Speaker 1 ([00:00](https://www.rev.com/transcript-editor/shared/NvY_MnITDMIwBSF_Fc6WF6lDYG78YvUJvvMIe0_wjm82BI-CZtO6ilwUQZAZf8Ae6BxvEo-D1WNI1K4u3JT2yYl8tY8?loadFrom=DocumentDeeplink&ts=0.9)):

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Speaker 2 ([00:16](https://www.rev.com/transcript-editor/shared/QmnbsaYN7B9F6eyAOwZDCk_LGFKoRTWcTs1GBJhONUyxi5a8MN54p8atCShUMAj2477nI0ktWDt5pEI7-ZNejEhdyAE?loadFrom=DocumentDeeplink&ts=16.92)):

Hi everyone, and welcome to this episode of Ask a Death doula. My name is Suzanne O'Brien. I am reminding you that this week is world training day. What is that end of life world? Training day is where we get together as a world and do free training for family caregivers, community members, and even medical professionals, whoever, like to learn the three phases in doula givers, uh, the model of care, how to care for somebody at the end of life in all three phases with interventions to use in all three phases. And this training is absolutely incredible and works anywhere. It works in mansions, in Millbrook and dirt floors in Zimbabwe. So join us, please share with your friends, and this is how we change end of life. The link is below. Alright everyone, this is gonna be a really special episode. I'm gonna share with you the, let's call it rebirth of the death doula movement.

([01:14](https://www.rev.com/transcript-editor/shared/lzgWC8oOIBd2WdQapWS1mRApDzlD2KuBUimURt17zTcSm9t_chcZr6lMo2Mh80142aYLyE7N60hm39YGkkE-BBe_mZ4?loadFrom=DocumentDeeplink&ts=74.91)):

And why I say rebirth is because we've been dying for thousands of years. So we know we know how to do this. We just lost our way and we became very medicalized in our care for end of life. And with doing that, we, we lost our way with the sacredness of death, with the teachings of death, with the awareness that it is our greatest connector in this thing called life and in our humanity. And it just moves me when I say these words because the fact that we're bringing it back and we're, uh, you know, this movement is expanding globally and being embraced with love is how we change the world. We change the world not with a certain president being elected or laws being put in place. And those are all fine. There's nothing wrong with that, of course. But we really change the world when we do our own healing and we change our perspective of the way we look at things and we can change somebody else's perspective when we can show up in presence and kindness and non-judgment.

([02:26](https://www.rev.com/transcript-editor/shared/mILpS7QlAKc1trWqQkZktgMo0L4NbgYg7qBuo73NEkO46dxcIGoawoJgATOiToVAQZpVN5LqYDCOc3pwpc3JmOdlgOA?loadFrom=DocumentDeeplink&ts=146.25)):

That's how somebody changes their perspective. That's how they get out of the anger, the ego mind, the whatever they're dealing with. And life is hard, right? But that's where they say, wait a minute, maybe we are all connected and maybe there is so much more to this journey that I don't need a law passed to access. And that is the beauty again, of what this rebirth of, of the death teachings and the connectedness about life and about consciousness and all, all of what we're gonna go through. But today's episode is particularly incredibly special because it's really paying tribute and giving credit where credit is due to the beautiful people in Zimbabwe that I was able to do hospice work with in 2012. And I'm gonna share with you that journey and, and the timeline of that, which is really, it's ju it completely changed my life and has a ripple effect that is now changing the world.

([03:29](https://www.rev.com/transcript-editor/shared/8G_sA9e8jIOOYV5tWvPYckeD2CMupfH9LwMuGPcsmfLnwUoeWh4LAK9_1tRpm-W0_BFpei-qevkiA2EHN4IlaxHcatI?loadFrom=DocumentDeeplink&ts=209.41)):

So in 2012, I took a trip to Zimbabwe, but I wanna back up and talk a bit about my work in hospice care. In 2008, I officially started to work for a hospice in end of life. Now I am a registered nurse by trade and I was dealing with a lot of elderly in the hospital. And I will tell you this, that the minute that I stepped into nursing, I was calling that we have an elder care crisis on our hands, like a real crisis. And why would I say this? Because elderly would come in the hospital. Um, and, and I'm saying this without any judgment, but we do have to make observations so we can make positive change and see what we have to do to fill gaps. I would note that many times nobody would come to see these elderly people that were admitted to the hospital and people would die in the hospital in that sterile room by themselves with no one there.

([04:22](https://www.rev.com/transcript-editor/shared/W6mZxMJcrOjvC-uP_TvcKDh9RS9iRk0NrWvZ3kJxkRit_invUJmww6wH-qLhzdP2SPTtpOQgvlTXIinOBJyh2vcExZ8?loadFrom=DocumentDeeplink&ts=262.61)):

And I thought, what, this is not how this should go. But the other thing that was really impactful at that time for me and still is, and something we advocate for is that when we are on a very fragmented schedule in the mainstream medical where nurses have, you know, a whole bunch of patients to see a whole bunch of documentation, you know, it's just a, it's unfortunately a real mess right now. We don't have the ability to have time with our patients, time for care, time for presence, time for just listening. And that, in my opinion, is the best medicine we have to give to one another. But when you have elderly that come in that are not end of, let's just say they're not end of life, but they are, you know, they're very sick and they need things, they need time, they need someone.

