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[00:00:00] **Speaker 1** A standpoint or anything is just simply going to be this is what's happening and this is how it's impacting the manpower in health care in my area happens to be medical imaging. So I can tell you a little bit what's happening. Has it gotten better? I will share you. It has gotten better. So I will show you. I'll give you a heads up on you get there. Okay? Yeah. All right. All right.

[00:00:16] **Speaker 2** Well, okay, I guess let's start with give me a little bit of a background on your profession, how long you've been in it. And for people that may not have too much familiarity with health care, what it actually it is.

[00:00:25] **Speaker 1** Okay, Well, I've my specialty is radiologic technology, radiology. So in the current climate, it's basically medical imaging because medical imaging encompasses more than just X-ray. Now we've got we've got ultrasound, we've got magnetic resonance imaging, we've got DEXA. There's it's a it's a fairly broad profession. And the umbrella is basically medical imaging. But I got into radiology in the early 1970s. I did my undergraduate education at Chicago Medical School, and then I came up here in Green Bay in 1975 to teach and to run a program at Bell and Hospital at the time. So my background has really been focused on the educational side of of medical imaging. And then I entered into the the business and marketing side of it as a sales representative and a district manager for a major vendor. I did that for about 23, 25 years. So I've been in the profession for a long time. I'm still actively working in the profession. I retired about six years ago, but as my wife would say, frankly, Randi, you need to go back to work to slow down, because I am busier than ever is on a variety of fronts. And a lot of it has to do just with the medical imaging environment. So that's kind of how I got into it. I will tell you that again, I've been in it since about 1972. This has been an incredibly great ride for me as an individual, but also for me and my family. I cannot thank medical imaging enough for what they've brought to my life, the people I've met and the impact that we've actually had on, you know, helping people succeed in life and improving the lives of others. And that's really what we're all about. Now, radiologic technology is is historically always been referenced as X-ray, but we are technically radiologic technologists and the the state of Wisconsin, I think it was in 2010 actually passed a piece of legislation. It was a bipartisan piece of legislation. It was called Act one or six, and it established a state licensing process for X-ray machine operators because prior to that, anybody could take X-rays in Wisconsin. So through the legislative process, I think the logic of the whole thing prevailed and people began to understand, well, if people are taking X-rays, they should have some level of minimal competency and it needs to be demonstrated. So that's what actually established the the state licensing process for X-ray technology. And that legislation created a radiography examining board, which we typically call the RFP. It's a seven member board. There are three radiologic technologists from the general community on it. There is a radiologist that has to be on it, a medical physicist is on it, and then two public, just general public representatives that have no connection to medical imaging at all. In fact, currently right now we're looking for to just two general public interest members to that committee to fill the vacancies. But the radiography examining board essentially deals with the the licensing of people who want to take X-rays in the state of Wisconsin in the medical arena, the dental industry. This does not apply to the chiropractic industry. It doesn't apply to the pediatric industry. It doesn't really apply to the veterinary industry. It doesn't apply to even all they all use X-ray. We're really dealing with the medical community specifically with regard to what the radiography examining board does so that the establishment of the RFP really is put together kind of a benchmark in terms of of minimum qualifications to take X-rays in the medical community with regard to radiologic technology. So because of that, I'm I'm a member of my state professional society, which is the Wisconsin Society of Radiologic Technologists. In fact, I'm on their legislative committee even to this day. And our role is really to to promote the profession in terms of continuing education and maintaining minimum competency so that people who are having X-ray studies done in the state of Wisconsin can be assured that the people that are taking those X-rays know what they're doing. And that's really what the focus of the organization is. So I hope hope that answers your question. Yeah.

[00:04:45] **Speaker 2** So since in that that time span, have the the requirements been changing or are they constantly being updated with the new technology coming out and talked about continuing education? So has it become a different process than. Someone who might have become certified in 2011 or 2012?

