Healing vs Cure: Nervous System Safety with Dr. Tom Moorcroft Transcript

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MAPS Webinar Introduction

I've met a whole bunch of people who have been cured from cancer, and they're a-holes. They're miserable. Their family is miserable, they just keep fighting like they used to before the cancer came into their lives.

So they may be cured, from a Western perspective, their disease-free, but they are leading a miserable life, an incomplete person. The community around them, the family feels incomplete.

Hi, welcome to the MAPS webinar series, Healing Tomorrow's Future. We are thrilled to be bringing you this series packed with valuable information and education within our community.

My name is Honey Rinusella and I'm the Executive Director of MAPPS, the Medical Academy of Pediatrics and Special Needs. Within these webinars, we're able to empower clinicians on the knowledge and tools to support patients facing a variety of health challenges.

For more information on MAPS or to register for a conference, please visit us at www.medmaps.org. Thanks for joining us on this journey towards a brighter, healthier future.

Hi everybody, my name is Dr. Larry Polewski. I'm a New York State licensed pediatrician and I am here at the MAPS conference in Charlotte, North Carolina and it's March, 2026. And I have the pleasure today of sitting with Dr Tom Moorcroft.

Hi, Tom. How are you? I'm doing great, Larry. Thanks for having me here. And Tom, you came to the conference this year, as you do twice a year every year.

Right. You gave a really interesting lecture. I am just going to frame it as a question. The basic lecture was on healing and the nervous system response to healing.

And a lot of people don't know what the word healing means.

Healing vs. Cure

They usually hear, I want a cure. Patients come to you about cure, and so two part question. One, what do you do? What kind of patients do see? And what is this dance between cure and healing?

Yeah, it's actually I love the way you frame the question, Larry, because when I started out, you know, I'm an osteopathic physician and fellowship trained in manual medicine.

You know a lot of people familiar cranial psychotherapy that comes out of our osteopathy tradition. And I thought basically I was we were taught that the body has the ability to self regulate and self heal and our job as clinicians.

is to actually seek health rather than disease. And within that, it's like, well, what does that mean? It's, like well I'm a catalyst for healing. I kind of look at the body and go, wow, this is amazing miracle of life that has for millennia been able to function without us interfering.

But over the course of human history, you look at traditions of healing, and they really were looking to find where the body was stuck, catalyze it a little, then get out of the way and support it mostly as it was doing its own work, rather than modern medicine, which tries to do all the work for you, time and place for some of that.

But it's really about reigniting self-healing, letting the person, both body, mind and spirit, understand that they can heal on their own. We're here just to help.

So when I look at… I love the words heal and cure because when people come into my practice, they're like, I want to be better. And I go, how do you define that?

Let's define this, right? Because the thing is I've met a whole bunch of people who have been cured from cancer, and they are a-holes. They're miserable.

Their family is miserable, And they just keep fighting like they used to before the cancer came into their lives. So they may be cured from a Western perspective.

They're disease free, but they're leading a miserable life. And they are an incomplete person. Their community around them, their family feels incomplete.

So for me, healing is about becoming one again. Becoming one with your family and your friends, potentially. But the other part, most importantly to me is recognizing oneself in the mirror and going, holy cow, Tom, I love you.

When I wake up in the morning I can say I love you and I feel complete inside and whole and then whether I'm disease free or not, whether i live or I still feel like I am complete.

Now one of the other tricks to this so that people don't get so like nobody gets bent out of shape hopefully about it is that with healing I see more people cured once they heal.

And I see a whole bunch of people seeking cure who don't achieve it. And the point of the talk yesterday was not that we shouldn't have both, but that healing often proceeds and is prerequisite to actually being cured.

Right. So what I'm hearing you saying, though, is that the person is more than just a physical body. Absolutely. And so a cure often is geared towards somebody's physical body, but a healing is more towards someone's psychological, emotional, and spiritual body.

Right. So how do you bring that into practice? How does it apply to the patients you see? Yeah, it's really, I think, critical because one of the things we talked about in our conversation yesterday about healing was this concept of threat and safety.

A lot of people have heard about polyvagal theory and instead of, the usual sympathetic and parasympathetic nervous system we grew up with in medical school, like that fight-flight, we know there's other parts of that.

And one of the things we learned through, and I think humans have known this forever, is the more scared you are, the less resources you have to focus on the physical healing.

But then what blocks that? And I look at it and go, damn. Part of the talk, we've talked about this thing called the default mode network. And it's essentially this part of brain that becomes more active when one is self-referential.

When one sits down and goes inward, We daydream. We think about the future and our dreams. we look at the past and we try to make sense of it. But in a nutshell, it is really this time and place where the brain is trying to sense the external world and what's been happening.

and how that impacts their internal environment. So we see like in an autism conference, a lot of our children look different on the outside and they act differently.

