

Transcript

July 12, 2023

Dean's Lecture Series

Guest Lecturer: Miguel Fiol, MD

Office of Diversity, Equity, and Inclusion

University of Minnesota Medical School

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00:00:05.530 --> 00:00:21.430

Dean's Lecture Series session we recorded it shared out in 2 days, to all who registered. Otherwise the recording can be found under the education and training tab of the ODEI website. Live transcription has been enabled. And please note that the live transcript is not perfect, as this is an auto transcript.

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00:00:21.430 --> 00:00:33.419

Dean's Lecture Series: We do invite you to take care of yourself as necessary during today's session as we will not be taking a break. Any feedback or issues with accessibility, please email us at dls-odei@umn.edu, which I pasted in the chat.

3

00:00:33.420 --> 00:00:53.079

Dean's Lecture Series: We ask that participants please use the Q&A Function instead of the chat, and we'll do our best to answer your questions. But please understand that we're working within a set window of time. So should we not get to your question, we will work with our presenter, Dr. Fiol, to get unanswered questions posted on the Dean's lecture series web page.

4

00:00:53.190 --> 00:01:05.330

Dean's Lecture Series: Pasted in the chat you will find links to the Dean's lecture series website, the slides to our presenter's lecture and the Dean's Lecture Series email address. And with that, I'm gonna turn it over to Dr. Nunez to introduce today's guest lecturer.

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00:01:05.720 --> 00:01:07.970

Ana Nunez MD: Good morning, everybody.

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00:01:08.010 --> 00:01:31.819

Ana Nunez MD: I think hopefully, we'll eventually get some sunshine. But honestly, we need some rain. So I'm okay with that. I want to welcome everybody to our lecture series. We have always have a very frequent question, which is, how do I get engaged with our members of the community? In obviously respectful and by directional ways we're delighted to have Dr. Fiol join us to share in terms of sort of his experience

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00:01:31.820 --> 00:01:56.050

Ana Nunez MD: as we move forward before we get into the lecture, I just want to sort of share with you, as probably everybody knows. The US Supreme Court released a decision to overturn lower courts, rulings about admissions, policies at Harvard and the University of North Carolina previous rulings included it. Race as a factor in terms of admissions, and the current ruling, which is about a 200 plus page sort of decision

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00:01:56.050 --> 00:02:00.810

Ana Nunez MD: now says that race cannot be sort of included in terms of that

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00:02:00.810 --> 00:02:26.760

Ana Nunez MD: for our medical school we have had a holistic approach which means whole person. That's about 50 plus factors that we look in terms of sort of competencies needed for tomorrow's physicians as well as for the scientists. And so, as it relates to sort of where we are in the medical school. Of course we adhere to the law of land, but fundamentally, our mission in terms of health care in terms of research, in terms of education, in terms of diversifying our workforce

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00:02:26.760 --> 00:02:37.710

Ana Nunez MD: and connecting and addressing sort of health and equity needs for all members of sort of the Minnesota communities that we serve doesn't change, and our values in terms of sort of getting that done

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00:02:37.710 --> 00:03:01.510

Ana Nunez MD: doesn't change All of the details and the tweaks that we may have to sort of adjust in terms of doing that. We're looking at guidance in terms of sort of our colleagues in the legal profession, who sort of read these briefs all the time. as well as sort of external guidance from the Department of Education. As to what is the potential sort of things moving forward. Fundamentally, we remain here at the University of Minnesota's Medical School

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00:03:01.510 --> 00:03:04.330

Ana Nunez MD: Place that it is inclusive of everyone

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00:03:04.330 --> 00:03:18.659

Ana Nunez MD: that we work very hard to decrease barriers and increase access for diverse and talented individuals to join our ranks, and that we work together with everybody in terms of sort of making a difference for health as well as science one.

14

00:03:18.940 --> 00:03:31.339

Ana Nunez MD: So we are steadfast, and our determination to that to include the spectrum of everybody's views in terms of how to move forward and creating sort of inclusive excellence for educators, practitioners, and sort of researchers.

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00:03:31.340 --> 00:03:55.899

Ana Nunez MD: So we need to stand together in terms of doing this work as we've been doing and continue doing, and sort of here, how we need to sort of do what we need to do to get some of the job done because our day job doesn't change So for today, as I mentioned, our focus is going to be the question we very much often get in terms of the office, University of Equity and Inclusion. Hmm! I do notice that there's a world outside of here. The walls.

16

00:03:55.900 --> 00:04:02.850

Ana Nunez MD: How might I make connections? How might I provide some service leadership to?

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00:04:02.850 --> 00:04:21.820

Ana Nunez MD: How can I sort of develop those relationships? to be sort of connected in terms of diverse communities that are amongst us in Minnesota. And so, as I mentioned, I am delighted to introduce Dr. Miguel Feil. Dr. Feil is a senior neurologist and professor in our medical school.

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00:04:21.820 --> 00:04:42.030

Ana Nunez MD: He received his Md. At the University of Puerto Rico Medical school. He later attended a residency at the University of Wisconsin, and then transferred back to us at the University of Minnesota. He has become a renowned researcher and clinical care provider. He's published numerous papers with a specific focus in terms of expertise within the field of epilepsy.

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00:04:42.060 --> 00:04:55.449

Ana Nunez MD: Dr. Fiol, in addition to all of his academic work and scholarship is able to sort of find time. I don't know how I think that there's a threeed printer that he makes of himself to find time to do all this. but he is active

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00:04:55.750 --> 00:05:25.380

Ana Nunez MD: in the community as well as sort of his home. Island. After hurricane Ria struck the island of Puerto Rico, for example, he returned home to provide medical assistance to residents and needs, especially children. He continues to monitor and analyze the ongoing situation to help, so far as relief efforts based upon his experience over many years as coordinator of several volunteer Latino health and social organizations, we have the opportunity to hear him share his Dei based community partnerships for folks.

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00:05:25.380 --> 00:05:30.920

Ana Nunez MD: Dr. Mcgill. Thank you. Dr. Fiol, thank you so much for joining us, and I'm turning it over to you.

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00:05:31.660 --> 00:05:41.739

Miguel Fiol: Thank you. It's a pleasure for me to be here today and share my experience with community partnership which has been part of my mission

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00:05:41.790 --> 00:05:54.699

Miguel Fiol: ever since. Maria. Actually, I was in Puerto Rico during Maria. So the horrors of the hurricane and got engaged with other physicians, and we did go back a couple of weeks later and we could run back.

