

0'00	Cam	<p>Hi, this is Hand in Hand Show where caregivers and survivors have honest discussions about stroke. We are part of Strokefocus. Today, we're going to interview Dr. Keith Rafal who is an assistant clinical professor Brown University and adjunct faculty member in the Department of PM&R at Tufts University School of Medicine.</p> <p>So welcome Dr. Rafal.</p>
00:36	Dr. Rafal	<p>It's a pleasure to meet you and be part of this interview.</p>
00:40	Cam	<p>It's great to have you here. Nancy and I were really excited about this. Tell us a little bit about yourself and Our Heart Speaks and the Patient's Stories Project.</p>
00:51	Dr. Rafal	<p>OK. So a little bit about my background first. I'm a physical medicine and rehabilitation specialist. I've been doing this for many years. So I've had a lot of experience working with people with chronic disabilities from stroke, brain injury, spinal cord injury and chronic pain, the whole gamut. And it's something I've been doing for a while.</p> <p>What really gets me interested is that we do a pretty decent job working with people in terms of saving lives and doing the medical care, and even doing some of the day to day rehabilitation which is getting people moving and getting them back into the community.</p> <p>But what has been lacking is really getting to the essence of who we are. What happens to us when we've had a stroke, a brain injury, a spinal cord injury or other kind of acquired disability? And looking at ways that we can assess that. So Our Heart Speaks is a nonprofit that I founded with the help of an excellent team, it supports an international patient stories Project. We are about giving voice to individuals with a new disability or an acquired disability to be able to speak to how they've been able to find meaning and purpose in their life, after living through the different challenges of a new disability.</p>
02:17	Cam	<p>This is great, because I always speak on finding your passion again, or finding something that you need to do, or work with. And I think that once someone finds that, the gratitude moves them forward. I think if you don't find these things, or you don't understand that you just don't progress well. And to hear that people get these stories is just a wonderful and it's great. You all came together to realize that this is important.</p>

03:13	Dr. Rafal	<p>What you're saying is very true. And what I wanted to do with the group I've been working with is to take this out of any one institution to really empower people from all around the world.</p> <p>We know that stories can be very powerful on many levels. There's research to support that being able to tell your story, has therapeutic value. In addition, there can be tremendous impact for the listener as well. That is part of our goal. Can others learn from this? Can they be inspired? Can this make a difference in their lives. We have a very broad audience that we're trying to reach and it can be very impactful.</p>
03:42	Cam	<p>Who are you trying to connect with? Basically just survivors or people that have certain disabilities? Or anyone who has had an uphill battle in their life?</p>
03:58	Dr. Rafal	<p>It's a very broad group. It includes individual patient/disability community as well as caregivers and health care providers. Actually I've just expanded our scope of reach to include health care leaders. People who are in the field that actually may have an impact on where things are going.</p> <p>I think all those groups are very important. I know myself being on faculty of one of the teaching hospitals I have started to integrate this work into the fellowship training program that we have as well as with the residents. So when they spend some time with me, they know this project exists. They can see stories so it's not just going on the rounds and seeing the patients, but hearing what's happening when they leave the hospital and learn what's possible. That gets to another area of interest for me. We would like to set up something called the "Culture of Possibility". I think we have a mindset out there. When I say "We" this includes individuals who are going through the experience of living with a new disability as well as the broader audience previously mentioned and society as a whole. What does it mean to have a stroke or a brain injury? Or go through a chronic illness that really has changed our lives in an appreciable way? How can we have meaning and purpose? And really begin to understand and make the necessary Paradigm Shift?</p>

