

Transcription for: "01Susanna Raj.mp3" (Uploaded File) (New Transcription)

Dr. Nicole: Hello, and welcome to Bold Conversations, an immune deficiency foundation podcast series aimed at advancing knowledge and understanding of health equity. I am your host, doctor Nicole Rocester, the immune deficiency Foundation's Medical Advisor for HealthEquity, and the founder and CEO of your GPS doc, LLC. I'm your host, Dr. Nicole Rochester, and I'm so excited to have a special guest with me today. Today, we are joined by Suzanna Raj.

Suzanna has such a powerful and intriguing story and she fits in so perfectly to this series because she not only has a personal story about primary immunodeficiency, medical immigration, but she also has some professional ties that are unique and will provide some additional insight. So I'm so excited to have this conversation. Thank you for being here with us today, Susanne.

Susanna Raj: Thank you. Thank you so much, Dr. Nicole, for having me on your show.

Dr. Nicole: Absolutely. So I read your profile on the immune deficiency foundations website, and I invite all of the listeners to review your profile as well. And while reading it, I was both intrigued and deeply saddened to learn about your journey to diagnosis. So why don't we start there, Susanna? Can you share a little bit about what it was like growing up in India and how you were ultimately diagnosed with a primary immunodeficiency?

Susanna Raj: Thank you for asking that question. Because, you know, I wanted to share that story with the immune deficiency foundation. When they asked me, I believe it was in twenty twenty one, I wanted to give them an overview of a perspective that has been missing in the talks, especially in this country when it comes to immune deficiencies, medical, you know, assistance, clinical trials and all of that. So I was very excited to give that story, but it was a very short synopsis of my entire life. Growing up in India as they say, you know, you don't know what normal is because you are used whatever you are used to becomes your normal.

So I could never answer that question as how how was your life growing up as a child, you know, in India. I really don't know because my normal was being in and out of hospitals, growing up in hospitals. Actually, hospital corridors, ICUs. None of those things ever intimidate me because that was my natural environment. That is where I grew up in. So I was not I'm even till the to this day, you know, going to the or anywhere. I never feel intimidated by those environments like other people who get very scared. I am actually the calmest person there because, like, it's like, going back home or something not that I love it or, you know, enjoy it, but doesn't intimidate me in the same way as it would other people. So I because I had this immune deficiency, I was sick for almost six to seven months after by the year, you can say. So it was always in and out in and out in and out.

So very few days in a year I was at home. So I do remember the times that I was at home, so that was more than the times I was in in the hospitals. And I also grew up with medical professionals. So all of that has changed my outlook, my worldview, if he can say, I never have a problem talking to doctors or cross questioning them or, you know, the way that other people have, I don't have that issue because to me, it's like growing up with your uncle's son aunts. You you don't you never feel, you know, intimidated by them.

You know? So that's how I was that's how my child was back in India. Of course, from my parents' perspective, it would have been very much up at nightmare because they both my siblings died in the process. And also, there was a lot of financial struggles, constant hospital bills, and all of those things. So it was it may not have been a normal experience for them, but I, as a child, didn't know that this was.

Abnormal in the sense. Only when people started asking me as an adult, hey. Or do you do you want to have a normal life when or, you know, I had that in the conversation as normal versus abnormal then? Okay? My life was somewhat more than in some ways.

It's only then you have that realization not before.

Dr. Nicole: That makes perfect sense. I appreciate you sharing that. And I'm very sorry to hear about your siblings. Did they also have a primary immunodeficiency?

Susanna Raj: They had the same chronic nonlomotive disease disorder. It's not like they were diagnosed, but some of the, you know, after that death, the records and everything were sent here and analyzed. And the conclusion was that they they also probably had the same thing. So all three of us were born with that same disorder, and it could have been a genetic, you know, mutation that was passed on and was very strong at a somersomal recessive gene. And so it probably the same thing.

But there was suspicion that, you know, that we had some sort of CGD disorder. There was a suspicion, but there at that time in the nineteen, seventies, and eighties. India did not have that test. Not so anymore. That's not so anymore.

Now we have all those tests everywhere around the globe. You know, you can get get tested anywhere at any clinic, but not so at that time. It was only available in few Western countries as in Canada and the United States.

Dr. Nicole: Howard Bauchner: And we're gonna move into your your kind of medical immigration story and your diagnosis in a moment. But before we go there, can you share a little with the listeners about the hospitalizations? As much as you recall, I know you were young. But do you remember the first time you were in the hospital, how old you were, and what were some of the things that you were dealing with, the types of infections that you were having?

