

Episode 4: Faces Like Mine

TRANSCRIPT

[00:00] Intro

[00:10] Pooja: Welcome to the DEI Shift, a podcast focused on shifting the way we think and talk about diversity, equity, and inclusion in the medical field. My name is Dr. Pooja Jaeel, and I have with me...

Bisi: Hi, I'm Dr. Bisi Alli.

Pooja: Thank you so much for joining us. Today we are so excited to bring you an episode featuring women in medicine. We're looking at a series of short stories from our featured speakers and really examining the issue of representation in medicine through their lens. Before we dive into the stories, I wanted to introduce our guest co-host, Dr. Bisi Alli. Dr. Alli, we're so thrilled to have you help us dig into these episodes and these stories. Can you tell our listeners a little bit about yourself, and really what brought you into DEI?

Bisi: And Pooja, please call me Bisi. I'm really excited to be part of this podcast. This is definitely a wonderful topic as well. I'm originally from Michigan and I am a primary care physician here locally in Arizona. I have a strong passion for mentorship and diversity, equity, and inclusion and a strong interest in quality improvement with a Lean Six Sigma Black Belt. I love so much the idea of being able to create change and so that's really what's fostered my interest in this podcast, too.

Pooja: Thank you so much! And kind of on that theme of change and mentorship, I think we have some really great stories that align with those interests and can kind of speak to our listeners and that next generation of women in medicine. So we can jump right into the stories. The first is Dr. Aisha Van Pratt Levin. She's a family medicine intern, and here's her story:

[01:55] Aisha: Hey everyone, I'm Aisha. I'm a Mexican-American family medicine intern in Chula Vista California. I was actually born at the same hospital where my residency is based, and grew up in Tijuana, Mexico. My mother started medical school there when I was only two years old. She's actually still an OB-Gyn in Tijuana to this day. I stayed in Tijuana with my family throughout high school, then moved to New Jersey for college, where I stayed for work after graduation, and then medical school. All throughout my life, I had my mother as my role model. You know, a female physician that even in her time she still had mostly male co-residents and attendings, which was hard to believe in a field like OB-Gyn. Like my mother, I saw her female co-residents and scarce attendings lay the groundwork for future female physicians--strong work that continues till today. Once I moved to New Jersey, it was really intimidating to think about being a doctor. Even though I had thought about it for about three or four years already, once I was there, for the first time I doubted myself-- my abilities and the possibility of belonging. When I thought about what made it

so, I realized that in large part it was because it seemed so foreign to me, or rather it seemed like I was so foreign to that environment. None of my mentors or professors who I met along the way had any similarity to me. Many of them were male, and most of them were not people of color. Even when learning from women of color, I never encountered other Mexican female physicians as I moved throughout medical school, or even before that in college. It wasn't until I moved back to San Diego for residency that I met fellow Mexican American residents and/or attendings. When I think about representation in medicine, I must say that one of my favorite moments in medicine so far was not too long ago. During my internal medicine rotation at Scripps Mercy in San Diego, I cared for a 20 year old Mexican man. I quickly developed a great rapport with him and his entire family because, like me, they were Mexican. Like many Mexican families, his was really close. Lots of family members were hanging out in his room or the waiting area at any given moment, and every time I rode the elevator up to see my patients, I often rode up or down with his cousins, aunts, or uncles. One of those times, I shared the ride with a couple of his cousins and their little three-year-old. She looked up at me, and I will never forget her big brown eyes full of excitement and joy. She stared at my stethoscope and then looked back at her toy one, then back at me with a big smile and giggle. She then extended her hand holding her stethoscope, showed her parents, looked back and forth between me and them for a couple times, and then said “*¡Mira! ¡Iguales!*” or “Look! The same!” Her parents then smiled at her and at me and then told her “*Mira, mi amor. La doctora.*” “Look, my love. The doctor.” I then pulled my stethoscope and extended it close to hers, almost like a stethoscope high-five, and said to her, “*mira, iguales. Me gusta el tuyo.*” “Look, the same. I like yours.” She giggled and copied me in hanging hers around her neck once I placed mine around my neck. She also stood next to me, almost as if she was emulating my every move, even as we exited the elevator once we arrived at our floor. Once we were out, she ran towards her family in the waiting area and showed everyone how she met the *doctora* and how she had the same stethoscope as me. I will never forget that interaction, and I wish she never did either. Better yet, I hope for her future that ours is not an isolated moment for her. I hope and wish for her to have many more moments where she can see *doctoras*, engineers, astronauts, teachers, scientists, politicians, and plenty more amazing female role models that look like her and her family that make her dream and believe that she can be anything she wants to be, because women like her mom and her have done it before, and will continue to do it.

