

## EPISODE 48. DIALOGUES: A CONVERSATION WITH JOANNE LIU

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**Joanne Liu** [00:00:00] In the emergency room at Saint-Justine Hospital, it is not uncommon for a young patient to confide in me. "I don't want to live anymore", or "in any case, I will not have children". At 12, 14 or 16, these young people have lost hope. They see that we adults have siphoned off the planet's resources and created a cruel and unfair world. They feel trapped in a dead end. I would like to convince them that it is better to fight for change than to abdicate, that it is better to get an imperfect solution than zero solution. This is the approach that MSF has adopted over the years. You have to act, try, commit. Anything but giving up.

**Garry Aslanyan** [00:00:57] Welcome to Dialogues. I'm Garry Aslanyan. This is a special series of the Global Health Matters podcast. In this series, I'll be blowing open some of the echo chambers that exist in global health. To help me in this quest, I've invited thoughtful and inquisitive individuals from different walks of life. Each of them has explored and written about global health issues from different disciplinary perspectives. I hope this dialogue series will give you, the listeners, an opportunity, and space to step out of your daily routine and contemplate global health issues through a different lens. So, let's get started. For this dialogue episode, I'm joined by someone whose voice and work many of you will recognize. Dr. Joanne Liu is a Canadian pediatric emergency doctor and a long-time leader in the world of humanitarian health. She first joined Médecins Sans Frontières back in 1996 and has since worked on more than thirty field missions in countries all over the world. From 2013 to 2019, she served as the organisation's international president. These days, she's a professor at McGill University School of Population and Global Health, where she leads research on pandemic preparedness and emergency response. In this conversation, I had the privilege of speaking with Joanne about her new book, "Ebola, Bombs, and Migrants". It's a powerful reflection on her leadership journey, and what it really means to demonstrate global solidarity for those most vulnerable. Hi Joanne, welcome to Global Health Matters.

**Joanne Liu** [00:02:55] Hi Garry.

**Garry Aslanyan** [00:02:56] So, Joanne your book reveals you as a deeply values driven person. Can you maybe tell me a little bit what experiences from your upbringing shaped those core values for you?

**Joanne Liu** [00:03:11] I was raised in a Chinese restaurant. My parents immigrated at the end of the 50s, and back then when you were immigrating in Canada, you had two choices as Asian, most likely was to have a laundromat or have a restaurant. My parents decided upon a restaurant, so I grew up in a restaurant and I think the core values was working hard, being, I would say, very loyal to whom you were working and integrity, I guess, were the basics.

**Garry Aslanyan** [00:03:47] And at the age of 19, you made a bold decision to bring medical care to places where it was otherwise inaccessible. What really fueled that determination and resolve at such young age, Joanne?

**Joanne Liu** [00:04:02] Well, I think that when I was a teenager, I was profoundly convinced that, I was very, very privileged for growing up in Canada and having access to free care and free education. And so, I was quite convinced from some reading when I was a teenager that we needed to bring some sort of fairness in this world. And I decided after I came back from a stay in West Africa, that I wanted to become a physician and go to work overseas.

**Garry Aslanyan** [00:04:41] And then I found it very interesting that you started your journey with Médecins Sans Frontières, MSF, or Doctors Without Borders as an intern. It really is an interesting example, a proof that really beginning small should never be underestimated. What initially drew you to work with MSF Joanne?

**Joanne Liu** [00:05:04] I think that when you start your journey as a humanitarian aid worker, often you would just say with whomever, you just want to go overseas somehow, but I had read a fair amount on the organisation and I thought the fact that MSF, Doctors Without Borders, seems to be an organisation that could have independent action and then were able to bear witness on what they were doing and seeing, was a call for me. I wanted to make sure that we could do action, but if we were seeing things that were not reasonable that we can basically talk about it.

**Garry Aslanyan** [00:05:45] And maybe some of our listeners don't actually know what MSF does and how its mission resonates so close with your own. Can you maybe give a bit of an insight into the history of MSF and its mission?

