

FHS Oral History Project – Puxiao Cen

Description:

Puxiao Cen was born in Guangzhou City, China, in 1968. She recounted her upbringing, particularly her father's crucial influence in developing an affinity for medicine, as well as her understanding of the centrality of self-critical thinking and questioning while living under the Chinese communist regime during the 1970s and 1980s. In addition to recollecting stories from the Cultural Revolution, Puxiao described witnessing the 1989 Tiananmen Square Event and participating in a student protest while attending Sun Yat-sen University of Medical Sciences. The aftermath of the Tiananmen Square incident and a brief stint in a cultural exchange program in Japan, where she realized that Chinese ideologies about capitalist societies conflicted with her lived experience, prompted her to emigrate to the United States, specifically to New York City, in 1992. Puxiao recalled in extensive detail her first years living in America as a foreign medical residency student and Chinese immigrant, and how the civic exchange between her and her other ethnic colleagues regarding local, national, and international events (e.g., OJ Simpson Trial, Balkans War, Bill Clinton-Monica Lewinsky scandal) left an impression, especially coming from a homogenous society, ethnically and in public opinion. After completing three years of a fellowship program at Temple University in Philadelphia, Puxiao moved to Orlando to work as a cardiologist, a position she has held for the past twenty-five years. Puxiao explained the changes she has observed about Orlando through her patient population, specifically the growing Chinese American community. Since 2009, Puxiao has allocated a portion of her salary to hire a full-time registered nurse who can provide care to a patient population that often struggles from linguistic and cultural barriers. Early in 2025, AdventHealth, her employer, decided to hire Puxiao's full-time nurse as a hospital employee, another sign Puxiao pointed to regarding the growing Asian American population. Additionally, as an eight-generation physician in her family, Puxiao highlighted two moments in her life that deepened her knowledge about medicine—her own diagnosis with ovarian cancer in 2007, and her father passing away unexpectedly in 2009. The former allowed her to understand the US healthcare system from a patient's perspective. In the latter, Puxiao followed her father's request to observe his autopsy, a final lesson in medical education that he had always emphasized throughout his life. She discussed that emotional experience, and how the cause of death of Takotsubo cardiomyopathy stung even more as a cardiologist. Moreover, Puxiao detailed her experience during the COVID-19 Pandemic from anxieties within the professional and patient communities, and how she created a series of educational audio recordings for a WeChat (Chinese social media app) account called "Florida Chinese Radio" to counter the profound hysteria present specifically in the elderly Chinese immigrant population during that time. Lastly, Puxiao shared her broader observations about Orlando and Florida, underscoring fears of infertility among the population, dissatisfaction with the overworked conditions of physicians, especially compared to when she trained during the 1990s, and possible changes in the future amid the growth of artificial intelligence (AI).

Transcription:

00;00;00 - 00;00;20

SEBASTIAN GARCIA: This is Sebastian Garcia interviewing Puxiao Cen on May 24th, 2025, in Orlando, Florida, for the Florida Historical Society Oral History Project. Can you please restate your name, date of birth and where you were born?

00;00;20 - 00;00;31

PUXIAO CEN: My name is Puxiao Cen. I was born on October 26th, 1968, in mainland China. Guangzhou City, China.

00;00;31 - 00;00;42

SEBASTIAN GARCIA: Can you talk to me about your childhood growing up in mainland China in the mid to late 70s?

00;00;42 - 00;01;44

PUXIAO CEN: Well, I was raised by my father during the first five years because my mother was working thousands of miles away. In those days the college graduates, they are assigned to different jobs by the government. And my mother happened to be assigned to Wuhan, and she was there for seven years. And when she returned to in Guangzhou, I was five and a half. So the first five and half years, my father, as a young surgeon, raised me. And that means I spend a lot of times at the hospital, being helped by many nurses, but also at daycare. And in China, daycare are 24/7, and my father would visit me sometimes half day per week. But he often between cases, surgery and seeing patients, he would stop by because the daycares inside the university.

00;01;44 - 00;01;47

SEBASTIAN GARCIA: Were you an only child?

00;01;47 - 00;02;26

PUXIAO CEN: I was only a child for the first seven years. Then my sister was born because that was right before the One Child Policy was implemented. So once people heard about the One Child Policy is going to start very soon, people get pregnant left and right and including my parents. So my sister was born in 1975. Without One Child Policy, there might be no sister because my parents would just think that one child is good enough, but then when you do not have that opportunity, suddenly you think that is very important to have more than one child.

00;02;26 - 00;02;44

SEBASTIAN GARCIA: Right. Absolutely. Were your parents old enough to experience the transition of China before Mao and after Mao when it became communist?

00;02;44 - 00;05;45

PUXIAO CEN: My father was born in 1936, and he was the seventh generation of physician in his hometown. And that means his family had clinic, had some properties, land. But in 1949, early 50s, those were taken by the government. But his formative years, his educations were homeschooled but also with the small, in Chinese it was called "Si Shu," it was a few students together being taught in the traditional Chinese text and under his father's tutelage, Chinese traditional medicine. And of course, in early 50s, everything was taken away. My grandparents became ordinary hospital employees. And my father went to Guangzhou at the age of thirteen to attend middle school and then stay there for high school and medical education, traditional Chinese medical college. And he with that background, he often told me not to completely trust the government propaganda. There was another version there. Of course, I was not supposed to talk about that outside of the family, but he did open my mind that there was not only one

version of the real world. My mother was born in 1940s. So her very young childhood was before the '49 transition. And she was from a family of restaurant owner, and their restaurant was taken away. But somehow my mother—in my mind for the longest time, it was a puzzle why, she was more approval of the Chinese Communist Party. And until recent years, I asked her why? Because sometimes I had this resentment why she did not see the truth. But when she mentioned that she was the first girl in her family to have higher education, because for the traditional Chinese family, women often do not have that opportunity. Their job is to marry a good family. And she was thankful that the government gave her that opportunity. And I thought, “Well, that makes sense.” Otherwise she would not have met my father, the intellectual equal, because they got married after they finished college. I am sure part of the attraction is the intellect, the education of each other.

00;05;45 - 00;06;22

SEBASTIAN GARCIA: Yeah, absolutely. That is interesting. You mentioned how your father was very influential to see through the propaganda, the communist propaganda, the government propaganda, and certainly you were born in '68, you are at the midst of the Cultural Revolution. So just talk to me about how you and your father and your family navigated that.

00;06;22 - 00;09;02

PUXIAO CEN: Well, my parents, because of their own original family was not from poor families, they were not politically deemed to be worthy of being promoted in high position, but because of their education, their hard work, they were able to have very secure job. And also they are not very outspoken, especially my father, that means that he got to stay in the university to teach and practice medicine, as opposed to be thrown to the remote countryside to be so-called “reeducated.” That means they are punished. But those are also, ironically, the years where he was able to get a lot of opportunity because the more experienced and better doctors were thrown away to the remote countryside. So as a young surgeon, he was the most valuable, in the early 70s, late 60s in the university hospital. And I was spending so much time in the hospital, basically, I did not see the outside world that much because in those days the Chinese government assigned colleges to work, and the workplace will give you living, giving you the dormitory to live. And if you are married, then you would have a one bedroom. If you were single, you would share a studio with your coworker, another doctor. So before my father married my mother, he lived in a studio with another surgeon. And after they were married, they were in one bedroom, but it was still inside the university, right next to the hospital. So I did not know much of the Cultural Revolution outside of university. All I know is inside, you need to be careful what you say. My father stressed that to me because I hear a different voice in him, and he would remind me, “be careful of what you say.” My mother would say “you do not need to talk so much to her, tell her so much.” And she would not understand why. My father said, “it is important that she knew.” So that was my experience of Cultural Revolution—be careful what you say when you go to school.