05:22	Cam	<p>I just can't say enough about what I'm hearing. It is so positive and so wonderful. As a former resident coordinator at a major hospital here in St. Louis, I always felt that our residents didn't always quite get into the patient. What the stroke really does to them? What the disability really does do for them? And I think for residents, or for anyone going into medicine, or even people who had been in medicine, for a long time, this might be just a great way to hear, to see and maybe understand more of what patients go through.</p>
06:25	Dr. Rafal	<p>I think you're absolutely correct.</p> <p>It's a perspective that often is not understood or really observed as much in training and medical care. There is such a focus on getting people on the right medications and making sure the blood pressures are OK and people are moving through the system quickly. I'm not saying those are not important. They're very important. They're critical but often the patient as an individual is missed in that.</p> <p>What I mean is who they are and what they're going through. Often we'll say OK we'll label it someone who's depressed or someone is anxious. That all may be true but there's a core thing going on here. This often misses the point. When you are facing a major life change, there are questions that we all face and we have to deal with. If we can understand that and address that I think is really critical. It's all about what it means to be human. And that's you.</p>
06:00	Cam	<p>Yeah I knew after having my stroke, and I'm sure even though Nancy didn't have the stroke, she has lived with her husband who did have one, for 26 years. Anything about feelings or how to deal with it is just what we need. Professionals need to recognize that. This is huge.</p>

07'27	Nancy	<p>When we were going through my husband's stroke, there was such an incredible disconnect between the doctors and this person that I loved.</p> <p>And I couldn't get doctors to answer my questions. They would look at me like why are you asking that. And they would turn and walk away probably because they didn't know how to answer. That's the only thing I can think of. I don't think they were being intentionally rude.</p> <p>But after seeing so many doctors so long I felt like I was just walking around. We were a number in the system and that was it.</p> <p>There was nothing personal about how we were treated or no one cared about how far we actually fell from the previous life to where we were within 24 hours. So I am so grateful for what you're doing and the fact that someone of your caliber is absolutely waking up to this incredible need. Thank you for providing this service.</p>
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11:02	Dr. Rafal	<p>Thank you. I appreciate hearing that. I'm not sure how many people are familiar with Victor Frankl and his book, Man's Search For Meaning. So there is a parallel to this.</p> <p>I read initially many years ago the book Man's Search for Meaning. I re-read it again and I said this is exactly what I'm talking about and what he's been talking about for many years. The work of Victor Frankl connected me to a whole community.</p> <p>I am not sure if people have heard about the Frankl Community. Maybe more in Europe than in the United States. But as a psychiatrist, Frankl actually lived through war and the Holocaust. While he was in a concentration camp, going through the horrific experience there, he actually had the wherewithal to observe his fellow prisoners and in particular the survivors. Trying to understand how some people were able to get through that. Why they have more resilience than others. He was very curious about that. He developed the whole system of therapy that really looked at how we can be more resilient. How we can flourish and thrive? How we can find meaning and purpose in life despite the most horrific events? So that actually really spoke to something in a way that each of us go through when we face a new medical situation, or a new disability, how we're facing our own personal challenge, our own personal loss in many ways. How do we get through that? How do we thrive and flourish? I've seen some wonderful things in my life with my own patients. I see what's possible and that's why I said there really needs to be a platform. There needs to be a way of giving voice to what is possible. Putting it online so that people can see it.</p> <p>There is a broad audience. Education and research can further serve this goal.</p> <p>I have a very intriguing, I mean, grandiose vision. It is a vision that my team also holds. Is there a way that beyond one person at a time that we can have an impact? That in itself is wonderful if one person can look at it and be moved. Beyond that can we begin to influence best practices? Can we fundamentally impact the way we as a society begin to look at what it means to have a disability, or to have a chronic medical illness and maybe help to positively change this in some ways. What does it mean to be human experiencing this new reality? How can we support this idea that fully appreciates our humanity? This way of seeing the world is transformative for those living through the challenge of a new disability and for all of us. It is a real paradigm shift. How we develop these resources can help illuminate a path and serve as an inspiration to many. It's really with that purpose in mind that we hope to make a difference.</p>
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	Nancy	<p>You've already used some of my favorite words along the way because I know that John and I have certainly learned to survive and thrive.</p> <p>And I like the fact that you use the word "Thrive". And the other thing that really speaks directly to my soul is the concept of Paradigm Shift, because the acceptance of Paradigm Shift when something happens is the the core thing that has to happen for people to be able to turn around and get to the "Thrive" place from my perspective.</p> <p>Because if you're sitting there looking at your old life, and saying we have to live exactly the same way, because that's the only way I can be happy, then you've got a problem. And helping people make that Paradigm Shift and getting them to the concept then they're on the way to health and happiness. I'm so glad that your profession is looking at this rather than just someone like me who writes one little book about it.</p>
12:01	Dr. Rafal	<p>You make a very important point.</p> <p>Absolutely. You know it is a different mindset that occurs for an individual that's going through this process. They obviously need help with that. That's why I think the resources that we're talking about are very important. But I think it's a mind shift as well for people who provide patient care and caregivers to begin to see what is possible.</p>
12:27	Nancy	<p>Exactly. So now you've really got my interest piqued here.</p> <p>What specifically are you doing with your organization to help change that mindset.</p> <p>And where are you going?</p> <p>What tools do we have as caregivers and survivors from what you're doing that will help us.</p>

