

TRANSCRIPT: The Workforce Crisis Healthcare Leaders Can't Afford to Ignore | Part Two

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Welcome And Workforce Crisis Setup

Jeff Haffner 0:40

Thank you, NetSmart, for sponsoring this podcast. Welcome to TCN Talks, and Anatomy of Leadership. We continue our conversation with Ron Hetrick. In part two, The Workforce Crisis. Healthcare Leaders Can't Afford to Ignore. And now here's our host, Chris Comeaux.

The Demographic Storm Battle Plan

Chris Comeaux 1:07

So, we can't change birth rates from 20 years ago. So, the demographics are kind of set. So, this it's like all the pieces are on the chessboard, and now the game's gonna play out. So, if you were sitting down with a healthcare CEO today, what would your battle plan be for thriving in a world where talent, maybe not capital, becomes one of the most scarcest resources?

Ron Hetrick 1:28

Yeah, I think here's the toughest part. I think right now healthcare is doing a fairly decent job of meeting their needs, and this is what happens. The point of writing rising storm was that we're in there's bands, right? It's like a hurricane. So, the hurricane's coming, it's about to get here in a couple of years, but there's outer bands. So, there's times where you feel a lot of pain and you get scared and you're frustrated, and then other times

you're like, hey, you know what, we're doing okay. And every time that weather gets good, you just stop. You're like, it's good. I don't even need to listen to Ron. He's he's nuts. He's a scaremonger. And I keep saying, that's this isn't the storm. But the storm's coming, and I can show you that in the data. So, what the first thing we have to do is go recognize that you get you need, you have to be thinking of how are you going to get work done? And there's basically four ways, and you can't use, you know, you definitely can't use the one, which is you can't offshore it. You can't, you know, somebody comes in the emergency room, you go, look, I gotta send you, you know, offshore to get your need met. Uh, but the other ways are, of course, automation, immigration, and then of in hiring, you know, local hiring. So each of these are buckets in the healthcare industry that you can take advantage of. And they each have their spot. Uh, some, like AI, are coming more into understanding, but the more we get it, the more we realize it's probably going to be augmenting or replacing the more the transcriptionist roles, things that we weren't ever really predicting a shortage of. You know, what we need are the care roles, the the ones where you pick somebody up, you know, change their diaper or do things like that. Uh I that somebody was saying last week they were uh just at uh MIT talking to the leading robotic experts in the country. And they're like, we are a minimum, a minimum in the most wildly positive expectations, 10 years away from having something that can do that. You know, they they'll show you a controlled environment, but they're like, to have it reliable and not end up in a lawsuit, that's probably not coming. So you go, okay, this is a critical thing that I'm gonna have to make sure gets done. Can I design a process that's better? Can I make it so that part of the job, that's the worst part of the job, isn't so bad? You know, the the concept of redesigning work to take the worst parts away, or working on how do you take the worst parts away to make the jobs more attractive, is how you get people to come in from other occupations. If they have a preconception, like I did, uh, about what it's like to work in a nursing home. You know, it's I bet you the people there are gonna be mean to me, or I bet you it's gonna smell like this, or it's gonna be like this, or people are dying. What that robs you of is I did work in one. You know, my girlfriend, now my wife of 33 years was working in one and told me you should try it. And I did, and it was phenomenal. But I got in the door and I saw what it was like. So get if you can address these things that are doing your negative advertising on your behalf, these things that, oh, these parts of the job, oh, yeah, I don't think you're ever going to want to do that. If you can address those things, the second part that goes to that is what I was just saying. Get people in your locations, in your hospitals, in your nursing homes, in your assisted living facilities. Get young people in there and start to dispel the myth. Get them working with the people there. Get them shadowing your most positive employees, your best nurses, your best techs. Uh, get them in those environments so they can start to see that this is something they would want to do. And then help them get there. So don't create barriers. Don't, you know, if you can help to remove a certification need by providing a short course in respiratory therapy, for example, or something else, then help

to do that. And know that you're not doing it to solve a band-aid problem for the next year or so, but you're looking in the long run, you're looking 10, 12 years out and going, I better get really good at this. We better have an incredible program that's so efficient that we can turn somebody's certification around in two weeks, what used to take them six months. That's the

