

**Perspective of Change:
The story of civil rights, diversity, inclusion and
access to education at HMS and HSDM**

Interview with Mary Tate | June 1, 2018

JOAN ILACQUA: So we are now recording. My name is Joan Ilacqua, and I'm here with Mary Tate. Today is June 1st, 2018, and we're doing an interview for the Equal Access oral history project. Mary, do I have your permission to record?

MARY TATE: Certainly.

JI: Awesome. So, my first question is background. Would you just tell me a bit about yourself? Where'd you grow up?

MT: Yeah. I think one of the most important pieces of my background is my family. I was raised by the most incredible woman, strongest woman that I know, my mother. I'm the youngest of eight children. I grew up in Kenosha, Wisconsin. My family's originally from Chicago, my mom moved to Wisconsin a little before I was born. So I had the privilege of doing all of my schooling in Kenosha Unified School District, public school district, in southeastern Wisconsin, which gave me a really great launching pad to do a lot of what I've been doing thus far. My public school was a place that really valued the arts.

So when I was in middle school, I was -- they were doing three shows a year. When I got to high school, we were doing 10 or 12 shows a year. Got the ability to play the violin, and have someone pay for me to get a violin, because it wasn't something I could afford. There were just so many opportunities for me growing up in my hometown, that was really important to me. Yeah.

JJ: So, was there -- did medicine have a role in your early life?

MT: Yeah, a huge role. I, unfortunately, have a number of siblings who've been in and out of hospitals, and pretty sick. So from the earliest age, I have a brother who's older than me, eight years older than me, who has a severe intellectual disability. He grew physically normally, but could not do the kind of activities of daily living for himself. He grew up not really being able to talk, not being able to feed himself. Not being able to clothe or bathe himself, so from a very early age, I was in and out of the hospital with him, and clinics with him, spent a lot of time doing caregiving, and helping my mom take care of him. So I had a pretty early exposure to physicians and hospitals. Because he had some challenges with eating, there would often be times where, you know, he'd, you know, eat food too fast, and it would go down the wrong way, and

then he'd end up in the hospital, and he'd end up on a ventilation, like on ventilation, and all kinds of things brought us into the hospital at a pretty early age. And then, as I got older, one of my brothers passed away when I was in college, actually, and he had something called Job syndrome. It's this really rare kind of disease that we learned about when we were studying for Step 1. Those like, rare things that you probably won't really see in your practice, but you learn about them for the exam, and also talked about in our immunology class when I was a medical student here. And I still can remember that day when we were in class, in our immunology class, it was like this weird out of body experience, I don't think I ever expected to learn about that disease in medical school. I don't know, it took them so long to diagnose him, he didn't get diagnosed until about a week before he passed away. And so, I remember having this like, I felt like I was like, floating above my body being like, oh my gosh, I'm learning this thing, go back down, pay attention to what's happening. And ended up speaking with the professor afterwards about my experience, my brother, and I'll never forget how kind and how generous he was with his time, to sit down with me, give me some papers, and discuss more about what this condition was. Because we didn't know a

ton about it when he was diagnosed. But, all that to say, we've been in and out of hospitals a lot. (laughter) So yeah.

JJ: Yeah. So did you decide heading into undergrad that you were going to focus on medicine? Or is that something that developed over time?

MT: Oh I've known that I wanted to be a doctor since I was a little girl. More specifically, I knew that I wanted to be an obstetrician. So, like I said, I'm the youngest of eight children. I have like 18 nieces and nephews, I have great nieces and nephews at this point. But coming from such a big family, I guess most kids ask these questions, but I asked my mom where babies come from, and she told me that there are these doctors, and they're called obstetricians, and they bring babies in the world. And I was like okay, sign me up. (laughter) So, probably from more of a naïve perspective, I wanted to be a doctor since I was a little girl. Like I have an *All About Me* book that we did in elementary school, where I made predictions about how many babies I would have delivered at like, each like, age milestone. I'm totally behind, because I didn't understand the concept of like, how medical school, and residency, and all that worked when I was a kid. So I have some catching up to do. But yeah, I wanted to do medicine

since I was a little girl. But more seriously, in college, I knew that I wanted to do medicine, I was really interested in women's health, and took this course in college that really exposed me to some of the health inequities in maternal infant mortality. And that's when it more so felt like a calling, [05:00] and something that I knew that I had to do.