([05:10](https://www.rev.com/transcript-editor/shared/hjs7Gf49tCngD36-RvxNwArprqN8_KWUAl3F6ql1Jd6mLgZJt70PcbM-ZsShfdEsK_awxMiJMoPbJtlgyLuNvPWKTc4?loadFrom=DocumentDeeplink&ts=310.27)):

So one of the things that was happening in the hospital, and of course, you know, if you know myself at all, I really am a patient advocate for change. And again, not trying to point fingers at, at the people or in, or organizations, but saying the minute that we put a dollar amount and a time limit on end of life and even care, were doing something wrong. So one, one of the things I noticed is that when elderly would be in the hospital, you know, the meal tray would come, right? So they would be delivered by the staff, they would be brought in at a certain time, the tray would be put on the tray table. And then they, about 45 minutes later, the person would come back and pick up the trays. And I noticed that, and it's really hard for me even say this at many times that tray would be brought in, not touched by the person because they couldn't, because they could not feed themselves, they could not open the, um, little, you know, juices and the the things that are really sealed, picked up without being touched and not a blink of the eye or not anyone saying anything.

([06:19](https://www.rev.com/transcript-editor/shared/ag-rPowW-_2Jk_A6lQk3bUvxeS-1MrY26YEgNgvgrQSVMXmUODL5FcxJsmxWM3Fjvr6S28JdmiykR5LtApGd-432bTw?loadFrom=DocumentDeeplink&ts=379.37)):

Now, how can we turn our head at that? How can we, so of course I brought it up to the head of the hospital, um, that the people aren't, aren't eating, they're not being fed. So we need to do something. Well, you know, we need, we need more staffing. At that time, I couldn't do it as the nurse, I had too much to do. But what about hiring more aids or hiring somebody who could just do mealtime and you know, it was, it was met with, well, we don't have the budget for that. And I just wanna say, and again, there's no judgment, but we need to make some observations. How much are the head of the hospitals making? How much are the top directors making that we can't put another $20,000 into mealtime for people? So I think that we've really lost our way of what we're doing here.

([07:06](https://www.rev.com/transcript-editor/shared/JvLrObrjwFWYn_X8K8eFGYRND7Pz7lg3a0JrpKEK7e3u7fenqoDvvAGTNKnn76X772ZSgUgzqy7lpw8jMp71EwG5NWE?loadFrom=DocumentDeeplink&ts=426.68)):

So I, I finally followed my heart to hospice. And when I say followed my heart, for those of you who know me, I had no end of life experience. None. I had one grandmother who died. I wasn't even close to her. I was very young. They told me she had died. It didn't really mean that much to me at the time, but no one, nothing else, no one else. And I kept hearing this internal silent, but yet very clear voice saying, go to hospice, go to hospice, be a hospice nurse. And I was like, why am I hearing that? I don't have any end of life experience. And at the time I, you know, was a single mother, uh, had just bought a, uh, very, very old broken down home to put my son in a home so he can get a dog. You know, all the things that you want.

([07:50](https://www.rev.com/transcript-editor/shared/ItW5FVW4np4cCKX1IkPnSeReM2MGq5Jp8WBE55NiMBnkdO9UXE0eZPIx_KgPKD4XQE90hFZvV2I5IPkxrmT0XXexxmY?loadFrom=DocumentDeeplink&ts=470.9)):

You want the best for your, your children. And if I had left this particular nursing job to go to hospice, I'd be leaving a job with better pay, better benefits, better hours, plus going somewhere where I had no experience, made no sense, right? Analytically, it made no sense. But every time I thought about working with hospice patients, I got this feeling, this connected beautiful feeling that, you know, just kind of lit up my heart. And I said, I'm just gonna follow this. I'm just gonna see what this is. I have to see what this is. And I remember the very first day that I went out to see hospice patients. The first day I knew I was in the exact place I was supposed to be in, in my life. It felt like you could breathe for the first time. It felt like a piece of the puzzle finally fitting.

([08:40](https://www.rev.com/transcript-editor/shared/Mb1J5Dj48F1wLfjFvds2WEwRpROvQ3sLFNBAB6E4zJz85K09Z9ymLOUdvYW-olaxbbzBcIdEty_Fa61VBdcM5f_IdLM?loadFrom=DocumentDeeplink&ts=520.85)):

It's the day that I call becoming the wealthiest woman in the world because wealth is not dependent on just money. In fact, I don't, you know, money, that's a whole different thing. Wealth is the richness, the fulfillment, the connection that you have in this experience. And I was the happiest I have ever been. And I said at that moment, that day, I said, that's how this works. That's how this thing called life works is when you follow your heart and it doesn't make sense, it's not clear and you trust in it anyway, that's when everything breaks open for you. So I had found it, this was my purpose and I was so fulfilled seeing hospice patients, but there was so much, um, challenge and gaps. And I thought for sure I knew as a mainstream medical, we weren't talking about end of life in mainstream.

