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PROGRAM NAME: WOMANITY – WOMEN IN UNITY

GUEST NAME: DR. ELSA SPRINGOLO – NUCLEAR MEDICINE

SPEAKER	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity – Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Today we're talking to Dr. Elsa Springolo who is a Nuclear Medicine Specialist and who has worked in both government as well as private practice and incidentally opened eight practices in South Africa in Nuclear Medicine since 1992 across two provinces in South Africa, Gauteng and North West. Additionally, she has served on the South African Society of Nuclear Medicine for the past eight years and was a former president of the Society between 2010 to 2012. Today we're having our discussion in the Sandton Medi-Clinic in Johannesburg.
DR. MALKA	Welcome Dr. Springolo!
DR. ELSA SPRINGOLO	Hello to everybody.
DR. MALKA	You are originally from Argentina?
DR. ELSA SPRINGOLO	Correct. I was born in Argentina and I did my medical degree in Argentina and then I came to South Africa as a tourist in 1978 and I came to stay for good in December 1980.
DR. MALKA	Can you tell us a bit about your journey, in that time Argentina, predominantly Spanish, you coming across to a foreign country, having to go and undertake different studies and do a transition between Spanish to English...?
DR. ELSA SPRINGOLO	Well towards that subject the only adaptation that I needed to do to my qualification at that time was complete the internship of one year, which was required then. Do six months in medicine and six months in surgery. Despite that I didn't have to do any examinations and only later had to do one legal exam but besides that I was quite comfortable, we can say, except for the internship that I didn't know what it was and it was a huge, huge, huge walk in my career. But I did it and ja, now history, but that history is what partly makes me who I am today.
DR. MALKA	Can you take us through some of the challenges you've experienced.
DR. ELSA SPRINGOLO	The challenges were
DR. MALKA	Particularly as a woman coming into the environment.
DR. ELSA SPRINGOLO	The challenges were very big primarily because I went into a hospital where most of my colleagues were gold coins and it was the cream of the cream at that time, the Johannesburg Hospital. I couldn't speak English or very poorly. I didn't really have experience like the South African students had here. I mean we used to have in anatomy one cadaver or piece of cadaver for three hundred/four hundred students where here they had one cadaver per student.
DR. MALKA	That is a tremendous difference.
DR. ELSA SPRINGOLO	Yes. No my practical experience was very limited, so, yes and I started and I started the first day of work as being on first call so I didn't even know what a call was. It was very hard. My self-esteem, my responsibility, my

	everything it was challenged. I always describe that period that I did cry but I didn't cry water, my tears were of blood. But I made it thanks to, at that time, the assistance of my husband and one Registrar who told me don't give up and I never give up and he helped me.
DR. MALKA	My understanding, when you came into the environment, into South Africa, there were certain barriers which were put in place in terms of delays on being able to access different environments and different hospitals because as you mentioned we had the gold coins who were the very privileged who had undertaken to study medicine so places were reserved for them, and you were coming in as a total outsider.
DR. ELSA SPRINGOLO	They didn't want me. They didn't really want me and even some on professor blocked me totally but that didn't stop me because I went to another professor and to another hospital and he welcomed me, Professor Sefto?? he welcomed me so dearly and when I went to the Hillbrow Hospital which it was the most wonderful place to work. My life totally changed because I became number one I became like my other colleagues, we needed a translated because not one of my colleagues could speak an African language.
DR. MALKA	So in terms of the Hillbrow Hospital in those days, it sounded as though it was a very cosmopolitan environment. You had people from all over the continent and there would have been a really, rich cultural diversity, multiple different languages.
DR. ELSA SPRINGOLO	Yes, it was and everybody was accepted as they were, as they could speak, so you were no less or more because your accent was different. The level of medicine was extremely high. The attention to our patients was extraordinary, even if they slept on the floor because there was not much space. I don't even think in a private practice now the clinics can supercede that kind of treatment. Unfortunately, that hospital closed down but it was fabulous to work there, to be in contact with all those doctors from all over the world from all different races and cultures, so then I became integrated, totally, with medicine in South Africa.
DR. MALKA	And in that experience, I think one of the most important parts was that you had – there was a levelling effect because you had interpreters so it helped mitigate the problem of English as being a second language for you and it equalised everybody ...
DR. ELSA SPRINGOLO	Totally and I even learned some words in Zulu and I even had fun with my patients when we were discussing and translating and laughing. That was fascinating, it was a wonderful time and a reward from the previous six months and thereafter I never look back.
DR. MALKA	So the tears of blood were worth it?
DR. ELSA SPRINGOLO	Oh absolutely, I don't know if I could do it again, but I did it.
DR. MALKA	Moving on, you then specialised, you were in Radiology and moved across to Nuclear Medicine.
DR. ELSA SPRINGOLO	Yes, I did because I found that the speciality, although we were not a speciality at that time, it was more dynamic and I liked the department, they were normal human beings where they treated you like normal human beings and in the end it favoured me because when we became a speciality I was perhaps the fourth one, I don't know exactly, or the fifth one or the third one even, a specialist in the country.
DR. MALKA	That's highly significant and as I recall in our conversation earlier, that the first top five graduates in Nuclear Medicine were actually women?
DR. ELSA SPRINGOLO	Correct and in the end it helped me to have opportunities in private practice.

