

# Ep24

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## SUMMARY KEYWORDS

lyme, healing, ozone, immune system, body, patient, part, spirochete, guilt, find, talk, trauma, shame, test, absolutely, physician, energetics, carol, happened, treatment

## SPEAKERS

Carol Ritberger, Mary Louder

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- C** Carol Ritberger 00:00  
Hi, Dr. Mary Louder here. And welcome back to Since You Put It That Way, Cosmic Health and Wellness, this is Lyme Disease, part two, I should call it act two, because you'll see in act one, Dr. Carol Ritberger took on the role of the spirochete. And so that was a great episode for her to go through and discuss how the spirochete and the bacteria work in our body and its evolution and the evolution of Lyme disease overall. So part two, we delve into a little bit more on treatment. And we delve into how you can find a great physician and how to avoid pitfalls in treatment that might be leading you down the wrong way, how to really find good care. So we have a little bit of discussion about that as well. So thanks for returning back to part two of Lyme disease, Since You Put It That Way, Cosmic Health and Wellness with Dr. Mary Louder and Dr. Carol Ritberger. Enjoy the episode.
- M** Mary Louder 01:06  
Now. Talk about a little bit, let's talk about the coinfections. Let's talk about the viruses. And then the other things like the Ehrlichia and the Bartonella that come along with Lyme. Is this just like a gang?
- C** Carol Ritberger 01:22  
Correct.
- M** Mary Louder 01:26  
We talking a bacteria mafia here, that's just not good.
- C** Carol Ritberger 01:31

I'm showing my age. It's like Spanky and the gang. It's like, it's Spanky just goes like, everybody just goes everywhere. It's like, yeah.

M Mary Louder 01:43

So talk to me a little bit of why we see that in some folks, but maybe not in other folks.

C Carol Ritberger 01:51

I, well, so for me, it has to do with the well-being of the immune system, just that simple.

M Mary Louder 01:59

Makes sense.

C Carol Ritberger 02:01

And if someone's immune system for whatever reason, is weakened or compromised--and that can be an autoimmune disorder, whatever it may be, or disease--in that particular case, I think that those opportunistic little piggyback coinfections are going to become active. And there's something that's interesting with those is that because, like the Bartonella and the Babesia, that what it does is that they actually mimic, in many ways, what Lyme is, what the spirochete is, and what it does. So if someone is, and correct me if I'm wrong, but it seems to me like it's almost easier to be able to test for coinfections than it is for Lyme. Is that accurate?

M Mary Louder 02:56

Yes, because the coinfections are easily or more easily to be seen.

C Carol Ritberger 03:03

Correct. Correct.

M Mary Louder 03:04

Because the the burgdorferi tends to hide.

C Carol Ritberger 03:10

Yes.

M Mary Louder 03:11  
And so then they, it's like they're, it's like they're in the hideout. And they're calling the shots.

C Carol Ritberger 03:22  
They are.

M Mary Louder 03:22  
And so they're in, hiding out, not to be found. They're, you know, the bacterial warlord, if it were, you know. I'm not sure why I've got all these gangster references here, but I've got 'em going.

C Carol Ritberger 03:36  
Well, it's like, it's like, they're saying like, that now, Bartonella, you go out there and see, do we have an active immune system, what's going on here?

M Mary Louder 03:44  
Right.

C Carol Ritberger 03:44  
And I do believe, again, I know it sounds like Star Wars or something sci-fi, but it really is very interesting and true how they survive.

M Mary Louder 03:54  
Yes. Yes. And when I, when I eradicate them, because that is what you do, I actually follow the body's order of how it wants to eradicate them.

C Carol Ritberger 04:10  
Absolutely.

M Mary Louder 04:12  
And I found if I just decide I'm going to blast them all at once, Oh, hell no. There's no way that's going to happen. And you just create just this horrible reaction in a patient. And I actually have

seen the infections driven deeper in the tissues. And it's a disaster. And then we say, Oh, I have an idea. Because there's heavy metals involved, because those were testing, let's chelate. Well, no, because that upsets the calcium balance, and then upsets the detoxification capacity, that again, these, these bacterias go deeper in the system. And so you can't do that.