00;09;02 - 00;09;23

SEBASTIAN GARCIA: Interesting. Besides being in the hospital almost day in and day out because of your father, in what other ways were you attracted to the medical field?

00;09;23 - 00;11;06

PUXIAO CEN: Well, that was the only thing I know. And I feel most comfortable is to help people when they are in need. And the people are I like the most. There are several nurses I like the most. I think that was the ideal version of being a woman. They have their feminine side. I was a quiet girl and that fit me. And I have one woman doctor, who is so gentle, also a surgeon, so gentle. So to me, you can have very serious side and very decisive, and intellectually very achieved very high level, but still remain a soft spoken and polite and nice person. And that was how I learned, inside the university, seeing the hospital, seeing the all different women in different level of health care system, how they work and how they treat me because I was the child of everyone. There are a lot of nurses who are single, and I can see some of them really like my father, especially when my father was married, but my mother was so far away. There are several nurses are very fond of my father. And I could see, they really liked my father, and they treated me like their daughter. But they are single too, so I think my childhood was very fortunate that I was taken care of by so many people.

00;11;06 - 00;11;10

SEBASTIAN GARCIA: You attended medical school in China, correct?

00;11;10 - 00;11;12

PUXIAO CEN: Yes.

00;11;12 - 00;11;44

SEBASTIAN GARCIA: You became an eighth generation doctor within your family, you have an over two-hundred year history of physicians, deep lineage in medicine. I am curious, how did that family heritage influence or inform your studies in medical school? Like, did your father keep on advising you, even though he technically was not your formal professor?

00;11;45;04 - 00;22;05

PUXIAO CEN: Well, it is interesting you mentioned this because, the long lineage of physician in our family meant that they had they had to be, at one point, a transition from traditional medicine to the biomedical modern medicine. And in China, to this day, they are still a hybrid system. When my father was taught at home, the traditional medicine and to the traditional medical college, then becoming a surgeon, using a lot of biomedical to practice, he himself is already a hybrid, the result of a hybrid education, in training and practice. To me, is, completely a—in China, some call that Western medicine. I would call that a modern medicine and biomedical medicine. And it was a six year program. Even though most of the medical students were taught in Chinese language but there was a small percentage of fifty students who were taught in English. I was one of the fifty students among the several hundred of that year. And the teachers did not speak very fluent English, with very strong accent. Frankly, I did not understand a lot of them, but that forced me to read the medical knowledge in English language. Because remember, in 1980s, it was not long before there was cassette tape on the market and let alone English language education cassette tape. There was some pop music cassette tape. So most of us learned the pronunciation by a standardized pronunciation in the written form, not listening to it. So it is understandable that the teachers were not able to speak very good English. Nonetheless, they were able to give us the opportunity of being taught in English language. So that was one of the reason I was able to study for board, when I came to America in 1992.

Those six years, my father did not give me a lot of medical advice. He was very busy being a fifty year old surgeon. And also that was the time, in China, there was a very hopeful mood of people were thinking that times are different now. We are going to reopen the market, reopen the door. People can go abroad to study. And also, foreign investments can come. And we for the first time, Chinese people for the first time can have their own business. Not everything is government owned. And that also extend into the university governing. They were able to offer a nonparty member a position of a president of the hospital. And my father was given this opportunity. So he became the president of a teaching hospital of the university, even though he continued to refuse to become a party member. I still remember there was some party member on a monthly basis came to our home to talk to him, [and] said “You are such an exemplary teacher and professor and surgeon, and the party would be very happy that if you join.” And he always said, “I do not think I am good enough for the party. I still want to strive in my moral standing to become a better candidate for the party.” That was how he worded it. So he refused to become party member for his whole life, even though he knew that he would be promoted even faster if he said yes. But he still was given the opportunity to become president. So he was so busy trying to reform a lot of things, but that that position was taken away about seven or eight years later when he continued to refuse to become a party member. But that was the time I was in medical school, so he was always at work. However, I did not feel the medical school was difficult at all, even without his guidance. Reading English, somehow English to me is not difficult at all. And with my childhood in the in the hospital for so long, a lot of things come to me like second nature. And I am so familiar with anatomy anyway, because my father was a surgeon, an orthopedic surgeon. So medical school to me is so easy.

And then [in] 1989, when Tiananmen Square happened, the students all went on street because there was such a hopeful spirit in the air. People think that the new world is coming. And, of course, now looking back, there are other factions inside the government [that] was fighting too, but we as students had not realized that. So I was on the street one time, and I was a bit worried because I always think that my father had told me, “be careful of what you were told. There was a more complicated story behind, no matter what voice. Just use your head to think carefully.” And after that one time, I stay home because the school stopped. Because students refused to go to the class, and they went on street every day. And the university I was studying had majority of the students from other province, so their homes were not in Guangzhou. They had no home to go to. So even though school stopped, they just have full time [to protest] on the street. But afterwards, when it was cracked down, I saw the things made me for long periods time [lose] faith in human nature, in humanity, seeing how people can rat on each other. Many students, in order to preserve their future, they were not shy in telling each other. And that further my disappointment in the country, in the government.

So in 1990, I had an opportunity to participate in a calligraphy cultural exchange in Japan because I always loved calligraphy, enjoying, and my father always taught me [since] I was such a shy girl. And he felt that would be a great outlet for my energy and expression. So when I went to Japan, seeing the world outside of China, seeing how polite—because in China, always, even though we, in 1980s, we already had a taste of seeing how private enterprise can bring such a vitality to the society. There was still a little nagging inside me thinking that the world of capitalism is still “man eat man world.” It is not going to be as organized, as nice, as

you see on the movie, but seeing real life in Japan, how polite, how orderly people and still free-spirited. I still see personal expression, and at the same time, they preserve their traditional value. And that was a perfect mix of modernity and the virtues that they value for generations. And that really opened my eyes, and I thought that I do not think I want to stay in this country further, even though for a while there was such a hopeful spirit, but now it was all crushed.

And also in the process I see people can be very cruel, even young people can be very cruel to each other. And deep down, I believe it [had] lot to do with lack of real humanity education. Throughout our entire education, the twelve years of education before going to the medical school, that was why people behave this way. I want to go to a society where the humanities have more shining points. In China, what I saw was truly man eat man. Not the other way around. So I started to study some board preparation material that was brought to me by my aunt in Hong Kong. My parents were born in Hong Kong. So later on they went to Hong Kong to work and live. But when I was in medical school, they were still in mainland China because my father was given such an important position. But after medical school, I did not stay long. I came to America and passing the board, it was not difficult for me. But at beginning, I had to work part time to support myself and I had a young child.

00;22;05 - 00;22;20

SEBASTIAN GARCIA: I am glad you mentioned Tiananmen Square because I was going to ask a question about that. So seeing that and how even students became very divided. And then—

00;22;20 - 00;22;22

PUXIAO CEN: Toward the end, it was divided.