[6:28] Pooja: I really loved this story. It was so impressive, it really brought a smile to my face. I mean, I loved her ending with the little girl on the elevator, kind of showing us that just being present and physically there can impact the community so much, not just people in medicine, but the patients, the relatives, it's really a huge ripple effect.

Bisi: I also really loved Aisha's story, you can tell she's a natural storyteller. I hope she coins the stethoscope high-five. I think the other thing I really loved about this story was

how although she had her own mom as a role model, how moving forward into different communities She really had to transcend the barriers of being a Mexican-American woman. She's then able to create this sense of how she redefines being a physician, not only for this little girl but others who will then see her, who may not even look like her and say yes, that is a Mexican-American woman who's a physician. So I think it was just such a nice story the way she told it.

Pooja: Absolutely. And I think you kind of get the sense that the little girl seeing her as a physician kind of impresses on her that she is also there, because that was definitely something that I thought, going through her story, it was this journey into really believing she belonged in this field. I know for myself, I still don't feel like I am a doctor. I've gone through medical school and residency but the "doctor" label sometimes doesn't fit. And I think sometimes seeing people who you, uh, that can define your community, and having them accept you and see you in this position really solidifies it for yourself as well.

Bisi: Excellent point.

Pooja: And so, the other thing that I wanted to talk about was her point about not feeling like she sees people who look like her until she went to her residency program and saw a Latina doctor, a female physician. And even though programs do have initiatives to really have mentorship in underrepresented minorities for the students, sometimes you really need someone who looks exactly like you and has those exact experiences to really feel understood.

Bisi: And just to add to that, you know, she does have a mom who looks like her. And I think to your point really this concept of not just individualism when we talk about building identity, and its impact on the self-worth of people who go into this profession. But rather creating an expectation that you can do this. I think that's where it becomes challenging 'cause to a lot of people they say, well, she already has that in her family, but it's beyond the home where she's supported that that continued mentorship is so important. So I hope that this little girl will follow suit and that she'll continue to impact this redefinition of what it looks like to be a physician for others as well.

Pooja: Absolutely. So I think that leads us into our next story. Do you want to tell us a little bit about our speaker?

Bisi: Next we have Dr. Bridgett Jones, sharing her story as well.

[9:30] Bridgett: So this is my story about how I almost didn't get into medical school, and what kind of lessons that taught me. I almost missed my chance at medical school, and it wasn't 'cause I wasn't capable, smart, or driven. It was because I almost missed my chance to even apply. A few days before my medical school application was due, I learned that in order to get a Dean's letter to submit the application, I was supposed to have participated in a mock interview process with medical school faculty so that a letter could be compiled. I had overheard a few months ago some of my classmates talking about the mock interviews. When I asked them how they knew about them and who had told them about them, they

said their advisor had told them. He was also my advisor. I was disappointed that my advisor hadn't told me about it, and wondered why he hadn't since I thought it'd be such a good opportunity to practice before I went out on real interviews. But I really didn't think that much more about it. 'Cause it must have been optional, since he didn't tell me. I remember thinking, maybe he thought I already had pretty good interview skills and didn't need this extra practice. As I think about it now, it's almost embarrassing to think how naive I was. Because actually, his thinking was quite the opposite. So on a Friday afternoon, when I checked in with the Dean's office to find out why I have not received my letter for my application, I learned from one of the office staff that all my other pre-med classmates had participated in the mock interview process in order to receive their letters. The office staff told me that they didn't know of any other way for a letter to be compiled, but I might be able to appeal to the dean. However, the dean was out of the office that afternoon. But the staff thought he might return later. My best bet was to try to wait around for him to see if he would write me a letter. I waited all afternoon on the steps of the building outside the faculty parking area to make sure that I didn't miss him when he came in. It wasn't until late that afternoon that he finally arrived, and I quickly ran out to him as he parked his car. I was sure that he was going to refuse my request to write that letter. After all, it was my fault that I hadn't asked my advisor or the other students more about the process. I could tell he was in a rush to leave and likely just stopped by his office to get something before heading out for the weekend. However, he seemed to understand my explanation that my advisor hadn't informed me of the process, and he agreed to write me a letter that day so that I could submit it with my application. Oftentimes, I think we look at certain people and automatically sum up their value or their worth. This sizing up is based on our own assumptions, biases and definitions from our own personal experiences, good or bad. It was clear that my advisor had looked at me, this young black girl from a small rural community, who was a solid student but wasn't the class superstar, and made his determination that this girl isn't really going to medical school, or that my worth didn't meet his criteria to make sure that I received the best advice possible to prepare me for med school applications. Besides my advisor failing to advise me, another reason that I had not learned about the process was that I was pretty much isolated from my peers in my classes. They had their own social and study groups which really didn't include me. After all, my campus was very racially segregated. There was a clear dividing line in the cafeteria between the black side and the white side. It was common to see nooses hanging as decoration around the rearview mirrors in the pickup trucks of the white man who attended my college. Confederate flags waved on the back of trucks, in homes, on t-shirts, and the Klu Klux Klan was known to march through town on Martin Luther King Day. After my classes with my all white classmates, I couldn't wait to retreat back to the black side of the cafeteria with my friends, who were in the pre-pharmacy program, pursuing engineering, computer science, and accounting degrees. But as someone who had grown up