Redesign Care Work To Attract

Ron Hetrick 5:28

kind of stuff you're investing in because it's a permanent change. Don't be afraid. Oh, I feel like we're spending money on this now, we could be spending money over here. It's an investment. The demographics that we're showing look very, very poor. So we've been talking about Japan, but if I look at the top 10 jobs posted in Japan right now, this is data that we have. If we look at the top 10 jobs posted for Japan, the vast majority are either healthcare, things like AIDS, not in agreed jobs, but these kind of other jobs, and then things like retail and fast food. Like once again, it's the care occupations that a country way in front of us is saying, we really have to figure this thing out. So, know that that's what's coming and start to take those jobs and upgrade them. And in upgrading them, you may be able to pay more. You may have you not have to carry as much lower in staff, and that allows you to pay these people more. So, another thing that I try to get people to understand is you will be charging more in the future, especially for things like home health. So, a lot of people, a lot of our demand in home health is private demand. People like myself. So I have a nurse downstairs with my oldest son who has cerebral palsy. She works for us Monday through Friday. We pay her through a program in the state of Florida. Uh, but she is off the market because we pay her. She's an independent contractor. As people are retiring with millions of dollars of retirement savings, and they're starting to get closer to end of life, especially if they have a terminal disease, what they do is say, What a great usage of my savings. I'm not going into a nursing home. I'm not going into a facility. I'm paying for round of clock, round the clock care here because it's going to come out of this money. I want to pass in my own home. So your competition for labor is going to turn into the home. That's what wealthy aging people can do. You've never seen that before. So get prepared for your own fees or what you're paying these people to have to greatly jump to match that. And you go, well, there's legislative boundaries there. Fight the legislative boundaries because the data is on your side. You didn't fight it before because you couldn't prove your case enough. But the data is now strongly supporting this. And I think you're going to find a much more receptive audience considering the fact that most of our politicians are probably going to need these services in the next several years because they aren't exactly young. And I think this plays to our advantage. That sounds almost like silly to say, but they're surrounded by this

environment right now. A lot of their voters are facing this reality. And I think that this is something that this is this is the time to strike to start to say, you have to allow us to create an environment, to pay in an environment to secure this labor force, to take care of this population. And the money is there that there is enough people out there that will be able to pay for these things. And then what you do for the people who don't have that money, you've created by opening those gates up, the reimbursements up to a little bit higher, you're more able to take care of people who can't afford those particular situations that would have to go into more of an assisted living kind of place because you've made the jobs more lucrative overall. So uh that's just uh that's just some

Home Care Competition And Policy Fights

Ron Hetrick 8:50

of the things.

Chris Comeaux 8:50

Ron, I'm gonna have you back for we're gonna have to do a whole nother show together because I have so many comments I want to make to what you said, but I still have some amazing questions I want to get through. Just amend what you said. We we created a whole toolkit. Um, whenever the COVID crisis hit, we're like, oh my God, this is huge. And I didn't have the data that you're talking about. So we've created this whole toolkit that has these kind of broad strategies, and many of which you just hit upon, but then there's all these kind of ideas under that. And the whole point of the toolkit, like it was like, give me the silver bullet. There ain't no silver bullet for this.

Ron Hetrick 9:24

This is like a hidden stash of workers that we've been hiding from you. I exactly all the time. If when you invite me to speak, understand that I didn't come here with a hidden stash of hundreds of thousands of people that were like dying for your job. Like, you have you are gonna have to create that workforce. You have to retain your workers. I can't do that for you. And I don't have the magic silver bullet to allow you to retain people outside of be awesome, uh, create a great environment, and then people don't want to leave you. And if you're doing, if you're not doing, like they say, the blocking and tackling well, then I certainly can't help you.

Chris Comeaux 9:58

Yeah, man. Well, you're we're straight like so we're modern healthcare, best places to work six years in a row. Six of our members are now modern healthcare. So we're working

on these things. And so it's, and there's no silver bullet. It's hard work to create a great work culture, especially the midst of all these challenges.

[Why There Is No Silver Bullet](#)

Chris Comeaux 10:14

Well, you struck upon, let's jump more into AI. So AI is entering the workforce, entering the world at precisely the same time. Is that gonna be like hallelujah? Thank God it's the perfect solution. So, where is it gonna help the most, or where maybe we're overestimating its impact, and where are we maybe just totally clueless what the impact may be to the good or to the bad?