([09:34](https://www.rev.com/transcript-editor/shared/al6_H84zLOuO3dn2kZLnkbFMJgfpLvEFQDxh6cFS4_50gMyal7n-NA60z5rR9QsLmPQ3xFdZwRpTnpkjkaXgwDWKxkU?loadFrom=DocumentDeeplink&ts=574.62)):

But I thought for sure when I got to hospice care that we'd be talking about death and end of life and the natural process that it is. And we, and we weren't and we weren't. In fact, I had patients where I'd come in and the families, I'd come in as a hospice nurse and the families would say, please don't tell them that they're dying. And I'd go in to see the same patient and the patient would say, please don't tell my family I'm dying. And I'd say, why not? And they say they can't handle it. So this conversation, what what has happened, cuz I've done lots of studies on it that about a hundred years ago, we've made medical advances, started to learn how to keep people alive and made huge medical advances where we literally removed death as a natural part of the life cycle.

([10:23](https://www.rev.com/transcript-editor/shared/kFzCtBu7xgOJ32LA7RHZRDhbUuYm4F_i-yOzdSEhHw4SGEVvMUJP6yaztHbUiuKPH1yAluLtmZ5Tvv-XpWohgYUfB7I?loadFrom=DocumentDeeplink&ts=623.52)):

In fact, we have taught our doctors how to keep people alive. And we can, we can, you can keep people on machines. You, I mean, there's just ways that you can do it. But living and keeping people alive are two very different things. So when we are not treating death, which by the way, no matter how many things we have to extend life, eventually end of life will be a part of the journey when it does show up and we are not living in an awareness that death is a part of the journey and that we should fear it and do everything to run in the other direction. It's a terrible experience, not just for that person, but for everyone attached to that person. So for me, as that young hospice nurse seeing unfortunately end of life's one after the other, that we're not going as well as they could, in fact, people were coming on hospice services sometimes with just days when it's good for six months or less of a life-limiting disease.

([11:25](https://www.rev.com/transcript-editor/shared/JeDvDx77nX0FjtNOSyx89ZwKRM1LqToaiI_yaQD8z1ZdUEQDPayqKLfgKhMDNBOMcVYpL4jYYX8_wIdMlYTn6w6hurI?loadFrom=DocumentDeeplink&ts=685.53)):

I thought, oh, you know, we, we have to do more. And so just started really studying and, and learning as much as I could and saying, what can we do? What can we do? And at the same time, one of my very best friends growing up said, you need to speak to our friend Norman, who is working with um, a hospice organization doing great things in Albany. And I said, oh, okay, great. I wanna, oh, and he had went to Zimbabwe on a trip and volunteered and went to a hospice in Zimbabwe. You need to meet with him. And so again, these are beautiful people that I've known since I was 17 years old, sat down. I remember having a lunch with Norman and I remember, I think he didn't even finish the first or second sentence about the beautiful organization called Island Hospice, um, that he had worked with.

([12:16](https://www.rev.com/transcript-editor/shared/4Oh5W8tOC-dr_ZMBeNFQ1Zugu0elmWRFyoIgxvZ-6XdonKuZAF64EAETBnNYHAmWBjHx12NeYTZ7TLfbiXVjq8I4fDA?loadFrom=DocumentDeeplink&ts=736.06)):

And I said, I'm in. And he was telling me about the beautiful people that he met and also that, you know, there are seven year old children, seven year old children taking care of dying parents in Zimbabwe. And I said, I'm in now. I knew how difficult end of life hospice care is in the United States with all of the, let's call them bells and whistles that we have. We are so privileged to have medication and support and equipment and all of the things that really can help facilitate that good death. But other places in the world are not privileged to have that. And when you're having end of life at such a young age in a high volume, it's our, it's our responsibility as human beings to be there for one another. So he didn't even finish the first or second sentence and I said, I, and I wanna help.

([13:07](https://www.rev.com/transcript-editor/shared/MSPeNFxcGmwWI_QqJRgw6kkAyMUTZV27MnEF4ljKUApq9jgndsA-dZKdxcgHmJApjHkt-Y7kPTpZeq3WIoTwGuIyA7A?loadFrom=DocumentDeeplink&ts=787.45)):

So I started working with an organization called Africa Hospice and they were, um, Africa Hospice Initiative and they were an organization that supported three specific hospices, I believe two in South Africa and one in Zimbabwe. And I started working with them and doing some events with them. And I did my own, um, eighties night. I laugh at it because I loved the eighties music, right when you grew up, what it, what did you grow up with? So I did an eighties night fundraiser and it was just, it was really beautiful. All my hospice people came and the people from the hospital came and it was, it was a wonderful feel good event and beautiful. And then finally after a few times, the head of the organization said, you need to come to Zimbabwe, you need to come and, and meet the people. And I was like, oh, okay.