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00:05:55.090 --> 00:06:06.840

Miguel Fiol: And after that we got together decisions at the university and also community physician nurses pharmacies. And we create an organization

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00:06:06.850 --> 00:06:08.449

Miguel Fiol: which is

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00:06:13.540 --> 00:06:26.280

Miguel Fiol: a good organization that has been working since 2,017 in partnership with the university and with community groups who offer clinics

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00:06:26.320 --> 00:06:44.139

Miguel Fiol: of a medical legal nature. And I'll explain that to our communities. We've focused on Latino communities. But we've also been engaged with Somali Mount, and a little bit with the Afghan communities that are arrive in the

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00:06:44.270 --> 00:07:07.000

Miguel Fiol: the organizations listed there who make up for alarm for long. Start for the first day. Latino, Minnesota, when they actually do that, you know. So it's an action group. We are all volunteers. There's no. We work our free time to bring some of our

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00:07:07.000 --> 00:07:34.830

Miguel Fiol: resources from the U and also from the community down to different parts of Minnesota. We've been. We travel outside Minnesota, between cities to Melrose and other areas. We've had connections and help also. Internationally, we have Bunduras when we have a hurricane, and we've been connected to Puerto Rico, and continuing disasters occur there with earthquakes after Maria, and we've also travel across

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00:07:34.940 --> 00:07:39.009

Miguel Fiol: to Mexico and given some assistance there

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00:07:39.090 --> 00:07:42.359

to immigrants waiting to get into the.

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00:07:42.550 --> 00:07:46.590

Miguel Fiol: So a lot of organizations listed there.

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00:07:46.690 --> 00:07:53.279

Ana Nunez MD: All your slides aren't being shown. So I think maybe we got to click on something here to get them up.

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00:07:56.190 --> 00:07:57.440

Miguel Fiol: I'm not sure

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00:07:57.500 --> 00:08:00.060

Ana Nunez MD: I can't see him. No.

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00:08:02.170 --> 00:08:04.570

Ana Nunez MD: maybe just do a share screen too.

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00:08:19.570 --> 00:08:21.390

Miguel Fiol: There is a start over again.

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00:08:22.770 --> 00:08:23.569

Ana Nunez MD: What's that?

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00:08:23.850 --> 00:08:25.559

Miguel Fiol: Let me start on a moment.

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00:08:25.760 --> 00:08:29.860

Ana Nunez MD: just maybe go through those first 2 slides, you know, quickly, and then

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00:08:30.010 --> 00:08:31.350

Ana Nunez MD: thank you very much.

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00:08:31.600 --> 00:08:32.400

Miguel Fiol: Thank you?

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00:08:47.810 --> 00:09:12.020

Miguel Fiol: Well, we're getting that straight. I'll continue to talk a little bit. what? I think the philosophy of our group has been. We're totally volunteer, and we operate on weekends and nights. And we've had financial support from a sample foundation for the

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00:09:12.020 --> 00:09:35.090

Miguel Fiol: and we work with community groups, such as those dealing with the opioid crisis, which is a major issue in our communities. Not all the Latino, but all of the underrepresented minorities as well. And this is, it gives us a broad area to cover.

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00:09:35.090 --> 00:09:58.709

Miguel Fiol: And recently we had a community clinic in South Pole, where we had to literally close the door, and a number of people are coming in for check offs. Web pressure does basic stuff and we do give advice on legal issues. We'll learn over the years in order to be more effective.

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00:09:58.710 --> 00:10:15.739

Miguel Fiol: Our community claims to include legal issues as they go very much together with access to care, he will surprise you that 47% of undocumented immigrants in the Plin City have no health care at all.

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00:10:16.880 --> 00:10:30.430

Miguel Fiol: And that is an increasing number. Since April of last year we have had over 5,000, and then immigrants come mainly from Central America to

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00:10:30.440 --> 00:10:32.020

Miguel Fiol: this southern border

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00:10:32.060 --> 00:10:38.849

Miguel Fiol: the United States. So our work involves legal as well as other.

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00:10:39.110 --> 00:10:41.689

Miguel Fiol: Oh. Okay, what did?

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00:10:41.770 --> 00:10:44.719

Miguel Fiol: And they see this slide. Now after

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00:10:50.650 --> 00:10:57.820

Miguel Fiol: All right. So this is what I'm going to be covering today. what are currently the collaborations that exist

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00:10:57.840 --> 00:11:22.980

Miguel Fiol: between the university and do our analysts for underrepresented minority communities in the 3 mission areas. I covered a little bit of the history of Formal and Then, after we cover this issue, we're going to talk about the structure we're proposing to deal with an area that really needs development. And

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00:11:24.100 --> 00:11:25.020

Miguel Fiol: the

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00:11:25.210 --> 00:11:27.160

Miguel Fiol: That's right.

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00:11:30.610 --> 00:11:43.979

Miguel Fiol: the initial statement that there was also an inclusion, talks about collaboration with community partnership as one of the missions of diversity. Everything includes the program that.

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00:11:44.040 --> 00:11:45.190

Yes.

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00:11:45.240 --> 00:12:02.720

Miguel Fiol: Now, currently, we have community clinics that work in partnership with us in so long with other organization and clinic is is a highlighted that as well as as I mentioned, there is the

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00:12:02.920 --> 00:12:29.839

Miguel Fiol: in addition to the medical cleans. We don't community Doctor Jonathan Kerch, from the Department of medicine as a migrant health clinic with a mobile unit, and he goes out to communities. He works a lot with the farming community of immigrants in Southern Minnesota, where he provides care. basic issues. He refers in and he comes to our community claims for a lot.

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00:12:29.840 --> 00:12:34.740

Miguel Fiol: The Department of Medicine is an excellent community engagement unit

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00:12:34.740 --> 00:12:44.219

Miguel Fiol: as well as for you and I. Highlight your vaccination program because they have been a very big part of our community clinics.

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00:12:44.250 --> 00:12:45.349

Miguel Fiol: That's right.

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00:12:50.020 --> 00:12:56.879

Miguel Fiol: We are a publishing in education some of the residents that go through Phillips

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00:12:56.880 --> 00:13:23.090

Miguel Fiol: and Coke. There's an excellent Gme advisory group for minorities, and they've been active. We've done an activity with them in the Native American community on the use of not can for the opioid crisis situation. The Native American community has a lack of student groups to also react to, especially in the Duluth area. We are not actually working with them. But we look forward to

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00:13:23.090 --> 00:13:46.349

Miguel Fiol: engaging with them. The Latino Medical Student Association has been part of our clinics, and go up in the community to travel with us to Mexico and in Puerto Rico. And so the International Board of Medicine work is done. Then there are 2 programs, or what goes from black lives, and the sales go for well.

