

Speaker 1 ([00:00](#)):

In this episode of Tim Talk, we discuss stigmas around diseases.

Speaker 2 ([00:06](#)):

Welcome to Tim Talk, where our mission each day is to explore issues of social and medical justice, and through meaningful dialogue, find a better path forward. I am Tim Gentry, CEO of Northern Light Health. Our guest today is someone I'm very excited to have on our show, cuz he has been championing medical justice on a national scale for decades. Dr. Sohail Rana is a professor of pediatrics at Howard University in conference director for the International Conference on Stigma and the Roland b Scott Symposium. He is board certified in pediatrics and pediatric hematology, along with his pediatric hematology research team. He has been providing care to children and young adults with HIV and sickle cell disease for more than 30 years in the Washington DC metropolitan area, he ran the pediatric and perinatal AIDS clinical Trials unit at Howard University from 1992 to 2016. He conducts many other HIV related and sickle cell disease related projects. Since 2009, he has passionately led the Howard University's Stigma Project to battle health related stigma and discrimination. That's what we wanna get to the heart of today. Dr. Soheil Rana, thank you so much for joining us.

Speaker 3 ([01:36](#)):

Thank you so much, Tim, for having me here. I I, again, thank God for this opportunity and I thank you all and your wonderful team for all the great work you've been doing in this area of social justice in healthcare. God bless you.

Speaker 2 ([01:52](#)):

Thank you. Thank you so much. I I know when I am in the midst of rock stars, Dr. Ronna, you shared with me when we spoke earlier, the long journey of your incredible career, beginning with early work with HIV and sickle cell patients, and the overlap you saw with mental illness. That's very, very interesting. Could you share with our listeners your perspective on what patients experienced and how that affected them, be it physically, emotionally, or spiritually? And then the later question will shift to how it affected you and how you then broaden that from that perspective, gained so much wisdom on stigma and to do something about that. But let's maybe start with what your patients taught you in your early days.

Speaker 3 ([02:41](#)):

You know, Tim, I saw my first child with H I V in 1985, and from then on, you know, the number just kept increasing. I was a pediatric hematologist. I got involved in the first child because that child had problems with blood counts and I had done a bone marrow. And subsequently that child was diagnosed with H I V. And as more and more patients came, I was just astounded. You know, how they clung to me. And, and it was just amazing. I, I had to give very little love. And, and they, they tripled, it quadrupled in a 10 time and, and they just didn't wanna go anywhere else. And then as I started questioning them, you know, they were also some deaths. And I would show up at the funeral and I'll see nobody knew about child's diagnosis. Sometime the grandmother didn't know, the older sister didn't know, the uncle didn't know, the pastor didn't know.

Speaker 3 ([03:47](#)):

And, and, and we were all shocked where these individuals who should be spending energy in pursuing life, pursuing other things, they were spending all their energy and hiding the diagnosis of H I V and, and

what was going on. And, you know, I, I kept asking, asking, asking. And I could see in the look of the nurses in the intensive care nursery or other places in the looks of the doctors, you know, how they, they looked down and how they talked about people with H I V. And each time it broke my heart because most of these mothers I knew, you know, very few people know that people, mothers who had h i v infection and whose kids got infected, many of them are, I would say 95% of them were sexually abused as children. And they grew up hooked to drugs, hooked to crack, and they were exchanging drugs for sex to, to fulfill their habit.

Speaker 3 ([04:55](#)):

And, and, and, and, and they were so loving, so, so loving. Uh, I I, I remember a mother, I said she wasn't coming to the clinic. And I said, so and so, you know, you missed so many appointments. And she looked at me, she said, Dr. Anna, you know, the day I cannot come is because I'm babysitting. And I said, you babysit, so you must be doing all right. She said, Dr. Anna, no, no, no, no, these are mothers. These are mothers who are getting their first interview. And sometime they have \$5 to give me and sometime not. But this is my way of giving back to community what I have gotten from others. So I babysit these, the children so that this mother can go for an interview or something. And I looked at her and with tears in my eyes to, to me, she, she was the real hero.

