

Interview with John Weeks, the Extraordinary Integrative Health and Medicine Organizer, Chronicler, and Sometimes Executive at His “Re-tirement” After 37 Years in the Field

Interview by Joseph Pizzorno, ND, Editor-in-Chief

Introduction

In the early fall of 1983, when I was in my 5th year as the founding president of what is now Bastyr University—then named the John Bastyr College of Naturopathic Medicine—our small team had come up with \$4000 to hire a development person. We could dedicate \$1000/month for 4 months. We had previously hired 3 others who had failed to even raise what we spent on them. One person we considered, together with an impressive graduate of Princeton with serious success raising grants support for a project there, was a somewhat rough-looking, 32-year-old bearded fellow. Despite some education at Stanford University, and a good deal of local experience in journalism, as a legislative aide, and in politics, he was at that time making his living driving a taxi. His interview in front of our team was how I first met John Weeks.

John, who had done some fundraising for political causes, hadn't any strictly “development” experience. Not surprisingly, in retrospect, John presented us with an out-of-the-box idea. John proposed an approach to raising money for our fledgling and basically unknown institution, in a re-emerging field that was still mostly derided by conventional medicine and the media, was to promote our school as a political cause to advance natural medicine. Our executive team of academics had a tough decision. We went for the Princeton graduate. Thankfully, she turned us down.

Over the next few years, John's contributions to advancing the institution and the integration of natural medicine into the healthcare system were monumental. He raised money from sources across the U.S. He played key roles in putting the institution and field on the national map. And he played a pivotal role in our political action to ensure BU the opportunity to achieve accreditation when anti-natural medicine forces unjustly changed the rules to exclude us. Our political objective was to become the first educational institution in the United States where an aspiring doctor could have US Department of Education-recognized education in such fields as therapeutic nutrition, botanical medicine, mind-body medicine to become a licensed naturopathic physician.

For most in this field, this is ancient and unknown history. Over the past 25-years, most know John as a lead organizer for many of the field's most significant interprofessional and collaborative efforts. He directed the 2005 National Education Dialogue to Advance Integrated Care, served on the founding board of the Academy of Integrative Health and Medicine, advised the leadership in the early years of Integrative Medicine for the Underserved, and more. Since 2012, he's had a chance to work globally, advising the WHO, the Pan-American Health Organization, and the government of India on integrative strategies. He even had a recent stint of 5 years as Editor-in-Chief of a [peer-review journal](#), during which the impact factor grew by 58%. Through it all, he has been the integrative health and medicine's chief chronicler, starting with the Townsend Letter in 1995, then the organizing tool that his Integrator Blog has been, and including via a column for over 12 years here at *IMCJ*. The field has honored him with 4 honorary doctorates, a [Lifetime Achievement Living Tribute Award](#) from 3 consortia, and multiple other awards. Nearly a score of organizations and institutions have invited him to present in plenary sessions

I have always said John was one of my best hires. After he announced what he called his “retirement” (“finding new wheels for the next stage of my life”) last fall, I invited him to this interview. His website blog site is at johnweeks-integrator.com and much of the Integrator archive is available through theintegratorblog.com. I thought it would be good to get something of John's remarkable life work into PubMed. – Joseph Pizzorno, ND, Editor-in-Chief

Integrative Medicine: A Clinician's Journal (IMCJ): It has been quite a journey since you came through those doors of the former McDonald Elementary School in 1983 where we were renting space for what was then the John Bastyr College of Naturopathic Medicine. Any general reflections?

Mr. Weeks: I'm a little schizophrenic about it all. My interest was always in the shift in values we needed-

changing the medical industry toward a health focused way of doing things. When we look at the kind of care that most people are receiving when we interact with hospitals and other mainstream delivery organizations today, and at what insurance companies are paying for and still denying, and how they are prioritizing things, all our work all those years could look like a massive failure event. Then when I remember where we were in the mid-1980s, when every article written by journalist trying to be “objective” had to quote someone saying we were quacks and frauds—it’s simply amazing where we are now. The “Whole Health” program at the Veteran’s Administration run by our integrative medical colleagues; the integrative oncology project led by your Bastyr graduate Heather Greenlee, ND, PhD, and endorsed by ASCO; the National Academy of Medicine promoting non-pharmacologic pain strategies; 35 state attorney generals urging insurers to cover acupuncturists, massage therapists, and mind/body workers; and a colleague of ours from back in the day, Rick Marinelli, ND, MAOM, having played an important role with a key National Academy of Medicine on its 2011 Pain Blueprint that leveraged that shift. Beyond our dreams, really! Both views are true, and real. It would be nice to not still be surrounded by a medical industry that is 30%-50% waste and is known to be associated with 250 000 unnecessary deaths a year. It needn’t be that way. Now we at least have multiple perches from which to make change.

