

MAN ON FIRE PRESENTS
**THE COMBUSTION
CHRONICLES**

**EPISODE FIVE
A MORAL OBLIGATION**

HOST: SHAWN NASON
CO-HOST: ROBIN GLASCO
GUEST: DR. KELECHI UWAEZUOKE

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EPISODE FIVE **A Moral Obligation** WITH KELECHI UWAEZUOKE

If you're a black Californian, your doctor probably doesn't look like you. That's because underrepresented minorities make up 40 percent of the state's population but only nine percent of its physicians. Dr. Kelechi Uwaezuoke is laser-focused on closing that gap. As assistant director for Diversity, Inclusion, and Community Partnerships at San Francisco State University, she is disrupting the lack of minority representation in healthcare. In fact, that's why she entered the public health field in the first place 20 years ago. Dive in with us as we explore how Dr. Uwaezuoke is changing the face of healing in the Golden State by changing the lives of minority and disadvantaged medical students.


THEMES & INSIGHTS



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1. You have to recognize and acknowledge a problem before you can address it. When you find the problem, you have a moral obligation to disrupt it.
2. People are dying because of underrepresentation in healthcare. To address this problem, we must create a safe space for people to speak up, even if they don't know what to do next.
3. We need to have difficult conversations and confront the issues we've avoided for the last 50 years in order to address inequities in healthcare.
4. Representation matters, even if it doesn't affect you on a daily basis. We need to have conversations about it and be OK with facing discomfort.

COMBUSTION QUOTES

 "The lack of representation in the physician workforce poses a complex problem for the U.S. healthcare system."

 "I found myself on this wild and crazy journey.... I started thinking more about how we can really address these (issues) not just person to person ... how do we really address community health, multiple people at a time?"

 "Disruption is not a bad word. If you are in a situation that is not up to par with the vision, potential, and possibility, then you have to disrupt. It's a moral obligation to disrupt."

 "It's hard to overcome what you refuse to face."

RESOURCES

[KELECHI'S THESIS](#)

[CENTER FOR RACE & GENDER](#)

[UCSF BIO](#)

Shawn: Welcome to "The Combustion Chronicles" podcast, where bold leaders combined with big ideas to create game-changing disruption. I'm Shawn Nason, founder of Man on Fire, and your host for "The Combustion Chronicles." Throughout this series, we're bringing together the most unique and influential minds we could find to have honest conversations about not being okay with the status quo, blowing shit up, and working together to influence our shared future. We believe that when bold leaders ignite consumer-centric ideas with passion and grit, the result is an explosion that creates a better world for all of us. I'm here with my co-host Robin Glasco, Chief of Transformation Officer at MOFI.

[00:00:45]

Shawn: On today's episode we're speaking with Dr. K. who we will reference as Kele is the Assistant Director for Diversity and Inclusion and Community Partnerships at SF BUILD at San Francisco State University. Kele received her doctorate in public health from UC Berkeley. And her dissertation was on, "The Case of Leaky Pipeline: Exploring the Premed Experiences of Underrepresented Minority Students in the UC System," and with 20 years of experience working with underrepresented minority and disadvantaged students pursuing careers in health. Let's welcome Dr. K. (**Robin:** whoooo - whooo – laugh)

[00:01:25]

Dr. Uwaezuoke: Hello. Hello. Hello.

[00:01:27]

Shawn: Hello. So although we have not met in person, Kele, I have heard amazing things about your work from Robin and the power of what you were doing on campus. So as I mentioned in your bio, you have 20 years of experience working with underrepresented minority and disadvantaged students in healthcare. What impresses me the most is you must have started that when you were like eight years old.

[00:01:54]

Dr. Uwaezuoke: You got it. You got it. You are a man of discernment. Yeah.

[00:01:57]

Shawn: I got it, right? So, can you walk us through your journey of getting into this work?