Speaker 3 ([05:50](#)):

No, I, I just wanna take us back that this was 1997 and I didn't understand much to honest about what was happening with H I V and why all this effort to hide the diagnosis and what, what all the FU was about. Because I carried these children around, they sled on me. I wasn't worried. And I, I would draw their blood many time without gloves because I was used to, uh, and I was sitting on Sunday and there was this big writeup about the Hanson House in Carville, Louisiana, just in 1997 December. And Bill Clinton was closing this, and they were hundred 35 patients with leprosy still there. So this Carville house was designed just to treat and keep, but the many of the patients were actually incarcerated there. They couldn't go anywhere. So these patients, they were still 135 patients, and many of them were so scared because the only family they knew was in Cardwell house.

Speaker 3 ([06:59](#)):

And some of them were in their seventies and eighties. And the only people they knew were the other people with Carvell. And there was an interview of young lady, I'll call Betty. She was 70 some years of age, and they had interviewed Washington Post, interviewed her, and she was saying, you know, I still remember I was nine year old and I was in school, and my dad in his big car came with a chauffeur. And I sat in the back and my father hardly looked at me. And he went to the doctor. I had this patch on the skin, went to the doctor. All I remember was not the words, but the doctor nodding at my father. And then we drove and came to this place. My father never looked at me. I went to the door. A lady received me, I entered. And that was the last time I saw my family.

Speaker 3 ([07:55](#)):

And that was nine years of age. And the only family I have are the people living here. And in the Carville house, if you look at the pictures, there are so many graves. There are people living who, who live with leprosy and died of leprosy or of other causes, and they have no names. Many a times they have just numbers because their family didn't want them, their name to be attached to leprosy. And I just began to understand stigma. And then I had all the, we were conducting all these clinical trials, and I had these young children, and we were finding new drugs, and, you know, they were showing promise. And I

remember a girl named Chelsea. She was very close to me every time she called, you know, she looked at me. She, she would call me dad with like a 3D attach. And she wanted to be a comedian.

Speaker 3 ([08:52](#)):

And she, she, she would tell joke after joke after Dr. Ron. And she said, dad, dad, you rock just like you <laugh>. And my wife would send her presents and this and that. And she stopped taking her medication. I couldn't figure out why, because her viral load was well closed. And one day I, I confronted her, I said, Chelsea, what's going on? And she cried and she said, Dr. Ana, my family has been mistreating me since they found out about my H I v. Every time I sit down, they clean the seed with Clorox. They keep my dishes separate, but I didn't care for that. You know, they, they don't wash my clothes with their clothes. I didn't care for that. I have just one friend. And that was my cousin. And I finally got the courage to tell my cousin about my H I v.

Speaker 3 ([09:47](#)):

And she was so supportive. She listened to me and she said, you know, things are changing. You're gonna be all right. The medications are coming, you're gonna be fine. And she says, oh, here is somebody who listened to me. And I got up and I tried to hug her, and she moved away. And she says, that broke my heart. She says, nobody is ever going to love me. And she stopped taking her medication. And a few months later she died. She didn't die of H I V, she died of Sigma of h i v. She could have lived a normal life. Lovely, lovely, wonderful. I have picture of her in my office. I have picture of her friends. And you know, I actually have her picture in my wallet too, because she was very close to my family and my wife too. And at 17, 18 years of age, that girl, she just totally refused. For only one reason, she said, nobody would ever love me. Why should I live? Why should I live? So I, I began to learn about stigma. And, and I, you know, every facet, every person I talked to, I couldn't believe they're, you know, we, we may have 50 domains, 40 domains, 30 domains. Every facet of these people's life was affected with stigma that was preventing them from living a normal life. So that was my beginning education with stigma. Tim?

