

DEAR MINDFUL CHANGEMAKER,



HOSTED BY
MEICO MARQUETTE WHITLOCK



Dear Mindful Changemaker Podcast

Episode Four – JD Davis Transcript

Podcast Intro

Meico: As a changemaker, you're dedicated to making a positive difference in the world. You love what you do, and you're good at it. But here's the thing. With all the things on your plate, you may struggle with finding the right balance between work and having a fulfilling personal life. And as the world becomes more complex, it may seem change, disruption, and uncertainty have become new norms in your life and work.

Meico: But it doesn't have to be this way. I'm Meico Marquette Whitlock, and I'm on a mission to help changemakers like you improve your well being while increasing your well doing and changing the world without burning out. In every episode, my intention is simple, to share practical wisdom about the inner and the outer work required to take care of yourself while building a better world, especially when it feels like work doesn't love you back.

Meico: So let's get started.

Part One

Meico: My guest is J. D. Davids, and J. D. is a Health Justice Strategist for Networks for Disabled and Chronically Ill People. And he has worked with many groups, so many that we can't name them all today, but I'm going to give you just a taste of some of the groups he's worked with, including

ACT UP Philadelphia, the Coalition for a National HIV AIDS Strategy, and HealthGap, and also as an advisor to the NIH, the CDC, and many health departments across the country, and as a queer and trans person living with myalgic encephalomyelitis,

Meico: long COVID, and other complex chronic conditions, he writes and hosts conversations for the Cranky Queer Guide to Chronic Illness. Welcome JD to the podcast.

JD: Thanks, happy to be here.

Meico: Awesome. I'm excited for what I think is going to be a fascinating conversation and I've already let the listeners know a little bit about who you are. We've given them the official bio sketch, if you will. But I like to kick things off by really asking folks to describe themselves, who they are and what they want people to know.

Meico: So, I'll ask you this question. So, who is J. D. Davids and what do you want people who are listening to this podcast

JD: Thanks again for this opportunity. And who am I? Currently what I'm doing is I'm the Chief Strategic Officer of Strategies for High impact and we run long COVID justice. And in our work, we, center the lives and work to build the power of chronically ill and disabled people. So, I think who I am as a person who's been on a journey, through liberation movements.

JD: I spent a lot of my time working with people living with HIV, coming up through ACT UP Philadelphia and through the HIV movement. And as someone who's probably been chronically ill my whole life, really coming to consciousness about that, then coming into this time now of the ongoing COVID pandemic, and becoming and working with people with long COVID, I'm someone who understands that each of us lives in one body,

JD: that's a combination of our physical selves, our spiritual, emotional, mental selves. And we may, along the way, either gain or be denied specific diagnoses that could bring or are a barrier to gain the care we need to live as full of our lives as possible. And so, I'm really dedicated to looking at.

JD: the visionary, liberation, strategies of disability justice and understanding what we as queer and trans people have to offer, a society, that could, really respect and honor many more of our paths and lives, to

the benefit of everybody and see what I can do along the way to be of help.

Meico: I love that. I think that's so beautiful. So, if I'm really boiling that down from what I'm hearing from you, it sounds like you acknowledge that you're having a human experience that's multidimensional, that you're in process, and that you are leveraging your lived experience. And I think part of it is probably a suffering, that you're leveraging that, to help liberate yourself, but also liberate other people who might be similarly situated.

Meico: Thank you. so, I think that is, so beautiful. And, so as we started this conversation, I really want to take us back to maybe the earliest part of your journey. I really love this question about your first, real job. So real, however you define that, whatever that means for you. I'm curious if you can remember what that is and if you can share with the audience.

Meico: what that was for you.

JD: I think my first, attempt to try to be a job was I was bussing tables at a diner, for, when I was 14 for a couple of days where my boyfriend. I think both his sisters work there, but then I got fired. So, my first attempt didn't go that well. Yeah, I don't know. I just, I guess I just wasn't very good at it or who knows.

JD: But, then after that, I would, I babysat a lot. I would say babysitting was my first, it was my first time of having real responsibility outside the home, right? And so that's where I learned things like there was one family I would babysit for, and I think they had four kids. And what I realized was that I would cut a deal with the oldest kid to say, you can stay up half an hour later if you help me get your siblings to bed.

JD: So, I was building teams. Team building, getting people to work together. That those are my first jobs. And then after that, I think my first, tiny paycheck job was I worked at the Original Cookie Company at the mall behind my high school. And so, I learned, like the happy birthday cookie and things like that.

JD: And yeah, so there I, I would use the, I bartered with cookies. The friends that worked in other places in the mall, like I would get discounts for my friends at the record store, things like that. So always, networking. Yeah.

Meico: So, are the cookies like an important part of like your advocacy work now? Like they're using those as negotiating chips with groups.

JD: No, maybe I should be bringing that back though. That's a really good thought, Yeah, bring back the cookies. They, it's a lot easier to do when they're like, they were premade and they were like, there would be like six cookies linked together and you would go boop, boop, boop with your thumbs and prep them on these trays and get them ready to go in.

JD: So, we had, it was pretty easy production, but now I'd have to do more to get the cookies right. I guess I could just buy cookies. So that's a thought. So, I've got to think about that. Yeah.

Meico: Awesome. I think that is so awesome. And I'm, my head is spinning here cause I'm thinking about all the different things that you probably learned from, from busing, and also the experience of getting fired, right? Because that, that can also be life changing in a good way, right?

Meico: There can be a lot of growth that happens from that. And then you building coalitions with the kids you babysit, that's so hilarious to me. And then the cookies, who doesn't love cookies. Let me ask you this, I... I came to know you at a particular part of your journey.

Meico: So, in my last role, I was working as Communications Director and we were both working in the HIV space. And so that's how I came to know you. And I think at that time you were an editor for an online publication. But I'm curious if you could talk a little bit about that particular part of your journey and bring people forward to where you are now in terms of how you're making an impact.

JD: Yeah, sure. I've always found myself, even if I didn't know it at the time. I tend towards communication strategies. And. part of that may be when I was growing up my father worked in advertising. So, I always knew the media was fake. It was something that was done by people. Including people like my dad worked and I wasn't quite sure what he did, but it had to do with the ads I would see on TV.

JD: And he's, he's a copy editor and was always very, into, having me correcting my grammar and spelling and things like that. Like I, I knew that these were things and then coming up, when I first was I first became a, I first became an activist, my first experience of really, speaking up was in third grade.

JD: I think it was when, in the, there was like on the poster, the bulletin board in the hallway at my elementary school. There was a holiday display up and it said, for Christmas, we do this and that. And for Hanukkah, they do this and that. And I was one of the, they, because I was one of the few Jewish children in the school.