Maybe we have to communicate with someone who spells in a different way than verbally. And one of the things we find they're doing is a lots of their reactions look odd outside, but they are actually more internally focused trying to calm down the internal milieu, trying to figure out, like, make sense of what's going, how their brain and their body has interpreted what has come in.

And so it comes in, right? It comes into our physical being. And like we feel emotions obviously too, but it's like a lot of the physical issues that we see in illness actually are, we're not sure what to do.

See, so many people get angry and they're fighting against it and like dig their heels. This is wrong. I shouldn't have this. But then inside they are like, well, maybe I should.

Wait, what did I do to deserve this? Or why someone else and not me or why me and someone, you know, and it is like all these things. The challenge is when this default-mode network gets wound up and hyperactive, we get stuck.

So we find people have more depression, more depressed mood, anxiety, OCD, rumination, and rigid thinking. However, if we're able to go back to the natural way this is supposed to be existing, We have white space, we get bored, and we have an opportunity to go, oh, I see it from a different perspective.

Or maybe it's actually not about me at all, it just happened. And so to your point of your question is, why did I have to do this background? I think it is really important is that a lot of the way our mental, emotional aspects of our humanity and our being try to make sense of the physical is actually what locks the physically healing.

And that was what we were talking about. Because once you get locked, Externally, all of us, our parents, are looking at their kid and go, just do this and you'll be better.

In fact, I always try to bring in where this applies to real life. And I have a 16-year-old daughter and she got a little behind in her schoolwork because she took all these AP classes on her own, very dedicated, and just kind of fell a bit behind and forgot to ask for help for a couple of weeks.

Nervous System, Safety, and Healing

And then she was a little stressed at the end of the semester trying to bring it all together. And she always does. I know she's going to pull it off.

Her mom knows she is going pull off, and inside somewhere she knew she would pull if off but she a bit of self-destructing, right? And I remember one time I go, but if you just do it this way, you know if take a deep breath and then you focus, it will work.

She turns to me and goes, Dad, I tried all those things and they're not working this time. And I was like, oh my God, I just should on my kid. I'd just told her what to do.

But the thing was, she knew it might work. We knew might it work, but her nervous system wasn't ready to use that tool in that moment. And so what we needed to is back off, give her the space.

One of the things we learned about the default mode network and safety and healing is sometimes we need a little bit. and then we back off and a little bit more and backoff.

And sometimes it's something completely different. So we need to give this space for it to happen. It's like exercise. Sometimes we push harder, sometimes we pushed less.

The recovery day is often the breakthrough day. Right. That was what we found there, and that's what I found with my patients. They either give up completely because they're frozen and they are stuck, or they fight so hard and the worst is I should be doing better.

I didn't follow through. Patients come in and they're like, oh my God, Dr. Tom, I'm sorry. I've not been a good patient. They go, what do you mean? Of course you have.

And they are doing the best they can. Our exploration yesterday, we learned that if we treat ourselves with a little more compassion and say we're doing our best and sometimes we need less and some times we could do a It just gives us a bit of grace.

Correct. And that allows healing. So how do you teach the parents of the kids you see, and then the adults who you

as patients, what are realistic expectations?

Because you spoke about the fact that, well, I'm not better fast enough, or I took all these supplements and I got worse. How do you explain that neither is true?

That maybe they are healing fast enough, but on a certain expectation, and maybe, they did not get worse. Maybe it was something else. How you use language to teach that to them?

Yeah, I think realistic expectations is one of my favorite phrases. You know, I don't know how you're going to heal. I know what your path is. But what I do know is that I've been medicine for like 30 some years now, and I have been a physician for practicing private practice for over 15 years, seeing these chronic complex illnesses.

So I understand the playing field, but I always talk about like chess. right? And the thing about chess is I know all the moves. I'm a grandmaster. I've been studying this forever.

i've played a lot of chess, you know, in the analogy. And so I understand the strat, not just the move, but I under the strategies that I need to employ in response to my opponent.

So I try not to make it an opponent when I am helping someone heal, like lime or mold is not an oponent, it's just a thing we have to work with. But we also have rules of engagement.

So I tell people we have a strategy. But, you know, how do you start a chess match? Someone goes first and they make a move. And they made that move and then the next person goes, oh, I'm gonna respond.

So maybe as a clinician I diagnose and I start treatment, whatever that may be. The number one thing I need to do is pay attention to the response. Then we play this dance.

of this strategy. And so while there's no one particular path to healing for everyone, there is a direction and there a process. I think it's important to understand is that sometimes the quickest way to heal is not necessarily a straight line.