00;22;22 - 00;22;38

SEBASTIAN GARCIA: And how your experience in Japan, all of those circumstances prompted you to ultimately decide to leave. But you never envisioned leaving China earlier. Like, did you ever?

00;22;38 - 00;23;42

PUXIAO CEN: When we were studying medicine in English, there was always a dream of all of us in the English class, that one day we will do some research, to get to the medical frontier, at that time, we believe the Western world, Europe or America. Canada is a place where you have your medical research and that was how our teacher at that time had their English education. They finished a medical school, went to America or Canada and came back to China to teach us and that was how we get this opportunity. And we thought we were going to do that anyway. But after the Tiananmen Square and after the downfall, the aftermath, I thought I had to leave.

00;23;42 - 00;23;50

SEBASTIAN GARCIA: So, just to clarify for the record, what was the name of your medical school in China and what years did you attend?

00;23;50 - 00;25;57

PUXIAO CEN: So it was Sun Yat-sen University of Medical Sciences. Sun Yat-sen was the first president of China in 1912. He came from Hawaii. And when went back to China and he died in 1925. So he did not live long enough to see through China's modernization, but the [Republic of China] continued to this day in Taiwan. So he, under Sun Yat-sen, 1912, after the last emperor was overthrown, he became the first president. And after he died, the Soviet Union's infiltration of the Kuomintang and later on supporting the Chinese Communist Party, led to the Civil War after the Sino-Japanese War finished. Then, at the end of 1949, Kuomintang failed, and they fled to Taiwan. But the country continued to this day. You can call that country as Taiwan [Republic of China]. *[Puxiao struggled to call Taiwan by its formal name during this portion of the recording, and repeatedly mislabeled Taiwan as the "People's Republic of Republic (PRC). She requested to remove this from the recording. Skip to 25;57 to resume the recording].*

00;25;57 - 00;25;58

SEBASTIAN GARCIA: And what years did you attend?

00;25;58 - 00;26;01

PUXIAO CEN: Oh, sorry. It was 1986 to 1992.

00;26;01 - 00;26;34

SEBASTIAN GARCIA: So in 1992, you left China and then arrived to New York City, correct? Talk to me in general about your residency experience and why those first couple years of your American life, immigrant life, were the most formative for you?

00;26;34 - 00;48;29

PUXIAO CEN: Very formative. For someone who came from a homogenous society, not only the ethnic background, but on all social event, the commentator have only one voice. Of course, only one voice allowed. Plus New York, I do not think it was a very typical American city. It is almost like a different country of its own. And I arrived in Chinatown of Manhattan because that was where I could easily get a part time job. I worked first at the herbal store. It was very interesting. That was before I started my residency, because I had to study for board. And studying for board is step one, step two, and then you have to have interview and participate in national match. That was a process. And in that process, this herbal store let me see a small window of Chinese life. There [were] not a lot of a doctors able to speak Cantonese in Chinatown. There [were] some. A lot of Chinese immigrants from Canton, they [were] the offspring of the original Chinese immigrant from 1840s, the Gold Mountain rush, the West Coast and then the railroad, and then to the East coast. They did not have very high education in mainland China because they [were] often not from the big city of South. That was where the peasants came to America in the 1840s. And women often worked at the garment factory because that was the time, in the early 90s, still there [were] garment factories in US, not to Mexico, because of NAFTA, and later on with globalization to the Asia. And a lot of small garment factories have maybe just ten to thirty small sewing machine and they call themselves a factory, but they offer a good opportunity for the women to earn the living and also provide the family health insurance. The men of the family often work as a waiter in the restaurant. There was so many restaurant in the Manhattan Chinatown. And those, the large population

living in that part of the Chinatown in Manhattan, their health care needs [were] often met by those herbal stores. They [liked] to go to herbal stores. Sorry [*Puxiao drank water*].

Because herbal stores, first of all, they understand traditional Chinese medicine concept. Second [was] the language. Interestingly, at least herbal store I worked at, the doctor was actually a nurse in the countryside, small hospital in China, but she call herself doctor. She said that she was from a big hospital in Guangzhou, so she had that credential behind her, she [called] herself that way, but actually, she was a nurse at the small village. But that was before internet. No one knew. So with that credential, she was able to get some medicine from a pharmacy around the corner. That pharmacist, who owned the pharmacy, gave her antibiotics like erythromycin, 1000 tablets per bottle, or prednisone or other medicine. And she would give the people who came in with, say common, cold, cough, GI problem, a lot of common ailment, she would give them Chinese herbal medicine, but also with a small container of powder. She said that was traditional herbal powder that you just mix them in the concoction, the water after you cook them. But actually those [were] prednisone steroid to reduce the stuffy nose or ibuprofen to reduce the headache or body aches or erythromycin or other cheap antibiotics or low class antibiotics, she was able to get from the pharmacist and mix that to make [what] she [called] that as Chinese medicine. But actually it was with a lot of other ingredients. So I saw that kind of practice [and] I felt that, even if I would finish my education, it was not inspiring to me someone who wants to be a physician, and that was an interesting experience.

But at that time, early 90s, at the end of David Dinkins being a mayor and the beginning of [Rudy] Giuliani being a mayor, the crime was improving. And also Giuliani was able to give or expand the program for people who [were] looking for a job because he wanted to reduce the number of people on welfare. So he has this program, called workfare, [where] you had to work for x number of hours, like twelve hours per week to be qualify for welfare. And they have this program to teach people use computer, how to type, how to do the clerical work. So I participated. I went to that kind of class for three months. And after that they assigned me to a pediatric clinic to be a medical assistant. And from there, the doctor was very nice, he said that “You know so much medicine. Your medical knowledge is so rich. You should really sit down and study for board.” Because up to that day, I was thinking that as long as I can be a bedside, or have some role in direct patient care, I can be a nurse or physician assistant. Being a doctor is must because I love medicine. Any role would be fine with me. I like it. And he said, “Actually, [your] knowledge structure is the fit me the most [of] a physician.” So he encouraged me to study for board because that was, after all, before internet. Not everyone knew how to get the material, for how to apply for different steps, the licensing exam, different steps. So with that guidance, I passed the board and started to have my interview process. And the interview process deepened my understanding of America too.

First I came here, of course, it was all excitement. There are so many choices. Even the soap have different choices that just dizzying, makes it hard to make decision because I was not used to be given so many options. So there was anxiety coming from too many options. When I was in China, when you have only one option, you think that it was natural, that you make that decision. You thought that was your choice. But it was not. It was the only option you were given. But in America, when you have that freedom, it is dizzying and anxiety triggering. But still it was all nice, just glittering, all just exciting. But when I was doing my interview for my

residency, being a foreign graduate with no work experience, my resume is so thin, I naturally got invited to many hospitals that not many American graduates wanted to go, including inner city, the urban in New York City, there are a lot of urban hospitals were in a neighborhood that was not very safe. And I went there for the first time and seeing for the first time the area of America that I would not be able to imagine, even though before I came to America from watching movie, I knew there is some urban area that was very rundown, but I thought that was all about the story of 1970s. But that was early 90s, and I learned a little bit more and I realized that the cocaine, the coke pandemic and also there are some, AIDS pandemic at that time, there was no effective treatment for AIDS. So there are a lot of very sick patients, but not a lot of American graduates wanted to go there. So I see the lack of resources. The surrounding community was not precisely safe for a young woman. So I decided to turn down those offering. But, back in my mind, I was always worried that I might not have a job as a physician if I keep turning down the offer this way until Lenox Hill Hospital gave me that offer, which is a very good hospital in the Upper East Side of Manhattan. And then when I went for interview, I had lunch with the other residents. I realized that hospital that, at least half of them are American graduate, and then the majority of the foreign graduates are from Eastern European countries, and the small number, maybe no more than a handful, are Asian and very small number, two or three are Black.