DR. MALKA	And you moved from government across to the private practice?
DR. ELSA SPRINGOLO	Yes, I moved into private practice due to personal circumstances at that time and I was the first one to really open my private practice at the Sandon Ecology Centre so it was quite an adventurous situation and talking about that, when you set up a practice you need to buy a machine. A machine cost money. At the moment it's probably two million, maybe at that time probably one million. At that time, I had nothing, nothing! At that time, I needed an overdraft of fifty thousand rand. Nobody would give it to me.
DR. MALKA	And do you feel that from a discrimination point of view on being a woman? In conversations that I've had with South African women in construction and women in transport, they were saying to me that they could qualify, they could achieve secure their targets and that was one component but then, in terms of being able to fund the projects that became an entirely different scenario on being able to access resources.
DR. ELSA SPRINGOLO	I don't know if it was discrimination on the part of my – that I'm a female. I think it was discrimination to the part that I had nothing.
DR. MALKA	So you had no capital, no equity to leverage.
DR. ELSA SPRINGOLO	Nothing, nothing that I could and say okay I can do this, I can do that. Until....and I went from bank to bank knocking the managers. I will never forget that. I probably went to 7 banks until I hit one bank and the manager told me "I have to believe in you, you are a professional." We do a little life cover. I say it's fine, and I got it, I got it. Do you know what it is to knock in 7 different bank and they tell you no, no, no, no, no,.....?
DR. MALKA	You have extraordinary tenacity and perseverance. We will be right back after this.
AD BREAK	
DR. MALKA	You are listening to 'Womanity – Women in Unity' on Channel Africa, the voice of the African Renaissance, on frequency 9625 KHz on the 3 metre band and were talking about women in the medical profession with Dr. Springolo. We would love to receive your comments on Twitter@WomanityTalk.
DR. MALKA	Well thank you for sharing your personal story in terms of how you have, when you came into the country as a young immigrant, developed yourself, stood up to the adversity that you faced independently. In our next segment of discussion I'd like to talk about the fact that South Africa is a relatively young democracy and you've gone through the entire period, the transition that we've experienced in the country. In the last 20 years or so we've made significant gains, especially for women and I look at parliament as a clear example, whether it was in our first democratic election in 1994 and prior to that, there were only 3 percent representation in government. That was succeeded to 27 percent in '94, 30 percent in '99, 33 percent in 2004 and 45 percent in 2009. Have you witnessed any changes in terms of gender progression since that time when you enrolled as a student, to what we are seeing today in society?
DR. ELSA SPRINGOLO	The difference that I noticed is I always saw females in medical school and then doing housemanship. The problem was....
DR. MALKA	House-man-ship?
DR. ELSA SPRINGOLO	Housemanship, it means to do the full qualification and then one or two years after. The difference is that then they don't continue. Motherhood, perhaps, took the role and took them out of medicine.
DR. MALKA	So they're ending up with a gap in their career, that they either come back or just.....
DR. ELSA SPRINGOLO	Some of them they don't do it anymore. So you used to have a lot of medical girls at medical school, they do one or two years and then they disappear. Now I notice it's changing. Now I go to meetings and you see