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00:13:46.400 --> 00:13:50.559

Miguel Fiol: which is also a location. Next slide, please

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00:13:54.220 --> 00:13:57.690

Miguel Fiol: Dr. Him. Well, he's part of our Council

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00:13:58.000 --> 00:14:22.750

Miguel Fiol: task force. The Council of Community suggests that this is potential collaboration, and so works well with the North Minneapolis, African American community in their clinics. And this is an area that we'd be wanting to discuss with the education people and to see how our medical students can be included there. Next slide.

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00:14:26.060 --> 00:14:36.979

Miguel Fiol: The research collaborations are in development Dr. Michelle Allen to invite her, and maybe she's in the audience and she can talk as an extensive program will collapse

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00:14:36.980 --> 00:14:57.849

Miguel Fiol: operations in a number of community projects and should be able to expand with that we know for material. It's part of our long group that runs an organization called us there, which has been active for many years, and they do community research as well in conjunction with our work and our sponsors. Some of our clinics.

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00:14:57.850 --> 00:15:14.580

Miguel Fiol: We have Dr. Hussein from our neurology department who has worked with the one community and the outreach. And as a research project, looking at medical students' knowledge of strokes comparing the month versus being unknown.

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00:15:14.580 --> 00:15:44.350

Miguel Fiol: And that's a study in progress. And he also is running a program with turn that on cursed looking at hypertension, which is a major issue, especially in the African American community, looking at giving people hypertension single one meters and being sure they get followed. A lot of the people we've seen the cleaning have hypertension. They know about it, but they have no medication. They have no Mercury device, and they may have no paper. So

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00:15:44.350 --> 00:16:03.400

Miguel Fiol: It is a very needy situation there. The University has to Ct. As a search community engagement to a mass research. And they're really able to establish some research protocols with community groups that I want to engage. Next slide.

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00:16:05.810 --> 00:16:12.799

Miguel Fiol: What also the research initiatives that could be done at this moment in the audience.

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00:16:12.800 --> 00:16:36.039

Miguel Fiol: different medical disorders have different health disparity. We found, for example, in neurology, a big gender gap in women getting treated for Parkinson's disease or for Tpa during stroke. So some of this specialty has some specialty that have particular disparities, and those can be easily explored.

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00:16:36.390 --> 00:16:48.090

Miguel Fiol: The immigration status as a social determinant or a health focus on health equity is a very interesting area, and our connection with immigration groups

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00:16:48.310 --> 00:17:13.899

Miguel Fiol: very strong. And this is an area that could be developing so far to say that the new Minnesota law, you know. So I care. 2025 has expanded to include undocumented everyone

starting in 2,025. That's going to be a large number of people who now don't have any care who are immigrants, who landed here and don't know

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00:17:13.960 --> 00:17:17.179

Miguel Fiol: where the goal can get care within the

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00:17:17.270 --> 00:17:18.309

Miguel Fiol: what I say

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00:17:20.900 --> 00:17:21.639

in the

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00:17:21.910 --> 00:17:24.990

Miguel Fiol: medical care option next, or actually

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00:17:26.730 --> 00:17:43.470

Miguel Fiol: there are units around the university that work with communities. And this mentioned these, these are not necessarily medical collaborations. But there are options available. So we developed a phone network. Next one.

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00:17:46.690 --> 00:17:59.600

Miguel Fiol: These are some of the student things are going on to which the gap in their partners with medical students. When they start. They have series of health fair, and they have the white course

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00:17:59.860 --> 00:18:10.710

Miguel Fiol: we live lives right in healthcare for the American events. So there's a number of things going on that include university students in general. Next.

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00:18:13.730 --> 00:18:19.869

Miguel Fiol: this area of new citizens and a health care access issue has been a big part of our own work.

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00:18:20.020 --> 00:18:37.370

Miguel Fiol: and we would address that intersectionality between immigration status and access to health care. There's a partnership there. That's the necessities, and our clinic has been working to provide care to people who have no access to care at all.

87

00:18:37.580 --> 00:18:53.889

Miguel Fiol: Newcomers to the 2 cities have increased, let's say, to 5,800 in their last year, and we've seen some unfortunate incidents where newcomers across Northern Minnesota in the middle of winter.

88

00:18:53.930 --> 00:19:10.370

Miguel Fiol: And that has been a scary thing we are working upon in the media to raise awareness of newcomers, desperations to call into 2 cities. And how do we help them? We get here? It's a second question, next slide, please.

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00:19:12.840 --> 00:19:34.969

Miguel Fiol: So these medical legal collaborations have been established, and we believe that they can be reinforced. A group at a hamlet, Mitchell, a Mitchell Family Law School, which works with us and on a portrait of a lawyer. Immigration order has had some very interesting initiatives in providing the Dominations to new commerce.

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00:19:35.010 --> 00:19:38.390

Miguel Fiol: which is an area that is needed when

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00:19:38.630 --> 00:19:50.280

Miguel Fiol: these new commerce have a physical examination. There were a few resources for them to have it. They're very expensive, and we have been trying to

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00:19:50.330 --> 00:19:57.890

Miguel Fiol: bridge that gap and provide some services to no comment with

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00:19:58.030 --> 00:20:00.150

a position called a single. So

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00:20:00.500 --> 00:20:02.430

Miguel Fiol: which is a topic we can talk about.

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00:20:03.710 --> 00:20:16.580

Miguel Fiol: And we do have a very interesting symposium with the law school. That's been your law center last year, which is super about that 10 days when we talk about resources for newcomers next time.

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00:20:17.880 --> 00:20:36.720

Miguel Fiol: These are some of the pictures of our clinics. These are during the Covid. After damning, we went out on Covid and provided a service. There are wonderful people, nurses, staff doctors, medical students who work with us in Korea. He's open its board for us

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00:20:37.340 --> 00:20:40.040

to several claims there. Next slide.

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00:20:43.700 --> 00:21:07.540

Miguel Fiol: This is zoomed up the city of Minneapolis is a very interesting project of providing food to the newcomers. And we came in on that scenario, and we had huge crowds, and at the same time they were. They're getting food which Minnesota farmers donated some generously.