([13:50](https://www.rev.com/transcript-editor/shared/_qxuohdB3bP-LhiZlLkco499VpwEObAJWnLHFkkuqkClHk5ZIS9V7gAPirzOXK5ogvgcYecJkHF6ZEjXuTuG9WGaG6g?loadFrom=DocumentDeeplink&ts=830.86)):

And he's like, you could go out with the nurses and the social workers and you know, and I was like, wow. You know, seeing through the lens of these beautiful people doing hospice work in a different country is an absolute invaluable experience. And so when my son was going off to college, I said, you know what, I'm gonna gift myself this. He's going off to college. My, my kind of work here is done right at the moment and I'm gonna go to Zimbabwe that fall. And so I remember planning that trip and it was the end of September, 2012 and it was about a month. And that trip changed my life in many ways for absolutely ever. So when I got to Zimbabwe, it was, um, it was just such an interesting journey. And I remember the head of the, um, the medical director of Island Hospice, which is the hospice there in Harari that supplies the hospice care for all of Zimbabwe, picked us up and he was just such a beautiful man.

([14:52](https://www.rev.com/transcript-editor/shared/wPXOEydWuT2M5RN_-qVydDGgE6qX1rhcEQszcUYv_C6fH8lgqWW3gTG44SS3oH0O9Bl3fR1o6akkYbo8ykfAiC-upKc?loadFrom=DocumentDeeplink&ts=892.37)):

He said, welcome to Zim. And it was just, it was just lovely. And then he took us to his home. So we were gonna stay at his home. And I remember getting to his home and when we got there, there were these huge just walls of wood, um, surrounding his house. And you could hear what sounded like Malling huge dog. They sounded like huge dogs to me. And just barking and growling and maing behind the wall. And he turns to me with this beautiful smile that he has and he says, I hope you're not afraid of dogs <laugh>. And so there were about nine German shepherds that were behind that gate protecting his home. And it's a good thing. I'm not afraid of dogs, but it was just definitely a different, um, experience. And so we graciously went in and put, put our stuff in our different rooms.

([15:49](https://www.rev.com/transcript-editor/shared/naq7JrZRLgmfa9Ss7lDt49BWlx05SADqZn6sg_hdS8KrYTP1W1MS_4CbNuwCtBUt4BudsR7uPXMLrg860BH-jDSxTOc?loadFrom=DocumentDeeplink&ts=949.31)):

I was with the head of the, um, organization traveling with him and we were staying at the medical director's home with his family. And it's something in Zimbabwe where the, uh, electricity cannot supply the whole country at one time. So there will be times that you'll just get a shortage of electricity and it will go out. Um, like there was this one time that we were getting ready to have dinner that night and they were preparing the meal and all of a sudden you hear zoo and black and everyone's like, even though it's, you know, early goodnight, and that's the end cuz you just don't know when the electricity is gonna come on. So it's just very, it's really important for us to understand the different ways that people live. And it just lets you hopefully, if you are waking up to the, how much that we have, how much that we have, uh, available to us.

([16:41](https://www.rev.com/transcript-editor/shared/CqWNUb9Y8HTvbtL3VCk0DpWhdZR8KNlZNVJz0RXzTFrFR7IsMbr0VDZze_OlwQfG3DtslZwI7sg9m4gLgmmZeBoOejY?loadFrom=DocumentDeeplink&ts=1001.24)):

So when we start to complain about things, I think we really need to take a a another look at that. So then we went in and I remember the first day I was in the hospice office in Zimbabwe and it was in Harari. I was sitting there and it was a Friday. And um, we weren't on the schedule yet to go out to do like the, the rotations with the different nurses and social workers, but I was, you know, sitting there and I was, it was so interesting. It's like a, it's like watching a sitcom in another world with another language, with different people playing the roles. But the whole same thing. So we were in this one large room, different cubicles and the phone would ring and it would be people, patients, families, um, or people asking questions. And they were the same questions that we get in the us the same questions about pain, the same questions about somebody, you know, changing into their transition phase or whatever it would be, or needing, you know, some medication or something. It was just fascinating to watch. And I started to go out on the first day, I was able to go out with a nurse named Tando

Speaker 1 ([17:50](https://www.rev.com/transcript-editor/shared/frVjaH643ZfhiNfE-dO6lF-Vq1C9q3JeUTHK9cKqJciBCj_9Lc6SonC_A1deoTgBi9OGibTkmZHPOp6GKstjNSBJPPM?loadFrom=DocumentDeeplink&ts=1070.01)):

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Speaker 2 ([18:04](https://www.rev.com/transcript-editor/shared/wNsYEaxfLYDwaDYjL2QyVhVJwyP09J49_zyDZunW9Qu_GaDnqlpchKErrKolmgAnJPRiA89k6HkvIWqZbjIogsbUnXs?loadFrom=DocumentDeeplink&ts=1084.59)):

And she said to me, we're driving in the car. And she said to me, I wanna show you something before we actually headed out into our day. And she took me to this. She goes, I wanna show you something. So she, she drove, um, we were in her ra so we were in the city, the high density area, and she, she pulled her car over and she, there was this metal kind of, um, look like metal wall. So this huge metal gate, part of it was dented, uh, if you would, if you would've told me that this was an, an inhabited building, a brick building and space, I would have absolutely believed you. But she, she knocked on the tin and somebody came and pulled the door open and they greeted each other with these big smiles. And she said, you know, introduce me. She said, I'm here, a nurse from America and wanting to learn.

