

MIL Podcast Episode 105 Resilience Transcript

Dr. Leak: Welcome to the Health Disparities Podcast, a program of Movement Is Life. I am Michelle Leak, your host for today. And I am joined by my co-host Bill Finerfrock.

Bill: Hello

Dr. Leak: Movement Is Life is a health equity oriented collaboration with representation from numerous medical organizations forming our steering committee. Today it's our honor and distinct pleasure to welcome some of those members to today's very special and important discussion. So I'd like to first welcome Dr. Augustus White, professor of orthopedic surgery at Harvard Medical School, and author. Welcome Dr. White.

Dr. White: Thank you very much. It's a joy to be here, particularly with such a distinguished group of colleagues to discuss this very important topic.

Dr. Leak: I'd also like to introduce Dr. Jonathan Silver. Dr. Silver is the Chief Physician Associate at Kings County Hospital. So, welcome Dr. Silver.

Dr. Silver: Thank you, Michelle. Thank you for having me on your cast here.

Dr. Leak: You're quite welcome. Also from Kings County Hospital, joining us, is Physician Associate and Master of Science, Ismail Abdul-Wahid. Hi Abdul.

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PA Abdul-Wahid: Hey Michelle. Thank you. I'm excited to be here. Thank you

Dr. Leak: I'd also like to welcome Dr. Hadiyah Green-Guerrera, Doctor of Physical Therapy. Welcome Hadiyah.

Dr. Green Guerrero: Thanks for having me.

Dr. Leak: Next I'd like to introduce Dr. Melissa Walker. Dr. Walker is a family medicine physician and assistant professor of osteopathic principles. Welcome Dr. Walker.

Dr. Walker: Thank you, Michelle. Good to be here.

Dr. Leak: And last but not least, I'd like to welcome, a warm welcome, to Dr. Ramon Jimenez. Dr. Jimenez is an orthopedic surgeon and mentor. So, welcome to the entire panel.

Dr. Jimenez: It's a good day from California.

Dr. Leak: So, we're going to talk about resilience on today's podcast. And psychologists define resilience as the process of adapting well in the face of adversity, in the face of trauma, tragedy, or significant sources of stress. For example, family and relationship problems or issues, serious health

concerns, or workplace and financial stressors. In other words, resilience is the capacity to recover quickly from such difficulties. We all have resilience and we all need resilience. Patients need resilience as they face medical challenges. Healthcare providers need resilience considering the demands of their profession. And in the context of diversity and inclusion, healthcare providers of color need perhaps an extra dose of resilience. Today we will explore why that might be so, as our panelists share challenges they have experienced and the role that resilience has played in helping them to thrive and flourish. So my first question is for our friend, Dr. Augustus White, someone who has furthered our understanding of unconscious bias and who brings a very humanistic approach to this subject. I might also add that Dr. White is the acclaimed author of "*Seeing Patients*", and he recently published a new book called, "*Overcoming*". So, Dr. White, would you share with our audience your thoughts on how you see resilience as being deeply connected to our basic humanity, and also the importance of fostering empathy?

Dr. White: Well, those obviously, are important questions and resilience is a gift of our humanity. We all have potential as part of our basic human nature and construct in our psychological makeup to be able to be resilient. And of course resilience, in the simple terms, means being able to bounce back after adversity. And it's an extremely valuable tool and it's estimated that 90% of us or more, at some time or another in our life, will have a

substantial tragedy. A substantial problem. And we want to learn to connect the potential for our resiliency when that sad situation may occur. That is kind of a theme that we have. And the problems, in terms of putting this in a healthcare setting, is that unfortunately there's a tremendous propensity for a number of groups of us in this society to receive not such good healthcare, disparaged healthcare, inferior healthcare. And those problems are very challenging and many of us are all working to change that. But while we're waiting, as we push back within our various spheres of influence to change these unfortunate healthcare realities, we need to be resilient so that we can go on with some decent quality of life, A, and B, the energy and the fortitude to push back against these terrible inhumane realities in our society.

Dr. Leak: Dr. White, thank you so much for that overview. I would like to bring Dr. Hadiyah Green-Guerrera into the discussion. Dr. Guerrero, you have researched this subject and noticed that there are discernible patterns in coping strategies among medical professionals. Are there different coping mechanisms among different populations of professions? And more specifically, what does your research say about strategies for dealing with micro-aggressions, specifically in the healthcare environment?