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00:21:07.540 --> 00:21:20.910

Miguel Fiol: we provide a medical legal service. So you see some of the medical students here from our university with me on the double bandage next slide.

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00:21:23.070 --> 00:21:36.320

Miguel Fiol: These are the legal the immigration lawyers and the and even legal advice. Sometimes there. The role to then legal advice is bigger than the medical.

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00:21:36.640 --> 00:21:48.240

Miguel Fiol: They have all kinds of issues with paper. People are waiting for hearings, green cards, all of that, and we provide free advice. Next slide.

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00:21:50.470 --> 00:21:59.270

Miguel Fiol: It's alluded to from Tara, the South border, and the American Rain. We have very successful

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00:21:59.300 --> 00:22:09.609

Miguel Fiol: engagement of the Binger's Center for the new Americans with Phalama and the University, and we deal with health issues at the border

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00:22:09.640 --> 00:22:18.909

Miguel Fiol: and through the border. And here, after they come trying to provide basic human services, and

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00:22:18.950 --> 00:22:30.550

Miguel Fiol: we had a series of people in the community, including chemical dependency, palaceolars, lawyers, and of course, physicians and it was very successful

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00:22:30.630 --> 00:22:36.979

Miguel Fiol: combined using university resources, and in Manhattan to next, like

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00:22:39.030 --> 00:22:51.290

Miguel Fiol: 3 years of work in the community cleaning. So that part me and all of us as some basic facts which I will go into detail. But basic scenario. You know. I have medical records.

108

00:22:51.340 --> 00:23:03.760

Miguel Fiol: We don't have continuity of care unless we refer people somewhere. There are no medications giving it a basic one. undocumented people are afraid of retaliation.

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00:23:03.800 --> 00:23:14.480

Miguel Fiol: It's a challenge. We rely a lot on community organizations that they trust. And I think this is a basic issue.

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00:23:14.630 --> 00:23:29.430

Miguel Fiol: You have to have this clinic in a place that they feel not threatened. and that we learn churches in communion centers alliance with groups in the community. Basic vaccination is a major attraction.

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00:23:30.480 --> 00:23:31.270

Yeah.

112

00:23:31.420 --> 00:23:34.090

Miguel Fiol: I'd say the legal services next slide.

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00:23:38.750 --> 00:24:02.360

Miguel Fiol: The mental health issue with community clinics is very important. there is a reluctance to some of the local psychology groups to get involved because it's an issue that somebody comes very depressed and suicidal, and sometimes you don't know where to send them what our services are limited for people in emergency, but are available on the

114

00:24:02.850 --> 00:24:25.279

Miguel Fiol: But how do you establish long term therapeutic relations? It? It is a very big challenge in this community clinic series. Chemical dependency, as we face is increasing Fentanyl crisis in our city twin sees or all groups. we have a 40% incarceration rate

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00:24:25.340 --> 00:24:34.150

Miguel Fiol: for African Americans due to drop dealing and addiction, and 38% of incarcerations are Latino

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00:24:34.240 --> 00:24:40.730

Miguel Fiol: and this group of the saloon to oh, call and Robin, if it's in our audience you can talk about it

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00:24:41.200 --> 00:24:48.650

Miguel Fiol: is, a greater concern, and certainly for allowance involved in supporting this efforts

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00:24:48.700 --> 00:24:51.960

Miguel Fiol: to our with your graces next slide.

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00:24:55.410 --> 00:25:24.059

Miguel Fiol: The research challenges are big with this community, and Dr. Lena Anderson, who may be in the work in the Irb to try to make protocols more on the representative minority. Friendly, as you know, there's been historical Tolma with research with the Federal Government, and I won't go into that it's a big topic. So some community stories don't want to know about research when you look at that in general.

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00:25:24.360 --> 00:25:25.890

Miguel Fiol: for

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00:25:29.700 --> 00:25:31.109

so they don't really interrupt

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00:25:31.760 --> 00:25:35.290

Miguel Fiol: the extent of diversity that we want.

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00:25:36.020 --> 00:25:43.009

Miguel Fiol: So there's a lot of touching up to do. But there's a lot of good energy. And you know, Irb, here is helpful

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00:25:43.050 --> 00:25:44.780

much to bridge the gap

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00:25:44.810 --> 00:25:48.130

Miguel Fiol: scientific gap that we have next slide, please.

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00:25:50.690 --> 00:26:01.199

Miguel Fiol: Educational challenges are, we are working. We have instituted, as in some of our residents program. we are very much conscious of

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00:26:01.490 --> 00:26:02.960

Miguel Fiol: teaching cultural

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00:26:03.230 --> 00:26:15.590

Miguel Fiol: bias and working with residents and students training a microaggression implemented by another areas of the I. It's on the way. I'm sure it's got to.

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00:26:16.030 --> 00:26:17.160

I need to do work.

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00:26:17.480 --> 00:26:33.959

Miguel Fiol: We like more medical student participation in the clinic. Well, Latino, it's one of the affinity groups that it's being reply. And so dissipation of residents has students in community education. Well, next time.

131

00:26:37.800 --> 00:26:55.680

Miguel Fiol: So you're gonna change here into this slide. This is what we're proposing after. That's Well, 6 years of experience and multiple clean multiple meetings and everything we recommend that the afternoon is at the creation of this community coordinator position

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00:26:55.890 --> 00:27:21.030

Miguel Fiol: that will take care of all the issues that come up with this work, and then I listen to the clinical arena. What are the areas of the community? Coordinator would get engaged right away. Of course, a lot of comma at the mental health and development crisis to the effort develop international and global health connection, international medicine

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00:27:21.030 --> 00:27:41.859

Miguel Fiol: and then we're with migrant workers issues and newcomers and the area of education. The coordinator will facilitate, make it like a student educational issues. And we'll deal with such issues with legal responsibility. When students go out and see patients, where is the university responsibility?

134

00:27:41.860 --> 00:27:56.899

Miguel Fiol: Those are not well defined. What credits they get to community work, help and come in our development and need with educators to coordinate, adding more education on the I issues to the career.

135

00:27:57.030 --> 00:28:23.260

Miguel Fiol: you know, as a researcher, in that. There's a wealth of possibilities for this coordinator to develop, and that will include working with lb to make protocols more, you are responsive and include faculty. And in the protocols that are underrepresented so that subjects can relay much easier

136

00:28:23.610 --> 00:28:25.289

Miguel Fiol: to a study.

