



American Society of  
**Anesthesiologists™**

Residents in a Room  
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VOICE OVER:

This is Residents in a room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents.

*On a day-to-day basis, I think the things I do for advocacy are probably some of the most impactful and some of the easiest.*

*Seeing my parents go through the health care system undocumented and not having a lot of health care access. Growing up, I was the interpreter for them. I wanted to see them get equitable care.*

*And we need desperately need everybody to get involved because we really need medicine to change.*

*And those who have done this before will help you with the How to Get It Done part.*

*I feel like it's all of our responsibility to keep our lawmakers educated.*

DR. KATHERINE MILLS:

Welcome to Residents in a Room, the podcast for residents, by residents. I'm your host for this episode, recorded at ASA's Legislative Conference, Dr. Katherine Mills. I'm a CA3 at UNC Hospital in Chapel Hill, North Carolina, and I'm here with some of my colleagues to discuss advocacy. Let's meet our guests today.

DR. DEV VYAS:

I'm Dr. De Vyas. I'm ak2 at Tulane University School of Medicine.

DR. CAROLINE PHILLIPS:

I'm Dr. Caroline Phillips. I am a fellow in Pediatrics at the University of Alabama at Birmingham Children's of Alabama Hospital.

DR. FELIPE PEREZ:

Thank you for having me. I'm Philip Perez. I'm a pediatric anesthesiologist, a faculty member for three years at Stanford University.

DR. LYDIESTHER MARTINEZ:

Hello, everyone. My name is Lydiaesther Martinez. I'm CA3 at UCLA Medical Center.

DR. MILLS:

Before we jump right into our conversation, I want to learn a little bit more about each of you and what motivated you to take on this role as advocate and in advocacy. What led you to get involved and what drew you into this area?

I'll just share, personally, I was actually in advocacy before I was in medicine. I have a master's in public policy from the Kennedy School. When I was in the Air Force, that was a role that I was passionate about and really did some work before I even went into medicine. So then when I went to medical school and got involved with the American Medical Student Association in Florida, my two passions just really seemed to converge. And I was really able to jump in and advocate on this in the state of Florida on behalf of medical students. So here I am.

DR. VYAS:

What got me into this was actually I was an intern during COVID. And so seeing a lot of the administrative changes that were occurring around physicians to physicians without really the say of physicians was really what got me involved in this. I think we need to have a voice in terms of what happens to us. And that to me was very important because I would come home from a 12 hour ICU shift and see another set of doctors was let go. And it was really disheartening, especially at the beginning of my career, during what is probably going to leave a mark on me for the rest of my life. So that's kind of what led me into this. And now it's all about advocating for anesthesiologists and our patients.

DR. PHILLIPS:

My path to advocacy actually started through my interest in quality improvement. Quality improvement is a mandatory curriculum within anesthesiology. So I know all of you have seen a little bit of it just through residency, but I really enjoyed it. And so during residency I actually got a master's in health care quality and safety. And within that curriculum I had a class that was specifically about health policy, and that class really opened my eyes to the role of health policy in the structure of health care and then in the structure of maintaining the integrity of our specialty. So that interest led me to get involved with ASA and the PAC and the Grassroots Network. So that's what led me to applying to be one of the resident scholars this year.

DR. PEREZ:

For me, Dr. Mills, it was similar to your path in that I took time off between undergrad and starting medical school. And what I did is I did three years of health policy is what I summarize everything has being. And what really drove me to go into that field was advocating for marginalized communities. I just feel that a lot of minority communities don't have a voice and we have to be a voice for those that are at the table. And by me being at the table, I could bring that perspective into policy work. And so I actually worked with who is now US Senator Alex Padilla back when he was a California state senator. And we worked on passing legislation that posted calories of how much the food that restaurants were serving had. And it really was aimed at trying to reduce the obesity levels that afflict a lot of the minority communities.

DR. MARTINEZ:

Hi, everyone. Again, Lydia. Esther Martinez I think for me, definitely similarly and based on personal experience, actually, I was born in Nicaragua. I moved here to Los Angeles in Inglewood, California, when I was about four years old, and at the time I was actually undocumented. So for myself, policy issues surrounding immigration, advocacy for those communities, definitely impacted the way I grew up going to free health care clinics. Seeing my parents were like, you know, very low income jobs and seeing how they were affected. So actually, even though I was drawn to medicine by the reasons not, you know, seeing a lot of physicians that look like me or wanting to see my parents and my communities get more health care access. I actually had the opportunity before medical school to also delve myself into politics, working through the Congressional Hispanic Caucus Institute. Actually, I was fortunate enough to work in the office of Congressman Javier Becerra at the time, who's now the Health and Human Services Secretary. And just that exposure to on the Hill, seeing how much power we have to advocate for those communities really impacted me.