JJ: (inaudible). So where did you go to undergrad?

MT: I went to Dartmouth for undergrad. Yeah, class of 2012, best class ever.

JJ: (laughter) So what was your experience like at Dartmouth, coming from, I mean Wisconsin to -- Dartmouth, Maine?

MT: To -- no, no, Hanover, New Hampshire.

JJ: Hanover, okay.

MT: Hanover New Hampshire, yeah, yeah.

JJ: Everything north of Massachusetts is (overlapping dialogue; inaudible).

(laughter)

MT: It was great. I -- it was in the middle of nowhere. It was cold, very much like where I grew up was pretty cold. It was an incredible experience. It was a place that I grew in more ways than one. Dartmouth was a place that really, it's just such a small program, a small school, there are about 1,000 students per class. Which I guess,

compared to other places where I have a lot of friends who's gone, like that's pretty small. And so I felt like the community really nurtured me and supported me, whether it be in terms of leadership, in being able to be one of the student leaders of our gospel choir, and plan tours that we took, we went and performed for one of the ceremonies for Barack Obama's first inauguration, or planning a tour to Chicago, I was the director of a program called the Dartmouth Alliance for Children of Color, where we brought children who were African, or African American children, mostly children who are adopted into white families, in the Upper Valley area, who come to our school once a week and they hang out with people that look like them. Some of them, I started a program while I was there where the older students would be matched up with students in a Big Brother, Big Sister program, and so they come, and they'd spend a day with us at our school every week, and it was exciting. It was great. Dartmouth gave me lots of opportunities like that to be able to learn skills of leadership, learn how to organize people around a common vision, a common goal, and so, I think I used a lot of what I learned at Dartmouth when I came into medical school here. Dartmouth was also a place where I found family. When I go back to campus, I still have like, the biggest

smile on my face, I have such fond memories of my time there. I actually still go back there pretty often, throughout medical school, I went back there pretty often, working on a program called Pathways to Medicine for students who are underrepresented in medicine, so students who are undergrad who want to go to medical school. So, I have such fond memories of that place. And I think it's a huge reason why I was able to come to a place like Harvard for medical school, it was really the support that I got there, and the opportunities that I got there, I was able to get a post-graduate fellowship to work for a nonprofit for a year after graduating. Working for a nonprofit that wasn't going to be able to pay me, but the school was able to fund my like, living expenses for an entire year so I could do this work at this nonprofit. And so, the opportunities were really endless for me at Dartmouth. Yeah.

JJ: So I was going to ask what brought you to Harvard, but I'm curious too, could you tell me a bit more about that year?

MT: Yeah. So, I got the Richard Dean Lombard Public Service Fellowship from the Dickey Center at Dartmouth. As well as the Dartmouth General Fellowship, which they offer. And so, I worked with an organization called One Heart Worldwide. I actually first learned about that

organization in that class that I alluded to earlier. A course I took called Asian Medical Systems, as a part of like, our distributed requirements, (inaudible) liberal arts school. And so, I learned about this organization that was doing work to reduce maternal, or you know, maternal and infant mortality, morbidity, things that were preventable. So they specialize in working in very remote and rural areas around the world. And so I got the opportunity to work for them for a year. The better part of my year was spent at their headquarters in San Francisco, so doing things like grant writing, and planning fundraisers, and really learning the ins and outs of how a nonprofit functions, how it works. What are all the essential elements that we need to have to make this a well-oiled machine? One of the things I really appreciated about this organization, so they do this thing that they call the network of safety. And they try to work with the government, work with the local people in the communities they're there with, work with physicians, to put the support around pregnant women in the communities where they work. But one of the special things about what they do is that most of the people that they hire are all in-country. And so, their goal really is to train as much as they can in the communities where they are. And then, once they've

seen some improvement in outcomes, and they're starting to see that neighborhood, that region, move in the right direction, turn over the assets that they have in that community. And then they bring their services to someplace else, now having trained these people to continue the work that they've already done. And so that's something that I really appreciated, that piece of sustainability. And so the office in San Francisco is very small because of it, because a lot of the people that they hire are from the countries that they work in. And so then I had a little bit of time before starting medical school, where I got to go to one of the sites, and do a project looking [10:00] at paternal influences on pregnancy outcomes in Mexico, in rural Mexico, in the northern part of the country. And it was just the most amazing experience, and a lot of what I learned there really impacted some of the work that I started to do when I came to medical school.