137

00:28:25.350 --> 00:28:27.550

Miguel Fiol: And what we see as I

138

00:28:28.180 --> 00:28:35.979

Miguel Fiol: create a community speaker, bureau, and historical trauma. I think this is an issue that we have to face

139

00:28:36.010 --> 00:28:41.400

Miguel Fiol: A and face it boldly and support this program.

140

00:28:41.430 --> 00:28:44.040

They're ready. They're ready to go to the program.

141

00:28:44.050 --> 00:28:50.779

Miguel Fiol: that is a very dynamic or an interesting person associated with it in the next slide.

142

00:28:52.220 --> 00:28:59.460

Miguel Fiol: using my finals slide. And so this is a part. 2 of my, our recommendations

143

00:28:59.470 --> 00:29:01.860

Miguel Fiol: create a collaboration

144

00:29:03.050 --> 00:29:21.939

Miguel Fiol: committee or the end zong, or whatever you want to call it, where you bring in the community, and you sit down with the community, with the dialogue, with the

145

00:29:22.010 --> 00:29:28.709

Miguel Fiol: communities in Minnesota are unrepresented, are flooding. They're hurting a lot.

146

00:29:28.900 --> 00:29:44.840

Miguel Fiol: and we really need to sit down with them and see how we can put your stronger bond going and get medical students in migrants and new commerce groups in the table

147

00:29:44.990 --> 00:29:46.540

Miguel Fiol: to this place issue

148

00:29:46.610 --> 00:29:57.510

Miguel Fiol: and then reach out. The university has so many resources that could connect with us in the law school, for example, the health policy area which we think to be able to.

149

00:29:58.810 --> 00:30:10.320

Miguel Fiol: and then the educational activities of the community. So if this collaboration group has to be hand in with a community liaison person.

150

00:30:10.400 --> 00:30:13.500

Miguel Fiol: I think there will be a magic pair.

151

00:30:13.550 --> 00:30:24.300

Miguel Fiol: and I think within the 2 of these we can increase our community partnership, which I'm not saying it's bad. But we're always looking for improvement in some areas.

152

00:30:25.070 --> 00:30:34.530

Miguel Fiol: So this is like reports, all that. And I want to thank all the people for and tomorrow organization that too many the name

153

00:30:34.580 --> 00:30:40.099

Miguel Fiol: who have been part of this last few years, and

154

00:30:40.250 --> 00:30:49.249

Miguel Fiol: Then I turn it over to questions. Thank you very much, being a pleasure

155

00:30:49.600 --> 00:30:51.030

Miguel Fiol: to do that

156

00:30:54.360 --> 00:30:59.010

Ana Nunez MD: wonderful. Well, I'm going to start us off in terms of some of our questions. Here.

157

00:30:59.030 --> 00:31:01.240

Ana Nunez MD: Miguel, how did you?

158

00:31:01.270 --> 00:31:16.269

Ana Nunez MD: How did you get involved in this? I mean, were you an activist before you went to medical school? you know this, you know, you have been doing this for more than a few minutes. Right? So you have a lot of experience. So people are just getting started. I think it might be useful to sort of say.

159

00:31:16.270 --> 00:31:35.410

Ana Nunez MD: how did you way back when sort of get started? Not everybody in their spare time can create a nonprofit, engage in terms of immigrant health, and do some of the things that you're talking about. That sounds pretty hard from, from not doing anything and being interested. But how did you? What was your story of, how did you get engaged in these things?

160

00:31:35.510 --> 00:31:38.239

Miguel Fiol: But it's only your mentors.

161

00:31:38.520 --> 00:31:43.810

Miguel Fiol: Yeah, there was a study done. What do my students do? They follow their mentor.

162

00:31:43.830 --> 00:31:46.049

Miguel Fiol: and I had a wonderful mentor

163

00:31:46.080 --> 00:32:05.439

Miguel Fiol: who did a lot of this work, even the community actors. He was a politician. He went back and forth. And I saw the wonderful things he was doing, and it's always been an inspiration to me. So the mentor role that you produce for your students. Some of them are going to

164

00:32:08.050 --> 00:32:09.930

Miguel Fiol: lead by example.

165

00:32:10.000 --> 00:32:22.819

Miguel Fiol: And it's passed away now, but a lot of what work I do. It's my inspiration, because I see a lot of people know me, know that I have a political

166

00:32:22.860 --> 00:32:33.050

Miguel Fiol: it. There's a little bit of politics and all these things, you know, I enjoy people. So anyway, the mentor issue. I think all my direct students. It's really.

167

00:32:33.860 --> 00:32:58.309

Ana Nunez MD: And how did she decide? Because, I mean, there's lots of folks, and you've mentioned it. We have colleagues here that have moved into community engagement in sort of a bi-directional, participatory way that come from sort of a research perspective because they have a question. there's people, that is, you mentioned in terms of delivering high quality care in terms of sort of communities that need

168

00:32:58.370 --> 00:33:12.710

Ana Nunez MD: How did you decide? Or how did you figure out that creating a nonprofit in your spare time? was the way to, you know, impact sort of bigger change. How did you come to that decision?

169

00:33:13.330 --> 00:33:17.959

Miguel Fiol: Well, I have a personal model. If the community.

170

00:33:18.030 --> 00:33:27.450

Miguel Fiol: if all the group is okay, it doesn't respond to, then you go through it. It's as simple as that. And I found that during my life.

171

00:33:27.470 --> 00:33:32.630

Miguel Fiol: If I

172

00:33:32.840 --> 00:33:44.579

Miguel Fiol: I'll do it. I figure when I was dealing with the big bureaucracy and trying to things that I said, No, no, no, I'm just gonna go and do it

173

00:33:44.770 --> 00:33:48.079

Miguel Fiol: leadership and move the people.

174

00:33:48.090 --> 00:33:53.209

Miguel Fiol: Now, one thing I learned over the years is when you are trying to put an organization to your

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00:33:53.740 --> 00:34:00.060

Miguel Fiol: you start with a heart. You don't start with the money. and you know people.

176

00:34:00.070 --> 00:34:05.170

Miguel Fiol: And then after that, you developed your material resources.

177

00:34:05.300 --> 00:34:16.749

Miguel Fiol: So those 2 things help me there. One thing important to you. I come from a culture where physicians tend to be involved, a lot in community work, and even in politics.

178

00:34:16.949 --> 00:34:25.550

Miguel Fiol: perhaps more than here. So that's also in our in my country and in Latino countries, it's in China to have

179

00:34:25.620 --> 00:34:36.140

Miguel Fiol: a lot of roles in society other than being a position, because part of the position that Westique is. People look up to them a lot, and they are

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00:34:36.420 --> 00:34:39.589

Miguel Fiol: natural, you know. Place to start.

