

Speaker 1: The HD Insights Podcast is brought to you by the Huntington Study Group. The Huntington Study Group is a nonprofit research organization dedicated to conducting clinical research in HD, and providing critical training on HD to healthcare professionals. Funding [00:00:30] for this podcast is made possible through the generous support of listeners like you and sponsorship grants from organizations like Genentech, Teva Pharmaceuticals, Neurocrine Biosciences, UniCare, [Vasnex 00:00:44] and WAVE Life Sciences.

Kevin Gregory: Hello, and welcome to the HD Insights Podcast. Thank you for joining me today as always I'm Kevin Gregory, director of education, communication and outreach at the Huntington Study Group. [00:01:00] On this episode, Dr. Daniel Claassen wraps up our three part series on the gene hunting project in Venezuela. And it only seemed appropriate that we conclude this series of conversations with insights on the current situation in Venezuela. What has, or has not changed in the 25 years since for those HD families and communities. For that, we were honored to have Dr. Ignacio Munoz-San Juan president, and founder of Factor-H join Dr. Claassen on the podcast.

Kevin Gregory: Factor-H [00:01:30] is a not-for-profit humanitarian foundation founded to facilitate humanitarian and medical aid to diminish the suffering of local communities affected by Huntington's disease in Latin America. Dr. Munoz San Juan is a neuroscientist working at CHDI foundation where he leads a large team of scientists developing therapeutics for Huntington's disease. He started Factor-H in 2012 together with Dr. Claudia Perandones. So without further delay, here's [00:02:00] Dr. Claassen's conversation with Dr. Ignacio Munoz-San Juan.

Dr. Daniel Claa...: Great. Well, thanks everyone for joining this podcast of HD Insights. We're continuing our series of podcasts where we a look at some of the healthcare disparities in Huntington's disease care. We started off this series by looking back at the Venezuela project, [00:02:30] and we've heard from Ira Shoulson, and Leon Dure about their personal experiences. We've also highlighted some of the challenges with a healthcare delivery for children, and now we really have a real treat to have Ignacio Munoz San Juan, join us from Factor-H. Ignacio, thank you for agreeing to be on this podcast.

Dr. Ignacio Mun...: Thank you for inviting me.

Dr. Daniel Claa...: So, Ignacio many people [00:03:00] know you but some people don't. Do you mind just kind of giving us a summary about what you're doing? I understand on your website, you're a neuroscientist working at CHDI, but I'm sure there's more than meets the eye. Can you tell us a little bit about yourself?

Dr. Ignacio Mun...: Yes. So, as you said, I have a PhD in neuroscience and I've been working in the field of Huntington's disease for about 12 and a half years at CHDI. I'm one of the two [00:03:30] VPs in Biology at CHDI and I'm responsible for all of the drug discovery efforts in the area of Huntington lowering, including some of the

preclinical work that supported the [inaudible 00:03:44] project that is now in phase three with [Roche 00:03:47] the development of the Huntington quantification assays, and many other projects. And this is really my introduction to the field of Huntington's disease. I don't have any [00:04:00] family history of HD, or any close friends that were affected by HD prior to me joining CHDI. One of the first things that I initiated at CHDI when I joined in 2007, was the tried to extend the efforts that CHDI was financing in Europe through EHDN to Latin America, given the history of the disease in Latin America.

Dr. Ignacio Mun...: And the fact that, being from Spain, I have a lot of [00:04:30] scientific contacts in South America. So we organized a set of meetings to try to establish a network of clinicians, and scientists working on HD in all of South America. And in 2010, we had the launching meeting in Brazilian Rio De Janeiro. And that's when I met some of the families, and family representatives from Colombia, [00:05:00] and Venezuela, and Brazil, that they started talking to me about the really difficult conditions that many of the families were experiencing.