Dr. Green Guerrero: Thank you so much for the question Michelle. I'm finding amongst my peers - and by peers, I mean anyone in the healthcare field

from pharmacy to medicine to nursing and allied health or rehab - that we all are set up in different ways, as far as the potential that Dr. Augustus White related to. And that we all have an innate amount of resilience or reserve. And that some of us, because of the different sectors of the United States that we belong to by demographic or racial categorizing, are already set up and told to protect themselves in a way that will help facilitate their progress and ultimately success in life. Some of the respondents to the research I was doing showed the environment was very important, right? So, whether you're a practitioner in the military or a student going through the military process of becoming a physician, a therapist or other, and also your ethnic background was important.

Dr. Green Guerrero: So, for example, there were some who were of Asian backgrounds, and they tended to use the feedback that they got that we might call micro-aggressions and internalize it as something that, oh, the difficulty I'm experiencing has to do something with me, so I need to work harder or just bury your head and push through it. Whereas, other racial ethnic backgrounds, particularly in black medical or healthcare providers, had a different coping mechanism. Meaning they would actually speak to another peer if they had that option, or a mentor once they made them. So there was less of an internal, like, this is my problem. It was almost an immediate recognition that this micro or macro aggression is happening from externally to me, which kind of puts the person in an ongoing battle,

as opposed to the person who takes it and internalizes it and says, oh, this is something about me that I have to fix and then just pushes forward. So, I think what's important to take from that isn't just the coping and the resiliency, it's that we make choices and the support networks around people. So, the more structured the environment, the more successful the candidates were in their professional lives.

Dr. Leak: What I'm taking away is that it's a combination of the inherent resiliency that's within us, as Dr. White mentioned, coupled with the environment that sets us up to be the most successful in dealing with challenges, be there microaggressions or otherwise. So, in keeping with that theme, let's bring in a couple of our other colleagues, and let me set it up a little bit. I did some research on my own, in terms of physician associates and the demographics related to physician associates in the United States, and I discovered that among physician associates, 60% of them are women, while 33% of them are men. In addition, I discovered that the most common ethnicity among physician associates is white, which makes up like 71% of all physician associates, compared to roughly 11% of physician associates being Asian, 10.5% are Hispanic or Latino, and about 5% are African American or black. So I would start with Ismail. In our meeting to prepare for this podcast, you mentioned that your patients who look like you, African American, those patients that look like you are responding very well to you, and that you are really bringing that cultural

competency piece and concordance. Is that part of resilience for you?

Seeing those positive patient responses to you as an African American healthcare provider and as a male healthcare provider? Talk to us a little bit about that experience and what that has meant to you.

PA Abdul-Wahid: I just want to say, like, of that subset you said 5% of the profession are African Americans. Obviously, a smaller fraction are African American males. And like I said, as a provider, patients definitely take notice. So, when they see a black male provider, they see it as a kind of rare occurrence and they're very receptive towards it. While working in Kings County Hospital in Brooklyn, the majority of the patients who are serviced by the hospital are black and brown patients. So like I said, when they finally see someone who looks like them, they're very receptive to the care they get. It's interesting because, you know, they've done studies where they have providers who see patients of the same ethnic or racial background, and patients respond much better in terms of medication adherence, as far as building rapport, as far as treatment outcomes when they have someone who looks like them. I'm not trying to say, let's say a black patient to a white provider, that there is any difference in care, I think there is a standard of care. I think that the biggest thing is patients have a different level of trust. And if the patients have that perception that they're getting higher quality care, they're going to be much more adherent, again, with all those treatment plans and its better outcomes for everybody

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involved. So, for me, it's definitely a nice feeling that patients have been receptive when they see someone like me and it's very gratifying that I'm making an impact, especially in a community that has such a disparity in healthcare, it's very nice seeing that come full circle.

Dr. Leak: For sure. So, let's talk about the flip side of that. Have you encountered patients and/or staff that are not as receptive to you as an African American and male healthcare professional? And if you have, what are some of the strategies that you have used to maintain your resilience in the face of that?

PA Abdul-Wahid: Yeah, I can honestly say since I've been practicing, I haven't like seen any overt questioning or disregard for me as a healthcare provider. There might be a small few instances where maybe someone might second guess what I have to say. I'm not really sure if that's attributed to my racial background or ethnic background. But if that ever does happen, you know, you just have to be respectful and show the patient that I'm well-trained. I have the appropriate credentials. Like I said, if they want something run by someone else, they can seek a second opinion. But overall, I haven't faced anything that's been blatantly overt, and I think that's a sign that times are changing, and that people respect providers of different backgrounds and ethnicities. And they realize that diversity in

healthcare is important to everybody, and it allows for patients and providers to give and receive better care.