in the rural South and attended a school that was 80% white during their grammar school years and still excelled, I still wasn't prepared for this new environment. I would certainly receive a strong foundation there that would prepare for medical school, I thought. I never dreamed that I'd be less valued in such an environment so much so that my plans to attend medical school would just be blown off by the one person who was supposed to guide me through this process. He didn't see me as someone who was capable of traversing the arduous waters of medical school and medical school training, although I've done so much more. He certainly did not see the value that I would bring to the field of medicine, pediatric health, or to my community. He also didn't see the waste of potential value of my *not* going on to medical school and becoming a doctor. Currently, I'm a subspecialty-trained physician in allergy asthma immunology and pediatric clinical pharmacology. I'm a researcher who works to understand and find the best treatments for asthma in African-American children. I'm a teacher and mentor. I'm an Assistant Dean of Student Affairs at a medical school, and a medical director in the Office of Equity and Diversity at a large children's hospital. Every day, I work to make sure that students, trainees, and my patients, their families in my community and children, especially those children who are most often ignored. I work to make sure that their voices are heard, that their stories are told, that what they have to give to medicine and society in the world is truly seen.

[15:00] Alice Walker wrote in *The Color Purple*, "I think it pisses God off if you walk by the color purple in a field somewhere and don't notice it." I still sit in rooms and interact with people who underestimate my abilities and my worth. But I am fortunate in the fact that my worth and value were proven to me a long time ago, before I even set foot in my first classroom as a little girl in Arkansas. My parents, grandparents, my family and community let me know I was worthy. I was certainly just as capable, or more capable, as the next child, and they let me know that my success was meaningful not just to me but also to those that were around me, and that I had something important to give to the world. Maybe that's why I was blindsided and didn't recognize that my advisor didn't see that same person. Even though I know what I bring to the table, it's still a struggle 'cause white people--mainly white men--most often get to decide what is valued and worthy in workplaces within systems and institutions. Since the United States remains largely segregated, most of the time these are people who don't have, or never had, a close black friend or someone that looks like me. They typically don't have black neighbors that they hang out with. Their major life events are absent of people that look like me. They don't usually have black people at their weddings, or in their weddings. When their mother dies, there's no black people at the funeral. Robin DiAngelo talks about how white people can go their entire lives and not feel any loss, no loss in value to their lives, and have never really known or interacted with a black person on a deep and complex level. 'Cause the cafeteria is still the black side and the white side, and hospitals and medical institutions, most people don't feel that value is missing, in the boardroom, or on the wards, or in the clinics or in the

admission selection committee, if there were no black or brown faces there. It's even more disappointing in medicine to think about, that what we value in our personal lives and our experiences also most often are what we value in our patients. So it's no surprise that black patients, even children, are less likely to receive adequate pain treatment, less likely to be identified to have sepsis; they're left out of clinical trials and precision medicine; and that black women are more likely to die in childbirth, regardless of socioeconomic status. I recall that my school hung portraits of past students that were accepted into medical school in the hallways, much like the portrait halls in many of our medical institutions today. They were mostly male, and all white. It's funny: after I got into medical school, no one ever called me and asked for my portrait so that they could hang it in the hallway. But I do wonder now, how many other students like me were held back because someone didn't see them? I wonder what kind of doctors they might be now, what discoveries they might have made, how many patient lives they would have saved, how many students they could have mentored, what work they would have done in their communities. I think about this because I know their value and worth. I know what is so missing from medicine. What if I wasn't the only black physician in my division? What if I was not most often the only black person in meetings with leaders within my organization, or always had to be one of the lonely voices speaking out about diversity? What if others could speak up when families were misunderstood 'cause they looked down at their phones instead of looking at the doctors when they talked to them? Or when families were threatened to be hotlined or called bad parents because they didn't love their children the way that someone else thought that they should, or because the way they loved their children didn't look like what someone else thought that it should? I know what their voices bring to the table, and what's missing. I know their value. This is my mission as a leader, to change the narrative, to change the norm of what is valued and worthy. 'Cause I don't want those fields of purple to keep being ignored.

