From Tulsa to Uganda: Dr. TJ Trad's Global Healing Mission Transcript

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Introduction and Guest Background

Welcome to the Doctors Making a Difference podcast where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Today we are privileged to have Dr. T. J. Trad here with us and thankful that he's been able to take the time to come on the podcast.

Would you mind introducing yourself to our audience, Dr. Trad? Absolutely. My name is Dr. T. J. Trad. I'm an invasive cardiologist in Tulsa, Oklahoma. I graduated in 2016 and I'm the founder of Cura for the World, an international medical nonprofit, and also the founder of Ryan Medical Technologies, which is a brand new med tech company that we're starting here in Tulsa, Oklahoma.

That's so cool. I want to come back to your origins, but first thing I want to get to is this really cool story that kind of made it to the press about helping somebody on an airplane ride back from Uganda.

I had just gotten back from a trip to Uganda on a medical service trip, and I don't know why it came across my newsfeed somewhere. I'm like, oh, look at this.

This is a guy. who's doing the medical work in Uganda and he had this experience and I've been asked to help people on airplanes before. I just thought it was interesting.

So do you mind walking us through that story and then we'll reflect back how this all started. Of course. So we were on a medical mission to Ziroboe, Uganda, which is the north of Kampala, about two and a half, three hours north.

Usually when I go on these medical mission trips, I always have a bag that I have just for my staff and the volunteers that I'm with, separate from all the medications and the tools that we take and help the local community and leave behind.

So this is just basically my personal kit. And in my personal kit, I always have an AED, like very small AED Philips. I have a Butterfly Echo Cardio Echo Probe.

I have a small iPad tablet, a 12-lead EKG machine, and a Cardia device as well.

Airplane Chest Pain Emergency

So I have two. I saw the little card you had. I thought that was so cool. Just a small thumbprint, EKG. Yes, I have all those. Those are the tools that I have, obviously, other than the thalmoscope and autoscope and the usual stethoscope, et cetera.

But then also I have a bag of medications, you know, probably about like maybe 30 medicines in there. I have an EpiPen, steroid pack, zithromycin, all the guideline directed medical therapy for MI, like clavix, aspirin, statin.

ACE inhibitor beta blocker. And we have Lovinox as well with us. So it's like, just in case we get to see somebody with a blood clot or something like that, we can start them on.

We get some NOACs with us as well that are usually donated. So I had it all on me. You know, we were coming back from the medical mission trip and I was asleep.

I'm going to tell you a little part of the story that didn't include it in the story online. But I was asleep and one of the

nurses, you know, woke me up with us at Cura, one of the volunteers.

And she's like, hey, they're calling for somebody who's having chest pain. So I went there. I had two glasses. One of them is my prescription sunglasses.

The other one is my regular eyeglasses. And I put on my sunglasses. I didn't notice because I was just half asleep. I just thought the airplane was dark because it was like at night.

So for the first 10 minutes, I was wearing my sunglasses and nobody told me, you know. And then I'm like turning. And I'm like, oh my gosh, I'm wearing my sunglasses for the first 10 minutes of the flight attendant.

I was wearing my sunglasses. You didn't tell me. I thought they were special medical glasses. I was like, no, they were just my prescription sunglasses.

Anyways, so the guy was having chest pain. I asked him like 0 to 10. He's like 10 out of 10. His wife was next to him. I asked her if he takes any chronic medications and she gave me a list.

She was very prepared. So looking at them, I was like, man, this guy have all the risk factors, you know, diabetes, high blood pressure, you know. He's taking Lipitor and all those.

The only risk factor that he doesn't have is smoking, you know. So anyways, I was like, oh crap. When you have somebody who's diaphoretic telling you he's having 10 out of 10 chest pain, You're going to just assume it's unstable angina.

And so we've started giving him all the guideline directs of medical therapy. It started with nitro and all of that. And within about 30 minutes, he was chest pain free.

I first put in a 12 lead on him and I didn't see any ST segmentalization, but there was definitely some T wave inversions on him. When I did, I was like, all right, you know, so I pulled him off because he was so sweaty.

So the stickers, I didn't have enough stickers to, you know, re put on him, you know, so I took it off and I was like, oh, I have the Cardi device. I'll just make sure that he's not having any arrhythmias.