The first three years of my medical training is a wonderful, for me, the most, the best experience because that was the time when you did not need to sit in front of the computer to do all those charting so much, because there was no electronic medical record. It was all written, right. So you write your progress note and also when you do not have so many tests to run and no EMR to follow the test result, you stay at the hospital for long time. And that long time means that some downtime for you to have your meals with your coworkers and you get to talk. So even though our work hours are very long, it was a very different kind of work hour, different kind of stress compared to the generations of physician now. The generation physician now every second of work hour is stressful, highly stressful. They have so many things to follow. They have patient portal to answer to. The electronic medical record is following them to their home. But my time in mid 1990s I was able to learn a lot of different people's life, learn about America by staying inside the hospital. So yes, I spend long hours at work, but that work hours [were] very enjoyable. Maybe when I [was] very fatigued, I did not think this way, but still very rewarding that when we are on call, we [had] a bunk bed. When I was an intern, my resident would sleep at the upper bunk, and every phone call comes in because we do not have cell phone, we only have a beeper, and the information will go through the landline phone, and I would answer that. The resident in the upper bunk would be awakened, but he would just listen and then fall back to sleep because I would take care of the problem.

And in the same way, we talked to nurses too. So I talked to nurses of different ethnic background, and we followed the news at the same time because there was no social media, and you express your opinion face to face. You follow the news not online but watching the news [that] everybody watch together. There was no different source of news like nowadays, you have different truth, your own version of truth are completely different from the other side. There is no way to communicate that way. But in my time, we watch the same news. We sit down, express our opinion according to our life experience, we have different opinion, but at the end, we still have each other's back. We help each other at work. So the conversation, the

debate can be very fierce, but you have good faith. That was how friendships built. That is how I think that social consensus should be built that way, not on the keyboard in their individual space. And that was also the time when OJ Simpson trial was going on. And that was the first time I see how divided American opinion could be, among people who work side by side. But we keep a good working relationship. We know some topic which we, even if we talk about, we have fierce discussion, but we go back to have a good working relationship. That was the only way to survive. Otherwise, in health care, you cannot continue to fight when you are saving lives. And in the world stage, the Balkans War was also fierce and my co-residents from Croatia or Serbia, they have very different outlook of the war and their version of it and their family member are dying or suffering, their friends at home are suffering. So when they have that discussion—and that was also for the first time as a new immigrant, I saw the world in such an upheaval, but people can be civil.

And in the political stage. I see how when, David Dinkins, being a perfect gentleman, but was viewed as not very [as an] effective leader. After he stepped down and, Giuliani was an iron fist in controlling the crime but also increase some of the conflict between Black and White conflict and hearing on the news, on the radio, because that was the only time we hear commentators, there was not, 24/7 newsreel on the TV, and how politicians can talk about other politicians in such a harsh way, such a sarcastic way, to me [was] all interesting. I do not see the negative. I see a lot of positive in this kind of exchange. So that first five years of my American life was colorful, it was informative. It has a lot of gradation, but all eye opening and all positive experience of how democracy should look like. I see that as the best.

And then when Netscape started, [becoming] the first IPO [Initial Public Offering] of the dotcom era. And that was about the time when Clinton scandal, Monica Lewinsky. So I saw such the most well-spoken, such a gentleman and to me, a good politician. At that time, I thought he was just brilliant. The way he talk about welfare reform, for me, being a New Yorker, I thought that that was just [how] a moderate, Democrat should look like. And then to have that scandal, I just could not believe a country could talk about their leader this way. But also, I cannot believe such a gentleman could have that side. But then after the shock, I thought, that was all we are. We are human. If you really dissect everyone's private life, maybe nobody is really that presentable. But that was at the beginning of the internet, there was cyber-shaming, and seeing how a young woman [Monica] could be treated that way, it was a cautionary tale to me being equally young. And I thought every step of the way, as a woman, you need to be so careful. Society is not forgiving to women at all. They let men get away a lot of things but not woman. They are just like China, I mean, in that way, still pretty harsh to young woman. So a lot of things I learned from that, watching the news with astonishment and also remembering every day you create history for yourself too. Be careful because all you have is your past. Every time you try to advance, all you have is your past to talk about. So what you do today will become your past tomorrow. Just be careful. So I [felt] sad for her. I feel it was unfair that she was treating this way, but also informative to myself, [regarding] how to behave because I was single at that time, I needed to be very careful. It was interesting. That was how all news helped my personal growth.

And then I went to Temple University to start my fellowship. And that was another chapter because I had to raise my young child and being a cardiology fellow is not easy in a heart

transplant center because a lot of violence happened at night time. The heart available at night. Unfortunately, a sadness, for one family would become such a joyous moment for another one. Unlike kidney transplant, you can have your living donor, you can offer one kidney for another person, heart you have to have a death before you have someone's chance to live, by having a new heart. So that also let me see how difficult it is when you were sick, how important it is to have a good social support and family support. Because one reason to turn down a transplant candidate is lack of family and social support. There are so many things in life. You can see it. Even though it is not true, but you, imagine the resources limitless. That was how a lot of times Americans spend their budget. That was how we get—many reasons, but one of the reason—is we do not have this mindset of being just in resource allocation. But organ transplantation, you have to be just because such a limited organ numbers [are] available. So even if someone is very, very sick and very young too, if they do not have a good family and social support, they may not be a good candidate to receive this organ. They may not be the good shepherd for this organ. So life is very unforgiving. And I also see how violence can just eat up big population because in Philadelphia, there was a big area that you can tell from the building, only maybe one or two decades ago was a beautiful residential area, and now it was all empty. So I learn more about the complexity of American society. And in the meantime, I am trying not to miss out a lot of things. My young boy's growing up process. But now, looking back, I miss a lot of milestones because I was so busy working and being trained as a good cardiologist. But now we have a lot of common topics because he is a physician too, he is a ninth generation physician.

00;48;29 - 00;48;36

SEBASTIAN GARCIA: And what year did you start in Temple University?

00;48;36 - 00;48;37

PUXIAO CEN: It was 1998.

00;48;37 - 00;48;40

SEBASTIAN GARCIA: And that was three years, right?

00;48;40 - 00;48;42

PUXIAO CEN: Three years of [fellowship] program.

00;48;42 - 00;48;55

SEBASTIAN GARCIA: And then in 2001, you finished the fellowship, and you arrived to Orlando, Florida. Why Orlando. Why Florida?

00;48;55 - 00;50;07

PUXIAO CEN: Well, when I came here for a heart failure conference because Orlando, the International Drive, the Orange Convention Center have many conferences. One of them is the Heart Failure conference. The other is ACC, American College of Cardiology conference. So I came here many times before, and one of them was right at the job hunting season. And many recruiters would email because that was the time started to use email. So instead of getting a lot of phone calls when I was a resident, when I was a fellow, we got email, and I came here for interview at the same time to participate in the Heart Failure conference. And when I had my interview, that was also the day we went to Disney World. And my son thought, this is just like

heaven, this the best place in the world, he thought. So I thought, if I come here, my son would be happy and people who interviewed me are so nice. So I joined this group, and I stayed. For the past twenty five years, I have not left.

