EP49 | Creating Care Beyond the System with Dr. Jubril Oyeyemi Transcript

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Introduction to Conflict in Healthcare

If you work in health care, you already know this. Conflict is everywhere. In the OR, in labor and delivery, in committee meetings, between physicians, nurses, administrators, and teams that are all trying to do the right thing.

But, here's the problem. Most of us were never trained to handle conflict well. We learned procedures. We learned diagnostics. But, we didn't learn how to navigate the moments when two professionals strongly disagree.

That's why I developed the SPARK framework. SPARK stands for stop, pause, ask, don't assume, reflect and respond, and create a path forward. It's a practical system designed specifically for high-stakes health care environments.

Through keynote talks, residency workshops, and SPARK master classes, I teach physicians, nurses, and health care teams how to turn destructive conflict into productive conversations that strengthen teams and improve care.

If your hospital, residency program, or medical conference is looking for a speaker on conflict, communication, and leadership in health care, I'd love to work with you. You can learn more in the show notes.

Scalpel and Sword Podcast Opening

Because in medicine, conflict is inevitable. But, handled well, it can make teams stronger. In every operating room, in every ward, in every clinic, and every team meeting, a silent battle brews.

Conflict, negotiation, identity. Welcome to the Scalpel and Sword Podcast, where I, Dr. Lisa Sharma, physician and conflict analyst, explore the hidden negotiations behind modern medicine. Let's trade burnout for boundaries and learn the art of healing with precision and power.

Hello, my peaceful warriors, and welcome to the Scalpel and Sword Podcast. I'm your host, Dr. Lisa Sharma, physician and conflict analyst. And I'm going to ask you a question. You've been practicing, you've been working in healthcare, and you see the plight of the underserved patients in your community. You've seen them come into your emergency room, you've seen them come into your clinic. They need you, they need care, but they have no idea how to access it, how to pay for it, and how we can actually work to provide resources for them to receive what they so desperately need. And our guest today on the Scalpel and Sword Podcast is going to help us explore this very topic. I am so excited to have on the show today Dr. Jabril Oyejimi.

Dr. Jabril Oyejimi and Cherry Hill Free Clinic

He is an award-winning primary care physician who practices full-time medicine in Camden, New Jersey. He is on staff at Virtua Health, and he serves on various committees, including bioethics, quality, patient safety, and continuity of care for complex care patients. He is so passionate about healthcare access that he founded the Cherry Hill Free Clinic in 2017, which is a non-profit primary care center dedicated to serving the uninsured and underinsured free of charge.

The clinic is staffed by a diverse team of passionate volunteers and generously supported by local community organizations and health systems. In just 8 years, the Cherry Hill Free Clinic has grown to serve thousands of patients, becoming one of New Jersey's largest free centers of care.

Dr. Olayemi did his undergraduate degree in bachelor's in biology at Lincoln University and he got his medical degree at Penn State. He did his residency at Jefferson Health, finishing there in 2012. He is also a member of the initial cohort of the Physicians Foundation Leadership Institute, which started in September of 2025 and is teaching health policy, is teaching about development of business ideas and concept models, and I was very fortunate to

meet Jabril and have him sitting next to me at our initial cohort for PFLI. So, Jabril, welcome to the show.

Thank you so, so much, Lee. It's a tremendous opportunity to get to just rub minds and share some of my work with you. When we first met and we started talking and really getting into knowing each other, cuz I think this is one of the things we realized very quickly that this group that we were involved with, this is a very exceptional group of doctors. And I think one of the things I felt coming out of that first interaction with everyone is I had such hope for what medicine could become. And I think a big part of that for me, because we were sitting next to each other for that entire cohort, is I really got to hear your passion, your intentionality about what you've done with Cherry Hill. But there had to have been a starting point. There had to have been something that just clicked in you that said, "I need to do this." Certainly, Lee. So, you know, it's an interesting journey. Part of it has actually been unlikely. And you'll understand why I say that, but so my journey actually goes back many decades.