And so now on the other end, as a physician, after COVID made, you know, the topic of social determinants of health, sexy or mortality within the disparities we saw within minority communities. And, you know, seeing it also firsthand, working in the ICU, seeing how many of our patient populations were suffering, needed lung transplants after COVID, needed to be intubated, how those communities were a lot more affected who were black descent or Hispanic descent. Those images still stay with me. And I know like it's only through policy changes that we could advocate for better health access for them to prevent them to getting to those stages. More education, access and learning today here from all of you and all our colleagues who have gone before as to how we could better position ourselves as now residents and future, hopefully national leaders.

DR. MILLS:

Yeah, I totally agree. Thank you for your comments.

I wanted to talk about the evolution of advocacy throughout someone's medical career. We've all kind of mentioned the genesis of our own advocacy, whether it was medical school or outside of medicine. But I think it's really fascinating how we see our roles as advocates from maybe even undergrad or before we entered medicine, from medical school, and then into our professional lives. And I love the fact that we have to use CA3, CA2, a fellow, an attending anesthesiologist here in the room having this conversation. And so I'd like to hear about how you think about the evolution of your advocacy. When did you get involved and how have you seen your role as an advocate grow?

DR. VYAS:

I think that it was best explained on my first day of CA1 where if you're on time, you're late, and if you're early, you're on time. And I think the earlier you can get involved in the earlier that you start realizing that these things do matter and that taking your career into your hands, it makes a big difference. And it's all about patient safety and doing the right thing for your patients. So if we're advocating for ourselves we're advocating for our patients. And so there's no point at which a med student or resident, a fellow, an attending, there's no right time. There's just your career. And you have to be willing to put in the work to defend that for the sake of your patients. And I really do think that I was blessed to have someone so involved in the essay at Tulane with me, Dr. DeLanzac. But I think that with everything that's going on, especially with everything coming to light, with the way COVID kind of did show how health care administration and politics govern what we do on a day-to-day basis, I think that it's really important that we have a seat at the table when it comes to the decisions that are made for us, which then trickle down to our patients.

DR. MILLS:

You can never be too early. You can only be too late by saying, I'm going to do it later. I'll just share a brief story. I mentioned that I got to work with a medical student association as a medical student in Florida, and I went to the state legislator and I was sitting with a legislator advocating on behalf of increasing GME spots in our state. And I was explaining to him that Florida had increased the number of medical student spots by increasing the number of medical schools, but we hadn't increased the number of residency spots. That we were essentially paying for doctors to go to someone else's state and be trained there. And it blew his mind that we had really patted ourselves on the back in Florida, that we built all these medical schools, but yet we were exporting doctors to go to residency elsewhere. And data shows that where you do your training, you're much more likely to stay in practice. And that showed to me that even as a medical student, a lowly medical student, that I was really helping craft policy in my state. And I was really fulfilling an educational role by helping my legislators see the policy and how it really affected them. So even as a medical student, I was making change and then as the resident scholar here for March, when I would sit with policymakers here in Washington and talk about how my role in the operating room was different than other roles that was eye opening for them. So there really isn't a time where we need to wait. Oh, well, I need to wait till I'm in attending. I need to wait till I'm a senior partner. I need to wait till I'm fill in the blank. Then it'll be an appropriate time to get out and advocate. It's completely inaccurate and it really misses opportunity.

DR. PHILLIPS:

And I feel like your story really highlights that there are different pieces of policy that affect all of us, no matter where we are in our careers. So with your example, with increasing the number of GME spots, that really affects the current medical students who are in-state Florida residents that are interested in staying. And the state's hope is that those medical students will practice in Florida. And I think there are little pieces of even current legislation that affect all of us in slightly different ways. For example, the Ready Act is somewhat geared toward either current residents or recent grads who are most set up to have their loans deferred and have those deferred loans not accrue interest. That is not going to be as relevant to an attending who's been practicing for 25 years, and the medical students also have vested interest in that topic. So just to reiterate, you guys, I don't think it's ever too early or too late to get involved.