Dr. Leak: I certainly appreciate that Ismail, very much. I think that we have made progress, but I still think we have a way to go, but I'm glad for our audience to hear that you have had an overwhelmingly positive experience. And even when someone might question you, the way that you're framing it in terms of being respectful and just move on, I think that's a very good message for our audience to hear. Dr. Silver, I'd like to just talk with you a little bit. You've mentioned to us the shortage of black males in your profession, and we heard the stats just a bit ago, but you mentioned that, that may be due to bias and selection, right? Recruitment and selection. So, something that is important to you has been to be a part of these selection committees, at your organization and elsewhere, and to encourage young black men to consider a career as a physician associate. So, could you share with us a bit more about your experiences and the work that you are doing to address challenges and to advance the profession?

Dr. Silver: Yes, I will. Thank you, Michelle, for the question. That's an excellent question. This is my actual 30th year being a PA. And over the 30 years, I have seen very, very little growth from black men in our profession. So, I say that to say, I have taken it upon myself to do something about that as

one individual. I teach at two different universities. I made a conscious effort to be part of the admission committee process in the evaluation of all the candidates that propose an application to the PA program. As well as being on the committee, I am a mentor to the students who are in the program to keep them going and to keep them as a strong candidate. But the work that I am most proud of is working in the high schools and the junior high school systems to encourage young black men to pursue a career in medicine. As I sit on the committees that select these young men of color, I see all the different biases that are proposed to keep us out of the system. One of the things my mother taught me as a young man is to be part of the solution, you have to be at the table making the decisions. And I wanted to be at that table making the decisions on selecting these young black men to be part of a PA program. And I can honestly say, I think I have made a difference, but I'm not finished with my work yet.

Dr. Leak: Very Good. And you are so true. I think the other thing that's so important about those selection committees, not only to have a diverse group of individuals, both racially, ethnically, gender diversity, age diversity, et cetera, but I think candidates that are diverse who are coming before those committees, they feel more comfortable. And if they're feeling more comfortable, they can really perform very well through that interview process, right? If they see someone that looks like them, that can relate to them. So I appreciate you commenting on your experiences in that regard.

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So I'm going to turn it over to my co-host, Mr. Bill Finerfrock, to move us into the next round of questions for our panelists. Bill, please.

Bill: Thanks Michelle. And thanks everybody for spending some time with us today. I'd like to bring Dr. Walker and Dr. Jimenez into the conversation. Dr. Walker, you are not only an African American, but you're a female. And so, in both instances, you're a minority within the medical profession as an osteopathic physician. Can you talk to our audience a little bit about some of the experiences you have had - whether it's as a woman in a male dominated profession or as African American in a Caucasian dominated profession, and some of the things that you've done to try and deal with some of those areas where grit or resilience was an important part of your response?

Dr. Walker: Sure. Thanks Bill, for that question. One of the things that I would say, more so as a practicing physician, I have had some issues, but I will tell you, and going to what Dr. Silver had said previously, in the training aspect of medicine, I often tell the story that I trained in Chicago. I'm from rural Louisiana, but I trained in Chicago, Illinois. And I probably experienced more racism in Chicago, Illinois than I had ever experienced in rural Louisiana. And initially I thought it was because of just being in the medical field - and as you mentioned, I'm an osteopathic physician, and we know that osteopathic medicine had been closed. I will give you some

stats. At my medical school, Midwestern, I attended school there in the late nineties and the school historically never had, I think, any more than two African Americans in a class and the school was one hundred years old at that time.

Dr. Walker: So it's not only in the practice of medicine, but it's also in the training of physicians. And as stated before, even getting underrepresented minorities into professional schools - you know, whether it's PA schools or medical schools. And so I experienced more there than I have honestly as a practicing physician. As it relates to resilience, I've been thinking about this even when asked to be a part of this panel. And so I was thinking about, you know, what makes me resilient? I know that we all have some internal things that we've been given; we were born with genetically and all that kind of stuff. We've been raised by parents who taught us, you know, certain things. But I will also say that something that I've made a practice is I keep good friends and family close. Because when people who judge me that don't really know me, I reach out to folks who really do know me. People who don't care that I'm a doctor, but they know me, and the integrity of my heart and I use those people to keep me grounded, but also keep me afloat. You know, they remind me of just who I am, what I have in me. So, during the times that I feel most challenged by external forces and people, I look to the folks that I keep close to me, and those are good friends and family.