I was born the reasons Nigeria and one of the reasons I would choose medicine as a journey to embark on was that I got to see what a lot of just in access looks like. And now that's it. There's a lot of amazing things about Nigeria, but my experience growing up was such that I saw what that in access was. And the height of that for me would have been sometime in my early beginning years getting to experience my neighbor's daughter who we loved and just adored and was just a spark.

Just wake up one morning and she passed away. And yeah, I remember this it stays with you. I remember this powerlessness of how could this have happened? Especially when we found out then that the reason she passed away was that she had gone through like symptoms, the high fevers, and what I now know to be a febrile seizures where she would have had and after she passed away from.

At the time we knew it, but you look back now and you go, "Oh my god, just access to a doctor to recommend bring the fevers down." Forget all the fancy stuff, just the recommendation to bring the fevers down might have probably would have saved Esther's life. And so anyways, that moment would lead me to model me to go, "You know what? I want to go and pursue medicine so that there aren't Esthers of the world happening." And so anyways, fast forward graduated high school 16, came to the US to write into college. I went for a rapid fire college, med school, no residency all straight through. And right after training, I joined a local health system here in South Jersey, one of the largest ones, as a hospitalist. And what's interesting about that choice itself is that unlike Paris spoke about our medical internal medicine training, you get a lot of inpatient exposure, a lot of it. And so you got really comfortable in the ICU, putting lines in and and just dealing with of like these extreme situations. But I did not care for primary care as the resident. In fact, I would have done anything to give away my primary care clinics as a resident because of all of that exposure residency. I went straight to become a hospitalist after joining the largest health system here in South Jersey. And as fate would have it, week in week and I'm admitting and discharging patients and I would see about five to 10 cases of patient situations where, you know, whatever it is they were coming in for, when I dug deep to the source problem, it was always an lost health insurance because life happened and that life happening was usually in a form of divorce, loss of job, sick family member, life happened.

They had no health insurance, couldn't afford to see my doctor, this is this is that I've had for years.

Finding the Root Causes Behind Patient Barriers

And so I couldn't get refills of my $4 medicines. And because of that, now I've suffered a second heart attack, a second stroke. I've now lost 10 to 15% of my ejection fraction.

And it was just like week after week, I was just getting pummeled by these cases. And I would say to myself like, "Oh man, I guess God something." I'm like, you know, cuz a lot of these folks I met reminded me of like my old family members. Like they could have been my aunt, they could have been my next door neighbor, right? And I'm like, "Man, if I just met you six months ago when you were dealing with this loss of health insurance and write you a year worth of refills, it would take nothing for me to just give you a year's worth of your beta blocker, statin, you know, diabetes medicines, right?" And so that would happen so much and the straw that would break my back about that would be a 52-year-old retired school teacher I saw in the ER. He came in with a second heart attack. Like that got to the crux of the story and it was there where again that gut punch of life happens. You have to be quiet during the interrogation, the history taken, stay very quiet with she made a statement to you and she goes,

"Yeah, I couldn't get my refill. I went through a divorce, you know, a couple months ago.

I'm just so irrational in my meds. Can't afford my doctor's visit and now I was like, "This is it. We got to do something." I'm like, "I don't even care if we have to do something in a parking lot somewhere. We got to do something." And yeah, and there was the Cherry Hill Free Clinic would come to you realize but then I journey from 2017 until now Lee would be the matter of just when it launched, I said to myself, I was like "I don't care if I'll have to do the registering the patient, answering the calls, seeing them, discharging them from the clinic, taking them follow as I got to do everything I got to do all of that, but it's getting done, right? But yeah, I've been so blessed that along the journey all these incredible angels have just shown up. They're showing up and so I think it's one of the amazing things that provide my hope on humanity cuz these folks have shown up and so such that I'm not having to do all of that. We are a team of about almost 200 people who are making health impossible for our neighbors in New Jersey who can't afford health insurance.