Speaker 2 ([11:19](#)):

Yes. You know, I was, I was gonna ask you over time, being witness and caregiver to so many struggling and suffering individuals, but I just need to pause right there, mid-sentence, because the way you described it, I could feel it, I could see those individuals you're talking about. I could feel your passion and your love and your heartbroken. This, and to me, that, again, that just shows you the, the unique character, the unique individual, um, that we're speaking with today, Dr. Ronna, because, um, you are bringing so much to this dialogue, this, this discussion that we are having today. But f but finishing my, my, my thought for you to, uh, I I'm looking at it as how you gained wisdom of this stigma that surrounds those carrying these diseases, all these stories. Just like listeners, right now I'm looking at Dr. Ron's office that he has at Howard University Hospital, and he has a collage of individual pictures, just like the ones I'm sure that he just shared with you, including in his own wallet.

Speaker 2 ([12:27](#)):

And each one of those has a story, and there're probably so many others that you have in your, in your mind and heart and soul and the impact. So it's just very moving. This is, this is a very moving discussion to me. And with stigma, it's what I hear you say is it's not just a reactive response that you have a visceral response, but you also gained a lot of wisdom. And, and that's what we want to delve into right now, I think, is, I, I think it's also fascinating how you're spreading that wisdom. You're sharing that

wisdom that surrounds those carrying these diseases. Can you help our listeners? I'm finally getting to a question. So thanks for bearing with me. Can you help our listeners understand more what stigma is and how it presents itself in not only the visible but the invisible ways? You gave some great examples, um, and you gave great examples of what I often love to quote, which is Maya Angelou who says, people forget what you did. They'll forget what you said, but they'll never forget how you made them feel. So stigma has invisible and visible. Yeah.

Speaker 3 ([13:40](#)):

Uh, Kim, I, I think a good definition of stigma is an attribute that would devalue that person in your mind. So certainly that person doesn't have the same value again. So I give you one example that today somebody gets diagnosed with breast cancer or their child gets diagnosed with leukemia. You know, they put pictures on Facebook. Hero, my hero, my hero. I, I need money for the, you know, people donations are pouring in. And I can tell you one thing that if somebody has HIV today, the first thing they want to do is to go bury themselves 30 feet down on the ground. They cannot tell anybody. So that is what our website for stigma conferences, www.toddtell.org, who can you tell Todd.org? You know, who can you tell.org? So it, it's because you have internalized that thing that, you know, if you tell anybody, they will think you are nothing.

Speaker 3 ([14:48](#)):

You're nothing but trash. Uh, and I learned so many, you know, dirty words for what people use. And even my patients who were very open about their HIV who got on radio shows with me, some people got after them put on Facebook how, you know, this person is trashy. She has HIV. And this young lady who was so open, I couldn't believe she said, oh, I'm hiding in North Carolina because one of my friends put all this trash on my Facebook page, and now I cannot face anybody. So, you know, even, even people were, were open. People come to our conference and, and they're, they're just, you know, sometimes they disclose, but then suddenly they're very scared. Oh, did my aunt, did my grand aunt watch this? Because, you know, she talks so terribly about people with HIV or about gays or lesbian.

Speaker 3 ([15:45](#)):

So it's, it's, it's, it's, it's, it's an ever unfolding. It's, it's all about hate. You know, it's all about devaluation. It's all about, you know, where you find reason to say, oh, I'm better than you. Yeah. You know, you talked about wisdom, and there's no wisdom better than, than, than what the scripture says. And this is one story that all religions share pretty much that God asks Ebl Ebl is the name of Satan in Quran, I think its story is told many times, but at least seven or 10 times, Saturn is called Ebl. That bow down before Adam. And everybody says, no, how can I bow down? I'm superior to him. You made him a dirty clay, but you made me a fire. So that story to me is the original sin. It keeps repeating itself over and over from Todd. Oh, my dad is a policeman.