Susanna Raj: Mostly lung infections are respiratory, upper respiratory infections. And I also came down with a lot of viral infections too. And the viral infections will always lead to back to the bacterial infections because then your body the immune system is so weak, fighting the viral infection. So then you get, you know, you know, suffered through the bacterial infections more often. But mostly by upper respiratory tract infections, my lungs were always infected.

There's, like, multiple scars now. They said, like, I have, like, twenty three permanent scars in my lungs, so it was a lot of infections as a child. And several days, like, ten, fifteen days, I would be there, and I would have IV antibiotics. So it was usually, you know, trying to really aggressively take over something that was already, like, a losing battle. So the actors were always fighting, you know, on a defensive mode more like an there was no offensive procedures in those days.

I mean, you could you couldn't really take a lot of prophylactic antibiotics, but only in the later, when I was fifteen, sixteen, I think they started putting me on prophylactic antibiotics. To sort of, you know, be on the offensive more and be more prepared for an infection, but even that didn't work out so well.

Dr. Nicole: Okay. Well, thank you. Thank you for just kind of filling in some of those gaps let's talk about how you finally came to your diagnosis. Many of our listeners who themselves have PI or have family members with PI are aware of the statistics that the average patient it takes over a decade to get a diagnosis. So we know that that's the norm, so to speak, for patients with PI.

But you have some unique challenges by living in India and as you shared, not having access to some of the technology So many of our listeners are either dealing with PI or have family members with PI and are aware of the fact that it takes over a decade on average to finally get a diagnosis. So that's sort of the norm, so to speak, in the PI community. But you faced even more challenges living outside of the United States. And as you shared, not having access to some of the technology that is now freely available. So, share with us, you know, you're in and out of the hospital, you're a young child, you're having all of these infections, two of your siblings had previously passed away, how did you finally get to coming to the United States and arriving at a diagnosis of CGD?

Susanna Raj: So around when my sister was a, you know, she passed away six years of age when that was my younger sister. So by that time, they were all three of us were sick in and out of hospitals, you know, being very sick. But when she passed away around that time, the pediatricians one of the pediatricians was a family physician for us. He came to the conclusion that this is some sort of, you know, PI, and he also narrowed it down to CGD, and he said, it's possible that these children are infected with that, but since we don't have the means to test it and provide a, you know, prognostic care plan for them. So he tried to

you know, navigate the system, like, you know, try to find us places where we could go for a test.

And he already had made arrangements at the Toronto sick children's hospital. I think it's no longer called sick children hospital. It's called children's hospital. It's a good thing. They removed the sick children name. [laughs]

So he he managed to get some get us some contacts and was you know, trying to get me and my brother to get tested in Canada. I was my brother is one year old younger than me, so I was seven, I was six. So they were trying to get us there. But around that time, My brother became very, very sick, and he passed away just before the flight. So he had to I went on his ticket, actually.

It was supposed to be, you know, both of us. But, you know, when when he was sick, the in Canadian immigration actually, expirated his ticket. And he said he could come with one parent. But when he passed away, my parents appealed to the embassy and said, look at the delay that you guys made, and this is what caused we couldn't, you know there there was a lot of immigration struggles even at that time also. So there was the back and forth, the delay.

They were not trusting that this was a genuine case. They wanted more proof that, you know, we are not trying to immigrate there and stay in Canada that it you know, more medical proof and at those days, you know, it's not like today where you could send digital copies and, you know, in an email instantaneously, it was more like I have to fax them. I even fax was a big luxury back then. You have to mail them. You have to speed post them. And you have to you there is a lag in the communication that is, like, ten, fifteen days back and forth. So within that time frame, he passed away. He was so sick he wasn't nice. He he say he died from a very bad infection. And there was at that time, there was only us second generation antibiotics.

There was no third generation antibiotics. Now we have third generation, and I believe we even have fourth generation antibiotics now. Not the case back in those days. So he passed away and then that information was relayed back to the Canadian embassy. The Canadian embassy made an exception and said both parents and the remaining kate can come.

So we actually went on a special visa, came to Canada in nineteen eighty two, I believe.