[19:05] Bisi: Wow. That was a really impactful story. You could really feel all of the barriers that she had to transcend to get to where she is and such an impressive title that she holds now.

Pooja: Absolutely. I mean, I can't imagine sitting outside and waiting on steps outside the administrator's building for hours, not knowing what's going to happen and for something that the other students just had. I mean, it wasn't anything that they had to work for, it was kind of given to them by their advisor, and yeah, I just, I can't imagine.

Bisi: And you could really feel the weight of that carried onto her shoulders probably into today. It is probably one of the things that forces her or encourages her, really, to want to be an excellent mentor to others so that they don't have to combat the same level of challenge and frustration and prejudice.

Pooja: Yeah, definitely, that kind of sense of opening the door behind you, not forgetting that experience so you never feel it for other people, I think, that's defining a good mentor,

it's somebody who really knows the hurdles and tries to make things possible for the next person. One thing that I thought was particularly interesting and really sad about her story was the amount of self-doubt that she had when she was first kind of examining this lack of advising from her advisor. I mean, she thought, really kind of believed in the best of her advisor, assumed that he thought so highly of her that he didn't give her these resources, didn't give her the opportunity to get this letter. And there was just so much self-blame going on, and I think the sense, or the thing to kind of really internalize all of the negativity just on yourself, think that maybe I wasn't good enough, or maybe that it was something about me that made him believe I wasn't good enough, it was, I mean, it was just so sad and such a huge mental block to overcome.

Bisi: And I also think what's interesting is in that ongoing debate that she had and shared with us, you really came to appreciate that, to be able to jump over that hurdle and make the decision to out wait the dean for this letter, must have, there must be just such a fight in this person, right? To be able to make the decision that although I might have had some level of blame for this, or maybe it was just the oversight reasons that came, definitely probably not shown to be the case, but rather she didn't let that then say to herself that she would sink and fall as a consequence to this oversight. So I just, I commend so much this story. I loved how inspirational it is, and I wonder how many others hear it and then will let that make them continue to fight for what they really think is important in their profession and their professional goals.

Pooja: Yes, absolutely. And just, kind of on that point, really persisting and fighting for yourself, really advocating for yourself, and then finding the allies that are willing to help you in that. I mean, I was so pleasantly surprised when I heard that the dean agreed to write her that letter last-minute. I think that's not something that I think I would expect from the other administration folks that I've met in the past. So I think it's really nice to find those folks that are willing to fight for you too.

Bisi: Exactly, those unexpected allies in some sense.

Pooja: Definitely. Well, thanks, I think on the note of allyship, we have our next story by Dr. Marie Ramas. She is a family medicine doctor, and we'll hear her story next.

[22:47] Marie: After a busy morning of rounding on postpartum patients, performing circumcisions, doing joint injections, and caring for both kids and adults, I walked briskly into my annual meeting with my clinic's CEO and CMO. During my three years at this establishment, I was the one at the wheel, driving the tenure of my professional and leadership development as a physician. Often, I would be met with placating smiles and generous nods, without effective outcomes. It was no mistake that when I left my previous role as a medical director of a rural health center, that I wanted to move on to a place where I had staying power, and aligned with my commitment to being a champion for the underserved. I was assured that I would get the mentorship and opportunities to grow within the organization. However, after over a year, when opportunities for leadership