Wow. Oh my gosh. Okay, there's so much I want to talk about. So one of the first things that I think really jumps out as you're telling that story is that situation you're describing where you see people who didn't come in because they couldn't get their meds or because they didn't have the financial resources to do this for whatever reason. And very often it's not situations of their own choosing. It's things that happened to them that they had no control over.

And I think when those patients come into the ER or in their unit or however we encounter them that if we don't dig deep enough to get an actual story. Sometimes we're quick to assume that oh this patient's choosing to be non-compliant. This patient's choosing to do this. No, they're not choosing to do this. And I can't tell you how often it happens to me where I haven't seen a patient for two or three years, you know, they had an abnormal path or they had something that definitely need follow up and we hadn't seen them and then they come in two or three years later. This happened to me Friday that she came in and I was like so we've not seen you for a while. She says, "Yeah, I lost my health insurance and so I didn't come back in to get follow up and I was like we will always work with you. It does not matter what you can do. We will find a way. We will get you in and we will get this followed up. So I think first and foremost you dug deeper on these stories for these patients and digging deeper was really a big part of the impetus that encouraged you to take the step because you listened to their stories and then you actually went below the stories. You went into them and for the patient that's so powerful, right? Because you cared enough to do that. And I think it's really a great message for all of us as we're hearing these stories to take that one little bit of extra time to get deeper into that story because that was such a powerful motivation for you. But I think the other thing that's so cool about restarting Cherry Hill and having this now 200 strong group of people is that to do this and you say it so beautifully, you have to be aligned in that mission to do this work. That all of you are very much in sync with your why. And that why is a big part I think of why Cherry Hill has grown so quickly is because you've been able to do that.

In terms of having this really wonderful team and having this alignment, is that something that happened naturally or was that something that you felt like you encouraged or you had other people that encouraged where all of your team is very much in that same mindset. Yeah, you make a great point with this start with the why. Because one of the things I've learned in this journey is that human beings are incredible.

Building a Mission-Aligned Volunteer Team

And I tell you there is so much to unpack there, but what I mean specifically in this case that I have not met one doctor, no matter who you are, no matter where you're from, no matter what demographic you belong to who's heard about the mission of the clinic and hasn't gone I want to do that. I can't wait to do that. You know, what's often the struggle is capacity, right? Folks, you know, may be in a place but they don't have capacity, but they almost always say, I can't wait to get to do that. And that is such a motivating for me, but it also confirms something I know which is what a lot of us and that's why you'd spend all these decades, you know, just spend it all in pursuit of this one skill. And so I say that because there's a lot to go in the continuum of the charity work line to make it happen. But some of the what powers that are the volunteer physicians, the practitioners, nurses, PAs, non-clinical staff, right? Is that a lot of times these are folks choosing to come do this when there is literally a thousand other things they could be doing. A Saturday, a Sunday, evening clinics, date night time on a day off, drive from ER, dot, like this. You know, and so even in all of that the why is crystal clear and I know I often think about them, but one of my volunteers is yes, he was telling me clinic. He said, "The culture of this place." She was like, "Even just being in

this place." She's like, "There's something about the culture of this place where there's a lot of graciousness. Like it's an arms wide open approach." And that arms wide open approach be tied into your first point about listening, right? Cuz you're listening differently when you're listening like this. Forget all the preconceived, forget all the assumptions, you know, there's a lot of assumptions that I've learned is just not true. Like one of them you mentioned, this premise that, you know, folks who are on the short just are trying to spend their money on other things and they just want to buy up the shirt. Absolutely not true. I have not found any else to that to have any footing because these are often folks neighbors working multiple jobs, right? Caring for loved ones, caring for special needs child, sometimes health care workers themselves, right? So, you know, that why of serving them is just like them know, like this could be me. This could be me at any point. This could be my mother, my sister, you name it. And so, when that why is clear, it just changes your mindset of being there. It changes your experience of the time you gave to care for that neighbor. And yeah, you walk away just feeling the 13th century Persian poet Rumi said that when you practice loving kindness and compassion, you are the first one to benefit from that. I have a quick story.