	lady surgeons, you see ladies everywhere. They continue. It's very difficult at times to have roles, mother, doctor, wife and all the other roles that we have to have. Some with specialities much more than other ones.
DR. MALKA	Yes, and in your field of work it seems incredibly demanding concerning exactly that, so your role as a professional, your role as a wife, your role as a mother, what do you think the right formula is to manage it all?
DR. ELSA SPRINGOLO	You have to be a magician. You have to be a magician, there is no other way. I have forgotten my children at school that at seven o'clock at night I realised – we didn't have cells at that time – where are my children – they are at school, um yes... they still they can tell me mom you forgot us in the school. Yes, I did. They knew work came first and they grew up with that but it was really difficult. Maybe I didn't have the assistance that I needed, but for me I consider myself above all things, at that time, a magician.
DR. MALKA	And do you think that in terms of the role that you took and the way that you've brought your children up and what they saw you doing as a woman, that that has stood in their favour as they've grown up and chosen their career paths?
DR. ELSA SPRINGOLO	Yes. I respect them for who they are. I never say you must do medicine so none of the two knew medicine and in fact are totally holistic people. They had the freedom to be who they are like I had the freedom to be who I wanted. I wanted to be a doctor since I'm five years old and I wanted to do something that I loved - to be a mother, a wife, a friend. I didn't want to be all work.
DR. MALKA	So you wanted a career which was all encompassing that allowed you to experience the multi-dimensionality of life.
DR. ELSA SPRINGOLO	Yes, to express myself who I am because I am a doctor, I'm a mother, I'm a lot of things and I believe one word in my life that I always strive for is balance.
DR. MALKA	When I look at balance, I used to think of it as being a 50/50, but I no longer see it as being 50/50. It could be a 30 percent one day of one aspect in the work environment and a 20 percent in the family environment. It's a juggle. And something that I've been looking at more recently is that when you look at formal structures of workplaces, I call them "man hours", and I mean that literally from a gender point of view. When you go in and you start at nine o'clock in the morning, finish at five o'clock. But the reality is that as a woman I think we should be looking at women's hours, so having this flexibility component. What are your thoughts?
DR. ELSA SPRINGOLO	Yes. Flexibility in life is what I think also allow that flexibility in your mind and in your life and it also will make you successful because one day you may have to be 20 hours and another day maybe it's 2 hours and it is not right and wrong. Try not to judge yourself try to just give the best without judging.
DR. MALKA	Do you find that because in the medical profession, quite often it's a lot of shift hours, do you find that that in a way helps women to accommodate their day by working shifts?
DR. ELSA SPRINGOLO	When I worked hard hours and long hours I did not have children but whatever your circumstance is you need to adapt to that but of course you need assistance, you can't just do it on your own.
DR. MALKA	So its building that network of support structures which becomes enabling for you and enabling for your family and anyone else that's under your responsibility.
DR. ELSA SPRINGOLO	Totally, totally and I think we are lucky because we are in a country where domestic help is available. In Europe doesn't happen that and what do you do when your child is sick? Do you stop working if you don't have anyone to look after your child? Fortunately, here we can do something. The men

	don't stop going to work. It comes into our responsibility because we are the moms. There already in a relationship we always of father and mother, the woman generally gives in much more.
DR. MALKA	As primary caregiver.
DR. ELSA SPRINGOLO	Totally, totally. Men always go to work. I'm not a feminist, I believe in men and I believe in the role and I believe in the wonderful role and I don't want to be equal to them. I'm different.
DR. MALKA	We will be right back after this.
AD BREAK	
DR. MALKA	You are listening to 'Womanity – Women in Unity', on Channel Africa, the voice of the African Renaissance, on frequency 9625 KHz, on the 31 metre band and we're talking about women in the medical profession with Dr. Elsa Springolo. We would love to receive your comments on Twitter@WomanityTalk .
DR. MALKA	And now Dr. Springolo, I'd like to turn to your role within Nuclear Medicine, specifically you were the President of this society.
DR. ELSA SPRINGOLO	Yes, I've been involved with this society for about eight years in different roles and then you become vice president and then almost automatically then as a president. It was a nice experience. It's nice to work with other people in other angles. Me as a nuclear medicine perhaps what I have inspired is to the ladies, you can do it, you can do it. Although the circumstances I repeat were different. Maybe now that girls who want to go to private practice maybe don't have the same facilities as I had, but I did it. I opened and I opened, circumstances came into my life and I never say no and I've never been scared and I went and I was the first one to open further away from Gauteng which require quite a skill and of course at Rustenburg was all Afrikaans and I don't speak Afrikaans and at that time it was all male and I was female but I loved my practice in Rustenburg and they loved me, so yes, don't be scared, just go for it, do it, whatever you feel is right inside you have to honour it and be truthful to yourself. That's how I can really summarise it and maybe some girls see it, some not...
DR. MALKA	And in terms of women coming into the field, you've obviously you've experienced, you've pioneered, you've motivated and inspired women, do you think there's more need for more women to come into medicine?
DR. ELSA SPRINGOLO	I don't know if I am able to answer that question. I don't see it as more need for women than for men. I don't know where woman stand. Do they really – women have a need to be expressive in the medical field and if that's so, what is the reason. Is that because they want to compete with men or because they have decided to do so? Because for me they are two different things. If they want to compete with men we are on the wrong track.
DR. MALKA	I think it's, going back to what you said before, the challenges that you faced when you were coming in that you were discriminated against, you were barred for almost six months of pursuing your career, then you were informed by somebody else telling you that no he could only see you in three to four years' time, so they were almost dictating your career for you although you had the capabilities, you had the skills, you had the motivation, you had the passion but you were being blocked, so I'm looking at this from a point of transformation in society and specifically within the medical sector, as opposed to I want to compete against a man for the sake of competing.
DR. ELSA SPRINGOLO	But it's very different then and now. I think if you go now to the medical school you probably will have the percentage. What is the percentage of males against females?