**M** Mary Louder 04:56

And so what I have found--so if we talk about a complex patient and let's, let's, let's move into treatment here, because this is where we're going here. We have a complex patient, they typically come in, it's a chronic condition, so it's multifactorial, end of story. And there's going to be trauma involved because it's a complex, chronic--

**C** Carol Ritberger 05:15

Yes, there is.

**M** Mary Louder 05:16

End of story. And you're right, Lyme is what's happened to them. These infections are what's happened to them. There isn't anything any person has done that has caused them to get this.

**C** Carol Ritberger 05:27

Correct.

**M** Mary Louder 05:28

Absolutely not. And the trauma has, has the body's response to a traumatic event that's happened to them. So we've got the energetic patterning of that. We've got the biochemical patterning of that based upon the energetics. Stop me where I'm wrong, Carol? And then we've got--


**C** Carol Ritberger 05:46


No, you're absolutely spot on.

**M** Mary Louder 05:49


--the, the infectious patterns that are then pattern because of the biochemistry and the energetic center there.


**C** Carol Ritberger 05:57


 Carol Ritberger 05:57  
Correct.


 Mary Louder 05:58  
So then the body says, Okay, now we want to get rid of them. But you can't just go, you can't just take one lane. I tap over here, I tap over here, I tap over here, I tap over here. And all these different areas are soft approaches to kind of see where I can get a breakthrough and then begin to get literally a drainage.


 Carol Ritberger 06:25  
Right.

 Mary Louder 06:26  
And then while we're doing that, I say how can we support the cells' immune response for them to find their way back to what they energetically should know what to do?

 Carol Ritberger 06:38  
Right.

 Mary Louder 06:39  
I think the very best way to do that, in--because we're now well into the, the latent, semi-latent, reactive, you know, nefarious stages of all this going on, certainly past the acute where just the antibiotics will do something. The best treatment I have seen, the most effective is ozone therapy.

 Carol Ritberger 07:03  
Yes.

 Mary Louder 07:04  
Now, ozone therapy is O<sub>3</sub>. O--oxygen's O<sub>2</sub>. So you can get these little machines, you use medical grade oxygen into this. So O<sub>2</sub>, that electromagnetically, electrochemically cleaves. The O<sub>2</sub> breaks into O, then that attaches to O<sub>2</sub>. So you get O<sub>3</sub> plus O, that O<sub>3</sub> is exposed to our system a variety of ways. If we infuse it into normal saline, that as soon as it hits the normal saline that breaks up into O<sub>2</sub> and O, and it causes a lipo--yeah, lipoperoxidase and lipolysis and it causes the immune system to respond. You can also do that same thing by applying ozone to mucous membranes. And we use either rectal or vaginal insufflation with ozone gas. Do never,

not ever, put ozone in a vein as a gas. Public Service Announcement, standing up on a very, very big soapbox, never, always must be infused in, in solution. You can take ozone and you can drink the water. You can insufflate the nose with, you know, ozone saline. A lot of things you can do, there are ways to do it, find a physician who's certified in it. Okay, that's that. But when that occurs, there is a bio-resonance with ozone that's noted in the literature. But people, it's like, just states right there. There's a bio resonance that occurs. One statement is in research articles, not much more is said. But that bio-resonance, I believe, is what is training the body's immune system back to a more state of normal healing and health.

**C** Carol Ritberger 08:54

Right. Well, and the immune system has memory.

**M** Mary Louder 08:57

Yes.

**C** Carol Ritberger 08:58

Something that we don't hear a lot about it. I mean, it, it has memory to emotional traumas.

**M** Mary Louder 09:05

Yes.

**C** Carol Ritberger 09:06

Now it doesn't go in and the immune system goes, Well, that happened at three years old. And this was exactly this thing. It remembers that biochemical change that happens in the body. And when that change gets triggered to any degree, even the most minute, that immune system remembers that. So when the ozone, what you're doing is you're basically clearing the slate per se, to where the immune system didn't go, Oh, I remember that. And then it resets itself and remembering that, and then it starts to function the way that it's designed to, based on a person's DNA, based on a person's, you know, genetic, I mean, their heredity of their family illnesses, the foods they eat, everything, and it goes back and it can do that.