Dr. Ignacio Mun...: And I like everybody else in the HD field knew that history of Nancy Wexler and Venezuela, but I really had no understanding of the current situation in the community. So I decided to spend the following year, and a half of my holidays traveling through [00:05:30] South America. So I went to Brazil, Colombia, and Venezuela to sort of get to know the people there, and meet the women that were managing the local, a family associations, working in these communities. And that's when pretty much everything changed for me, because I couldn't go back to my regular science job at CHDI, and forget about what I had seen in [00:06:00] many of these communities and that's how Factor-H began.

Dr. Daniel Claa...: Wow, that's a really powerful story. For the listeners, can you just tell us a little bit about some of those stories, and just paint us a picture of how compelling they were?

Dr. Ignacio Mun...: Yeah. So, I'll start with two parts where most of our work has been concentrated on, and that's Columbia, the Caribbean coast of Northern Columbia, and the region [00:06:30] of Maracaibo where the Wexler team worked for many years there. So, these two areas are about 150 miles apart from each other 200 miles maybe. So they're pretty closely linked geographically. It's unclear whether these are related families, or not.

Dr. Ignacio Mun...: But in the Northern coast of Columbia there is a pretty big town called [00:07:00] Juan de Acosta, very close to a large city called Barranquilla. And that was considered the second largest cluster in the world after the clusters in Maracaibo. But what was unknown to everybody, including the Colombian clinicians that I knew was that all over the countryside of that several provinces in the Caribbean coast, you would have a very high density of families living in rural areas [00:07:30] that have never been documented, that had never seen a neurologist, and they were living in incredibly impoverished conditions.

Dr. Ignacio Mun...: So, the features that I saw there were lack of access to any type of medical support, a heavy burden of discrimination many patients ended up abandoned by their families, or to the best that they could, they would lock them up in rooms [00:08:00] for years with no visitations by anybody. So they had complete social isolation. There knew what the disease was, but most of them had not had access to genetic testing or counseling. Because of the poverty conditions, I saw people who died of starvation. And this was something that I also saw in Venezuela, and any other type of support that you would [00:08:30] think is mandatory for people with particularly late stage Huntington's like diapers, adequate bedding all of that was absent in this community.

Dr. Ignacio Mun...: So you had a feeling of absolute desolation for many of these families. In Venezuela, which is probably the most impactful visit that I think any HD person can undertake, there are two communities where the Wexler team worked on. [00:09:00] One is a neighborhood in Maracaibo called San Francisco or San Luis. At the moment I've been visiting pretty much every year with the exception of this year because of COVID. I haven't been able to go back, but we have a lot of activities there. And in this town of about 3000 people. Last time we checked, there were about 90 people affected with Huntington's disease. And [00:09:30] many of them are living in extreme poverty. They're wandering the streets. They don't have access to genetic testing. They have access to medications that we provide by shipping it from overseas.

Dr. Ignacio Mun...: And now they have a psychiatrist who we hired to provide a weekly service for the patients. The HDF finance, [inaudible 00:09:52] in San Luis for many years. And that was providing excellent medical care for those patients. [00:10:00] But the center has been closed for a number of years now. Even the local ambulatory clinic was closed due to the financial situation in Venezuela. So the situation in this community is one that you find people walking around the streets all the time with very little medical support, they're all old poor. We tried to provide nutritional support, and medications as much as we can. The last place I wanted to mention is the town of Barranquitas, [00:10:30] which is the largest cluster in the world is four hours South from Maracaibo City on the Lake.

Dr. Ignacio Mun...: This is where a lot of the families contributed to the identification of the gene for many years, and the situation there is just horrific. I would always like to describe it as imagine a leprosy colony from the middle ages, kind of what it seems like. People living in sink homes with no furniture, no running water, [00:11:00] no electricity about 110 degrees weather, with 100% humidity people who are essentially left to die with no support, no hygienic support, no medical support. Lots of kids that end up being on their own living on the streets, because either the mother dies from HD, the father leaves, or both parents have HD. So the situation there is just extraordinarily difficult. I'll give you another [00:11:30] example due to the situation in the country where a lot of the social infrastructure has been broken down, there's only one school for the entire village and one clinic, the clinic was raided and essentially people

stole pretty much everything that they had. And they have no specialists that can see people with HD.