Ron Hetrick 10:36

Yeah, I, I think what AI

[Where AI Helps Most In Care](#)

Ron Hetrick 10:38

hopefully will do, hopefully, is it will help with all of the annoying procedural work, paperwork, you know, nurses. My mother was a nurse, and she would be like, look, you know, the shift is one thing, but sitting down afterwards and getting all your notes down, that was the nightmare. She goes, I actually didn't mind the nursing part. I couldn't stand the after art, you know, getting everything down. So hopefully it helps us to eliminate mistakes, um, uh you know, make us more efficient at the non, like I said, the non-care aspects. You know, you go into a doctor's office now, they're like, Can I record this? I'm like, please, I don't care. Awesome, whatever. Uh, that's great. If that means that later on you don't have to transcribe notes, if that's saving you, fantastic. That's a great use of it. That's where we're kind of doing it right now. Uh, I think that there are uh, yeah, like I said, there's a lot of occupations that we weren't really projecting shortages in, that they kind of feel like that's going to have the greatest impact. What we think, you know, the next wave has to be this if we could somehow take the training of things and step the accelerator pedal down. So maybe maybe that is in a way that AI could assist in training certain skill sets that hospitals need, or, or, and this is something that we're looking at even in the skilled trades community, maybe if that helps me to get a technician into the HVAC world faster so that they can sit with an air conditioning unit and go, I have no idea why this thing isn't working. And then the AI goes, open this up, take a look and see if this piece is broken. So instead of having to call back to your main office and go, can I take a picture of this and show you what I'm looking at? Now you have something there that

you can maybe hold your camera up and go, oh, that piece is broken. It's this part. That's the same thing that we see potential of in healthcare, which is I'm in a situation, I'm not quite sure what's going on, I'm very new to the job. It gets me along that road faster. We've always said that the point of technology is rarely going to help a well-seasoned person. You know, a person who's very smart, a person who's really good at their job should not need technology a lot because they've got what they do down to a science. They don't need to offload something. They've learned how to be efficient. Where it helps us a lot is when I do get a green person into a job, if I can greatly accelerate their learning curve, get them to a productive level faster, that is the key. Because I might get a lot of turnover if I start taking people that really don't come from a healthcare background that were trying to jerry rig into these jobs and then they don't they don't really work out. Well, we flush them out quick and we get somebody else in. How do you do that? Through a really quick process of getting people up to speed and putting them in these situations. I think that that's where things are the best. I think where we get really off base, and this was the third part of what you were asking, is I don't, this is something I kind of keep explaining. Wow, I can't tell them to find my words. I keep having to explain this. AI is not robotics. Okay, just make sure that everybody understands. Just because we, you know, have uh open AI or anthropic or anything doesn't mean you've got the best robotics in the world. We are seeing advances in robotics, but a lot of those are through alternative means. Like we're training these robotics through specialized things that are very specific for them. It's not necessarily AI, it's other methods. AI can be useful. It is being used to help train robotics, you know, certain robots, but the training data sets are kind of thin and they run out of them very, very easily. So, it's really difficult. You can get from A to B pretty easily, from B to C is a little harder. From C to F to Q, almost impossible. So it's gonna take a long time. So this concept that a robot's gonna come in and do something, you know, some collaborative thing. So it's gonna react to the situation and do something really smart in that situation is a ways off. The menial task, the repeatable, the clean task, the assisted task, it's gonna be a little bit better at. Uh, but we've got to be really, really careful. Uh, I was made aware of a study that I'm waiting to get somebody supposed to send it to me. Uh, that we've this concept of you're gonna replace a care person with a robot. Uh, they tried this in Japan and they said, oh, kind of works. They tried it in the US and it just miserably failed. It made people more depressed because like now they feel like they're just not even worthy of a human being. Like now that you're just putting a machine in front of them, and what an awful thing to do. So it's this balancing act. So, where we're we we have to take technology is you're using, you have to use technology to make, once again, the worst parts of a job better, easier, faster. Uh what you don't do is you don't put it as a replacement for human content. That's the worst thing. If I am in a hospital and I hit the button and I want somebody to come in, somebody needs to come in. Because a lot of times it's just somebody sitting there going, you know, this hurts, or this doesn't, can you look at this? This doesn't look right. And

you're gonna want somebody to be like, you know what, I think you're I just think you're stressed right now. Let me see if we can get you something. The human judgment that goes into that, just touching someone's hand and saying, you're okay, is a huge part of care. And anybody who denies that has never worked in care. So that's where we kind of see like, let the technology assist people, uh, take away this lousy parts of the job. But I think anything where you go, well, I'm gonna see if I can use it to just not have to interact with people, I think that's a terrible idea.