IMCJ: You mention the shift in values that interested you. Say more about that.

Mr. Weeks: Before coming to work with you at Bastyr, I had been involved in change work as a journalist, as organizer, as a legislative aide – environmental, economic justice, renewable energy. I was one of 150 arrested at an anti-nuke event in which I participated for concern about the ongoing human failures to contain the waste. That sort of thing. Basically, I was a child of the 1960s. The mainstream called us “counterculture.” But we were really doing was *affirming* ideas about new ways of doing things. Reconnecting with nature, and natural processes. Rachel Carson. Environmentalism and sustainability. Reflecting male and female principles, the reductive and the intuitive. Holism and whole person thinking. Reading *Zen Flesh Zen Bones*.

One of the first things you had me do when I was trying to understand what “naturopathic medicine” was—there wasn’t much written and I had no past experience with your profession or alternative medicine—was to read Fritjof Capra’s *The Turning Point*. I saw and learned from your and your team the alignment with what I both seeing in the culture and had been engaged with the values of my social gospel protestant natal family and the activism of my parents. These were part of a general opening to contributions from other cultures that we see in our work to integrate contributions from the global medical

traditions. I saw the naturopathic medical profession and the integrative movement since as tools for change creation, for planting these values in the world. The “best medicine in the world” was – and sadly often remains-- male centric, authoritarian, abusive, reductive, specialist centric, anti-primary care, anti-public health, and discounting of determinants of health. We needed and need to affirm new values!

IMCJ: In the last decade or so, many organization and conferences have invited you to provide keynotes or classroom webinars on the history of the integrative movement. You’ve been chronicling it as a journalist for, what, a quarter century now. I remember when your “Charting the Mainstream” column began in the Townsend Letter for Doctors. Then there was your hardcopy newsletter in the late 1990s, the *Integrator for the Business of Alternative Medicine*. And now something like 260 issues of your bi-monthly Integrator. Give readers a brief look at the way you see our history – in the 5 eras you talk about.

Mr. Weeks: It’s been a history discovered along the way. Over the past 50 years, I see the change as five “eras”. The first begins with the 1960s, that amniotic stew of all these new ideas that urged a new medicine that reflected them. The second phase came when groups of professionals involved with these ideas realized that to move them in the culture, we needed to create organizations and institutions. In the late 1970s and dearly 1980s, there was a sudden proliferation of such organizations: holistic MDs, holistic nurses, wellness, patient-centered care, Chinese medicine, natural foods, healthful living or simply urging more mindful practices in medical education. This era 2 was one of action in silos. You and I were doing this for naturopathy in the 1980s. Others were at it for other fields. Creating standards. Getting our houses in order. We didn’t really know that other groups were doing it. We were all just nose down, doing a lot of heavy lifting in our own field

The third era began with the publication in 1993 of the study by David Eisenberg, MD and others out of Harvard that over a third of adults were using some “unconventional medicine” and were spending some \$13.7-billion, mostly out-of-pocket. This was a magnet: insurers, hospitals, employers, media—everybody started to do something to access the people and their cash. Yet they were typically doing this without their medical directors actually respecting that these practices and practitioners might have real value in enhancing health care. It was an era of “non-integrated integration.” Stand alone “CAM” clinics. Insurance “carve-out” products. Throw the complementary medicine users a bone, but don’t really invite them into the inner sanctum where real decisions are made.

As we saw reluctant inclusion—which was a huge step forward, though still very limited—many of us realized that there was a chance to really make a difference, now. But

first we needed to get big—to register more impact. The way to do this was to work with the other different fields promoting these new whole person, natural health values and practices. Thus, we began era 4, the era out of interprofessional collaboration. We saw the formation of consortia of integrative health educators; of the Integrative Health Policy Consortium with now some 25 organizations from multiple professions for political action; of Academic Health Centers for Integrative Medicine, now 75 strong in their Consortium. There was even one of philanthropists.