[00:05:03] **Speaker 1** Well, the process is about the same. What's really unique about it is we have a national certification organization called the American Registry of Radiologic Technologists, the A.R.T.. They are national in scope. They've been around since the 1950s and all radiologic technologists that go to school to learn this particular skill and profession. The minimum education is two years. It has to be an associate degree now. So almost all of the technical colleges here in Wisconsin offer a RADIOGRAPHY program. And then once they complete that program, then they can apply to take the A.R.T. board examination. And once they pass that exam, then they are considered a registered radiologic technologist. The beauty to the legislation that was passed in 2010 was that the state understood the logic of rather than duplicating this, this, you know, this extensive and laborious certification process. Let's just recognize the industry standard. So they basically provided reciprocity with regard to the A.R.T.. So anybody who is A.R.T. registered then provides proof of that registry to the state and the radiography examining board. And then once that is accepted and all the T's are crossed and the I's are dotted, the blanks are filled, folded properly, then the state will award a state license. So I am a licensed radiographer for the state of Wisconsin, but my license really falls back to the fact that I maintain my A.R.T. certification. And in order to maintain that A.R.T. certification, we as technologists have to do 24 hours of continuing education on a two year biennial. So we are staying up to date with the ever evolving technology in this profession through that A.R.T. process and the fact that the state honors that and provides a reciprocal certification through that process. So I think you can see the logic of doing something like that. And frankly, it has served the Wisconsin communities extremely well with regard to that.

[00:07:14] **Speaker 2** So people have been following the stories with dismiss and licensing problems for me, basically since post-COVID or the beginning of that. But are they missing part of the story? When did you first start noticing you're hearing that there were some issues in how long it would take someone to get that licensing back from the state?