There's a one of our dermatology volunteers, she runs a very busy dermatology residency program at Penn and she's got a young family. And so, I was on the phone with her about just tell me about your experience at the clinic. It's been a year. She goes, you know, life around me She said it's so busy that every time I sign up to volunteer at the clinic, I go maybe this is the last time because again, this is a lot that we're doing on Saturdays only. But she's like, right, without fail, my time she sees the first patient, there's a reminder of this is the why and I can't wait to do this again. I can't wait till my next shift at the clinic. So, it's just incredible.

Yeah. Oh my goodness, that is so beautiful. That this idea that when people are coming to Cherry Hill, when you're getting people to come and work, and they're giving of their time and themselves, that they realize very quickly that the benefit that's being given is really the one who's serving, the one who's actually providing that benefit in terms of how you feel and what you're gaining from that process, not just the fact of the experience that you're giving, but actually having that, like you said, the open-armed listening, being able to connect with somebody in that way. And I also love how you put this, cuz I think this is one of the reasons why conflict kind of can blossom in terms of people working and doing the work that you're doing, is I think anytime you get into an us and them mentality. I think anytime you get into this idea that we are doing this and they are doing something different, but the concept of at any point in time, this could be one of us. That the circumstances that led these people to being underserved or uninsured, this could happen to anybody. And if you look at it as something that's a common experience, there's no more us and them. It's we.

It's all of us. I am providing something that I can provide and I'm grateful that I can do it. I'm so grateful, like your doctor, your neurologist that comes on Saturdays. She figures out with the first patient, I'm grateful to be the one that's here. Correct. Correct.

>> And when people get into that headspace of gratitude I think that's where you start to see conflict evaporate. I think you will no longer see people arguing about resources or time or anything else. It is just one big pool of this is a common experience and I have to be part of it. And you definitely have what you're describing, you cultivate that really well. And I also do love the fact that this person had worked there for a year and you were following up with her.

You wanted to know what her experience was and so that was important to you as a leader to actually hear what that experience was. So, there's something also beautiful in the fact that you even have that story.

That you were able to do that. Thank you. Before we started recording, one of the things that we talked about was as you were going through this process of starting Cherry Hill, you looked at pathways to avoid conflict and not in the sense of a conflict avoider.

Partnerships, Advocacy, and Avoiding Conflict

Like I freely admit that I am a recovering conflict avoider. You know, it's amazing to me that I actually do this work because I am was a person for so many years that I would actually run from conflict because I didn't understand the power of it. I didn't understand that it actually had power to be transformative.

But one of the things that you talked about before we started is that you actually looked for ways to start this clinic and to negotiate this process where you were anticipating conflict before it could occur. What did that look like for you when you were starting that process? Yeah, like so to adult into that, it was realizing really quickly that if the clinic is to serve the neighbors that we are here for, right? There were some dumb problems we needed to help them solve, right? So, in the early days, what we had solved very quickly was well, put Dr. Jabril in the room with one of the neighbors we serve, right? And they don't have to worry about the cost of seeing Dr. Jabril, right? Or the cost hundreds of dollars out of pocket for someone who doesn't have it, that part is zero, right? But then you realize very quickly that's just one piece of the health care problem they got. They still got labs to figure out.

Say that Dr. Jabril now decides that they need an ultrasound and x-ray, maybe even a cat scan or whatever, that's imaging, right? We're back to square one. In some cases, we have some neighbors who could not afford the critical medicines. So, it's like this was often not seen again the doctor's fee covered was often not. And so, that got us to quickly realize the existential need for partners, right? Let's say what you will about the health care system is the health care system. That was our way of doing something for the neighbors we care about, but you still need portions of the health care system. You still need It's a put it together to make it work for work. Mr.