Speaker 3 ([16:51](#)):

Oh, my dad is the, oh, my dad is a doctor. My dad is the, your dad is not, unless we confront it. And many children learn this bad habit, they learn to hate at home. And, you know, we, we saw examples of that in South and other areas where we were, you know, hate is taught. I, I, I don't think we are all there are any exceptions. I think we all do a relatively poor job of teaching people acceptance and tolerance and diversity and how people are all the same in the eyes of God no matter what. And we don't teach enough that, look, you need to treat people like you want to be treated, which is a common

behavioral thing taught in all region. Do not say to others, what do you don't like to hear from others? Do not mistreat them because you'll get mistreated the same way.

Speaker 3 ([17:52](#)):

Do not do injustice. And like I was telling you earlier, God says, I have forbidden myself to be unjust. I have forbid I have forbidden myself to be unjust. So do not be unjust to others and do not oppress. So stigma is one of the worst form of oppression because it makes people hide. It makes people not go to their doctor. Many people don't go to get screened for H I V because you know what, if somebody find out even the testing, oh, maybe they'll think I'm high risk. That's why I'm getting tested. So it's the same thing that plays out with many other, other, I I, I remember this young lady, she's a friend of mine on Facebook, and she has sickle cell disease. And she viewed, if you look at her picture, you, you would, you know, she, she could be easily Miss Uganda.

Speaker 3 ([18:51](#)):

Uh, and, and, and she said, Dr. Anna, my boyfriend took me to meet his mother. And she right on my face said, oh, you could do better than a sickler. You know, and, and, and she wanted to commit suicide. She said, who would ever love me? Because I have sickle cell disease. Mm-hmm. <affirmative>. So, you know, it's, it's, it's, it's, it was the same thing with blindness. It was the same thing with leprosy and story. Keep repeating, keep repeating. We finding reasons to put down some people. And certainly there are financial benefits to that. Uh, there, do you talk about addiction jailing people with addiction, they're, they're definite financial advantages to certain segments of society, but jailing others, huh? But mistreating them, but pushing them down. So, uh, I, I think there are those gains, but basically it's ignorance. Basically it is fear, it is blame that you are responsible for your own poverty. You are responsible for this disease. You did it to yourself so we shouldn't have to pay for you. Mm-hmm. <affirmative>, you don't belong with us.

Speaker 2 ([20:07](#)):

Yeah. You know, Dr. Ronna, you're, you're striking so many cords that, uh, are are familiar themes that we share in what we call our culture of caring. We have, uh, a family of 13,000 or so, uh, staff and then their families. So we have a very large footprint of, of, uh, citizens that are in, uh, Maine right now. And we have a culture of caring, and it starts with caring for one another. But as I shared with you, you know, my healthcare roots in my family, you know, we were taught that healthcare workers especially have a higher calling and have a higher demand us to make sure that we are tuned into, um, any possibilities of presenting anything, anything that would worsen a person's mental state or physical state. Obviously first do no harm, right? And so, uh, what you're, what you're really pointing out, I hope that our listeners listen to this once and listen to this twice, and then think about that.

Speaker 2 ([21:12](#)):

And everyone should look at the way that as they live their lives and practice their profession, whatever that profession might be in our big healthcare family here. Um, and how can we make sure that we are doing everything we can personally, uh, to have people feel good about themselves and not use a very, uh, painful and hurtful and, and, uh, awful tool to bring someone harm. And so I, I wonder you, you really caught my, uh, my imagination on what, another thing we could share with the listeners a little more deeply on the www.who.int who can you tell.org, but how that's related to your international conference on stigma that's coming up in November. So I wonder if you just, you know, share a little time with us on

what's that conference about and who comes and what are the messages and what are some of the takeaways?

Speaker 3 ([22:09](#)):

I, I think the biggest issue was raising awareness. And I, I, I take a little bit of pride in this, that, you know, when, when we start doing this conference, to be honest, it was so frustrating that, you know, we were like bringing a, what can we do? What can we do to help our children? Because all these patients, you know, they were, whether they called me dad or not, you know, many of them had lost their parents. So we were parents too. So I have a wonderful, wonderful, very loving team. I mean, I, I, I can't say enough. I, I, I, I like mentioned many of my colleagues who work with me, Patty especially, and other, they, Cynthia saw, they, they, they took, some of our girls got into college. They were the one taking them to set up their dorm rooms. Uh, it was just for their, for their weddings, for the, for their childbirth, which just recently had a young lady who we took care of since birth.