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Bill: Dr. Jimenez, anything you'd care to share in terms of experiences you've had and tips or ideas and this idea of resilience and grit and how you've dealt with different challenges you've experienced in your life?

Dr. Jimenez: Thanks for asking me to do this. As you know, I'm an orthopedic surgeon. And let me tell you a personal story that has happened to me, which I guess you could define it as microaggression. But I was chief of staff at a thousand physician hospital in San Jose where I was born and raised. And, one particular day I was doing seven or eight cases, and so in between cases, I was in my scrubs and went in to see a patient and it was kind of informal with the patient, walked in and there were three or four family members there. And so, at the foot of the bed, I kind of touched her toes and said in Spanish, you know, "Is there anything? How are you doing Ms. Sanchez?" I forget what her name was, "Is there anything I can do for you?" And she said, "No." And she didn't say no doctor, but she just said, "No. no, thank you." And a family member, a fellow, piped up and he says, "Yeah, could you," he mistook me for the janitor or something.

Bill: Yeah, orderly or something like that.

Dr. Jimenez: You're Latino. And said if I could adios the trash can and take it away. So, I took the opportunity, I don't take umbrage at ignorance, and I said, "Sir,

here, I'm taking the trash, come here and walk with me, will you?" So, I walked out in the hallway where they happened to have photos of all the chiefs of staff, and the current one was me. So, I pointed to that photo, and I said, "You know what? Luckily that trash man had made it all the way to that position." So, obviously, he was markedly embarrassed and stuff but, I've always used humor or try to use humor, somewhat self-deprecating, in order to get by that. I mean, I was one of two Latinos in 800 boys at a Jesuit high school, prep school. And so, I allowed humor to get me through things. I was not a glad-handing humorous guy, but I let it bounce off me that way. Just to move it a little bit, Bill, if that's okay, grit is very important as I see it. In fact, I think grit is more important than resilience. There are five characteristics to grit and that's courage, conscientiousness, perseverance, resilience and passion. In short, grit is perseverance with passion. And I came across something where they use grit as an acronym. G was guts, R was resilience, I was initiative and T was tenacity. And I think that these are very, very important things to use as a mantra for yourself if you encounter these problems. The other thing is, and I wanted to ask that of the other physician associates, and I really like that term much better, nomenclature, better than physician assistant, especially in Spanish because if you say physician assistant, they think medical assistant and that is supervising physician. Your supervising physician should have your back in every aspect. And I say that because I had the same physician associate for 40 years. I know you've been in

practice, Jonathon, for 30 years, but for 40 years, I've had this Asian American fellow, he's part of the family for sure and I've always had his back. Even to the point of firing an associate of mine that I brought in who did not want to abide by the PA scheduling of all five physicians. He says, "I'm a microsurgeon. Why should I do what the PA says?" And I said, "Well, you don't have to. Leave the practice. You're gone." And so, you need to have a supervising physician who will back you in every way, and that's the way to especially counter stuff. I've spoken up.

Bill: Thank you for that. And Dr. White, it was mentioned that you're an author and I've read your book, "*Seeing Patients*". I haven't had an opportunity to read your most recent book, although it is ordered and hopefully will arrive soon. But in your book, "*Seeing Patients*", there are a number of different circumstances you've encountered in your life where grit and resilience were an important part of how you dealt with certain things that happened, or how people saw you or treated you and instructing people and then how to see patients. Can you elaborate on some of those themes for us today? And maybe, I don't know, if you have an anecdote or an experience in your life where you really needed to use some of that grit and resilience to try and work your way through and again, advice for our audience and how they may incorporate that or deal with a similar situation.

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Dr. White: Yes. Well, again, I would...-

Bill: I should have said my fellow human, Dr. Gus White.