[AI Is Not Robotics Reality Check](#)

Chris Comeaux 16:15

Wow, Ron. So many. So the first thing that jumps out at me, you tell me if you you read the research the same way, because I read about that research in Japan as well, and my friend who went to that aging conference, and you're exactly right. And so where they kind of, and of course, the robotics is not as advanced as you're alluding to what when you're saying like A and B. In other words, standardized processes, they can do that well. The problem with a service-based business is you can't create an algorithm that can anticipate critical thinking skills, like the ability, like so many scenarios. I mean, the bandwidth for that is like huge. Now, of course, you know, the promise of AGI and things like that, we're we're gonna have to see. But right now, are you exactly right? Standardized task. Right. So, where I think they were somewhat successful, and it was almost out of necessity because the demographic time capsule that's the reality in Japan was more of like the shifts they can't fill, which is always like third shift, late at night. So, it's all almost more like servant trays. Right. I need a glass of water. Yeah. So, is that what you saw the same thing there?

Ron Hetrick 17:18

Absolutely. The tray thing. Uh, what's been interesting is the first wave of robotics in Japan. We wrote about this in Rising Storm, failed. And the reason why is the nurses were spending more time fixing the robots than they were taking care of patients. So they had to completely retract them out. And now they're reintroducing them in ways I, I maybe they've improved the robots. But that is yet another aspect of this is if you're bringing something in, it has to be a net addition, net efficient. It can't require a nurse to now be looking at the robot or loading something up for the robot or anything like that. You know, but this concept of that, even what you're talking about, that's an aid. Like that's a nurse's aid. That's a trade drop, or like just somebody who's going in and doing that. To me, that's great. You know, that a lot of that stuff could be automated. Here, bring, you know, towels into this room and put them on this shelf. You know, great. Uh, you know, bring a tray in. It comes in, it fixates on something, and it puts it in. And an ability for it to

kind of wait and see for somebody to clear the path, we can see that right now. They have those things that deliver food in cities, you know, that kind of go around and know not to cross in front of traffic. Those kinds of things, you look at that and you go, hey, that's great. Um, and as much as people are like, I hate delivering food trace, then great. But it's it's this constant um evaluating and talking to your employees and saying, what do you hate about your job? What is the worst part of this job? What what's what's something you're doing that you're just like, I can't stand this? And then you start to work on those problems. So it's not about just saying, hey, we took these, eat, you know, we took these tasks and we uh we don't do them anymore. And then you talk to somebody who was doing that job and they're like, rats, delivering trades was the one thing I liked about this job. And then you go, uh-oh, did I just, you know, get rid of the thing that they actually found enjoyable versus the other things that they really didn't like? And so I think that there's there is that aspect because I I think what people are getting wrong, and I see this throughout AI. And last week I was in the room with some very, very, very powerful companies in the AI space and said this, you know, from the stage, and that is the job of technology is to take the tedious parts of life and make them better. You know, maybe not get rid of them, but to make those things better. It's not to kill off my job. It's not to, you know, in it's not to injure our economy and rob people from a good living, uh, anything like that. It is literally how can I use technology to make people want to do this uh so that I can reward them more for what they're doing, you know, make it less aggravating to come to work. And I'm like, we've just failed. We, you know, we've dropped trillions of dollars into this infrastructure. And what we've seen is, you know, people saying, well, it's taking banking jobs or it's taking, you know, tech jobs. And we're like, okay, well, we weren't projecting shortages in any of those categories. In fact, we are very oversupplied with business and finance majors in this country right now. Like, that's not how we were envisioning things to be. Like the computer, when that came out, helped people who were writing everything down, you know, have an ability to not have to do that anymore. It was stored. You could use a computer, it could do things so much faster. And it removed the tedious aspects of so much work. And then that enabled us to think so much bigger about what a job could be and what it could do. Uh, I think AI is on the forefront of that. Like it's it's gonna take, like every technology, it takes a while to make it to what I call the product side. And that's when you take a technology that looks like it's going to take and turn it into something that gives. And I think we're still waiting for that to happen. Right now, it takes work. So, it's trying to make things more efficient. Well, efficiency is nice, but what we're looking for is where do we get beyond efficiency so that a person who now is no longer doing this tedious thing is doing something way more valuable? Not the tech, the person. You know, how do we take that person and make what they do, what their contributions more valuable? And I think we're still in those stages.