Speaker 3 ([23:08](#)):

She just had a baby and baby shower and getting her things for the baby. It was just amazing what, what, what my people do. So I, I, I love what I do, but I love my team. They have done an outstanding job. So, um, I, I, I think the basic team was that we need to educate what we are doing to the people. And I think our focus was primarily on healthcare industry, healthcare teams. And because, you know, for lack of better terms, pardon my French, that our attitude in healthcare it suck and it still suck it. So <laugh> and it, it's still, we did surveys in healthcare facilities, and we found that almost 50, 60% of the healthcare workers have negative attitudes toward people with H I V. And they don't think very highly of people with sickle cell disease either. So it, it, it, it was really, really terrible.

Speaker 3 ([24:10](#)):

So I think working with the committee, but what we also found was that those people who got the training, they were doing much better, right? And they were becoming very good advocates. So at the conference, number one, we have bunch of researchers who've been in this area for 30, 40 years working in different community. And it's the same, you know, talk about distant village in Nigeria, Caribbean, Pakistan story is all the same. It's, it's sad, you know, uh, stigma is bad. Stigma is everywhere. Uh, may take slightly different form, but it is horrible and it impacts the patient. So making people aware of what they're doing and unjustly, because patients cannot transmit h i v casually, people with sickle cell disease are not doing it to themselves. They are not drug addicts if they show up in emergency. You know, there was belief in healthcare system until recently, even now that blacks do not feel the pain the same way as whites do.

Speaker 3 ([25:16](#)):

So it, it's disgusting, right? Um, it is, but, but the people, oh, I other kind of belief, and this is many minority physic, oh, I may make the patient addict because I'm treating pain acutely. So many, many, so many problems w in, in, in the area of sickle cell disease. And that stigma persists not even here in the African countries where everybody's black, they still discriminate against people with sickle cell disease and other genetic diseases. Oh, he's less idea of God punishing somebody with a genetic disease because their forefathers committed sin. Huh? So that's where faith community has done a terrible job, and they continue to, to, you know, not do too well. Yeah. So I think our basic team was to raise awareness and educate people and give platform to the researchers who were working in the field, to

to, to broadcast their work widely, to recognize it, but also give opportunity to the patients to come and, and, and, and feel that, you know, they are not alone.

Speaker 3 ([26:32](#)):

What they are going through is not alone. All our conferences were webcast watch all over the world, and this continue to, so we have a virtual component always where it gets, uh, webcast everywhere in the world. And then we have in-person community. Uh, I, I think, I think we have done, uh, a decent job, but we, you know, when we look at the reality of it, 35, 40 years later, after h i v, so long after sickle cell disease, uh, becoming recognized and other genetic diseases, mental illness, addictions, obesity, uh, mental health, and, you know, Tim, what is the biggest stigma all over the world? It's unbelievable. It is poverty. Ah, and that's the common denominator, even with these diseases, that these diseases make you poor and then increase, yeah. Also race. Uh, you know, many of these diseases disproportionately affect poor people who are mostly marginalized African-American or, or people of, of, of minorities.

Speaker 3 ([27:42](#)):

So yeah, I, I, I think that cross-sectional stigma is important, but we keep raising voice, we keep raising awareness. And hope is to have a center for social justice, to have a, like a rapid response team, but to train people, interest people, graduate students in this area, to, to find the main drivers and nip them in the bud, you know, very early when a new infection comes, a new problem, come, you know, be the first responder. Make noise. No, no, let's not let this become a stigmatized disease. You know, we need to, we need to stop it right here.