[00:07:34] **Speaker 1** Well, people, you use the term dismiss. So, you know, the the Department of Safety and Professional Services, obviously, we just simply call them dismiss because otherwise it's a mouthful. We can talk about this, Zach, in terms of pre-COVID and post-COVID, because the pre-COVID experience was markedly different than what it has been the last year or two, particularly in the pre-COVID days, when a student would graduate from a RADIOGRAPHY program. And most of the RADIOGRAPHY programs here in Wisconsin graduate typically in May. That's that's typically the technical college curriculum. Most of the programs in Wisconsin are the two year associate degree. There are a handful of four year baccalaureate degree programs in Wisconsin. In fact, Bellin Bellin College has one. But most of the students typically graduate in the spring in May, and then they will apply for a state license. And in doing so, they also concurrently will apply to write the national Air art exam. So they're kind of hand in hand. And generally once they get the A.R.T. examination under their belt, they then provide that proof to the state. And pre-COVID the turnaround time was running roughly about 15 to maybe 20 days, which was very realistic. So the the student who was then graduating was obviously looking for employment. Many of them often had jobs waiting for them. All it would take is then they would get their state license. They then would take that in hand to their potential future employer and say, okay, I'm licensed by the state, and then they can literally start work virtually the next day. That's what it was in pre-COVID. COVID came along, and I'm sure you're probably aware it changed the landscape for everything and everybody on all dimensions of life, and we're not going to go into that. Okay. So how is it different now? Well, what has occurred is and I don't know if it's just simply the bureaucracy or lack of manpower in Madison with, you know, with this. But it's certainly not the the nature of the discus certification or licensing process. I just think it's a manpower issue and an allocation of resources that seem to get in the way into this process to the point that instead of turning it around in 15 to 25 days, some of these graduates were waiting upwards of 90 to 120 days. Upon graduation. And it created a real problem for the employer community because we had a lot of radiology managers contacting us as a state organization, the WAC t about, you know, I need manpower. These people can't get licensed by the state. And because of that, you know, it's really, really hurting our quality of care, our ability to to get full time employment with these people and to provide the standard of care that we're that we're accustomed to. So the the process was really starting to impact the manpower within my profession. And we weren't the only one that was dealing with that. There were a lot of other professions. I mean, I know nursing was dealing with the same issue. So the we became aware of this, but again, as a state organization, that was our team really couldn't expedite any of this because that really isn't our role. We're a professional organization that focuses on continuing education and the general welfare of the public with regard to radiation safety and technological competence. So we really couldn't do anything in terms of trying to straighten this whole thing out. So we were struggling with what's really going on and we couldn't identify, you know, is it a manpower issue, is an allocation of resource issue? Is it just simply the competency of some of the displaced people, which we I don't think was not even considered really, to be honest with you. And it's not the case. I think it just simply got down to the fact that COVID just basically screwed up everything and it took a couple of years for us to finally figure out this is how COVID skewed this whole process, and it lost its effectiveness as a result of it. So I attended a listening session that the governor had put on here in Green Bay, I think it was back in November or December. I went there just out of general interest, just, you know, kind of see what's going on. It was a chance to, you know, get the governor's perspective on things. And then I ended up selecting a kind of a focus group that focused on health care issues. So as a result of sitting in that focus group, we started talking and I brought up the issue of what's really happening with regard to the health health care manpower issue, not just my profession, but in general. What I did when I brought that up, did that open up a real discussion between all of us in that focus group. So then we began to see that this issue was was beyond just my profession. And, you know, fortunately, the governor happened to kind of come over and actually sat in and listened to our discussion. So I think he could hear firsthand how this was really impacting the people in the trenches. And that's really what we're all about, regardless of what happens in Madison. You know, this this this has trickled down to really impact the people in the in the profession and in the field and ultimately the patients and the doctors that try and provide that care. So whatever happened and I don't know, because I'm not wired directly with the governor's office, but I can tell you that I just ironically had lunch with the chairman of the radiography examining board just yesterday. We typically get together every month or so. We're dear friends. Ironically, we had lunch scheduled and then, you know, you want to come in and do this interview. So it was kind of fortuitous because I could kind of find out what's so what's the latest? Frankly, it's gotten better. He told me that the turnaround time, which used to be running into 90 days, is now back to just under 30 days now. So things have gotten better. He doesn't know why. He knows that that dismiss has added staff. And there is apparently a specific person who has been allocated to facilitating the licensing process. So there is a focus now with regard to that. And I think the net effect is it's starting to shorten that window so that when people when these graduates want to enter the labor force with a state license in hand, they can do so within a 30 day window once they graduate. And that's probably as good as it's probably going to get at this point. Now, the other thing that's happened in the last couple of years is because of this terrible manpower crisis that we've had not just in Wisconsin, but nationwide, there's a terrible shortage on manpower, in manpower on all fronts. You know, this health health care is certainly been one of the ones that's been impacted the most. So it's purely just the economic alternative. We get what are called traveling technologists. All right. Or rent attacks, that's kind of the connotation. And they're basically technologists from anywhere in the country who can come in on a per diem basis, on a contractual basis, and work as a technologist in a department that will contract with them for a prescribed period of time. So that that process has kind of supplanted. In some areas, the the manpower crisis that we've had, the problem that that has created is that when these technologies come in from let's say they come in from Nevada, a technologist wants to come to Wisconsin. They've contracted with a particular hospital to work in radiology. They don't have a state license in Wisconsin. All right. So then they're dealing with getting a state license even to come in as a per diem rental technologist. And that has kind of gotten into the way. I know that there is currently some talk about a transitional licensing process for those types of people. I don't know what the the status of that is right now. I know that it's being developed as a part of the legislation and there's a couple of different iterations of that as far as what it's going to finally look. I look like I will tell you that I've been in this profession long enough to tell you that the manpower, the manpower issues in my field are cyclical. You know, for a number of years we've got more technologists than we had jobs. And then for reasons I don't know if people didn't want to get into radiology. So then we ended up with a shortage of technologists. So then that's when the rent attacks started to come in and fill that void. And then the schools would ramp up their enrollments. More schools were created, so we were producing more qualified graduates to enter the profession of radiologic technology. And then the manpower would finally evened out. And then we'd work that way for a number of years. So it was cyclical. I think a lot of people are expecting this current cycle to undergo what's happened in the past. I don't think that's going to happen. I really don't. I think that this manpower thing that we're dealing with right now is going to be long term. And I'll tell you why. The and we don't we can't say specifically, but you just have a feeling, first off, there doesn't seem to be as much interest in people coming out of high schools, getting into health care. I think it's the COVID scare. They just I don't want to do health care. You know, I don't want the long hours. I don't want to run the risk of getting sick, you know, whatever it is, or there are too many other alternatives than working in health care. All right. I mean, you take just take a look at the starting wage of a at a covers, for example. I mean, these kids are coming out of high school looking at that and saying, well, what I want to go to school for to work two years when I can start making this. So that I think has kind of drained some of the people coming out of the high schools that that could potentially get into health care and nursing is dealing with the same thing. You have that plus you have less students graduating from high schools. I live here in Green Bay, and I can tell you that the Green Bay School board right now is struggling with closing schools, as I've heard, as many as eight possible school closures in Green Bay. They haven't made the final decision, but I know they are really wrestling. We we don't have enough students to put in the classrooms. So at some point we're going to have to consolidate these schools somehow. I don't know what the final decision is going to be, but I think it's just reflection, a reflection of what's going on. So we have less students entering our labor force, potentially, we have less students graduating from high school. I think it's a combination of the families are getting smaller and all of that kind of coming together along with there's a lot of us baby boomers that have been in medical imaging for a long time that have finally hit retirement. So you have that dynamic going on with the fact that less want to get into it, coupled with the fact there are less available to get into it because the family sizes are smaller. So I think this manpower thing is going to be going on for a long time. I really do. It is not going to be cyclical like it's been in the past.