JD: And so even that it was wow, language, right? Who is a, we, and who is a, they? And I said, I don't, I'm not going to be in the Christmas show. So that was my, act of civil disobedience was not being in the Christmas show as one of the they on the poster board. But going forward a number of years when I was in college I was when I first met people who were in ACT UP. And I had, I was during, I was in college when there was the first.

JD: pushbacks against Roe v. Wade and the right to have a safe legal abortion. And so, in Pennsylvania, where I was the Pennsylvania Abortion Control Act was passed. And so, I was trying to be active in opposing that. And groups that were advocating for that came to my campus. And I wanted to be involved, but they only wanted my money as a donor, which I didn't have much of, or my vote.

JD: And voting doesn't happen very often. And then a friend took me to ACT UP, and they were like, great. Okay. What should we put on these signs? Help write this press release? What do it was very much a community and there was something for everyone to do. And there was, if there wasn't something for everyone, anyone to do, we would figure it out what they could do.

JD: And it also was my first time being immersed in the world, both of queer people, which I was coming to consciousness with about myself and also people who were sick. And that's really where I landed and found a real home for many years. And ACT UP itself was very much rooted in communications.

JD: So how did we as a body of people and struggle who loved one another, and it's important to remember like just how intense homophobia and disregard of queer lives was then. And it's very bad now in very specific ways, particularly with anti-trans hatred. And, but if people have the occasion to go and review, I just reviewed the other day, there's an audio recording of when Reagan Press Secretary was first asked about AIDS at a press conference and the derision and mocking of gay people and disregard for our lives.

JD: It's appropriately shocking. And I think everyone should listen to that and understand not only how far we've come, but how that is happening again in different ways. And we had to not just say, we could fight, we need to fight HIV and do something about HIV, we had to say our lives are actually worth saving.

JD: Whether we're people living with HIV or whether we're queer people or drug users or people who have been in prison or people who do sex work. And so that was always core of the communication strategies that I just kept doing. And I learned a lot and did a lot and, I was part of efforts where, when,

JD: the U. S. government was blocking access to generic HIV medication around the world. I was part of a team. I was the home team talking to the media while my comrades went to the first three of four announcements when, Vice President Gore was running for president. And they showed up in the front row with big banners that said AIDS drugs for Africa.

JD: And one of, at one point, one of them, it was all like two or three days. One of the staffers, Donna Brazile, was heard to say, wait, AIDS isn't supposed to be an issue in this election, right? So, we made it, and ultimately, working with people around the world, we were victorious in reducing the price of HIV treatment from unreachable figures like \$15, 000 a year,

JD: to \$150 a year through generic production. And, mandating really pushing forward the public demand for the start of programs like the Global Fund for AIDS, TB and Malaria and PEPFAR, the presidential plan here in the U. S. Under George Bush for increasing access to drugs for millions of people worldwide.

JD: So, I'm really happy I was able to be a part of that. And then, by the time I met you and They a sideways step to work at thebody.com, which is a long-time sort of chronicle and digital publication about HIV and sexual health to help get the information out there. And, if we look at today, if I may, and what we face with, the ongoing COVID pandemic and the reality that a large proportion of people, who get COVID will have chronic effects, which we call long COVID, but which covers a large range of symptoms, diseases, damage, and conditions that can happen.

JD: And what we see with that is that, there's so much communication for us to do as advocates. Because we have to do the basic information that should be the job of the government to say, here's how you prevent this preventable condition. Then we have to do the information on how do you get the tools to prevent things like acquiring COVID through the use of protective masks like KN95 and N95 masks.

JD: And then we have to give the context and the why you should and what it means to care for one another. What it means to say that all of our lives are important and that means that we do things to take care of one another. That's the essence of being human. So, there's a lot on us right now as advocates, as communicators.

JD: And that's why with Strategies for High Impact and Long COVID Justice, we're working to get the information out. We're working to link people to tools and resources and to put this all in the context of what it actually means to care for one another today, rather than feel that we have to, literally live people locked up at home who can't safely come outside without risking their lives as people vulnerable to COVID harms.

Meico: Yes, I appreciate that. And for folks that are listening, one of the things I want to underscore is the importance of the work that you do and why it's important, particularly for, like you mentioned that you work with agencies like CDC and NIH. This is something that I learned in when we met in my role working with the association that I work with,

Meico: which is that there are people that are in government and in public health, official public health roles that are well meaning, but they don't have all of the context in terms of how it's been impacted by the community. And so, hearing directly from the community, isn't a very important part of them being able to do their jobs effectively.

Meico: So, we need both. Like we need people on the inside in the government who know how to move the levers and manage programs and move funding around that kind of thing. We need people on the ground within able to inform the design and implementation, et cetera, of those programs. Is there anything you want to say more about that?

Meico: Because I feel like sometimes people see when people think of activists, or they think of folks that are out there protesting signs. They don't necessarily make the connection between that and the actual work that gets done through government programs, et cetera.

JD: Yeah. I've been told many times by people serve on the inside government officials that they're really grateful for what we do to push the envelope outside, right? Because that gives them the room to work and to do what they need to do. And they can't do not like they not do it without us.

JD: They may sometimes not know what to do, as you said, the realities from and that work on the outside, sometimes it's polite and informational and sometimes it does need to be confrontational and sometimes it does need to be rude. And sometimes it does need to be attention catching for us to be able to do what we need to do.

JD: We went from HIV being almost universally a fatal condition to people with HIV being able to live normal lifespans if they have access to treatment care and support. And that's where we need to go with long COVID. That's where we need to go with everything. But that didn't happen because of the generosity of government and drug companies. That came because people who knew they were likely in the last months or years of their lives, many of them very young,

JD: came together with their loved ones to be on the street and to point out the hypocrisy of allowing people to perish from what we already knew was preventable and what we knew could become treatable if it was a priority. And we have that today. We know that, for example, we've seen what's at risk of disappearing is if you look at what the film and TV industry has been doing, they've been very successfully preventing COVID transmission because they spend the money. And they are, they had mandated frequent testing, and people being masked who weren't on set.

JD: They put the practices in place through COVID safety officials to make sure you could do it. It can be done. If there's a will, what there hasn't been, it's a will. And the cost of not having that will, is a mass disabling event. Including fatalities, not just from COVID, of course, which we're familiar of, but long COVID.