**C** Carol Ritberger 09:58

And I was thinking as you were talking about with the ozone and how you go in and you look at all the different components, and you address the different components that's healing, that's not curing, that's healing. And that's and healing is where we end up being better than we were before. And if we really go in and, you know, is, and as patients and the patient-doctor relationship is, is that there's an assumption or assumptiveness that maybe is on both sides. But when we go to a doctor, we assume they're going to heal. And I mean, think about the

pressure that puts on us, think about the pressure it puts on the doctor. And when the doctor can't do that, or can't figure it out, and we think that the doctor just doesn't care. That is not the truth. I work with many doctors that will just literally lay awake at night and spend hours on the computer trying to do the different things. But so what, what we're talking about, and what you're doing, Mary, is that you're saying okay, let's heal this.

**M** Mary Louder 11:16  
Yes.

**C** Carol Ritberger 11:16  
Let's go in and let's look at it cosmically, let's look at it holistically. And let's listen. Part of the healing that comes with anything in the physical body that perpetuates anything that is abnormal in the body, is the fact we're not heard. That's an ongoing issue. And so healing is listening, asking the questions and doing the things. The other thing that I found, when working with people, in working with spirochetes, and then also the coinfections, I go back, and I know it sounds very simple, and we hear it all the time, food is the best medicine. And so what can we do as patients? We can look at what we eat. We can look at, do we value sleep? What do we do to help our body, help our immune system, and create the environment where healing naturally happens, because we're designed that way, versus having to go and do other things in order to heal? And I think that's where I think it goes back to the basics.

**M** Mary Louder 12:24  
It does. It does and, you know, additionally, with the ozone I've used, because there's the coinfections. So I use the patient's own immune system, and I use ultraviolet light.

**C** Carol Ritberger 12:39  
Well, look at the frequency look at the energetics of ultraviolet light, and how the body responds to it.

**M** Mary Louder 12:45  
Exactly. And so eradicating and giving the blood a treatment. There's herbal based treatments, there is binders that I use, because when the toxins, including the bacteria and the different viruses, and the coinfections, are released from the cells in different tissues, they have to be bound, so they can be--you know, they need an escort. We get to--

**C** Carol Ritberger 13:14  
Best--absolutely. They need to be shown the way.

M Mary Louder 13:16  
That's right. So we chauffeur them right out.

C Carol Ritberger 13:20  
Exactly.

M Mary Louder 13:21  
And so, and then at the same time, I think one of the keys is the mitochondrial support.

C Carol Ritberger 13:29  
Absolutely.

M Mary Louder 13:31  
And going back to that mitochondria, because it's driving protein synthesis, that's interacting with the DNA.

C Carol Ritberger 13:39  
Yes.

M Mary Louder 13:40  
That's interacting with the other organelles. That is taking and, you know, producing energy through beta oxidation. And so you've got your, you know, your, all your fat pathways, as it were, in the, you know, just the long term energy production, and in cellular repair and cellular respiration. And I think with the emotions, what I find is, when I identify and hear those emotions, and hear those traumas, I then attach it to the diagnosis.

M Mary Louder 14:22  
Absolutely.

M Mary Louder 14:23  
Because often part of the reason for the entrenchment of that emotional pattern or of the trauma within the body's because they weren't heard. We know the research shows very



clearly if a trauma occurs, and in the acute sense the person is tended to, not that big of a deal. I mean, it's a deal, but it's not that big of a deal. It's that there's continual trauma at the hands of the perpetrator, or the people who don't understand, or the environment they're in, you know, and so that changes it. So we go back and we change those patterns. But by attaching that, you know, all trauma causes us to disconnect, dissociate, when we reconnect through self compassion and connection, then what that does is that then clears the pathway energetically.

**C** Carol Ritberger 15:19

Absolutely. I found as a medical intuitive, there's a consistent, the consistent emotion of guilt is something that just shows up all the time when it comes to Lyme. And again, because it happens to us, then we feel guilty that we do--maybe we love going out in the woods and stuff, and then now we feel guilty that we went out in the woods. And now we're somehow being paid for that or whatever, or we feel guilty because we can't heal it, or we feel guilty because we can't figure out what it is, or whatever it is. And for me in the energetics of guilt is they basically take in, it's like taking a cell and wrapping it in a--I'm going to use the like a tape, just wrapping it in something and compressing it and compressing it and compressing it. And so now the cell has the vitality inside, but the emotion of the guilt is so strong, that it's like it can't break that tape apart.