Dr. White: Well, thank you for that my friend. Yes, I think we all have the potential and the capacity to come forward with varying degrees of grit. And there are many components to it and there are many iterations of it. I have had the good fortune of growing up in an environment and having a mom who taught me two things at the same time and maybe more than more than two things, but to have respect. To respect all people at all times in all situations. And to the extent that you can do that, it actually, as it turns out, I don't know if she figured it out or knew this or how she thought this, but when you're respecting everybody else, somehow people come to respect you. And as you have respect for others, you have respect for yourself. But she taught me so that it can never, ever be said that I was disrespectful to someone. So, I think that's one thing. There are many characteristics, though, from which people can gain grit and gain the ability to resist. By observing others who have that, by picking heroes, you know, when I say environment that I grew up in, and I think people were very cognizant of who was being respected and not being respected. And by that I mean, black folks were striving for respect and striving to respect each other and striving to deserve respect. Speaking of books, I appreciate people thinking of mine. I also would suggest Stephen

Southwick and Spencer, who wrote a book on resilience, and they came out, they interviewed a number of prisoners in Hanoi during the Vietnam encounter, and they characterized roughly 10 things that characterize those who survive the post-traumatic stress syndrome who manifested resilience in the best helpful way. And that's an excellent book. And look at that and look at some of the things that people thrived on. Exercise was one. So, staying in shape and having people that you can identify to be mentors. And there are a number of issues that come forward and allow us to be resilient. I think we should have faith and have confidence in the fact that we do all have tremendous potential and tremendous capacity to pushback, and as we're pushing back, though, we want to work within our spheres of influence to try to do the right thing and get other people to do the right thing and to pushback so that we can be more humane as we take care of one another and as we take care of patients.

Bill: A couple of you have made either direct or, to me, indirect references to what I would describe broadly as mentors, or individuals in our lives who were particularly important in terms of helping to shape us or give us some of the tools. Jonathan, you made reference to your mom. I would say in politics we like to say, "If you're not at the table, you're on the menu," which is just a slightly different way of phrasing what your mom said to you. But could each of you perhaps take a moment, if there was someone in your life, not by name, but, you know, characteristics, and sometimes,

also if you could talk, individuals who are mentors may not even know sometimes that they're mentors, but you watch the way that they conduct themselves and you decide, I want to emulate that individual. So, perhaps each of you could talk about someone who served in that role either consciously or subconsciously or implicitly, and what were some of the qualities you observed. Dr. Guerrero, was there someone in your life who served as a mentor?

Dr. Green Guerrero: I've definitely had many mentors. And I include people who even mentor you for a conversation and Michelle Leak, on this call, has been serving in that capacity to me. I would say that there are two female physicians who pop into my head, on a clinical, professional, and research level, that really went to bat for me. And I mean that somewhat metaphorically, but more an actuality because there were projects that I wanted to participate in and because of my background, it was out of the box, out of the norm. And the way I went about it was, I guess, what people now say, you do it and then you say sorry later. And even though I wasn't doing that intentionally at the time, in retrospect, it was one of those situations. Those types of mentors for me have been mentors and models. So, I think that's important as a woman in the healthcare field. And in their case, two women who were very recognizable by name when you said their name and that people clearly had a visceral response when you said their name, for better or worse. So, being able to stand in that and

knowing who you are and what you bring to the table and being yourself regardless of what these other people - male and female - because I think sometimes, even in gender issues, that sometimes females are complicit in sustaining the stereotypes that we're in.

Bill: Dr. Walker?

Dr. Walker: Sure. You said not to name and even if I said her name, you probably wouldn't know, but there is a doctor in San Antonio, a female physician, and I remember when I first met her, she actually was the person who encouraged me to be in private practice. I can recall having a meeting - the hospital brought me to San Antonio, and they wanted me to of course meet some fellow African American physicians, and I had a meeting with this lady and her partner, and her partner responded to me that she thought I was crazy, in this day and time, wanting to go into private practice. But this other lady said to me, and it's now been 17 years ago, but I remember it like it was yesterday, she said, oh, I think you can do it. And she said, just know that we would be here for you. You'll fall down and scrape your knee, but we'll help you get back up. And I've never forgotten that and in my time of being in solo practice, I've watched her just continue to elevate. And I have to believe that what we give out to other people returns to us. And so, as I've watched her continue to climb, I can only think that it's because of what she poured into me, and I'm sure

so many others. And I also learned a quote, just last week, I was in a training, and someone used a quote that says, "Comparison is a thief." And I had never heard that before, and it really stuck with me. So, as it relates to role models, I believe in role models wholeheartedly, but I also recognize that we cannot duplicate, you know, what other people do. We can only take what they give or as you just said, Bill, look at them even from a far because I take role models from people I don't even know. They don't know that their role models. I read their books and I glean from things that they have to say. And so for sure, I believe it's most important to have role models in our lives, but also recognize that as individuals, we don't want to be a mini anyone. We just want to glean from what they have to say and offer to us.

Bill: Dr. Silver, anyone from your life and experience that you'd care to acknowledge or talk about?