We made a lot of head way in multiple ways from 2000-2010 when the 5th era, the one we are in now, really began. We began to see new values and payment structures in mainstream medicine with the movement from volume to value, the Triple Aim, Quadruple Aim, some language supporting in the Affordable Care Act. These values had a great deal of alignment with our in integrative medicine and health. This 5th era is the era of convergence. This is the time when we see the integrative oncology guidelines I mentioned earlier. We see the Joint Commission that accredits hospitals and other agencies elevating non-pharmacologic approaches in pain strategies. It's the time of the truly astonishing work led by Tracy Gaudet, MD, Ben Kligler, MD, MPH, and others at the Veteran's administration to develop the amazing Whole Health program. Here's how real convergence powers up. The VA's Whole Health Program - that embraces an integrative medicine philosophy and practice - was started in 18 of its medical centers in 2016. As a "learning organization," the VA empowered a team of researchers to examine the model up one side and down the other. They report out on this model, that includes in Integrative Health Coordinating Center with growing numbers of employed East Asian medicine practitioners, chiropractors, massage therapists, health coaches, deliverers of yoga, Tai chi. They have an ND-acupuncturist in a leadership role in Texas, and others elsewhere delivering other mind-body methods. The findings are positive—and now the Whole Health program is boosted up into 55 separate Veterans medical centers across the country. Actual integration—a convergence of our integrative reform movement that began outside of mainstream medicine and the "values-based medicine" reform movement that Don Berwick, MD has led from inside medicine to seek to create health from what has been a medical industry. For Game of Thrones fans, this is the House of Integrative Health and the House of Values-Based Medicine forming an alliance to take power from the House of the Volume-based Medical Industry. That's our happy future for US healthcare—the more we can foster it.

IMCJ: You pretty much worked with the naturopathic profession in 1993—before your non-integrated integration era—as you moved out into your broader integrative medicine work that was beginning to open. I am curious what you think about the ND's contributions since.

Mr. Weeks: First, while I left the direct work, everything done since has been informed by that first Marine Corp like push of our work back then, Joe. Besides, I got a spouse out of it, Jeana Kimball, ND, MPH, whose clinical experience, and experience in the insurance and mainstream academic world have been core to my ability to understand, organize, and report. My work in the last 25 years had been shaped by the naturopathic profession's efforts to develop what I believe was the first true "integrative doctor" curriculum and practice. We were not about adding a few Christmas ornaments to biomedicine's tree. Ours was a different way of doing medicine, an effort to establish and education that would foster a new therapeutic concept in clinical practice. As our mutual colleague Pamela Snider, ND and I are fond of saying via our work in policy, we also viewed the mission as creating "new therapeutic order for the nation." It's an abiding, radical goal – toward which, in retrospect, I think some of the strategies I have promoted were not radical enough.

But to your question: the naturopathic curriculum was studied by medical doctors in developing the fellowship in integrative medicine at the University of Arizona. One of Bastyr's grads, Lise Alschuler, ND, is the Associate Dean for that Fellowship now. You and Dan Lukaczer, ND, and your Bastyr co-founder Sheila Quinn and a stream of other educators have been incredibly significant influences on the whole field of Functional Medicine. Pamela Snider and I were on the ground with the founding board at the Academy of Integrative Health and Medicine, and Tabby Parker, ND, is now AIHM's executive director.

Leaders of the early naturopathic renaissance in the 1980s have also been key leaders in the interprofessional efforts to stimulate collaboration across the fields, to power-up what we can accomplish while also fostering more mutual respect. As you well know, relationships between chiropractors and naturopaths and acupuncturists and massage therapist were not always the most collaborative at the state level. Snider and Quinn and I were among the developers of the Integrative Health Policy Consortium in 2002 via the National Policy Dialogue to Advance Integrated Health Care: *Finding Common Ground*, integrative health's leading federal lobbying body. Pamela was my partner in creating the National Education Dialogue to Advance Integrated Care: *Creating Common Ground* in 2005 and I partnered with her in the Academic Collaborative for Integrative Health that grew out of it, and that I later directed. Your *Textbook of Natural Medicine* has been extremely influential in linking the science to the therapies, and birthing a whole type of natural health text. I already mention the integrative oncology guideline leadership of Heather Greenlee, ND, PhD, who has partnered in that work with Suzy Zick, ND, MPH. Each are influential past-presidents of the Society for Integrative Oncology. Zick got a federal grant to develop and run a multi-year Integrative Oncology Scholars

program, one of a kind, at her base at the University of Michigan. Carlo Calabrese, ND, MPH, and those he mentored in the research world have been leading voices to push the National Center for Complementary and Integrative Health toward whole person and whole systems research—where happily, with Helene Langevin, MD, there now, we are finally seeing some activity. This is just some. All in all, powerful contributions at many levels. And this for a profession of what, some 7000 in North America?