DR. MILLS:

Connect it with your passion. What gets you up in the morning? What gets you fired up? What gets you on your soapbox? And then just share that passion with people who have position of decision making.

DR. PEREZ:

I think your lived experiences is what drives you, and if you're current living an experience, you're more likely to understand that experience better than someone who later on is trying to advocate for you. For in that example, as a medical student, you were probably concerned about residency spots. As a faculty member, I am no longer worried about residency spot. So the fact that you're living in experience, we need to hear that voice and we need to elevate that voice of the medical student because what's affecting that med student is our future and we need to curate that and mentor that.

And that's the other thing, mentorship. I think that if you're a med student, if you're a resident, a faculty member, and you're interested in getting involved and you don't know how, it's very easy. Just send an email to the people who are doing it and say, I would like to be involved. I'm waiting. Currently as a Legislative Affairs Committee chair of the California ... of Anesthesiologist for who's are the residents that want to be involved. And as soon as they tell me they want to be involved, I'm calling them. I'm connecting them with legislators, putting them in our committees. I work with Lydiesther Martinez to create the first Justice, Equity, Diversity and Inclusion Committee for the state of California, and that was resident driven, and that's because the residents wanted it. And so then I can help mentor those individuals. So even if you don't know how to get involved, but you want to just speak up and we're waiting to hear.

DR. MILLS:

That's awesome. Dr. Perez, I'm so excited to hear you say that. I've got some friends in California. I'm going to put you in touch with Justin. Justin, when I'm talking to you.

DR. PEREZ:

I already know him.

DR. MILLS:

You already know him. I figured you would.

DR. MARTINEZ:

I guess we were talking earlier about having lived those experiences and how that shapes our careers and what we advocate for. So yeah, similarly, seeing my parents go through the health care system undocumented and not having a lot of health care access growing up, I was the interpreter for them. I wanted to see them get equitable care and so that's definitely been translated into my career. So before medical school, I had the opportunity to work at the Centers for Disease Control Prevention Department, and so I had the opportunity to work on immunization education information. How do we translate all those documents into Spanish that patients are reading that they could better translate for themselves? And so seeing the disparities now that came with COVID and how, you know, what were the reasons for vaccine hesitancy in those communities? And it just, I saw the impact right away of how a lot of those pieces of material were used thereafter. And so now being on the other end, on the physician end and just seeing again, you know, we see the data shows that a lot of people that come from underserved communities who go on to medical schools and have stayed in those communities to further serve them. So similarly in residency, helping to create pipeline programs for medical students and pre-med and undergrads. I've been able to work with my faculty to hopefully establish more substantialized programs that will work with those students to give them shadowing opportunities in the operating room or give them research opportunities in the labs of our faculty. And then seeing that come into practice, it makes you see the larger scale picture that you had for yourself in the beginning. You know, I wanted to see more communities who look like me serving communities who look like me and being able to achieve that as a resident now, my hope is that as a faculty member later on, I'm able to have more of an impact.

DR. MILLS:

I love the passion with which you speak. It comes right from your heart. And I think even folks on the other end of this podcast are going to be able to feel that.

I wanted to at least have you guys touch a little bit about where you see your role in advocacy going. Do you see public office in your future? Are you going to stay in academics and you feel like mentoring for their residents is where you want to be? Do you feel like being on the policy side and really digging through the details of some of these issues is exciting to you? Advocacy can take so many different forms, right?

So I like the idea of fostering passions in other up and coming learners. But I also really love talking with office holders who know a little bit about a lot of things, and we've talked about that a little bit. You know, these folks that we put in elective office are expected to be experts on everything from education to how you build roads to how you put together a world class health system. And without folks like us to help them make those good decisions, we can't expect them to know those things. So I really like that

opportunity to bring those legislators and elected leaders along because I truly believe that they are trying to do good for us and we need to help them do good for us.

So what gets you excited about your role and advocacy? Carolyn, do you want to start with this?

