobs and the security of a home that they owned in

Trinidad to move here. We moved to a small apartment in Staten Island, New York. I remember my mom searching for a job. We had no credit history. We had no job history in the U.S. My parents, when they enrolled us in school, kept emphasizing the importance of prioritizing our education. And my parents themselves prioritized their education. My mom continued to go to college here while I was in school and got her graduate degree in business. We have been able to really benefit richly from the educational system to advance ourselves and to get me where I am today.

Before we turn over to the most important job you do on a daily basis, how have your parents fared during this pandemic? How's your brother, how are your nieces doing? How has the family done?

As with many families across the U.S., we have grave concerns for not just COVID, but a lot of the violence and the issues that we're seeing on the news. My mother continues to mother me, despite my living on my own here in D.C. She's very concerned about my safety. I am concerned about hers too, but we are all staying safe. We check in regularly even if it's on a video call. My nieces, we try to continue to reassure them and to explain as best as we can, what all the differences in their life might be, why they're not in daycare or kindergarten. We're supporting each other as best we can, learning day by day, how to support others, our extended relatives and our communities as well. But this is a sad day.

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Joelle, as you've pointed out, after living and dealing with the coronavirus and other challenges, the tragic death of an African-American man in Minneapolis, the resulting merited protest has changed the world considerably over the last week. Let's focus first on the coronavirus and what had occurred. As director of emergency preparedness for Children's National Hospital, which normally serves about 220,000 children a year and performs over a million lab tests, there's been an unbelievable responsibility. I know Children's National raised its age, I believe to 29, so they could take the burden off the other hospitals. You've had a front-row seat. Have you ever had to deal with a crisis like this before?

Mike, no, I've never had to deal with a crisis like this before. While my training and preparation did consider elements of what this crisis has forced us to think about, I will be honest in saying that I never imagined the degree of exhaustion and the multitude of issues that have come about with this crisis: on a personal level, on an institutional level, on a community level, on a national level. While I am proud of my training and certainly proud of the work Children's National has been doing to be at the forefront and to be a leader in all of this, this is a challenging experience and no amount of preparation could really have prepared us for what we've been facing.

Well, I know at Children's National there's not been one child who's died that you've taken care of. What has surprised you during this effort, as it relates to the teams you lead, the doctors, the nurses, and other people work in healthcare, the reaction to the patients? Is there anything that you didn't expect that you're going to take away from this for future use?

“Any child in the community that may have mild symptoms or exposure concerns to COVID-19, or have a family member that may be immunocompromised, can request a referral to the drive-thru [testing] site. We've been able to manage a car every three to four minutes; we've had over 2,000 patients tested. For our community ... it has been a win-win.”

I think most surprising in some ways is the true resilience of the staff and our community in being able to adapt or to respond to the various measures that we've had to impose in order to keep our team safe and our patients safe. I can only imagine how overwhelming this is for anyone who's not in the disaster medicine space, where we do drills and we do exercises and so forth.

I know that I have an amazing team at Children's National and here in Washington, D.C. that are always prepared to do what's best. But even the best preparation would not have taken

away the pain and the challenges of adapting to the circumstances of today; whether that be an eight-hour shift with PPE usually affecting your ability to interact with kids where they can see your face; where they can see your smile; having longer sign outs because it takes time to undress and to decontaminate yourself of the gear that you were wearing at the hospital so you can go home safely to your families; and just sort of dealing with the stress of the ongoing unknown of what is the next phase that we might have with coronavirus. When do we learn of a new disease process? As you know, in children we've seen the new variant of clinical symptoms potentially related to COVID-19 called the MISC Syndrome – the Multi-System Inflammatory Syndrome – even dealing with that new context in the way that we take care of kids and assess children

during this time is all very challenging. When most people think of a disaster, and when we had been planning for disasters, we had no idea that it would be ongoing now for weeks and months and potentially years. So while surprised, I am actually very proud that Children's National, my community, has risen to the occasion.

We can only imagine if you're separating a child from their parents and the fear the parents might have if they're not by the bedside of that child, how did you cope with these issues?

These are difficult issues, and in many ways goes counter to my training in pediatrics and what we've learned as the best way to have family-centered care and to deliver the art of medicine. When our team structure at Children's National came together, we have what we call an Incident Command Structure, which is the leadership team. That's an integrated team of multiple disciplines across the institution: physicians, nurses, finance, operations, disaster, and preparedness. You all come together to prioritize around three principles that we championed at the beginning of all of this: one, we would keep our staff safe; two, we would keep our patients safe; and three, we would do what was best for our community.

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Keeping those core principles helped guide a lot of the decision making and how we approached COVID-19. While we did have to alter certain policies that we would typically have, where we would normally say family members can be at the bedside, families can come as a unit to the hospital to accompany their child. Having to make decisions about limiting entry, limiting visitors, because of the safety of our staff, but also of our patients, those were very difficult decisions. But we made them as teams and we made them guided by those core three principles that we started with first. None of it comes easy. We have worked very closely with our communications team to not just share what our thought process is with our staff, but also with our partner hospitals so that we're consistent across our system. And then ultimately with our network of physicians and practices around us and with our patients.