IMCJ: You say that some of the strategies on which you were working “were not radical enough.” What are you referring to?

Mr. Weeks: Well, we modelled our accreditation effort at Bastyr on what we saw in mainstream medical institutions—with their prioritization of research, education and clinical, in that order. We figured that following their model would ease their acceptance. We’d have been truer to ourselves if we’d put clinical care first, developed the education to support that, and asked the research questions that these begged. It’s 20-20 hindsight, and yet there is something to it. Cathy Rogers, ND, our academic dean back then, was the first who made this point to me. A second was in raising money at Bastyr. With nowhere else we could imagine to turn for funds—we were unknown, not recognized for grants by government agencies and foundations, and had almost no graduates or grateful patients. So I and we stole a page from conventional medicine and went after pharma – the natural pharma industry, in our case. They did a lot for us. Were instrumental in making the piece of the accreditation puzzle. Still, I think it elevated vitamins and herbs over food itself, over diets, and lifestyle, and some of the more challenging, human issues, related to addressing behavioral and social determinants. A third was my bridge to the mainstream work in the insurance arena, as an integrator in developing knowledge about and helping build networks of naturopaths, acupuncturists and massage therapists for insurers. How smart was it to jump into that broken payment system? It has as its basic unit, for no justifiable, clinical reason, a decision to pay a clinician more per minute for a short visit than for a longer one. There is no clinical evidence that this is better for human health. Yet we went about essentially bastardizing our whole person values though that was an awful misfit. The short visit primary care model is made for pharma. That’s all a doctor has time for. This context fosters reductive, limited thinking and elimination of the uniqueness of each patient from the equation. Creating health is more complicated than that and takes more time. We weren’t radical enough.

Pizzorno: I am not sure I agree with *all* of this – and I can see your points. We do represent a different paradigm of care and the intersection of two paradigms is definitely challenging. At the time, was quite clear to me that we had

to establish a credible scientific foundation or nothing else we did would be taken seriously. What do you think we could do differently going forward?

Mr. Weeks: When I was directing what is now the Academic Collaborative for Integrative Health—from 2007-2015—we took some serious stabs at some of this. Let me set the stage. The Collaborative’s core members were the councils of colleges for chiropractic, East Asian medicine, naturopathic medicine, massage, and direct entry midwifery. The Yoga therapists and Ayurvedic doctors, though not licensed, were also involved, also the certified homeopaths. We also had multiple partnerships with the now 75 medical school member Academic Consortium for Integrative Medicine and Health. So, we had a good and potentially powerful base, that still exists, to create and fulfill on the strategies we collaboratively set.

Our job was to identify core projects on which we could all agree, across these fields. One was to clarify competencies for optimal practice in integrative environments, and to train people to them. We knew that our historic education was not preparing any NDs, DCs, acupuncturists and others for working in these interprofessional teams, nor for the foreign practice environments of hospitals and other mainstream delivery environments. So new competencies were needed.

We also knew that to represent our shared values, we needed to up-educate our people to not merely represent their own guilds, their own professions, but to function as interprofessional agents and represent the entire set of values and new ways of doing things that we jointly wanted as part of the integrative movement. We made a start at developing what we called an Ambassadors program. The goal was to train professionals and administrators in our fields so they could say, hey, I represent a project endorsed by professions that together represent 400,000 licensed practitioners. We are part of the work force. Time to include us. We’d had some success at the National Academy of Medicine, in two initiatives, and a workforce conference of the Association of American Medical Colleges. Maybe it could be representation in the creation of federal nutrition guidelines, at the Bureau of Primary Healthcare to finally be considered part of the workforce, or perhaps in a federal agency working on a prevention strategy, inserting ourselves in the national pain dialogue, or others of the many projects at the National Academy of medicine. To us, the value of having skilled integrative health Ambassadors in scores of dialogues and policy setting was obvious.