**C** Carol Ritberger 16:21

And so when we get to the place where we look at it from the psychological part, and we look at guilt, I mean, my goodness gracious, this is human emotion that we experience sometimes even within minutes after we're born. You know, maybe we cry, well, we're supposed to cry, but don't cry. It's just it's just unbelievable the ramifications of that. So I think when we're looking at the over part, especially the mitochondria, I think that we it's not therapy, we don't need therapy. But it's like, guilt be gone. What can we do to help the person?

**M** Mary Louder 16:57

So then guilt, okay, close cousin is shame. So guilt is--

**C** Carol Ritberger 17:04

Absolutely.

**M** Mary Louder 17:05

--I did something wrong. I'm a good person. Shame is, I'm a bad person. And--

**C** Carol Ritberger 17:12

The two happen, the two are so closely aligned. And they're aligned chemically in the body, the

way the body responds. They're chemically related the way Cortisol is released. And when we go in, and it goes from like, I feel bad, to I am bad. Now in the world of Lyme and coinfections and even viruses. Now, it's a perfect place. Now it's a perfect setup in the human body for things to do what they do. So that's one of the things I've found.

**M** Mary Louder 17:49

Yes. And so, yes, so I treat both the guilt and the shame, but I find the shame being a little more... recalcitrant's not the right word, but leading. Leading. And then and guilt when I explain it, they tend to go, Oh, Yeah, I can let that go. But it's the shame that tends to have a little bit deeper thumbprint on that.

**C** Carol Ritberger 18:09

Well, and we carry the shame in vital parts of our well being and the organs and the glands in our body, we carry that shame and into the deepest core of who we are. And it gets, it's a-- shame for me, I've found as a medical intuitive, the way I explain it, it's like the way an oyster makes a pearl is that we can feel guilty, and then we go from feeling bad to being bad. And that's like that little irritant in that oyster shell. And then over the course of time, it gets built on and built on and built on and built on to the point where it almost becomes so beautiful, like a pearl that we forget there's a core to it, that it started out as an irritant. And then when we start to look at shame that way, then we can start to understand the layers to it. And then how do we--which layer? Do we start on the outside? Does it make any difference? Do we start on the inside? I don't think it makes any difference.

**M** Mary Louder 19:14

Oh, I don't think so. I--no, because I--I clear it out by using phrases such as all the times and ways.

**C** Carol Ritberger 19:23


Absolutely.


**M** Mary Louder 19:24


And it depends on if I'm dealing with this lifetime, with the DNA, with generational, I just put the whole phrase together and then I make the thread as I call it and put it through the immune system, present it to the nervous system because the nervous system goes, oh, I remember. Thank you. I can actually process that. You said it, you gave, so it's like starting a zipper. You know after you start the zipper, you don't stare at it. You continue chewing your gum and walking and going outdoors. Right?


**C** Carol Ritberger 19:53


 Carol Ritberger 19:53  
Right.


 Mary Louder 19:54  
You don't pay attention. But to get it started, you have the right get-go.


 Carol Ritberger 19:58  
Yes.

 Mary Louder 19:59  
And so the same thing with this when you present this to the immune system from an emotional standpoint, it says, Oh, thank you. I got it.

 Carol Ritberger 20:06  
Absolutely. And then, and then it's, and even the mind, whose job is to keep us surviving, and who uses these emotions to keep us surviving. It's like when we say, Okay, well, I recognize that then the mind goes, Okay, well, they recognize that I can go do something else. And what does that do? That lets the body that chemistry, the dynamics, the natural balance of harmony and energetics. It--everything remembers, like, Oh, this is what I'm supposed to be doing. This is the way I'm supposed to be healing. You know, you said something that I think--when we were asking about the purpose of the spirochete, I, you use the word generational, and we use that a lot with us. And if we went in, and we could see the spirochete, it's generational. Everything is generational. That's evolution. And if we can look at the spirochete, as an always-evolving bacteria, and what we can do is we can eradicate it. And I do believe in these case we can, is we just have to change the generational pattern the same way we do as humans.

 Mary Louder 21:18  
Yeah. Yeah. Well, and I think that's what we're trying to do in our healing approach now.

 Carol Ritberger 21:27  
Absolutely.

 Mary Louder 21:28  
It's looking at--

**C** Carol Ritberger 21:29  
Healing, healing being key word. Absolutely.

**M** Mary Louder 21:33  
And I agree fully, it's not just putting someone into remission. I have literally seen my patients healed of this.