00;50;07 - 00;50;19

SEBASTIAN GARCIA: So talk to me about where was this employment that you landed after this conference in Orlando? Where did you begin working?

00;50;19 - 00;56;11

PUXIAO CEN: In day to day practice, it is almost the same. That was why it was hard for me to tease out over the past twenty five years the memorable moments. Because I almost always see myself as a nanny, if a referring physician, refer a patient to me, it was like letting me know to take care of this person. And I am that nanny-ish person. I take care of all sort of different needs of a patient from their pre-operative so-called clearance for their dental procedure to having acute heart attack. Now, we need to do an angioplasty, put a stent there, or make a decision of changing the valve. Everybody is different, but the benefit of staying at the same job for more than twenty years is that I see the different stages of life playing out in front of me. Of course, I grow from a young person to a middle aged person, but at the same time, cardiovascular health bring me maybe a sixty-five year old twenty five years ago, and now it is ninety [or] eighty something, late eighties. And I see how functional decline a person would inevitably face, and also how family structure change, how marriage get tested when disease strikes, some would become closer, even ex-spouse would become closer, often it is the ex-wife becoming a caregiver. I have not seen an ex-husband becoming a caregiver of woman when she gets sick. On the other end of the spectrum, a stable marriage may dissolve when a serious diagnosis came. And also seeing when society changes, when the economy changes or during COVID, how family deal with it. And how policy changes can have untoward effect on many families and many people's jobs. So I see more and more health care is such a decisive factor in [the] trajectory of many people's life, not as initially thought as always, life-saving, improving life quality, extending life expectancy, that is only one aspect. When you talk about public health, even if you try your best with limited information, sometimes when you look back, you could see things could have done much better. And that could be a small less lesson academically, but as huge life loss for other people's business or even family. So in frontline in healthcare, I see that very clear.

For instance, during COVID, for a period of time we were so afraid. We were in such a panic mode. The hospital lawn had the tent built up in preparation of huge influx of ICU patients. And those tent would have capacity of having hundreds of ventilator supported beds, critical care beds. And we were all preparing to be a critical care physician, even though at that time [I] did not even know how to run a ventilator. But I had to study, preparing for the worst case scenario. So when it turns out that worst case scenario did not happen, we let out big sigh, but then we turn around and realize we actually let a huge population of the elderly being locked behind doors, and they are the one who suffered the most. Suffering is not just death. It is not having anyone to come to see you. Being lonely for an elderly person is worse than death, many times. And now looking back, many times, that was what we did to many of my elderly patients. And some of them died already, I think they might not have died without that more than a year of isolation in their home. And when I had the virtual health or video telehealth capacity to visit

them every three months, their decline [was] visible. And that [was] really hard for me to take because I know them for so long. And I understand that was with good intention, what public health was doing to them. So I see medicine is really a double edged sword, especially when you do not have a lot of information, and you try to do the best you can.

00;56;11 - 00;56;16

SEBASTIAN GARCIA: In 2007, you were diagnosed with ovarian cancer.

00;56;16 - 00;56;18

PUXIAO CEN: Yes.

00;56;18;07 - 00;56;26;17

SEBASTIAN GARCIA: Just talk to me about how that made you feel and what did you learn about that experience?

00;56;26 - 00;58;41

PUXIAO CEN: That is a very good question because that was the first time I learned from a patient standpoint. I was never sick before. My parents were never sick. So even in China or Hong Kong, we never had the experience of hospital from a patient standpoint. Seeing doctors in a clinic is different, that is more of a preventive care. But when you are gravely ill, when you are sick, you see how the system is so cumbersome. When you really need a lot of help, the system is precisely the reason why you have so much anguish. The physical ailment is one burden already. But navigating the system is so difficult. Even me as a physician, it was difficult to deal with which test is approved and how to get prior authorization. Physician, we already do that all the time. But from a patient standpoint is even harder because you have a diagnosis, but you do not know when it was being approved and you have this burden thinking that your cancer is just actively spreading now, and you are not allowing me to do this test or get that treatment. And also, there was so many tests that you think it was a minor side effect. It is more than minor when you yourself have to experience it. So I am more cognizant in doing tests that could lead to radiation exposure. I am more cognizant about doing imaging study. The contrast can cause the kind of reaction, medication can cause the reaction that may not be written on textbook or on the package insert of medication, but everybody's side effect is real. If they experience, it is real to them. And it was very informative.

[Brief silence caused by technical adjustments]

00;58;41 - 00;59;04

SEBASTIAN GARCIA: In 2009, your father passed away. Generally, how did you react to that unfortunate news? But also from some of the notes I have, he also wanted you to observe his autopsy, correct?

00;59;04 - 01;06;36

PUXIAO CEN: Yes. So even before he passed—he was never sick. So till the day he died, he was never one day as inpatient, he saw doctors as outpatient a few times. That was it. But when he died suddenly, it was such a puzzle to our family. And also, very importantly, before he passed away, every time he talked about medical education and the importance of the anatomy,

the dissection, the anatomy class, he said a lot of times after someone die for a long time in formalin, the organs can shrink and move places in such a way that you may not get the most accurate information anatomically, compared to fresh autopsy. And he said if one day I died, "Please let my body to be donated to the medical school to be dissected fresh, not being for a long time like you in medical school" and he said, "Remember to participate in that dissection, the class dissection, too." But when he died so unexpectedly, he was still teaching at Chinese University of Hong Kong. He was still working at that time. And my sister and I were in US, received that phone call, completely confused. And we asked the pathologist, the physician there, asked him [to] give us the opportunity to be part of the [dissection], just to observe. We are not going to actively cut, but we want to be there to observe. And he was so nice. [He] let us. So we arranged a flight my sister and I. When we put on the gown [and] stepped into the room, that was the first time we realized "This is real. This is happening. The father we have not seen for six month," because my father would come to America twice a year to see us during the summer and winter break of the university. But six months passed and all of a sudden in front of us on that medal table, that person that would be our father and that really hit us for the first time, it is real. He is gone. And in the very beginning, he looked so peaceful, just like asleep, just the color is a bit grayer than person who is alive. And it was still when someone who was never sick and suddenly becoming dead in front of you, it was still hard to reconcile, "This person is gone. It is just a shell." And his hand is the most memorable part that day because he was my teacher of drawing and calligraphy. The way he held brush. I know his nails so well. His index finger, his thumb. So I held his hand for a while before I let the doctor know to start the autopsy. So there were several times, my sister and I were holding each other's hand very tight. And then we told the doctor, "Can you give us a minute?" And he was so nice, he and his assistant. So there [were] two gentlemen. One is a physician, one is the assistant, the assistant [was] the one doing the sawing of the bone and cutting. The doctor is the one doing each organs, slicing to see the details inside. So after a few breaks, we finished the entire dissection. We did not see the culprit, the cause of the death. We could see some cholesterol buildup, but at the end, the conclusion [was] cardiac death by arrhythmia. So it was called takotsubo cardiomyopathy or stress-induced cardiomyopathy. That means if someone have a huge amount of emotional stress, the heart can have such a strong catecholamines storm, causing a diffuse vasoconstriction of the entire coronary arteries. It is almost like a massive heart attack without individual obstruction of any branches. That diffuse spasm can cause the heart ballooning out in the shape, like an octopus trap. Takotsubo is a Japanese word, in 1990s, when they first coined this phenomenon called stress-induced cardiomyopathy. And to this day, I do not know the degree of stress that my father was going through at that time. It was still a puzzle to me and my sister. We regret so much that we did not put in more time in talking to him. Sometimes when you assume someone will continue to live, and you just prioritize your daily mundane activities, and you forget about talking about the person's emotional world. But to this day, we regret it so much. So the stress induced cardiomyopathy, for a while, I thought it was an uncommon phenomenon. I have seen it. We all have seen it. Usually it is, a little old woman who had acute chest pain and arrhythmia or heart failure after attending her husband's funeral or loved one's funeral, but for a strong seemingly healthy, swimming every day, man have Takotsubo, I have not seen that often. So I will continue to learn more about the details toward the end of his life, what led to it. But the fact that he died of cardiac cause really hit me. And I also from then on, I learned the importance of live life at the most peaceful way possible. I mean, there are a lot of challenges in life, but learn to be nice to yourself. Be more forgiving