JD: Long COVID can be fatal. And so, it's so important that we not brush this under the rug because we know, for example, with, if you look at polio, post-polio syndromes can occur decades after polio infection. So, we knew that there was, a small number of people who were deeply affected, often as children of polio who would, where it was disabling, but then we have others who, and then as well, who are subject decades later to serve a

complex chronic condition like we see with long COVID, that's from the long term effects of, polio.

JD: So, we also won't know until we know, what's going to happen. And so, we believe that we should be doing everything possible to deal with what's right in front of us, which is a preventable condition and to give treatment care and support for the hundreds of millions of people. As of about over a year ago, or two years ago, there was over 100 million people worldwide believed to have long COVID.

JD: So that number has only increased. So, we have the opportunity of a lifetime to do good by acknowledging that pandemics are chronic. And by not saying not only do we need to prepare for future pandemics, we need to not ignore what's going on in the lives of people today from the current one.

Meico: Absolutely. And, with all the things that you're involved in, and, I do want to ask you about, if we can focus on one particular project or initiative that you are particularly proud of that you want to call attention to. But, before we do that, I do want to put a punctuation mark on this particular conversation that we're having right now, which is to note for folks that the activism is multi layered, right?

Meico: So yes, there's the calling attention to it, and there are many different tactics for the way to do that. In your particular role with communications, for folks that don't understand, there are lots of back and forth that goes with responding to regulations and sending letters and to your point about people not knowing what to do, like actually there's a lot of work that goes into creating fact sheets and other things to actually send to folks that are interested.

Meico: So, can you talk about specifically that particular aspect of the work that you have done and that you're familiar with? And from the lens of, there are lots of folks that listen to this podcast that feel like maybe because they aren't doing front facing work that their work isn't valuable in the change making space.

Meico: And I feel like a lot of the activism work that I have seen, particularly in the HIV space, is actually behind the scenes. It's not necessarily people just out protesting and getting in the face of people. It's the stuff that goes on behind the scenes working with the officials. Can you talk more about that?

JD: Yeah, sure. And there's also what brought one of the many things that brought to mind is, there's also engaging with advocates. Like as I've trained a lot of people to do activism and advocacy. And one thing I've said, is that if someone is brought in as a community representative or part of some process, it's really important to know if you're actually being heard or you just they're playing out the clock or just tokenizing or whatever.

JD: And so, one thing I've lived through and explain to other people is, the people who are your allies, and who are good to really nurture relationships with aren't necessarily the people that are like, oh, it's so good. You're here. your voice is so important. We really are really appreciate your time and that's all well and good.

JD: But it's also the person who says. at the break, that'll pull you aside and say, when you were saying that particular research figure, I don't think that was right. I think I have something different. I'd like to talk to you about what I have that's different information, or, when you said that, I didn't quite understand, maybe, have you thought about saying it this other way?

JD: Someone who actually will give you constructive criticism instead of just patting you on the back. Because that's a colleague, right? That's someone who's taking you seriously enough to say, I think actually you're wrong. Yeah. Or I'd like to challenge you on that. They're not your opponent, they may be your best ally. And so, the opportunity to, I encourage people who are, working jobs that may not be full on public facing or, we don't have a lot of opportunities or it's not appropriate to be like out protesting or whatever you have the opportunity to

JD: take seriously those who you encounter from the public who are advocates to work alongside them to give us information, to help us understand context. All the things we're helping to try to help you understand on the inside, we are need to be welcoming your input coming the other way. And I want to pay homage to the memory of Dawn Smith who was a woman at CDC for a long time working in HIV prevention, who really told me off a couple times, once at a party about what she thought I was getting wrong.

JD: And I didn't always agree with her, but it was very helpful. And it was a generous act on her part. Because she didn't write me off. She, engaged with me. I think that, one of the, one of the campaigns I've talked a lot through the years, in the history of HIV activism that's so important was, I

like to tell people about when advocates fought for years to give women AIDS.

JD: And I like to say that because then people are like, Okay, wait, what? Why did you say? You were working to give women AIDS? Why? And the reality was, the definition of AIDS, Diagnoses are political, economic, social, there's a lot that a medical diagnosis is that's beyond medical, right?

JD: And even when we knew that HIV was identified as a virus that can lead to AIDS, which is a state of immune suppression, where people are more liable to get different conditions and eventually for many people leads to death. So, what is AIDS? How do you know when someone has crossed that line? So, the definition was based on these opportunistic infections.

JD: An opportunistic infection is an infection generally not seen in people with a healthy functioning immune system, sometimes seen only in people towards the end of life or older, where the immune system naturally is breaking down. And so, the opportunistic infections associated with the AIDS definition, were those that were seen in the first people who were studied, which were mostly white or exclusively white gay men.

JD: So, there were women who were dying of AIDS. We just say women don't get AIDS. They just die from it. Because the way that AIDS was manifesting in their bodies through, cervical cancers through, bacterial pneumonias, which also were prevalent amongst drug users. Different things that were evidence that there was something going on with their immune system wasn't in the definition.

JD: So it was really important to have a really sustained, loud vocal campaign, led by women living with HIV, including women who have been in prison, many African American, Black, Latinx women, leading, talking the truth of their lives because it wasn't like anyone wants this badge, but that was the definition that also led to opportunities for services,

JD: treatment, clinical trials, sometimes housing, help with making permanency plans for your children. It was vital. And then we also, along with the campaign, there was a legal strategy of lawsuits to the federal government to change the definition. But then also we know that there were people on the inside who use the knowledge that there were people fighting from the outside to say, look, we have to change this.

Meico: Yes.

JD: There were people who were able to push from the inside. So, it's, even if we don't know each other's names or know who we are, we know there's people in there that we were emboldening. And they knew that this was once they, especially once they heard the words of women living with HIV about what this was happening in their lives,

JD: I believe that many stepped up to make that change happen.

Meico: Absolutely. And I think that is, what you're describing is so important. I think at least in my time working in the space, I saw a similar change when it came to acknowledgement of the impact on trans people, particularly trans women. the, it was interesting, like the CDC did an about face. At first, they were saying, Oh yeah, we have data, it's just not, it's just that they're not, that many people have impacted to, Oh, we need to do more to collect data.

Meico: And all of a sudden now they're programs and initiatives focus specifically on the impact as it relates to trans folks, particularly trans women. And the, I'm just so fascinated by this because I've actually seen it, up close how you where you start from and then what the impact of that change can be for so many people like what the domino effect can be in a positive way.

Meico: So again, thank you for your work in this space. And for folks that are listening I hope you're getting a full picture of how multi layered and how impact this type of work can be even if you're not always doing the forward-facing work. So, let me ask you this, so with the work that you have done, the work that you are doing sometimes we don't really, I think, at least in the circle that I run, sometimes I find that folks don't often acknowledge the heaviness sometimes of it. The pain, the suffering, both personally and collectively that we experience.