**C** Carol Ritberger 21:41  
And better than they were before.

**M** Mary Louder 21:44  
Yes. Yes.

**C** Carol Ritberger 21:46  
And when you're not heard, that seems impossible.

**M** Mary Louder 21:51  
Yes.

**C** Carol Ritberger 21:52  
And then that shame comes up and that little core and so yeah.

**M** Mary Louder 21:58  
So then, you know, moving in, as we kind of just touched on some of the treatment principles. I think, what, what I want to step into for just a minute to as we wrap up this topic online, is going to be how do you find someone who knows what they're doing? Great question. So I'm gonna have a couple quotes here.

**C** Carol Ritberger 22:22  
Good.



M

Mary Louder 22:25

First of all, as a physician, I have a public service announcement. You want to find someone who knows what they're doing, right? And I call it a public service announcement and an offer. Also, if it walks like, talks like, sounds like, looks like, it probably is. I'm going to finish the sentence: a quack. Watch out. Now if we use the word quack and look at it from a noun, standpoint, that actual definition is the following: a fraudulent or ignorant pretender to medical skill, a person who pretends professionally or publicly to have a skill, knowledge or qualifications that he or she does not possess. I have to say something about this because of the social media influencers, the social media--everything you can find out in our online world, that people don't know what they're doing. Now. Generously, I say this, that physicians are trying their best. Generously, I say this, some physicians miss the mark. Generously, I say this, that some physicians are not listening, and some physicians are just exhausted, yes, I get all of that. I know our system's broken. I know we need changes. I understand that. That's why I'm doing what I'm doing, even today. Okay, I get that.

M

Mary Louder 23:48

So, and I know Carol and I, when we talk to one another, we're essentially in the choir, and we're preaching to one another about this, so we get it. And some of our listeners do, but there are some that might be new, but I want to make sure to really lay out, I also have firm boundaries and who gets to do what for patients.

C

Carol Ritberger 24:10

Oh, absolutely.

M

Mary Louder 24:12

And if you're not--if you're one of these, I try and say this very, very carefully, Functional Medicine providers, please find out what certification that individual actually holds. The word provider in the Webster's dictionary and yes, I'm using quotes from Webster's and the unabridged dictionary is a prefer--is a person who has a high professional standard within a profession, typically medicine. So--or an attorney, or an accountant, they are a professional, they have a license. So I really say be very careful who's doing what, because people have come to me after spending thousands of dollars not getting well. And then when we diagnose them and actually begin to treat them, they go, I can't do this because I don't have any resources left. And it's really hard to pick those pieces up. It's very difficult.

C

Carol Ritberger 25:17

Yes, it is.

M

Mary Louder 25:19

And then also the trust. Why should I trust you, when you? You know, people have said to me,

Well, you just did one test and found it. Why should I trust you? I'm like, well, because it was the right test, number one. And I knew where to look number two, and number three, I've been a physician for 30 years. So let's like, and put all that together. Right? Let's just be honest here.

**C** Carol Ritberger 25:39

So I think, I think and I'm gonna jump in, excuse me for interrupting you. But I think we hit on something that is really--you ask a question about the conspiracy part of it. I think that social media has value. But I think exactly what you're talking about is so important. If you don't feel heard, if you don't feel like you can trust the person, if you aren't being able to ask and dialogue and do the different things. They're not the right person. They're not the right person.

**M** Mary Louder 25:48

Or they have an instant cure. And it's, it's thousands of dollars. Right off the bat.

**C** Carol Ritberger 26:16

Yeah.

**M** Mary Louder 26:17

Watch out.

**C** Carol Ritberger 26:18

Absolutely. Absolutely. You know, that old saying if it's too, if it looks too good to be true, it probably isn't. I mean, I hate to be cliches as well. But I think that, you know, all this that we're talking about with the healing part of it is, is that it is important to really trust the person. I, you know, say that if you don't trust the doctor, the pill won't work.

**M** Mary Louder 26:40

Right, that's true. Yeah. Placebo 40% of the time, hyperplacebo 65% of the time it works, even if I'm giving you a sugar pill? Absolutely. The therapeutic relationship infuses up to 65 to 70% healing, I get that.

**C** Carol Ritberger 26:54

Right.



