Rewriting the Story: Migration, Medicine, Motherhood, and Slow Healing with Dr. Suraiya Simi Rahman Transcript

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Opening on Narrative Medicine and Intersubjectivity

what's the way that I want to live and what is the gap here. We're really transforming the idea that healing and treatment in the medical field happens top down.

This is an expert, this is a person with a problem, and here's a solution to the problem and it's kind of given to that person and presto, everything changes.

to where it's an alignment of two subjects, two people. There's and intersubjective piece that occurs, and that's a really important piece of what we learned in narrative medicine, which is that when two are together and communicating and being with each other, a third space opens up.

Something happens. And that inter-sub-ject-ive experience, because of who each person is, that allows a new thing to come up." Welcome to the To Curious, MD podcast.

I'm Dr. Ali Ahmed. And I am Dr Surya Ravan. With the wisdom from holistic, alternative and these conventional medicines, we are here to challenge the status quo.

We're curious about the connectivity and complexity between diverse fields of knowledge as they relate to consciousness, chronic illness, mental health, resilience and beyond.

Learning more about art and science of healing, or listening to stories of extraordinary healing. You're in the right place. Let's dive in. Welcome to the Two Curious Sundays podcast.

I'm your host, Dr. Soraya Sini Raman. Usually, I am sitting across from my co-host, Alia Ehnad, and across some guests exploring the frontiers of medicine and the human condition.

Podcast Introduction and Personal Story Framing

But today, i'm turning the lens inward. I've realized that the curiosity that drives this podcast isn't just an intellectual pursuit. It's been a survival mechanism.

My path from early migration to the rigid structures of medicine through the complexities of single motherhood to this current synthesis of integrative psychiatry and narrative medicine has been along process of unlearning and realization.

Today I'm telling my own story of deconstruction and reconstruction. I am stepping into the chair as both the interviewer and the interviewee because I found that to teach others how to rewrite their stories, I first had to learn how rewrite my home.

So with that, we're going to dive right in. The first question I have, and I've kind of broken it up into chapters because as anybody who knows me, my life has kind have been in quite a few chapters.

And so the first chapter occurred when I found myself migrating with my parents to the Middle East. to the United Arab Emirates to a small town called Sharjah, where both my parents were working in the medical system there.

And so the first question is, what was the internal landscape of a child moving through borders? How did being a migrant during my formative years train me to observe the world and the people in it?

And I think that's true that it really shaped my powers of observation. I think going from one situation where I was in a extended family system where i had multiple people taking care of me as the eldest grandchild and then going to a situation, where we were new.

We were suddenly in the nuclear family and it was just my parents and I. And so I, was a very introspective child and my internal landscape, I believe was always about trying to figure things out.

You know, um, and, as children do, we're looking for meaning, or looking to structure. We're Looking for, do I fit in? Do I not? Where do i fit? who's more like me.

And so that internal landscape was really impacted by quite a few different things. One was that we are from Bangladesh, which is a country in South Asia.

However, it's very similar to other countries that it had been a part of in British India and before. And so India, Pakistan, Sri Lanka, Nepal, Bhutan, Burma, all those countries have a lot of similarities.

And part of what happened when I moved to the United Arab Emirates is a recognition that my internal landscape was different, my perspective was but not so different.

that the kids from Sri Lanka who were my best friends and who I was playing with had a similar life to what I did. They had busy parents. We didn't have TV until 4 p.m.

Childhood Migration to Sharjah

and that too maybe a couple of hours of cartoons if we were lucky. And that there was a lot of, you know, trying to figure it out. And also we were children of parents who had taken that risk, that step of moving out of their own comfort zones.

So we're watching our parents do kind of the impossible, which is make a life for themselves where they didn't know anybody. And so if you can imagine Sharjah in Dubai in the late 70s and 80s, we're talking about mostly a desert before all of these big buildings went up.

Actually, in some ways, I think there was an idyllic part of it, which came from having so many different people from so different countries come to Dubai and really create a melting pot of different cultures.

So tasting Egyptian food for the first time or getting my tea leaves read by a Palestinian aunt or learning to speak Arabic and be on the playground with all these different characters.

And we were all just kind of really communicating beyond our cultures. And so I think what it left me with was that there's something that is in common between everybody, every person on this planet, no matter where we come from.