And at that time, they had the NBT test. I'm I'm sure you must be familiar with that. And now we have a more advanced test. But, you know, in those days, it was just the blue test, you know, the where the liquid turn the blood thing that test turns blue and then, you know, It is a CGD or, you know, you have a PI or an infection or a immune deficiency disorder.

So they did that test. They found out that I had that in Canada, so that that's how I managed to get diagnosed at the age of seven. So not not true for most people, but in those days itself, it was a big I mean, having the diagnosis meant nothing, there was no treatment.

There wasn't going to be any special drug or anything to help you at that time. Nothing was

discovered in that time period.

So what they did, that having that diagnosis helped us understand how to protect ourselves in a way you are not no longer guessing anymore. You are, like, having that ability to understand that, you know, this is how it's going to be that the entire environment around her is going to be dangerous for her. You cannot predict which term will infect what because we are surrounded by germs. We are surrounded by bacteria and viruses. So it gave a plan, a sort of a plan, I would say, but it's not like a really good plan because even the plan that the Canadian pediatricians gave us at that time was skewed towards male children.

So their entire database, at that point, was all on male children whom they had run studies on. And so they were giving us and male children and, of course, Caucasian male children. So they were giving us data points on that and sent me back home with that knowledge, but it took us ten years, ten, fifteen years to really understand that some of that advice was irrelevant to me as a female child, as an Asian child. It was not working out. And I paid her I think I paid a huge price for that in terms of mismanaged drugs, drugs that could that were high dosage for me for my, you know, body structure.

And also the there's there's always physiological differences. Right? You know, if you're a female versus a male and then also there the fact that you are Asian versus Caucasian, those differences serious medical mistakes that the fact that I survived all of them and that I continued to fight through all of it and reach the age of, you know, fifteen, sixteen all of that and cross through that barrier because as you may know, CGT tends to be very aggressive up to your teenage years, and then there is a plateau. And you nobody makes through that plateau stage. Most people pass away in that aggressive stage because it's very hard to protect yourself during that time when your immune system is going through that kind of hormonal imbalance as well as, you know, immune imbalance.

Dr. Nicole: Wow. Wow. You you you've really been through a lot. And we're thankful that you're here to be able to tell this story. I I wanna learn more about the medical immigration process because you and I talked offline and I will I say that I learned a lot as a physician, there were a lot of things that you shared that I didn't know.

I would imagine that there's a lot of things that our audience don't know as well. And I know that there were some myths as well that you were able to debunk. Can you share how my understanding is you were diagnosed as you said there were no treatments initially, you were sent back to India, but then you had an opportunity to come back to the United States. Can you tell us about that and also talk about the process for getting a medical visa?

Susanna Raj: Yes. So the Canadian visa process, the Canadian immigration visa process for the medical visit that we went there. We went on a special visa as I told you, like, the

embassy made a special exception for us, and we went on that. We said and it was in the newspapers and all in in the Canada side. I still have those clippings.

I can share them with you later. But during that time, where when we were there, you they gave us the opportunity to stay back. Actually, immigrate and gave my parents jobs. They said, you they can find we can find new jobs. We can allow you to stay here, and you can her here, but they also said that's not going to benefit her in any way more or help her survive longer or get better access to treatment or anything like that if she was in India because there is no difference.

I still don't believe that, but, you know, that that was the, you know, a line. And my but they also said that she would have to be alone because both parents have to work here and should be put in a day care or, you know, some sort of home care situation and all of that. And they also said that most of the children don't survive by past the age of thirteen. With all of this information and with the fact that my brother only died fifteen days ago, my parents went in no emotional state to stay in a foreign country. So they made the decision to come back home.

And that's where, you know, in many ways, I feel like that in nineteen eighty seven or something around that time, interferon gamma was already in discovered. So but we came to know about it only in nineteen ninety four. So there was such a lag in in the information. I know gateways also when it comes to a western country and versus a eastern country. In those days, not true anymore, but in those days that I'm talking about.

So that impacted a lot of the decision making when it comes to medical immigration at that time. But coming back to nineteen ninety four, my my doctors tried. My parents also kept on trying. And around that time, one through one of the contacts that we had and also through my cousin who was studying here. At that time, he was studying for his masters.

We came to know that there was this drug called Intreprancama, and it was in Phase III clinical trial in Germany and also in the United States. And it was showing a lot of promise for people with CGT. And he he said let's try to see if he can get her into a clinical trial of some sort here and we tried a lot of hospitals here and finally at Stanford, we were managed to get some kind of a contact, and they asked us to send all the medical records. They reviewed all the medical records. And then they said, yes.

