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[00:00:00] **Speaker 1** Com notes today. This call will be recorded and will be shared following the conclusion of this press call. You all have permission to share this content with your stories today. And with that, we're going to begin recording. And then I'm going to continue with just some additional logistical notes.

[00:00:23] **Speaker 2** Recording in progress.

[00:00:29] **Speaker 1** Thank you. Because of the significant number of participants on today's call, all lines will be muted, and only questions that are submitted in writing at the Q&A button will be added to the Q&A list. Questions can be submitted any time, and we are reserving the bulk of time at the conclusion of today's remarks to respond to as many questions as possible. As a reminder, Planned Parenthood does have B-roll and photographs of our Water Street Health Center that provides abortion services on our PWI and ALEA media sites. You have a link to that in the press statement that you received. And with that, I am going to turn the call over to the President and CEO of Planned Parenthood of Wisconsin, Tania Atkinson.

[00:01:21] **Speaker 3** Good afternoon, everyone. Thank you for joining us. When Roe versus Wade was struck down this morning. We had patients in our waiting rooms. We had. Friends, families, neighbors. People who had driven for hours and hours in some cases. In our waiting room. Who had made their own health care decisions and were waiting for the health care that they needed. And when the ruling came down, we had to go out to those individuals who were in our waiting room. And say, we're so sorry. That decision that you made for yourself. For your family, for your future. Is no longer your decision to make here in Wisconsin. Instead. The leaders in our legislature have made that decision. And we had to work with patients. To ensure that they had appointments in other states where access to safe and legal abortion is available. This is simply devastating. This ruling. By overturning it has. You know, taking away people's ability to make their own health care decisions. And we've seen firsthand. Instead, turn those decisions over to politicians and has given politicians the permission to make those decisions to control what we do with our own bodies. We no longer have the freedom to determine our own course in life. This is a dangerous decision. It's a chilling decision, and it's going to have devastating consequences for 1.3 million women across the state of Wisconsin, of reproductive age, and for millions across the country forcing people to travel hundreds, sometimes thousands of miles for care or remain pregnant. Make no mistake, this decision goes beyond abortion. This is about who has power over you. Who has the authority to make decisions for you? And who can control how your future is going to be? For nearly 90 years, Planned Parenthood's doors have remained open. And they've been open to provide people with the education and health care that they need to lead safe, healthy lives. Although abortion services are not available at PWI for now, Planned Parenthood's doors are open across the state, and we are still here to help patients get the care that they need. This includes helping people who need an abortion access safe and legal abortion care. We can help people navigate. We encourage individuals who need an abortion to please contact Planned Parenthood, Wisconsin. We can help people navigate to a state where abortion remains safe and legal, where their decision to make their own health care needs known is respected. And we can also provide travel assistance. If someone is over at night housing, we can provide that and lost wages. So we can we can provide resources as well for individuals who need an abortion. Planned Parenthood will not back down from attacks on people's freedoms. We will not back down from attacks on people's freedom to it to access the essential health care that they need. We remain dedicated to fighting for a better future. We remain dedicated to ensuring that people can make decisions about having a family or not who can make decisions about. The future of of their of their lives and of their family. So your health and the health of the community. Our number one priority. Planned Parenthood will not back down. Not now. Not ever. Thank you. And. Now I'd like to introduce our medical director, Dr. Cathy King.

