

Dr. Jose Q&A **December 7, 2018**

1. As a dedicated member of the American Heart Association, could you share with us how you first became engaged with the association?

In 1969, I received my first extramural funding from the American Heart Association, Nation's Capital Affiliate which was a \$10,000 postdoctoral fellowship grant. The research dealt with determination of renal blood flow distribution during development in the dog and hemorrhagic shock in adult dogs. This extramural funding from the American Heart was very important in establishing my independence as a research scientist.

2. Would you say there was a defining moment within your membership that you realized the American Heart Association is not just an organization to “join” but a place where you can continue to grow in?

When I continued to be funded from 1969 to 2000 by the American Heart Association, Nation's Capital Affiliate for research on the development of renal function and regulation of blood pressure.

3. We know you have been a tireless supporter of involving more international members. Can you tell us why you are so passionate about this and how international members can become more involved?

The American Heart Association is a very important part in the prevention and treatment of hypertension, a major cause of morbidity and mortality in developed and developing countries. Making everyone aware of the importance of diet, exercise, and good environment in the prevention and treatment of cardiovascular disease is cheaper than prescribing drugs to prevent, control, and treat the malevolent consequences of hypertension.

4. If you could identify a few key benefits of AHA membership that continue to attract you, what would they be?

The AHA is very involved in funding research to determine the causes, prevention, and treatment of hypertension. The AHA is very important in educating the public in the prevention and treatment of hypertension.

5. The Council on Hypertension proudly sponsors numerous awards, honorary lectureships, and travel grants, each of which honors outstanding and notable researchers and clinicians, early career investigators or medical students. What advice would you give student and early career members relative to these awards to keep them engaged with AHA throughout their career?

These awards should be used as incentives to come up with innovative ideas on the pathogenesis, prevention, and treatment of hypertension. The effects of the environment and life style of blood pressure should be in the forefront of such activities.

6. Within your years as an active member of the American Heart Association has there been one moment that you are most proud of?

Incorporating pharmacogenomics, i.e., treatment based on genetics, could be part of patient-centered treatment of hypertension. Pharmacogenomics should take into account the kidney. Dr. Robin A. Felder and I have developed tests to diagnose salt-sensitive hypertension using molecular biological/genetic methods in the urine. We also try to make people aware that a very low salt diet, as with a high salt diet, can cause hypertension.