And that the more we can understand that about ourselves and each other, I think the More we really open up our understanding of who we are, you know, so that I'll go to the next question ages 18 to 22. I left home.

So the question is when you're entering adulthood and a new culture simultaneously, what was the hardest part of leaving the home you knew and what did you inadvertently carry with you that you didn't realize you were trying to heal?

So this brings me to chapter two of my life story where my journey takes me medical school at that age in the country of Pakistan. I was accepted into a class of 80 other students.

at the Al-Khan University in Karachi, and this is in Pakistan, which was a new country for me. We had friends who lived there, we had colleagues of my parents who really were eager for to go here, it was really a big deal for for you to get in.

I think I credit the audacity of youth for protecting me from really understanding what it meant to leave home that early and to go to a different culture.

And I the culture itself, because Bangladesh and Pakistan had had a conflict occurring in the 50s and 60s, and 70s which had to do with the post-World War II split up of India and creating these countries that were very ethnically different and so that leading to the tensions that then erupted in 1971.

And so I had grown up with this story, you know, we're Bangladeshi, We commemorate the sacrifices that were made. It was a nine-month civil war, and it was won and conceded because of the regular people who fought back.

There's a story in Bengal, especially, of a revolutionary who stands up for freedom. And so we were kind of raised in that. Then here I was in Pakistan, getting to meet new people who mostly were from Pakistani origin and really confronting some of their different stories about that exact same history.

And so I think what I inadvertently carried with me was this idea that history is told in one way and I thing what i recognized is that wow the scene history can be told differently depending on which side you belong to and that it can really color what you believe about the other side.

And so I think meeting people from quote unquote, the Other Side, for me, became a really big opening a really big learning and learning the language, coming to love the culture, really enjoying my time at med school with my friends who really invited me in and took care of me and who I learned to take care.

I think it healed a part of that story. led me to a greater understanding of what the conflict had been about and continues to be about, and how some of these ideas permeate into how people live their lives and connect with other people.

All right. And I think that's been really, you know, kind of the formative seed for my understanding in narrative medicine, understanding that stories do impact how we live in a very profound way.

So it would only be 20 years later that I found that out, but I really think it was the seed of what started there. The next chapter, the American synthesis.

I've lived in three states. and cities in America.

Medical School in Pakistan and Historical Identity

The first city that I landed up in in 1999 was New York City, which is where I did my residency. And the question here is that the New york city training environment is famously intense.

How did the pressure cooker of residency reinforce the stories you were told about being a doctor? And where did it start to crack your existing identity?

Interesting. It is a pressure cooker. I worked in the Bronx at Albert Einstein College of Medicine and the Jacoby Medical Center. So it was a trauma center.

And I had a very distinct idea of being a doctor. My parents were both physicians. A doctor was the person in middle who would know all the answers. We're taught that the white coat gives you a certain sense of professionalism and authority and that patients are really looking to you for something and that something is in textbooks and in your training and putting together the stories of people and really trying to address them.

And what I loved about my residency in New York City was it was really another melting pot. My clinic, my resident clinic there had people from all over the world.

You talk about the African continent, Europe, Asia, South America, and a lot of them coming to Newark City may have been new immigrants as well, coming in with partial vaccination records and partial medical records.

Just this idea that the doctor is not just the person that's kind of standing sage on the stage, the expert, but that that doctor's pulling up our sleeves and getting into life, making phone calls, communicating.

advocating, really looking beyond the surface to see what's really happening, leaving the room open for the unspoken parts of a story that may not yet be ready to be told.

And I think that's where it started to crack my existing identity. I really saw that the medical problems that our patients were facing, for example, in the Bronx, were not just the disease that was in their bodies, But it was also to do with the structures within which they were existing, the lack of primary care, lack transportation or food, nourishing food.

The lack childcare support and how that would impact somebody. the lack of a livable wage, which has now come to the forefront. Those were all apparent in how somebody would present with an illness.

And so I think this is where I started to develop the roots that no two patients are the same, even if they have the diagnosis. Once you dig a little bit deeper, the disease is always presenting in the way it is because of the lifestyle, because the other factors that may not be as apparent to the person who's in them.

And so, I think it cracked open my understanding that the doctor was somebody who really kept their finger on the pulse of what was going on in their patient's lives outside of, you know, the consultation room.