Jenkins, who was now here, who's got heart failure in his 40s and needs access to pharmaceutical medicines, needs access to echo, needs access to all these things. And so, realizing the need for partnerships meant that we needed to approach conversations with those partners from a place of looking for okay, all right, we've asked what this meeting right? With health care system leaders, with radiology service line leaders, with the legal team of the health care system, right? There's this quote by Brene Brown that drives this point home, right? And it goes, "Fight for things that you care about, but do it in a way that will lead others to join you." And what that does is it changes your mindset. Cuz even when you're fighting for something that's noble, right? You can't do it alone. You still need to pull folks along. You need that mission to become their mission. And you know how you do that? It's to do it from a place of openness, from a place of water and incentives that would work, from a place of a common humanity, from a place of humility, right? Now, what's often not talked about is even when you've done all of that, there's still patience and perseverance that needs to happen, right? Because just because you've done this, you know, you've got this great idea, you've got it started, doesn't mean it's going to be taken quite seriously like right away. And therefore, you know, in the theory of change means, right? You have the early adopters and then there's folks you've had to prove that okay, this is actually working. And so we had to be very patient enough to go through that phase where everyone in the community is going, "No, this is happening. This is not some cutesy little project. This is like a full-blown operation. And then you get to pull people along. Anyway, I hope that answers that question. Oh my gosh, absolutely. And one of the things I do love about this because I think it speaks to so many things, the process of what you did in Cherry Hill, but also the process of advocacy is the idea that when you are in this fight and you are actively working on something that means a lot to you and is going to benefit a lot of people, that there has to be some type of alignment or agreement within that advocacy group. And that is how you take people with you on this journey. Is that you are very clear in your message, you're very authentic in your message, and that authenticity resonates with other people, and that is where you're going to get them to join you. And I also think like having talked to other people about advocacy on the show, that is where advocacy efforts can fall down. That you can have somebody who's got a really good idea. It's like, I've got a really great idea to start something that's going to help a lot of people. That's fantastic. But unfortunately, if we're not really clear on that idea or if for some reason we've got a disagreement within this group, this advocacy is not going to go very far. So, one of the things that you definitely had to anticipate in starting Cherry Hill is how can I craft this message? How can I get buy-in from the community? This actually going to get people to agree with me and push this process forward and not create fighting within the group that I'm trying to work through. And so you were very wise in being able to craft that message, but I think this is just you, that I think you're very transparent and authentic with your motivation, and I think people can really see that.

And you kind of got into this, and I think one of the things that's so great about you checking in with other doctors is that all clinical work is hard. All clinical work is challenging. All clinical work is prone to burnout. And what you're doing at Cherry Hill is no different. And certainly could make the argument that you're doing such important work with that population that needs you so desperately that burnout might even be a little higher.

And your 200 strong team at Cherry Hill. Is that something that you actively work on or try to also anticipate with your team? It is an interesting paradox that I found actually in this work.

Burnout, Service, and Regrounding Clinicians

And that is that in healthcare leaders struggle with this when I make this point, but it's definitely been my lived experience and nine years of running the clinic. And that's sorry by that which is just one of many by the way. That about my volunteer ologist, right? But I like that point which is that in a health system where burnout is so in your face and it is such a crisis, it is interesting that for my 60-something providers, mostly physicians, it has been an antidote to a burnout.

I mean your time. Yeah. Myself I can testify to that fact because there is something that is really hard to put to words about working away knowing that you're in a space where you've made such an impact and without it your time that day, this person who was showing a lot of gratitude was just grateful for you've done to them. That care would not have been possible. And I see I've done surveys at the clinic. I got service to it. I see there it. I'm again, you know, when I brief or providers, especially the ones who do this work like who are defiant with these schedules cuz I usually you know, we have a few orthopedic surgery volunteers right now, but I was the first one, my beloved Dr. Laura Ross Adams. I was at dinner with her last week. And I asked her, I said, "Listen." I said, "Laura, you work in a practice where a small doc running your own practice. So, you're like in a busy practice of 20 staff doing x-rays on a kidney season about 100 patients Monday to Friday." I'm like, "You've got growing kids, a growing family.