DR. PHILLIPS:

I think until you really dive into the policies, you don't, one, realize how complicated they are and, two, realize how they really have the potential to change the way we practice. And we're the ones actually practicing medicine. So how do we expect these lawmakers who have a variety of different backgrounds, but the vast majority of them are not physicians, how do we expect them to realize how their decisions are going to impact us? And it's our job to educate them. So for me personally, I'm planning on joining a private practice in Birmingham, Alabama, but I feel like it's all of our responsibility to keep our lawmakers educated about how the decisions they're making are going to affect health care as a whole because it will affect all of their constituents. And it's just very complicated. And we all have to work together to make sure everyone realizes the repercussions of these decisions.

DR. VYAS:

Building off that, what you were saying, I think that's probably the part of advocacy that I enjoy the most, is talking to people who don't really necessarily get exactly what they're bringing about into the world and kind of giving them that perspective. And that's something that I think that I was a little bit anxious about starting off in terms of I didn't really think that I knew more about certain topics than the lawmakers offices in health care policy, but it ended up being pretty eye opening when I would talk to them and be able to tell them why this is a good thing, a bad thing, a negligible thing. So it ended up becoming something that I really enjoyed because I think that a lot of times the way these really complex things are worded in a medical setting, it's not something that a layperson really understands, like educating our patients about things that may be going on. And so that to me is a part that I really enjoy. And I think that regardless of where I end up, I have no idea where I'm going to be three or four years from now. But I think that what I do know is that it comes down to state society and it comes down to the national society and it comes down to doing things like this, coming out to D.C. for a few days, coming out to the main conference in October, and making sure that we're getting our names out there and getting our voices heard.

DR. MILLS:

Dr. Perez, you've mentioned a little bit about your work with the California Society. Maybe you'd be kind enough to share with us your work with the California Society and how that's impacted your practice and the role that the State Society has had in your advocacy.

DR. PEREZ:

I think that as a med student, I used to say, I wish things were like and then you answered the blank of what you wish things were like. As a resident, I became more involved in my state society joining the committee. And so then instead of saying, I wish, then I just would write an email to the committee chair and say we should have a resolution that drives this topic forward. And now as a chair, I say, Hey guys, you need to write a resolution so we can move this forward. So you can see the evolution of something where you used to be able to imagine or believe that something could happen and you move it towards how can we actually change policy? How can it be converted into actionable items? And what I tell people now is that just put it on paper or an email and send it my way, and then we can start discussing about how you can actually implement that vision. And it no longer has to be just a thought or an idea. We can actually create change through our society. And by being involved you can understand the processes that are in place, whether that's in your state component or at the national level, so that you can start creating the change that you want to see.

DR. MILLS:

I really like how you incorporated your role as a mentor in that conversation as well, because I think a lot of maybe learners or those new to advocacy would hear you say, Well, let's write a resolution and be somewhat intimidated by that. I don't know how to revise a resolution. But yet there are people like you that have been involved. You don't need to know how to write resolutions. You just need to have a good idea and be passionate about what you're talking about. And those who have done this before will help you with the how to get it done part. And I think that's both reassuring and an important message to convey that it doesn't take expertise in legislative quorum and all the ins and outs of how that works, but that there are people that do and can help you out.

DR. PEREZ:

Yeah. And we're looking for ideas every year. So every year we're just waiting for the next idea. We're looking to nurture that next resident who wants to be a leader. Right. And we're just waiting and checking our emails, so send them my way.

DR. MILLS:

That's awesome. I wanted to ask a little bit about how maybe some of the softer skills that you've learned through your advocacy efforts and either how that makes you a better physician or how that's changed your role in medicine.

When we were going through medical school, one of the things that they taught us was you can't speak doctor to people who aren't doctors. So if you speak doctor to patients, they're going to look at you like you have two heads, right? So I think some of those skills have conveyed nicely to working with policymakers who aren't physicians and not in a condescending way, but just to make sure that everyone is speaking a language that is common and understandable so that we're all objectively focused.

So what are some of the things that you've learned through your advocacy that have conveyed into your medical world or maybe the opposite?

DR. VYAS:

So one of the bigger things that I think I've learned is that physicians really don't know what's going on around them and what's happening to them. And I think that as soon as you kind of spark that interest in them, they really do want to try and get involved, at least in the things that they care about, in terms of the things that they know. And I think that it's really easy to get more people involved. I think that we just maybe sometimes think, oh, this is kind of beyond my scope. Oh, this is kind of a little bit beyond me. And I get that. But I think that it takes just a little bit of interest really, to really come into your own and be able to do something like this. It's not the hardest thing in the world. And I think that me talking to my coresidents and me talking to my attendings who may not have been initially passionate about certain things, I've found that just talking to them a little bit more and really making sure they get the gist of it is really allowed them to care more about what's going on around them. And I think that that's really important, too, is we talk about educating our legislators, we talk about educating our patients, but also our colleagues. And that can also change how they practice, change how they view things. And overall, like I said, it just comes down to the patient. And the more patients who are being taken care of in a good way, the better.