How important have communications been in Children's ability to serve the community and earn the community trust? I can just imagine a mother, a father, and an uncle grandmother, grandfather having to let go of their child and not being able to be at the bedside. How do you make the loved one feel comfortable with regard to their child if they can't be with them?

Yes. I agree with you. Communications has been the core of a lot of our response to COVID-19 for our institution, for our families. I think one advantage of Children's National has had is that we have been for 150 years a trusted source of care for children in the Washington D.C. region. We're fortunate in that we had that trusted relationship with our network of practices with our communities prior, and we've continued to be diligent with sharing our messages in every format possible to reach, in an equitable way, all members of our community.

I know you opened a drive-by testing program. How has the community responded?

Mike, you're hitting on one of the proudest moments I've had through this entire COVID-19 experience as a leader at Children's National. We were able to open the drive-thru site because of a call to action from our community and from our community network of physicians and practices. With the partnership of our local philanthropists, we were able to support that drive-thru site so that no one would have to have any out-of-pocket costs and

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that we would have equal access to anyone or any child that needed to be seen or tested for COVID-19. As a result, the experience of being at the drive-thru has been one of the most fulfilling experiences I've ever had in that parents are extremely grateful. Children are extremely grateful that we have been able to provide a resource that caters to them.

Many of the messages around COVID-19 have been reassuring to some extent that children are not as affected or may not be getting as sick as some of the adults. But children is still concerned. We as pediatricians certainly are concerned

about whether or not they may still carry the virus and living in homes with members that are vulnerable, and what interaction is there that we should look at that we should study as we continue to plan the public health preparedness for responding to the various phases of COVID-19.

One of my favorite aspects of this response that we have instituted at Children's National is to have a kudos board where we allow communities to send us messages about what they have experienced when they interact with our staff. We have been flooded with gratitude, with appreciation for the work we've been doing both in the community at sites such as the drive-thru, and also at the hospital. Our communities I'd

like to say are happy. I will also say that we're open to feedback. Just this past weekend, I was there on Saturday and some parents were offering ways that we can improve our throughput there, ways that we could enhance the experience. We continue to say that we're not perfect, but we're continuing to work day-to-day to meet the needs of the community as they evolve through this experience.

For our listeners around the world, Joelle, can you explain how the drive-thru works?

Absolutely. Any child in the community that may have mild symptoms or may have exposure concerns to COVID-19 or have a family member that may be immunocompromised can call their primary care provider, usually a pediatrician, and request a referral to the drive-thru site. Once that referral is obtained, which is electronic, they can present that at the drive-thru site. Many times we accommodate patients by taking a shot of the referral on their phone or a print out if they were able to print it. At the site we provide interpreters. We provide medical student volunteers that guide the patients in their car through to a station where we allow kids to stay in the comfort of their car with their family members. It's actually quite helpful when they're restrained with a seatbelt or car seat. Then we do a three-second nasal swab or throat swab to obtain the specimen. We process that and send it off to our partners in the lab. We return the results to the primary care provider, who's then able to share the results back with the family. Usually in under a week in that process. We've been able to manage a car every three to four minutes, and we have three stations. We've had over 2,000 patients tested in that process. For our community of providers, our community of patients, it has been a win-win.

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Joelle as a pediatrician, are you still seeing patients during this coronavirus period?

Yes. I still work. I am proud to be a pediatric emergency medicine physician. I had a shift just this past Friday. Yes. I'm still on the frontline seeing patients. That's the core of who I am and my training. It's not something I'm willing to let go.

How do you see yourself, your teams, the other doctors, nurses, clinicians at the medical center returning to normal? If there's any such word as normal.

I think life has forever changed. I am very close to a colleague of mine who has twin one-year-olds. I think about her story at night, where she says she leaves a shift and she's been able to borrow the apartment of a friend above the apartment that she lives in, where she goes to change and shower so that she doesn't expose her children to this virus when she leaves the hospital. That story is not too uncommon among many of my other colleagues that have children. I don't have children myself, but I'm an aunt to three nieces, one of whom was born a week ago. It makes me sad that the world has changed such that I cannot easily pick up and celebrate with my family in person for some of these great moments in life.

That being said, I hope I speak accurately for my colleagues in also noting some of the privileges that we've been able to enjoy with our families are being taken away or don't exist for some families that don't have equitable access to healthcare. A concern of mine and of my colleagues are the disparities in our community that we are seeing more and more, and particularly seeing in our children, that need to be addressed and that need to

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be prioritized as we move forward with this crisis. We're concerned about our families. We know that our life will never be the same. I also think about the families who right here in Washington, DC already had those sorts of challenges prior to COVID-19 and they're exacerbated even further with the uprising and a lot of inequalities that we're seeing across our country.