And so I was a voracious reader always, and I started to pay more attention to reading about economics, reading, about structural inequalities, what is it really that leads to inflammation in our bodies and therefore sets us up for some of these longer chronic illnesses and cancer and things like that.

And so I think that added a lot of richness to my training and I really felt very well prepared afterwards. One of the things that happened while I was in residency also was that during my second year of residency, 9-11 took place.

And I went through quite an internal journey as a result of that. I can get into that at some other time, but that was also kind of a critical event that occurred that really changed and maybe even asked me to examine myself and my belief systems in a much deeper way.

All right, the second city that I lived in was in Kansas City. And this chapter was a convergence of marriage, children, you know, really connecting with my immigrant identity, meaning I was part of a community of my own background and looking for that connection that we look for, that community that I look, for and also looking to settle down and have my kids and working in a children's hospital.

And I guess the question here is how did your return to your roots change your definition of what a successful life looked like compared to what medical training had conditioned you to believe?

It's really interesting, right? What is a successful life? And I think as a woman, you know, the success in medicine is always, always impacted by our role as women.

And that is something that started to become more real for me because having children means, For example, arranging for a nanny or daycare to take care of your children while you're working.

There was also this dichotomous view of working mothers versus stay at home mothers that was really interesting to me. As a pediatrician, I was always dealing with all kinds of mothers and fathers and realizing that the work is hard no matter what, it's just different work.

And I think I had a bit of a chip on my shoulder when somebody would say, well, as a working mother, you have it easier because you don't really have to take care of your children.

And it's like, um, I, what it made me realize is there's a lot of scrutiny on a mother and especially a physician. and so I. What it asked out of me, asked me asked of, me during that time was to really pay attention to what matters.

You know, did my children need to go to X, Y, and Z classes every week? Or did I need make sure that the time that we did spend together was actually good and relaxing and meaningful for all of us?

And that was a really big turnaround for me because I was looking at my own training as a pediatrician and seeing how maybe in some ways it had been quite inadequate.

which is really funny, to teaching me how to be a good parent. And so I think learning about what it's like to be a good parent comes out in community.

And I was really fortunate in Kansas City as I raising my children to find a really good community around us of caring adults and others who are the same age as my child who really formed those bonds of identity and those bond are alive to this day.

New York Residency and Reframing the Doctor Role

And so I think medical training for all of us, men and women. tends to focus just on the knowledge and the skills and leaves out maybe some of the knowledges and skills we need to be able to balance medicine and, um, the rest of everyday life.

And this would also become another piece of how, of my education that I would, you know, kind of grow into, meaning what I teach other residents as they were going through their own All right.

The next session, the next piece, chapter, or the city that I would come to would be Los Angeles. And that's where I am right now. I never thought I'd end up in Los Angles.

It's pretty amazing where life takes you and what choices become available to you. sometimes the choices that at the time don't make a lot of sense later in retrospect make lot sense.

And so that's what LA became for me is the more I lived in LA and really got to know what the real Los Angeles is. It felt a little more like that melting pot of Dubai of the different cultures, of different traditions, really the food.

and how community can really support each other. And I leave it at that. So in LA, the narrative shifts to single motherhood and the transition into academic medicine and narrative medicine.

I'd actually say medical education there in medicine. What was the catalyst conversation or moment that finally gave you permission to stop following the script and start writing your own?

Oh, this is an interesting kind of look into, I think, what occurs when we've done all the things that we set out to do. I had set up to medical school, residency, settle down.

And this moment that comes where you may be in your 30s and say, well, now what? And what came up for me was that my love of writing had never left. It was just kind of in the background.

And that really had come roaring back. onto the forefront, I went ahead and did some workshops, started to write and realized, wait a minute, if this is going to be something, how do I reconcile these two things?

Writing and medicine are so different. I was always told in all these different ways that medicine is a lifelong profession and writing doesn't really pay the bills.

You can always write, you don't have to really go to school for it. And there are all these kinds of ideas, right? And so it was when I went to a conference, actually, it's about finding your others, the others that are just like you.

The conference itself was called the Examined Life Conference. It was at the Iowa Harvard College of Medicine, integrated with the IOWA Writers Workshop.

I've been to that conference a few more times after that and always Remember that first aha moment of walking into a room and seeing ICU physicians who were poets and pediatricians who are painters and surgeons who, you know, were sculptors and looking at like, this is a thing.