Chris Comeaux 21:28

Wow. So, Ron, you've painted a very sobering picture of what's ahead, but you've also spent many years helping people prepare. What gives you hope when you look at organizations that are going to flourish over the next decade despite this incredibly sobering? Like, I hope other leaders are feeling the weight of what I'm feeling at this moment. But you don't do this to just like scare people and go, well, damn, let's just go to the bar and just let's just order up because we're really screwed here. What are those organizations? Doing to prepare that are like, okay, Ron, I get you. Here's what we need to do.

Training Pipelines And Smarter Market Planning

Ron Hetrick 22:04

Yeah, I think so. There are a lot of pilots going on right now. I don't think anybody's figured anything out, but what we see is this genuine excitement to pilot things too, to take people who were doing jobs that maybe that local area said, this isn't really a job that's valuable to our economy. It's really a poor use of labor. And they're looking at those and actively saying, how do we get you into a job that really would contribute to our local economy? So, they're working with the business. I like it more when it's in that uh realm. It's more of regions or localities saying, how do we solve a collective problem? Because we're, I don't want to bring a job. If I'm an economic development person, I don't want to bring in a company that's just going to steal people from all my other companies. Like the goal is how do I raise, you know, raise it so that all boats benefit from it? So how do I bring in something that's taking advantage of the available workers that I have who aren't employed right now? Or, you know, I have some dying companies that, you know, we could put out of their misery doing that. So, there's things like that. And that's actually happening in places around the country. And then you have hospitals, of which uh I've worked with some actually working with one very actively right now, that are really doubling down, tripling down on their programs. Here's how many techs we're going to create in this particular region because we can see the demographics really falling apart. You know, people out in California, for example, are really starting to see a very aged society at the same time that if you forecast their under 25 population for the next 10 years, it's catastrophic. I mean, it's such a rapid decline of their young population at a time that they're seeing such an expansion of their older population. And so they're like, look, we know this is going to be a permanent thing. We are setting up programs, uh, efficient training, certifications, things that we're doing our own universities, that we can bring these people in, train them in our processes. They'll be ready to go immediately into our facilities. You know, you do see that kind of uh intentional planning. You know, we are we know that these places are gonna need these kinds of people, and we're doing that. Well,

that starts with getting all of the groundwork. Here's the hospitals we have, here are the ones we'd like to open, here's the demographics of those markets. We're not gonna get people there. You know, we can't just mindlessly, and I see this all the time, um, there's gonna be people listening to this that are guilty of this. Hey, we there there's this area that doesn't have a hospital, or we could open one because we don't have coverage there. And they never actually looked at the fact of yeah, there's demand there. There are, you're right, there's a lot of older elderly people there, but there's no young people there. And they're not gonna move there because why would they? You know, that's not an attractive market. We are seeing urbanization in this country. We are seeing rural hospitals shutting down. We are seeing rural hospitals limiting the amount of care that they give and sending people off to bigger markets to be have greater care. Guess what? That's Japan. As Japan's population has declined by about six million, Tokyo's population has grown because people are shrinking out of the country and they're moving to the city so they can get medical services, they can get internet, they can get basic services, they could have somebody come repair things at their house. We're already in that. We are seeing that in the US. We are seeing this kind of hollowing out of a lot of rural communities as people kind of go to maybe not mega cities, but at least larger cities. Think like that. Don't go into a rural area, hey, they're no longer being served anymore. I'm gonna open a facility here. Dumb. No, no. The reason why there's nothing there is because there was there was something there, probably, but there isn't a labor force for that area anymore. And we're not talking about a time that we expect more young people to be coming. We're saying that it's contracting, not growing. So, you can't say, well, build it and then they'll come. No, no, no. They're not coming, they're going. We have to start to adapt that mindset of how can I build a facility in a location that I will be able to handle turnover for the long run. I will be able to staff this hospital to an acceptable level. I will be able to have enough beds open at an acceptable level. That all starts at the front end. You don't get it, you don't build it, and then go, oh man, we're really struggling to staff this facility. You kidding me? You should never say those words. If you did the right planning, you shouldn't hear those words coming

People Become The World's Key Resource

Ron Hetrick 26:23

out of your mouth.