positions came and went, and my requests for advocacy time were not engaged, I decided to venture out to discover my own experiences. That meeting was summed up with this: Marie, you're too much. You're too aggressive in tone. Your standards are too high, and your dreams are too big. Your expectations are unconventional. Your ideas for this organization don't follow the grain. You see, when one door closes for me, I change gears and look for new doors to open. As I reminded them of the invites I graciously accepted onto influential boards and advisory councils that directly affected the community we served, I could see the flame of my confidence flicker, doubt seeping in. Because their point was clear: your place Marie, is to just see patients. Because productivity reigns above all else, right? Who cares about the solemn oath I made when I completed medical school, or about the people who left all they knew in my family in order to give me the opportunity to become the first doctor in the family? I mean, after all, I am part of an industry. I am a cog in a wheel. Medicine is the original Amazon, right? Have it your way? No. I refuse to let go of my oath, and sell my soul to the greed that suffocates the creative energy that so many women have to offer. And as women make up more than half of all physicians, we cannot continue to let men or anyone else for that matter define our worth and abilities. This innovative disruption can come at a price, as others try to bully you back into organizational inertia, but you have to stand firm in congruence with your personal values and vision. You know, I realized something that day as I watched my administrators try to clip my wings: I was never meant to conform to an industrialized model of healthcare delivery. Beyond that, not everyone is comfortable to be in the presence of a self-assured, intelligent woman. But, the irony of it all is that to be the most productive and best physician leader that I can be requires nothing less. I essentially had to learn that day to be unapologetically badass. No more, no less. Just me.

[27:03] Pooja: I loved the ending of that story. It was so inspirational, so inspiring to see her have so much agency and a voice and really know who she is and what she has taken her oath for, and then really fight for that.

Bisi: I also think it's so interesting that I wonder what others would say, if she's too much. I wonder if someone else with a different identity would also be labeled as "too much." She is definitely someone who has a lot of gumption and it's so neat, and I'm so curious to see what she'll do next, in terms of her career goals.

Pooja: Yeah, definitely. I mean I kind of wonder, if she was in their shoes, what kind of opportunities she would open up for the people who are working for her? She talks about all these leadership roles that passed by her, and I mean, it kind of goes back to the story that Dr. Bridgett Jones told us about what would happen if these folks had really achieved this leadership position, how many people would they have mentored? How many people in the community, patients, would they have really touched?

Bisi: I also think what she said, the way that she wrapped up the story with "when one door closes for me, I change gears," to me, you really believe her, and to know that she is

that capable, is a shame that she hasn't already had that opportunity. So I'm so excited that she doesn't allow anybody to define her or her next steps for her. And that's what it sounds like she'll make sure that, moving forward, she is creating those unique paths for others, too.

Pooja: And it sounds like it takes a lot of flexibility, like you said, and a lot of creativity, too. So I think, I just imagine that she's had these tools that she's sharpened throughout her whole journey, you know, she knows exactly how to use them now.

[13:24] Bisi: Exactly. She's unapologetically, she said--

Pooja: Yes, I loved that. Great. And so, do you want to tell us about our next speaker, our last speaker?

Bisi: I'm excited to introduce our last story by Dr. Ana Benitez Graham.

[29:10] Ana: I own a successful dermatology practice in my own building and have financial security. The road was not easy. I was born in Mexico, in a house without electricity or running water to illiterate parents. We immigrated illegally to the U.S. and at the age of 13, I became a migrant worker. Eventually, I got my GED, enrolled in a community college, transferred into a 4-year university, and became a pharmacist. This is a huge accomplishment, because I was taught to obey, listen, make nice, not to take up space, not to speak up, not to raise my voice, not to disagree, be humble, not to complain. My role instead will be to cook, take care of the household, a husband, and children. I fight that part of my upbringing on a daily basis. And I got used to constant rejections when applying to jobs and schools. I was used to being invisible, dismissed, and minimized. This also translated to my professional career. It didn't surprise me when my dermatology college would say my diagnosis was wrong without stopping to consider its merit, or not even mention it again when a biopsy proved that I was correct. I swallowed my shame when one of the surgeons I worked with said that Mexicans were less intelligent, and that this was why I was the only one who had been there in years. And I was comfortable, in the background, not being praised for the same work and accomplishments that others were celebrated for. It was what I expected and accepted. Initially, I thought it was because I was a woman of color, or maybe because I had an accent. However, as I became more and more successful, my ethnicity didn't matter as much, and my accent took a back seat. I started realizing that it was because I am a woman. Even my loved ones, some of the people closest to me, who were my most ardent supporters and who had played an extremely important role in my success and my becoming the person I am today, are not immune to certain ways of thinking. Like when I decided to go to medical school, my husband said, "I will support you every step of the way. We will make this happen. But do you know, you can't go to medical school and have kids. You can't do both." And then, when I opened my own private practice, my husband, the same man who had supported me without question through medical school, said, "You're not a businessperson. You will be much better off working for somebody who knows how to run a business." So the people who loved me most, who