[00:18:42] **Speaker 2** The demographic issues, I mean, they're everywhere across all sectors of the economy. And health care sometimes is more noticeable than if you can't get a restaurant to serve you as fast versus if you can't get into a hospital and get medical care.

[00:18:56] **Speaker 1** Oh, yeah.

[00:18:57] **Speaker 2** Well, yeah, there's a there's a big difference there. Does that more likely to increase turnover though as though because someone will say, well I can get offered five bucks more here or I can go out of state, I can do something different, people just get disgruntled and instead of well, I'll stick it out and stay here. I've been here five years. It's more likely that they're going to move on every few years as opposed to making a career to place.

[00:19:18] **Speaker 1** No, I don't think that dynamic really happens within radiology. The people that get into radiology get into it, because first off, they love the technology and the patient care aspect. So the people that get in radiology, once they get into it, they generally stay in it. We don't get a lot of job hopping in this field. And I can tell you that the employers are incredibly sensitive now to holding onto the employees that they've got. So anything that they can do to improve the quality of that working life to retain these employees, I'm telling you, they are doing they're they're going to incredible lengths now that perhaps they wouldn't have done maybe ten years ago to hold on to that labor force that they got because they know that it's a dwindling label, the labor force with. A very highly skilled and experienced talent. And, you know, you can't duplicate that, you know, in 90 days. You just simply can't. So there's not a lot of job hopping going around like there is perhaps in some of the other parts of the labor sector where you can go from this restaurant to this restaurant to, you know, you know, that job hopping does it. Is it really happening with regard to us? What is occurring, though, is that for the people that are working, they're not working eight hour days anymore. I mean, most of them are working ten, 12 hour days, you know, five or six days a week, and that there's a lot of burnout. So a lot of people in my field are really questioning, you know, I can't keep doing this, you know this. When are we going to get more people? When are we going to get more staff? Historically, when that message was kind of heard by the educational community and radiologic technology, the schools of ramp up enrollment, well, they can ramp up enrollment now. The problem is they don't have enough applicants coming in. And I'll share this with you just to give you a couple of examples. At the local technical college where I teach the RADIOGRAPHY program there for many, many, many years had a waiting list to get in of up to 5 to 6 years. So when an Apple, a student or a high school graduate would apply, they would be basically put on a waiting list for sometimes as long as five years. Same thing happening with nursing. I found out within the last less than a year and a half the waiting lists are gone, including the nursing program, which means that these, you know, these waiting lists that were had been preexisting for so long, they're just simply not there anymore, which is a reflection of the fact that we're not getting as many applicants. And, you know, what's happening at this technical college, I think is representative of what's happening at some of the others around around the state with regard to that. So, again, it goes back to the dynamic that I explained before. This is a totally different process now, and I would hope that the state and this piece could begin to understand this and become sensitive to it and somehow make sure that when and when when a graduate applies for that license, we can turn that license around within a reasonable period of time. And I will tell you personally, I think a 30 day window to turn around is is realistic. 90 days is not 90 days gets in the way of of their contribution to the labor force. And obviously the quality of patient care that these hospitals and medical settings are trying to provide.