[00:05:52] **Speaker 4** Good morning. My name is Kathy King and I am OBGYN physician and medical director of Planned Parenthood of Wisconsin. I like my other colleagues who incorporate abortion provision. Into our medical practice. Do so because we know abortion is. And will always be a needed part of the full spectrum of reproductive health care. Today's decision that ends people's freedom to access abortion in Wisconsin and 25 other states is both terrifying and truly heartbreaking to those of us who are deeply committed to this work and even more terrifying for our patients. Today, I had to look people in the eye and turn them away when they were seeking abortions. The decision to have a child or not have a child is a deeply personal decision and should be the right of everyone. Denying access to abortion causes harm, especially to black, brown and indigenous and other vulnerable communities. The patients I see who have abortions. For all of us there your friends, your family, your neighbors, your members of our community, of our state. All who deserve access to safe, timely medical care. Every person seeking an abortion is doing so for their own valid moral, ethical reasons. Today, I think back on patients, I was able to provide the care they needed. The single mom raising two kids, one with special needs who lost her job and was struggling financially. The 17 year old who got. Into the College of her dreams, who dreamt of being a pediatrician one day and would be the first person in her family to attend college. The traumatized 14 year old Rohingya refugee pregnant from a sexual assault who had so many barriers already to accessing her care. And a 35 year old who can seem to be in vitro fertilization after years of infertility. And then at 19 weeks gestation, received a devastating diagnosis of a lethal fetal birth defect. Today, all these people and thousands like them will be denied access to abortion in Wisconsin and across the country. The Wisconsin criminal abortion ban. Now, in effect, this 173 year old law makes no exceptions for rape, incest, physical health or lethal fetal anomaly or any fetal anomaly. The only exception is to save a person's life. Today, a physician treating a pregnant patient with medical complications will now face felony criminal charges and imprisonment. If a prosecutor disagrees that the medically indicated abortion they performed was indeed life saving enough. There is a real risk that medical care will be compromised and people will be hurt. We can't know every person's circumstances. What we do know. History has taught us this is that banning abortions will not stop them in Wisconsin or in any other state. What we do know is it will delay access to care and make abortion less safe. Although abortion services for now are not currently available in Wisconsin, Planned Parenthood stores across the state are open and we are here to help. We are here to help patients get the care that they need. This includes helping patients access safe abortion care, where it remains legal, offering financial assistance to obtain that care and providing appropriate follow up care when they return home. To ensure that patients in need of abortion care can access timely health care that meets their needs. Planned Parenthood of Wisconsin is recommending that patients continue to contact PWI first to receive health care guidance and financial support if needed. People in need of additional support to access abortion services or resources. Can contact Planned Parenthood online at PWI dot org or via phone at one 800 2307256. Our doors are open because everyone should have the freedom and power to control their own bodies and their own lives. Thank you. And now I will turn it over to Michelle Velasquez.

[00:11:26] **Speaker 2** Thank you. Kathleen. Good afternoon. My name is Michelle Velasquez. I am the director of legal advocacy and services for Planned Parenthood of Wisconsin. I wanted to start my time with you this afternoon with an excerpt from today's dissent, which I think captures what the court has done in its decision in Dobbs versus Jackson Women's Health Organization. Yesterday, the Constitution guaranteed that a woman confronted with an unplanned pregnancy could, within reasonable limits, make her own decision about whether to bear child with all of the life transforming consequences that go along with it. And in the safeguarding each women's reproductive freedom, the Constitution also protected the ability of women to participate equally in this nation's economic and social life. But no longer. As of today this court holds a state can always force a woman to give birth. Prohibiting even the earliest abortions. The State can thus transform. A woman's life and her family's future. Some women, especially women of means, will always find a way around the state's assertion of power. Others, those without money, childcare, other resources or the ability to take time off from work will not be so fortunate. Maybe they will try an unsafe method of abortion and come to a physical harm or even die. Maybe they will undergo pregnancy and have a child, but at significant personal and family cost. At the least, they will incur the cost of losing control of their lives. The Constitution will today's majority holds provide no shield despite its guarantees of liberty and equality for all. As you've heard. Planned Parenthood of Wisconsin has temporarily suspended providing abortion services, and that is because Wisconsin has a pre-roll criminal ban still on our books. Until we receive clarification the enforceability of that law, we will we will suspend providing abortion services and continue to explore all of our legal options. Many people have asked Planned Parenthood of Wisconsin why it would suspend abortion services. When Attorney General Karl has indicated that he would not expend the resources of his office to enforce that law and pursue criminal charges against medical providers. However, there are other considerations. Planned Parenthood of Wisconsin had to take when determining the best course of action. While we certainly appreciate the attorney general's sentiment, we also had to consider the fact that there are 72 counties in the state with different district attorneys who may have different and different thoughts on the applicability of the law and with the ability to pursue criminal charges. Since most criminal charges are pursued by county prosecutors, we also had to consider the fact that the statute 944 makes it a felony and that felonies in Wisconsin are subject to a six year statute of limitations, which essentially means that future prosecutors would have the ability to look back at this period of time and file charges if they believed they could do so. Planned Parenthood of Wisconsin has been working closely with all of our attorneys to evaluate the legal options in front of us. The strategies that we are pursuing will be done with a priority to ensure that abortion is safe and legal in Wisconsin for the long term. Thank you.