12:44	Dr. Rafal	<p>A couple of things.</p> <p>First and foremost it is my hope that these stories themselves will actually be not only an inspiration but a blueprint for that, as we start to accumulate these stories. So this is an online platform. The way it works is that individuals from anywhere in the world can submit a story, as long as it meets the basic criteria. Individuals who have some kind of acquired or new disability. We're not looking at a particular time course. So it needs to be somewhere in their life from adolescence onward where something has shifted for them, and they have been able to find meaning and purpose and feel comfortable sharing their story with the public. So individually we can look at learn for these inspirational heartfelt stories.</p> <p>But there's also a research component to it, because it is my feeling and that of my team, that over time as we accumulate more and more stories, there may be a thread or threads that are we can learn from in aggregate that you can't get from any one story alone.</p> <p>So there's something called qualitative analysis. By looking at the narratives and stories we'll be able over the next couple of years to begin to look at that and drill down on that, and hopefully come up with the wisdom and strategies that clearly would be helpful for most people.</p> <p>The other thing is that actually over time (we don't have it right now but) I'm going to be looking for is feedback and stories from people that have looked at these stories, and said you know what, this is helpful for me and this is how this has been helpful and has made a difference in my life or those I care about. So it's a constant dynamic process. This is how we hope to really touch people's lives and make a difference.</p> <p>The other thing is we're also reaching out and really developing collaborative efforts with other organizations. For example we have rehab hospitals organizations such as yours that could clearly benefit. I have reached out to the PACE program, which is a program working with the geriatric population living and aging in place. I even have some beginning collaboration with the non-profit Partners in Health and their important work in Haiti. They encounter a lot of trauma and it gets into the whole cultural issues which is very interesting. A very interesting dynamic there. I think we actually can learn a lot from different cultural interpretations of what disability even means.</p> <p>I am actually learning myself that it's not just what we think here in the United States. It's a different perspective. So multicultural inclusive perspective is really important and a key component of this initiative.</p>
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15:30	Nancy	<p>So I have another question.</p> <p>What is going out to these other organizations like? Other nonprofits and hospitals and rehab centers and other places, what kind of attitude are you receiving from these people regarding your program and your ideas?</p>
15:37	Dr. Rafal	<p>It's interesting.</p> <p>So for the most part it's very positive.</p> <p>The thing that we're trying to work on is how do we make this accessible and inviting for them to use and get their patients involved.</p> <p>I think that's really the the critical piece.</p> <p>They like the idea and it's just a matter of really helping to make this online platform easily accessible.</p>
15:59	Nancy	<p>That's cool. I am glad to hear that. And I think you tapped on to the methodology of making it easy for them.</p>