and be there for your loved ones. So often we are just bogged down in our daily needs and forget about our loved ones may have something that they really want to talk about. And you need to read them and approach them actively because not everyone is willing to open so easily.

01;06;36 - 01;06;59

SEBASTIAN GARCIA: You have spent the past quarter century living here in Orlando, the past twenty five years. From your perspective, how has Orlando changed generally, but also how have you seen Orlando changed through the lens of your practice?

01;06;59 - 01;09;58

PUXIAO CEN: That is a question I never thought of because I took things [for] granted, I think. There are several angles. One is I think life it is becoming harder and harder for an average person. Let me explain. Before globalization, because I came to America in 1992, the daily objects, daily goods, a cup, a notebook—paper notebook, there was no personal computer—they are not as cheap as now. But the way we have very cheap daily goods mask the grave problem of skyrocketing housing and education. I think that will hurt all of us, will continue to hurt all of us in a very exponential way in the near future. And I worry about the younger generation very much. I am lucky that I am already fifty-six, that my son already finished education, I have a house already pay off. But the newer generation, even just physicians, you may see their paycheck is not that small, but the way they have their student loans, they the way they have to take on the burden of daily clinical practice is with higher intensity as [it was in] our generation, and not just medical personnels, of course. Also AI think will continue to change Florida a lot. I do not know if jobs will continue to be abundant if the education continue to become expensive, younger person may have less prospects of having a job due to automation and AI. I am worried about the state a lot. Maybe other states have to confront similar challenges, but I think Florida is particular. The aging population needs a lot of young and able-body to work, to take care of them. But this is becoming more and more difficult.

01;09;58 - 01;10;12

SEBASTIAN GARCIA: Relatedly, what have you learned about Florida, being here, living here, working here, over the past twenty five years?

01;10;12 - 01;13;29

PUXIAO CEN: Sometimes when you live in one area for such a long time, you forget about comparing how—because you have to compare to other area to really gain a deeper understanding or perspective of the place, just like after I left China, I learned more about China. Maybe one day after I leave Florida, if I visit my son in Albuquerque, if I stay there for a six month or a year, maybe one day I will have a deeper understanding of Florida. But when I talk about younger generation, I wanted to add one more thing that is, looking back, if I talk to the twenty-four year old me when I first came to America, as a woman, I want to let women know, and perhaps AI will help this aspect too, if you want to be a mother, if you want to experience pregnancy and having your own biological children, start think about this early. I miss that, but I was lucky enough to accidentally got pregnant and have my son, but I had tried to have a second child for longest time. Personal experience plus the data show that the women's fertility time is actually very short. Women have the most number of eggs when they

are twenty weeks gestation age, still in the mother's womb. And after birth, the number of eggs decline and after late twenties, the number of egg decline so quickly, even if you freeze your eggs, when you thaw the eggs, not all of them survive. And when you successfully thaw the egg, not everyone can successfully fertilize, and after fertilization not everyone can continue to develop because there are many aspects. Maybe that was a little bit away from talking about Florida, but really when you talk about having an educated workforce in a state, in any area, supporting young women's fertility, the need of fertility, is one important aspect, I think, the government still or the society has not realized yet. And that was one of the reasons so many infertility, the high percentage of infertility in women physicians because they miss the boat so easily, so fast, and before they know they already passed their prime and they would spend huge amount of money in the fertility treatment still may not have the result they want.

01;13;29 - 01;14;19

SEBASTIAN GARCIA: You adroitly articulated how the medicine helped alleviate your immigrant anxieties early on, when you were in New York by working with other ethnic groups and all kind of going through similar experiences and being able to talk about contested topics, but still, when it came down to work, have each other's backs. Conversely, though, I am curious [if] throughout your career, not just those first couple of years, but to this day, have you experienced any racial or sexist encounters given your identity as a Chinese woman?

01;14;19 - 01;18;28

PUXIAO CEN: I think all minority immigrants experience some degree. But I am lucky enough, because of the stereotypes of Asian being a natural caregiver or a lot of people's opinion or vision of Asian women are very nurturing, submissive, easy to work with, they are good in math, good at delivering the most gentle care, already when I walked into the door, there is such a positive impression given to me, not earned by me, just by that person's bias already helped me. So maybe from this aspect, I benefited from the biased. But they are, of course, the kind of discrimination that all women would encounter is at certain point, when you are past the beginning stage of "Oh, you are so nice and sweet and easygoing," when you have your voice, that is a slightly different. You encounter a more passive aggressive resistance. I think all women, when they are in middle age, or any time, even when they are young, want to assert their opinion, they may encounter a slightly more resistant compared to male. In medicine the same way. And traditionally, even to this day, when you watch the commercials, they are more Caucasian male physician figure than minority. Sexist, it was there, but maybe the younger version of me did not realize as much until much later I really look back with a very critical eyes, some male attendings when I was younger certainly were great mentor, but they may be willing to spend more time to help a young female resident a lot, to do with what, in their eyes, being a very docile, quiet, compliant, cute student. Maybe part of it is that. I do not know if it is fair to dissect things this way because human are complex, if they are willing to share their medical knowledge in a professional way in the hospital, they may enjoy spending more time with the younger female residents than strong-minded male resident. Then maybe it is part of the human nature. I do not know if that is part of [sexism], or we should look at each other's preference fondly and see we all have different to contribute. I do not know if that answer your question. I do not have any bitter story to share.

01;18;28 - 01;19;04

SEBASTIAN GARCIA: No, that is completely fine. You did answer my question. I was not seeking anything out. But to the point of COVID, I am curious too because when COVID hit, there was this shift in Chinese sentiments here in this country, how people view China or Chinese people generally, did you experience something like that indirectly or directly?