[00:15:41] **Speaker 1** Thanks, everyone. We are now going to open up the Q&A portion of this call and the first question that we have. We've gone over a little bit, but I'm going to throw over to Dr. King, if you can speak to the suspension of abortion services today and how that impacted patients, whoever who already had services scheduled for today or tomorrow, and how are we working with those patients to get them the care that they need?

[00:16:12] **Speaker 4** Thank you. So between today and tomorrow, we had close to 70 patients who were scheduled. This morning we began. To provide services and were able to see. I think for patients today. The remainder of our patients. We had to unfortunately tell them that we could not provide the abortion that they presented to the center to have today. And obviously, that was devastating. So what we are doing for the patients who we see today in the center who arrive, we are giving them you're helping them navigate to find the services that they need. And for most of our patients, that will mean traveling to Illinois. And we are providing them information to help them access funding because suddenly now abortion for them. Has become not only more difficult to obtain, but more costly because now they have to incur the costs of missing more time off work, getting more coverage for child care, figuring out a way of how they're going to afford traveling. And some will even have to stay overnight in Illinois. So we are helping them as we can, but obviously it's a daunting task trying to contact all of our patients. Because many, especially those scheduled for tomorrow who we don't contact are going to show up and we'll have to begin the process all over again. But we are committed to help patients find the care that they need.

[00:18:18] **Speaker 1** Thank you, Dr. King. Another question that has come in that Dr. King you or Michelle could also build upon is specifically what work we've been doing to collaborate with other providers across state lines to prepare for this day.

[00:18:39] **Speaker 4** I'll begin. So we certainly knew that this was a real possibility since the leak of the draft opinion, which obviously is the final opinion. So we have been working closely with providers in Illinois, both Planned Parenthood and independent providers, so that we know how to help patients navigate to get the care that they need and that they deserve. Many of our licensed staff are have already obtained or are obtaining licensure in Illinois because we know. Illinois is just one example, but they are already having a 2 to 3 week delay in getting patients scheduled, and now that is just going to be tremendously magnified. So Illinois is going to need assistance to be able to increase their capacity to absorb the patients that they are going to see. So a number of physicians, nurses and staff will be traveling to Illinois to help provide services across state lines to help absorb that capacity. So. I'll turn it over to you, Michelle. If you have something to add.

[00:20:20] **Speaker 2** Thank you. Cappie I think that pretty much sums up the work that has been doing over the course of many months. And the priority is really to make sure that we can help Illinois, whether it be Planned Parenthood of Illinois or independent providers, increase their capacity to provide abortion care. Knowing about patients from Wisconsin and other states around the country will be seeking those important health services there where remain safe and legal.

[00:20:57] **Speaker 1** Thanks, Michel. Another follow up question that has come in is just regarding. And, Dr. King, you can probably speak specifically to this. What are concerns that about women who may miss deadlines because of the long wait now that they must go to another state for care?

[00:21:19] **Speaker 4** So. Obviously we know that there may be patients who not cannot access an abortion and may be forced to continue a pregnancy against their own wishes. And B, the fact that they. But that decision has been taken away from them is truly heartbreaking. We will continue again. We've been on the phone today for the patients we are most concerned about who need to access care in a very short period of time to be able to obtain an abortion. And so we are prioritizing those patients. But again, we know that this is going to be a new reality and that. Many people's decisions. Their ability to make a decision whether to continue or terminate their pregnancy may be taken away from them.

[00:22:37] **Speaker 1** Thank you, Dr. King. A new question for you, likely, Michelle, regarding whether we believe the 1849 law is enforceable and what legal considerations we are planning.

[00:22:56] **Speaker 2** Thanks, Lisa. It is not Planned Parenthood of Wisconsin's position that the 1849 criminal abortion ban automatically springs back to life. There have been many statutes and regulations passed concerning abortion since Roe v Wade was decided in 1973. However, we're also cognizant of the fact that there are actors, potentially state actors, as well as private actors, who do believe that that 173 year old law automatically springs back to life. And so while there's that sort of open question we have, as you already know, paused abortion care. Planned Parenthood of Wisconsin is in its legal strategy prioritizing, protecting access to critical abortion care for the long term. And we have been and still are considering all of our legal options at this point.