We also knew we needed to have white papers, data, elevator speeches, and other resources at hand to support the Ambassadors, and any related work at state and national levels. If we didn’t help shape the dialogue and landscape, we would definitely end up just grafted on to the dominant system. We set up a website called the Center for Optimal Integration, to define and foster our

own whole person methods, in clinical care, in research and in education. How would we seek to reform payment? Create teams? Model whole systems research? The work was visionary, and exciting.

IMCJ: And—so, what did you accomplish?

Mr. Weeks: Well, Joe, part of what happened was—to look back to your start at Bastyr—was what happened to you and us at Bastyr when the minute you started the college to advance the profession you knew that any self-respecting field of medicine needed a professional journal. You started it, but “forgot” things you and I know very well from our work with journals that the field was lacking: well-trained researchers, funders, reviewers, a steady body of quality submissions, and basically the whole infrastructure. At the Collaborative, we were similarly way ahead of ourselves and our time with the Center for Optimal Integration and related projects. We were definitely not able to find the funders to step in and go big with us.

We did create some good legacy. We declared for and identified key Competencies for Optimal Practice in Integrated Environments. The Collaborative continues to publish a great interprofessional *Clinicians and Educators Desk Reference on the Integrative Health Professions*. I think we created, via the Project for Integrative Health and the Triple Aim, the best resource site out there for information on potential cost benefits from non-pharma and integrative strategies. My colleague Deb Hill, MS, with support from the Josiah Macy Foundation - a grant from that mainstream healthcare education foundation was itself was a historic breakthrough-created the Project to Enhance Research Literacy, a terrific site of resources to support evidence-informed natural health education. All these are freely available. I think we still need the rest of it—like the naturopathic profession needs journal access—if we are to fulfill on the work of being essential agents in shifting the medical industry to a system that focuses on health creation. These projects, or something like them, are unfinished business.

IMCJ: Your role has been interesting in part because you are not a clinician—nor a trained researcher. Who have been the people who have been your main influences?

Weeks: I am very glad you asked me this because, with those deficits, I needed always to be in partnership. That first decade with the naturopathic doctors was huge. I've mentioned a bunch already—you, Pamela Snider, ND, on multiple projects; Carlo Calabrese, ND, MPH, and later Ryan Bradley, ND, MPH, for whole systems and health services research; Cathy Rogers always kept me grounded in nature cure; the unfortunately deceased Rick Marinelli, ND, MAOM, who we placed in the pain dialogue that gave us the influential Pain Blueprint in 2011 at the National

Academy of Medicine; then of course my spouse whose ideas and experience is deeply infused into what I have learned and been able to impart.

When I moved into the integrative arena as it opened, Wayne Jonas, MD, lifted me into a national role in 1996 when he was willing to contract with a college dropout for a paper on insurance issues when Wayne was running the NIH Office of Alternative Medicine. It kind of launched me. I found myself with a terrific network. He has since included me in multiple projects, including advising the Samueli Institute, that opened more doors since. At one of these I got to meet a personal hero, the fellow who is without a doubt the most enduring force for positive change in the dominant school of medicine since To Err is Human in 1999, Don Berwick, MD. If you want to follow the best in the dominant school, follow Berwick at the Institute for Healthcare Improvement, pushing for value-based medicine, health creation and what he himself calls radical change. We'd had something of an email relationship prior and it was great to meet him directly. Lou Sportelli, DC, a.k.a. “the Godfather” has offered wizened advice for years on the way the dominant school can crush things. He introduced me to futurist Clem Bezold, PhD, who then helped with the Integrative Medicine Industry Leadership Summits, provided me a home when my work took me to D.C., and has brought a wonderful perspective on “preferred futures” to my work. It has been good to have a world renown professional futurist as a friend and colleague the last 20 years.

Dick Layton, MD, a founder of the family medicine/primary care movement, now deceased, was the CMO who entrusted me with leading a major integrative initiative in 45 primary care clinics through Providence Health in the late 1990s. I learned a lot. Former Washington State Insurance Commissioner Deborah Senn and her lead staffer on Washington's Every Category of Provider regulation, massage therapist Lori Bielinski, LMP, entrusted me with a co-leadership of an integration workgroup that involved 5 professions and CMOs from all the state's leading insurers. I used similar, relationship-based strategies. Big learning there. I started calling it “integration as community organizing.” My good buddy Rod Regan, from my direct political days when we were part of a set of hot-shot Seattle activists and journalists in our late 20s, grounded my instincts on community organizing with regular lessons on the fundamentals and later with stories of power politics in Washington state government as his work with the teachers' union brought him into those circles. Dick Lyons, MD, the former Regional Administrator for the US Public Health Service, helped ground me in that area and has continued to be a good friend.