Dr. Ignacio Mun...: And the local school was also invaded, and everybody took all the tables and chairs. And the school has been closed as far as I know for a year and a half. [00:12:00] So none of the kids in the school in the town, approximately a 1000 kids can go to school. So the situation there is really dire, and really difficult. And when a person obviously manifest with their psychiatric symptoms, or late stage symptoms, there really is no nearby place that you can take it.

Dr. Ignacio Mun...: So part of what we're doing through working with local associations is to provide sort of emergency support, [00:12:30] or burial services, you have to understand that more than 50% of the population of this town doesn't work. When they work, they work seasonally by fishing, mostly crabs, they don't have any money not even to pay for the burial service when they die, and for the casket. So that's something that I never expected that we had to do, but this year we paid for 12 people's casket and funerals. So the situation there is really terrible. I think in the [00:13:00] last few years its been compounded by the mass exodus of professionals. That used to work caring for the communities, the local medical geneticists, and the neurologist. All of them have to emigrate the country, because of the socio-political situation in Venezuela. So, they've been left with no one to really provide medical assistance to them.

Dr. Daniel Claa...: Yeah, just amazing descriptions. And just the picture in my [00:13:30] head is just quite striking. I guess the first comment I'd make is that it seems that the infrastructure not only healthcare infrastructure, but just infrastructure for living is completely decimated. Is that a fair way to picture this?

Dr. Ignacio Mun...: That is correct.

Dr. Daniel Claa...: Wow. So I guess, when you go there, do you go by yourself or do you bring a team of people?

Dr. Ignacio Mun...: No, well, it depends the way [00:14:00] we set up Factor-H is an organization that partners with local organizations, nonprofits, that includes family associations. So just to give you an idea, we are covering the salaries of every person that works in every HD Association in Venezuela, so that they can do their jobs, because with the collapse of the economy, basic salaries could be \$5 a month, \$10 a month, and people can't live off of that.

Dr. Ignacio Mun...: So in order for them to continue their work with their communities, we [00:14:30] provide for salary. Then what we do is we define joint areas for collaboration, whether is medical and that includes volunteer physicians from the local universities, or we hire physicians to provide a more regular service. We also work with other nonprofits that manage all of the activities on the ground. So even if I go alone, I'm always with a lot of local people. And in fact,

what [00:15:00] we've always communicated is that Factor-H is just an agent of service to them.

Dr. Ignacio Mun...: So they don't need to know who we are, and why we're doing what we're doing. And I think what we care is to make sure that adequate help is channeled to benefit the families in both towns in Maracaibo also in support of the Caracas National Association, who has over 1600 families register with them, just to give you an idea.

Dr. Daniel Claa...: Oh wow, [00:15:30] so tell us what the... In our clinics, we see a lot of challenges with this literacy of concepts like autism will dominant and such. Even in our clinics we have problems with communicating this. I assume you see similar issues with explaining Huntington's disease, or is that just kind of understood that it goes in families, and?

Dr. Ignacio Mun...: Yeah, I mean I think [00:16:00] these communities have seen generation after generation suffering from Huntington's. And that's triggered also a lot of discrimination and social exclusion from those families, which is a big problem for kids and teenagers. It's part of everyday life, almost to the point where it always strikes me as very strange to see children playing around, and going in and out houses with people [00:16:30] dying inside, or just died. That would be very difficult for us to witness, but for them is everyday occurrence and they just don't think anything of it.

Dr. Ignacio Mun...: I think the people in San Luis are more educated than average, so especially young people, and people who still remember the Wexler teams they know about the inheritance of Huntington's and they know some basic concepts about the disease, and the symptoms. I think about Barranquitas is very different, because [00:17:00] most of them don't know how to read. And it's not a very educated community generally, let alone about HD. They do know about the fact that is a genetic disorder because of so familiar with the symptoms, given the prevalence in those communities.