Meico: And, with social media and with even interviews like this, people tend to put forward okay, here are the shiny milestones, but they don't talk about. Sort of the valleys in between the peaks, right? And so i'm curious how you stay inspired, like how you stay motivated when those inevitable difficult periods or heavy periods, come for you?

JD: Yeah, thanks for that. One thing is I want to acknowledge has been important for me for many years now is to not always be on, right? And I've had some longer stretches of my life, sometimes by choice and

sometimes not by choice, because of illness and other things, where I really was. back from the front lines and really prioritizing.

JD: I always prioritize, honestly, taking care of myself, and I'm very grateful to have opportunities to do so. But where that becomes really an overriding, overriding concern, not just out of need, but also because of joy. And I sometimes, people don't see me when they don't see me.

JD: So, I think I may have a reputation of always doing the work. And it's if you didn't notice being in here for me, that's fine. There's worse ways to be misperceived. But so there's that. But I think also, I feel one thing that's really important to me is I feel really honored that I am daily able to live into a lineage of

JD: my mentors and who are now many are ancestors who raised me as an activist and help me develop my sense of values and understandings of how to be in the world. And so, the ability to when I'm not quite sure what to do, to reflect back on the history that I've been a part of. And to consciously try to tap into that, to that wisdom, is really, nutritive to me.

JD: And, I think also that one thing I'm grappling with more now, this is the first time in, I'm 55, and this is my first time over the last couple of years that the sort of the core of my work has been advocating on and talking about issues that I live in my own health, rather than as someone who's not living with HIV, focusing on, being an ally and comrade of people living with HIV.

JD: And I've noticed it does affect me differently. Like when I tell my health history or my story, I'm knocked out the next hour and the next day, in ways I'm not as knocked out when I'm, talking with my passion about HIV justice and other forms of injustice that I want to be accountable to having the privilege of not being subject to, right?

JD: I have had to look at how it does affect me and to be able to be ready to take space for that. As someone who's living with myalgic encephalomyelitis, which is known sometimes as ME or MECFS because it sometimes has been misnamed chronic fatigue syndrome. What happens is we get post exertional malaise.

JD: And that means, any kind of exertion, physical, emotional, mental can result, either right away or sometimes up to two days later, of a constellation of symptoms, largely known as fatigue. But what folks don't

necessarily understand if you haven't experienced this is how physical and emotional fatigue is.

JD: There's five types of fatigue at least that people with ME encounter. One is called wired and tired. Like it's not just being laid flat out. I'm blessed by being someone who has mild ME, although it affects me, every day. but even as such. The effect of PEM and knowing what the triggers are and recognizing that it includes talking about my health or talking about things that affect me directly.

JD: The next day, it's going to require me to rest, really honor myself has been a real lesson. And I also wanted to point out one thing I noticed is that for me, fatigue, one of the things it does is it really increases my self doubt, and my inner critic gets louder, and no one, no, no doctor or health coach I've ever heard has really talked about this much. And that's why it's so important, those of us who live it, need to talk about this. Because I say that to other people with ME, and they're like, oh yeah, when I'm like, what's wrong, why I just can't do a good job? It's, it you know, it just seems like that,

JD: it's fatigue. It's a physiological condition, which includes these kinds of effects that affect my way of thinking and being. So, in order to, hold that, I need to, just recognize it and accept it. It doesn't change it, but, and I think lastly, I'll just say that as I've been reflecting back on, now that I'm getting older, I've been getting older for a while, but, the grief and the loss, what has, what have I done with it? And I'm not, I'm really not quite sure. I think part of why I ended up being in ACT UP and being a direct-action HIV activist was growing up in a chaotic family home. And being like thriving in chaos, like chaos cleared my head. And I become very effective. I'm very good.

JD: Give me a, give me an immediate challenge, and I'd be good for it. Now that I've had years of therapy and 12 step recovery and, and some somatic therapy has been really helpful too, I'm not as good at that anymore. I can feel the strain of it more and I can start to connect more to the sadness and the grief a lot more.

JD: And I don't know where it will take me. I don't know because, I, it might, I'm blessed by a bad memory. I know there's a lot I've forgotten. But one thing I've been interested in doing part of why I started the Cranky Queer Guide to Chronic Illness and what I'm interested in doing is talking with and interviewing people I've been in activist life with and telling our stories to each other of what we did together.

JD: Because what I've noticed is we each remember different things. And we've each forgotten different things. So, I see it as a project where we give each other our memories back. Because where we've stored the trauma and what we've done with it, it's different for each of us. The, I think what can be so important is talking to one another about what we've gone through together, including the joy and the challenges and the funny stories and the strange stories. But storytelling I think is a really important tool, and as a storytelling project, the Cranky Queer, has a lot of stories to tell and also a lot of stories to listen to. And I think that's part of holding each other in, good times and bad, and to remember how much we've lost.

Meico: Yes. I love that. And I, one of the reasons is this really connects with me in terms of what you're speaking about storytelling as a way of healing is that one of the things that I talk about with the work that I do is in addition to giving people practical strategies. I really try to be able to get to the core of why people aren't putting into practice wellbeing practices that they already know, right?

Meico: Because there isn't a whole lot new, right? not right? But we have fears, we have doubts, we have limiting beliefs. We have traumas, particularly in the changemaker space that bring us to the work, whether it's primary or secondary trauma. And we often don't acknowledge or talk about those things.

Meico: And it's my contention that in part gets in the way of our healing, gets in the way of us actually taking care of ourselves so that we can do the work that we're doing in a sustainable way. And so, I love what you're sharing about, because what I heard in terms of what you shared in terms of how you're taking care of yourself, which is you're acknowledging where you are in the moment, physically and emotionally.

Meico: You're being with whatever's coming up, but like you're not resisting it. You're not pretending it's not there, right? Whether it's you know, quote unquote good or bad, right? And then you have this process that you're talking about through the Cranky Queer platform where you are actually creating space to tell stories, right?

Meico: And that in of itself can be very healing. It doesn't have to be a prescriptive thing, like I'm feeling this thing, like what's the... What's the prescription that I need to work for the thing I need to do in order to deal with this particular feeling? But it's more like making space for things to surface and to process in an organic way. So, I absolutely love that and

appreciate that and I hope that folks are listening perhaps are inspired to think about what that might look like for them,

Meico: and the work that they're doing.

Sponsor Break

Meico: All right, it's time for a break. We'll be right back after a brief message from our sponsors.