And then you show up here on Sundays. Like that's awesome there, but I'm like tell me why. Like why are you doing this, right? And she answers the question by sharing the story of one of the patients that she's followed just that week. And the frequent question she goes well, this middle-aged woman works at a diner and a local diner, right? Just washing dishes all day with her help kids. Now, it's at the point where they she's unable to use her hands. And so, you can imagine all the downstream loss that's happened because her arms, which is her means of livelihood. Dr. Laura Ross she sees her at the clinic, identifies that after, you know, again being examined hard and doing her thing that is she's got really terrible carpal tunnel, but not carpal tunnel. So, you know, she tried injecting it at the clinic, didn't quite get the right response. So, guess what she does? She makes the case to a local ambulatory surgical center that does for both of work for the clinic to say, "Hey, listen, we got to take this case on. Get her on the schedule, adds the case to her base of the week." But for her, she's going, "I just helped this woman who would have otherwise, I mean, that might have been it as far as work involved, right? Cuz that immediate hours getting just suffocating to a point of just weakness and incapacity." And so, my answer to your question dear, is there is this interesting thing we've found where we're actually giving of yourself for this cause, it is actually a reminder a re-grounding antidote to burnout. And I've been arguing with a lot of health system leaders that we might want to look at this here. You know, we might want to really seriously look at this because there is something that happens here that a lot of our physicians and clinicians are not getting in their you know, within the health system which is just a testament to there's so many things you can say about that. Yeah.

Yeah. Oh my gosh, it is so beautiful. And I think absolutely and I hear you talk about this when they come to Cherry Hill, they get re-grounded. They are then much more anchored into their own personal why for showing up for these patients. And it is clarifying because you actually get it. This is why I started. This is why I went to medical school. This is why I'm here right now is because of this experience I'm having with this patient that I genuinely walk away feeling like I can help somebody.

And I think unfortunately in their daily lives other places, you are so mired in the obstacles and third-party payers and you know, there's just so many things that can affect that and the fact that they can come to Cherry Hill and have this very pure experience of practicing. And that very pure experience lights a fire in them. It's like, "Okay, I'm good. I have now been reminded of why I'm doing this and now I can go back and I can actually fight another day in other parts of the system." And it's fascinating, right?

Because I think so often we talk about burnout. We talk about treating burnout and the antidotes to burnout and all of those things that we kind of want to treat. And so rarely do we ever think about well, practicing more medicine could actually reduce your burnout. It was like, "What?" Yeah, that sounds very counterintuitive. And yet, your experience at Cherry Hill Clinic is exactly the opposite. Is that having this very beautiful experience of service is actually an antidote to burnout. It is cuz of that service with no strings attached. You know, and you know exactly what I mean by that. I spent the first decade of my career within a hospital. So, I know why those strings are attached. But, it it nudges from the experience of service for which all of us, right, endured all of this training, is to

be able to step away from that and come out to put this where you're getting that in its most pristine and beautiful form, right? And so, I told him just when I tell that one reason I said I struggled finding words for it is that you think about how do you describe the sweetness of honey to someone? You can go, yeah, it's sweet, but it's not sugar. But, it's sweet, but it's not all these other thingies. And how do you do that? Here's a spoonful of honey, right? You taste it, you go, oh, this is why it's called honey, you know?

Advice for Starting a Free Clinic

That's what I sort of liken volunteerism in medicine to is that, oh, this is something else. I came to this with the intention to do this. And I'm able to do it in a way where that fits the ideals of why I went into this in the first place.

Yeah. 100%. Oh my gosh, that's so cool. So, someone is listening to this podcast, and they are inspired by what you have done to the point that they want to start something similar in their area. What one piece of advice would you give them before embarking on that process?