Speaker 2 ([28:22](#)):

That's, that's wonderful. You know, uh, Soheil, um, I know that the listeners are beginning to say, ah, that's something that I can do. So maybe, um, let's go there for a second as my, as my last question. And that is, what can our listeners, he, caregivers and all others that, that listen, but especially the he caregivers and, you know, the culture of the family of, uh, those of northern light health in particular, but all others that are listening, um, what can we do individually to bring awareness and help expose and correct stigma?

Speaker 3 ([29:02](#)):

A excellent, excellent question. Thank you for asking. I think, I think the first, the first thing is to look at the man in the mirror. You know, I, I, I got to look in man in the mirror and you know, I, I, I make so many mistakes, even despite knowing all that and preaching, you know, we, we, we make the same kind of mistake. So self-reflection, uh, I, I think it's, so there's a concept of cultural humility that every physician needs to learn cultural humility. And, and it, it goes beyond cultural competence. It goes way beyond. It's not enough, you know, cultural competence, a good definition, but very few people really know it. You know, it says, oh, I'm dealing with an Arab. So I tell them, oh, I love Hamas, so I know all about Middle East, right? <laugh>. So, so it, it's, it's, it goes way beyond, I think, definition of cultural competence itself needs to be broadcast, that it is maximizing our commonalities and minimizing our differences.

Speaker 3 ([30:08](#)):

So that part is so critical how we interact, especially with the sensitized population, like h i v sickle cell who are already feeling afraid or sensitized, oh, this person is going to say something mean to me, or going to ask me a difficult question. So becoming aware of those things, I think human touch, I think it's

very, very big. When you went around and asked people what would make you feel more comfortable with your healthcare provider, you know, human touch, why do you need to put on gloves to put, examine in the abdomen? You know, give the person a thorough exam with your bare hand. Not that you're gonna find anything, but, you know, one of the things I do, I spend great deal of time feeling the lymph nodes in the neck. I'm not gonna find anything. But you see this contact is telling them something, take care of you.

Speaker 3 ([31:14](#)):

No matter what. I'm here for you. I'm here for you. So, so use your hand, you know, that is all medicine is about your, all your instrument, all those digital, all your computer stuff that ain't gonna do anything. That patient is begging to be touched. And, you know, sometime just offering them, you know, can I get you something to eat? And I always have snacks in my office, so, you know, and whether I'm a Pakistani, you don't listen to no, you know, <laugh>, my, my children get irritated. You don't listen to No, no, no, no. We, we ate reakfast. No, but, but here, you know, this is, this is really, these grapes are really good, you know, sharing food, man, that, that would raise your status. Be aware of your position. Don't look down on patient while you're talking to them. Get your hands out of your pocket.

Speaker 3 ([32:10](#)):

Get the gloves off. Unless you're really performing a procedure, you know, say things, say things that would make them feel you. Say, oh, look, you know, I'm on the spectrum for autism. You know, I, I, I, I felt like that I'm h d you know, my family have, you know, I, I, I, I know so many people in my family who, who have serious illnesses. Uh, you hold their hands, uh, make them feel that you're no superior to them. And, and that recognition that we have a power gradient over the patient all the time, and you need to work like Bill Clinton, put down your feet on the ground, let them sit high, touch their knees and say, how you doing? Look them in their eyes. You know? Let let the love flow through your hands, through your word, through your eyes, and, and, and, and just, you will change lives.

Speaker 3 ([33:08](#)):

You will make people wanna live. Right? Now, many of those people with stigmatized illnesses, they don't wanna live. So they don't wanna go to doctor, you know, look at mental health. What happens? I have so many people in my family with mental illness. None of them wants to go to psychiatrists. None of them. They, they don't, they don't wanna their medications to be seen, you know, even when they're taking medications for depression and stuff. So, so we, we need to talk, talk about it openly normalize the discretion. These are just illnesses. You know, my children with HIV got it from their mother, and their mother got it through rape. You know, how can you look down on those people?