Meico: Changemakers like you are driven to do more and more, often with fewer and fewer resources. But there comes a breaking point where your passion dwindles under the weight of pressure, the mission suffers, and you feel like you love the work more than it loves you back. That's why I wrote the book *How to Thrive When Work Doesn't Love You Back*.

Meico: A practical guide for taking care of yourself while changing the world with a forward by Beth Kanter, author of the "Happy Healthy Nonprofit." This book is a succinct, practical, and action-based guide for changemakers seeking to make an impact without burnout. Learn more and order your copy at mindfulchangemaker.org/books. That's mindfulchangemaker.org/books. The reality is, if you really want to make a difference, you must start by taking time for yourself right now because you can't change the world if you're not around long enough to make that happen. This isn't about working harder and smarter, it's about making a commitment to work differently so you can take care of yourself while making an impact for the long haul.

Meico: In "*How to Thrive and Work Doesn't Love You Back*", I share practical strategies grounded in the well being while well doing change framework. And I wrote this book after experiencing more than my fair share of burnout and overwhelm in the name of saving the world during my previous career in government and non profit work.

Meico: I share what I've learned to be the most impactful strategies for my personal practice and my experience helping changemakers around the world just like you create lasting balance in their lives. These are the same strategies I teach teams and organizations through my live trainings, self paced courses, coaching programs, and tools like the Intention Planner.

Meico: Each chapter has a summary of key ideas and a checklist of practices you can start implementing right away. I know you need

practical strategies and resources to help you create sustained balance in your life and work so you can lower your stress level. And focus on getting the important things done right now.

Meico: So, this book isn't about theoretical concepts. It's about what to do and how to do it. Learn more and order your copy at mindfulchangemaker.org/books. That's mindfulchangemaker.org/books.

Meico: All right, let's get back to our conversation.

Part Two

Meico: So, on this particular question, I'm curious how you think about, and how you practice, what I'm going to call work life balance. And I use that word because it's the most common, I think, way that we understand what we're talking about. I recognize people have different ways of thinking about it.

Meico: And some people reject that particular type of language and framing. But we know what we're talking about. So.

JD: I'm curious, what does that look like for you? In practice, in terms of how you balance giving yourself to the world, giving yourself to the people that you are advocating, including yourself,

Meico: and also making space for you to just be?

JD: Yeah. yeah. thank you. That's such always such a core question. But, and I wanna acknowledge that a lot of my answer does rest upon my privileges as a white person who was raised upper middle class and had resources and still has, white skin privilege and, a lot of things like that.

JD: None of that is irrelevant, right? And but I will say that, I've been working from home either fully or partially for about 20 years, much of the time, not always. There's been times where I was going to a workplace, and I would hang in there for a couple of years and then gradually start working home one day a week and I would grow more and stuff.

JD: And, and I did the first time I started doing it, was 2001 or so, is it and it was because of my health. So, I've been dealing with this for a while. And so In the course of the first years of the COVID pandemic, others came to realize what happens when those who had the fortune to be able to have

jobs that you could do from home is that when you do it from home, you do get some parts of your life back that it's hard to then give up again.

JD: So I remember, the first time I was doing it, when it was, we would have conference calls because there wasn't zoom and stuff but I was, and it was still fairly new I think to have a cordless phone, but I had a cordless phone, we had this tiny little backyard and my in my shared group house where I would garden.

JD: I was on a call, and, I'm really, I think it's really important when people now have zoom calls that you should not have to have your camera on, because you may want to fold some laundry. I think that the ability to, first of all, get that time back from a commute.

JD: And be able to do these things that, that in, executive life, why we're all supposed to have wives that do this for us, right? That's myth, right? Of what it's meant. It's so since that's a myth, it's like, it's helpful to be able to do something. So that, that is, is one thing.

JD: I think also, whether it's dealing with my health or work or other things, one thing I've come to realize it's the importance of, at least for myself, and I think for other people, to determine for me, what's the most important. That it may not be what others think. For example, I, about, starting 15 years ago or so, I was dealing with a potentially very severe, potentially highly disabling condition and I had to foreground some things and go to a lot of doctors and things and then a couple years into it,

JD: one thing that was really bothering me was dizziness like day-to-day dizziness. And I would go to doctors and for several things I would bring up. Multiple times I was told that's the least of your worries. Because dizziness was not a sign of possible progression of this condition, and it wasn't terrible.

JD: it was pretty mild, but it was persistent. When I thought about what was really bringing me down, it was that. And so, I was finally able to push through and go to a bunch of different referrals. And I went to a neurological rehab near my work a couple of times and they fixed like about 40 percent of my dizziness within two visits.

JD: And then they started doing some other things and fixed about another 40 percent of it. And. That made my life so much better and that was a real lesson for me that I was right. And I had to push through to say,

regardless whether this is a top concern for the providers, it was a top concern for me that was really with me every moment.

JD: And whether that's in my personal life or my work, what are my own metrics? What are the measures by which I value myself? And often it tends to be sometimes backwards of what I thought it was. So, for that thing of Oh, I'm feeling down on myself. I'm being very self-critical.

JD: I must have fatigue. It may sound counterintuitive that a person cannot perceive their own fatigue. But I'm able to perceive it through the way I'm relating to myself, so allow for the directionality of clues and instinct to, show me the way has been really helpful. And, and I think that what any of us who have any kind of complex lives, what we would love to be able to do is address many things at once and often we can't. And so, it has been helpful to me at times to say, Okay.

JD: what are the two things I'm going to work on now? What two things will either they're the most pressing and important because they will progress or be dangerous, or they may unlock, the next steps or affect several other things, rather than attacking it all separately. And I think also I just I enjoy being happy. Like that may sound ridiculous to say, but I do seek to when I'm happy to really feel it.

JD: to really savor it and to let it happen. I used to, as someone who lives in an urban environment, but loves nature, for many years, every time I would go to a natural place or go for a walk, I was so consumed by oh, I'm going to leave. Oh, I, am I enjoying this enough right now? how much longer are we going to have this?

JD: I'm going to just have to go, when will I be able to get back? Not very long. What am I doing wrong in my life that I have to leave here? And that's really been lifted for me by a greater degree. The really, practicing mindful practices and my 12-step fellowship, like to be able to have some serenity, and recognize that serenity, although I like happiness, serenity can be boring.

JD: That's not bad. it's really for me, it's an evenness, it's an absence of, extremes. I, these days I'm very happy to have an absence of an excess, excess of suffering and misery. Even if it means having an excess of that sort of like very high, happy feeling excitement.