JJ: Yeah. So, Harvard.

MT: Yeah! Here we are!

JJ: How did you -- (laughter) here we are at Harvard. Did you, had you like set your sights on Harvard, or did you apply widely when you started --

MT: Oh I applied broadly. (laughter) I applied to quite a number of schools. You know, my mom has always told me to,

you know, to reach as high as I can, and you know, the worst thing that's going to happen is that you're in the same position you are when you start, right? So you might as well try. And so, I applied here, but I don't -- I didn't actually, I don't know, I didn't think that me being here was actually going to happen. Me graduating from Harvard Medical School last week, and my wildest dreams. Crazy. But, when I found out that I got in, I was actually working at that nonprofit that I mentioned, when I learned about it, the first thing I did was call my mom. I like, went outside of my job, called her, and I'm like outside on the sidewalk, screaming and jumping up and down, talking to my mom. But, a big part of my thought process as I was choosing to come to Harvard Medical School, was a couple fold. Like first, I felt like the people here are really special. Whether it be the students or the faculty, I felt like I found my people here. But then the other piece was really thinking about the privilege and the platform that being at a place like this affords me as a black woman. And that was really important to me. What does it mean for my community to be able to have been trained at Harvard Medical School, you know? That was a big part of my calculus in deciding to come here, and thinking about how I could then use this platform, use this privilege, for the

communities that I care about. And so that was a huge, huge part of my decision to come here, and that's all been so true. Like I've been able to use the privilege that this institution provides, the platform this institution provides, to think about the care of black women when it comes to, you know, maternal mortality, when I think about infant mortality, these are all the things that really drive me, really push me and motivate me, going into residency in obstetrics and gynecology, I'm headed to Chicago for residency, and all throughout medical school, I've been really thinking about how do I use this privilege, this place, to think about the communities that I come from? And I'm really grateful that I've been able to find the opportunities to do that here. And I think a big part of that has been the support of the black community here.

JJ: Yeah, (overlapping dialogue; inaudible) could you tell me a bit more about that?

MT: Yeah.

JJ: Yeah.

MT: So, interestingly enough, when I came for my revisit, so the weekend when admitted students come, as we're trying to think about where we want to go for medical school, there were a number of us students here, black students, and we

actually had a conversation about this. So on the Saturday revisit, there's a series of events for students who are underrepresented in medicine. And at the end of that set of events, we're kind of all sitting and standing around, and chatting about where we want to be, and what we want to do, and we talked about like, what if we all just come here? Like what would that mean for us to like, bring this entire like, group of us here, and make this community what we want it to be? From the folks who were older than us, that we'd been learning from, we were coming here for a revisit, there were black students here already, obviously, but there wasn't necessarily the community that there is now. There wasn't, you know, the way the curriculum worked, first years and second years didn't really know third and fourth years. There wasn't that really like cross-class connection. And we really wanted to come here and really make the black community a community, and not just to be here in numbers. And so, in my entering class, we came in together, 15 students, and said that we're just going to make this place what we want it to be. We're going to make this community strong, and we're very intentional, and very deliberate about that. And so, you know, it was the whole group of us who did this. So, whether it was community type building things, like having

beginning of the year potlucks, end of the year kind of potlucks, to say farewell to the students who were graduating. Or if it was, you know, dinners and like, you know, bowling nights for all the black women across all the classes, we would have sessions and talk with students about like, what's coming next, or whether it was panel discussions where we discussed all the dual degree options that you have in the different fellowships and opportunities that are available to students, or whether it was a panel discussion talking about, we just did one about residency, coming up with all the folks who had just matched, or talking about what to expect in the hospitals, we really wanted to make this community well supported, and really strong. And we also wanted to make sure that our voices were heard [15:00] here at the medical school, and across all different levels of the administration. And so, something we also were very intentional about thinking about was, you know, we all have these interests and passions about how the school functions, and how do we make sure that we are spreading ourselves wide? So there was someone who was involved in the financial aid committee. I've been a member of the diversity inclusion task force, I've been a member of the undergraduate medical education committee at Beth Israel Deaconess Medical Center. People