[00:22:32] **Speaker 2** When you separate what's happening at the ground level up here, when you talk about in the trenches versus the political arguments that are happening in Madison around this issue, what is the message from here when you see the political sides trying to score points off this versus the just fix it mentality? I mean, is there a well, is it a frustration level? Is there anger or what? What are you sense from them when you hear like when you say this is the problem we're having and what we get back is, well, it's their fault. No, it's their fault.

[00:23:02] **Speaker 1** Well, that's a great question. But I will tell you, that's been going on since the beginning of political time. You know, the left blames the right. The right blames the left. I don't care. All I know is that this is the net effect. So we got to straighten this out collectively. Generally speaking, Wisconsin, when when things finally get bad enough, cooler heads prevail. And then there is a lot of collaboration to finally, you know, make that happen, whether it's through the legislative process or through intervention, through the governor's office. You know, your guess is as good as mine. But I can tell you that if this continues, that, you know, one side blames the other. It still comes down to the fact that you have to identify the nature of the problem and allocate resources. And it is an allocation of resource issue. There's just simply not enough manpower and or money allocated to disperse. I think in order to facilitate this process. Now, is it an inefficient department? I don't know. I'm not I'm not I'm not in the position to judge or evaluate anything like that. And it doesn't really matter. All I can say is I think that the certification process in Wisconsin, the licensing process in Wisconsin, needs to understand the dramatic change in the labor force that's coming into it in the in right now and in the future. And as I've said repeatedly, this is not going away. This is not a cyclical process like we've been accustomed to for the last 30, 40 years.

[00:24:36] **Speaker 2** So every applicant needs to pay a fee to the state. Yes. Dismissed. Says they're not allowed to keep all of the revenue from those fees to fund their budget. That a portion of those fees go into the state's general fund and that this bill is restricted to what the legislature says they can spend, which in a way sounds like. Those license fees being paid by people trying to enter your profession are subsidizing other areas of the state instead of subsidizing them getting the licensing process faster.

[00:25:12] **Speaker 1** That's the reality. I can tell you that when the legislation was passed in 2010, that was never the design. The fees that were collected as a result of the licensing process were intended to support the licensing process, period. I mean, what they have done with that money, you know, to kind of rob Peter to pay Paul or left pocket, right pocket thing. That is purely the political process that you and I cannot begin to eliminate. We're not happy about it. But does the average radiographer here in Wisconsin, does the average license radiographer in Wisconsin understand that there is this, quote, robbing of money from from disperse for this or that? I don't think they understand that. All they know is when I want my license, I need it. Now, the other dilemma we have, too, is that we have to re-up our licenses in Wisconsin every couple of years. So in addition to new people entering the labor force to get a license from the state, we also have renewals that just simply compound the problem. I do know from what my contact with the radiography examining board told me is that the focus really is on new licenses more than it is relicensing because the people that are licensed already generally can still maintain employment with that license as long as it hasn't reached the point of expiration.

[00:26:34] **Speaker 2** So if they do it in time, yes, it's not an issue.

[00:26:37] **Speaker 1** So the onus you should know the onus for renewing your license still falls on me as a professional. The state is not going to contact me and say, hey, your license is coming due. You know, you need to send in the paperwork and send in your fee. The state's not really doing that and they don't need to. As a professional, we have that responsibility to maintain that ourselves. And the same thing happens with regard to our national certification through the air as well.

[00:27:02] **Speaker 2** So how much does it cost?

