

Joy Murphy:

Hello and welcome to The Stories We Tell, a podcast of the Collier County Museum System. I am Joy Murphy and I am your host. And I am excited today because we are on location at the Blanchard House in Punta Gorda, Florida.

Joy Murphy:

We have with us Jaha Cummings and Martha Bireda. We're going to talk today a little bit about African American folk medicine. But before we jump into that, I want to give you a chance to introduce yourselves. Tell us a little bit about yourselves and also tell us a little bit about the Blanchard House.

Martha Bireda:

I'm Martha Bireda, director of the Blanchard House museum. And actually this museum is the vision of my mother, Bernice Russell. She was, as my family, we've been here since 1885 and she was very, very proud of her ancestry and being a part of the establishment of Punta Gorda. And one of the things she wanted was to be able to tell the history and culture of African Americans and the contributions that African Americans made to the development of the city and the county. And she bought this house. This house belonged to Joseph and Minnie Blanchard. He was a retired seaman and Minnie was from New Orleans, was a mail order bride, I think she was about his fourth wife and they moved here and they were friends actually with my grandparents, Richard and Martha Andrews. And my mother as a child would be around the Blanchard's.

Martha Bireda:

And then when I was learning to type, Mr. Blanchard was already deceased, I would get \$1 for going over at Christmas time and typing her Christmas cards, sitting on the porch and type her Christmas cards. But either way, when they both died, Mrs. Blanchard had two daughters, Myrtle and Beatrice, but neither of them had children. And so the house was just vacant. And so my mother bought the house with the intention of establishing a museum. She bought the house in 1997. My mother died, however, in 1999 and so I made some decisions, decided to move back to Punta Gorda and I was still working at the time. But in 2001 we formed the Bernice A. Russell Center and many of the people who were historians and people who love my mother came on the board and we were able to establish the center.

Martha Bireda:

In 2002 on Emancipation Day, which many people do not realize is the emancipation day for African Americans in Florida, not June 10th, we were emancipated on May 20th, 1865 we moved the house. The neighborhood followed the house over the two blocks being moved here and so people just because they loved my mother, this house was really completed by volunteers. We also got \$25,000 from the city to move the house and \$25,000 went into renovation. So we were very pleased that the city supported us in this. In 2004 in May and near Emancipation Day we opened. However, August of that same year was Hurricane Charlie and so took off the roof and a few things and so we did not, reopen until February 2006. But we've been here since then and we're very proud of the work that we do.

Joy Murphy:

Okay. Before Jaha goes, I will say, I'll probably come back and we'll do a podcast on Mayday because it's a pet peeve of mine that we celebrate Juneteenth in Florida. A lot of people do and don't celebrate Mayday, but that's a different podcast. Go ahead Jaha.

Jaha Cummings:

Well this is my mother. I'm on the board of the Blanchard House museum. I'm also on the city council in Punta Gorda and both of us are on the board of the Punta Gorda Circle Society as well as the Cultural Heritage Center in Southwest Florida. So kind of all these things... Actually, talking about the Cultural Heritage Center, that came out of the idea to expand the Blanchard House. And so we ended up, that became a vision. So we decided to include all the other cultures in the region, so we have a place for our historical beginnings and who we've become. And actually as of this weekend we were actually down at the Miccosukke reservation and we're going to looking at building a [inaudible 00:04:36] at the history park as well. So we want to include that. So this is in our next steps as well.

Joy Murphy:

Well welcome to you both and we're super excited to have you here. And I am so interested in this topic mostly because I'm a rural Southern girl and a lot of these... I grew up in a, I'm from Panama City, which is not that rural, but my mom's from a little small town called Vernon, Florida, about 30 minutes from Panama City and there's no hospital up there in Vernon. If you need to go to the hospital, you have to go drive a little ways. And so when you're a little kid up there playing at your granny's house, if you get hurt, you didn't just go to the hospital. So a lot of these folk remedies are things that I experienced growing up. So I'm really excited about this and talking about this topic. Let's get into it and talk about, what is folk medicine, and in particular, what is folk medicine in the African American community?