JD: I do cherish this sort of I'm good. I'm serene, things are okay. So those are some of my go-tos. And, lately it's been, I've had to revisit as some of

my disability related stuff is accentuated. And also, as I've gone back to full time ish work, it's asking for help.

JD: And, honestly, everyone should be able to have the help they need. I'm able to pay for more help. And I can see how challenging it would be if I wasn't able to have a friend of mine who's going food shopping for me, because what I found doing a big food shopping trip, I would then be bringing the food up and putting it away.

JD: I'd be too tired to cook and eat.

Meico: Yes.

JD: And so, for many of us with fatiguing illnesses, we have to preserve our energy. And so now my friend is able to shop for me and put the food away. I would have a greater chance of getting those nutrients into my body. I miss picking out my own produce, it does feel like a loss.

JD: And it is a loss, it is a loss, and it's an incredible opportunity to ask for and have help to be able to focus on the part that matters the most, which is the getting that nutrition in.

Meico: I think that's awesome. And, so there, there are three things that I picked up from what you shared. So, the first is plant you some carrots or some collard greens while you're on your Zoom call. So, I got Number one.

Meico: ha! That. Number two is really getting clear about what's important for you in the moment.

Meico: So, picking one or two things, you might have a list of all the things you want to do to be happier, to improve your life in that moment, but what's top of that list, right? And see if you can do something with that number one thing that is on the list. And then the final thing is asking for help.

Meico: And I think that's going back to what I talked about earlier in terms of the traumas and the limiting beliefs. I know that for me, for example, one of the things that I've worked through in my own therapy is recognizing the impact of my absent father in my life. On me being very hyper independent and feeling like I have to do it all myself and that I can't ask for help because asking for help would be seen as a sign of weakness or a failure, right?

Meico: And so, I, it's so important and I recognize this in other change makers too, but I think many of us carry that. Maybe there are different causes for that hyper independence, right? Some of that is structural in some of the organizations that we work in, but we have to contend with that.

Meico: And so, I think it, it sounds simple, but how many of us actually believe that we can't ask for help, right? However small the task is on the personal or the professional side. One thing I wanted to ask you, on this set of strategies that you just talked about, you mentioned 12 step recovery, and I'm wondering, are you, are you familiar with the, I think it's the mantra H.A.L.T. am I hungry, am I angry, am I lonely, am I tired?

Meico: It sounds like maybe some variation of that is something that you're using to be aware of, where you are when you talked about, for example, you having these, challenging thoughts and recognizing, oh, this is because I'm actually tired, or fatigued. Can you share more about that if that's something that has come up in your recovery?

JD: Yeah and also, I think it gets complicated when we're disabled and or chronically ill. because I am tired a lot. And one of the hallmarks of ME, which about half of people with long COVID may have is non restorative sleep. So, I feel very bad if I sleep less than, seven or eight hours, but I could sleep 10 hours and not feel refreshed because I have fatigue, which is different than being tired.

JD: And so I can do these assessments and say, am I, and, or for example, I struggle with digestive woes that makes it sometimes painful and difficult to eat. So, I'm hungry, but I don't want to eat. And this can be a real challenge, especially for people who have a history of disordered eating.

JD: When you have also medical situations, or I take one of the, one of one, one condition that was accentuated by long COVID for me is called MCAS, mast cell activation syndrome. And which may also involve histamine sensitivity, and we have mast cells all over our body, in our body, and they, do a lot of things.

JD: But for me, reactivity to foods, was very heightened after, a result of COVID. And so, I use a number of medications to keep the mast cells, in check. And that has helped me be in less pain, less itchiness and rashes, less trouble with digestion. But it means four times a day, I take a liquid and some water,

JD: that I have to have last eaten over two hours ago and then not eat for half an hour. So, this does put some real boundaries on eating. And then you add into the fact that maybe I'm a little worried about eating and what that may feel like for me. And so, if I'm hungry, angry, lonely, and tired, it's complex.

JD: And so that, what does that mean though, for life? That means well, for me, a couple of things. One is to have a compassion for myself and understanding that I have some limitations on what can change. To have some real, honest assessments of what my capacity is, because I have some limits on sort of the fuel that can help with capacity.

JD: And then also designing strategies of what food seems to bother me the least. When, what's the morning ritual that gets the food in as well as possible, as soon as possible, but maybe not right away. The sort of troubleshooting that many of us with chronic conditions are doing and refining constantly.

JD: I think that the sort of the essence of the H.A.L.T. Is the halt. It's stop. What's going on here? That's always helpful, right? That's the pause. The pause is always helpful. But if the pause results in recrimination, the pause is like, how am I screwing up? Even the way we enter that pause or assessment, I think can affect how it ends up serving or misserving us.

JD: So, it's I think one thing I've seen, it's been very interesting seeing, the, a lot of people at once coming to terms with fatiguing illnesses because long COVID is so widespread. And having people understand that resting is different than relaxing. And, especially if people have more moderate or severe M.

JD: E. or fatiguing conditions. Many people, it may be that you think about someone who's having like a sick day from a cold that comes and goes. You lay in bed, you watch a stream of video, you listen to some music, you read a book. No, for many of us, that's not resting. Resting is no stimulus. For some people are the most severe,

JD: they're in a darkened room with eye shades and earplugs because ID stimulus is too much. And that's why it's so important that we push forward on research for severe ME and severe long COVID and understand that's what's going on for friends and family that are experiencing it because they may disappear from sight.

JD: And it's so hard to understand. But for those of us, for whom it's more mild understanding, what is rest for us? Because we may actually be continuing to put on the stimulus and I'm still in this H.A.L.T. state, even though I've been in bed for two hours because I've been texting and listening to a podcast.

Meico: Unfortunately, sometimes that is too much. And I've heard people call it like enforced rest, and sadly that's sometimes what it takes. And sometimes enforced eating, eating something that I don't love, but because it'll do the trick. Yes, so let me ask you this before we wrap up, because I, so I don't want to conflate ME and long COVID with burnout, but we do know that there is such a thing as chronic burnout. And it's interesting what you described in terms of resting and not sometimes or sleeping and sometimes not feeling restored is what I hear from some chagemakers that I'll talk to who say that I'm burned out and I've done all the things that they said that you're supposed to do if you're burned out, I've taken time off, I've done this, I've done that, and I still don't feel any, any better.

Meico: So, I'm wondering if you have any reflections on that as someone who has and continues to work in a space where people do burnout, right? And maybe you've experienced that, but can you help people to maybe understand when you say fatigue is different from tiredness, let me just make it more specific.

Meico: Can you describe what that looks like for you when you said that you're fatigued?