[00:27:03] **Speaker 1** It's a I frankly, it's I just did it a couple of months ago. I don't remember. But I can tell you the fact that I don't remember, it tells me it's not a huge amount of money. I mean, it's not it's not hundreds and hundreds of dollars. It's really a nominal fee. A nominal fee. I it's I don't know. I really not. The fact that I can't remember tells you it's not a huge amount of money.

[00:27:25] **Speaker 2** And it's not like upping the fees needs to be part of the equation because it doesn't sound like the amount of money being brought in by the fee process. Is the problem.

[00:27:33] **Speaker 1** Here. No, no, I don't think that's it. I think it's just simply an allocation of resources in Madison. I just don't think they're appropriating the money where it needs to be as it was intended. That's the way I see it. Now, again, I'm not in the trenches in Madison, so I don't know what's going on politically, you know, in the Capitol dome. But I mean, I've been around long enough to tell you, you know, things are just not the way they're supposed to be working, at least the way it was intended. And it can't keep going on like this. But again, the dismissed has done a much better job. So we've gotten that window down from 90 to 120 days now to about 30. Okay. If it stays like that, I think we're going to be okay. The bigger issue is what are we going to do about getting the labor force to to fulfill the needs of the medical community in the years ahead with a dynamic that seems to be coming down the line.

[00:28:23] **Speaker 2** So in that window of time where it was taking 9220 days, were there candidates who were then applying to other states and possibly leaving the state for work altogether because they could get licensed elsewhere faster?

[00:28:37] **Speaker 1** I can't speak to that specifically, but that dynamic wouldn't surprise me if that dynamic occurred, because some states don't have licensure between all of the 50 states and territories. I think about half of them have state licensure. Wisconsin being one of them, but a lot of states don't. So so in order to get employment and if licensing is in the way of that, would some of those students or graduates leave Wisconsin go somewhere else? Yeah, that was probably some of that. I don't think it was a huge amount, but that was probably some of that. So that drained our labor pool, I suppose, to some degree. I don't have hard numbers on that, Zach, but I would be naive to think that it wasn't occurring to some degree.

[00:29:17] **Speaker 2** And presumably there's got to be some rent attacks that come from Wisconsin to travel elsewhere to do work.

[00:29:23] **Speaker 1** Oh, yes. Oh yeah, yeah. Generally speaking, if you want to look, if you own a license in Wisconsin, you can usually practice in another state as a result of a kind of a transitional type of a licensing award. That's you know, there's some degree of state reciprocity with that, but it's going to vary state by state because, frankly, to a lot of the states, it's a money issue. You know, if you're going to practice radiography in my state, you need to pay the fee is and then is that fee paying that fee and getting that license getting in the way of getting their employment? Again, I would be naive to think. If that's not occurring, it probably is to some degree.

[00:30:03] **Speaker 2** Well, we've covered a lot of territory. Is there anything else that you want to add on this?