Dr. Daniel Claa...: Yeah, thank you. So I guess, my first question is, what can we do in [00:17:30] relatively a rich western country where we'll spend \$5,000 for a PET scan, and people are getting \$5 salaries. I mean what do you tell neurologists, or psychiatrists, or clinicians like myself who are being exposed to this brutal description? What do we do tell me what to do?

Dr. Ignacio Mun...: So I think there's [00:18:00] different approaches to this, I think the first thing is to say thank you for having me on. And it still surprises me the little knowledge that exists about Venezuela, and about other parts in Colombia, and in Peru where people with HD are living in really difficult circumstances. Some of those circumstances have to do with poverty as much as with Huntington's. But as you know they tend to be linked when Huntington's has been in a family for generations, because [00:18:30] of obvious reasons where people can't work, and therefore they lose their ability to provide for the families, and generation

after generation. This really gets compounded, and people end up living in extreme poverty.

Dr. Ignacio Mun...: So I think knowledge is the first thing, and awareness that we've benefited a lot from the contribution of these communities, and we should know what's happening, and maybe educate ourselves as to how we can help. At Factor-H we've established [00:19:00] a pretty large network of collaborating nonprofit, and local institutions in Venezuela, and also in Colombia. And there's a variety of projects that we can undertake in terms of community development, and in terms of providing access to education, access to food, and supplements.

Dr. Ignacio Mun...: For example, we're shipping medications. So, there are specialists in those countries who can manage the symptoms where they need access to [00:19:30] medication, and they need access to information. So an immediate thing that becomes obvious besides financial support for some of the projects that we're trying to undertake, is thinking collectively about how we can potentially work with manufacturing organizations specializing in treatments for HD or neuropsychiatric symptoms to establish a method to get regular medication over to those places through the system that [00:20:00] we've already implemented, we're also trying to establish regular conferences with specialists, and to provide a framework, but we can take local health professionals. And I don't mean only neurologists, but nurses, rehabilitation specialist, speech specialist, nutritionists and then send them to either Latin America, or Spanish Centers of Excellence to get trained, so they can go back, and then [00:20:30] they can provide adequate care, information for the caregivers.

Dr. Ignacio Mun...: There's a lot of material, and access to resources, knowledge base resources that we can provide, in maybe a much more effective way that I've been able to do so far through Factor-H that would benefit from having significant individuals in the HD world. Scientists, clinicians, and companies to [00:21:00] take on this issue, and see what we can do to help.

Speaker 1: We'll return to the interview on the HD Insights Podcasts in a moment. We hope that you're enjoying this episode. As, a nonprofit organization. The Huntington Study Group relies on the generous support from the community, and listeners like you to continue bringing you in depth content on HD, like this podcast series. If you like [00:21:30] what you're hearing, and are interested in supporting HD Insights through a grant or donation, please contact us through our email address [info@hsglimited.org](mailto:info@hsglimited.org), or by calling toll free at 1-800-487-7671. We greatly appreciate your support. And now back to our episode.

Dr. Daniel Claa...: [00:22:00] Are there government barriers? I mean you think about Venezuela, and one of the... At least in my mind when I read about it, it seems like a lot of barriers to trusting people from the United States, for instance.

Dr. Ignacio Mun...: Well, yes and no. I mean I think there's something that's happen in Venezuela as a consequence of this very issue, which is there's a lot of Venezuelans after the

diaspora all over the world who are very eager to collaborate [00:22:30] with companies like Factor-H to provide help. So the help comes from the organizations that we've partnered with, the help doesn't come directly from the US.

Dr. Ignacio Mun...: So we work for example, with an organization called [inaudible 00:22:44] in Venezuela out of London for the last few years, and we collect medications through our European colleagues, and they ship it for free for us, and the doctors down on the ground get the medications, and they provide it for the patients, [00:23:00] and that comes through a network of Venezuelan organizations set up elsewhere. And there are mechanisms to do this. It's complicated, it's cumbersome, but it can be done. And we've been doing it now for a number of years. On a small extent.

Dr. Daniel Claa...: Okay, is there a role for telehealth? Do you see that as a potential way to break down some of the physical limitations of seeing specialists?