Martha Bireda:

We consider it our traditional medicines. And interestingly enough, when the enslaved people came over on the middle passage, they found at least 14 plants in South Carolina that were the same or similar to those in the western coast of Africa. And one of the things with traditional medicine, it's not everybody who can become a healer. It is a sacred practice. And so the person who becomes a healer, there's a spiritual aspect to it. Many times this person's mother or grandmother has been a healer and this person is apprentice to that person. What happens is that we do use the roots and plants of plants for healing. But it's not just going out into the woods and finding a plant. There are some very important things that have to happen. First of all, this person has to have that connection to nature and have that sacred, what we call that sacred connection.

Martha Bireda:

So they would maybe go out into the woods. First of all, they have to know what the ailment is, what plant our root can be used to heal it. But very important, they have to know when to pick the plant or root and how much you can use for this particular ailment. And so usually we call them granny doctors, and I call them powerful doctoring women. Many times they serve the same purpose, they were the healer, but they were also a midwife. So that's why I call them powerful doctoring women. There were of course men who did it too, but many times in the plantations it was women's work. The women who did this and very, very powerful women who did this. And so the tradition then comes from our cultural tradition of healing and using traditional plants and herbs that nature has provided us to be able to heal.

Jaha Cummings:

On that note, it's interesting, this term folk medicine, again, it's just kind of pejorative, is that what we call medicine now, allopathic medicine's only been about a hundred years old. So every culture has had this medicine. I mean even, I lived in Asia 20 years, according to these rules we call Chinese medicine folk medicine and really it's like 5,000 years. But when it comes to this medicine, African traditional

medicine is so extensive to the point now where so many of our modern medicines are actually just, these are traditional plants that are synthesized into that. And so that's the one thing, understanding of that, our modern pharmacology, a lot of that comes from this traditional medicine.

Joy Murphy:

Yeah. And I actually want to dive into that a little bit more because a lot of times people think of this concept of folk medicine as being not real medicine or yeah, like you know... it's all about Western medicine or all about the doctor and prescriptions and things like that. But you find that some of these traditional practices are mixed in with some of this modern medicine. Probably the easiest example I can give you is, my whole life, and I still do this to this day, is when I get sick, like the flu, I drink warm lemon juice and honey. And the next day I'm fine for the most part. But if you go into the store now and you buy like the packets, you know that you can heat up, a lot of them are honey and lemon juice infused. Then just mixed in with like a pain medicine or something like that. And so you think about that and you realize that some of these quote unquote folk remedies aren't maybe so folky, you know? They have a real purpose.

Martha Bireda:

One of the things I'd like to say, I know you're down in Collier County, but our current exhibit here at the Blanchard House is the African roots of modern healthcare. And so we start all the way from Egypt and come all the way to the 21st century and Africans and people of African descent have been involved in medicine since the beginning. The first doctor of course was an African and so that's very important. So we really, we're opened after the holidays, after January 7th we're open from 10:00 to 4:00 Tuesday through Friday and we'll be very happy to give tours or to have school children.

Martha Bireda:

But I think this is a very important exhibit. A lot can be learned from, but we will be, this will be here until May.

Joy Murphy:

Okay.

Martha Bireda:

So the African origins of modern healthcare.

Jaha Cummings:

One point also mom was making is that, and we're talking about the granny doctors on plantations, they wouldn't only be treating the enslaved people, they would also be treating that family as well. And so she would be the one who would really be the doctor period. And so it only isn't until recently that folk medicine was not the medicine for many people.

Joy Murphy:

So speaking of your exhibit, we do want to talk a little bit about some of these original remedies that were brought over from Africa and also going along with your point of the knowledge that they had to have. Because some of these plants, right, if you use them incorrectly can be poisonous. It is death. So

let's kind of talk about that. Some of the remedies that were brought over and then just continue to thrive.

Martha Bireda:

Well, when we say brought over, we may be talking about seeds or knowledge, but remember I said that there were at least 14 plants that were here when the enslaved arrived in South Carolina. One of the... I usually think of the medicines that they use is as in three parts. Those that were used for prevention of disease, those were used to cure disease and of course another topic because in 1808 legally you are not supposed to bring enslaved people over, which meant that slave breeding was very pervasive. There were herbs that women used for contraceptives, so. But you might remember this, you might be old enough to remember. Do you remember [inaudible 00:12:22]? Did you wear around your neck a little dirty string with the little dirty bag that was filled with really foul smelling?

Joy Murphy:

I did not, but I do remember, I don't know if it's the same thing. I remember my grandmother and my aunt talking about something like [inaudible 00:12:39] tea.

Martha Bireda:

Okay.