**Joanne Liu** [00:06:01] So the history now has become almost like a myth, but basically, MSF stemmed out from the crisis of the Biafra crisis in Nigeria in the 1970s. And then back then, there were physicians who were working for the Red Cross, and they saw that, yes, there was this massive famine. And remember, the famine in Nigeria back then was the first one that hit the media. It was the first time we were seeing in real time, children, father, mother, dying, basically on TV, and so it resonated across the planet. Physicians who were there with the Red Cross realized that, yes, there was a famine, but some of it was amplified by some political displacement in the population. And so, they just said, we cannot just go and care and not say anything about what's going on. So, they decided to create MSF and have basically, physicians will bring medical care in times of crisis, but as well will not be like the Red Cross back then, unable to speak about it. But in its charter, we have something to say we are going to bear witness as well on what we see and what we do. This is what it was in 1971, but today, Médecins Sans Frontières, Doctors Without Borders, became a movement across the planet, and it encompasses a workforce of 65,000 people, the annual operational budget of about 2.8 billion euro, and it works in about 70 countries. So, it's one of the biggest independent international humanitarian aid organisations.

**Garry Aslanyan** [00:07:43] Right. And then eventually you became the president of MSF, and one of your priorities as the president was really to creating this anti-colonial, anti-racist, inclusive, and diverse organisation. Maybe you could share more about this ideal and the challenges that were involved in realizing this when you were the president.

**Joanne Liu** [00:08:05] One of the challenges that is still going on right now is the fact that it's an organisation that started in Europe and one of its key drivers is called without borders. So, the assumption is if you go and bring aid, you have crossed a border, so it was international staff who go somewhere. But as things evolved, a lot of our staff are being locally hired and are highly qualified people and so it was quite important to, a, make the organisation realize that, acknowledge it, but as well ensure that we are empowering people in locally hired, and it is quite clear today for one international staff you have nine to ten locally hired staff. And what is interesting is that the power distribution was not basically representing the percentage of the workforce where they were coming from. So, it was to resource some of the power balance between what is happening in the headquarters and what is in the field.

**Garry Aslanyan** [00:09:25] And how easy or difficult was it, Joanne?

**Joanne Liu** [00:09:28] It was nightmarish, because when you talk about power, nobody wants to let go of power. And right now, the operational center in Médecins Sans Frontières are all anchored in Europe, except for one that just was started a few years ago in West Africa, and they're struggling. And it goes with the fact that as well, you need to be, economically autonomous, but it's really hard to do fundraising in West Africa. The reality, the people who gave to those humanitarian aid action are mostly people from the global north. But the reality, did we invest enough? There was all of this transition that needed as well to happen.

**Garry Aslanyan** [00:10:17] Right, so the funding being from the North still has its implications and how things play out.

**Joanne Liu** [00:10:26] Well, to a certain extent, but I think that the organisation has been adjusting to that. I remember way back then that the only time when you will see a promotion or an ad for the organisation, you always see this international volunteer or doctor, Caucasian doctor caring, and now if you were to look at the promotional material, it has changed a fair amount. You have locally hired doctors working and saving lives. So, this is something that took several years to happen.

**Garry Aslanyan** [00:11:07] Interesting. Joanne, you recently published a book, "L'Ebola, Les Bombes, et les Migrants", which basically recounts both the remarkable and harrowing experiences from your years at MSF. And particularly as its president, as you just mentioned, you've described it as both a real-life trailer and a book about hope, calling for renewed sense of common humanity and solidarity, what motivated you to write this book and why now?

**Joanne Liu** [00:11:44] Well, writing a book is, I think, motivation changed through times. Initially, I thought that those six years at the helm of MSF were so intense that I thought it would be good to just chill a little bit and revisit some of what happened and reflect on it and do that through the exercise of writing a book. But the reality is COVID happened, and I didn't write the book in the year that I was supposed to write it, which was 2020. I ended up being quite involved in fighting COVID-19. And so I ended writing the book several years later, and then why I thought it was important to write, because those three events, which is the Ebola crisis in West Africa from 2014 to 2016, the attacks on hospitals with the key example of the trauma center being under attack in Afghanistan in 2015, and the migration crisis that hit Europe in a more significant way in 2014, 2015. I thought they were a key example of how the world reacted to what I call transnational crisis through the lens of fear and security. And when we do that, I think that my premise is that it's eroding our solidarity mechanisms. And what does it mean when it's eroding our solidarity mechanisms, it means that we only react as the global north when we think we are threatened. And so, this is what happened with Ebola in West Africa. We reacted when we started to have patients being infected with Ebola, repatriated in Europe and in the States. For the hospital in conflicts, we see the enemy everywhere, even in the hospital, although according to international humanitarian law, hospitals are not a target. And then today we portray migrants as a threat, as an identity threat, when it comes to someone's country because we think that it's putting pressure on access to lodging, on access, to work opportunity, so that's the basic of that book. And I wrote it as well because I think that everybody today seems so overwhelmed by what is happening and even more so since the beginning of this year of 2025. And then, I would say my other level of message is, it's worth it to give it a try. It's worth it to give it a try, even if at the outset, we think that we will not gain anything or very little. Because this is how I was brought up, and this is how MSF is to some extent, we give it a fight, even if we are not sure if we are going to win and, and it's because it's worth it because its human lives that is at stake.