who are involved in like, development. People who are involved in admissions. We were very intentional about thinking about that. The whole group of us, to really make sure that we were in all parts, really, of the fabric of the school here. And so, that has been incredibly special to me, and now to have just graduated, and to be looking back at the classes that are coming after us, and that is just a given for them. Like that's what they expect of the black community. And so, it's really nice to see, you know, to hopefully, to see that this kind of thing will continue. Just last week, at our graduation, one of the students who was a part of that, this whole like, effort to make this community really strong, one of my classmates, [Ele Avakame?], or Dr. Avakame now, he was one of our class speakers, and he talked about the first three black students who were admitted, who ultimately had their admission revoked, because students, there were some students here who didn't want these black students to be trained with them. And he talked about these men, whose names were Isaac, and Martin, and Daniel, and part of his message to us in his commencement address was, you know, that these three could have never imagined this day where, you know, at our graduation last week, there were 16 of us graduating. But he talked about the importance of running

your leg of the race. And running it as hard as you can, and passing off the baton, if you will. And so, when I think about my class of black students, I think a big part of our leg of the race was okay, there are a number of us here, we could do better. But, how do we make it more than just a number? Like how do we make this community really mean something to the people who are here? And I see that as, you know, my entering class, you know, we're part of the original class of 2017. I see that as our leg of the race. Really trying to build strong connections between the classes, and making sure that our voice is heard throughout the administration here. I see that as like, our contribution, if you will, in this long, long history of black students who've graduated from Harvard Medical School.

JII: And so, I'm curious, I mean my next question is generally, you know, who were your mentors here? Who helped with that?

MT: Yeah.

JII: Yeah.

MT: I have been so lucky, my mentors are countless. But those who have been the most consistent, and I've been working with, for the longest, first I would say Dr. Atkins. Dr. Meredith Atkins, she is an OB/GYN at Beth Israel, and she

runs the undergraduate medical education program at BI. She is the director of the PCE program there. And I began working with her maybe October of my first year in medical school. I had this idea that was built off of a number of different things. Part of it, the nonprofit that I worked for. Part of it, some of the schools that I had learned from when I was on my interview trail during medical school, and I wanted to start this program called Moms. And I wanted to find a mentor to work on this project with, and someone from my patient/doctor one class mentioned Dr. Atkins and said that she's really great, she does a lot of medical education work, you should meet her. And so, I had another classmate who I started this program with, [Dodi Remulan?], and we put together a presentation for the first time I met her, we go to meet her in the OB/GYN offices, and we have this whole presentation, and we finish it, and she's like, "Great, I'm excited, like you know, how -- I want to get involved, I want to support you in any way I can." And that's been who she's been to me the entire -- the last five years. She's always been so supportive. In addition to being a mentor, she's someone who I see also as a sponsor. She's someone who is always putting my name out there for, you know, this profile, or that thing, or this scholarship, and she has been one of my most incredible

supporters and mentors throughout my time here. Some of the other people that come to mind, as some of my mentors, Dr. Alvin Poussaint. I mean, I am -- oh, I don't -- I feel so privileged to be able to call him a mentor. And I feel so privileged to, oh goodness, I didn't think -- I didn't realize I was going to be crying at this point.

JI: (inaudible). There are tissues.

MT: I feel so -- just so incredibly lucky to be able to learn from [20:00] someone like him, who is a legend. I mean, he's done such incredible work over the course of his career. And the fact that I get to see him every day, walking around in [T-Mech?], and get to pick his brain, and get to talk to him about the things that I care about, and like what I want to do in medicine. What a joy, what a privilege. So I'm really lucky to have people like him, or Dean Saldaña. So when I came in as a student -- okay, no more crying. So when I came in as a student, Dean Saldaña was in the role that Sherri-Ann Burnett-Bowie is in now, and he was one of the folks who was running the office of recruitment and multicultural affairs. And so, during my time at the medical school, he was promoted and became the dean for students. But he was actually one of my interviewers for medical school. And so, you know, I felt connected and supported by him from a very early stage. He

was the faculty advisor for this national medical association, Harvard chapter here, which I was the president of during my first year of medical school. So he's someone who has been a sounding board from the very, very beginning. And I'm so, so lucky to have him. And then there are just countless other people. There are people like Dean Hundert, the dean for medical education, who is so incredible, so approachable, and every time you see him, he grabs a chair, and he says, "Hey, what's going on? What's new in your life?" And from those kinds of conversations, it's turned into him being one of my mentors, being someone that I go to, to bounce ideas off of. And I'm so grateful that, you know, those are just like, a small sampling of the incredible mentors that I've had over the last five years that I'm so grateful for.