[00:24:09] **Speaker 1** Thank you, Michele. Just a couple of clarifying questions that have come in in Dr. King and Tanya. You may want to speak to this to really clarify what other services does Planned Parenthood of Wisconsin provide first and second of all, to clarify the difference between this case and its impact on birth control versus abortion services.

[00:24:39] **Speaker 4** I'll begin. So it's Parenthood of Wisconsin. We have 22 health centers across the state and we provide full spectrum reproductive and sexual health care in 20 of those centers. We had two centers that were dedicated to providing abortion services, and then one center who provided family planning, as well as medication for abortion. So the family planning centers or the doors will continue to stay open and we will continue to provide that full spectrum of family planning services from. Screening to prevent cervical cancer to contraception, to gynecologic health care, to miscarriage management, to gender affirming hormone therapy. All those services will continue. In terms of what this ruling means for abortion? I mean, for contraception. Excuse me. You know, we will continue to provide all contraceptive methods and we are considering also expanding services, possibly beginning vasectomy services that are that are affiliate. There is certainly some concern that I have heard that there are folks who will try to. Potentially. Ban certain types of contraception. Such as IUDs or emergency contraception. I hope we never see that day because, again, this is basic health care, this is preventive medicine. But we are committed to continuing all the services that we can legally provide.

[00:26:58] **Speaker 1** And just to clarify, Dr. King, I'm seeing a couple of questions come in where I think we need to clarify the difference between emergency contraception and Plan B. Did you want to specify the difference between those two?

[00:27:14] **Speaker 4** So there are emergency contraception is medication. There's two types of emergency contraception available in the United States. One contains a drug called levonorgestrel, and there are varying brand names for that. One is called Plan B. The other one is called the Bristol Acetate, which is the brand name is Ella. Both are used after unprotected intercourse. They work by preventing or delaying ovulation and thus preventing pregnancy. So those are used to prevent pregnancy. Once a pregnancy is established, those would not have any abortifacient and or negative impact on an established pregnancy.

[00:28:10] **Speaker 1** Great. Thank you. The other area I think we need to repeat and clarify is specifically medication abortion services. Will those be impacted by this decision today? And if so, where do people go to access that care?

[00:28:28] **Speaker 4** So yes. So we have had we have stopped suspended all abortion services, both the provision of medication, abortion, as well as in clinic abortions. So for those persons wanting to access medication abortion, there are a few options. Most people will likely need to travel out of state, whether that be Illinois, Minnesota, which would be the nearest states to Wisconsin, where abortion is still legal. There are ways to for folks to obtain medication, abortion pills. If a person and misoprostol over the Internet and certainly there are. Individuals who, for whatever reason, will not be able to travel to obtain medication abortions, who will likely be self sourcing those medications and self-managing abortions with different histone and misoprostol.

[00:29:54] **Speaker 1** Thank you. And I just want to be sure, because I just saw a question come through that people understand that this decision does impact our ability to provide medication, abortion services. We cannot provide those through telemedicine. So medication abortion services and in clinic or surgical abortion services are no longer available in the state of Wisconsin. Plan B is a birth control method, and we will be making that health care available to any patient who is in need. I have another question from someone who just wanted to clarify what happens to the staff who are part of the health centers that are impacted by this decision? And, Tanya, I'm going to hand that question over to you.

[00:30:43] **Speaker 3** Well, you've you've met one of our team and Dr. King and the team is incredible. And they work very hard to care for the people in Wisconsin who need an abortion. And and all of our staff across the state are working very hard to care for people who need the full range of reproductive health care. Those individuals will still continue to be there for the people of Wisconsin who who need an abortion. And as Dr. King has already shared, they can contact planned parent Wisconsin. And there's many services related to abortion that we can provide without. Of course, we're unable to provide the abortion itself. And we're also here for any aftercare that might be needed related to abortion or any of our other services. And so so that team that provides abortion specifically is really needed and and will be there for people to to do everything they can to ensure that they can access care. We're safe where it's safe and legal, abortion is still available and where those states respect people's ability to make their own health care decisions.

[00:31:57] **Speaker 1** Thank you, Tanya. And I'm going to turn it back over to Michelle, who has some clarifying comments.