**Garry Aslanyan** [00:14:54] That's a very, very good attitude. Thanks for sharing that insight, Joanne. Early in your book, you reflect on how your time at MSF made you humbler, transforming your once arrogant idealism into an approach grounded in humanitarian principles and pragmatism. Very interesting. Can you share more about this person evolution? And I'm sure our listeners would benefit from hearing about that and what it taught you about effective humanitarian work that you have done, and I am sure are planning on doing in the future.

**Joanne Liu** [00:15:36] Well, maybe it's not as fancy as how well articulated you did, Garry. But the thing is, I remember during Ebola, I was there, me and all the rest of MSF teams trying to convince the world that they have to come and chip in to help West Africa to fight Ebola. Nobody was really paying attention, but it was in 2014, and it was a big year in terms of international issues. This is the year that Crimea got annexed to Russia. This is a year that Gaza was under attack, and we could pay attention to what was happening in West Africa of community dying of this hemorrhagic fever. So, every time I would go, and I just say, you know what, this is what is happening. People are dying of hemorrhagic fever, there's a case fatality rate of 50 to 70%. You have to come and help. And nobody really reacted to that. And then all of a sudden, someone told me, just said, you need to change your narrative. This is not a good narrative. It doesn't, it doesn't draw attention. So, in bilateral meeting, I started to meet people at the International Geneva, which is the permanent house in Geneva, and as well in New York, and I said, listen, I find it really, really hard that you don't want to basically develop your skills to fight hemorrhagic fever. And this is very odd that it's going to be only, it's going to be one entity who will hands-on experience and it's going to be MSF. And you, as a nation, you will not have any know-how. What will you do next time around? And that was a much, much better motivator. And this is where, like I'm writing in my book, and like Charles de Gaulle said, states don't have friends. They have interests. And when they see the interests, then they jump in.

**Garry Aslanyan** [00:17:38] John, let's listen to an extract from your book.

**Joanne Liu** [00:17:44] My first reaction was to back off; to withdraw, I had the feeling that I was interfering in a confidential conversation. Overcoming these hesitations, we took our seats in the room. Mme Sirleaf and the members of her cabinet continued to discuss as if we were not there. A minister explained that she was returning from the countryside and that a member of her family had just died from Ebola. Another person said that one of his family members had also succumbed to the disease. Suddenly, the participants were gripped by a great collective emotion, a sense of massive loss, the need to grieve for all those who were dying. People were sobbing and devastated by the damage Ebola had inflicted on their families, communities, and countries. At that very moment, their words and their hushed sobs revealed how overwhelmed the Liberian government was by the situation.

**Garry Aslanyan** [00:18:46] The reading you just heard, recounts your experience in Sierra Leone at the height of the Ebola epidemic. You describe being in a room filled with government leaders, witnessing their overwhelming sorrow as they grappled with the devastation Ebola had inflicted on their families, communities, and country. What was it like to sit in that room, Joanne, surrounded by such profound grief, and what did you take away from that experience?