knew me the best, and who knew my intense work ethic and my intelligence, were the first ones to try to protect me from the world. My husband, who knows what the world does to females, was always the first one warning me not to reach beyond my means. Not because he didn't believe that I could succeed, but he knew as a female, I had an uphill battle. Trying to run a successful business made it even more obvious to me that being a woman in business is a true uphill climb. I had to get a male business manager, because I would get two completely different quotes from the same company for the same service or product when I would call as opposed to my business manager, who happens to be a Mexican man. I am successful now, but it has been a slow, painful learning process, where I had had to let go of so much that was ingrained in me as a child, and of the expectations of society for a person who began where I did. But through it, I learned to raise my arms and widen my stance. I learned to project my voice, so that others can hear it, and stand with me. I learned not to apologize for just breathing. I learned not to question myself when others do. I learned to just do, and keep doing, instead of asking for permission, including from those closest to me. I learned to speak out of turn. I learned to make people uncomfortable, and sit with that discomfort. I learned to be myself.

[34:40] Bisi: Wow, what an impressive story. I think it's impressive especially because most dermatologists have to be about top 1% of USMLE, in terms of competitiveness. Doing that and also being a mother and also being from a background where the expectation isn't for you to go to school, as she explained, is pretty impressive. She's just just such an inspiration.

Pooja: Absolutely. And like you said, I mean, coming from the background that she was really trying to straddle both identities, trying to live up to the expectations of her family, her community, of who she had to be as a woman and a mother, while also trying to balance the ambitions that she had, her career goals, and the expectations that she had of who an ideal medical student or an ideal doctor was. I mean, I think you can tell that's a really difficult thing to balance, but clearly she's got a lot of success with it.

Bisi: And clearly, she does highlight that age-old saying that it gets to be lonely at the top. I think she's shown that some of the assumptions about people who go into medicine that once you're there everything is grand, just, it's definitely an uphill struggle to get to be so, so impressive. Yet at the same time, there's just a lot of themes to a lot of our our stories today: the self-doubt, the challenges of finding good mentors, of trying to figure out priorities that fit both maybe where you come from and also to align with your own individual goals, so these are really impressive stories that we've been able to be part of today.

Pooja: Yeah, definitely. And one thing that she brought up that some of our other speakers have also brought up is this kind of need to be exceptional in order to be noticed. And she talks about, people don't want to invest in you until they know that you're going to succeed. Unless they see other examples of people like you who have succeeded, they don't think

that you're worth that investment. Like you said, difficulty in finding those mentors that are willing to put that time, energy, and commitment into you can be so challenging if you don't feel like people are making you feel like you're worth that. You stop believing in yourself, you stop believing that you're worth investing in. And I think trying to avoid that thought pattern is incredibly difficult, but you could tell that she's really overcome that for herself.

Bisi: Yes, we have some very impressive, very thoughtful, very excellent physicians of color, and I'm so grateful that they are impacting others in their community to continue similar journeys.

Pooja: Yeah, absolutely. Well, thank you so much for joining us, for listening to these stories, really diving into the lives and narratives of our very amazing speakers. Did you have anything that you wanted to leave our audience with?

Bisi: I think just one last thing is this unfortunate self-doubt that we talked about, and hoping that this next generation of people of color who go into medicine will help to create a new landscape, where the expectation is that we are the redefinition of medicine. And so, maybe that will help to continue to close or eliminate this self-doubt, so that we more focus on just building amazing, thoughtful leaders who will change this social construct.

Pooja: I really hope so too, and I think a big part of that is really depending on the community of other people who are going through the struggle with you and building each other up. So, much like a lot of our speakers have said, looking to the people that are behind them, and guiding the next generation, but in addition to that having those peer-to-peer relationships where you're open to be a listener, to guide and give resources to people in your class or your peer group, and to really kind of give those words of wisdom and encouragement when it's needed the most.

[38:18] Bisi: I love that, Pooja, so how about we make it a call to action, to continue, coaches, mentors, and sponsors of color to continue to build up people who may or may not look like you, and it should go both ways, both directions. So that's the call to action for others to continue to build up this legacy of people so that we focus more on what we can do than what we cannot.

Pooja: I love that. Perfect. Well, thank you all so much for joining us on this episode. Please subscribe to our podcast if you'd like to listen to more episodes like these. We'd love to hear your comments, either on our website, on our social media pages, and please help us keep the conversation alive after we finish this episode. Thank you very much. Good day, goodnight, wherever you are!

[40:30] Outro