01;19;08 - 01;22;16

PUXIAO CEN: Perhaps because I have been practicing here for so long, even if a patient came to me for the first time, they already heard good things about me and with that reputation, they probably would not feel any negativity toward me when they saw me. But it does not exclude the possibility of deep down they see Chinese people as a whole causing harm to the world. The difficult part is to tease out the human emotion when there is important truth in the facts. For instance, it is the fact that Chinese government did not control, did not do their job at the beginning of the pandemic, the most crucial several weeks that they could prevent the spread of the virus to the world, they did not do their job. Even for a pretty long period afterwards, the way they were not candid about the information, it was very harmful for all Chinese people and all health care people too, because in a world where medical development and research collaboration is so crucial, when the world lost faith in the big section of the health care researchers in China, including the fact that Chinese government controlled some material that was sorely needed at that time in America, the rest of the world, I think that rightfully casts a negative shadow to all the people when they imagine Chinese people as a whole. But most people can have the intellect or have the life experience to see individual, to see a person individually, just like even the most racist person may have a good friend of the certain group that he or she despise. I do not forgive that kind of bigotry. But we also need to be more forgiving in people who are suffering greatly by a regime that has done things that hurt such a huge number of people, caused so much death in the world, and to this day not willing to accept any responsibility or refuse to collaborate for the origin of the virus.

01;22;16 - 01;22;35

SEBASTIAN GARCIA: Well said. And speaking of COVID, just talk to me about how you navigated COVID personally and professionally. You mentioned to me before we recorded how you created videos for Chinese people, like just talk to me about that because that is really fascinating.

01;22;36 - 01;26;56

PUXIAO CEN: Okay, good. For the first several months, the Chinese people, the Chinese immigrant community, I am talking about the part of the population who read Chinese language and use the Chinese social media called WeChat to learn about the virus and they learn horrible things from China, from Wuhan. They were very afraid, naturally, that what is going to happen in America, they were afraid the same scenario will replay here. And they severely curtailed their activities to the point that family members would not go to see their parents, younger generation, because the many elderly Chinese immigrants, they have very limited English ability, and the interaction with their children and grandchildren are such an integral part of their lives. Unlike, other Americans, even though they are elderly, they are able to still have their own big circle of friends and social life. A lot of first generation Chinese immigrants, when they are elderly, they heavily rely on their family support on a daily basis. And when their families stop visiting them, or they are so afraid for their children or grandchildren to visit

them, and I see that kind of fear cause more harm [even though] they prevent the spread of the virus, but really they cause undue stress. So I decided to do, first try to do a little video education of the COVID, use the little knowledge I learned from reading different journals. But then when my sister's two children [stayed] with me for four months during the summer because in Houston, the schools were closed, so in that four a month, the two young kids were running behind me, I could not do the video, I decided to do the audio recording. So I imagine I am FDR [Franklin Delano Roosevelt] doing the fireside chat, and at night after they sleep, I would do a fifteen minutes, sometimes forty-five minutes long, depend on how much material I want to tell in Chinese language to the Chinese community, according to the materials I have read. So that was the entire one and half year, I read JAMA, Journal of American Medical Association, Journal of Infectious Disease, Immunology, and OBGYN, on the infected mother pregnancy and the effect on the children, and all of the microbiology, the journals that I do not usually read as a cardiologist. But I want to learn myself, too, but I want to learn in a way that I can present in layman's language to the people who I feel that are curtailing their activity to such an extreme that was not helpful. And I start doing that every week. I would submit fifteen minutes to forty-five minutes of that audio recording to a Chinese radio station that has an account at WeChat. So they share that audio recordings. Some feedback I got was "too much data, too much number," but that was all I know how to, faithfully, tell them what I just learned. Because I do not know much anyway, I just want to know what is happening in the real world, the behavior of the virus, and how we can protect ourselves the most—hiding completely is not the best way. So that was the part that I do, during COVID, at least do my part.

01;26;56 - 01;27;11

SEBASTIAN GARCIA: And can you specify the time frame that you produce these videos.

01;27;12 - 01;27;17

PUXIAO CEN: That was early 2020 to mid-2021.

01;27;17 - 01;27;17

SEBASTIAN GARCIA: Okay.

01;27;17 - 01;28;05

PUXIAO CEN: When the vaccine was available, more and more people get protected, then I slowed down that knowledge sharing. But the vaccine was another topic that I did not realize at that time, that actually there are more, younger person, now, looking back, they may not need the vaccine at that that moment, but it was not well known at the time that whether vaccinating or being a requirement for attending school was not necessary at that time, it was not that sure.

01;28;06 - 01;28;19

SEBASTIAN GARCIA: Why do you think that radio station in the app agreed to or wanted to support the videos you were making?

01;28;19 - 01;29;58

PUXIAO CEN: I think it was the lack of other volunteers. Doctors are already busy, especially if you have a presence at the hospital, if you are not a doctor who only see patients in the clinic, but also need to cover a hospital like me, you need to be prepared any time that if there was a

big surge of the infected critical care patients, that you need to be pulled to cover the hospital and more, than it is understandable that many doctors would need to study more about critical care, including myself. If a doctor already only practice medicine by seeing patient in the clinic and no presence in the hospital, they may be busy juggling the technology—how to make the telehealth work because that was the first time, almost all insurance in addition to Medicaid, Medicare, to cover the telehealth. Prior to that, even though the technology of telehealth existed, no insurance cover, almost no insurance except the psychiatric care that always have the telehealth but other specialty, there was no telehealth available. And when small clinic have to do that kind of telehealth that was HIPAA [Heath Insurance Portability and Accountability Act] compliant, they need to invest a lot of money and technology, and maybe they are busy doing that. So the end result is that I am the only one volunteer in doing that.

01;29;58 - 01;30;14

SEBASTIAN GARCIA: That is incredible. Besides “too much data,” what other feedback did you receive? What were people saying about your audio recordings?

01;30;14 - 01;31;17

PUXIAO CEN: I think the radio station did not give me a lot of information about that feedback, but from what I hear is that the information is not necessarily applicable to their need. My standpoint is that, from different angle, to understand the virus behavior, how they spread, it was going to provide some guidance of everyone's daily decision. But for a layperson, they may not see it this way. If it was not directly translatable to the need right now, if only ten percent of the information is applicable, than the ninety percent they do not know how long they need to sit through, because it was not like reading something you can jump to another paragraph. So that was what I learned—that it was actually not easy to do education to the public.

01;31;17 - 01;31;25

SEBASTIAN GARCIA: Yes, that is a good point. Do you know what was the name of the radio station?

01;31;25 - 01;31;35

PUXIAO CEN: It was called 佛州華語電台. Florida Chinese radio station.

01;31;35 - 01;31;37

SEBASTIAN GARCIA: Did they have a call sign? Like a radio signal?

01;31;37 - 01;32;03

PUXIAO CEN: No, it was actually, there was no radio. But they call themselves as radio. But it was an account on WeChat. They often report the Chinese activities, the Chinese community festivals or “the best voice,” the dancing competition, the singing competition that kind of news.

01;32;03 - 01;32;05

SEBASTIAN GARCIA: Yeah, yeah. Like entertainment.

01;32;05 - 01;32;10

PUXIAO CEN: Yeah. Entertainment. And some of the policy that may affect Chinese community.

01;32;10 - 01;32;15

SEBASTIAN GARCIA: Interesting. Yeah. But I guess since it was audio only, it seemed like radio.

01;32;15 - 01;32;16

PUXIAO CEN: Right. Right.

01;32;20;16 - 01;32;27;02

SEBASTIAN GARCIA: What is the state of health care in Florida today?

01;32;27 - 01;33;38

PUXIAO CEN: Wow. This is a big topic. I never thought of it this way. I think overall the US health care system is so broken. It is severely hindered by the lack of transparency. Patients do not understand what their bill stands for, why it is such a huge bill. Doctors' salary, doctors take home is actually, less than six percent of the total health care. But patients do not understand. They think the bill represents how much the health care workers take home. It is a lot taken up by this section that is sucking the blood out of the US health care, that really needs a huge reform, but it affects so many people.