DR. MALKA	Well what I've got in terms of registered doctors which I found interesting, was it was biased towards male of 70 percent and 30 percent women. But then I reflected on what you've said about women coming in and not necessarily continuing.
DR. ELSA SPRINGOLO	You see probably when you walk into varsity I don't think you will find 70 to 30 percent female. I think you will find more kind of equal. The problem is after and I think it's a problem that exists still today because it is not easy. Although there is also fallacy previously medicine was done by people who come from family of financial, lot of financial means and then they went into private practice – lot of financial reward. Now things are very different. I came from a varsity where varsity was free. So I didn't pay for my studies so it didn't matter if my father had R1 or R10,000,000.00 we could still go to varsity and qualify. So that's my background.
DR. MALKA	It's a very different environment.
DR. ELSA SPRINGOLO	Totally different world.
DR. MALKA	But empowering for people to say you can be whoever you want to be.
DR. ELSA SPRINGOLO	Yes, but now here it's more or less it's happening that although still varsity is expensive, if you really compare I think it's even cheaper than a private high school fees.
DR. MALKA	Yes, I think that is an interesting, I think paradox, in terms of how education in a way becomes cheaper as you move through to tertiary.
DR. ELSA SPRINGOLO	Yes, yes, so now everybody has more access to go to university and when you work and then maybe you go to private practice. You don't become financially reward from the sky like you used to. First of all because there's much more doctors, there's much competition, we are more subject to what we can charge where before people could charge anything, so it's not like that anymore and some females say well is it worthwhile all the effort that I have to put in and expensive to support my home against what I earn. It's a balance but most of couples now they both need to work on the other hand, where before usually the male used to be the provider. Another thing that has changed before, oh, you are a doctor it was like if you are a God.
DR. MALKA	A prestige
DR. ELSA SPRINGOLO	A prestige and people were almost sweep the floor where you are walking, please. Now it's no more. Okay, we are doctors so what, let's continue talking about the weather. It doesn't make us different. So that assists on the other hand to people in turn be more familiar and approachable and started something that it can be a daily wonderful work. Where before it was up there.
DR. MALKA	There were different motivations.
DR. ELSA SPRINGOLO	People – the patients have changed also. I will remember in the beginning, in 1983, a patient would wake up with a cut from the sternum to the pubis, huge, like that and he didn't know why. He didn't know what they had done to him. Now the public is empowered by knowledge, they wanted to know, they come and they consult with you and they know and you sharpen their knowledge but much more people are aware of what we got to do and why. So everything has changed and it's becoming more natural, more the way it's supposed to be. No-one is God here. Before was a God play role. So I think that also helps the youngsters to go into medicine, perhaps the females, some that they are shy. We have got a lot of females who are very shy.
DR MALKA	Yes, that's one area which I've found interesting on a point of view of low