16:06	Dr. Rafal	<p>Yes. So the other piece too that I think I do want to share. It gets into the different formats the stories can be told. We're not limiting this necessarily to a first person narrative. We're using different artistic media and very much encouraging that. What I mean by that is it could be poetry, can be a video, photography music, artwork as well as the written word or any combination. Why? For a couple of reasons.</p> <p>For some people that is how they can best express themselves. That's the medium that feels most comfortable for them. Also the recipient our broad audience sometimes prefers to hear things in different ways or see things in different ways. It makes a difference. Actually because of someone's disability they may not be able to write things out but actually by doing it through a picture, photography or music or some combination they're able to more effectively communicate what they are trying to share in a I think that can be very helpful and powerful. We want to really keep it open and rich.</p>
17:02	Nancy	<p>It's not only for the person who's delivering the message but if other people who have a disability want to perceive that message they may perceive it better from art or music rather than language.</p>
17:18	Dr. Rafal	<p>That's correct. Absolutely. And I'm a big fan of multimedia.</p>
17:21	Nancy	<p>Oh we never do any of that here. (joking)</p>
17:33	Cam	<p>Is there anyone who has informed and inspired the mission of Our Heart Speaks?</p>

17:41	Dr. Rafal	<p>So there are a couple of things.</p> <p>Certainly individual patients that I have personally treated over the years have been a personal inspiration to me and some of the stories that we already have included with this project.</p> <p>But I think I mentioned Victor Frankl. There are many people, but he in particular spoke to the issue of meaning and purpose in life while dealing with life's challenges. There is a whole professional community and body of knowledge that I was excited to learn about who really fit the vision. It felt like an untapped resource.</p> <p>So as a result of this introduction, one of the individuals that I reached out to from the Victor Frankl community has become a member of the advisory board of Our Heart Speaks. His name is Alexander Bethany and is the Director of the Victor Frankl Institute in Vienna Austria. We are also reaching out to some other members and getting input from them.</p> <p>There's a conference that's going on in Texas in June. Unfortunately I am not going to personally make it but I'm trying to really pull those resources in because I think the therapists and people that have worked in that community have a lot to offer. They can offer resources, strategies and approaches that we may be able to learn from and incorporate. This is an open invitation.</p> <p>The goal is to begin to develop a network and a set of resources that people will support to help nurture this work and really make a difference to all we serve. One thing that is very important, is that it has to be individualized. It cannot be a cookie cutter approach.</p>
19:18	Nancy	Oh no absolutely not.
19:20	Dr. Rafal	You have to reach that place. It is just options.

19:24	Nancy	What are your plans for distribution of your concept to the general populace in the future?
19:31	Dr. Rafal	<p>I'm hoping this online platform with the stories, videos and other insights/offerings go viral. That would make a big difference.</p> <p>Actually if you go on the site already I have included some really phenomenal individuals who've given Ted Talks and other types of presentations. They are already out there.</p> <p>We're incorporating that because these are just phenomenal stories. So anything that we can do to get the word out there and make that connection is critical. It is all about the human connection</p> <p>I would like to make this a platform known and accessible to people who have had a stroke, a spinal cord injury or other new disability for a couple of reasons.</p> <p>One, you may want to submit your story;</p> <p>Or even if do not wish to share a story, the story of others and the rich resources that can you can engage with on the OHS website may offer hope, a new perspective and inspiration. The feeling would be-I want to go there. I want to hear, see and feel and to know what is possible.</p> <p>And the way I look at it, the story is not the be all and end all, the story is a powerful vehicle. It's a medium by which we reach that point and make the connection from the heart.</p> <p>So that's what is truly critical.</p>
20:38	Nancy	<p>That's one of my really important talking points in a lot of these Hand In Hand Show events: The story of what happened to you has a certain amount of value.</p> <p>But its biggest value is in how to transform your story into your ability to survive and thrive.</p> <p>And what we want is how did that happen.</p>

		<p>And when you can share that with us then you're making a really amazing contribution.</p> <p>And the other thing that's really important is making it go viral. And just a little bit of a brag point here.</p> <p>The first 10 days of the Hand-In-Hand Show without even advertising, we had thirty five thousand visits.</p>
	Dr. Rafal	That's great.
19:40	Nancy	The Show has only been up for five weeks now. It's exploding all over the place. And so we're glad you're here because we hope we can help spread the word of what you're doing.
21:41	Dr. Rafal	<p>And we're always looking for collaborators and resources. I see this very much as an organic process that is growing and evolving. We are always learning.</p> <p>That's actually what makes it exciting for me. You know over the past couple of years, I have been meeting people all around the world and making these connections and hearing different stories.</p>
	Nancy	It's amazing.
	Dr. Rafal	Yes it is.