She can come and be part of the clinical trial. We will like to see if she first has because they were not, you know, trusting that test that was done in in those days. So they were, like, We don't know what looks like she has, but we cannot going to take that one test done in Canada. We just ago because we need to test it here and if that turns out to be true, we will have her. In the trial.

So they sent an invite letter, and that's how you could apply for a B2 medical visa. So there is B1 is the tourist visa in the United States, and B2 is the medical visa here that you can come here for medical treatments. So that v two visa comes with its own rules and

regulations. It says that you have to provide for your own stay here and that you should be able to afford your medical care or prove that your medical care will be taken care of, but not at the expense of the American taxpayer. So in that way in IH and also stand for, they they have a research program and that within that research program, they can provide a treatment plan.

It doesn't it doesn't violate any of the rules of the B2 visa. So that you could get a B2B saw through that means. That's how we came here, but that also does not mean that you when you're, you know, when you're staying here for the longer medical treatment, you still have to pay your own way. Pay for your room boarding, housing, all the expenses, and also some other course of the medical treatment that are not covered by the direct you know, like, let's say, you are sick. Why something else, you have to go to the doctor or anything that won't be covered.

You have to pay for it out of pocket. And there is no insurance plan that will cover you. No international tourist insurance will not also cover you for that. Because international tourist medical insurance plans have a preexisting clause. And even to this day, they have the preexisting clause.

So you if you have a hard disk, a CCR diabetes, if you are pregnant, All of them come under pre existing classes, and you won't get treatment. Even under a tourist medical visa. And when we came here, I had no other way of doing that only. Through, you know, my parents literally sold everything like sold everything in the house, everything that they want. And came here, showed that money that was that money was in the bank, showed proof that they they were not trying to immigrate here or stay here.

To this day, whenever people ask me, like, there are many millions of people who come here for immigrating to the United States. There's nothing wrong with that. Like, they are coming here for a job or to make a better living, for themselves. But to this day, I say it was not a choice for me to come here. So I mean, the you can say, yeah.

Your life is better here. Yes. True. But it's still that doesn't mean that it was a choice. It wasn't a choice.

It was it wasn't a choice for my parents. It wasn't a choice for me. So when we came here, we had literally nothing and whatever say little bit of savings that we had wasn't going to last us for very long time, and then they threw us this shocker that, hey, you have to be on this treatment for the rest of your life. It's not like it's a one shot or you take for fifteen days, you're gonna be fine. So that was a big, you know, revelation for us, and we were not aware of the cost of the drug, at the time, how much it was going to be, and the cost of other treatments.

Everything was new to us and the expense, even the blood test, the cab to workflow, everything was a big day for us and the Indian community and the larger American community, I have to say, welcomed us with open arms and started on racing for us. And

that's how we managed to survive the first few months. And there was a pro bono legal team that came forward and helped us file for immigration papers. And around that time stand forward and through that Genentech was at that time marketing that drug through their Phase three clinical trial made a promise through their patient assistance program. That if I could find a way to stay here, a drug would be free.

Wow. So that is how so far. So the only onus onus was to find a way to stay here legally, and we worked on that. That was a that's a poll on the podcast on its own because it's a long story. But to give you the nutshell of that, you know, we I was on b two, so I was the only one on V2V SA that stayed consecutively for thirteen years on a V2V SA.

It was every six months on the stand for doctors, all my medical doctors came would send a large package of information to the immigration department and file. We would file every six months and extended it for thirteen years. Until my the my green card could be filed, that and then I could actually stay here. There was a big drama during that last year when whenever there's an administration change, there's there's also immigration, I know, staff change, and that person decided that thirteen years of me staying here was no longer valid. Remove revoked my V2 visa overnight and asked me to get out of the country in thirty days. So my we went through a whole legal battle, which went all the way up to White House, and there was a presidentially intervention. There was a attorney general intervention. And through that, I fought to stay back. And I had a special attorney general privilege, research status for one and a half years in which I stayed. And then, by that time, the green card was processed.

And that's how I came here. That's how I am I I stayed on green card for four years, and then I filed for my US citizenship. And that is the reason why I wanted to share that when I told you. Is that there was a there was a recently an administration change couple of years ago. And during that time, there was a lot of, you know, talk in the news cycle that went completely viral on how you know, people who come on immigration on who come here for medical treatments are offloading on the taxpayers and all of that.