	assertiveness, less self-confidence and those are skills which obviously need to be improved upon for women, to become more comfortable in what they're doing.
DR. ELSA SPRINGOLO	I never knew that I could do what I did until the moment came. I was tested and I responded and I think everybody has that capability. It's also a lot of cultural issues perhaps religion issues and how you were educated that will allow you to express that freedom of go for it instead of go into a corner. A lot of things probably influence. For me the best thing I ever done in my life now, looking back, is that I left my country. I don't think in my country, my birth country, I would have been able to do it, what I achieved here, because here I was tested to the maximum and love Africa, totally love Africa. I'm a white African American because I totally love it. But I'm Latin and that will stop and it reflects how I work, how I talk, how I move, how I laugh, how I drive.
DR. MALKA	Yes, Latins are well renowned for their passion and their characteristics. We will be right back after this.
	AD BREAK
DR. MALKA	You are listening to 'Womanity – Woman in Unity' on channel Africa, the voice of the African Renaissance, on frequency 9625 KHz on the 31 metre band and we're talking about women in the medical profession with Dr. Elsa Springolo. We would love to receive your comments on Twitter@WomanityTalk . Now picking up on our discussion...
DR. MALKA	The last two areas that I want to talk to you about concern gender equality. It's becoming increasingly a global focus and South Africa have recently put through their Women Empowerment and Gender Equality Bill, which is currently in the National Assembly, and its principle aim is about to achieve quality and equity and to empower women so that we have a more level playing field in terms of decision making capacity and having 50/50 representation of women and men in respect of positions and I wondered from your perspective if you've seen those changes happening in the medical space or how you think that a legislation like this will help women further.
DR. ELSA SPRINGOLO	I don't believe that anything should be by legislation but um ...by forcing, but I do believe that changes are happening, for sure, in all spectrums of our society, not only for South Africa but around the world and I think women are taking this space and the place that they will, they want it to be. Again, not as a competition because we all bring into the picture different things and it's a wonderful balance to have the male input and the female input because definitely they're different. What else can be done? I don't think you can force situations by legislation, in another words you have employee A and employee B and you take employee B because it's a female against the male. You have to take it all in a bigger picture. In a bigger picture and sometimes it's maybe not easy to recognise what each person can deliver because actually they may not know them themselves, so it's very tricky.
DR. MALKA	I think in an ideal world I think we'd all want to go through on a meritocracy, on the values that people bring into their respective fields and to do away with items like gender or items as racial discrimination, but I think in reality and for us to help us achieve a level status of equality, that legislation is necessary.
DR. ELSA SPRINGOLO	Perhaps yes, in the beginning because we need few generations to be able to come into a more stable situation. But as I said to you, I'm not politically correct, so legislation goes against what I do, but I do not, for example, look at my people they are females or males, or... I just go for what I feel. However, I must tell you that we do have something against us and that's the maternity. Maternity is in a way against us because we fall pregnant,

	we fall sick when we are pregnant, we go into delivery, we take maternity leave, when the child is sick we stay at home. All those issues, I guess, are slightly and in some companies, more than slightly, against us because we do not have a crèche in the work environment where we can bring our sick children. It's not provided for us. So, do some females don't get accepted because of that?
DR. MALKA	And also there's the challenge of re-entering the workforce post maternity, unless you've got your own practice, unless you have provision for coming back to work after maternity. If you decide to take a gap out of your career to look after your children, then there is an issue of re-entry.
DR. ELSA SPRINGOLO	Well I must tell you at this stage, when I got pregnant from my first child, I was doing my masters at WITS in Nuclear Medicine, it was not a problem. Then I was told it was not a problem but you cannot fall pregnant again. If you fall pregnant you have to come out of your Registrar time, so I had to wait three and a half years until I have my second child so I did my final September, being 7 months pregnant and my colleague did it a month before me so our children were exactly the same gap because we were not allowed to fall pregnant.
DR. MALKA	Wow, I'm almost speechless.
DR. ELSA SPRINGOLO	No but those are the things that happened because if we were fall pregnant we work with radioactivity we couldn't do our job properly so who is going to do the job for us, someone else? They don't want to do the job for us because we fall pregnant. So, at that time if they had to choose a female or a male they will choose a male because he doesn't have those problems. So we do have a little bit against us because of this maternity.
DR. MALKA	Our biological functions and our family life.
DR. ELSA SPRINGOLO	It's a fact. How do we respond to that? Do we get bitter, do we get angry, do we protest? Companies in the corporate world they should provide, should provide a crèche for mums to bring children and another isolation for the colds and the flu's and all that all the kids always have. Do they?
DR. MALKA	There are very, very few and ...
DR. ELSA SPRINGOLO	So you see, talk about legislation okay let's employ females, but then what are we doing?
DR. MALKA	We need to have appropriate support structures in place.
DR. ELSA SPRINGOLO	Exactly, exactly. Because just to employ females and then? Half of the females have to go because their children are sick. It doesn't work like that then we give a bad name to our females.
DR. MALKA	It's having a holistic perspective of what the structures are, what the demands are, what the needs are and being able to integrate them as opposed to just cherry picking the nice answers
DR. ELSA SPRINGOLO	It's much more than just give a job to a female, it's the whole structure and I think that society is not fully ready yet for that - number one it costs money, number one it costs money. Is the corporate world prepared to put that? You go to the corporate world there's plenty ladies.
DR. MALKA	The other issue on corporate side and I look at this in a way of possibly it's a compromise that has come through, is that women on average are paid 23 percent less than their male counterparts. So they are doing identical positions but being discriminated on gender and sometimes I wonder if some of the contributing factors are items like what we've just discussed now, from a maternity point of view are if your child is ill you are taking time off work, so I wonder if it's sometimes those are the dynamics and factors that come in.
DR. ELSA SPRINGOLO	I told you I am not feminist and I love tennis. So I am a tennis sport, not fanatic, but I love it. You go and watch an open now, the prize given for males and females is exactly the same in the last years. But the men play