Speaker 2 ([33:54](#)):

Yes. Yes. Uh, so I tell you, I could speak with you all day long. I, I, I consider us kindred spirits. Um, some of the things I, I just want to requote you, you know, um, look at the man in the mirror. That is so true. And cultural, humili with cultural humility. And that's way beyond, you know, cultural competency for sure. Cultural humility. Absolutely true. One thing that as, as I've grown older, I, I realize that, um, humility is the greatest strength, whereas most see it at different stages of their life, but it's almost a weakness, or it's a vulnerability, but yeah. And vulnerability, that is a strength. Uh, the other thing you said, I love what I do and I love my team, and that's me too here. You know, I love what I do and in my work and with all the other things, how I spend my time with family and, and others. Um, but I love my team because my team, as I say all the time, especially over the pandemic, I started Sohail on April 1st,

2020 as CEO here. So of course, that's, you know, the rest of the story. But I'm constantly, my, my sale is filled with the people that I work with, who I love. Um, so we're kindred spirits, for sure. Do you have any, um, last saltzer or last ideas that you wanted to make sure you shared before we, uh, concluded this talk?

Speaker 3 ([35:22](#)):

You know, I was just recognized just for my years of service, <laugh> at Harvard, and I'm not even gonna tell it that. Very nice, beautiful trophy. And, and they said, nice word. Uh, and I stood up and there were CEOs and all these people sitting and, you know, and I, and I, I was, I was chastising them about talk about money. And, and I, I stood up and I, with my very horrible singing voice, I said, you know, I have a song for you. And I started singing, God prepared me to be a sanctuary. Mm. And, and, and, and, and the CEO joined me and, and, and, and, and we all sang that we, and in healthcare, you know, patients seek us not from medicine. They know many a time there isn't a medicine that will kill them. They seek us as a sanctuary, you know, something that they can spill everything.

Speaker 3 ([36:29](#)):

They can tell, they can let you touch their private parts, you know, without shame. They can tell you the most things about their life. And, and you know, that is such a privilege. But we need to work on ourself to be a real sanctuary, huh? For the sake of God, for the sake of justice, because we'll have to account anytime I look down on somebody, I have to go back and give a con, you know, prophet Mohammed and Quran. He's considered the most, the kindest, the gentles, the true mercy for humanity. But he was chastised four times, three times for being too lenient <laugh> one time because a blind man came to him. This is chapter 80, Abba. And he was trying to ask him a question, but Prophet was talking to these big celebrities chiefs, and he frowned and he turned away, and God didn't let him get away with it. And remember, blindness was one of the biggest stigma. So remember the parabel of Jesus Christ. Peace be upon him when he was walking with apostles, and they saw a blind man coming, and they asked, oh, apostle is this man blind for his sins or his forefather sins? And he picked up some earth, they put his fit. And he says, he's not blind for his sins or his forefather said he's blind, so that God could show his glory through his healing. And he hears the guy. And that's what we are called to do.

Speaker 2 ([38:13](#)):

Dr. Soheil Ranna, thank you so much. It is my privilege to have spent this time and, and to get to know you. I'm honored to have met you, and I know our listeners have benefited greatly from your wisdom and your stories and your, your heart and your your spirit. You are so right that we all yearn, as you said, uh, to me previously today, for we all yearn for the same thing, peace, safety, and especially yes, dignity. Thank you for bringing light into the darkness for us today.

Speaker 3 ([38:48](#)):

Thank you so much, Tim, for having me. God bless, pleasure you and God bless your team. You guys do. Wonderful job. Keep on tracking, <laugh>,

Speaker 2 ([38:57](#)):

God bless you, your team, and all those that you serve. And thank you our podcast listeners too. Until next time, I'm Tim Gentry encouraging you to listen and act, promote our culture of caring, diversity, and inclusion that starts with caring for one another. Thank you, Dr. Rano, once again. Take care everyone.

This transcript was exported on Mar 27, 2023 - view latest version [here](#).

Speaker 1 ([39:19](#)):

Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast, please join us next month when we have a conversation with Rabbi Sam Weiss, the new Rabbi of Congregation Bethel in Bangor.