JD: Yeah, sure. First, if I may, I want to say that especially in this day and age, some people who think they're having burnout and they just can't seem to rest and restore, it may be long COVID. And there's so much of a misunderstanding about complex chronic conditions, invisible disabilities, the myth of what does it mean to be productive and worthy that sometimes, especially if we have mild or moderate presentation of these conditions that we may not even know this is a physiological disease.

JD: And it has to do with, it probably has to do with the mitochondria in our cells isn't working right. It's at a cellular level, right? So, it's sometimes, it's not that you aren't going off your screens early enough at night. It might be not that don't have your bedroom cool enough.

JD: You may have a condition that, that may, and it may be relapsing and remitting. It may come and go. And that makes it even more confusing.

So, I would say, honestly, if someone tried everything that you think would work and you're still having this torpor, right? There's a word for it, so reading what people have written about their experience of fatigue. Because it's really not talked about openly because it's seen as laziness, or we somehow don't have that willpower or something and we don't have that commitment. But it's a, if someone had a broken leg, you wouldn't tell them to go out for a run. So, someone who has a fatiguing illness, no amount of sort of inspiration and self-talk, is going to get them up and going. And in fact, some of it is really misogyny because it's more frequently women who have these conditions. But what it could feel like is, I, I had the experience where I took Paxlovid for a COVID reinfection, and for some of us that can create a remission.

JD: And so, for, full on for about two or three days of symptoms of long COVID. Yeah, and so for me I had two or three days of really pretty no fatigue as far as I could tell and then about two or three weeks of it being lighter. And this is why we need to study these treatments, right? And what I noticed when I didn't have the fatigue was an absence of heaviness in my eyes.

Meico: Mm.

JD: Doing things without thinking about it. I just went and did my laundry. I didn't have to plan for it or dread it or rest afterwards. I just did

Meico: Give yourself a pep talk,

JD: Yeah, no pep talk was required. I just did it. And so, it was more of an absence. So, I would say fatigue can feel like walking around with weights on or like you're wearing a wet blanket, a presence, a heaviness, a sort of soul heaviness.

JD: For some people it can include flu like symptoms. So actually, having episodes of feeling unwell. I get a sore throat sometimes when fatigue is coming on. Sometimes it can also include for some of us chronic pain. Many of these conditions co-occur. And honestly, if my stomach hurts, it doesn't matter if it's fibromyalgia or MCAS or fatigue.

JD: It would just be nice for it not to hurt. And there's often not much to do about it besides generally trying to figure out my best methods for taking care of myself. So, without trying to worry too much about where it's coming from, but fatigue can also feel like that wired, tired feeling. An anxious fatigue where it's sometimes this is so paradoxical, but

JD: many of us with ME have insomnia. And trouble sleeping because it may be that our sleep cycles are very off, so it's like a sleep disorder. So, I would recommend also for anyone who can access it to get a sleep study. I found out I also had some sleep apnea, pretty mild, but now that I'm getting treatment for it with the CPAP machine, it helps a little more, a little bit helps a little bit. So, if you're having feelings of burnout, it might not be you and your attitude. It may not be your job. It may not, there's plenty of reasons to feel down about the world, but it might not be that. It may be that you have a condition, an illness. So, talk to other people who have these conditions and, consider that.

JD: If it's not, many people may not, it may not be. Or, it may also be that it is, something akin to a burnout that's coming from, a mismatch with how your lived experience is relating to your values and your heart. I do think there's often limits on how much we can change our circumstances, but I, time and again, I'm sure you've seen so many times that people who change up what, where they're working, how I think how people are working doesn't get talked about enough.

JD: People say when you're a kid, it's like, what do you want to be when you grow up? It's oh, I want to be a teacher, or I want to be a firefighter, I want to be a lawyer. It's do you want to work with groups? Do you want to work alone? Do you want to work really hard sometimes and then rest sometimes? Do you want to work

JD: with words? Do you want to work with your body and actions? Like those types of things are, I think could make such of a difference, of, how we actually feel in our existence. So that may be as well. And again, that may go back to physiology. It might be that there's some kinds of work that are harder on a particular body than another body type or other types of work on your body.

Meico: Yeah, so that, that is so beautiful and I, I think we, I definitely want to have you back to, to talk. I want to dive deeper into this particular topic. I think that there's so much here that isn't being talked about, at least in the way that I've heard it. In terms of making this distinction between tired and burnout and fatigue, and particularly in the context of changemaking work.

Meico: And so, I definitely want to have you back if you're interested to really talk about this. I think it could be healing and revelatory for some folks. And I think it could be an opportunity for folks to really recognize that they aren't the problem, right? But that there are other things that

maybe they have some control over that they can begin to isolate and figure out, okay, maybe this thing or this set of things is it.

Meico: And maybe if I, make some changes here, I can feel better about myself and feel better about my work. And hopefully all is well with the world, right?

JD: Yeah. And I was the last thing, for some of these conditions, people talk about, there's not treatment for ME there's not treatment for long COVID. There's not cures, outright cures, but there's many treatments for the many conditions under long COVID that can ease suffering and help functioning. And there's not enough care for it, but find other patients, patient advocates, find the experts,

JD: and sometimes you have to take the information to your own doctor and say, here's what I'd like to try to be able to get what you deserve to have life be with more ease.

Meico: Yes. And I share with some folks sometimes that sometimes just an awareness of what the challenge is can be healing because you just, you lift a load and you know that it's not just something you're imagining, but you actually, there's actually something concrete that is, is there. So let me ask you about this as we wrap up.

Meico: So you have, following the work that we've been doing with Mindful Techie, I think since I started. And I know that one of the ways that you've been connected is through the intention Planner. So, I'm curious, if you could share with the audience about what the Intention Planner, you know has meant for you and how you've used it? And I'm not sure if there are other ways that you are connected to the work, but if you are connected in any other ways, would love to hear and have you share that with the audience as well.

JD: Yeah, that's a great question. Thank you. I use the Intention Planner in two ways, which are the ways I use organizing systems. So one is, and this was my way of working in this way was pointed out to me by Rebecca Subar, who's a dear friend and also a brilliant strategist who wrote the book, When to Talk and When to Fight.

JD: So, I put that plug in. But she's told, she's JD, you love setting up systems, but then you don't use them. You're doing that to help you think and work something out. And then you just go on intuition. Your intuition

is very good. So, it's more like a thinking strategy. So that's sometimes how I use it.

JD: And then sometimes I do use it by the book, so to speak, for day to day, planning out my work week to week and figuring out my schedule and following the, the format. And sometimes it's just so great to have a structure to fall back on. And sometimes I go days or weeks without using it.