[00:32:03] **Speaker 2** Thanks, Lisa. I just wanted to make a couple of clarifications around self-managed medication abortions. Even prior to today's ruling, PWI was unable to provide, as Dr. King mentioned, or I'm sorry, Lisa mentioned, medication abortions with the use of telemedicine or by mail. Other states do have those provisions that allow for telemedicine and medications to be sent by mail following a change in the FDA rules. However, abortion access in Wisconsin, even prior today's ruling to today's ruling was is heavily regulated. And so all patients receiving medication abortions had to be seen in-person by the same doctor over the course of two visits. So a failure to comply with those laws is already a felony under Wisconsin law. So it's important to know that the. Wisconsin criminal abortion ban doesn't impose any criminal liability to the pregnant person. However, we don't know to the extent other actors who help obtain medications through overseas providers might be liable.

[00:33:36] **Speaker 1** Thanks for that, Michel. I do have one remaining question. Unless others come in, opened up to all three of you to just share any personal reflections on how you are feeling about the decision today.

[00:33:57] **Speaker 3** I'll start. It's. My thoughts have been squarely on the the people of Wisconsin who may need access to an abortion and the team that provides provides that care. This is the real this is the real human impact. There were Wisconsinites in the waiting room this very morning that needed access to this essential health care. And so when. You know, health care is used for a political, political wedge or, you know, however you like to characterize it. This is this is what happens. This is the consequences. So that. So our friends, our families, our neighbors are. Being told. That they have to. That they aren't able to make that decision for themselves. So that's what I've been thinking about this morning, is all those people, 70 people. Close to 70 Wisconsinites. That were. That were there and they'd made a decision. They needed an abortion. And they they they had made a decision for themselves and their families and their lives. And they got told that they don't get to make that decision anymore. Our government, the leaders and our legislature in particular have just made that decision for them. So that's what I've been reflecting on since this morning.

[00:35:55] **Speaker 4** I would say. Even though I expected. That this would happen based on the leak. Well, the reality of it. Speaking on behalf of myself. My colleagues, our staff. You know, this is really kind of shaken us to our core. The reality that. We cannot provide this common and safe medical procedure for our patients. This is really devastating. And even though I know. That abortion today in this climate today. Now that people have access to much safer means than they had prior to Roe. I still fear for some people who don't have the ability to access. A safe, legal abortion that some people will. Turn to drastic measures. And. Inflict self harm and it's so unnecessary. We are in 2022. People should not. Have to desperately turn to unsafe methods to terminate a pregnancy. I find it completely unacceptable and I hope I hope we find a path forward. Because. People really deserve access to safe care.

[00:37:59] **Speaker 2** I think first and foremost, my thoughts are with the 70 people in Wisconsin who were unable to get the health care that they decided they needed and the health care that was right for for them, for their families, for their future. I'm concerned about the the harm not just to those individuals today and tomorrow, but to the long term harm that this will cause people of this state. I'm concerned about forcing people to carry pregnancies to term, particularly for members of bipoc communities who oftentimes experience disparate health care, who have worse maternal and infant health outcomes in this state. And the I'm concerned about how this may unfortunately exasperate that. I'm concerned about people who are experiencing problems in their in their pregnancy, who may present to emergency rooms. And whether or not this will have a chilling effect on physicians who under normal circumstances, would not hesitate to provide abortions to save someone's life. And beyond beyond abortion, I'm concerned that this ruling will have an impact on a whole host of other rights, personal freedoms in relation to procreation, in relation to familial relationships, in relation to how we choose to parent our children, the use of contraception and all of these rights that are really sort of embedded in this right to privacy and the right to have the autonomy to make decisions for yourself. So our hearts are with our patients today, but really with with everyone in our community and throughout the state as we fight. As we fight this new sort of unknown landscape.

[00:40:26] **Speaker 1** Thank you, Michelle. I have one final question that has come through that I don't believe has been touched on in detail, though, Michelle, you did just make reference to it. The black women and babies in Wisconsin already have higher mortality rates than white babies. Are we concerned about those racial disparities and the growth of those disparities as a result of this decision? And I'm going to open it up to whomever feels comfortable to speak to that.

[00:40:56] **Speaker 3** Yeah, I'll start. And I would encourage anyone else to join. We are we are very concerned about that. We see the inequities in the health care system, and we certainly see the inequities. And as the as the person who has a question, we certainly see the inequities in maternal health. And so so we understand that that this is going to have a disproportionate impact on people who are already marginalized in our health care system or already experiencing inequities in our health care system. And and and very unfortunately, you know, black pregnant people experience some of the starkest inequities here in Wisconsin and and comparably across the country. So we're incredibly concerned about this.