Joy Murphy:

At least I thought that's what they were saying. So maybe that's it.

Martha Bireda:

When I was growing up, almost all of the children wore this. And this is something that during the days of enslavement when babies were born, they would put this around the baby's neck, nutmeg. They would also make a little rope of nutmeg and put that around the baby's neck, a little string of garlic around the tummy of the baby. So all of those kinds of herbs were used early on to prevent illness in their slave children because slave children in many cases did not live long because first of all the mother's diet, the mother being overworked. So it was very important to try to save the lives of children. And so immediately they would take these, use these practices.

Joy Murphy:

And what were they I guess preventing?

Martha Bireda:

Well, all of the childhood diseases that we knew about, like colic and... Colic wasn't really a disease, but like diphtheria, the kinds of diseases that we knew of were kinds that they were preventing.

Jaha Cummings:

I was thinking also about the plants is that when we bring, let's say we make a... say widen the circle a little bit, and we include Africans in the Caribbean as well, is that if you're looking at the way that slavery went, where you had the Europe empires [inaudible 00:14:12] so when people brought, they actually brought so many doctors over that out of this they found that there were about 101 plants that already existed here, which had their counterparts. And so we've actually had kind of a recharge of that as well.

So there's a pretty pervasive, very strong system of medicine that existed. And again at this point it's probably rural people and people in these ethnic centers that are able to take advantage of it and everyone else kind of has to hope that the drug store is going to work for them.

Martha Bireda:

You know, some of the kind of diseases you're asking about, the childhood diseases, dysentery, parasites were a problem. Anemia was a problem with enslaved people. Trichinosis, worms, all kinds of inflammation. Cholera was one of the things they had to deal with and something called the protein hunger because of the diets that the enslaved had. So the granny doctor had to come up with ways to deal with all of those kinds of illnesses. Now a lot of what they used, the granny doctor of course was the person who could go out into the forest and find those sacred roots. But in most of the households, the women were instructed to grow their own plants that could be used for medicinal purposes. You know, we'd love collard greens. Well collard greens were something we brought from Africa and all of our greens to eat.

Martha Bireda:

But you could take a piece of collard green or a piece of cabbage and if you had a fever or headache you could put that on the child and throw it out. And there's something in Florida, palma christi, that I have not been able to see lately, but that was a plant that we used in Florida that drew out, that if you had a fever they would cover you with it and it actually would draw the fever out of you.

Joy Murphy:

Wow. That's interesting. I did not know that. I never heard anyone say that.

Jaha Cummings:

Or people putting moss in their shoes to lower their blood pressure. I mean these are things which are tried and true and we would maybe say they're anecdotal, but if it works for everybody, it can just be an anecdote.

Joy Murphy:

Right. So have you found that... You talked about if you go like Afro Caribbean, Afro Canadians, and then even just across the South, like Gullahs and Geechees, as compared to say, those of us who live down here or in North Florida, somewhere like that. Are you finding that, did you find that these remedies were everywhere and everyone was using them in much the same ways?

Jaha Cummings:

Yes. Because there's a consistent technology and that's the thing is there's just a way that these plants work. And so if you stay within kind of a family of plants, this is going to get you a certain type of remedy and certain type... it's interesting like on that same note, I was in Sri Lanka, this Ayurvedic place and they had plants saying what they did and it was very interesting because you almost can talk about them as personalities. Like this type of plant has this type of personality and you take it for this disorder, this type of plant is this kind of personality, you take it for this disorder. So they have... There's a very interesting relationship which... There's a system, we could learn in the same way that someone else lives in the system. These plants have a particular system of how to interact with us and how we interact with them and it's just very interesting.

Martha Bireda:

One of the things that we have done with this exhibit is a recollection of my family's folk medicine or remedy, and I'm looking at these cards right now and what you're going to find are very similar types of remedies. We are people from... Here's somebody from Barbados, they use ginger root for pneumonia and asthma, guava leaf for diarrhea, but they also recommended guava leaf for diabetes, which I started taking guava leaf oil, the capsules, and it works.

Jaha Cummings:

And guava seeds.

Martha Bireda:

I'm not prescribing. No, we're not prescribing. And that's very important to say that, that this is simply education and they use something called cerasee for lungs and bronchitis. And it's very interesting, that cerasee is important to me because when I was a little girl, I had never been to Barbados or to any of the islands, but I used to call chewing gum cerasee.