So I put in that on him and. By the time he was chest pain free, I was like, the pilot came to me and he goes, hey, we talked to the in-ground KLM physician and he recommended that we land in not Tunisia, but somewhere in Northern Africa, forgot.

Because we were like right above the Mediterranean. And so I told him, I said, hey, he's chest pain free. I didn't see any evidence of anything going on at the moment.

I think we can just make it to Amsterdam. And if there's any changes, I will let you know. And he goes, okay, great. So he took my advice. He goes, you're the cardiologist, so I'm just going to keep going.

At the same time, he informed a couple of airports along the way in France and such that, hey, there might be an emergency landing. So there was a backup.

And so we made it to Amsterdam and he came back and got picked up by Emsa. And throughout the time, I had one of the nurses with Cura, with our nonprofit, sit at the bedside.

Cause you know, at that time, like we just laid him flat across three seats and she was taking his vitals every five minutes and recording it. So by the time the Emsa people came, we told them what medicines we gave him.

We gave them the vital sheet. We gave them his medical history and they looked at us and they're like, what the heck? You guys are so prepared. We were like, this is crazy.

They took him off and he was admitted to the hospital for a 24-hour observation. He was discharged the next day for an outpatient ischemic workout. That was basically what we experienced that night.

Interesting. I wonder if his troponin was actually elevated. Did they ever run that? Who knows? I'm sure maybe it was negative. You can still have chest pain like that.

With that elevated tropinum, but the lady told me that he was scheduled for a cardiac CTA, you know, within the next week or so, and they're going to pursue that.

I was like, okay, great. You know, at least we got him on time. You know, he received like 300 milligrams of Plavix, 80 milligrams of Lipitor. His blood pressure was elevated.

So I gave him ACE inhibitor and beta blocker. I mean, you know, obviously within 30 minutes he was chest pain free. So what we've done was the right thing.

Oh, yeah. And what a blessing that you happened to be on that flight. I'm thinking back a few years ago, I went on a trip to Uganda, had someone who presented like I was the only doctor on the plane and presented with really, really sharp 10 out of 10 epigastric pain, but I didn't have a bag of medicine.

I had some stuff, but not a portable EKG and an ultrasound. You just had all those tools at your disposal. And so the gentleman that I took care of, I think it was more of a vasovagal situation or a peptic ulcer disease.

He responded after a while of just being calm and getting some oxygen. But I think the story of yours is so cool because you came prepared.

Portable Cardiac Tools and Mission Prep

And not that everybody needs to travel with this huge medical kit, but it just happened to line up with you being there and helping him at a time when he really needed it.

Yeah, I mean, on a random vacation, I probably would never have, maybe the card is usually in my wallet, you know, but that's about it. But it's just really interesting, you know, that we were coming back from this medical mission trip.

It was just perfect timing, you know. Yeah. Do you mind telling us a little bit about that little card? I've never used one. I mean, we usually use just a regular 12 lead EKG, wherever I'm working, but the little card, I'm really intrigued by that.

It's basically lead one. So those of you who are on podcasts won't see it, but on the YouTube viewers, you'll be able to see this little card. It looks like a little credit card.

And it looks like you've got two spots, one for each thumb. Is that right? Yes. Basically, it triangulates it. So you get the lead one EKG. And it's great for arrhythmias.

So whether it's AFib, whether he's having multiple PBCs, or whether he's having a VT or a VF, you can definitely see it, especially if they are holding it, and if they are stable as they're holding it.

and it kind of bluetooth onto your phone and you can see it pretty easily. Now I also had another 12-lead EKG on me that we put it on. It's a pretty small, it's about as big as your iPhone.

But now Karya, the same company, is having a 12-lead EKG, a machine that they just came out with. In fact, the founder of the company came to Tulsa and brought me that as a gift for the nonprofit to use.

His name is Dr. Albert. So it's pretty cool that we ended up meeting the guy and he was inspired by the story and that, you know, we used his device. It was just a good happenstance.

That's neat. And I'm thinking, like, I live and work in a rural area. A lot of times our EMTs can sometimes run EKGs out in the field, but it's a long transfer.