First, I would say, start. Okay. >> A lot of times, and I say that because I mean, you generally just people who will want to get all the facts ready and all that, which that certainly has its place, right? It needs assessment the community, but we know the health care needed. There is like, doesn't matter what corner of the nation you're in. If you ask us in issue in particularly for the uninsured in these times. So, I say let's start because I know that you need assistance and he's going to tell you, yes, there's a bunch of uninsured people suffering and rationing medicine and just deal with that. But, in the second thing which goes back to something we touched on, is that you need to make friends. You need folk along the way and so those two things and then everything else everything else you learn along you lost momentum along the way, it's incredibly rewarding journey which we actually have been thinking about how I could have find the secret sauce. Mhm. I thought the journey of a claim because part of being vested in this mission is not just for New Jersey here, it's to be able to do this for neighbors across the country. And so we're thinking about how to do that because this is reproducible. This is impact. This needed. That's so brilliant and I feel like that's such wisdom. It's so easy to overthink a process like this. And create obstacles not necessarily where there aren't any because I think the process is very challenging and I think you've done a beautiful job walking through it and asking other people to join you. But I think overthinking the process can be a detriment to starting any projects. I definitely will testify to that in terms of starting a podcast. You can think it and think it and think it and really what you just need to do is turn on the microphone and go. And I think the same thing holds true for what you've done is that at a certain point you can overthink to the point you talk yourself out of it. Don't do it, just go. And then you see your first patient and just like your other physicians have experienced that first patient yeah, this is why I'm here. This is why I'm doing this. And I think you will undoubtedly draw other people to you and with you cuz you've certainly done that so beautifully at Cherry Hill. Jabril, if people want to reach out to you and if they have questions about Cherry Hill, if they have questions about you and your beautiful journey, how would they best reach out to you?

Thank you for that opportunity. So, cherryhillfreeclinic.org is our website. help@cherryhillfreeclinic.org. It's got a bunch of stuff. Look in at that email, send us if it's patients, if it's partners. We have those two contacts there. We are quite active on social media. Yeah, you know, you can tag at cherryhillfreeclinic.

And you don't have to look into partners, look into serve, to reach out to your neighbors, wherever they may be. We've started small. This works and we want to get to all the corners of communities that could use this type of service. Absolutely and there's so much need and I love the fact that you have found such a great way to meet that need. And I think people listening are going to be really inspired to take these steps as well. It's awesome.

Jabril, thank you for your time. Thank you for being here. This has been a wonderful conversation.

How to Reach Cherry Hill Free Clinic

>> It's always a blessing to get to share that. And that's funny. My mission officer said to me many years ago, he's like, at some point me this is going to get so big that your last question is what I'm actually going to be spending a lot of my time doing, which is how do we get this, how do we find Jabrils in the different communities who want to do this. And at the time I thought I was like, I said, "What are you talking about?" I was like, you know, I'm just

trying to run clinic. I'm just trying to make make sure that the next person get what they need. I'm like, "What are you talking about?" And sure enough, 9 years later, I had a conversation with one of my new volunteers. She's got a mind for like systems level, like he's done remarkable work, like strategy work at different national organizations. So, she and I had like a two-hour conversation about it. Her asked to me, cuz she volunteers at the planet casino visions but she's like listen we need to take this to every community she said and so her and I would like to have a series of meetings because we want to essentially codify and her saying that to me was like oh wow like this was another reminder by the universe that this needs to happen because it's not just me thinking we on to something here. You want to hear what that's for a couple of months she's going we got to codify and we got to spread them so anyway sleep thank you so much for the opportunity.

Absolutely and definitely as you're working codifying this process finding the secret sauce that is Cherry Hill I would love to have you back on the show and we can talk about that because I think that would also be an amazing conversation. Sure did. Awesome.

For all of the peaceful warriors who have joined us today on the Scalpel and Sword podcast thank you so much for your presence and until next time be at peace.

Every episode is an invitation to speak to negotiate to choose. I'm Dr. Lee Sharma. Join the dialogue by subscribing to Scalpel and Sword. Until next time peaceful warriors may your choices be sharp and your voice be even sharper.

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