Martha Bireda:

I don't know what that means.

Jaha Cummings:

Interesting.

Martha Bireda:

But when you look at some of these, everybody used castor oil.

Joy Murphy:

Yes.

Martha Bireda:

I mean every single card has castor oil. I don't care if they were from Ohio or where they were from.

Joy Murphy:

I definitely have had to take my fair share.

Martha Bireda:

Yes. This is interesting. Somebody, this one came from... if a kid stuck beads up their, now this person is from India, pluck a feather from a chicken running around the yard, tickled the child's nose, the child sneezed and the bead would come out.

Joy Murphy:

That's smart.

Martha Bireda:

Also among African Americans with chicken pox, if you take the child out to the chicken yard and let the chicken fly over him or her, then that would also relieve the chicken pox.

Joy Murphy:

Wow.

Martha Bireda:

And people swear by it.

Jaha Cummings:

And on that note, that's how actually the history of vaccinations came into play. You have an enslaved person who felt sorry for the family they were with and actually did this tradition, which you're mentioning with the chicken pox, you would have that priesthood that dealt with the mental disease. The cows would get cowpox, they would take the pus from that, inoculate each other, and then they would be able to have immunity to smallpox. And so this tradition, even vaccinations comes from this tradition. And that was brought here, the enslavement as well.

Joy Murphy:

Wow.

Martha Bireda:

They had used that tradition for thousands of years in Africa. Early on, that's what they would do. They would vaccinate, inoculate the child early on because they felt that they could take care of the disease early, that it would not be as severe if they got...

Jaha Cummings:

They'd get the weakened form. And that's the same thing even with homeopathic medicine, a similar type scenario where you expose someone to it so that when it comes, your body already knows, your immune system already knows how to interact with it.

Martha Bireda:

Right.

Joy Murphy:

Okay. Well, I had a chance to look around at the exhibit in there and I found some things that were interesting since we were talking about remedies. And a lot of things that we did growing up that maybe I didn't quite understand. And I saw some things in there that were highly familiar to me that I found interesting. Like sassafras tea.

Martha Bireda:

Oh yes.

Joy Murphy:

My aunt believed that sassafras tea would cure just about anything. You got a cold in your chest, drink you some sassafras tea. And I'm looking in there and I see so many people, or I saw some different uses for sassafras tea. But I just want to kind of talk about all of these different... continue to talk about these remedies and sort of what they've been used for and bring up some and find out...

Martha Bireda:

Well, sassafras tea was considered to be a tonic, so something that you used for prevention, but also it could be used for cures, like you were mentioning. If you take a bath with the root of sassafras, if you had back pains or something like that. And I can remember with measles, I was given sassafras tea. That was one of the things that you drink with the measles. But sassafras was one of those kinds of roots that was used, the tea, use it in your bath, but it was a health tonic.

Jaha Cummings:

Well there's one thing which is really very important in traditional African medicine, which is charcoal, and you'd make charcoals from different plants. But charcoal itself, from the standpoint of allopathic medicine, used a bit more of a poison control. People take certain poison, you take your activated charcoal and it draws it out. Charcoal basically is a crystalline form that, let's say one grain would be about the size of this room in terms of surface area for absorbing. So it's used to actually eliminate toxins. So you would actually have charcoal, which you can take internally to take out toxins. But also if you had some sort of wound on top, you can make a poultice with that. And so as long as you keep it wet it will draw that out. Even things like snake bites, you can put that in. But so this is a very strong one, so you would have, so if you want to get deep, you would make charcoals from different herbs and so you would actually call upon the spiritual aspect of that particular aspect of charcoal. So it would have the charcoal aspect as well as the other effect.

Joy Murphy:

Wow, I'm learning so much. I really am. And I'm super excited about it. If my mom was here, she would be super excited because she's, she kind of grew up, she grew up in this rural area doing these home remedies and then modern medicine came into play. She doesn't live in a rural area anymore, but now she's kind of on this whole getting back to using those sorts of remedies. And I think there is a really big movement for that. People seeking out homeopathic remedies, different types of doctors, other than just an MD. Just looking for new options. So have you seen that? Have you seen that across cultures and how is that looking?