[00:02:03]

Dr. Uwaezuoke: Absolutely. So I'd say the work got into me. It sort of represents who I am and it started back in my time in undergrad at Cal, go Bears, as a premed student. So I came in like many others like I, bushy-tailed, ready to take over the world. I was gonna go into medicine and pediatrics so I can work in underserved communities. And then life hit as an undergrad at Berkeley with just different barriers and challenges and things like OCAM, the dreaded OCAM. And so ultimately, I found myself on this wild and crazy journey that really ultimately it showed me that while I had a love for medicine and addressing health inequities, I started thinking

more about how do we really address these not just person to person, right, like direct patient care but how do we really address community health, so multiple people at a time.

[00:03:02]

And so I kind of went on this long circuitous journey from undergrad at Cal to doing a little bit of a postbacc at San Francisco State University, teaching middle school in Richmond, California for three years. And then ultimately going and getting my master's in public health, working back in the community at Florida County managing an African American disparities health program, and then dipping back to UC Berkeley Institute of Public Health as director of the Health Careers Opportunity Program for three years and it was really during that period of time where I served as a mentor and advisor and counselor for so many students who literally sat across from me in tears, crying, telling me about their stories. And I just had so much deja vu back to the time when I was at Cal a decade earlier. And it just bothered me so much, because I said, "How are we still here?"

[00:03:55]

And so that's really what paved the pathway for me to think more about going back to school to really boost up my arsenal in this area, and that's what led me to the DIPH program to the doctorate in public health back at UC Berkeley, doing work that I feel is absolutely amazing, that I incredibly am passionate about. And, yeah, I can see myself doing this work forever. So that's kind of the long, quick and dirty story of how I got there. But I got there because of my sort of starts and beginnings as a premed student and wanting to go into this work and field.

[00:04:28]

Robin: What is it about aside from I'm sure Cal Berkeley is paying you to name drop them, what is it, what is it about underrepresented minorities that is passionate for you?

[00:04:41]

Dr. Uwaezuoke: Right. I will say this right here that is... So if you are underrepresented minorities...it's one of those terms that if you...depending on who you ask you will literally get into fistfights or academic fights with people because they want to refer to it as different things. So underrepresented minorities, URM, underrepresented in medicine, IM, historically underrepresented, to me it's all the same thing. It's a population of students who historically have been marginalized and sort of pushed out to the fringes and are not represented as they should be in this population in the realm of healthcare.

[00:05:15]

And so I think what really pulls at me is that it is my story. **(Robin: right)** It is the story of people who look like me, it is the story of the students who relate to me and who I relate to because I see myself in them, the younger versions of myself in what I see even in the mentors who have made it into this field be it medicine or public health but who still struggle to get the respect that they deserve, right? And so this whole notion of trying to...having to work twice as hard

only to get to half of where society sees fit for you to be, that's something that kind of really hit me in undergrad and it just it's always bothered me. And so it's just me just being pulled to kind of what I see in myself and what I really believe that I'm called to, to work on in this lifetime.

[00:06:02]

Shawn: Well, Dr. K., I so appreciate that. I actually am surprised as we read some of your dissertation where you say, "The lack of representation in the physician workforce poses a complex problem for the U.S. healthcare system." This issue is particularly evident in California where underrepresented minorities, African Americans, Hispanic Latinos, Native Americans, make up 40% of the population, but only 9% of the physicians. And we are actually a certified minority owned business at MOFI, in our consulting space. My father was 100% Native American. So I'm 50% Native American and I've also seen what the health system is like on Indian reservations. **(Dr. Uwaezuoke: uh huh)** So, first and most important question to me, where are we with physician representation in 2020 right now?

[00:07:01]

Dr. Uwaezuoke: Yeah, we're, we're not there. We're not there. I just was kind of trying to take a quick look at kind of where, where we are. Honestly the needle hasn't moved that much. This data was 2018. And so that was, for the AAMC, that's the most recent data that they still have in terms of what the representation is. So I would say that we are roughly kind of where we were two years ago.