([18:55](https://www.rev.com/transcript-editor/shared/QRDPsfYXkxRPcmnSOisQmgH_1MHlcjLpFyqecTiPSIQEiSQro4g7zdKQ-YqbkxvRaC3rjQxsxlm-CmTD8LHv1-tDNGQ?loadFrom=DocumentDeeplink&ts=1135.5)):

And they brought me in. And again, if you brought me into this building that was just, you know, really I didn't see any furniture. It was just a cement building. And if you had told me that nobody was doing anything in there, I would have believed you. And then we got to this one room and there was, um, a man who was so beautiful and, and just so excited to share the work that this was a community center, this was a community center. And he was showing me the initiatives that they had and what they were working on. And he had these three big pieces of paper on the tape to the wall with initiatives, you know, um, h I v and tuberculosis and things they were working on. And he was just, it was absolutely wonderful, absolutely wonderful. And then she, they took me, uh, for a little tour on their grounds and this was just so magical.

([19:45](https://www.rev.com/transcript-editor/shared/YhavfPxW3jXvpddAkBZcDIkNwcM4VRkbfNpJ8-OJ0Fb7kSYXIXVsZEQjdZzGGT6zVeV9RTgSe0jr-BFqVJaNQF-_GyA?loadFrom=DocumentDeeplink&ts=1185.84)):

So he took me, we were outside and took me around the side of the building and we got to the side of the building. There were two rows of picnic tables with the most beautiful faces I think I've probably ever seen in these pic si sitting in these picnic tables with, uh, what you call a grandmother. So one of the elders in the village teaching them. So these little pumpkins probably, I wanna say four and five years old, about maybe three to five were there learning, were there learning. And so they were trying to share with them who I was, what I was doing. And they just were kind of looking at me. And then I said something and it did not land. So, you know, there was the language barrier, um, cuz people in Zimbabwe speak Shauna. And they then finally I did, um, I blew them a kiss and I was smiling.

([20:36](https://www.rev.com/transcript-editor/shared/mNaIywdwlLnhT002_Hxfp9T0j2kILO-k2eXzB8N_tnbJFWl9wNzsZjNczTGY8wmTsd8n2PwFSIA-BPqi5HfN525PxAI?loadFrom=DocumentDeeplink&ts=1236.6)):

I tried to do something that I could do non-verbal communication and I blew them a kiss and the squeals of laughter and smiles. It, it's something that you'll never forget. It was such a great moment. So that organization and the beautiful work that they do, that was such a, uh, just a, a great way to start out The trip. The trip was hard. The trip was hard. People in Zimbabwe at the time did not have enough food. Um, there was, there were lots of, obviously challenges going on and it's very hard to go to visit people that have an end of life family member. And you know, they're talking about not having food, not having food. And so we went out on these trips. So we did trips in the high density areas. So in Hara, the city, we did them out in clinics, um, in Chi Chikaka out in clinics where, I'm gonna tell you a few stories about that in a minute.

([21:36](https://www.rev.com/transcript-editor/shared/B2GJuLWt_TSNyrRSFXXweQHzwavmztphFjF0hCUAZNc_wPncQ34QXlhBdNeuWsV_L6KKla7RMJCo-aQursRhF2xgfqU?loadFrom=DocumentDeeplink&ts=1296.88)):

Where people would walk for hours and hours and hours to spend five minutes with the nurse. And we went to orphanages. So we got a little bit of everything and it was, um, you know, it, it shaped me. So when I was going out with the nurses and seeing them do these visits, it's not like they had a lot of medications at their disposal or equipment or things that we have in the United States, but what they did have was the education and time that they were speaking with the family. And what they were doing was taking a neighbor from a neighboring hut and teaching them to sit with that family and take care of that family with that dying person, like a doula for the duration of that end of life. And I thought, wow. And I wanna tell you that the effectiveness of the presence of having that present doula, what I call doula, they weren't calling it a doula, but that present person sitting for the duration, holding that space for that patient and family.

([22:47](https://www.rev.com/transcript-editor/shared/VYCjOshK5nZ8yeYUhh08WLLRlzZs1hVEshscLofPrye6MypdQ0DEohf5SMBdyNcxYNyizUCpMZ-XwnRN7y8AyFQiQjk?loadFrom=DocumentDeeplink&ts=1367.02)):

And that end of life experience was so highly effective with even not having all the medications that we have and the equipment that we have, but just having the knowledge and knowing what was happening and holding space for that, that person and that family. And I thought, oh my goodness, this is just like a birthing doula, but for end of life, hence the death doula. Hence the doula giver. And when I came back to the United States, I brought that concept back because we, we think we're so smart here, right? And we have so much available to us and we've completely lost the most effective medicine we have. And that's the power of our presence. So when I, as a hospice nurse am only allotted one hour a week, one hour a week with a dying patient and their family, it's barely scratching the surface of what's needed.