23:32	Cam	<p>Yes.</p> <p>I have worked with also stroke survivors and doctors and I just love this. I love the stories.</p> <p>You know each one of us has a journey and that's what we've talked about before and we may have had strokes or brain injury or spinal cord injuries but it's a little bit different.</p> <p>It's always going to be a little bit different and what inspires us and what moves us forward is different.</p> <p>But it helps that people can listen to these stories or see them and know that they're not alone.</p> <p>So it's kind of also a support group in a way because you may not be totally interacting with someone, but you're seeing this story and you're saying oh I get this or you know or maybe you don't get it so that you read the second or third story and it finally kind of hits you as to what you need to do or how you need to change. Maybe your focus or how you think about things.</p> <p>I can't say enough about this because I just think that a person who is writing this has a little bit of therapy in there and the person who's reading it gets some too.</p> <p>And even if they don't have the disability the caregiver or their physician or someone can get hopefully something out of that also.</p>
	Dr. Rafal	<p>Absolutely.</p> <p>I'll make two points.</p> <p>One is I've seen where people look at the site and look at the different stories. And it's interesting to see that people gravitate towards different stories. We all have things that grab us and listening to this is key and makes it especially meaningful.</p> <p>That actually tells me that it's it's very personal.</p> <p>So that's number one.</p> <p>The other thing is that on the medical end, unfortunately as our healthcare system goes in the direction of moving things along quicker and getting into electronic health records and digitalizing our healthcare experiences..</p>

I think there are some really good things about that. I'm not trying to put that down. There's also a balance in terms of the human side of things. I know myself. I've been in rehab long enough to know that the lengths of stay are getting shorter. and we have to work with this. It is not necessarily that people need less. It's just that it's in a different environment now.

I actually have to confess that I recognize that is the reality. OK. That is the reality right now. And rather than beating myself up against the wall and saying well it should not be the reality and we should be doing it differently. How do we work with that? How do we work around that and in a way that can preserve and enrich the experience?

In a way that is what I am saying. For all of us, we all have our realities that we have to deal with. How can we begin the shift and say OK this is one reality, but I'm going to work with that, around that and through that and make this something different and transformative?

I like the word Transform and what is possible. That's why I came up with something called a **Culture of Possibility**. That's a really broad term but it's really all of us saying OK what is possible. How do we shift that way of thinking? As a physician, as a healthcare provider, as a nurse, a therapist? As a caregiver not just as only as a patient. How do we begin to look at this and say oh you know what? There's a possibility here. How can we help you with that? You know I never really thought of it that way. If you hear from another colleague or from someone else saying well this is not possible or something that just doesn't sound right to you or resonate with this new way of thinking, a little part of you should say that doesn't feel right to me. You know I'm going to push back a little bit on that nicely and gently because I think that there's a tendency that we sometimes always come from that place and I don't mean in a mean way but I think sometimes we're not thinking that way and that's why when all of us: physicians, healthcare providers, health care workers, caregivers, patients begin to say you know what, I may have had a stroke, that brain injury, the cardiac event or whatever, but what does that truly mean? What does it mean to be human? There's still a possibility for me to have purpose and meaning and contribute and to heal in a way that doesn't necessarily mean cure. – they are not synonymous-but still my life can be very rich and fulfilled.

Does this make sense?