I there was a a lot of anger back because even as a US citizen now, I would be very mad if, you know, I found out that other people from other countries are able to get medical care while EUV, U. S. Citizens are struggling to pay for our own medical care and, you know, everything there that we know that we are struggling, you know, in to the medical system itself, as you know, is very, very inadequate. But that misinformation is what I wanted to spell. I hope through this forecast and through others is that's not the case.

If you come here on the on a medical visa for medical treatment, even if you come here as something called medical tourism, where it's an elective surgery that you are coming here for, you have to prove to the US USCIS that you can pay for it, that you have everything set up ready, and they ask in documentation for everything. So it's not like you can my my at Stanford and all my physicians by the last, you know, I told you, like, thirteen years, they

filed proof. Yeah. And this is and my parents filed proof. That they could provide for me, that they had funds in their bank accounts, their tax returns, and they also had to file proof that I have us having medical insurance.

And let me tell you this important thing because I know we are going out of time, but I wanted share this before Obamacare or as we know the, you know, advance to

Dr. Nicole: the Care Act.

Susanna Raj: Yes. That one, you know, before that came through, there was something called preexisting condition clause. In which you could not get medical insurance. And I tried everywhere through everything. I could not get medical insurance.

I was denied, and I kept all the denial letters And I filed also a a case against all of the medical insurance and asking them, what can a person like me do? I am here on a VTuber, how will I take care? And during that time, through this is how Guardians and angels come into a life. Somebody came to sit our house and they said, hey. Do you know there is a program called m MRM IP?

Major risk medical insurance program that is still there even in California and in some other states too. If you can Google it and find out m r m I p, this is funded by the tobacco tax. So, you know, all that extra tobacco tax, you know, the the money that is, you know, going there. Some of it goes to schools for education. But the majority of it goes through to this program.

And this is called a major risk program where, you know, people like me who cannot be part of any healthcare marketplace plan this whole marketplace plan came after president Obama came to power. But before that, there was, you know, you you have to go to the regular, you know, insurance companies and ask for insurance applied for an insurance plan. But if no no matter what, wherever you are going, you are being denied, and you cannot be part of medical or Medicare or any of those Medicaid programs, then you can apply through this program. And it covers only seven hundred and fifty thousand dollars lifetime. Don't think here the entire lifetime is less than a one million.

So they they cover you for that, but you have to pay five hundred dollars per month and have that insurance. My parents, they truly went to work and paid five hundred dollars a month. For thirteen years. So whenever people talk about preloading, offloading, taxpayer burden, and I'm like, no. Even though this is tobacco funded, I still had to pay five hundred dollars a month to pay for my insurance, and that insurance won't cover anything just to show proof to the immigration people that I had insurance because that was a criteria.

Dr. Nicole: Mhmm.

Susanna Raj: Of the company.

Dr. Nicole: I thank you. I mean, you have just again, you've educated even more than our offline conversation. I'm continuing to learn about the nuances of medical visas, and I didn't know about this program. That you're sharing about. And I think it really highlights, you know, to take it back to the context of this podcast, it highlights the challenges that individual space.

We've talked a lot about social determinants or social drivers of health and how your income, your socioeconomic status, your race, your ethnicity, your ZIP code, all of these things impact the quality of healthcare, not only that you have access to, but that you receive. And your story just really highlights that. And again, from a global perspective of someone living outside of the US and all of the barriers that your family had to place to face. But also, as you shared with with us offline, the privilege, you know, that that your family had to while I'm sure it was very difficult, the privilege to be able to sell enough items, to be able to, you know, have the money in the bank to prove to the immigration officials and the work that you're parents were able to find, to be able to pay this five hundred dollars a month. So it's like, it's almost like a tale of two two worlds where, you know, you simultaneously face a lot of barriers and there were were privileges, and there was grace, and there were these amazing, as you call them, guardian angels, who came to to help your family, and even, like, having pro bono attorneys and having a case that made it all the way to the United States attorney general.

So, I mean, just such, incredible stories of resilience. And again, I can't even imagine what it was like for your parents, what it was like for you all. And but you made it, you know, like you because of all of those sacrifices that all of you made you're now here to to tell your story. And I'm sure that it's not only gonna be helpful for those of us who are United States citizens and had no idea of these difficulties, but I'm hoping that also others outside of the country who may find themselves in a situation similar to you and your family that this will help to educate them about the process, you know, for being able to come to this country for medical care. Wow.