([23:49](https://www.rev.com/transcript-editor/shared/FCZcmH8HFJtu-0r9U8cvT93DaiEmcQTun7ogWNqXE8BTwR4qWDTK6FuSYqHutNFGQZUKtHGSMe3o8JPt9EWsYyRadzo?loadFrom=DocumentDeeplink&ts=1429.64)):

Cuz what's needed is time. And so bringing back that concept and then developing doula givers immediately is something that I did. But let's talk about a few of the things that I was able to take part in in Zimbabwe. Um, so Bri going out, we went to hospitals in Harari as well and doing hospice care in hospitals. And then we went to, you know, the high density, uh, homes that were there. And again, you know, people just hungry. And it was, the, the complexities that were there were very intense. But then I think one of the things that was really, um, a eye-opener game changer for me was going to Chikaka. And they would go out and they would take a room. And if you told me, I guess this room might have been, it was so tiny, six by six, the hospice nurse would come out and bring, um, as much medication and things that he could, it was a he bo Demi at the time.

([24:48](https://www.rev.com/transcript-editor/shared/Og4YEM7fpgP3y4iNkdP679oBvzGrOSza85Cd1PQTITNF4yi2agRRkzuJThBduSNV7XqB5MQiJf_lHeZn5iyBXuqQFb8?loadFrom=DocumentDeeplink&ts=1488.29)):

And people would walk for hours and hours to come spend five minutes with the hospice nurse. And many times they would come and they would come on behalf of their loved one who was dying at home to get medication or to get whatever they needed. And you heard story after story after story of people just struggling. And I remember there was this one family that you, you know, came and talked about just not having, having food and there's something called meal. There's something that's a powder that Bo Demi had bags of it in his car that people could add water to and it would fluff up and they could just u eat it to fill their stomach so they weren't feeling hunger pain. And he would give out bags of meal and you'd hear story after story. There was this one girl who came in and she was about, I wanna say she was about 14 years old and she wouldn't even look at us, she wouldn't even look at our eyes.

([25:58](https://www.rev.com/transcript-editor/shared/bUUrozukN5wP2NZpilHGseCeZOGlxOH9sssJVbJ2mE110COQD_eKKuXlXbSODPtcw1V5rSlij7nFrNikDrAUX6eRgdQ?loadFrom=DocumentDeeplink&ts=1558.07)):

She'd sat there and you could just feel the weight of pain of trauma that she had been endured and gone over and just in, in the middle. So she told her story and she said that her mother had died of AIDS and her father had raped her and now she had hiv and she had actually told on her father. So she had exposed this, this rape to her family, um, which is not highly common from what I gather. Um, hearing from people and the father's side of the family shunned her. And she went and lived with her maternal grandmother. And her maternal grandmother would make money by selling wares at the, um, um, I'm sorry. She would, I think she was working in the, in the fields and she had now developed, uh, it sounded like congested heart failure where she could not work in the fields anymore.

([27:03](https://www.rev.com/transcript-editor/shared/jreeU64zwi24WK80P7wWhUKpfqGn-viqCc4G4oPLzhZj3mQiyoILCxgZLFdRVLjBmt3Na_luk5cfre7GX10fLAcktpU?loadFrom=DocumentDeeplink&ts=1623.15)):

And so they didn't have any money income coming in and they were hungry. And so here's a girl with all of that, all those layers of trauma, her mother's death, the rape that she had endured. Now she had HIV shunned by her father's family. Now her grandmother, who was the breadwinner of the family, was not able to work in the fields anymore and they were destitute at the time and it was just overwhelming to, to see the pain, to feel the pain of this girl and also the uncertainty of where they were they were going at this point. And so they were speaking in Shauna, but, but Emmy was, was translating to me and he was, he was sharing with me and she had said that cuz they were trying to figure out another way for the grandmother to make money. And she had said that her mo her grandmother did at one point or was capable of making wears, I'm not even sure what that really is.

([27:59](https://www.rev.com/transcript-editor/shared/A9oXYfAQDtT8Kh71FvuD8HCw_Wpdse0fbgb-poESgzKruErkIAIpePtD_z4gV05nkuTPuZ83yEpMwNV360nlMX52FR0?loadFrom=DocumentDeeplink&ts=1679.7)):

Maybe clothes or things that she could sell at the local farmer's market. She could sit down and make wears, but they didn't have, um, a sewing machine or the material to make wears and stuff. So obviously you take this in and you're just thinking about these stories one after the other of people coming and what people, you know, are going through in, in, in their lives. And so I did say, I just asked, um, the volunteer coordinator, I said, is there, or the, I think the head of the social worker is there just a way that we could gift this family, um, a sewing machine and material that they could start to make those wears and, and work at the, and they, they said, you know, okay, um, and they put a, you know, a uh, a letter together and they had to go through a little bit of things, but they approved it.