JD: And that's one of my things. I it's a metric of am I using a planner or not when I'm not. I can say to myself, no wonder you feel overwhelmed more than usual. It's like a secular thing, of like cyclical thing. if I'm overcommitted, I'm not going to take the time to plan, but don't take the time to plan,

JD: I feel overcommitted. And, so I, it's part of my like assessment of what, how things are going and what I'm doing and that I need to get back to it. And I know I will. At this point, I know myself well enough. But I think that, people understanding that there's tools like this, you're not getting chained to it. You can use it as it works for you. You can use it just to doodle in or something. Or not use it for days, but it's there for you to like, adapt and

JD: measure up against in a way that's helpful to you and hopefully not cruel to yourself. So that's that those are the ways that I use it. Yeah, there's some, there's a few components that I've never used it just aren't for me, but I like that there's not too many components in it. It's a simpler planner than the one I was using before this and that's good for me.

JD: I use erasable pens,

Meico: So, I'm curious, why this particular planner? I'm not sure if you're using other planners too, but like why this particular planner stands out to you in terms of something that's usable?

JD: I think it's a good middle ground between not too much structure and, things to fill out and not too open. So, it's a sweet spot and honestly comes down to it's a good amount of space for daily notes and the blank part is big enough. I like the shape and size. It's just like a good, it's a good mix for me.

JD: I like planners that are by the quarter. I love the idea of like really doing a deeper, even if informal evaluation of how things are going every 90

days or like setting goals for every 90 days. That's a good unit for me. I think that's one of the things I've learned through the years is I think for each of us, we each have our own intuitive idea of what are like primary unit of time is like, for example, I'm a co parent.

JD: And my child generally is with me every other week. So, my time is every two weeks is a cycle, right? So, I can have a sense of the weeks where I'm parenting, I'll do less work and more, intentional things with my kid. And then the other week I'm not. So, I have a two week cycle, not a one week cycle. And the measure of a quarter,

JD: that just feels right for the right increment of time to set up goals and look at. For some people, it might be a month, it might be a year. That's just that's my increment. Yeah.

Meico: I appreciate you, you sharing that. And this has been a very rich conversation. Definitely want to have you back on the podcast. So, let me ask you this, so what is next for JD? We know that you're doing lots of work and saving the world and talk about all the wonderful ways in which you have made an impact, but can you share a little bit about if you feel comfortable, what's next for you?

JD: Yeah, sure, Strategies for High Impact, and, along with our long COVID justice project or keeping me and others very busy. But we are, for example, working on, strategic communications that help people access understandable and useful information on COVID and long COVID because there's such a gap. Honestly, really, I would like our work to be doing just that outside job of forcing others who are doing it to do it better, but not enough for doing it right so we are providing information on how to get

JD: care treatment services support and support one another when living with long COVID and associated diseases and then pushing for the powers that be that should be doing that work to take it on so we can have the kinds of good outcomes like we've had with the HIV crisis, where there's more to do but we've made incredible headway in 30 or 40 years.

JD: And we are doing an oral history project called Listing for the Long Haul, where people living with Long COVID and associated diseases who are primarily Black, Brown, Indigenous people in the U. S., figuring out what they want to talk about and ask each other about to do a digital storytelling project.

JD: We're working on needs assessments of people's needs living with long COVID in New York City and elsewhere. So, all kinds of good stuff. By the time this airs, who knows what we'll be doing. So, people should look us up. As for H. I. 's Strategy for High Impact and Long COVID Justice, and please join and help because this is really, it's the need and opportunity of our lifetimes to confront a health crisis and to turn things around, so understanding our lives and bodies and needs are not a source of shame or, not a source of shame or a problem, but understanding that caring for one another is the core of what it really means, I think, to be human.

JD: And so, to really overturn these notions that we are our productivity, or we are judged by our physical prowess to understand that all of us have all kinds of bodies, all of our bodies are good, and all of our bodies deserve what it what we need to have healthy fulfilling lives with one another.

Meico: Awesome. I love that, and I love the intention that you just articulated in terms of just helping, people and caring for one another. As we wrap up today, for folks that are interested in learning more about you, learning about more about your work and staying connected, where can they go to do that?

JD: You can find the Cranky Queer Online. The Cranky Queer is the handle on Twitter and, Instagram and strategiesforhighimpact.org. [Longcovidjustice.org](https://longcovidjustice.org) we are, high ju high impact strategy on, Instagram and, long covid justice and long covid N T W. Okay, I should have looked at this long COVID network, some derivation of that on Twitter, but you can find us long COVID justice.

JD: We're pretty visible. So just use your search and find us and join us. We'd love it.

Meico: Awesome. thank you so much for being part of the podcast conversation, part of this community, and this has been such an illuminating conversation. I'm excited for folks to get an opportunity to listen and thank you again for joining us.

JD: Yeah. Thank you.

Sponsor Break

Meico: I want to take a moment to tell you about a live virtual program to help changemakers like you take better care of yourself while creating a positive impact in the world. It's a live virtual two day interactive

experience designed to help you increase your well being so you can increase your well doing.

Meico: This retreat focuses on practices and strategies connected to the change framework for well being while well doing from my latest book, "How to Thrive When Work Doesn't Love You Back." The framework addresses the U. S. Surgeon General's five essentials for workplace mental health and well being. Learn more at mindfulchangemaker.org/retreat. Again, that's mindfulchangemaker.org/retreat

Meico: During the retreat, we tackle the inner work of things such as guilt about not being able to always get it all done, fear of setting boundaries, the anxiety of imposter syndrome, and adjusting to the world of hybrid work, among other things. We'll also tackle the outer work of things such as setting intentional goals, effective priority setting, especially when everything seems urgent and important, setting and protecting boundaries, and making space to rest and recharge in a sustainable way.

Meico: When you sign up, you get support from a community of smart, heart centered changemakers just like you. And also one year of unlimited access to video lessons, handouts, and an invitation to return to any of the live monthly retreat sessions we host. Learn more at mindfulchangemaker.org/retreat.

Meico: That's mindfulchangemaker.org/retreat.

Outro

Meico: Thank you for listening to this episode of the Dear Mindful Changemaker podcast. Are you ready to finally prioritize your well being so you can increase your impact in changing the world? Join the Mindful Changemaker community and take the next step on your journey to increase your well being while well doing.

Meico: It's 100 percent free when you join at mindfulchangemaker.org/join. Again, that's mindfulchangemaker.org/join. Until next time, I'm Meico Marquette Whitlock. Take it one intentional moment at a time.