JJ: Wonderful. So are there any moments that really stand out to you as, you know, catalysts, or turning points, or just like, big moments, (inaudible) that you wouldn't mind talking about?

MT: Yeah. There are a couple. There are a number of them. But I will mention a couple. I guess the first thing I'll mention is there are a handful of patients when I was a third-year medical student, rotating at the Beth Israel Deaconess Medical Center. A number of black patients that

I saw who, they make it all worth it, you know? I came to medicine because I want to serve my community. And to walk into a room and have someone who is like, you know, sick, and vulnerable, and they need, you know, our support, and they need our help, because they're going through something. And for them to just light up when they see this black girl walking in the room with the rest of her team, which usually was mostly white, and to just look at me with such pride, and such joy in their eyes. And then to say it, like oh, I'm so proud of you baby, like I got that all the time when I would take care of black patients. And then there were also these moments where, in taking care of these patients, there were certain assumptions, or certain things that I was able to clarify, or to be a bridge, if you will, for these patients. And those things felt incredibly special. Yeah, so there are too many to count. But every time that I had the privilege to walk into a room and take care of a person of color, it's like why I'm here. It's like what, it's why I'm doing all of this. And so, those are the moments that really inspired me, and motivated me through all the challenging components that go with being a medical student. (laughter) So those moments are some of the ones that stand out to me as incredibly special. Yeah.

JJ: So, as I mentioned -- so I've interviewed people, actually I've interviewed Dr. Poussaint. (laughter) I've interviewed people who have been here for literally 50 years or more.

MT: Yes. (laughter)

JJ: And so my next question is about changes in regards to diversity and inclusion. You've already talked a bit about coming in with your cohort and making change yourself.

MT: Yeah.

JJ: And I kind of wonder, you know, what did HMS do well, and what did, what could they have done, been better, what's changed? And it's a shorter amount of time to think about, so --

MT: Yeah.

JJ: -- I hope it's not a -- (laughter) a hard question.

MT: No, it's okay. It's something I think about all the time.

JJ: Okay.

MT: So I'll start with what HMS has done well. I think that HMS has done a really great job of allowing students to have a voice here. Like I mentioned before, you know, we have been able to be a part of like, [enter -- the name of said community?]. Said committee, sorry. And so, [25:00] students, and students of color, have been able to have their voices heard. And so, I think that that's one of the

most important first steps to making anything happen, as it relates to diversity inclusion, is to have a diverse set of perspectives and ideas around the table talking about these things. So I think that the medical school has done that quite well. I think that the medical school has also done a good job of recognizing that we're not where we need to be, and so, we have to figure out what to do to make it better. Dean Daley, who is new to being the dean, faculty of medicine here, one of the first things he did was say okay, I'd like for there to be a task force on diversity inclusion. It's being chaired by Joe Reed, and I think that there is an awareness that we're not where we should be. I think we're on the right path, but we're not there, and it's -- so I think that's something else that they do well. There are some places, some institutions, that don't even realize that they're not how they should be. And so, I give it credit for that. Some of the things that I think that we can do better at is because we're in an institution of this size, we don't always tend to be so quick to change. And so, it takes quite a long time to accomplish some of the things that we know we should accomplish. One of the things I've been, I was very privileged to be a part of in this task force for diversity and inclusion, was the diversity statement that we put out for the medical school.

That just happened. Like we could have done that sooner. I think that one of the other things that we've been thinking about, and working on, is how do we make sure that we continue to, not just attract, but matriculate students from diverse backgrounds, both racially, and ethnically. But also, socioeconomically. I think that we're in an interesting time right now where, you know, historically there have been a lot of our peer institutions who had decided that we'd only give need-based financial aid. Need-based like scholarships, and things like that. I am one of those people who I'm very grateful for that, you know? I come from a very socioeconomically, a poor background. And I have had the privilege of being able to have my tuition completely on scholarship, because I could never afford being at a place like this. But then, I think one of the pieces that is challenging at an institution like this, that there tends to not be as much flexibility around, is there is the component of the unit loan. So every student, regardless of your need, is required to take out a unit loan. And that number changes just about every year, although recently they were able to freeze it. And I think that that actually made an impact. But when you look at the amount of that unit loan that's in like the mid-twenties, you know, \$24,000, \$25,000, and you're doing that