Chris Comeaux 26:23

Well, here's my last question, Ron. We really, I am gonna ask you back. Um, throughout the history of civilizations, people have always had some constraint, constraint by resources, land, energy, capital, information. So, is it fair to say that the defining scarce

resource of the next decade is not gonna be money and technology, but it is gonna be people? And if that's true, does that become the world's most precious resource? And those that understand how to do the most good with that may win the day. Is that a way to think about that?

Ron Hetrick 26:58

It's not even hyperbole. Like we absolutely know this is already true. I mean, every developed nation is scrambling, trying to figure out well, I want immigration, but I want them to look like us and I want them to act like us, and I want them to have the same, you know, general faith that I have and things like that. And you go, those they're tapped. Like you want them, and everybody else wants them. You know, the Philippines, for example, a country that everybody's been taking it from for years because in so many ways they do mimic Western culture. Canada's been tapping them, UK has been tapping them, we've been tapping them. Then the Philippines are like, look, we have 100,000 nursing openings. That's not a joke, that's actually what they have.

Chris Comeaux 27:34

Wow.

Ron Hetrick 27:34

We have to fill our own jobs. Like, yes, uh, people are the commodity, and people are, and we're starting to look at our own countries and go, I don't know if we can get them. Where else can I get them? Well, guess what? Birth rates have been falling all over the globe. And so, your ability to keep going back and turning this immigration faucet off and turning it back on again and turning back off and turning back on, eventually you're going to go to turn that knob and there's not going to be anybody coming in. Mexico has a much lower unemployment rate than the US. There, 75% of companies in Mexico last year said they couldn't find skilled labor. This is not just us. Everybody's seeing this, and eventually they're not going to let people come. So, if that's the case, you almost are forced into automation. That sounds funny. You know, I'm forced into seeing if a robot can do this because I can't find somebody. And this is what I go all the way back to the beginning of this conversation. We are in a be in between bands right now. Job openings and healthcare have actually been moderate uh for the past year or so. Not too bad. Uh we are seeing that the industry's still been hiring. Things look fairly stable. It's easy right now to go, I don't, I don't think this is true. And that's exactly what happens when you're in between a band of a hurricane, is you go, I don't think this one's going to be that bad. It's coming. You there's no going, no, it is. No, it isn't. No population is certainty economics. You don't guess at it, you have it. We know how many people were born. If you bring in immigrants, you count them and you know what you've got. And then you with deaths, we have to kind of model that. But there's, you know, insurance the insurance

industry is really good at basically saying it's going to be X proportion. We can see how this whole thing is going to continue to evolve. People are living longer. They are people are retired. Uh, this is a stat that I show. For men 20 years ago, 30 years ago, they were retired for about 12 years. Now they're retired for 18 years. So, you're not just retiring earlier, but you're healthier and you're staying dependent that much longer. We know this is happening. We're not guessing. We have the data. So, if you know those kind of things, then that's how you start to look forward. And you go, if people are the hardest thing for me to get, then the answer may be I may have to learn how to just turn people away. I may need to learn what the what I can staff. I may need to join forces with the other hospitals in my area and say, what are your numbers looking like? Let's work together here. I'm getting overflow. You know, this this concept of that I would ever do that sounds preposterous. But is it if a person's life is in the balance? Because the game you're playing is different than a restaurant's game. If the restaurants are all full, I go back home and I eat. It's not the same thing with care. And I think we have to think of a greater, a greater good here of how are we going to care for people? If I have people that I need to discharge from the hospital and there's no openings in a care facility, and I have to send them home, but they don't have any family. And I don't have a home health, a home health agency doesn't know how they could even get somebody out there. What's my plan? And you go, well, we kind of handle this now. I'm not talking about now. What's your plan in five years when that could be happening at a magnitude? What solution did you work on today in 2026 that helped you figure out how you were going to solve that problem in 2030? Because that was your window.

[Accepting The Future And Preparing Early](#)

Chris Comeaux 31:00

Wow. Ron, I'd love to have you back because there's so much back and forth, I'd love to do because we have put some thought. I'd love to have a lot more kind of back and forth with you. So, if you're open to it, love to have you back. You're amazing. Thank you. This has been incredible. Um, one of the pictures I kept getting as you're talking, that book, again, I believe was called Super Fortress America. And in the book, there's those kind of like pure uh like funnel charts, depending upon the aging demographics of every country in the world. If you have anything like that, like I could go and probably pull it from that book. I'd love to actually put it in the show notes to this, because that picture, at least a minimum, I could show the US one. Anything, anything like that, because when you see that funnel going, oh crap, a picture's worth a thousand words, um, that really puts an exclamation point on what you're talking about. I would love to give you the final word, just any final thoughts that you have. Uh, you said something earlier. Oh, oh, oh, yes.