If I had my wish list of things that could be focused on a little bit more intently, it would be more support for the researchers, for the data scientists that are trying to analyze the factors affecting specific communities. Particularly minority communities that have been disenfranchised or that have not had equitable access to healthcare and tying the social structures that might exist to affect patient outcomes in those populations. It has been exceedingly difficult to perform that type of research because there's such a complexity to the factors that impact children's health, and particularly children's health in communities that have been affected greatly by the socioeconomics, racial and ethnic inequalities. We need more research, we need more data. But then we also need that to follow up with the resources and the interventions that can be established in communities to better close that gap. I think in particular mental health, I keep repeating, is a concern of mine. I think particularly for COVID-19 when the clinical impact of COVID-19 may not be as dramatic on children, I think the mental impact of this virus and of this pandemic is

going to be quite severe, particularly in these communities that I'm referring to. I would love to see more resources invested there.

As a young African-American woman, as a leader in your community, how have the events in Minneapolis and in the country affected you personally, your family, your co-workers?

The events around George Floyd's death and the subsequent impact in our communities, at its core has resonated with me for multiple reasons; being a black American and having a brother and a father who are black men, who I think about could be easily misjudged or threatened, not because of who they are, but because of what they look like. It's a very, very sad day in our history and in my life. My family came to this country because of the opportunities, and I am grateful for everything that we've been able to achieve in America because of the beauty of this country.

The events of the past couple weeks, certainly years, when this has been an issue in many communities, shows us that there's a long road to go for healing and for dealing with the deep-rooted racism that's in our country that affects us on a direct and indirect ways. I think about my family and my colleagues who are now significantly anxious about their own safety, anxious about the safety of their communities. We're anxious about how we deliver healthcare in a climate such as this. How do we manage to keep the children safe in the midst of all of this? And how do we manage to reassure children that there is a future for them where they are cared for and where they can find safety regardless of their background, their race or the color of their skin. I'm feeling called to a charge where me and my co-workers and my family have been thinking about ways to try to improve the messages that are going out there and to work against the ideas of racism and the issues that are being raised now with our protests and to speak up about these issues as we see them.

You are a part of a group of almost 500 that are part of our Milken Scholars program that we started in the 1980s. My wife, Lori and I were so focused on opportunities for children from lower socioeconomic backgrounds and particularly immigrants. They've come from more than 40 countries, their parents have come from more than 70 countries. You're the class of 1995. You chose to go to Harvard as an undergrad because of your amazing skills. We've had more than 100 of our 500 scholars go to Harvard, and you had a group go with you when you attended Harvard. Are you close to the other Scholars today? Do you interact with them? And particularly those that went into the field of medicine, do you compare notes professionally with them?

Mike, one of the most pivotal moments in my life was being accepted to the Milken Scholars program. So first I want to express my gratitude for all of the resources you've

made available to us through that program, which is more than a program. It truly is a family for me. I'm proud of the network that we have formed among the 500 Scholars. I am in almost active communication with many of them daily through our social media platforms and quite a few call me regularly to check up.

I live just a mile away from Marcela who, you know went to Harvard with me and is a fellow Scholar. She has done everything from drop-off dinner to sharing videos of her two-year-old son to make me laugh. And certainly my other healthcare Scholars, especially the ones in the emergency department, we have convened and we have talked about the challenges of this experience. I think one of the best nights of this entire COVID-19 pandemic for me so far was when I received a surprise video hug from the other Scholars that was sent to me in an email; they surprised those of us Scholars that are in the healthcare field with messages of love and support during this pandemic and recognizing that the work on the frontlines is no easy task. I'm still very active. In fact, as you know, there is a branch of the Scholars that is here in Washington, D.C. Every year since it's been here in D.C., I've been active in interviewing the new Scholars. I'm excited that we will be recruiting another year, that this COVID-19 pandemic will not prohibit us from being able to welcome more members to our family. I'm proud and I actually feel quite supported by my fellow Scholars and by the program in general.

Joelle, I am so grateful to you and the Scholars. Our hope in this program was to create opportunities for the Scholars to flourish. Your commitment to academics and public service in high school, like the other 500, was like a United Nations coming from so many countries and giving everyone a chance to feel part of a group. To see you and others not only flourish in your careers, but become leaders in their community is so rewarding and so uplifting. I also want to thank you for being a role model for the new Scholars that are coming in. This program, where we stay with you for life, really gives us a chance to see development and leadership. With such a diverse group with so many different experiences, the contribution you've made to your communities in this country is immeasurable. I want to thank you. We look forward to many more successes in your leadership in the healthcare area, and what you've learned here that can be applied to so many other locations, not only in the United States, but the world. We wish you good health, and thank you for choosing the field of healthcare to work in.

Mike, thank you so much for those kind words. You've been a mentor to me all these years, and I'm truly grateful for that guidance and the motivation and support to be a leader in healthcare. As our motto for the Milken Scholars states, "lifelong leaders," right? So I'm trying to fulfill that charge.