01;33;38 - 01;33;50

SEBASTIAN GARCIA: Do you think the increase of the Asian community in Orlando has been reflected with your patients? Are you seeing more people from the Asian American Pacific Islander community?

01;33;50 - 01;36;22

PUXIAO CEN: Yes, yes, that is for sure. Now, earlier, when I mentioned when I was sick in 2007—before 2007, I had been giving my personal cell phone number to all of the Chinese-speaking only patients, and they can access me any time, night, weekend, because they would have a hard time to navigate the receptionist, when they called the main number of the practice. There was so many doctors in the practice in the health care system. So I want to give them a direct line to me. But when I was sick, I decided to hire a registered nurse [RN] for full time work to take care of these Chinese speaking patients. And the pay is out of my salary. And I continue to do that till, this year, the beginning of this year. So for sixteen years I use my salary to fund a full time RN position to take care of the Chinese-speaking patients. And now this year, the organization took the offer to pay for her and, of course, a lot to do with me not mentioning asking them to pay for it. At the very beginning my request was declined, having a RN that was full time take care of that population, which I understand is a small population. But with the Asian population percentage grow, as a typical Chinese cultured person, I did not mention it again. I just feel that I need to continue to help other people. If I have disposable income, and I would donate that part of my income to help other people. But I think the fact that the organization offer to take up the tab, either one person, one leadership suddenly remember, I am paying for it, or the number of the community, the Asian community has grown so fast, that

they think they need that. I do not know. But it is growing very fast to the point that the organization is paying one full time RN to take care of that population.

01;36;22 - 01;36;53

SEBASTIAN GARCIA: I am curious, what was your inner motivation to do that? I mean, no one is obligating you to go that extra step to help the Chinese-speaking population to essentially donate your part of your salary to a full time registered nurse to assist you with this mission. Like, what is your why? Why do you do that?

01;36;53 - 01;38;02

PUXIAO CEN: I do not know, it is not a difficult decision. I think there is a need, and I do not need so much money. I know it is a weird thing to say. But I am fortunate that being, I am not speaking for all foreign graduate, but me personally, I am grateful for the opportunity this country has given me, and I have not incurred any student loan. I mentioned how expensive the education the in America is, I came here because the residency and fellowship are funded by Medicaid and Medicare, and they are the one funded all of my postgraduate education for six years. And I just think that I am so fortunate if I have disposable income and if that was the most effective way to make it easier for the Chinese patient to access me, then why not?

01;38;02 - 01;38;17

SEBASTIAN GARCIA: Yeah, that is very admirable. From your perspective, how will Orlando change in the next twenty five years? You've been here for twenty five years. So how do you think you will change in the next twenty five years.

01;38;18 - 01;38;18

PUXIAO CEN: Orlando?

01;38;19 - 01;38;20

SEBASTIAN GARCIA: Or Florida.

01;38;20 - 01;41;18

PUXIAO CEN: Yeah. I never thought of such a grand or big picture. I sometimes worry that the natural resource would be diminishing faster than we all know. And one thing I strangely, getting a bit, I should not say happy, but relieved is that if the trade war could lead to less consumption of the, say the fast fashion, because I am a frugal person, and I think we do not need so much stuff. Many people have a hard time to resist the temptation of low priced goods. They purchase not based on the need but based on the desire to have a good deal or possess more. If you do not give that kind of temptation, if the ordinary goods are not priced so dirt cheap on the back of the hardworking, unfairly treated Chinese. They are unfairly treated by their government. That they—it is another topic—that majority of the people, Chinese people producing the good that we are using now are from the country. They do not have any social safety net or minimal social safety net. They are not the city people. And they are the one working at minimum wage, not having any pension or health care, safety net and produce these good quality but low cost goods for Americans. And I think we are ruining our environment in the process by overconsumption and being a peninsula, Florida, we heavily rely on the natural resource. And I do not know if I answer your question, I think the freshwater is limited. And the

way we pollute our ocean is worrisome. So I hope that the overall, the consumption would reduce a little bit. It is unnecessary. And the cheap goods is masking our [dysfunctional] education system and the housing when their cost is skyrocketing.

01;41;18 - 01;41;30

SEBASTIAN GARCIA: How has your Chinese heritage influenced your perspective on life generally and living in Central Florida, America specifically?

01;41;35 - 01;43;45

PUXIAO CEN: It is so amorphous. I think the influence is so deep inside me that I do not even realize, or I cannot articulate that. I could see myself often thinking, if my father faced this situation, what he would have done. And another person I channeled sometimes is Morgan Freeman when I have difficult discussion, when I have very challenging exchange with some patients, occasionally their patients who are not easy to converse, if they have very strong belief of the things that I think would harm them. And I would channel Morgan Freeman. So maybe it is not just a Chinese tradition, but other things that I could draw inspiration. Other people. But the Chineseness in me has a deep root in how I approach things. I think I tend to avoid direct confrontation and rather take time to get another opportunity to explore further. I do not know if right or wrong, some patients think that is very respectful, but other times, if I miss the opportunity to intervene and lead to negative outcome, I would hate myself being so gentle, so soft spoken, and not forthcoming or assertive. So in that way, the Chineseness or my perception, my belief of how a good woman should behave, the gentleness, the indirectness, may not produce the best outcome. So it is such a mosaic. Everybody.

01;43;45 - 01;43;56

SEBASTIAN GARCIA: If someone is listening to this recording fifty or a hundred years from now, what do you want them to know about your culture and the state of Florida?

01;43;56 - 01;46;50

PUXIAO CEN: Wow, a hundred years from now. Well, first, they would be surprised why someone who lived in this country for more than thirty years still speaks with accent because in those days, a hundred years from now, they would have the opportunity of experiencing so many different languages and when their toddler, they would not understand how difficult it is for someone to master another language in their twenties when they never had this opportunity to contact this language for the first twenty years of their or fifteen years of their lives. And also they may be astonished by, why someone would spend so much time in education, memorizing things when the facts are all on AI, that you just need to focus on the decision making, the how to approach them logistically—it is problem solving, not recalling facts or knowledge why education takes such a long time. If a hundred years from now, someone [emigrates] from China to America, she or he would definitely not need to spend more than twelve hours, sixteen hours per day at the hospital for the first six years for their postgraduate education. They may be more productive because our manpower is so immense. When you put in so much time to do the things [a] machine can do it for you then you do not maximize the human capacity. We are such a resourceful animal. We are still animal. And that is why we make so much blunders and why each generation repeat the same mistake because you have to learn that all over again. But in the future, there are wise people in the form of AI conversing with them. When I now regret

that I did not talk to my father more, perhaps I could continue to converse with him. And they would look back and thinking, “Why do they do so much harm to their environment? Why did not they see further?” Because we are so busy remembering the facts and arguing, we are so in different silos now, we are not integrated enough, and we are doing each other harm and hurting the environment. So a hundred years from now, and they listening to this, they [might] say, “Why are they doing things so ineffectively?”

01;46;50 - 01;46;57

SEBASTIAN GARCIA: Puxiao, thank you so much for taking some time out of your day to speak with me and to share your life story. I really appreciate it.

01;46;57 - 01;47;03

PUXIAO CEN: Thank you. Thank you for your good questions too. You make me think. Thank you.