[00:07:29]

Shawn: That's sad to me still. **(Robin: right, correct)**

[00:07:33]

Dr. Uwaezuoke: If anything it actually may be a little bit, it's increased a little bit more because we know for, you know, California being one of the most rapidly growing and diverse states, I think our numbers tend to grow and jettison a little bit faster than the nation anyway.

[00:07:48]

Shawn: Yeah, you know, our tagline here in "The Combustion Chronicles" is where bold leaders combined with big ideas to create game changing disruption. **(Dr. Uwaezuoke: right)** So, and that's disruption in an industry disruption of status quo, disruption of thinking. Do you consider yourself a disrupter?

[00:08:08]

Dr. Uwaezuoke: I have to do the pause here. I mean, yes. I mean, you know, it's funny that you say that. I was speaking to my...I call her my boss because she's the boss lady, but I've known her for, for half of my life. They've been mentors to me. And so it's really crazy how everything comes full circle. But I was having a conversation with her because she's just a guru at this work. And one of the things I was mentioning to her is that more and more recently, I'm just

like I'm just so over it. I'm just so over all of it. And so I just was telling her that I really...sort of I'm going to start calling myself a DISC, and that's a disruptor of inadequate status quos.

[00:08:46]

That is kind of what we see particularly when you are talking about institutional and systemic level issues. Yeah, you have to disrupt at this point. And I think part of the challenge is that so many people hear the word disrupt and all of a sudden there's some, you know, cognitive dissonance and you know, apprehension because it's like, "Oh, that's a bad word." And to me, disruption is not a bad word. If you are in a situation and that situation is really not up to par with the vision and the potential and the possibility, then you have to disrupt. It's a moral obligation to disrupt. And so I think taking back ownership of what that word means, um, is something that I have been intentional about doing and making an active part of how I sort of push and drive myself on a day-to-day with this work.

[[00:09:34]

Shawn: So let's dig into that. So it's a moral obligation. So let's go back to that, that statistic that, you know...let's just talk in California, 40% of the population is, you know, URMs, underrepresented minorities, but only 9%, maybe a little higher are physicians. How do we morally in business, in everything, how do we disrupt that trend and increase minority representation in healthcare? Because it's a must.

[00:10:04]

Dr. Uwaezuoke: Right. **(Robin: right)** I mean, the first thing is that you have to, you have to acknowledge and realize and own that it's even a problem. If you don't recognize and acknowledge something as a problem, then you have no motivation or push or drive to try to address it. And I talk about, you know, fear a lot and for me it's I always say it's hard to overcome what you refuse to face. And so there are a lot of people who are refusing to even kind of face the reality. And I want to be clear here, it's not just to say that, "Oh, if we were at 41%, right, in terms of physician representation," that means everything would be perfect. That's not what it means because it's not just a quantitative issue for me. It's also very much qualitative, right. What's the spirit that we are trying to embody? What's the vision that we are really trying to manifest when we say we're trying to create diversity? And that's a whole another fight that you can have. But for me, it's really about representation, right? Representation matters. And so we have to acknowledge that if representation is important to you, then this is a work that you have to pay attention to even if you feel like it doesn't personally and directly impact you on a day to day basis.

[00:11:25]

Shawn: So I'm gonna ask the opposite of that, though. **(Dr. Uwaezuoke: yep)** What happens if we don't disrupt this? What's gonna happen?

[00:11:35]

Dr. Uwaezuoke: We're gonna be having "Combustion Chronicles" podcast 7554 and I'm gonna be like 75 and we're gonna have the same conversation again.