When you're a physician, developing this side of yourself is really important and these people have been doing it and they're writing amazing, beautiful narratives that really speak to and inform and maybe even make really deep and interesting the practice of medicine, really bringing in the humanistic aspect of, um, medicine.

And that's where I discovered narrative medicine which is this idea that, you know, stories matter to our healing and the quality of the story that we tell, can really enhance or hold us back when it comes to the So I think that was the moment, that aha moment in 2007 that took place and really shaped my next few years where I would study medical education, I will study narrative medicine, and actually bring those two things together to design curricula for the University of Southern California narrative program and their professionalism program where we really brought in art, theater, writing, poetry, movement, all the different ways in which we can express ourselves into learning about medicine and learning by ourselves.

That was a really fun time, a very busy time. I had little kids, I was doing masters as well. And I am glad I did that because there was moment where I'd been going through a divorce and It was really interesting how I got the paperwork for my divorce finalization and my master's in medical education arrived in the same week.

And just looking at those two things together side by side really was a moment of recognizing that When we are transforming, when we're moving through something, having an interest, this ability to deep dive into something to really follow your own path can really help sustain us through some of the more difficult things that we have to do.

Actually, it's imperative that you do that because it can give us that motivation, give that momentum, really bolster us through some of the stressful pieces that may be coming through for something as life-changing as divorce.

And then to the last chapter, this present, the post-pandemic pivot, you know, I really learned about burnout while I was, just before the pandemic started.

The medical field was really starting to investigate this phenomenon of burnout because it has exploded even before pandemic. And then the pandemic really just lit the fire underneath it and really created the conditions for physicians to feel like no matter how hard they work, it's just not enough and that it is not going to change.

You know, we'll have to change it. It's not gonna change if we don't change.

Kansas City, Motherhood, and Community

And so there was kind of like a moment of taking responsibility for, as an educator, for making sure that my medical students and my residents were safe and had a safe place to process what they were going through.

But then also having the time and the energy and resources to really think about, well, what do I want to do with this? Do I want to go back to the same thing and finding that I don't think I can?

And this realization that, yeah, sometimes that bridge is burned. You can't really look back. And I think there's a wisdom in that that you kind of forced forward out of safety and into the unknown.

That's what the post-pandemic time has really been. This question here, many are talking about burnout. but that I've moved towards slow medicine. And the question is, how does it feel to intentionally slow down when the entire medical establishment is designed to speed up?

To answer that question, I really do have to bring up this idea of slow medicines and how it contrasts with how medicine is practiced right now. And everybody knows that medicine is really ramping up with how fast we work.

Doctors are being asked to see between 20 and 30 patients a day and the amount of attention that they can pay to

those patients. The increased electronic digitization of communication in healthcare has really made that possible.

However, it's also made it so we can't really pay attention to what's important sometimes. because we're trying to do everything. And so this idea of slow medicine, this ideal that we can take our time and that time does matter because it takes time for the relationship to build.

It takes for a person to trust and to understand the process, to their doctor and know that's what they're talking about. That it's not just about expertise, but it is about understanding.

Its about listening, its about being present. And all those things that I think I saw in how my parents practiced medicine in the 70s and 80s, and how observant observation and really knowing about the context of a story can really help inform and understand what somebody's going through.

And that takes time. So how does it feel to intentionally slow down when the entire medical establishment is designed to speed up? I think it feels like a refuge.

It feels a vantage point on which I can really hear and feel myself think, really understand what people are going through. in kind of a long form way.

So we can even call it long-form medicine because when you've got time, so much is on earth. As I'm working now in my own practice for the last three years, posting this podcast as well and really starting to build this next chapter of my career, my life, and my interests, I think this was a real antidote to what came before and a real reframing of what's important.

And I think in the last three years, how that has landed for my patients and how satisfying it is to see patients over a long period of time. and to see real change and transformation happen.

And just notice that it wasn't that I have any specialized learning or knowledge, even though I do. It's not just that, because now we can access every bit of specialized knowledge that exists out there.

So it's no longer about getting the right answer, getting but it's also about being with as the person is going through the diagnosis. It's about seeing the complexity of a diagnosis, no two cases of depression are the same and yet we treat them the and we labeled them the same.