Dr. Ignacio Mun...: Yes, I would say yes, I think there's two [00:23:30] aspects to the sort of health procurement for these patients. I mean, one of them is medication. And, in fact, we through a network of Latin American specialists, especially now during COVID but for Colombia I feel like we have cases that require medical attention that we can provide on the ground, we have sort of established our way for them to speak directly with the specialists.

Dr. Ignacio Mun...: That is a bit difficulty in Barranquitas, because [00:24:00] they don't have good signal, they certainly will have computers, even though they may have some smartphones, a few people that we work with, but that becomes really difficult to structure so far, but it is clearly one of our goals to be able to do this more efficiently. The second aspect is for people to see somebody who comes, and can provide the not just therapeutic treatment, but also other [00:24:30] types of support, particularly caregiver support, psychiatric support for the family, nutritional support, exercise and so forth.

Dr. Ignacio Mun...: That requires people to be there on the ground. But, yes, I think we would like to maybe capitalize on systems that already work well, and try to adapt them to the situation on the ground in these rural communities.

Dr. Daniel Claa...: Yeah, that's a great opportunity. [00:25:00] I was recently talking to a collaborator in Brazil, and we started talking about recognizing psychiatric conditions, and talking specifically about depression and suicide. And they were telling me that culturally, a lot of clinicians don't talk about suicidal ideations, because they feel like it's just not the right place for that. Can you tell us, you [00:25:30] mentioned earlier about psychiatric issues in that community? Are there barriers about talking about psychiatric symptoms, mood symptoms, and such like that?

- Dr. Ignacio Mun...: No, I haven't found that. In fact, I mean, through in role HD he has been working on some sites in Colombia, Chile, and Argentina I don't know if you knew about this probably soon in Peru, and through one of the co-founders of Factor-H Claudia Perandones, who's been [00:26:00] working on implementing role HD in South America. She's conducted suicidal ideation workshops for people. So, it is something that is talked about, it is something that is prevalent, and needed because I've certainly met people who've killed themselves.
- Dr. Ignacio Mun...: My experience so far has been that they engage in that conversation once they develop a trusting relationship with the psychiatrist. And they don't have a problem [00:26:30] with medication, at least, as I've seen certainly in Venezuela, where we have more experience.
- Dr. Daniel Claa...: So we've been talking a lot about Venezuela, and surrounding areas. What about other parts of South America that maybe we don't think about? I know you just mentioned Peru.
- Dr. Ignacio Mun...: Yeah.
- Dr. Daniel Claa...: Similar prevalence of HD there, or different?
- Dr. Ignacio Mun...: No, it's higher. I forget the percentage now Michael Hayden had [00:27:00] the most recent publication with the local geneticist, and neurologist in Lima a few years ago, trying to map the origin of the mutation there. There is a small province about an hour and a half south of Lima, called Canete where in theory, this was the third largest cluster in the world. And this is an area that is maybe 75 square miles, [00:27:30] or a 100 square miles where there are several small towns, and again similar to the situation in northern Colombia. Where do you have lots of people living in rural areas with very little access to social support, and medication.
- Dr. Ignacio Mun...: The neurologist from Lima do come, and I went with them the first time I went. So we spent a couple days going, and doing visits to homes every [00:28:00] three months. So they provide great service in that sense. But seeing somebody once every three months doesn't really address a lot of the other issues that they face, which have to do with poverty, and have to do with discrimination, and have to do with employment opportunities, and so forth.
- Dr. Ignacio Mun...: So some of what Factor-H is a little bit different from maybe other efforts in the past, is that we're interested in building, or rebuilding those communities. And trying to work locally with organizations to provide [00:28:30] micro loans for example, to provide educational opportunities for kids to make sure that we build a new generation who's going to be more educated, and hopefully have access to more resources, and also try to reach local authorities to understand the dimension of the problem, and try to direct some of local government efforts to help them.