[00:11:46]

Shawn: You were talking there and what came to me, Robin, and you can dig in with me on this one, **(Robin: Uh huh)** but in our ecosystem, Robin and I do a ton of speaking together on mindsets and shifting the mindset. And as you were speaking, again, it comes back to this mindset of what I call the big three. So do no harm, break rules but not laws, and then proceed to apprehended. So we've got to be so bold about this to say, "This is something that has to be done." **(Robin: right)** And it's not just about an African American thing or Hispanic thing or a Native American thing. **(Dr. Uwaezuoke: right)** But this is now...and one of our business partners of Robin and I, Michael Harper, we have this conversation all the time around we have a real systemic issue. And so how do we help shift those mindsets so that it's no longer a systemic issue?

[00:12:44]

Dr. Uwaezuoke: I'll say this, I don't know if it'll be controversial or not.

[00:12:47]

Robin: Go for it.

[00:12:48]

Dr. Uwaezuoke: This is what I have learned. And I think part of this comes from talking to a lot of people who have been in the game for a long time and I talked to them and they're so exhausted. They're so exhausted from doing this work and feeling like the needle has barely moved. And I feel like their exhaustion is directly correlated to the fact that at least in their eyes, they haven't seen things moving the way that they believe and know that it should. And so I think I have personally taken on the mentality that I don't tie up my assignment or my sense of purpose with the outcome of what happens. For me, it's about being able to say, "You're not going to have the veil of ignorance to hide behind on my watch."

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So for me, I'm very clear about that. As long as I'm at the table, as long as I'm in the room, as long as I have a phone, you're not going to be able to say that you didn't know that this was an issue. And so for me, I released myself necessarily from what you do with it or what the person does with it or what the institution does with it just because I think that it saps so much of your energy, and we have so much fight left to do. So I think part of the initial thing that has to happen is you have to confront people not in the I'm going to come to blows kind of a way, but you have to be willing to have difficult, hard conversations that we spent the last 56 **years** **(Robin: right)** not having. We just, It's gonna hurt but we have to have those conversations. And I think until more people, places, faces, organizations come to terms with being...I don't

even want to say comfortable in discomfort, I just want to say just being okay with facing discomfort, we're going to be in the same place. You have to have the conversation first of all.

[00:14:37]

Shawn: Sorry for the digression here, but if, if you've watched Kid President's pep talk (**Robin: laugh / Dr. Uwaezuoke: umh**) and you just said it's gonna hurt I see him there where he's talking about Robert Frost and you come to the point where two roads diverged and you go, "It hurts, man." Right, it's like (**Robin: laughs**) It's gonna hurt but we have to have this conversation. And Robin I know you're wanting to jump in.

[00:15:01]

Robin: I am chomping at the bit. Well as you know, Shawn, but for the audience, they may not know why The Pink Couch was born was because Kele and I share a sister who died during childbirth. Now, she was Filipino. So definitely fits in that underrepresented minority but she died during childbirth. In September 27th that'll be 3 years. And the why, the passion that I feel, the passion that the conversation that we're having now, it is critically important because at the end of the day, people are dying because of this underrepresentation. I as a patient when I walk into a doctor's office and there's an assumption that I, we don't take Medicaid and I'm looking behind like, "I don't have Medicaid."

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When their questions that are being asked of me that are lumping me in this stereotypical culturally incompetent care mindset, it impacts care. This lack of equity in terms of having representation and clinicians that match the population impacts the health and lives of care. I've seen it. We've seen it in our friend, our sister who passed away. And so, yeah, the passion is very real about how do we, to what was said before, how do we make sure that, one, there's the awareness? And so every opportunity, every place, every time that I have to tell the story, I know I'm going to tell it. But then how do we also move from awareness to action, right?

[00:16:36]

Shawn: Yeah. Yeah. We may get into some more controversy here so this is good. Because in your dissertation you also mentioned that studies have shown an association between having providers of similar race and ethnicity and greater patient satisfaction and a decreased likelihood of unmet health needs. We have clearly seen during this epidemic of COVID-19 (**Robin; uh huh**) ravaged minority populations in this country. Right, so it's been talked about. What role, if any, Dr. K., do you think provider representation has played when it comes to minority population seeking and receiving appropriate health care during this pandemic?