	the best of five the ladies play the best of three. Why? So we are fighting to be equal at one level but we are not equal at the other level, so let's be realistic, let's be fair. Why must we say that your prize be the same when the men play the best of five for maybe five or six hours and the ladies the best of three. Just because of gender equality? But then do it all. It have to be all and it's not.
DR. MALKA	Then I think we'll have to put an application to the tennis committee.
DR. ELSA SPRINGOLO	No, no, then I will be bombarded, but I think that also applies in all the aspects of life.
DR. MALKA	But I see this in aspects of life and in corporate where you are doing the same work, so, same work in my point of view, you've got the same contribution and in my perspective, you should have the same pay. You shouldn't be discriminated on gender.
DR. ELSA SPRINGOLO	If you take off there is take off. Day off, day off.
DR. MALKA	Absolutely.
DR. ELSA SPRINGOLO	You should have the facility to have unpaid leave.
DR. MALKA	Yes.
DR. ELSA SPRINGOLO	Perhaps the females should have the unpaid leave and not the males, you know, I don't know, it's difficult but we do carry extra responsibilities, daily responsibilities.
DR. MALKA	Well, I think those are all solutions that we'll look to in the future
DR. ELSA SPRINGOLO	Well I wish luck to every female, you see I am already almost, not on retirement but now enjoying my granddaughter and watching tennis and working on doing what I – now I'm in a different time of life and enjoy learning and growing because we are still growing as human beings.
DR. MALKA	Yes, I believe in life-long learning. In closing Dr. Springolo, could you share a few words of inspiration that you'd like to pass onto other women listening to us on the continent?
DR. ELSA SPRINGOLO	Yes. Go for it. Be truthful. Find out what is inside you that you really want and you really want to do. Don't accept any obstacles, but mainly don't accept your own obstacles. Fight for them. Continue, continue, continue, don't give up. Your tears will be there, more than once and very heavy sometimes. Continue, continue, continue, continue at the end you make your own road and you decide who is on that road and how that road is. Yes, there will be sometimes adversities but you can come out, you can come out don't get stuck on those adversities. Take one day at a time but don't stop looking where you are going. And good luck because we also need luck. We also, but we attract luck, so always think positive, I do believe very much. If you think negative you will attract negative. Think positive, positive, positive, positive. Be happy, be happy, be happy, be truthful, be truthful and enjoy life.
DR. M ALKA	Thank you very much Dr. Springolo for those inspiring words of persistence and perseverance. You've demonstrated your path and I think that your words will add tremendous value to other women.
DR. ELSA SPRINGOLO	Well it's a pleasure and Dr. Amaleya Goneos-Malka, it was a pleasure to meet you. I think I pronounced it correctly. I told you I'm not politically correct but it was very nice to meet you and whoever hears this, well maybe impacts, maybe a little seed grows, but whatever seed we put on the ground if we fertilise it, it will definitely grow.
DR. MALKA	You have been listening to 'Womanity – Woman in Unity' on Channel Africa, the voice of the African Renaissance, on frequency 9625 KHz on the 31 metre band.

	PROGRAMME END
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