And I think we lose a lot of details and in those details are where the transformation can occur. In slow medicine, it's about giving enough time. So I remember what mattered to somebody six months ago and when that is brought back in to the space of healing for that person, for the patient to feel that I really did connect with them and I am connecting with him and that they can let go of some of that armoring that people have developed around being in the hospital and being around medicine.

and how that armoring can sometimes get in the way of create misunderstandings, create power imbalances and dynamics that really lead us down the wrong path.

So it's been really nice to slow down and really pay attention. And so I'm now weaving together trauma-informed care, narrative medicine in psychedelic field with my partner in this work, Dr.

Alia Ahmed, who we found each other a few years ago. and really kind of saw so many parallels in our work and it really felt very validated. So I think what I would say is that finding your partners, the people who've been doing similar work to you and carry a similar perspective or an understanding and definitely an integrity around the work that we do has really been, I think, that next level of confirmation and has allowed me to stop worrying as much about, is this going to work?

Am I doing okay? Who am I to do this?

Los Angeles, Writing, and Narrative Medicine

And really recognize that, no, actually, if I look back at my life, i have been picking up all the skills and the knowledge and experience and the perspective to be able to do this work.

I may have not known it. It probably wasn't on any course that I took, but it's here. And so that's a real full circle moment. and I think what I will say to that and really bring to this episode is when our patients are approaching ketamine therapy or any kind of psychedelic therapy, they are really committing to the idea that the way things are right now aren't serving me.

but I know there's a better way. And I know I can do it and I want to find out what that is. And so that's that first step. Then the next step is to actually follow your intuition.

Listen to yourself, listen to your stories, um, listened to what needs to change in particular, decide for yourself what it needs change. I think what happens when people look at their stories and their witnessed and they look back and kind of lay it all out and see how things work.

they see the trajectory of it. Instead of a shame and blame kind of story, it might become a, oh, I had to go through that difficult time to understand next.

And so this idea that when we talk about trauma, that there's something called post-traumatic growth. that when there's a rupture, there is also an opportunity for repair.

And that if we can move through that, get to the other side and look back and really have the ability and the resources and support to recognize, okay, what is this crisis calling for me to do?

What is it asking of me? What's the gap here? I think this is another place where I recognize that just like in education and learning where recognizing the gaps between what I know and what i don't know is that first leap into new learning and, you know, new connections being formed in curiosity.

It's a very similar process of change that occurs in with treatment resistant mental health conditions. How am I living right now? And what's the way that I want to live?

What's a gap here? and what do I what to see change? As I'm even saying this, we're really transforming idea that healing and treatment in the medical field happens top down.

This is the expert, this is a person with a problem and here's the solution to the problem. And it's kind of given to person what the problems and presto, everything changes to where it is an alignment of two subjects, two people.

There's an intersubjective piece that occurs and that's a really important piece of what we learned in narrative medicine, which is that when two are together, and communicating and being with each other, a third space opens up.

Something happens and that intersubjective experience because of who each person is that allows a new thing to come up and I think that is just a beautiful you know, like way of seeing that there are larger patterns and smaller patterns.

And if we can recognize the patterns in biology and in the natural world and really learn about them, we see them within our own bodies. The idea of homeostasis, the planet works on the concept of homostases as do our bodies the internal organ of the lung looks like the branches of a tree and exchanges carbon dioxide and oxygen, and so do the branch of tree exchanging carbon-dioxide and the oxygen.

And so really, the synthesis has really been about becoming a healer, really and recognizing that what we need to heal is here. We don't have to go anywhere else.

to find it. It's already available to us. We may not be able to see it, we may even not yet know what it is, but it's available. And that is this really ephemeral topic that we've been talking about on this podcast.

We call it different things, we call the unseen, spirit, the kind of unfolding that's occurring constantly. in reality and how supported we are by this unfolding if we look at it.

And so even just bringing it back to center, the be here now, that I'm here in my body at this time and in this moment and I say, you know, recognizing that, quieting the mind, kind of quietening some of the narratives that play over and over again in our minds that may not be serving us, and quieten them, learning the tools of how to do it can really allow that authentic voice to emerge and for us to really hear ourselves beyond the surface level.

And so that has really been a beautiful result of this podcast and also just putting it all together and arriving right here, which is an interesting place to be.

The craft of communication. Two curious MDs has become a honing of the craft. And so the question is, how has the simple act of listening to others on this podcast changed the way you diagnose or treat your own patients?