[00:30:09] **Speaker 1** I'm encouraged by the fact that it's the window has shrunk from what it was even back in November when you and I first met back in November. It was 90 days and it was it was killing some of these radiology departments. I'm dear friends with a couple of radiology managers within this area. And it was a constant, you know, conversation. You know, I can't get techs, I can't get techs, I can't get techs, you know, And right or wrong, you know, they were blaming the state for some of that just because of that certification process that I'm encouraged by the fact that that has gotten better. But, you know, the one thing I'd like to leave you with is people I don't think people realize, you know, at least 90% of the people who come into the medical setting for care come through medical imaging. And that's just the way it is. That's the standard of care, because physicians typically cannot treat a patient unless they have a diagnosis. Well, we're we're that diagnostic portal, so the demand for us is ever present and going to continue. And I'll tell you why, because the technology in this field is at a breathtaking pace. The stuff that we are doing now, I wouldn't have even dreamed of, you know, 5 to 7 years ago. All the stuff that's coming down the road would blow my mind sitting here today. So that that constant change in technology, which is what you want, because as the technology improves, the standards of care improve and the quality of life improves. And like it or not, I personally believe that the best level of health care in the world is still the United States of America. And it's because of this this drive that we have to improve diagnostic medicine to improve the outcomes with regard to these patients who come in with these disease processes. So it's ever present for us. And I think the demands on the labor force are also going to be there. I will also share with you that. There is an economic side to this. There is a business side to this that the business community, the vendors, the manufacturers of this equipment understand that if if if there are not enough technologies to provide the technical expertise, then we will design the equipment to start doing some of that for them. For example, artificial intelligence, A.I. is getting to be a big part of medical imaging. It has been in the radiologists reading room down in the radiologists reading room now for probably about 5 to 7 years. So the radiologists at first were threatened by it terribly thinking I'm going to be out of work, you know, that this computer is going to read X-rays for me or read my CT images. Well, we know that that really hasn't happened, and it probably won't. Has it expedited the interpretation process for the radiologist? Yes. Has it improved their efficiencies? Yes. But the radiologists are still in the reading room, reading images. But that AI phenomenon is is going to permeate other parts of the medical imaging environment. So it will probably make our jobs as technologists easier with regard to image review and image quality assessment. So that will probably help. The equipment will become a little bit more ergonomically friendly. So throughput will probably increase with some technological innovation. But to a point because it still takes a human being to put a patient on an X-ray table and position that patient properly and select the correct exposure factors to produce optimum image quality. The computer is never going to replace that. So I think you'll see a response with regard to the vendor community to try and help just because it's just good business. Okay. But it's there is still a strong human component in the patient care experience within medical imaging. Always will be. Robots are not going to position patients and render general patient care. That's not going to happen.

[00:34:18] **Speaker 2** So just want to make sure I understand a statistic. You said so 90% of all patients that is at an entering hospital, entering emergent care.

[00:34:28] **Speaker 1** And entering the medical setting, it could be an outpatient facility. It could be it could be an inpatient facility. Generally speaking, the and and I'm I'm throwing out that percent number based on what I've been told over the years. And I don't think it's really changed any. We know that you take you take 100 people that are coming into the medical setting, whether it's an outpatient or an inpatient or an E.R. or whatever. About 90, 90% of those patients are at some point going to have some type of diagnostic study done. That could be a simple X-ray, could be an ultrasound, it could be a CT scan or, you know, a complex MRI scan. It could be a radionuclide study, it could be a pet. A it's yeah. So and that's that's generally been the case. And that's that's not going to change. In fact, actually, you take a look at, you know, just the general health of the population in the United States, I think is getting better. I mean, look at the obesity rates, cancer rates. That's just again, the and then you've got the influx of of the immigrants that are coming in from around the world. They're not coming in. A lot of them are not healthy. They're going to need health care at some point. So you have that infusion as well. So but I think 90% is probably pretty accurate number, frankly.

[00:35:49] **Speaker 2** Good. I want to make sure I had the context for that. Yeah. Yeah.

[00:35:52] **Speaker 1** And anything else?

[00:35:54] **Speaker 2** Can I get you to say and spell your name and do what do you want? Do you want to use to the organization with your as a title or would you prefer to be retired now, radiological technician or.

[00:36:05] **Speaker 1** Well, okay. So the name obviously is Randy R&D y Griswald, Griles w o ld. I am a registered radiologic technologist and I'm with the Wisconsin Society of Radiologic Technologists, which is our professional organization. I am retired, but not I am a consultant. I am a contributing author to several textbooks and lecturer nationwide on all kinds of topics. So I'll just say that I am actively involved in the medical imaging community. Okay, fair enough.

[00:36:40] **Speaker 2** Sounds good.

[00:36:40] **Speaker 1** Anything else?

[00:36:41] **Speaker 2** We're good.

[00:36:42] **Speaker 1** Is this what you expected?

[00:36:43] **Speaker 2** That was good. Yeah. This is what I wanted to hear. I, I like coming to these and feeling like I learned something. That's sort. That's right.

[00:36:52] **Speaker 1** All right. Can I get a.

[00:36:53] **Speaker 2** Little bit of room to. Oh, sure. So if we just want to be quiet for a second, he's going to record the sound of the room.

[00:37:00] **Speaker 1** And 30 seconds room tone starting now.