Ron Hetrick 31:55

My final thought. You said, do you do this to scare people? And I feel like in the beginning, especially when we wrote Demographic Drought back in '21, there was a lot of frustration from me. I think, and it kind of gets reflected a little bit in the writing. You know, I wrote that uh paper with uh I was lead author, but I wrote it with some really good other authors. And there was some frustration that I was doing at the time that I was watching our country so obsessed with certain things that I was like, who cares about these things? Like you're missing the biggest thing that we that we're uh missed, yeah, we're not figuring out. And then that's how's work going to get done. Like, how are we gonna keep this economy going and then writing who's gonna do the work? Same type of thing. So, there wasn't a bit of trying to scare people enough to get their attention. I always called it the backhand slap to the face. I need you focused on this. Please start to focus on this. And now it's like even with AI, people are obsessed with this or obsessed with that. And I'm like, boring. Come on, I know this is the thing and you're all kind of worked up about it, but there's something bigger that we have to be focusing on. As time is going on and more people started to realize this, it's allowed me to kind of relax that part of it and say, look, I am not here to scare you because I've seen I see Japan still operational. You know, they're still going along. Are they experiencing some problems? Yes. Will those problems get worse? Probably. But they're not gone. They're not dead. They don't, they don't, they didn't cease to exist. But it's different. If the economy can't grow because we don't have people anymore, then you have to export more. Uh, and if uh you're not really good at that, if you import a lot of things like we do here, your economy may shrink, your wealth may shrink, the stock market may shrink, everything you've known for the past ever is no longer going to be true anymore. And the degree of which you already knew that was going to happen allows you to accept it without blaming politicians, without blaming businesses, without blaming all these people for not helping you become better. Like, I can't believe how dare they make me wait at this hospital? How dare my stock accounts go down? If you already understand these fundamentals, then you fight it a lot less. And then part of that that you fight a lot less is I may have to pay a lot more for a home care aid, for example. I I heard Ron say this. I knew this was coming. I'm ready for this. You know, I've already allocated that money because I knew this was coming. That's the point. Rising storm was written to say when a hurricane comes, the hurricane forecaster doesn't tell you it's here. Run for your lives. They tell you it's forming. Here's the path it could take. Here's where we believe it's going to hit. Why? Because they want you to take preventive action. In some cases, that meant fleeing. In some cases, that meant boarding up your home. I'm here to tell people the storm's coming. Take preventive actions. And if that you do those things really well, when the storm hits, you may go, that wasn't bad. I didn't even notice it. I mean, it felt like it was drizzling outside while the home beside you gets completely wiped out. That's the point.

Chris Comeaux 35:11

That's a wow. You know, as a hospice person, memorize the acronym for um grief stages as DADBA, denial, anger, depression, bargaining, acceptance. I've gone through all those stages in this podcast with you, which is exactly my hope for our listeners, is get to that acceptance point. Um, you know, podcast is called TCN Talks, the Anatomy of Leadership. And so we want, because we feel like we're in very sacred space doing this work, and it's going to take leaders because everything rises and falls on leadership. Ron, thank you for the work that you're doing. It's super important. We're so grateful you took the time to be with our listeners. And so truly thank you.

Ron Hetrick 35:50

You got it. Thank you so much for having me. It was a great talk.

Brain Bookmark And Subscribe Reminder

Chris Comeaux 35:53

You bet. Well, to our listeners, we want to thank you. At the end of each episode, we always share a quote, a visual. The idea is to create a brain bookmark. It's a thought prodder about our podcast subject to further your learning and growth and your leadership. And hopefully it sticks like a brain tattoo. Be sure to subscribe to our channel, TCN Talks / Anatomy of Leadership. We don't want you to miss an episode. We'll include any links in the show notes that Ron wants to include. We'll have a link to my book, The Anatomy of Leadership. You know, it's easy to be frustrated by things in the world. Let's be the change that we wish to see in the world. So, thanks for listening to TCNTalks / Anatomy of Leadership. And here's our Brain Bookmark to close today's show.

Jeff Haffner 36:28

"What solution did you work on today in 2026 that helps you figure out how you are going to solve that problem in 2030? Because that was your window." by Ron Hetrick.