([28:53](https://www.rev.com/transcript-editor/shared/eti56FukSFJFG2RYuHzUFM7WkqXC7IqiCvRDhxseZZ1benJ8XdQLoG1_7AokZtqUG2VagUjHxc0xL99iy4zkpDOMWlE?loadFrom=DocumentDeeplink&ts=1733.04)):

And I have to tell you, I think it was only like $300 or $350, but the difference that that could make for that family. Now this is another thing that was so fascinating to me, is that in a, in a country, you know, obviously there's a lot of struggle when I went to the ATM in Harari to get money out so I could give that money so that they could set them up with a sewing machine and wears a hundred dollars bills came out of that atm. What I don't even think we have that in most of the machines I know in New York City it's twenties. It was, it was very confusing to me. But, but there you have it. So we were able to do, and here's what I want to share with you, is that things in our lives will present that are opportunities for us to just show up and to do something, $250, $300 didn't mean a lot of, I mean, yes it was, I didn't have a lot of money, but didn't mean a lot of money in the big picture for me meant a lot of money for somebody else.

([29:59](https://www.rev.com/transcript-editor/shared/an_uAzu29ehh1Eqh-UK62hSZ7eIFo1wRFq7AAIK3_mWhqanL7eRk6OaGWVpl93aN92PMW6QFxsYS4Fi5095go0tkLWI?loadFrom=DocumentDeeplink&ts=1799.14)):

And it meant that they could start something for themselves that can continue on. So I just wanna say that in our world, in our days, there are opportunities that present themselves that we can make a difference in somebody's life. And, um, we wanna just be open to those opportunities. So that was an experience being in those clinics and just, you know, knowing how how much this five minutes, five minutes meant with a nurse, um, and these nurses and social workers and the people that do this work are absolutely, absolutely incredible. And then I wanna talk to you about a story of going out with a social worker. I didn't know him very well, but it was my day to go out with him, um, on hospice cases.

([30:49](https://www.rev.com/transcript-editor/shared/FlxGXj3YM1Ct9sfUfuQWtIK5tC-lXSvUFmDZF1_jRLQONnIzyfvHEuwKlajoZ_whPbEwQ1uM3qwnDApSPy4XpPskWts?loadFrom=DocumentDeeplink&ts=1849.39)):

And I remember we were driving and he said to me he was in his thirties and when people travel in Zimbabwe, um, a lot of times they travel in these big kind of buses and things that are, you know, it's not like regulated. I think there's just a, there's a lot of accidents that happen. And his wife happened to be going over to South Africa, I feel like, to go shopping, he said, and there was a bus accident. She died in the bus accident. And this is the story that I want to tell you. He said to me that his wife died in an accident going um, over to South Africa. And he said, and that night he said, I don't know if I was dreaming or if I was awake, but she came to me and she said, I came to say goodbye. And he said, where are you?

([31:39](https://www.rev.com/transcript-editor/shared/JQjBQf0sbr4CsttxLGZMR52pvitVM6yIPWrD-IY5w0kV6rZtISMTXUlRmRcYZpWAy9X7ZMJyxBztla7yRJYxGJ_jnD4?loadFrom=DocumentDeeplink&ts=1899.44)):

Where are you? And she said, I just came to say goodbye. And she was smiling and then she left. And I wanna tell you this because the hospice workers and what Floyd was telling me at that time on, on that, in that car ride are things that we hear all of the time as hospice nurses, n nurses from families, we hear that. They say that my dad was here or my mom came to me. This is something that is so very common. So the fact that here I am across the world and people are saying the same experiences that they're having is something that is what you call universal. And when we bring back the universal teachings of this experience of end of life, it will dramatically change your life. There is no way I started living in my fullest best part of who I am when I became a hospice nurse.

([32:43](https://www.rev.com/transcript-editor/shared/mEVbGATldYzq2SpBcUrq_PQVuHHNbWNb9BEz-p403MtkDdHceTLFt7sIDGvNGrx4N51q8zhmu16BpAuW7JmfgWj6dDc?loadFrom=DocumentDeeplink&ts=1963.07)):

Why? Because I was connected to something so much greater than I ever knew before, connected to presence, the true power of presence, connected to compassion, connected to knowing that time is my greatest commodity and how I choose to spend it is the greatest decision that I will ever make in my life. Because we know that one day this journey will not be the way that it is today. I just don't know when that's gonna show up. So every single day, finding joy, finding gratitude, finding connection, so that one day when that does come, I can say, okay, and I wanna tell you now that they say that death is the number one fear in this world. Number one fear. And for my patients it was not, it's not the fear of death, it's the fear that they didn't live. I wanna say that again. Death is the number said to be the number one fear in the world.

([33:46](https://www.rev.com/transcript-editor/shared/YIjyP5o00y8vkGXx1LHOhWrCXsQ00X4ItHpvZEK3DwejxNaToaA8KwM5zN2bEcN-dqHxX0l2gjSX6mxujbuP-fedpCk?loadFrom=DocumentDeeplink&ts=2026.88)):

And for my patients, and I've been honored and privileged to be over with a thousand people at the end of life, it is not the fear of death. It is the fear that their time is up and they didn't live. Don't let that be you. Don't let that be you. So the trip to Zimbabwe taught me the power of the presence and how we can be so s instrumental, supportive, effective, caring for somebody at the end of life without lots of medication or equipment. We forgot that death is not a medical experience, it's a human one and it's a holistic one. So when we know what to expect, when we know how to care for somebody, when we know the interventions that we can use for comfort in those phases or simply let the person know, the family, know that what they're seeing is a natural part of the end of life process and not to be afraid changes absolutely everything.