DR. MILLS:

Just one interaction with someone who's passionate about X issue can really motivate someone who is either prior apathetic or on the fence and say, You know what? I really do agree with that. How can I use my skills and passions to be a little bit more involved? And I think that really can be motivating for us because so often some of the issues that

we face are framed in somewhat of an adversarial construct. And for me, almost none of what we are advocating for is we win, you lose. It really is, how do we do the best job for the people we're taking care of, for our patients, for our communities, for our neighbors? Because the people that we care for in the operating room and in our clinics, they are our neighbors and they are our communities. And so that's why we do this job, is to take care of them the best that we can. When the conversation is structured in that way, you can diffuse some of that consternation and maybe mistrust that the adversarial kind of conversation can be that it really isn't adversarial at all.

DR. PHILLIPS:

And as residents, I feel like we're really shielded from a lot of the payment structure type conversations. At least my residency does a really good job of just putting education first. And, you know, as a resident, I'm here to learn how to take care of people safely. But one thing that my curriculum in health care, quality and safety really taught me was that all these conversations we are having about reimbursements and funding, they're not because we want more money for ourselves. They're because this money is integral to the health care system as we know it. And when you start talking about drastically changing the reimbursement structures, you're really going to compromise anesthetic care as we know it and not just anesthetic care, but also the perioperative experience. So having surgery, what kind of outcomes people are having with that surgery. And there are other actions that we can take outside of policy to try to make perioperative care more efficient and safer. But all of these things are very interconnected and we really want to preserve payment structure because we want our patients to have safe outcomes. And I think a lot of people don't realize that changing the reimbursement structure will change a lot of the way health care is delivered. And we're not talking about people's salaries. We're talking about the type of experience you have going to the hospital for something.

DR. MILLS:

That is part of our role is helping those in a decision-making role understand how our decisions truly will impact patients.

And then I thought maybe as we rounded out our chat today, I was hoping that each of you could provide a very specific piece of advice for a medical student or a resident who's just thinking about how to get involved. What can I do?

And maybe I'll start and just use a tidbit from my own start as a medical student is to reach out to a group that's active in either your medical school or your residency and go to a meeting in the next three months. Just set a date, set a specific goal, make it a

timeline specific, and just show up and meet three people. And I think that will be a seed where once you meet three people, you find out what that group is passionate about, then it's a snowball and you'll go to the next meeting, you'll meet a couple more people, you'll get involved with a trip to the legislators or whatever comes next in that group. It really is about just showing up. It doesn't have to be hard.

DR. VYAS:

Building off that, I think that in medical school and residency, we're always learning a lot. We're always reading a lot, we're always doing a lot. This is probably the easiest thing I do. On a day-to-day basis, I think the things I do for advocacy are probably some of the most impactful and some of the easiest. And so I think that if this seems overwhelming, which it can do from especially from the outside, when you haven't had a place to anchor yourself into this yet, I think it's really easy to think this is going to be really difficult, but I promise you it's not.

DR. MARTINEZ:

I think we were talking about soft skills earlier. When students shy away from, you know, the thinking about going up to policymakers and talking about topics that they're very passionate about. I just think of myself when I'm in the operating room with my patients or, you know, where we're screening them before their surgery, how easy it is for myself, how comfortable I feel just talking to a patient one on one, on what the surgery or the implications of the surgery will be on their health and how I'll be able to take care of them. And so thinking about that on the policymakers viewpoint, you know, they have family members as well that have gone through surgery or they maybe they have gone through surgery themselves. Through this COVID pandemic, we saw many people going to the hospitals now, being able to bring a family member along to be by their side during crucial times, or have family members who were intubated with a breathing tube and have people in PPE could enable them see their masks telling them it was time to intubate them. It's a very terrifying thing to deal with. And so making those stories come to life for them and just seeing how impactful they were, I think at the end I've realized that when you make our stories come to life, it really shows how impactful they could be. And we're just talking about stories about one-on-one patient interactions. But we may be doing five surgeries a day. We're impacting five patients. But when you bring those stories to the forefront, to policymakers, they recognize it at a national level because we're highlighting different communities that are impacted not only just their families, but the districts that they oversee and they try to help improve the lives of.