We were talking before we hit record, like, I live in the area near Yellowstone Park and Teton National Park. If you've ever been to that area, it's just remote.

There's little towns here and there. In those tourist areas, there's lots of resources. But if you go out a little bit farther out, you're in this place with just lots and lots of rugged terrain.

that card, I could see that being super helpful on any place where you're not immediately close to a medical facility. Might get one, just so I can take it next time we go to Uganda.

Portable is very easy, seamless. After this trip, I talked to my team and We're going to raise the iStat machine. The iStat cartridges need to be refrigerated.

But Siemens came out with kind of similar to the iStat for basic labs, with cards that can be on room air. They don't have to be refrigerated. And I looked it up, along with the cartridges, and everything is about $6,000 or $7,000. And I was like, this would be great for us to actually include within our tools.

So maybe the next trip we go, we'll have a lab with us too. We're going to do that before next year, hopefully. So anyway, so Kira has been a blessing to so many peoples over the years and actually you started in 2016 Yes, actually the Uganda clinic is the first clinic we built and we have four.

That's pretty neat. Walk back to the beginning here just a little bit. You've told this amazing, intriguing story of happening to be there when somebody needed help on an airplane, but it's really in context of what you're actually doing, which is trying to extend high quality medical care beyond your little sphere of influence in Oklahoma.

to many places around the world. And I'm interested how you went from a young resident and fellow to suddenly saying, okay, I'm not going to wait till I'm 70 years old to start something.

I'm just going to start right after I finish fellowship and try to extend this level of care to the whole world or to many different places. Do you mind walking us through that story?

Because it's incredible that not that you're just talking about it, but you're actually doing it. Back when I was nine years old, it all started then actually.

When I was nine, my father passed away and he also was a humanitarian. His uncle was a humanitarian. He was an attorney that, you know, he started the equivalent of, it's called the Red Crescent in Beirut in Lebanon.

Early Inspiration and Calling to Serve

And he was one of the founders. And, but he was an attorney. And, but my uncle was a doctor and he used to go on medical mission trips to Africa as well.

It's in my blood, I guess, you know, to do humanitarian work. After he passed away, I woke up one morning and I had a tooth infection. I can definitely was hurting and I looked in the mirror.

And so when I went to tell my mom about it, I saw her crying because it was shortly after my dad passed away. So I didn't want to bother her. Closed the door and we were visiting our grandparents in the village.

And I walked five miles to the United Nations clinic that I knew existed about two towns away from us. And for a nine-year-old, you know, walking that far, you know, you'll think it's eternity, right?

That's a long way, yeah. That's a long way. So I walked all the way there, walked into the clinic, no questions asked, told them I have a tooth infection.

I went in there, extracted the tooth, they gave me antibiotics, and here I was, going. And I remember the doctor that was taking care of me, Didn't say much, but then he was so kind, so, so sweet, you know, and didn't have to pay anything.

It was a free clinic. And I remember thinking maybe one time in my life, I'll be able to do that for others. And it stuck with me. I just wanted to be that doctor so bad.

And so throughout my training, I started doing research. Like sometimes you do these night calls sometimes back in the day where when I did my training, we didn't have the 18 hour rule.

I used to work sometimes 72 hours straight and we'll do night call and it was brutal. And some of my night rotation usually runs for like about a month.

I'll have all the time. Sometimes you'll get a couple of hours, you know, downtime and you'll start reading about different nonprofits and different models.

And I wanted to create. a nonprofit that is self-sustaining, that can partner with other organizations that don't have clinics. So I wanted to pick either orphan homes or women's center, and I wanted to attach a medical clinic to them.

So an existing structure, you build another structure, attach it to, and you donate that clinic to the community. I wanted to do that because I felt that not only that's going to give the community a portal to healthcare, but also kind of empower that vulnerable and fragile element of that society, which is the orphans or the mothers that lost their husbands or whatever, that are in these workshops.

So I wanted to have more of a social and a medical impact on the community. So that was the solution that I came up with while I was doing my training.

I always have the sense of urgency to do things. So I started Cura the Monday after I graduated. And I went on a medical mission trip just to observe other nonprofits.