[00:17:20]

Dr. Uwaezuoke: Think, pray, pause. Okay, so let me say this first. That's that that you just read as part of a study of Dr. Luis and who now is Dr. Allen, my mentor, shout out to her, she's all over the place doing amazing work talking about sort of the color of COVID and along with another mentor, Dr. Comer Jones, that is not to say that, "Oh, only black people should see

black physicians," right, or, "Only black physicians should serve black people," or only Hispanic or whatever the race is. It doesn't work like that. Part of what the sort of underlying notion is that there is a certain level of just at least cultural humility and awareness that can often come from having people who kind of understand various lived experiences and backgrounds.

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And so when we are trying to overlay this pandemic on top of that, we just have to start with the reality that, one, people pre-COVID-19 were fearful of hospitals period. **(Robin: right)** There are people who still very much remember Tuskegee and they've never gotten over it. So just start there. Right, then you kind of add to the mixing this scenario where every day we literally receive countless different bits of information and misinformation. People are trying to navigate that and try to understand it. And people are also coming in and walking around with different health education levels. And so I think for the people who are already a little bit apprehensive about the healthcare system, COVID, it hasn't helped. It certainly hasn't helped.

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I do think that in those places where people were in a place where they felt comfortable with the care that they were receiving and maybe that was because of the provider representation that they had, that there's a little bit more trust there. And so there's maybe a greater willingness to kind of talk and to share symptoms, even something as simple as trying to talk about symptomology. We saw even from the start of this pandemic only if you have certain symptoms were you even eligible to maybe make an appointment to see a doctor or let alone getting tested. And so if you have apprehension about speaking to a provider because you don't know or don't feel like they can connect with you, then you may hold back on certain things and that may ultimately result in a difference in the quality of care that you are receiving.

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And so I do think that it is having an impact just in the sense of with this pandemic like nothing we've ever seen before, there is an inherent trust issue that's embedded in people's healthcare and it's having very damaging effects based on if there's, I think, a lack of trust in your provider and in the healthcare system because you're not going, right? And then by the time you do go, you've sort of already reached this stage of just heightened kind of impact. And so there you go. Not to mention, we're already...there's a lot of things that we're seeing that people are sort of surprised about. But we already know there are many populations of, you know, people of color struggle with different issues, be it, you know, cardiovascular disease, you know, diabetes. And so we already know that those things already impact at greater levels what we see in terms of the COVID types of symptomology and the effects that it has on people.

[00:20:51]

Shawn: Yeah. I'm the first to say I want to be authentic and transparent. You know, ten years ago when I entered into the healthcare space and world I had no idea how ignorant I was to this. But I remember being in my first really big project in healthcare was when all the exchanges were being launched and half of Mississippi wasn't going to be covered. And I was

tasked to go down and figure out why and I realized then the power of race, and ethnicity, and all of that because I remember being in the delta of Mississippi doing my first ethnographic interview. For those of you that haven't seen a real picture of me, I look kind of normal, bleached hair, earring, (Robin; laughs) right, showing up to...and we'll call her, you know, Nana Jane, right, that's got the big metal screen door. And I knock on it and the very first thing I hear not, "Hello," nothing, was the click of the shotgun. **(Robin & Dr. Uwaezuoke laugh)**, right?

[00:22:04]

Robin: Unmistakable.

[00:22:07]

Dr. Uwaezuoke: Any questions?

[00:22:09]

Shawn: Never will forget that click, right? Never will. And that day totally changed in me because what I realized is no matter how good my heart was as far as giving to this person or wanting to help this person, there was already such a divide between us that had been caused because of things in America. And we can have a whole another political discussion that Robin and I will not have on here right now, **(Robin: laugh)** right, but we have swung so left and so right that there isn't even room for the middle anymore. And I didn't realize 10 years ago, 11 years ago when I entered this space that it was already happening and what it was doing to healthcare until I sit down today. And you know what you were talking about is another mindset that Robin and I teach on is this radical relationships and having these hard conversations. That's why we started this work. I partner with Robin and we launched The Pink Couch to have these hard conversations right now. So in your opinion, what does the future look like to you when it comes to diversity in healthcare?