181

00:34:39.830 --> 00:34:40.710

Miguel Fiol: Thanks.

182

00:34:40.929 --> 00:35:06.870

Ana Nunez MD: Great, all right. So we already have some questions in the Q. A. But we actually encourage folks to please. put questions in the Q&A so we can make this sort of an interactive piece. So one of our attendees asked, Is there an existing way? The different areas of the Med School partnering with the community work together to bridge gaps and not replicate efforts like a collaborative or something. We could strategize efforts together. The first thing I'll share with you is that we have

183

00:35:06.870 --> 00:35:32.800

Ana Nunez MD: a diversity equity inclusion committee. That actually, we're looking in terms of sort of members. and so within that committee, you can sort of talk about sort of what our focus areas and strategized areas. But certainly if there are groups that can come together, either in the DEI or

otherwise, that wants to sort of convene. We're happy to support those collaborations, like I said. Different people come from different perspectives

184

00:35:32.800 --> 00:35:55.979

Ana Nunez MD: in terms of service, delivery and research. but certainly we can do that. The other thing I'll mention is a number of folks who are in got involved in sort of community engagement. our meeting about sort of the Spencer form and award talk about what's our footprint that we do in community engagement. It's a little one off. It's sort of more looking backwards and sort of what is our imprint? but those are 2 different areas at least

185

00:35:55.980 --> 00:36:20.350

Ana Nunez MD: the Eic and the Spencer foreman. that you can certainly join us or suggesting sort of other things to sort of come together in terms of doing that. I do think that sort of there isn't a one-size fits all. And, Dr. Fiol you know you mentioned that the different groups need different things, but certainly I think that if there's ways that folks want to come together to collaborate, we can certainly figure out how to

186

00:36:20.350 --> 00:36:24.910

Ana Nunez MD: enable those conversations. The next question comes from Pete Smith

187

00:36:25.310 --> 00:36:52.750

Ana Nunez MD: and Pete Smith says, medical education involving vulnerable populations is a controversial issue. Many existing programs through the You and some free clinics are extremely attractive, and may leave patients with the impression that they received a higher level of care than they did, or perhaps worse, feeling like an exhibit for a period of students. How is this program ensuring equity in the treatment of patients and ensuring it's not extractive, Dr. Feel. What do you think?

188

00:36:53.640 --> 00:36:58.280

Miguel Fiol: I'm not sure I understand the question at the

189

00:36:58.730 --> 00:37:01.360

Miguel Fiol: is it about the quality of

190

00:37:01.540 --> 00:37:16.539

Ana Nunez MD: that in the first, how do we come to a quality of care? That's sort of that. You're not, you know. That's at times especially using a care site as a way to train in medical education

191

00:37:16.540 --> 00:37:34.309

Ana Nunez MD: could be sort of either viewed as exploitative, you know. Come in and sort of extract from, but not really deliver. Or how do you have sort of that quality assurance that if I'm getting, if I'm going there for checking my blood pressure? Am I getting the most equitable results from that experience, or am I getting sort of

192

00:37:34.310 --> 00:37:49.620

Ana Nunez MD: believes that I'm getting great care? But maybe I'm not. How do we ensure that this is sort of equitable in terms of our community and not extracted or exploited? I think that that's Pete. Is that? Am I restating that? I hope I'm restating that in the way that you mean it, Pete.

193

00:37:53.950 --> 00:38:04.979

Miguel Fiol: That is a great question. I think quality control in the pop up clinic. It's an issue. I think Dr. Smith really points that out. But we

194

00:38:05.420 --> 00:38:13.690

Miguel Fiol: I'm trying to develop this community coordinator, because one of the issues we have is a legal responsibility.

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00:38:13.850 --> 00:38:22.749

Miguel Fiol: How much can you do? How responsible are you going to name morally to the people, you see, and that is one of the reasons that I think.

196

00:38:22.850 --> 00:38:41.980

Miguel Fiol: we have been in contact with legal services here. And the opinion is, as long as you don't treat patients with medications or anything, you, you're okay. As long as you become a training decision, then you could be in trouble. So we are concerned about maintaining quality. Now.

197

00:38:41.980 --> 00:38:57.409

Miguel Fiol: Most of our decisions are from the university or from the community, and we're sure that they're all super boarded and able to give it lives. But this is an issue with all pop up or free planning. Continuity of care is a big one.

198

00:38:57.490 --> 00:39:22.110

Miguel Fiol: We are fortunate that Cokes, finally, another take our patience but it has to do a lot of I mean, after one clinic out of the phone calling to get people lined up to come. And they, those 2 big, there are 2 big issues. And I agree with you. They need to be further developed. But our philosophies, at least you try and to intervene

199

00:39:22.110 --> 00:39:48.729

Miguel Fiol: in what is a terrible system for some of the people to navigate. They just don't know where to go, and they're so appreciative. When you do a community clinic, the satisfaction you get is incredible. These people are really allowed to go. They are desperate, they really are nothing, and when you sit down and they treat them with clients, and you talk to them, at least advice and what to do. Their reward is incredible.

200

00:39:48.790 --> 00:39:58.619

Miguel Fiol: But I know there are issues. And this is very much so bigger with the International National, I think it's a more difficult issue. It's part of the gallery there.

201

00:39:59.260 --> 00:40:09.989

Miguel Fiol: Yes, we're aware of those things, and we're trying to have. But there is certainly room for a lot of our work on how many controls? I think?

202

00:40:10.610 --> 00:40:30.579

Ana Nunez MD: Yeah, so it sounds like sort of the presence of mind, even though we may not be able to achieve that equity, at least, being aware, instead of asking the question as you go through. And maybe you're reframing that this isn't a place to get your care, but it's more in terms of health, navigation and counseling. It does speak to sort of some of the challenging issues of

203

00:40:30.580 --> 00:40:56.089

Ana Nunez MD: if I can. Just, you know, put a little band aid on now, and this isn't the perfect thing. Is that better than not doing anything at all, and in terms of sort of helping but it sounds like in terms of that health navigation piece for the pop up. That sort of as well as presence of mind are we doing? What we need to do in terms of an equitable piece is important in terms of trying to prevent it from being sort of extractive

204

00:40:56.170 --> 00:41:22.169

Ana Nunez MD: Kirsten Olson, who is one of our wonderful members from the Center for American Indian and Minority health. She has a great question: have you ever had a situation where you had to re-center from the community voice? So what she means here is where you were going, and up to a particular direction. Addressing needs the community. And all of a sudden it starts migrating way to favoring sort of academic or educational goals.