I went with a nonprofit called With All My Heart Foundation. And they had a clinic over there in Haiti. And while I was there, I saw different things that I would learn.

I also, right after that, went to the Syrian refugee camp in Northern Lebanon and I was embedded with a unit from the American University of Beirut. I did about three days there and also learned a lot from observing how the UN was giving out healthcare, et cetera, how much waste there was.

You know, so I figured the model that I thought about might actually really work very well where we can, instead of doing a crisis medicine, I could just do chronic medicine because that's basically where the largest impact can be.

On my way back to Oklahoma, at that time, like how when you sign on after being a fellow, you sign on with a hospital to give you a sign-up bonus. And so I wanted to use my sign-up bonus to start my first clinic.

And I didn't know how to raise money. I didn't know anything. So I meet the founder of Project Orphans. Her name is Brittany Stokes. And I told her, hey, I saw that you have an orphan home in Uganda.

I would like to build you a clinic. And she thought I was kidding. And so we met and we started the first clinic. And then after that, I started raising money.

I'll do events here in Tulsa and I'll raise money for the clinic. So I built the first clinic. It was in Uganda. The second clinic was in Tanzania in a place called Kitongo on Lake Victoria with main springs.

And then I built one in Congo. Unfortunately, that one in Congo got overtaken by rebels. And then I built one in Peru in a place called Santa Rosa de Cuevas with partnership with Mitas Foundation.

And then lastly, some of the locals told me you should do one in Oklahoma. So I ended up doing one in Oklahoma back in 2019 and it's very successful. That one is ran by grants mainly because it's easier to get a grant for a local American clinic rather than international clinic, unfortunately.

But anyway, so basically we've built a clinic every two years since 2016. And now we have all these clinics. We treat about 10,000 patients a year total.

And it's all ran by volunteers. We have one full-time employee. That is so cool. One of the questions I should ask is that we've tried to do some similar work with this clinic in Uganda, and it's been rewarding and wonderful to work with the people who live there in Uganda.

It's their clinic. They run it their way. We try to within their structure and with what works for the local doctors. It's just been wonderful to work with them.

One of the biggest challenges is creating awareness and fundraising We will take groups to go there and it's super helpful for them to show up and be able to assist and do all the things that are needed on site.

But the bigger need beyond that is to still have some measure of fundraising. Because even though they don't run a fancy clinic, they still have to be able to buy medications that take basic stuff to run a clinic.

And so I was curious, what strategies have you found to be successful to get people from, it doesn't just have to be Oklahoma, but people from around the world to be able to contribute to something like that?

We have a big gala that we do here in Tulsa that we invite about 600 people, mainly companies and local businessmen, et cetera, and philanthropists would come in.

We do apply for some grants. And internationally, some of these clinics, we do say that the partnering organization that we partner with also have the responsibility of helping.

So it's not just us that is trying to make this clinic happen, but also the partnering organization. to do some fundraising as well. So basically it's a group effort and the more people you can involve, the more organizations that you can involve in your method of delivery, the better.

So basically that's how we do it. We go online sometimes and we do have a cycling team called Cura Racing. They cycle all over the United States with our sign.

So people, when they go and click, OK, what is this racing team? And so they raise awareness to our medical missions. So far, this is basically what we've been doing.

It's Watermouth, Gala, and Cura Racing. That's awesome. I sometimes get stuck in the idea that we have to just raise money or do something within just the way we've always done it.

But it's really powerful when you have a big group of people, none of them have to contribute a tremendous amount. But if you got 100,000 people to give you $1, you'd be funded on an organization like that for years.

Building Cura Clinics Around the World

And so it's all about trying to kind of get a group of people who all believe in something and some of them will want to go and actually see it and help and others can just send their dollars to do that work.

And it really is quite amazing. We kept that kind of a group effort. You can accomplish things way beyond what you could do on your own. You've been able to get fundraising from different groups.

You've been able to make a tremendous difference for many communities in different countries around the world. And I think a lot of doctors listening to this will say, but I'm just a doctor.

I'm just one person. I only have one salary. It's not like US doctors have so much money that we don't know what to do with it. Really, by the time you finish fellowship, most people are well into their 30s.