Jaha Cummings:

All right, I've seen it but there's a point that mom made which is a very critical point is that in these traditions, because they are traditions, there actually is a system of learning to some degree that there is a little bit too much... People think it's just anyone can do it because we're all healers, doesn't know that the same way you wouldn't go to like a hospital and just ask any random person who worked there who was interested in health to heal you. You'd have someone who's actually trained. The same way with these traditions, there is actually a formal process of learning thoroughly and so that's... I see a lot of interest in these things but they have to be viewed as on par with these other medical traditions and then not see it as any less or something that just easier to access because it's just as comprehensive a system and that's one point I think we need to make, is that one, probably if they're interested in this they're going to want to go to an actual practitioner, not someone who is just an interested party.

Joy Murphy:

And if they are interested, besides...

Martha Bireda:

They just want to start researching.

Joy Murphy:

Are there books out there? Is there a way where can get started?

Martha Bireda:

Yes there are. I just picked up one off the shelf the other day. In the Shadow of Slavery is one that talks about all of the kind of plants and things that are here. There is another 400 Years of Healing. But these are books based on traditional medicines of people who have actually worked in the field.

Jaha Cummings:

And then one, if you just want to go to the wild side, you remember The Serpent in the Rainbow. That's written about an actual study where they actually went to Haiti to get the poison from the puffer fish because we looked at ways for trauma care as well as for surgery, where you can actually basically suspend someone so that they... Pretty much all your life functions were slowed down to the point of almost death. So you can actually do things like surgery and have it be far less traumatic on your body.

Jaha Cummings:

So these are the kinds of things that exist as well. There's a very, very... Also going to poisons, like we spoke earlier, certain things, they have a cure in development, in certain doses, other ones are that, and so on that note, when they came to... The [Ebos 00:26:23] actually had a very particular, I say, strong system of understanding of poisons. And so when they had been enslaved to Virginia, there was a whole host of deaths that happened because you had these doctors that simply turned the frequency up a little bit and all of a sudden these plants weren't so friendly anymore.

Joy Murphy:

Oh, wow.

Martha Bireda:

There were all kinds of laws they had to pass in Virginia because of the Ebos.

Joy Murphy:

Well, I guess one of the other things I do want to look at is that we'd looked at like different African American cultures, but you talked very briefly about Asian cultures and things like that, but this, these same medicines, or are they the same medicines, are they being used the same ways in other people, other cultures?

Jaha Cummings:

In Micronesia, I actually did... I lived there for several years between Japan, Micronesia, and I actually worked with some of the local healers and we actually put together a survey of the common herbs that

were part of the black diaspora in the Caribbean. So you had certain ones that were, you say there's 101 plants, and actually shared those with traditional healers and we found a good number of those. Not only were the same plants because we're in a similar hemisphere, but also a lot of them have the same uses. And then also learn things where someone used leaves, someone may use roots and then so now together, so on that note, there's actually a Taiwanese doctor, one of the most famous doctors in Taipei who actually is now working with South African traditional doctors and they're actually creating a joint pharmacology of Chinese and African medicine to really... so it's some interesting stuff. These are systems and so a certain type of plant has a certain type of relationship with the body. And so this is sharing and learning based on that.

Joy Murphy:

Okay. Well those were all my questions. Do you guys have any other comments or questions that you want to let people know about?

Martha Bireda:

Well, let me ask you if you can recall any of this. Someone who might have stepped on a nail or whatnot when they were growing up.

Joy Murphy:

I remember my brother cutting his foot running around outside barefoot. And I remember my cousin who lived up the road from my aunt told him to go get some spiderwebs. And they put spiderwebs on the cut because I know there's something in the web, but I don't know what it is.

Martha Bireda:

Well, they did studies, the medical college at University of South Carolina, and in fact there is a chemical in spiderwebs that does have a clotting mechanism. And so I don't know if it was by trial and error or how they learned this, but that was one of the things that you put on puncture wounds. The other was to get a piece of fatback and put a penny or a nickel on it and that too would draw out the poisons.

Joy Murphy:

Now that I've never heard of.

Jaha Cummings:

There's something you're saying that is interesting. One reason why people take vitamins with like fish oil or it needs to be taken with some fat solubles because that's how it gets there. But I'm thinking the way you're saying now, because copper is antimicrobial, that might be a pathway in which you'll actually get an antibiotic basically effect. I never thought about this till right now talking about those there but probably that's the two ways it probably drew, but it probably gave those copper at a dose that it actually was able to kill those microbes.