205

00:41:22.170 --> 00:41:45.879

Ana Nunez MD: and you had this sort, of course correct. How did you do that? Right? I think it's kind of really lovely. It goes with a sort of piece question about sort of, you know, extract it. How do we sort of keep that focus in terms of sort of community? What other things, as far as academics or education can make that be sort of moving a little migrating away. So have you ever had that experience? And if you did, how did you get back to sort of that recentering.

206

00:41:46.230 --> 00:41:49.340

Miguel Fiol: Well, I don't purchase them.

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00:41:49.490 --> 00:41:53.819

Miguel Fiol: These are not paragraphs. These are human beings.

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00:41:54.010 --> 00:41:56.049

Miguel Fiol: and we talk about that

209

00:41:56.080 --> 00:42:06.390

Miguel Fiol: The second approach is this is our going out. Those don't. Don't ask them to do it. We don't ask them. Do you have papers, or you don't have to.

210

00:42:06.880 --> 00:42:19.909

Miguel Fiol: So you eliminate those biases from the goal and that particular situation where you are working on human beings. What? Why are the members? I don't. And as a lawyer with you

211

00:42:20.130 --> 00:42:23.520

Miguel Fiol: You made that you have to emphasize.

212

00:42:24.000 --> 00:42:27.480

not about it. This is why you don't care.

213

00:42:27.640 --> 00:42:34.340

Miguel Fiol: So we worked as a group to install a philosophy on our.

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00:42:34.470 --> 00:42:45.090

Miguel Fiol: And we're not there to do research or exploit people, and we remain a very clear The philosophy of the group is service

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00:42:45.290 --> 00:42:46.870

Miguel Fiol: service. Service.

216

00:42:47.070 --> 00:42:56.109

Miguel Fiol: So there, there are pitfalls in doing this, and certainly we are very conscious of that. And as a group. We do.

217

00:42:56.380 --> 00:43:01.719

Miguel Fiol: You know, as our volunteers to ascribe to those things now, we won't take them.

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00:43:04.560 --> 00:43:34.539

Ana Nunez MD: So establishing sort of the ground rules, and then reinforcing them dynamically as you go there in terms of sort of saying, this is why we're here, and this is what we're doing. It sounds like, and I don't really mean easier, because none of this sounds easy, but I think that from a service headset it may be easier to stay centered as compared to maybe coming from a different mission of education and research. Because you're trying to meet multiple needs. Do you think that's an accurate statement?

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00:43:34.730 --> 00:43:38.669

Miguel Fiol: I do. I think the

220

00:43:38.710 --> 00:43:50.070

Miguel Fiol: When some of the students have asked for credits, we're like, well, we travel along the medical school. And now give Chris. And so the educational experience needs to be structured.

221

00:43:50.140 --> 00:43:54.009

Miguel Fiol: And I think this is one of the goals of this coordinator problem.

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00:43:54.430 --> 00:44:11.449

Miguel Fiol: How do you instruct it so that the teaching you do? The basic scenario is a new patient comes in. We have a student as a history, and then an attending or part of the university faculty, perhaps goes over. And so it becomes a teaching experience.

223

00:44:11.450 --> 00:44:25.170

Miguel Fiol: We don't want to use this to just to provide a service without having learned. But the teaching piece needs to be structured in such a way that. And I think this is an issue with all communities.

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00:44:25.380 --> 00:44:29.319

Miguel Fiol: how do you structure the educational experience?

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00:44:29.370 --> 00:44:40.419

Miguel Fiol: So the students get something out of it and get transport. But it is an issue as well that needs more structuring with the medical educators.

226

00:44:41.680 --> 00:44:52.490

Ana Nunez MD: Yeah, well, I think that you know the bi-directionality piece, which sounds easy, is actually pretty hard, right? Because if we're coming at it from different perspectives, you know, how does everybody get?

227

00:44:52.490 --> 00:45:10.399

Ana Nunez MD: You know their belly is full from dinner rather than sort of you get to be, you know, full. And I'm still starting, you know. Like, how do we really sort of have those discussions to meet those divergent needs. there's opportunities. And you know, you mentioned in terms of the research piece. you know, we don't have really needed answers

228

00:45:10.400 --> 00:45:25.579

Ana Nunez MD: erez agmoni in terms of many of our diverse communities, about how medicines work and how interventions are effective because we don't have participation in terms of those communities because of the long legacy in terms of distrust and trauma that we've seen 150.

229

00:45:25.580 --> 00:45:45.580

Ana Nunez MD: And yet how do we get people to help us so that we know it works across lots of different sorts of communities in an effective way rather than just coming to market and finding out. Gee! This doesn't work. That's a difficult conversation to have, because a lot of folks, at least in my experience in terms of community engagement. Say, wait, wait, wait!

230

00:45:45.580 --> 00:46:12.080

Ana Nunez MD: Just getting health care as an experiment. I don't know whether it's going to go well or not, and so, if just getting routine health care as an experiment. Why would I want to do something as Dicey as sort of doing research? Because that sounds even more risky. And so I think that it's important for us to be able to engage and have conversations about. What are we doing in terms of health care? What are we doing in terms of science, so that we can really get the engagement?

231

00:46:12.120 --> 00:46:37.689

Ana Nunez MD: there are different groups that actually engage folks and call them citizen scientists. They work with us in terms of saying, Hey, let me tell you what's happening in seizure care. Let me tell you what's happening in cancer, care and engage sort of our members of the community. You know not that they have to go to medical school to play with us, but engage with them, and have those conversations so that they have an understanding of what it is. We're trying to move forward in terms of health

232

00:46:37.690 --> 00:46:49.389

Ana Nunez MD: and then ways to sort of engage in informed ways. so that it isn't just an Us. Them, if we're trying to. Sort of say, is this better than that? for folks?

233

00:46:49.460 --> 00:46:54.629

Ana Nunez MD: And but it's a long, it's a long process. When you first moved to Minnesota.

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00:46:55.230 --> 00:47:20.790

Ana Nunez MD: when you first moved to Minnesota. How long did it take for you to. I know you're a very affable fellow. so maybe easier for you in terms of being out there and having mentors teaching these skills. But how long did it take for you to sort of work within sort of our community members for them to get to know? You would say, this is a good guy he gets us, you know, that kind of stuff to how long did it take to really develop your rep

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00:47:20.790 --> 00:47:27.690

Ana Nunez MD: and sort of develop the rapport that you were sort of a trusted person in terms of the community. How am I going to take for you?