**Joanne Liu** [00:19:21] Well, first of all, it was very uncomfortable and almost indecent. I was trying to make myself as invisible as possible because I said, I'm in a private moment and I don't belong to this place at this moment. So that was one thing. But as well, what was clear, it was a tribute of how overwhelming the situation was. And how much everybody was affected, closely or less closely. And so, it was very, very important because I remember after that, when I met with President Sirleaf, which was a very personal encounter. She was there with one, what we call, advisor. I was there with the head of

mission from MSF and the person in charge of operation. There were only five people. Most of the time when you meet someone at that level, you're like 25 people in room plus the TV, my mission was to tell President Sirleaf that MSF has come to the end of its rope, and we could not deploy more. And then when I saw that, I just said, this is so indecent, I cannot come and tell her, hey, by the way, we don't have enough people. We're going to pull out. So, I looked at her and all of a sudden, I hear myself saying, President Sirleaf, I am so sorry for what happened to your nation. MSF is building this Ebola center, and we were supposed to build it and hand it over to the president. And I said, we're going to build it, we're going to do as much as we can, and then I will tell you only that, I will give you only that one promise, and that promise is, I will do everything I can to let the world know what is happening here. I will use my voice, my weight, my organisation to tell the world. And this is how afterwards we went into what we call a very big diplomatic tour to convince the world that it had to show up in West Africa. And this how we got invited to the UN General Assembly and after that it's history because Barack Obama promised 3,000 GI, they built, you know, 100 Ebola Centre. Did that make a huge difference? But what it did is all of a sudden, the world paid attention, and that make huge difference.

**Garry Aslanyan** [00:22:08] I'm just thinking that she also, the president, it didn't stop after promoting, you know, preparedness for countries, for pandemic, et cetera. She's still very active in trying to convince governments that they need to be prepared. She must have learned a lesson through that experience.

**Joanne Liu** [00:22:27] Yeah, because the President Sirleaf and I, we work together on the Independent Panel for Pandemic Preparedness and Response. We're still working together on a regular basis. And yes, this is something that profoundly marked her. She was really, really much invested in the fight against Ebola, and then she strongly believed that the best way to do well is to prepare yourself during the downtime. She's a huge advocate for people to continue to do pandemic preparedness and response.

**Garry Aslanyan** [00:23:02] Joanne, you emphasize the importance of self-reflection and self-critique in global health efforts. In your view, did the global health community engage in this kind of discussion adequately after Ebola pandemic? And what about the aftermath of the COVID pandemic we had?

**Joanne Liu** [00:23:24] Well, I think after the Ebola outbreak in 2014, 2016, what happened is people realized, oh my God, this is how a global bio threat could look like. Because before that, people said, you know, I think they probably had read the book of Hot Zones and they had some fantasy in their head, but all of a sudden it became real. People who wear PPE, which is personal protection equipment, and they will look like astronaut walking in the hospital. So, all of a sudden, it captured people's imagination. So, I think that for that, Ebola brought that level of consciousness. The other thing that it brought in terms of collective consciousness, awareness, is the fact that we say, oh my God, we're not prepared as a whole. You know, if something happens, we're not able yet to work together and this is why after that there was different initiatives but one of the things that ended up being a huge and big legacy for COVID-19 is the fact that people said when something like this will happen at the scale of the planet we will need to come together and we will need to share in real time the information we have. And this is how, the genome, the sequence, the genomic sequence of COVID-19 was shared really early on, and as well, that we end up being able to produce, how we say, medical countermeasure in record time because we put together our knowledge and we share it in real time. So, this is something that is very important, and people tend to forget, but that's the legacy of Ebola. It allows us to be a little bit more reactive for COVID-19.

**Garry Aslanyan** [00:25:15] Joanne, let's listen to another extract from your book.



**Joanne Liu** [00:25:19] After the tragedy in Kunduz and the events that followed the bombing, I lost my naivety, my "humanitarian virginity". Until then, I was convinced that if we played by the rules, if we were transparent about our work, for example by providing the armies involved with the coordinates of our hospitals, we would be protected. Kunduz proved the opposite. I was deeply hurt. I think of what a former director of the British secret service, Elizabeth Lydia Manningham-Buller, who became president of the philanthropic organisation Wellcome Trust, told me a few days after the attack, "one day, you will have to accept a version of the facts and learn to live with that version of events". In other words, we would never have the end of the story.

**Garry Aslanyan** [00:26:12] So this reading recounts how your so-called humanitarian virginity was shattered after realizing that your work would not be protected if you play by the rules and operate in a transparent way. You're referring to an incident where the American military mistakenly bombed the MSF hospital in Kunduz, Afghanistan. Joanne, the attacks on this hospital, claimed about 42 lives and left 30 others injured. In response, you felt a deep responsibility to hold those in power, specifically the US government accountable on behalf of MSF. What was that experience like in your work, when and how has diplomacy proven effective in humanitarian crisis?