You have tons of debt. And there's a whole bunch of places where your dollars need to go. I'm really intrigued that you said, hey, I've got a sign-on bonus as a fellow, and you decided to dedicate those dollars to do this international work that you set up in your mind to do when you were nine years old.

That's an incredible story. Well, a lot of times I feel that happiness it doesn't come from accumulated wealth or accumulated things. You know, happiness comes from giving, from serving, from feeling that you're part of a larger story.

And I think I had that very clearly ingrained in me even as a kid growing up. Like, especially when you're born in a country where there's civil war and other people helping others, even people that don't have much, you realize that what's really important is that human connection.

We are all so similar. And as a physician, you take to do no harm and to treat everybody the same. And I feel that limits you to treating people only in your community.

You have to go out, you have to seek. And that is the part that brings the adventure. You know, as a doctor, you have a tool. And give an example, you go to Uganda and the whole country of Uganda, I don't think there's more than 30 cardiologists, the ones that have maybe They don't have the skills to put in pacemakers or defibrillators, maybe one or two or four or five even.

So you can find that in one practice in the United States. So the level of expertise that you can take with you, whether it's ophthalmology or ENT or OBGYN, et cetera, also there's an educational element there.

And when I go on medical missions, I go there for one week or 10 days, so anybody can take out that time out of their year. And in fact, that 10 days out of your time will end up influencing you and impacting you as a person.

Forget about your impact versus others, but there is an impact that happens to you that is more profound than any amount of dollar signs or time you can imagine.

Ultimately, you are the beneficiary, you're the main beneficiary. The more that you do that, the more she realized that the kid from Lebanon that was nine years old, that was held by probably an American serviceman in the middle of nowhere, ended up being a cardiologist in Tulsa, Oklahoma, that is giving back to the world, that giving him a little bit of hope.

So we are extremely interconnected, more so than we ever imagined. And especially this message is important in this time of our lives where we feel sometimes disconnected and we feel like hopeless that we can't do much, but we can.

We can easily go out there and do these things, find people with similar hearts, with similar minds, and the world needs us. I truly believe that. I still strongly resonate with what you're saying.

It's just amazing. Because it really is awesome. The impact that you can make with just a little bit of a contribution. And I just totally agree. We came back from this most recent trip to Uganda.

And every time I've gone, I get out of that so much more than I give. The financial part of it is just minuscule. But the life lessons and the things that come out of something like that, those are the things you'll reflect back on.

It's not about how many hours did I spend in clinic and how many RVUs did I generate. Like certainly you have to be able to make your ends meet and pay your bills, et cetera.

But you can amplify this effect and training you have across the whole world if you want. And Dr. Trad's example of starting this foundation and amplifying that effect and magnifying that is just incredible.

I love what you're saying. I can tell you've done it and that you're speaking from experience and from passion, from having been in those places and done that work.

Absolutely, Peter. What I love about it is like, this is not just my story. I've met so many doctors that have been on mission trips with us and then to places without us that have said the same exact thing I'm saying.

I'm not unique in that sense, but I just feel that sometimes we are afraid that maybe our contribution is too little in a world that needs too much. And I feel that might prevent us from even taking the first step.

But the best step is to feel that no matter what, what capacity you do in the right direction, it's still going to move the needle a little bit in the right direction and the collectiveness of it is what matters.

So if I resign to the idea that I'm not good enough or I don't have enough time or the resources and someone else does the same thing, then that's a huge negative ripple effect.

But the opposite is also true. If I feel that even by a tiny contribution to a world in a positive direction, can maybe unite the need with someone else to do the same thing.

Fundraising, Partnerships, and Community Support

And that kind of domino effect can lead to a bigger effect. And that is where Cura comes from. And we're not necessarily trying to heal the world. We're trying to create this kind of portal where people are welcome to come and join us and go on these medical mission trips and help monetarily and time and effort and their expertise.

And that is basically what we are trying to accomplish is like to create a model that maybe other people can adopt. And one of the things we hinted at earlier, I think it's so important to work with people who are in-country, local doctors and local folks.

Because if I show up there for 7 or 10 days, I can have a pretty big impact and talk to lots of people and help, but I'm only there for that time. And they can call me or send me a picture, tell me about a strange case and we can try to connect the dots.