[00:23:20]

Dr. Uwaezuoke: So in my ever the believer speak those things that are not as though they were mind, I hold on to hope. I hold on to hope that it will get better, it will look better because I remember not because I was here, but you know what things look like 50 years ago, 60 years ago. Right, and so even though we understand that we are far from perfect, we are far from where things should be, where things can be, I hold on to the hope that people will not lose hope of getting there. Because I think if that is lost, then we're just, we're up the creek. And so I do think and believe that we will get to a place where we have better representation in healthcare because I believe that unless people, both who are, who feel personally identified with, you know, being an underrepresented person in healthcare as well as those people who are maybe "in the majority" but are allies recognize that the status quo is not working and it hasn't been for quite some time. And so we will sort of join arms, if you will, to continually do this work.

[00:24:45]

And I don't know where I heard it. And it's, it's you know, to the believer, it's not a great thing to say, but I just heard people saying, "You know what? Ultimately, some people are just gonna die off. We're just gonna wait for them to die off." And it's not to say that you wish death on anyone, but it's sort of for me, it's more so the idea of the both – and, right? Like we kind of have to work this thing from multiple angles because there's no silver bullet here that's going to fix it. So for me the future of healthcare, it does look like a place where there are people, one, who are more ready to have these conversations even if they don't know what to do with the conversation. And then, two, I think it is going to look different and that we are going to see more representation because there are going to be more people who are willing to speak up.

[00:25:34]

And I think that this pandemic is going to have a key role in that. Because I, for us, for our generation, this is the first time in our history that both nationwide and globally we are all being impacted. I don't know who to give the credit to but I heard, you know, an amazing quote that says, "We're all in the same storm, but we're in different boats." This is the first time that we've all been in the same storm, right? Normally there's a hurricane over here somewhere in the south, or there's a hurricane somewhere over there or a national disaster somewhere over here. But we can sort of just go about our own lives and we are not directly impacted. The whole world has stopped. And if nothing else, people have been forced to pay attention. And so what people choose to do with what they're seeing right now as the veil is being pulled back, I think, you know, remains yet to be seen. But I do think a part of it is a greater awareness that is going to push more people to want to do this work and to kind of stand behind it in different ways that maybe they would not have been willing to do prior.

[00:26:41]

Robin: I absolutely agree. I would say never let a good crisis go to waste. And while this is an unfortunate one where there are a number of people that are dying, I believe in my bones and my soul that healthcare will look different when we get on the other side of this. And I don't even know what the other side when that's going to happen. But it's just lifted off the veil of the inefficiencies, inequities that exist in healthcare.

[00:27:09]

Dr. Uwaezuoke: Absolutely.

[00:27:10]

Shawn: Yeah. You can't see it, Dr. K., but my old church is coming out of me and I want to be waving the white hanky right now. **(Robin & Dr. Uwaezuoke: laugh)** Preach it, preach it.

[00:27:19]

Shawn: What I'm excited about is several months ago I sat down with our research team and said, "Listen, I want to redefine what diversity and inclusion is. Because I think, and I'm gonna put on my soapbox here, corporations do the checkboxes to do diversity and inclusion. **(Dr. Uwaezuoke: yes)** We make sure we got the right people in the right place. And it's happening all across the board. And I said, "There's got to be a better way. We got to define it a better way and talk about it in a different way." And, and so, you know, just recently, we released the report on this. So we're excited to show it to you, bring it with you, and then have a deep conversation. Because I'm ready to rip that veil and tear that veil back and say, "Let's quit talking about it as a metric **(Dr. Uwaezuoke: yes)** but let's really talk about it as humans and what does diversity and inclusion really mean