**Joanne Liu** [00:27:06] Well, let me react to some of what you said. The reality is not that I wanted specifically to bring the U.S. accountable for what they've done per se. But it was more on the fact that there was a trend over those years in 2014, 2016, that was setting in on the fact that hospitals were becoming somehow a legitimate target in times of conflicts. And we took the example of Kunduz in the northeastern part of Afghanistan because what was specifically different from this one is the fact that there were five airstrikes, and we were not able to stop it while it was happening. We called the Pentagon, we called the UN, we called the Red Cross, we called the Afghan forces to no avail. We were not able to stop the attacks. It was a precise attack. 5 precise attacks on the main building of the trauma center of Kunduz. So, 42 people died, 14 of our staff, the director of the hospital. We were very, very shocked. We were very angry, and we were mourning. And so, when this happened, I just figured out that, A, we needed to find out what really happened. So, the first thing that we were asking for was an independent investigation, was a humanitarian, the international humanitarian investigation for fact-finding. And it can only happen if the countries who are involved in it are basically agreeing for that investigation to happen, mainly the US and Afghanistan. And they never, never decided to agree to have this investigation happening. For us, there was this, because we believe that you cannot be judge and jury at the same time. So that's one thing. But the other thing what made me, not only me but the rest of the movement wanted to make some noise about it was the fact that we cannot let this trend become the new norms. The new norms that you know what you can bomb a hospital and there'll be no consequences to it. Full impunity, and my teams who worked at the frontline of crisis, back then, in Yemen, in Syria, in South Sudan, in Sudan, in DRC, in Central African Republic, where they risk their life every day, I just said, we're going to go as high as we can in terms of security governance to tell the world that this cannot happen. And although we know that words will not save lives, I thought and I was supporting the fact that we'd push for resolution for the protection of the medical mission, medical mission meaning the patient, the worker, the health worker, the physician, the nurses, but as well the infrastructure, the hospital, the ambulances, the equipment, cannot be a target and cannot be a legitimate target. And so that's what we did with passing the resolution 2286 on May 3rd, 2016, is to remind people that was the rule and nothing has changed. And back then, you know, there was like a sense of, I would say, temporary, I would say victory, because he was unanimously voted by the UN Security Council and he was backed up by 80 countries, including Canada. But the reality is this happened in May 2016, the U.N. Secretary General was tasked to come back in the fall with a project to operationalize the resolution. And when he came back in the fall, the resolution was never passed. The

plan of authorization was never to pass for a vote, and it was just forgotten. And the hospital kept being bombed, and we see what is happening now in Ukraine and is happening in Gaza Strip.

**Garry Aslanyan** [00:31:40] So the last part in the book is Les Migrants. You highlight the ongoing refugee crisis, humanitarian emergency you've witnessed firsthand during many of your missions and work. You work to ensure that displaced people continue to receive the care they need, even as fear-driven narratives that you mentioned threaten to erode human solidarity, much like during the Ebola outbreak. How can we rebuild solidarity with vulnerable populations while also addressing broader concerns about security?

**Joanne Liu** [00:32:23] Today, it's really, really tough to talk about migrants. It seems to be a very divisive theme, especially for politicians. I can see it now in Canada, every time they're being asked about talking about migrants, they all say, we cannot welcome the misery of the world. That's what one of our leaders said. So, that's the reason why in 2018, a process led by Louise Arbour, a judge from Canada, who used to be the High Commissioner for Human Rights and ex-prosecutor on the TPI for Yugoslavia, said we need to get some basic rules and this is how we passed the double compact on migration. And basically, we said back then that it should be orderly, safe, and regular. And so, if we were to somehow just apply the basic ideas of that, we probably would be in a better spot today. The reality is, since the beginning of the times, people have been moving. Human being will move. It will move for his survival. If at one place he thinks he cannot survive, he's going to move. Not only human beings do that, but animals do that as well. It's basic stuff. So not thinking that people cannot move, it's not being connected with the world. And today, I think it's quite important because as we are increasing the gap between the rich and the poor, this will happen even more. And so how can we restore some humanity? And I profoundly believe that if you don't recognize, this is what I call our common humanity, the human in the migrant, you are denying your own humanity. If you don't recognize that someone who's fleeing for his life is in need of protection, is in the need of access to care, is in need of respect and dignity, then you will not respect yourself. And so, for me, that's the very basic thing. And I'm very self-aware that it cannot be like an open bar and there needs to be some rules and there need to be something that needs to be respected. But the one thing that all of us can do in whichever position we are, and especially if you're in position of power and influence, is to speak about migrant with dignity.