25:36	Nancy	<p>Yes, that's incredibly beautiful.</p> <p>I like the idea that that cure does not necessarily mean success because there isn't often a "cure". I have a little concept here. I like to think that this shift in the medical profession to less and less time is not such a bad thing, because it's shifting the responsibility for each person's health and their success at creating a life that has value onto themselves. They're not expecting someone else to do it for them because in reality no one can do it for you. You have to accept what has happened and find ways to make your life meaningful. And if the medical profession can help give us direction as to where those ways might be. That's fabulous. But the reality is that the individual person still has to do with themselves.</p>
26:45	Dr. Rafal	<p>As you know as long as they have the resources, the support and the opportunity to access what they need the seeds for success are there.</p>
27:41	Nancy	<p>Absolutely. I agree. You provide the resource and that's fabulous. This is very exciting.</p>
27:48	Cam	<p>Well this brings up another point for me in that, you know I was in the hospital for four days. I went to rehab hospital for about six weeks and then I did outpatient therapy for about a year or a little over.</p> <p>I was fortunate in the way that when my stroke happened I got enough to last me to the end of the year and then I started again.</p> <p>But because I looked good and I seemed to get around okay, my family left me four to six weeks after I got home and I had to learn to do things by myself. I didn't know if I could do or figure it out how to do it. I just would have loved to hear these stories and know that it was okay, and I would be okay.</p> <p>I mean I kind of knew that you do need to get through it is not immediate. It is a process.</p>

28:51	Dr. Rafal	<p>I think what you're saying is very true. What I do see and it's not uncommon is that there's this intense period of time we can use stroke as an example where we could be but any any of these you know catastrophic changes in one's life. So you go through the acute hospital, you go through the rehab piece and you even go through an outpatient program. And then all of a sudden it of tails off.</p> <p>And what happens?</p> <p>So once life continues and there is a whole survivorship piece that continues and actually there are enough people who are familiar with one cancer survivorship program and it goes on for stroke and for other things too. But it's more than just surviving. It's being able to flourish and being able to see that possibility.</p> <p>I think part of it is that people need that extra glimpse at what's next. What comes after the intense medical care and rehab. Because we are in a different place. But all of a sudden the team is starting to pull back. Partly because you actually don't need medical care anymore.</p> <p>On one level we do not need them as much. It's true.</p>
	Nancy	<p>Exactly. Yes it will be a shift to taking responsibility for your own success.</p>
30:03	Dr. Rafal	<p>The only thing I would say is actually it is something I put out to my colleagues. We want all of us be mindful, as we're going through this process, the language we use when we speak to our patients and to each other and the kind of things we say through our verbal and non-verbal communication.</p> <p>Because I know on a daily basis I'm asked by patients and families and I'm sure it goes both ways. What do you think is going to happen to me? How am I going to do?</p> <p>And you know often they're asking a different question, which is sometimes "can I move my arm again?"</p> <p>So that's one level but sometimes the other questions being asked are on a conscious or more on a subconscious level. We need to be mindful of how we speak to each other and the language we use, it's really really critical.</p>
30:58	Cam	<p>If somebody thinks there is a positive statement about what someone's doing or what they are going to perceive as a passive statement they will do better if you tell them. I don't know how you're going to do, you may not do well. but if you tell them you know with hard work, this may work this is both a more positive and honest message.</p>

		<p>But if you choose your words in such a way that you're going to have the patients want to work hard or harder than maybe what they would if they heard and don't know what's going to happen with your arm you know work with it and see what happens. They need a more positive say.</p>
31:42	Dr. Rafal	<p>So you bring up an interesting point so there's two aspects of this. And both are actually true.</p> <p>We do know to some extent that if someone has high, realistic goals and can see the possibilities they actually are more likely to make progress have more function.</p> <p>The other reality is also true that there is often a point where things will not improve despite best efforts. That doesn't mean that's what it is.</p> <p>I mean maybe we've hit a point where OK I'm not going to move my arms again or I am not able to do a specific activity. That's true. And that maybe that is where things are right now or where they are going to be.</p> <p>But what does this really mean? Who am I? What am I? What can I do?</p> <p>So both can be true.</p> <p>So what I envision is that basically within a realistic pragmatic way, we still have a lot we offer people? I don't want to say that everyone is going to be cured and everything is just been fine. This is just not true.</p> <p>However, if you go on that site you'll see some very interesting stories where people have done much better than their health care practitioners thought they would do. Clearly in their situation, it had a lot to do with their own set of motivations and their own mindset.</p> <p>And the other is that clearly they are living with where things are. They may have achieved the limits of their physical ability but have far excelled in other aspects of their life. I've actually had people say to me that you know in some ways my life is more meaningful and purposeful than it was before.</p>
33:37	Cam	<p>I really feel like that.</p>