But I need to work with them because once I'm gone, that work has to continue. It can't just be me showing up with a duffel bag full of medicines. It has to be an organization where people are there doing the work.

And it sounds like that's what you've set up, especially since most of those places you've set up are associated with an orphanage. They're associated with a women's center.

They already have an organization on hand, and so they can do that work. And not only that, to give you the most recent example of a beautiful duality of the story.

So back in 2021, we met this boy that had a very large ventricular septal defect when we found that in Uganda they didn't have TB surgeons and we had to send him to India to get his VSD closed surgically.

We raised $5,000. That was basically how much for him to fly there, get the procedure, and come back and have a follow-up echo in Uganda. $5,000 is not a lot of money for us here in the United States or in Europe.

or in Australia. However, $5,000 in a place where people are making $1.25 a day, it's unattainable, not in two lifetimes. And so therefore, so that kid was destined to die.

But the fact that we were there and we were able to raise enough money to help him out, that kid, when we went there, he was dancing welcoming us in the school Project Orphans has.

And when you asked him, what do you want to do when you're older? He said, I want to be a doctor. So therefore, who knows? Maybe I will be on somewhere 20 years from now and that kid might help me.

He doesn't know that I was behind it. I don't want him to know. It's not called the Trad Foundation, it's called Cure Foundation. But I hope that whatever we did instilled that in him just like what happened to me when I was nine.

So this trip, we met the girl version of him, but she had a couple of more issues other than just a very large VSD. And we're doing the same thing with her now.

You know, we're trying to get her to India to do the procedure and come back. And it's incredible that, like, we said, if we weren't there during the trip, we would not have found her large VHD and she would not have survived.

But now that we are the hope for her family to survive, and you never know what she will end up being. So to me, that is what's important. It's the stories that you carry with you for the rest of your life, the people that you see, the people that you meet.

And at the end of the day, that's what life is all about. I'm pretty sure when I'm 65 or when I'm 70, I'm not going to remember the first fancy car I ever bought, but I'll definitely remember the first medical mission I went to.

And so that's the perspective I have when it comes to that. And think about as physicians, we also need to think about our relative impact, which brings us to the next part of the story.

Where relative impact is, in my opinion, is that we spend all these years, we spend more than 20,000 hours to get to perfect our professions. It doesn't matter what profession you're in, you have to spend more than 20,000 hours in order for you to be a specialist at something.

And then you start practicing and that intensity drops off the cliff.

Mission Impact and Patient Stories

And then you resign to the idea of CMEs that your medical board requires to maintain your license. And that's basically it. I feel that if we do that, we're doing ourselves a favor because we're not accumulating to the same intensity over time and impacting humanity.

So therefore, there are two things that we can do. One, service, especially because the investment that you will do in a developing country to the impact that you will have is massive.

We can go and let's say if you're in an extremely busy practice in the United States, you're probably going to see between 20 to 30 patients a day. That's if you are busy.

So that is your cap. That's your ceiling. But if you take a tiny bit of your time and money to create a clinic, and that clinic is seeing 500 patients a month while you're sleeping in the United States, that impact that you created is 10 times more than what you do.

But, but also at the same time is to continue to educate yourself to see how you can help the community here. Uh, there's a story that Bill Gates, he takes these like, uh, these theaters for a week or 10 days where he goes and reads a bunch of books and that inspires him and he comes back to normal life.

You know, he kind of like, you know, uh, like unplugged for a week and he goes and just reads for a week and solitude throughout his life. And I found this very impactful because we don't do that much, you know, as physicians because we're so busy with the routine that we do in our lives and I feel that if we actually do that a little more often where we kind of a little bit unplug from the system for a little bit to take the big picture and see what is the time to impact ratio that we can have on the world Then entrepreneurship becomes part of our daily existence.

So therefore, if I'm seeing a patient and that patient, let's say, I'm going to tell you a little bit about the invention that I just, the patent that I just received is for remote patient monitoring and patients that have heart failure to determine their fluid status over time.

You know, so right now you have cardiomams, which is a device that you can put in the pulmonary artery. It's very invasive. It's very expensive for people that have refractory heart failure.