Well, as as we wrap up, I I couldn't let this interview in without talking just a little bit about what you do in your professional life as an artificial intelligence ethicist. And again, you know, we could talk about that. I'm sure that could be its own podcast, but I wanna specifically focus on this relationship between artificial intelligence and concerns about perpetuating health inequities, health disparities, biases. And so if you can share, you know, your perspective as an AI emphasis in terms of what we may maybe we should be concerned about with regards to AI and how it's amazing. It's a wonderful thing, but it may also serve to kind of formalize some of the biases that are already present in healthcare.

Susanna Raj: Howard Bauchner: Yeah, that is one of one of the things that maybe I can simplify it and say that AI is not all bad. The thing is that AI the one thing that AI can do well

that humans cannot process large amounts of data and find anomalies or find patterns within them much more easily than humans can. But at the same time, as I told you, it was, you know, a very even the initial studies and research it was done was on male children, males and Caucasian males and younger Caucasian males, that's usually the case. And when it's that kind of a dataset, whatever anomaly or pattern you find within that, it's only going to benefit that population. The same way that that is true for all races, all genders or unique ethnicities and the metabolic systems and all the physiologists that are, you know, different for each country and region and continent.

We don't have that kind of a data now to train AI. And that is where the unique qualities come in. And that is where all the algorithmic injustices, all of that, you know, starts to flood into the system. All of the discrimination that also floods into the system. So in a way, if you can if a few humans can make a few errors and even that could have such an impact on one person's life, like my life, just imagine when that is scaled up a million times or thousands of million times the way that AI is growing now.

Those unique qualities will be tremendously hurtful to the global population. And when I talk about the global population, I mean the global south population, and the populations that are not included in the data sets. So that is one of the things that AI is, you know, actually, it makes it a little bit more scary. We want to talk about the good things that is going to do for the medical industry, especially detection of cancer, as, you know, as I said, you know, not only cancer at an earlier stage, even Alzheimer's at an earlier stage, because it can just breeze through data sets in a fraction of a second, which we humans cannot. But what is the data set it has in its hand?

What is the data set that it's holding in its brain? Is the data set that is widely available? And that data set is homogeneous, and that data set is very narrow. And that's why when the solutions, the deployment is launched, those algorithmic solutions that we are going to see in the medical industry. It's going to be more hurtful for populations.

That are darker and skin color that are coming from different, you know, socioeconomic backgrounds coming from different races, coming from different parts of the world. So that's where we have to be a little bit more cautious and say, Either we need to feed it with those data, which is very hard, is going to take a long time because how will you have data that is even that also is privileged. Right? We haven't talked about as I told you, They haven't talked about the privileges and the things that come in in every story. You can see there is even in my own story.

I see privilege. That privilege is also not afforded to those communities. So that data set will not be there. So they are erased and not included in the dataset. So then they will they will not have that voice anymore.

Dr. Nicole: Thank you for sharing that. And it's it just highlights, you know, again, some things that we've talked about in previous so it's a bold conversations, which is the importance of diversifying clinical trials. There's been a lot of improvement in that area with formal laws and regulations with regard to the Food and Drug Administration or the FDA. Whereby researchers now have to, they're held to a higher standard. But of course, we still have a lot of work to do.

And that's why it's so important to make sure that the trials for drugs and other new discoveries in healthcare and in medicine are reflective of our diverse population. So thank you so much. Well, Susanne, I could talk to you all day. I'm sure that our listeners would love to hear more, but we do need to bring this conversation to an end. I just wanna thank you again for being so generous with sharing the story of, you know, you as a little girl and the challenges that you face, that the tragedy and the loss that you and your your parents face with your siblings, and and really just this story of perseverance and resilience as you all had to navigate this complicated medical system in the United States and the complicated medical immigration process and all of the barriers that you all faced to get you where you are today.

And I'm excited about the work that you do in your professional life and in your willingness to really be an ambassador for IDF. So thank you so much for your time and maybe we'll have a chance to talk again and have a part too.

Susanna Raj: Thank you so much. I mean, your story is so inspiring and the work that you are doing so much needed for our communities, and we are really privileged to have you. In our lives.

Dr. Nicole: Thank you.

Susanna Raj: Thank you so much. And thank you, Zach.

Dr. Nicole: Alright. You all, so that's the end of this episode of bold conversations. We look forward to seeing you next time.