DR. PHILLIPS:

So I would just encourage everyone to do the ASA advocacy modules. It's just a really easy place to start if you don't know how to get involved in what are the hot topics these days, and just by educating yourself and trying to stay up to speed on really what's going on currently, that's a great jumping off point for how to get involved. But the modules are very high yield. They don't take very long and it's something that all residents should familiarize themselves.

DR. MILLS:

Yeah, use the resources at your disposal. Yeah, it's there. You just have to click, click, click.

DR. PEREZ:

One of the resources that you do have is your faculty who are currently involved. I think I've been seeing it throughout this session and I just want to emphasize that you didn't learn how to do an IV on your own. You didn't learn how to intubate on your own. And now that seems much easier. The same way that advocacy, we're here to help you learn how to advocate, how to send an email, how to talk to legislators. A great place to meet people is the ASA legislative conference. Everybody here is very interested in getting you involved. All you have to say is, I'm a resident. I want to learn. And people be like, okay, here are some things you can do, and then you can decide which one of those you want to participate in.

DR. MILLS:

I wanted to offer everybody maybe one more round of either something else you wanted to mention, a story to tell, a thank you, or whatever you wanted to put out there into the atmosphere and into the world.

I wanted to thank my own mentors at UNC, Dr. David Maier. I definitely wouldn't be doing any of this if it wasn't for you. So thank you so much. I look forward to working with you. Even as a nonresident. But thank you to my own mentors and to Mandy and Nora who were amazing and I was their resident scholar and the rest of the ASA DC staff. Thank you for letting me host this amazing podcast and for helping facilitate getting these really smart, educated, insightful voices out there. So I will thank you very much and offer the mic to whoever might want it.

DR. PHILLIPS:

I also want to reiterate thank you to the ASA DC office. I've only been here a week so far working with them, but I had no idea the extent of the efforts that they're always advocating for the specialty of anesthesiologists. It's kind of crazy to me that people who are not physicians are this willing to basically dedicate their whole career to advocating for us. And it's humbling to get to peer into what their world is like.

DR. VYAS:

I'd like to thank Dr. DeLanzac at Tulane, because without him, I don't think I would have gotten involved in this. And he's so passionate about what he does and he manages to let that passion overflow into all of us. And I guess eventually I'll be doing the resident scholar thing here in DC as well. And so a future thanks to everyone at the DC office as well.

DR. MILLS:

Look out. Here comes Dev. Yes, it's going to be awesome. You're going to love it. It really is a lifetime exciting opportunity. That's great. I'm jealous that you have four more weeks and I don't get any.

DR. VYAS:

Yeah, that's true.

DR. MARTINEZ:

Recognizing my mentors, my program director is Dr. Turner, Dr. Buckley and Dr. Kennison, who I've always been very encouraging of my advocacy goals and efforts within the medical school and residency. And also actually, fun fact, I met Dr. Felipe Perez here during a resident meeting group when I was a medical student. He was a resident and just seeing how much impact and change he has done throughout his course, like we were saying earlier as a medical student, as the resident, you definitely have an impact. And so once you find that one mentor that's going to continue pushing you and challenging you, it opens so many doors and I encourage everybody to seek out anybody know, even if you don't have somebody in your school, this is why we're here for you. We're here. You guys have our emails? Probably so let us know. I'm more than happy to get you all connected.

DR. MILLS:

Agree. Agree.

DR. PEREZ:

Yeah. No, thank you for having me. It's been a pleasure to share my thoughts. And you know, we stand on the shoulders of others and that's what we're here for, to do to help support anyone who's interested. And we need desperately need everybody to get involved because we really need medicine to change. So it's time. The time is now.

DR. MILLS:

Oh, I can't think of a better way to to conclude our session. So thanks for joining us. For Residents in a Room at the legislative conference, we appreciate the listening. If you enjoyed this episode, remember to follow, share and give us a review and join us again next month for the next residence in a room asus's official podcasts for Residents by residents.

(SOUNDBITE OF MUSIC)

VOICE OVER:

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