[00:28:18]

Dr. Uwaezuoke: So it's so funny because I, it's one of the things that can be just like diversity and inclusion, diversity and inclusion, right, every, every couple of months, years, whatever we call these new kind of catchphrases and then everybody, everybody wants to like kind of hinge on that and run with it. And I remember, and I'm not, Robin can tell you better than anyone, I'm just I'm not the big on social media girl, I'm a dinosaur, I don't have any of that stuff, **(Shawn: laughs)** but I remember coming across...which, okay, apparently I'm gonna have to fix that. I hear you. So anyway, I came across Verna Myers, Verna Myers and I like to give credit where credit's due.

[00:28:52]

So I came across her quote, and it said, "Diversity is being asked to the party. Inclusion is being asked to dance." **(Shawn: um)** I was like, "Oh, yeah, that's pretty cool." But then instantly, it was like, "I don't know though. Something doesn't fit right." And so for me, it became more of...and I remember working on a project and I was like, "Okay. Well, diversity is being asked to the party and inclusion is being asked to dance. Belonging is having my favorite food on the menu and my favorite songs on the playlist. That to me is the part that's missing. Because if you invite me to a party and all you're serving is cauliflower and techno, one, don't invite me to that party." **(Robin: laughs)**

[00:29:39]

Shawn: (Shawn laughs) I ain't going to it either.

[00:29:40]

Dr. Uwaezuoke: I don't want to go, man. [inaudible 00:34:22] I don't want to go. I'm just saying. So no shade. We're cool. I'm good. But if I do feel then, right, but then because you asked me, let's think about that, diversity and inclusion what it can do, because you asked me, now I feel obligated to go. Now I'm at this party that I don't really want to be at because I'm not really comfortable because I don't feel like I belong there because you didn't keep me in mind when you created this party in the first place. So I'm not really going to stay that long. And so for me, that kind of explains what you end up seeing at these institutions. They bring people in, but

then the retention rates in healthcare right, **(Shawn: yeah)** for many people of color is the matriculation rate is like sky high because you can bring people in to be like, "Oh, yeah, we got a diversity chief officer," or, "We have uh, this diversity person." For me it's like you said it's not a checklist.

[00:30:33]

And I remember even talking to my boss it's, one, you know, kind of playing out that analogy it's like it's also ensuring that I'm not on the menu myself right, and my mentor, Dr. Lefty, mentioned that one it's like, yeah, facts because if you invite me to the party, but then I just feel like everybody's like all eyes on me, again, I don't, I don't wanna bear that type of a burden when I'm supposed to be at this kind of [inaudible 00:3:56] party. So, anyway, yeah. So long and short, if you're having a techno-cauliflower **(Robin: laughs)** [inaudible 00:31:03]. I'm good.

[00:31:07]

Robin: That's a no for me too. That's a no for me.

[00:31:08]

Shawn: We'll go someplace else. We'll go start our own party the three of us. We could probably talk all day and all night and for seven more days about this. I am so excited to have you on The Pink Couch with us and then some other opportunities within our ecosystem for you to share your voice and let us have these real conversations. But as we've come to this point in "The Combustion Chronicles," this is where we do this thing called the combustion questions. And we have this amazing algorithm that does all these scientific studies **(Robin laughs)** and pulls out three random questions for you, Dr. K. So are you ready for your combustion questions?

[00:31:49]

Dr. Uwaezuoke: Listen, if you stay ready...

[00:31:51]

Robin: You gotta get ready.

[00:31:54]

Shawn: That's right.

[00:36:55]

Shawn: So combustion question number one, **(Dr. Uwaezuoke: yes)** what's a song that you can sing every word from memory?

[00:32:01]

Robin: "Happy Birthday" doesn't count.