Dr. Daniel Claa...: Yeah, that's really [00:29:00] great. That's great work. Just speaking of that, can you give us some anecdotes of just success stories that you've seen in your work? Just when you look back, and think about a certain situation? You say, "gosh, this is good work. We're going the right way." Can you give us some idea of some ways you've elicited change?

Dr. Ignacio Mun...: Yeah sure. I mean, I would say there's two, I will give you three that are maybe related. So when I first started [00:29:30] going to Venezuela, there was no local association in San Luis. And I don't know if you remember, but myself with Elena Cattaneo, and Charles Sabine organized audience with the pope in 2018.

Dr. Daniel Claa...: Yeah, great story.

Dr. Ignacio Mun...: Yeah. So part of that was triggered as a consequence of a deep frustration not to be able to do any work in Venezuela. So, we thought that maybe the church could help, [00:30:00] and that triggered this massive event that at the beginning, we weren't really expecting it. But as a consequence of that, and as a consequence of going down there, and showing them the fact that the pope was interested in meeting people, the community really got organized. And they started their own foundation funded by young people at risk for HD who wanted to help their own community, and I think this is the first time that [00:30:30] I saw that our work trigger almost an inside movement to try to help themselves, and that was really rewarding for me to see young people organizing themselves and saying, "we need to do something for our community." And be really hopeful about the future. So that's, that's one.

Dr. Ignacio Mun...: The other one for me that is very special. Besides just the gratitude of the people that we [00:31:00] keep going back, and we provide support for the families is to be sponsoring the children. I think when you see kids that are 10 or 11 years old, and their mother or father has died from Huntington's, and many of them are living on the street and they have no shoes, and they have one meal a day. And to be able to start the program where we now sponsored 141 children between Columbia, and Venezuela and [00:31:30] see them go back to school, and wearing clothes. And we take them to the beach for the first time, and we teach them Huntington's, and they have friends, and they don't feel they're going be rejected anymore by their community. I think it's an amazing feeling. Probably the best thing I've ever done, so I'll end there.

Dr. Daniel Claa...: Yeah, those are great stories. I mean, is there a time to go back, and do trips with groups of medical [00:32:00] professionals like was done previously with the Venezuela-

Dr. Ignacio Mun...: So, I think Venezuela is complicated for Americans. In fact, in December before COVID I was going with few other people of Factor-H Roger Cachepe who's a Colombian physician, and Bianca Moura who is the executive director, and then some neurologists and psychologists from Barcelona. Who are coming with us, and people are asking us they want to come, and they want [00:32:30] to

organize things. And this was the first time we were going to come back, and organize a few medical visits, and recreational activities, and it's our goal.

Dr. Ignacio Mun...: In fact, we've submitted a grant proposal to a pharmaceutical company working in HD to help us finance the exchange program. The exchange program involves two phases. One is working through the local hospitals, we're going to select a set of people, [00:33:00] and send them either to Barcelona, or to Spain, and South America to get trained so they can go back.

Dr. Ignacio Mun...: The second aspect is to organize visits by medical professionals to go to the universities, and to go to the field, and organize workshops, see their patients, and so forth. So it's not going to be a research effort, because the only thing that Factor-H doesn't do is research. What we do is try to provide knowledge, and resources to improve their quality of life. But the [00:33:30] ability of bringing in people for both community development, and medical assistance is very much a core competency of what we're trying to set up. At the moment requires South Americans, and Europeans for obvious reasons, but we're hoping to be able to establish that program next year as soon as we can travel again.

Dr. Daniel Claa...: Yeah, it sounds like we need to have a HSG meeting in South America.

Dr. Ignacio Mun...: Well, we're organizing a Factor-H second annual conference or biannual [00:34:00] conference. It was supposed to happen this year, but it obviously got canceled. And Roche has been a sponsor of ours. And the idea there is to bring Latin American, and external scientists, clinicians, social workers, families and so forth. So HSG is interested in either being part of [inaudible 00:34:22], or speaking [inaudible 00:34:23] able more than happy to include you once we have a potential date, but [00:34:30] yes I think people are very appreciative when somebody comes from the outside, and people care, and I think there's a lot that together, the international community can provide to help these families.