Then you can do a right heart catheterization to get all their pressure to determine whether they need diuretics, whether you need to get off diuretics, especially if their kidney function is bad.

But you don't have a non-invasive tool other than just weights weighing the patient to determine their fluid status. And that is very inaccurate. And patients aren't very compliant with it either.

I thought about, okay, there has to be something that we can do in order to determine in a non-invasive way the fluid retention over time in a patient that goes from a uvolemic state to a hypervolemic state.

And I came up with a pattern for that. And I'm working on the prototype right now. Now, I feel like it's our duty to pause and think about what is in our practice that we do on a day-to-day basis that we can improve.

and maybe talk to other physicians, friends of ours, et cetera, to come up with a solution. And I think that's important. I really, really do. We don't do enough of that.

Most of the time, most of the inventions that happen in this world are by engineers or by companies that have high capital, et cetera. And it would be really cool to see more doctors inventing things, because I think we're in the trenches.

We're doing it. So we maybe see there are certain gaps in the system that maybe someone else can't see. So I hope that maybe the company that I'm starting will inspire other doctors to do the same.

And I think you want to, like we talked about just for a minute before we hit record, you want to leverage your impact, and you want to leave medicine better than you found it.

And that's what you're talking about is to say, I'm going to try to leave an impact, say I get a 30 year career, maybe if I'm lucky. And in that time, I want to influence the people that show up in my clinic, but I want to do good to those who are outside of my clinic who don't have this level of expertise.

And if I see a problem, I want to come up with a solution and try to leave things better than I found them. Not only technologically, but also just from a humanitarian standpoint.

Physician Entrepreneurship and Innovation

You want to save those villages, those people that you're affecting through your international work. that those lives are changed for generations to come.

And then this technology that you're developing, think about how much that could help. If somebody had a non-invasive way to measure their volume status, that would be awesome because right now we are limited on our ability to properly measure that.

I feel that if some of your viewers out there are interested in helping out and they don't know which organization to maybe partner with, et cetera, Kira has an open door policy.

You know, we go on a medical mission once a year. We're going to go there next April to Uganda again. But this time we're looking at getting maybe ophthalmology with us, maybe dentistry, et cetera.

So that'd be really cool. If anyone is interested, we're going to go there next year. If any of your viewers have thought about a solution to a problem, but they don't know where to go and they would like to kind of like, you know, uh, troubleshoot it with us.

That's the premise of both organizations. Yeah. So no, I'm excited. So basically just to summarize, if folks want to

get involved in international service, Cura is a great place to start.

And similarly, you said if they have an invention in mind, you wouldn't mind running through it with them to kind of help make sure that they know where to start and kind of how to get that off the ground a little bit.

Because I think we really can leave an impact. If you have a big idea, don't just have the engineers and technologists from a big other company make it.

You can do it as a physician because you're there on the ground doing it day by day. Correct. And that's my hope because if you empower a physician and let's say you started your own company or you start your own small med tech company to deliver a device that you thought of that would help people, that would give you the monetary tools to also leave a larger impact because obviously this is coming from a good place.

And I think that is also what I want to empower is like other physicians to take their education and kind of make it a lot larger than the patient cohort for a day-to-day basis that you have.

That's so awesome. I've learned so much from this. I just think this is so cool. Like I said, it's more than just talking about it. You're actually out doing the work.

And what you're doing is leaving a lasting impact on thousands of people. And I really appreciate what you're doing. I'm so thankful to meet someone like you who's actually doing it.

It's not just the idea that you're reading about it or talking about it. You're actually doing it. And I just am inspired by that. Any other thoughts you would want to leave with our listeners?

The thoughts would basically be, as physicians, we have a duty to not only just do our day-to-day kind of activity, but duty to look beyond that. It will make of an extremely fulfilling life.

I feel that based off of my observation, some people get in a rut or get into this routine and they feel uninspired. You know, they're just like, you know, their job is just another job.

But as physicians, we're healers.

Closing Reflections and Call to Action

And as healers, there's nothing that is more rewarding than giving name because we spend so much time to get to where we're at. And I don't think that's the final destination.

I think after graduating, there's a lot more to do and to give. Thanks for tuning into the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

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