	Nancy	Yes. absolutely. John and I, we have our purpose. Things have changed drastically but it's still an incredible life. And we meet so many wonderful people and it's just a whole different area of life that we never knew existed. It's a wonderful part of life.
33:59	Cam	<p>That's so true with even with me because I think if I hadn't had the stroke I wouldn't have met the people that I met. I have made friends with my therapists and some doctors. And you know it's it's incredible. I do this podcast I never would have been able to do this.</p> <p>Well I would have been able to do it but the possibility wouldn't have come up to do this or do the The Brain Injury Radio or do the support groups (Cam also hosts the Brain Injury Radio and runs a support group). I've worked in the medical field for 32 years and I knew about stroke. Or I thought. I knew disabilities.</p> <p>But once it happened to me I realized that although we can never return to the way things were to some extent. Some things may stop, but I get to do a lot more than I did and I'm much more adventurous now.</p> <p>I will not go bungee jumping.</p> <p>But I tried different things. I have tried archery, I have tried the firing range and I tried tai chi and yoga and stuff but didn't have the time and had to drop these activities. So now maybe if I just find a career in brain injury or anything it might be a possibility.</p>
35:20	Nancy	So that's great. I like your concept of a Culture of Possibility . Just those words in themselves are so inspiring for everyone. I am so grateful for what you're doing.
35:33	Dr. Rafal	Well thank you. I really do appreciate that and all the support we can get is so appreciative
35:40	Cam	So are there any other points that you want to talk about or anything that you feel is very important that we haven't talked about.

35:50	Dr. Rafal	<p>I think for the most part we've covered most of the major aspects of this project and work of Our Heart Speaks. I will say that we're always looking for interesting ways that we can reach out and collaborate with people to learn from each other. That's really very important. The more resources we have I'm always open to that. If you know someone who has good ideas we welcome that. We actually set up something on the site something that's a little bit unique. Because I have received submissions of stories that don't meet the actual core story criteria focused on those living with a new or an acquired disability who have found meaning and purpose in their life, we wanted to create another venue on the site to share these submissions.</p> <p>So we have received a couple of submissions from people who actually were born with a disability but they wanted to share something that was relevant and now we are able to do this. It is called the OHS Journal Page.</p> <p>The OHS Journal Page also offers a platform to share different perspectives on disability. This could include something that may be a good resource or something that's educational for the audience that we're trying to serve. I actually welcome if someone finds that any of these stories have made a positive shift for them to be able to share that so we're open to that kind of story as well and welcome stories that can demonstrate the impact of this work. This certainly can be an important metric that we can use to further demonstrate the value of this effort.</p>
36:55	Cam	<p>I thank you for being with us.</p> <p>I encourage people to go and look at Our Heart Speaks and the Patient's Stories Project. Dr. Rafal I would love to have you back and talk again about this and maybe some of the individual stories that you have received. This has been really interesting and I can't say enough about what you do. I'm hoping physicians and medical personnel can read some of these too and get a whole lot out of it.</p>
37:30	Nancy	<p>Thank you for being with us and I'm so grateful and it's it's so wonderful to know that someone else in the world reads Victor Frankl.</p> <p>It is delightful.</p> <p>I am so glad that we learned about what you're doing because I think it's incredibly important for the whole world and you're doing amazing things and you're paying it forward in ways that you may never ever know.</p>
37:41	Dr. Rafal	<p>Yes. Well thank you. Thank you so much for those kind words.</p>

37:56		<p>I appreciated you for being with us today and I hope our listeners will go on and look at Our Heart Speaks www.ourheartspeaks.org and the stories because this is really important for you, all or your caregivers family and for anybody to see this and to understand really what other people go through and maybe the why and how you're going through it. But I kind of know why it's happening or that it does happen to other people and I think it's very important for some listeners to visit this site.</p>
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