for four years, and then you compare that to, you know, the same student who maybe has a full ride somewhere else, and you know, if you come from a background like I do, where when I finish my training, it's not just taking care of me, and the family that, you know, I will have one day, but it's the family that I have currently. You know, I have siblings, I have a mother, I have people who will depend on me. And so, while we know that the number of the like, you know, the average debt of a medical student when they finish is \$200,000 in this country. And for Harvard it's much lower. Our average is somewhere around \$100,000. That's great, but just because we're doing better than the average doesn't mean we can't do even better. And I think that that is something that is challenging our socioeconomic, and like racial and ethnic diversity here. Again, I say we're, you know, we had 16 black students graduate this year. That's great. But we can't pat ourselves on the back and say that we've arrived, and we've figured it all out. You know, in the class that is the first -- the current first-year class, about to be second-year class, there are 21 black students. That's huge. But, we have work to do across the board. And so I think it's really reflecting on the financial component and piece to this, and how that affects the diversity of not just our

MD program, but like our MD/PhD program, or our HST program, I think all of those things are vitally important. I think that piece also of being able to respond to changes quickly when we know that they need to happen, I think is something that is still challenging for us at the medical school, and we have some work to do.

J1: So, I have two more questions.

MT: Yeah.

J1: The first one is just, can you tell me briefly about your plans for after Harvard?

MT: Yeah. (laughter)

J1: You just graduated.

MT: I just graduated! So, I did a dual degree program here, so an MD [30:00] and PH. I got my master's in public health from the Harvard T.H. Chan School of Public Health, in the field of quantitative methods. So that's a department of - - a program jointly housed in the biostatistics and epidemiology departments. I'm headed to Chicago for residency. I'm going to be an OB/GYN, training at Northwestern. At that program, I will see patients both at the Prentiss Women's Hospital of Northwestern, and at the Stroger-Cook County Hospital. You know, the major (inaudible) hospital in the city of Chicago. And I'm so thrilled. You know, headed back closer to home. As I kind

of alluded to earlier, I'm actually the only one of my, you know, of my siblings who's not like, lived in Chicago. Like they all were originally born there, and grew up a little bit there. So I'm very excited to kind of have this almost like, coming home in my residency. In terms of, you know, where I want to see my career go, so right now, my plan is to be a generalist OB/GYN. I want to work in a community that, in a hospital, or a community health center, places that are predominantly taking care of people of color.

JJ: Yeah.

MT: You know, places where you're taking care of folks who are maybe under resourced, or underserved in some way. And I want my work to center around racial and ethnic inequities in birth outcomes. So whether that's maternal mortality or infant mortality, or morbidity in either of those things, I want that to be the centerpiece of the work that I do. I want to incorporate my public health degree, and what I've learned there, insofar as I use those skills to help try to think about how are we dealing with these issues that we have in the United States? The fact that we have the highest maternal mortality of the developed world is a huge problem. The fact that black women are three to four times more likely to die from pregnancy-related causes than white

women in this country, is a problem. These are all things that I really care about deeply, and that I want to dedicate my career to doing. And then the other kind of piece that I'm very excited and interested in figuring out how it gets incorporated into my career is, how we leverage media in medicine, and public health. I think it's, you know, a wonderful opportunity to use television and media as an opportunity to educate the public about general health and wellness messages, but also about, you know, research that comes out. And like, how do we make it something that you can actually understand, and that you can figure out does this thing apply to me, or not? Those are the kinds of things that I'd like to be doing in media, as it relates to medicine. So yeah, it's a smattering of things, and I'm really excited to see how it all comes together, but the most immediate next step is learn to be an obstetrician gynecologist. (laughter)

JJ: That is wonderful. And congratulations again.

MT: Thank you.

JJ: So my very last question is just, as we end this interview, are there any other stories or thoughts that you have, that I didn't ask you about, that you want to include?

MT: (pause) Not that I can think of.

JI: Okay. And that's fine. And if you think of anything, feel free to reach out to me. And we can add it, or we can write something else. And with that, I just want to thank you again for taking --

END OF AUDIO FILE