([34:47](https://www.rev.com/transcript-editor/shared/y_m_VGmLCsTabHl_oSaz0V7Kb8BOgkr9ZQPKLG2gkqYYCm5t6X3arvGe4G7Ob26Sp4VtC9gOV0z8yckEpxOe9QVUh-g?loadFrom=DocumentDeeplink&ts=2087.9)):

So I came home and I started writing how to care for somebody holistically in the three phases of end of life. The doula give doula givers model of care, the interventions to use in each one of those phases. And I said, this is what we need to do. The concept of the hospice nurse is that I'm supposed to teach the families how to care, teach them how to care for that dying loved one. I cannot do that within an hour once a week. And I cannot do that when people are coming on hospice for only a few days left. It's impossible. So I put this training together with all my experience. I knocked on the CEO door of my hospice and I said, may I talk to you for a minute? I said, people are not having positive end of life. This is not going well.

([35:33](https://www.rev.com/transcript-editor/shared/lMoAKX8Di_PmWD1nDn_kIzYG0bilbQ1AsqPFQYRQ_td5YlM1WobeAucKnfi0flbWsmKnzvMlnNO2uRm4JWi8z0wYqSQ?loadFrom=DocumentDeeplink&ts=2133.11)):

We need to do more. He said, well we really can't do more. I said, I have an idea. What about if we can teach people how to care for their loved one before they ever need it in its completion from start to finish. And he looked at the training and he said, this is great. I love this. We can't do it. And I said, why? He said, cuz we won't get reimbursed for it. We won't get paid for it. So it does not fit in a reimbursement model of how hospice gets paid. And so I said, well what is the reimbursement? And hospice is paid on a daily per diem, $166 a day at the time. And I said, oh, keep your money. I'll go teach this at the library. I'll go offer this at the library on the weekends for free. And whoever wants to come can come.

([36:16](https://www.rev.com/transcript-editor/shared/V362cAZmfZd4mdAlt_-0TdJzuFPjUGrUwLXD-__TavfbFw_QnFSARlG-_zmU-NaFFehlA4H41MYWWJ8U-uY28ixqFTM?loadFrom=DocumentDeeplink&ts=2176.58)):

And guess what happened? It filled up. It filled up, it just took off. And then the news got a hold of it and said, okay, this girl is, you know, this hospice nurse is teaching this doula giver end of life doula program. And then I put it online and I started making live webinars. That is the vision and that is the mission of doula givers at the very beginning, teaching the level one doula givers, training for family caregivers, community members for free. And that is still the main mission. Now in two in how many years later are we? A long time. And to date, we've had over 200,000 people register for that training from all around the world. And it has been an honor. So the news picked it up, it went to the London Times. Now we, uh, <laugh> it has just been such an honor.

([37:09](https://www.rev.com/transcript-editor/shared/cEgGNykdIDo6RIrHNaRqE5AWImKcMi5fPiy2i1pQjP15KdnkX1FlF0AFGqlpVkWOgremMVu_wU50q6IetUd1zWJHHH4?loadFrom=DocumentDeeplink&ts=2229.66)):

And we have people that join every single month from all over the world. I am on their live, it's a 90 minute training and I stay on and answer questions live. And I want to give credit where credit is due this trip to Zimbabwe and the amazing nurses, social workers, people that work there showing this nurse from the United States, the power of our presence being the best medicine we have to give at the end of life and how effective that is. So, so much love to our brothers and sisters around the world and what they've taught us. And so I want to again remind you that World Training Day, end of Life World Training Day is April 20th. I will be on their live. I'll be teaching the doula givers end of life training, live and staying on and answering your questions. I want you to join us in global community.

([38:06](https://www.rev.com/transcript-editor/shared/FD0jjFzonaL4Hyt5HcLyUw0JT5-dR3_jGaurcG69cyjxU0op2HyBhMMTs9hNVpvi69unznsVcxSt7ZjSulQ0s7Al19o?loadFrom=DocumentDeeplink&ts=2286.51)):

I want you to share this event with those that you love posted on your Facebook group. Let us know again, when we bring back the sacredness of death, we are bringing back the sacredness of life. We are changing perspectives, and that is how we change the world. I love you all so very much World Training Day. The link is below. Please feel free again to share this. Please join us and change the world together. I love you all so very much. This is Ask a Death Doula. My name is Suzanne O'Brien and I will see you in the next episode. Bye everybody.

Speaker 1 ([38:48](https://www.rev.com/transcript-editor/shared/IrwzDFvdaLem_E7RI1W0MXwtRd9UFEo7_LZZmUEdeS9aGdZPvCyGeKYx9Zk_COjB0eLvpvgUxX4jRJBUoXlxBNFc1SA?loadFrom=DocumentDeeplink&ts=2328.52)):

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