M Mary Louder 26:55

And there are clearly what we're saying today, there are objective tests to finding out whether or not you have Lyme. Absolutely, there are ways through this that don't include or only isolate antibiotics, if you're well into the advanced stage of Lyme. In the perpetuating, you know, the perpetuated state where the antibiotics won't get to it, because it won't, those won't penetrate the biofilm, they won't.

C Carol Ritberger 27:23

No.

M Mary Louder 27:24

It won't penetrate the tissues, they won't. Because if they--they just won't, so we have to treat the body differently, we have to find out a different way to do this. And so I think that that's really important. So things to look at about a physician or provider, you know, depends. What are they promising? Number two, what it--what are you, what are you looking at when you're making my diagnosis? How are you coming up with that? Number three, what's available for you to look at? Can you have, do you have access to the most advanced tests, the tests that even the CDC are adopting? Which are now some of these other labs that are bringing in the better testing past the Western Blot. And who's available for you to refer to, i.e. what's your scope of practice? Right? What are you selling? And what you're selling, is that based on any scientific exploration? What are your credentials? What's your training? What's your success rate? And what are you willing to put on paper?

M Mary Louder 28:25

I'm not saying you can guarantee a healing, but I'm saying what type of informed consent? What type of disclosure? Do you, do you have a reputation you can stand behind and stand up with? You know, and I think those are the things to look, to look for. And the antibiotics are not the be all, end all, the other therapies and other ways to do this. And the key is the accuracy in the diagnosis, which then leads to the accuracy in treatment options. And looking at this from a holistic perspective, and it's going to take time. I mean healing is not a three week event.

C Carol Ritberger 29:08

It's not.


M Mary Louder 29:10

It could take three years, it could take 18 months, it could take 24 months. It could take 36 months.

C Carol Ritberger 29:17

 Carol Ritberger 29:17


Well, healing, healing is participating with your doctor, participating with your practitioner, it's-- curing is going and fix me, fix me, just fix me. But healing is, is that you're involved, you're committed, you will do what you know you can. One of the things is a medical intuitive and the way I look at illnesses is, there's multiple layers to it. And if someone can see one layer that they can relate to, that they can say beyond a shadow of a doubt, I can do that. Then there's healing. That starts the process.

 Mary Louder 29:53

Yes.

 Carol Ritberger 29:54

And sometimes it isn't just the physical body. Sometimes it's something else. It doesn't, and like you say, one size doesn't fit all with it. But I think that it is very, very important. And I think that, you know, a lot of people with insurance, I think it's important, you know, if you're going to work with someone find out what their insurance policies are before you go in, or you, you know, a lot of times with the healers that are out there, and I'm probably going to get in a lot of trouble as well, is that what they offer, is it covered by insurance? So I always say we'll step back and look at what can you afford? And we're desperate, when we hurt, we're desperate. But go in and say, this is what I can afford. What can we do? What is the protocol? I mean, open up the dialogue.

 Mary Louder 30:44

Right.

 Carol Ritberger 30:44

So yes.

 Mary Louder 30:46

Yeah. And so I think that's the key you need a physician or provider who's smart, has good clinical skills, observational skills, trusts their own judgment, intuition, and listens to the patient.

 Carol Ritberger 30:58

Always listen to the patient.

 Mary Louder 31:01





Mary Louder 31:01

Yes. So well, all right. I think after this, world peace. I mean, we got Lyme in the can, right?



Carol Ritberger 31:09

Right! We we know the life of the spirochete at this point in time.



Mary Louder 31:16

Right? Yes. And so our cast today Dr. Carol Ritberger for the role of the spirochete. Evening, the the web and the tale of the Lyme, from a historical perspective. Well, thank you Carol, again for another exciting double-episode here on Lyme, part one and two. And so that's been great talking with you. I think we've got some more fun topics coming up. So I'm so glad that you're a part of this and I look forward to our next conversation.



Carol Ritberger 31:53

Well, thank you. Always, always a pleasure to step outside of the lines with you, Mary.



Mary Louder 32:01

Yes, I used a lot of cranes today and all were outside of the, the lines.



Carol Ritberger 32:08

Oh, you risk taker, you. We all should be that way. Always a pleasure. I really enjoy your knowledge and your clinical perspective and your intuitive perspective.



Mary Louder 32:21

Yes. And the same, and the same.



Carol Ritberger 32:23

Thank you.



Mary Louder 32:24

All right.