**Garry Aslanyan** [00:35:14] Working for so long with MSF and you had so many different missions and crisis zones including the places that you mentioned Haiti, Ukraine, DRC, Gaza, Syria. You've seen a lot of devastation. How do you continue to find beauty in the world and hold onto hope among the living and for our planet?

**Joanne Liu** [00:35:37] Well, despite everything, there's always beauty everywhere, and life goes on. If you are to walk in a Syrian refugee camp in Jordan, Jordania, or in a displaced camp in DRC, people, you know, people keep on living and children keep on playing. So, there's beauty everywhere, and then rightly so, and hopefully so, and it's important to remind us that life goes on and that all of us has the capacity to give hope and I often tell that story because it really, really stays with me. During the war in Chechnya, in the late 90s, MSF was working in different places, and at one point we had to withdraw because some of our colleagues got abducted, and we have to somehow, I would say, downsize our work. And then I remember I went after the war and then I went to visit a village, and a woman come and see me, and she said, oh, oh MSF, MSF, and she said, I wanted to come and greet you. I said okay, she says you know what, you didn't come during the war in our village. I said oh, I'm sorry. But she looked at me and she said no, no, don't be sorry, because every time we saw your Land Rover passing by, I told my children, the world did not abandon us. It's so important, whatever you can do here, and you do in support for a population elsewhere that are at the brink of imploding or in big, big difficult time, people

can see it now because we're so interconnected and interdependent, it makes a difference. And, you know, that can we keep saying that our worst thing that we have as human beings, it's always to hope, because that makes us sometimes go through so much ordeal. But on the other hand, this is what allows us to move on. So, I strongly believe that it's action that brings hope, and that hope that brings action. So, I encourage anyone who is listening to the podcast to think and decipher themselves, what can they do to bring hope, in the family, in this sector or more broadly.

**Garry Aslanyan** [00:38:14] In line with the phrase you used in the book, which basically is, "Tout sauf baisser les bras", meaning anything but giving up and really working as a global community to take risks and resign to inaction. Joanne, any closing remarks from you before we say goodbye?

**Joanne Liu** [00:38:37] Well, my closing remarks is that I strongly believe that even if we right now in a moment of low for global health in general, I think that's an opportunity to a certain extent, of changing some of the profound things that we think that are not fair in this ecosystem and then basically change some of its foundation. There will be silver lining, and I really hope that people will not give up. It is important to keep trying, even if what we have to offer isn't perfect. As I always say, imperfect solution is better than no solution, as long as you're not complacent about this imperfection and you keep trying for more.

**Garry Aslanyan** [00:39:24] Thanks Joanne, for joining us today and sharing your views and sharing the behind the scenes of your new book. Thanks again for spending time with us today.

**Joanne Liu** [00:39:36] Thank you very much.

**Garry Aslanyan** [00:39:40] This conversation with Joanne left me with three sparks that shapes how I will think about global health going forward. First, Joanne encourages us to choose action over paralysis. She sends a clear warning about the cynicism and fear that are eroding our global solidarity, and she urges us not to give in to apathy. An imperfect solution is better than no solution. And every human life deserves an attempt. Second, through her journey as the president of MSF, she shows that structural inequities are not immovable, but negotiable. Revisiting the narrative by which we seek to bring change is one way to ensure people in need get the help they require. Finally, Joanne emphasizes hope as one of the most valuable commodities, whether you are stitching wounds in the field or shaping policy in the boardroom, each of us has the capacity to instill hope for change in another. To learn more about the topic discussed in this episode, visit the episode's webpage where you will find additional readings, show notes, and translations. Don't forget to get in touch with us via social media, email, or by sharing a voice message. And be sure to subscribe or follow us wherever you get your podcasts. Global Health Matters is produced by TDR, a United Nations co-sponsored research programme based at the World Health Organisation. Thank you for listening.