In the interprofessional work, major learning of multiple types came through my close colleague Adi Haramati, PhD at Georgetown. Many big projects. Ben Kligler, MD, MPH, with whom I've tussled like a brother on ideas and strategies for years, and who is now running the

VA whole health program, has been a key partner. His predecessor and former partner at the VA, Tracy Gaudet, MD, and I go back to that 1996 meeting into which Wayne Jonas invited me, that took place at Andy Weil, MD's program at the University of Arizona where she was just beginning as executive director. Tracy's work conceiving, founding, and implementing that VA Whole Health initiative remains a continuing practical example and vision of how to create transformative change. In 2016, as my last piece of work related to the Collaborative, I had the proud pleasure of helping showcase her work relative to the VA at the National Academy of Medicine. Liza Goldblatt, PhD, MPA/HA and I partnered well for many years leading the Collaborative. Mary Jo Kreitzer, RN, PhD, seems to have popped into my life at multiple key times, particularly as I moved into journal work in the last 7 years. She and Michele Mittelman really got me going there.

Medellin, Colombia-raised medical doctor Daniel Gallego-Perez, MD, DrPH (cand.), the chief organizer of the amazing Traditional, Complementary and Integrative Medicine Network of the Americas for the Pan American Health Organization deepened my respect for multiple traditional medical traditions, and the challenges at that level. Korean researcher Myeong Soo Lee, PhD, Indian AYUSH research leader Bhushan Patwardhan, PhD, and Persian medicine researcher at the University of Shiraz, Mehdi Pasalar, MD, PhD, have each opened wonderful doors to collaborations internationally. In the last five years of my work at JACM (the Journal of Alternative and Complementary Medicine) no one has meant more than Vicki Cohn, who had the wild idea of inviting this non-researcher, non-clinician to the position, and Peter Wayne, PhD, who runs the Harvard Osher Center for Integrative Medicine, who has been at my side and leading me the whole time - a "good trouble" sort of guy who I've come to love. I'd be leaving a huge hole if I didn't mention my chief philanthropic partners, Lucy Gonda, literal godsend in the early years when no one else who support the non-MDs, and later Ruth Westreich. It's a pleasure to have a chance to mention these. My work has always been in collaboration with others.

IMCJ: I've been impressed by what you've done with JACM since you've been there. So, you are leaving JACM and ending publication of the *Integrator*. What happens with the *Integrator*? A lot of people have come to rely on it to stay connected to policy and action in the field. It's going to leave a hole.

Mr. Weeks: I am pleased to share that a great group of leaders of multiple organizations in the field are exploring a collaborative model to create and publish an *Integrator 2.0*, or some such. Not sure what may happen yet. The last I heard the word was positive out of their last meeting that they thought they had a workable plan. I have made myself

totally available to them in sharing what I can and brainstorming as they like on their model, but I am not a responsible party! I hope it goes forward - I'd like to have someone else curating all that information, sharing those Quick Links! I'd love to have it as a resource!

IMCJ: You are only in your 70th year. That's young! What's next?

Mr. Weeks: Mainly I am taking a big pause starting January 1 to see what rises from within or comes in from without. A closer look at Jeana and my budget convinced me quickly that holding on to a retainer might be smart. I have said yes to a more limited role as a Contributing Editor for Special Projects and Collaborations at JACM. As I have shared, the work for me never was exactly about "alternative medicine" or "integrative medicine." It was about creating change—moving the world toward a smarter and more sustainable values set. I'm curious to poke my nose into whatever I want to for a while. When one is being something of a working fool, there is a lot in life that is missed. I'll be doing some writing, though I don't know what. I have some thoughts. It will be nice to have time to explore and research, to be writing without so much time pressure. When I'm healthy minded, I'm usually journalizing daily for 30 minutes, so I'm already starting there.

I am excited. Just started reading in a book that my teacher union organizer buddy and his spouse gave me in 2017 for my birthday, of Chilean poet Pablo Neruda's first poems. The collection is called *Twilight*. It came out even before his much more famous *20 Lovesongs and a Song of Despair* that many know. A perfect bridge amidst this feeling of being 19 years old and not sure what I am going to do with my life.

IMCJ: On behalf of the clinicians of health medicine and the patients we serve—thank you for your immense and pivotal contributions to health and healing.