Dr. Silver: Absolutely. You know who I'm going to start off with first. And that's my mom. My mom was the biggest role model and the joy of my life. So, I'm going to say that first and give her shoutouts for that. As a student matriculating through Howard University, I was in the library one day panicking and stressing before a major exam, and I saw this young man across the library studying all these books and just had so many books on his table reading. And he saw me sitting there sweating bullets, and he

came over and asked me if he could help me with something, and I forgot what I was studying, and he made it simpler than what I was reading in the book. Fast forward, I saw him in the library, we would speak and say hi, I didn't realize that he was the chief of surgery for Howard University at that time, Dr. LaSalle Leffall. I had no clue who this young man was. But, over the years he would come to the library and ask me if I needed help with anything or he would teach a class to my PA cohort. He was one of the biggest mentors and friends, and I'm going to put that in parentheses, in my life going through PA school. And even after I graduated, he hired me because he knew my skillset. He told me to stay here a couple of years and then continue to advance my education. And that's what I did, thankfully to him. And I give great shoutouts to Dr. LaSalle Leffall for that.

Bill: Dr. Jimenez?

Dr. Jimenez: Sure. And I guess I've had many individuals that I have called role models, mentors or so, and I think it's very important to take advantage of that situation as a potential mentee. But first of all, I think my parents were the perfect combination. My mother, there's no doubt she loved me, but it was very conditional in a sense as that was just her personality. I'd come home with all A's and one A-, and she says to me, mijo, which means my son, why the A-? So that's kind of a driver. My dad was unconditional love and respect. He always said, you will do well. Just keep working. I always had

the mantra that if I did as well as my dad did, he came to this country when he was about 11 years old, one hundred years ago, to pick fruit, and he ended up with his master's degree due to hard work and continuous night school education, including working 50, 60 hours a week, and he ended up with his master's degree and teaching tool design. In fact, maybe a set of surgical instruments that I still have. But I've always felt that if I did as proportionately well, that I would do fine. So, they were the perfect combo for me.

Bill: Excellent. Ismail?

PA Abdul-Wahid: Yeah, no, thanks Bill. I've been fortunate enough to have a plethora of mentors in my life. But I'd be remiss if I didn't mention my dad as being the most impactful mentor for me. My dad, he raised me and my sister as a single father. And growing up, seeing like a strong black male influence just getting the job done. Never made excuses. Always gave me unconditional love, unconditional support. Had all the resources I need to be successful. Just seeing him day in, day out, just work and make sure we were good. Just seeing an example of a mentor, he gave me the discipline and persistence needed to be successful in anything I wanted to do. So, I would have to give my dad the biggest shout out in terms of helping me get to where I had to go.

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Bill: Dr. White.

Dr. White: Thank you. I'm humbled by your invitation to allow me to comment. I've been bouncing around in this stuff as you've known for a while, and recently I was struck with kind of a new idea. And it came from a young woman that I was involved with in a CME teaching around healthcare. We talked about the fact that, you know, the racism and all the isms aren't going to go away tomorrow, and we really have to work hard to change those racisms and work diligently to do that. And she brought up a point though, she said, you know, we need to strive, as we are working on changing these things and maintaining our resiliency, we need to address the joy. The joy in the process of the struggle to achieve human dignity and equity around issues of healthcare and that really impressed me. And it got me thinking. I went back and I looked at the World Health Organization and it defines health, not just as the absence of disease and other infirmities, but it defines health as a sense of wellbeing. Not just the absence of disease and infirmity, but joy, as she called it and I want to call it, of working against the isms while we enjoy good health and the pleasure of the absence of being away from disease. So, I just share that with you, for whatever it's worth. I like it. I think we want to work like the dickens, and we want to maintain our own equanimity and our own resilience and enjoy the joy of the struggle.

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Bill: Thank you. Michelle, I turn it back over to you. And I just want to personally thank all of you. It's been very insightful, thoughtful, and given me certainly a lot to think about and hopefully our audience to think about, but Michelle.

Dr. Leak: Bill I do not think that we could wrap it up on a better note than what Dr. White left us with. I love that focus on joy because that sometimes gets lost amiss the struggle, right? So, to bring us to that point and have us go away with a full heart with our heads full of really good knowledge and advice, and that mantra to follow the joy, follow your heart. So, I think that's a perfect way to end. So, I too would like to add my appreciation to each member of our panel. It's our pleasure to have hosted you this afternoon. So, thank you.

(End of recording)