Joy Murphy:

It's interesting, that level of knowledge I guess because I mean I know they probably were passed down but nobody ever really thinks about it and then I think about possibly losing that information because I don't know at this point if I had children, like would I think, Oh put a spiderweb on their cut or would I be like, no, we're going to the hospital.

Martha Bireda:

But when you talk about losing the information, one of the reasons why we have this exhibit, why we try to do exhibits that talk about African contributions is I really would like to see young people become more involved in learning about their traditional culture. And so I'm hoping that if they're listening, I'm sure that Jaha and I and other members here at the Blanchard House, we would love to do a summer camp where they could just learn and... In fact one year, about 10 years ago, we did go through one of our parks here and had someone who showed us all of the herbal medicines right here in Punta Gorda. But you bring that up and it's very important that we do not lose our traditional culture. This is a culture retention. This is something that has survived all these years would be very unfortunate for us to abandon this now. Even if you're not going to go out and put a spiderweb on, at least understand that there is a chemistry in that spiderweb that has been used.

Joy Murphy:

I think that's an... I think it would be an interesting way to teach science and chemistry, is through medicine. I mean I think being as a person who loves biology but nothing else, no chemistry, no anything like that. I think that would've made it more interesting if we know, Hey, if you mix these things together and it's because of what's in this plant and what's in this plant, you can do it can heal this. But if you add this plant to it, it can heal this or if you use too much, it's a different, it would be an interesting and different way to teach these same concepts that are so important. The STEM and steam concepts that schools want you to teach. Be kind of interesting and kind of a cool way to do it.

Jaha Cummings:

And also on that note, Manatee County schools right now are probably seen as the best in programming in the country when they go to international competitions. It's Manatee County, Japan and Singapore. And it's how they teach, one, they have an elementary engineering, like every child from kindergarten has a lab. And what they do is they teach by projects. They don't just break down fundamental concepts because that's just too abstract and crazy. But if you say you want to build this bridge, you've got to learn this math, you got to learn this phys, you got to learn this and that. And so the kids are like really, really excelling because they're giving them a purpose behind their education rather than just trying to just teach broken up pieces.

Jaha Cummings:

And I think that's one thing with this too, it's like it has to be part of a holistic system and also a part of society is the one reason why even apprenticeship, and I would make an argument even for now about bringing back apprenticeship more than our graduation system, is that you've got to learn your trade within a social context so that it actually has actual function. Otherwise it's just a selfish endeavor. And that's where sometimes we lose some of our young people in that regard too.

Joy Murphy:

I feel like one of the things that I would be interested in seeing happen is, I hear more people talking about like doctors, medical doctors, they go to school and they don't... they learn how to treat illnesses. Like they learn how to diagnose and throw medicine at it. And you hear more and more people talking about the importance of learning nutrition because food is a healer. But what do you think about adding something like this about folk medicines to a traditional curriculum?

Jaha Cummings:

In Cuba they do five years medical school because the fifth year actually is what you call green medicine, which is I'm learning nutrition plant. And then things like acupuncture, in Japanese as well. There are doctors, they have what you would see as a Western curriculum, but also the Chinese traditional system with it.

Jaha Cummings:

So a Japanese doctor is going to approach you more from prevention. And if they have to do something that's more acute, they know how to do so. But their goal is really to promote health. And I think that's definitely, I think that's a deficiency in our medical training here is not nutrition. And even young people ask, when they come to asking advice, because we, one thing we do work with young people from sixth grade on just to help them find what they need to do. I actually advise a lot of young people who want to go into medicine actually go into nursing, then go to medical school because you learn good bedside manner, but also you're going to learn a little bit more when it comes to these curative preventative measures. And then to go to medical school. I think that you make a very good position if you have that nursing background as your... So that's something I share with young people as well.

Martha Bireda:

I just saw this on a 60 Minutes yesterday. If a young person is interested in really being a family physician, not specializing, NYU is now offering tuition free medical. They will not have the loans to pay back. But what they are requiring is that you go in and fill in where we don't have... we're going to have a real medical shortage very shortly, but they are... it reminds me of the Cuban model. That you serve. You're not there for money. You are there to go to places where people need doctors and rural areas and urban areas is where we need family doctors. We need general practitioners. But if you're listening, NYU, tuition free.

Joy Murphy:

Maybe I should go to medical school. All right. Well thank you so much. I have thoroughly enjoyed this conversation. Thank you for indulging me and all my questions and we'll see you on the next episode.