Listening, listening, learning how to listen. I think In the earlier episodes of our podcast, there was a lot of nervousness in us because part of what happens to communication and medicine is we become really fast at communicating in medicine.

Burnout, Slow Medicine, and Psychedelic Healing

I recall being on rounds and watching everybody communicating and it's just kind of a medical patois, you know, nobody outside the medical world is going to understand really what you're saying.

But it's also done in this kind of competitive and intellectualized way where it is all about getting to the right answer. you know, a race. It becomes a raise to communicate instead of a kind of listening and taking in.

And, and so I think just that has changed the direction of information flow, that I'm listening more, than I might say, finding myself getting out of the way of You know, formulating my answer before somebody has even finished what they're saying is such a habit that shows up as interruption.

That shows us as impatience. And that's something that I've always struggled with all my life. and now this podcast and kind of just being in a space where listening and allowing somebody's words to really land.

to really be able to focus on what's missing in the narrative. What's not being said? What was that little gesture that just happened when that word was used?

And picking out the things that really resonate or connect emotionally and then turning it around and giving it to the patient and saying, oh, I noticed you mentioned this word.

and feeling that words like that are given to us by our patients if we listen for them, and that they're the little keys that a patient can give you. And if you can jot that key down real quickly, say, huh, you mentioned this word.

What does that mean to you? How has this impacted your life? And so even in just mentioning that, even just talking to somebody, and then listening to their story.

What I've conveyed is that I'm here. I am here to make meaning together with you, not just listen to what you have to say and give you my opinion. And so with that, I want to do a little kind of blend of the coal bear questionnaire and the active studio questionnaire.

If you could go back to the version of yourself in residency, what is the one thing you would tell her about the value of her own story? I think the vision of myself in the residency really had given up on writing.

I'd really said, no, writing and medicine don't coexist. And then, you know, I've got to give that side of my self up. if I'm going to do this thing right.

And so what I would tell her is your story is the most valuable thing about you. If you listen to it and write it down and pay attention to it'll come about, you'll find out what it was about.

What is a belief you held at 25 that you now find profoundly amusing? A belief I held, I think, at that age, we hold the beliefs that the people around us hold.

And so I was told things like, You can't balance a career and motherhood. That you can have a good and fulfilling life. travel, do all the things you want to do if you also have a demanding professional career.

And I think that's something that I find really amusing because they all feed into each other. I'm a better mother because I am a pediatrician and a physician.

physicians and healers is that there's no real separation between the two. I find it amusing now that anybody could even say things like that, living in this reality that we do now.

Final question. When you finally hang up your stethoscope, what do you want to be known for? the medical data you provided or the stories you helped unearth.

I think I'd like to be known for what I was known in med school, which I see emerging in both of my children, and it's really interesting. You know, I'm in a class of 80 in medical school.

It was five years. about 400 students. And I remember not really holding myself to having friends only in one class. I would have friends in all different classes, seniors as well as juniors.

Those were some of the most, you know, just remarkable conversations because I could take my own experience and I can help somebody else out with it. when they were struggling and that happened over and over again.

And so I think that's what I'd like to be known for is that I'm a person that can take my own experience and create something of value for another person and that it is in those relationships and how we show up to those relationship that really set the stage for who we become.

And so with that, I will end this episode of the Two Curious MDs podcast saying a great big thank you to everyone for listening.

Listening, Reflection, and Closing Thoughts

I'd really like to thank my podcast host and creative partner and physician, Dr. Alia Ahmed, who really has the vision that has turned into the Two Curious 70s podcast.

I'm really grateful to be able to alongside and to co-create as we have done because I don't think either one of us has any idea where this is going. But I love that we show up for it.

And I loved that show for each other. So if there's anything that you can take from this is the value of showing up is absolutely critical and cannot be overstated.

So thank you so much and I'll speak to you next time. Thanks for joining us on the Too Curious Andy podcast. We hope today's episode inspired you to ask new questions and explore fresh perspectives.

We challenge you to ask us those unasked questions that you're curious about in your medical practice, condition, health and wellness. If you enjoyed the podcast, don't forget to subscribe, share it with somebody just as curious and leave us a review.

It helps us keep the curiosity alive. Post your comment with a question or curious inquiry that have and seek to explore or learn with us. Stay curious, and we'll see you next time.