Dr. Daniel Claa...: I'm just thinking about our interview. And it just struck me, you really are working two full time jobs it sounds like, it's quite impressive all that you've managed to do.

Dr. Ignacio Mun...: I have a lot of help from a lot of people, so.

Dr. Daniel Claa...: [00:35:00] Yeah [inaudible 00:35:02]. We always talk in these podcasts about people that influenced you, and your mentors. Can you tell us a little bit about your mentors? And what kind of gives you your sense of drive?

Dr. Ignacio Mun...: So, my mentors in science?

Dr. Daniel Claa...: Yeah, in science and even with this work with Factor-H, and-

Dr. Ignacio Mun...: Sure. So well, in science everybody has two main mentors, right. One is your PhD advisor, and then your postdoc advisors. And those are both remarkable [00:35:30] scientists, and very different personalities, and scientific styles, but they both marked me in very different ways. I did my PhD with Jeremy Nathans at Johns Hopkins, and he was just a old fashioned, very careful, scientist, very smart, would take a lot of time, mentoring young students. So, you felt very special, even though you felt very inadequate many times, and he continues to be an inspiration for me in terms of the [00:36:00] rigor how he applies the science.

Dr. Ignacio Mun...: My postdoctoral advisor is Ali Brivanlou Rockefeller. Ali is a hurricane of a person, very intuitive scientifically, very productive, very much about making a splash getting things out there thinking big being overly ambitious, and I remember when I applied to his lab when I was applying for the Helen Hay Whitney foundation fellowship. [00:36:30] He told me write me a project that will win you a Nobel Prize if you solved it.

Dr. Ignacio Mun...: And that's how the way he thought about things, and I think focusing on rigorous detail, old fashioned science, but big thinking those are the two influences that I think have affected certainly my confidence level as I grew older, and I still appreciate them very much and I think the work by a lot of friends [00:37:00] that work in human rights really inspired me to not be afraid of venturing into something completely different, and for which I was very ill prepared, but rather having empathy, and say if you don't try to do something, these people are not going to get any better.

Dr. Ignacio Mun...: And I started by not asking too many questions just said, I'll do what I can. And I still continue to say the same thing, if we help one person is better than nothing. [00:37:30] We help two people is better than one, and things have been slowly evolving. We've been learning, we've made a lot of mistakes. And just like science, it takes a long time, and lots of different approaches in order to be able to materialize something, so.

Dr. Daniel Claa...: Yeah, love the website, factor-h.org. And I learned a lot from using that website for listeners, I would encourage you to go to that website. If you want to donate, it looks like there's [00:38:00] a donate button. And there's ways to get in touch with the folks at Factor-H. Listen, it's been an absolute pleasure to talk to you today. Thank you so much for giving us your time. And I hope we can do this again.

Dr. Ignacio Mun...: Anytime, and if you want to talk to the person, the president of the nonprofit who manages all of the work on the ground in Venezuela, her name is Marina Kaufman. [00:38:30] The husband is American, and so she speaks English.

Dr. Daniel Claa...: Okay.

Dr. Ignacio Mun...: She could be if you wanted to get a real perspective on the ground, she could even bring some of the local people, and she could translate. So, get a real local perspective on the situation on the ground there. Food for thought.

Dr. Daniel Claa...: Great. Well, this has been wonderful and powerful, and it's definitely brought to the forefront of my mind. The [00:39:00] needs for just change, and trying to reduce some of these disparities of care. So thank you for doing that.

Dr. Ignacio Mun...: Thank you very much, take care.

Kevin Gregory: That concludes our latest episode of the HD Insights Podcast. I want to thank Dr. Munoz San Juan, for joining us, and Dr. Claassen again for leading this special series on the Venezuela project from past to present, from the people that participated, [00:39:30] and spent time in those communities. Until next time on the HD Insights Podcast, I'm Kevin Gregory, thank you for spending time with us. Stay safe, be well look out for each other, and we look forward to bringing you our next episode.

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