[00:32:02]

Dr. Uwaezuoke: And of course I instantly tap back to like middle school Dr. K. when I was Special K. because I was going to be a rapper **(Robin laughs)** but her African parents don't get down like that. So this one song just popped to mind. [inaudible 00:32:17] Don't judge me. I swear I'm saying, But I told you all, 7th grade I was gonna be a rapper. Slick Rick, "Children's Story." You totally know, once upon a time not long ago. [crosstalk 00:39:10] It randomly came on... Now I'm not saying... I just... It randomly came on the other day. **(Robin continually laughing)** It had to have been a decade since I heard that song and I literally just did the whole thing as if it just came out. So...

[00:32:42]

Shawn: That's awesome.

[00:32:43]

Dr. Uwaezuoke: ...that just popped into my mind.

[00:32:44]

Shawn: Awesome. All right, so combustion question number two, what's the best meal you've ever had?

[00:32:51]

Dr. Uwaezuoke: Come on, son. Come on. Mama's recipe is like hands down amazing. Like she will make... Like I had friends, we drove down to L.A. from the Bay and had already eaten but #Africanmom, "What do you mean you've eaten? You have to eat." **(Robin laughs)** So we had to eat. And she made...like it was just like plantain and eggs and when I tell you a decade later my friends to this day will just randomly text me like, "Man, I want some plantain and eggs from mama's recipe." So pretty much anything that she touches is fire. So that's what I'm going to go with. But then I will have to say that I went to Miami, my friends took me to Miami for my birthday two years ago. And we went to this little Haitian spot that I do not remember the name, sadly. But when I say the food was slap your mama, speaking of mama's, amazing. **(Robin laughs)** It was amazing. And sadly, I don't know why I can't remember the name of the place but, yeah.

[00:33:57]

Shawn: Awesome. All right. You gotta put your PhD hat on for this one.

[00:34:01]

Dr. Uwaezuoke: Here we go.

[00:34:02]

Shawn: So combustion question number three, Dr. K., what do you think about Post-it Notes?

[00:34:08]

Dr. Uwaezuoke: (Robin laughs) I think that I am pissed that I did not invent them. **(Shawn laughs)** I randomly think about the fact that I just, it was a missed opportunity. **(Robin laughs)** That's literally... Who doesn't use Post-it Notes?

[00:34:27]

Shawn: Yes. And they're all over the table right now for my whole day, right? So, **(Dr. Uwaezuoke: exactly)** all the money that we could have made if we would have just done it.

[00:34:36]

Dr. Uwaezuoke: [inaudible 00:34:37] Yeah. So, I mean, I've since been delivered but there was a time there where I'm like, "You know that, that's not cool. I could have invented the Post-it Note". **(Shawn laughs)** Yeah.

[00:34:44]

Shawn: Well, thank you so much for being honest with us and having those hard conversations and, again, excited to have you on The Pink Couch and have you back in our ecosystem having some great conversations. So thank you so much and stay safe and be well and can't wait to see and maybe we'll be at mama K's house **(Dr. Uwaezuoke laughs)** having a meal.

[00:35:07]

Dr. Uwaezuoke: Listen, you say that, it will happen. Trust me. **(Robin: yep)**

[00:35:10]

Shawn: Yup. Hallelujah. **(Robin: yep)**

[00:35:11]

Dr. Uwaezuoke: Thank you all. I feel honored. I'm privileged. Any and every time you call on me, I'm ready to go. So thank you Pink Couch. Thank you, Man on Fire. Yeah, keep changing the world.

[00:35:22]

Shawn: Awesome. Thanks.

Shawn: Thank you so much for listening to this episode of "The Combustion Chronicles." None of this is possible without you the listener. If you'd like to keep the conversation going, look up Man on Fire on Facebook, YouTube, Instagram, Twitter, and at manonfire.co. Give us a shout. Let us know what you think. And please, subscribe, rate, and review if you like what we're doing and if you don't do it anyways. And remember, always stay safe and be well.