[00:41:58] **Speaker 4** I will just echo that in Wisconsin, like many states across the country, has at least a three fold higher rate of maternal mortality for black women compared to black women. And Milwaukee has the highest rate of infant mortality in the. Of any location in the state. So it's it's already a huge problem. And because there is. Such a narrow exception to the law that for individuals who already have health challenges, that would make their pregnancy a higher risk. You know, there are just going to be so many barriers for them to access abortion if that's what they choose to do, because they feel like that is the best option for themselves and the family that they already have. You know, there is an estimate with abortion. Lack of abortion access. If Roe was overturned that nationwide, we could see a 20% increase in maternal mortality. So the risk to people's lives is is real and this lack of access will inflict harm. The huge concern.

[00:43:40] **Speaker 1** Thank you. I have had two other things come across briefly. One to clarify and anyone can speak to this that we have do we have partnerships with other health care providers outside of Illinois? Will we be referring patients to other health centers besides Illinois?

[00:44:02] **Speaker 2** Absolutely. We have partnerships both regionally, internationally and with independent abortion providers, as well as other Planned Parenthood affiliates. We have strong relationships around the Midwest and certainly beyond, and we will offer patient navigation services and the resources folks need to access care, whether it's in a neighboring state or somewhere further away. I think we really want to center what is best for that patient. Maybe that patient has support systems in Washington State or Colorado, and so it makes more sense for them to go to those places or maybe there's a gestational limit and they can't get in soon enough in Illinois. And so we help them find an appointment in Minnesota, even though that's geographically further away for them. So really, we are committed to using the fullest extent of our resources and networks to get people the care they need.

[00:45:14] **Speaker 1** Thank you, Michelle. And one other point of clarification that came across. Can you please clarify the role of the patient navigators that we have recently put into place at Planned Parenthood?

[00:45:32] **Speaker 4** So the the role of the patient navigator is going to be really crucial at this point in time. And we've actually learned a lot of lessons from the experience in Texas with SB eight, where patients had to seek care outside of the state. So the role of the patient navigator is to meet with the patient and work with them to. Well, find the location that works best for them where they can access a safe, legal abortion. One tremendous barrier, obviously, is the cost because most of these individuals have to pay out of pocket for these services. And we know at least half of our patients live in poverty. So we were. The other goal of a patient navigator is also helping patients access funding to obtain the care that they need. In addition, that's a little different from the patient navigator. We here at Parenthood are also seeing patients seeking abortion to assess them and evaluate them, and that might include performing ultrasounds. We know from Texas that one in five women who traveled out of Texas to seek care when they arrived at the center, realized based on their gestational age that they could not access the service that they wanted to service to seek. So, again, Planned Parenthood are going to be here for them to evaluate their early pregnancy, help them navigate, to get the care that they need, and then being here for them afterward, for whatever aftercare that they. Require.

[00:47:49] **Speaker 2** I would just add to that that some of those roles have already been taking place at Planned Parenthood even prior to today's ruling. Of course, now it will be needed to a much greater extent. But people in Wisconsin already face hardships in seeking abortion care than prior to today's ruling. You know, often driving long distances, having to have enough time to take off from work and the funds to do that, etc.. And so PWI already has funds that is, that are used for for abortion care, whether it's transportation or the procedures itself. But of course, now the role of the patient navigator is even more critical and will be needed to a much greater extent.

[00:48:41] **Speaker 1** Thanks, Michel. I think that for now completes the questions that have come through. I am going to just turn it over to Tanya Atkins to see Atkins and to see if she has any final thoughts that she wants to share.

[00:48:58] **Speaker 3** Thank you all again for for joining us this afternoon and and for your thoughtful questions. You know, I think the the the main the main thing that I want to share, I will repeat again, if somebody needs an abortion in Wisconsin, we really encourage them to please reach out to Planned Parenthood of Wisconsin. And as you just heard, we can provide some of that care and we can also help people navigate. And and the final thing I would say is that plan here in Wisconsin's priority is the health of the people of Wisconsin. And we will absolutely never give up. Not now and not ever. Thank you.

[00:49:43] **Speaker 1** Thank you. That concludes today's call. Thank you, everyone, for joining us.

[00:49:51] **Speaker 5** Recording stopped. The recording has stopped.