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00:47:28.290 --> 00:47:40.910

Miguel Fiol: It was pretty immediate, because physicians in our culture are, you know, we? We consider it very important. So you, the door is open for connections.

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00:47:40.920 --> 00:47:48.259

Miguel Fiol: and we. At first I did. It was funny, but I worked with a group. We had to put a play together.

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00:47:48.700 --> 00:48:01.970

Miguel Fiol: We've been a play from Puerto Rico, and now attracted people to work as a community put a play together as an easy. So we started with playing some social activities. We

239

00:48:02.630 --> 00:48:21.730

Miguel Fiol: before we move to this guy or medical about later in my career. But you know I do work as a resident, too. I didn't participate in community cleaning, so I don't admit it. My mind. And when I was a medical student I used to go to the dog rehab, for where they go, go play off.

240

00:48:21.830 --> 00:48:32.509

Miguel Fiol: I was very intense, and I took care of people there. So it's something that my mentor influenced me very well. So it's kind of new to me.

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00:48:32.570 --> 00:48:45.159

Miguel Fiol: You know, involved and I mean, I'm not trying to put anybody that I mean, there are people who do research, and that's fine. They don't have time, not everybody can work with communities. But if you feel that the

242

00:48:45.980 --> 00:48:49.139

Miguel Fiol: the passion for it. A go for it,

243

00:48:51.650 --> 00:49:05.699

Ana Nunez MD: and I think I mean so everybody can't be your ringer like you. I have found, I mean, for example, in terms of my work, part of coming here in Philadelphia, doing making connections in terms of non-medical stuff

244

00:49:05.700 --> 00:49:30.490

Ana Nunez MD: within sort of the community first, like you said, and I'm getting to know you. And then, in my case, I did sort of a lot of health education. And so people would say, Hey, come and talk to us about as a primary care physician, come and talk to us about this topic, or we're interested in that topic, and I would sort of visit with different groups and sort of give them a presentation that was sort of responsive to their needs and develop some of that relationship with these different

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00:49:30.490 --> 00:49:55.269

Ana Nunez MD: groups. Honestly, I think if people aren't quite as much of a ring or as you, it probably takes a 3 years or so of developing this relationships, whether it's creating a play together, whether it's doing something in the community as sort of a member of sort of the community or delivering sort of health education. And I would submit even our colleagues who are researchers. They can have somebody on the team

246

00:49:55.270 --> 00:50:14.810

Ana Nunez MD: who's working because my experience is that our members in the community are super interested in terms of their health and their health for their loved ones. So the more they know the better they can sort of help them, and so, if they can get to know us and say, Well, I don't know, but I know somebody who does know? Then we're really helping them in terms of sort of moving forward, sort of health.

247

00:50:14.810 --> 00:50:39.800

Ana Nunez MD: So I think it's important for us to be sort of those access points, or to sort of train. I will mention that we are going to be working with Dr. Michelle Allen, who you mentioned earlier and sort of our search colleagues in terms of creating some training about sort of what our best practices and community engagement. So there will be some resources that people can sort of turn to in terms of having this discussions, as well as joining us in terms of

248

00:50:39.800 --> 00:50:51.640

Ana Nunez MD: mit Ctl. And of the Eic, or figuring out if there's ways in terms of sense, or foreman or others, that people want to get engaged and have more conversations to be able to have sort of some type of collaborative in terms of the space 150.

249

00:50:51.840 --> 00:51:16.299

Miguel Fiol: I can't mention something about Lgbtq because our group has been engaged with Lgbtq community. We put together some polls in court to see when we are fortunate about medical issues in the community. So and trans health, it's all so much in our minds. And

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00:51:16.300 --> 00:51:29.540

Miguel Fiol: David Dial was part of our community task force. It's very involved with this issue. So that is an area that we are very much interested in working with.

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00:51:29.680 --> 00:51:30.800

Miguel Fiol: And

252

00:51:31.080 --> 00:51:39.539

Miguel Fiol: I wanted to be sure that that is very clear in our communities. It's very good, thank you.

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00:51:39.890 --> 00:52:05.350

Ana Nunez MD: All right. Well, again, there's lots of ways to engage in terms of our community members with large you know, in terms of sort of being here instead of Minnesota in terms of all of our different communities. We haven't. Thank you, Dr. Fiol, in terms of mentioning some of our folks here. who are sort of doing work in the community. This is this was our dim sum needs to us of community engagement

254

00:52:05.350 --> 00:52:26.620

Ana Nunez MD: in terms of this matter, and by no man no intention of being absolutely inclusive of all, because there is a lot of work that's sort of going on here at the you in the medical school, as well as the University, writ large But certainly the intention here was to give people sort of a little taste, so kind of things that you could do some ways that you can get involved

255

00:52:26.620 --> 00:52:51.749

Ana Nunez MD: and ways to sort of help us in terms of trying to provide an opportunity for sort of, you know, collaboration and discussion in terms of moving things forward and being responsible citizens in terms of our communities at large. So thank you very much. Dr. Feel if there's any additional sort of questions feel free to sort of send them to us, and I'll turn it back over to Matt.

256

00:52:54.580 --> 00:53:07.429

Dean's Lecture Series: alright. Thank you so much Dr. Fiol and thank you, Dr. Nunez as well. Thank you all for everyone who was able to attend today. There are a lot of great questions here. If you have further questions for Dr. Fiol,

257

00:53:07.550 --> 00:53:32.289

Dean's Lecture Series: please feel free to send them our way, and we can share them with him as well. I can add our email in the chat again before we take off. So one question survey will appear in your web, Browser. Immediately after ending the Zoom session. Please take the time to complete the survey that helps inform us of future presentation topics, and remind this reminder that this session was recorded, and will be shared within 2 days.

258

00:53:32.290 --> 00:53:48.180

Dean's Lecture Series: to all those who register for the event. Otherwise the recording can be found under the education and training tab and the Ode I website. And I'm pleased to say the date. The next team's lecture series session will be on Wednesday, August ninth, with members and affiliates of the office of diversity, equity, and inclusion.

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00:53:48.460 --> 00:53:53.520

Dean's Lecture Series: And with that we appreciate it. We appreciate you all. Thank you all so much for being here, and take good care.