It can be very circuitous. And so I just tell people, like, we're going on a journey. My journey of healing from Lyme disease, babesiosis, and heavy metal toxicity over a period of 12 years is very different than everyone else who's ever healed from them.

But there's some similarity. So I'm going to use all that experience, but what I want you to do is go on your journey See, but, you know, I often say to parents, sometimes the shortest distance between two points isn't a straight line.

Absolutely. But you just said something that I really want the listeners to hear you say again. It took you 12 years, right? Because a lot of people have expectation.

My kid has Lyme or my kid is diagnosed with autism. He doesn't speak or she's not able to exercise the way she wants to. They want it done right away and you just said well, I had lime I have babesiosis I Had heavy metals and it took me 12 years.

Yeah, how do you? Like what do say to parents who want right now? Good luck. No, seriously. I mean, I'm just… I say, look, you want your kid… I want to achieve your goals.

But realistically, like I come from an emergency medicine background in the critical care unit. And we have this saying, slow is smooth and smooth is fast.

Then it turns out that one of my really good friends, her husband's a Navy SEAL. And they say the same thing. Slow is smooth and smooth is fast. And I also say, hey, look, back in the day, I was a distance runner.

Then I got into long distance cycling. I've always loved just all day adventures. But when I competitive, if you look at

somebody who's trying to win a marathon, a world record doesn't really matter because the reality is they're all different courses.

So all I want to do today is win. So what do I do in the beginning? Well, do i go out and sprint? No, they have those people. They get paid to do that.

You know, if you watch the Tour de France cycling or anywhere, there are people who that's their job, right? But if I'm really competitive and I am a person who can win today, I want to be in front third.

the back of the front third. I don't want to be blowing it out in the first two miles, I'm warming up. Now I've done my warm up, but I do more warmup.

Again, figuring out who's doing this and who is doing that. So I move forward a little bit and then I pace it. And then some days, everybody's on and everybody wants to push hard from the beginning.

But other days they're laying back. But what I'm doing is I am evaluating the individual event. And in this case, I have to evaluate the individuals person, because I've seen people who have come into my practice, and I teach the practitioners I train this to, is some of the people that look like they're going to be the simplest to heal take forever.

The people look the hardest are going be quick. And sometimes none of those things I just said apply. And so I think this is what is really important, Larry, is we just have to be honest with people and say, look, I'm going to give you the very best I've got.

I am not God. Let's leave the philosophical part of that out. But the thing is I don't have a crystal ball and I have no magic trick. What I do have is sound science that if you follow it step by step, will move you in that direction of healing.

So, where in your medical career did the phrase, I don't know, enter? Because that's not how we're taught, because I had an ER and a critical care background as well.

Mine was dont just stand there, do something, and then don t do just something. Stand there. Which is very similar.

Realistic Expectations and the Healing Journey

But at some point, if you're going to work with healing, The phrase, I don't know, let's find out, actually comes into the relationship. Where did it happen for you?

You know I think the first time that it, it's always been there. Oh good. And I, cause I'm looking back, oh I dunno. I literally don' know. But I remember as a resident and a medical student, and I said that stuff all the time, but you were loud a little bit.

Right. But when I first became a hospitalist and was doing a lot of cross coverage in the critical care unit, I remember very clearly I walk into a room and someone who had just been had the breathing tube removed and extubated and all that.

And we were talking and they go, well, X, Y, and Z asked me this question. I go you know, they're sitting there with their family. To be honest with you guys, have no idea.

I do not know. And I said, but this is what we're going to do to find out. We're gonna do our, and I just laid out the plan. But literally, like to your point, I'd just started out and said I'm not really sure.

This is, what are we going do together? Is that okay? And when I got done this conversation, this guy's wife comes because we have had like 20 different doctors in this hospital stay and he's been ill.

He's chronically ill with lung stuff. So he has been in and out of the hospital for a decade. She goes, you were literally the first physician in his entire illness that said, I don't know.

And he goes. Can you please teach everyone else to say the same? And it was like, it just hit me because I was, like it felt so good. At that moment, I was like, wait a second.

Do you know what we just did? We connected as human beings first. We created the relationship. And then they could trust me. Correct. There's all these people come to my practice, and they'll get better.

And then I'm like, you know, oh, the only thing left is you're on thyroid medication because you had autoimmune thyroiditis and we fixed as much as we can, but you are on a little bit of thyroid med.

And I am like oh just go to your primary or go this person to manage that. You don't need to come see a specialty infectious disease consultant. for that." And they're like, no, I'm going to keep coming to see you.

And then I mold people who now just need their cholesterol managed and lifestyle. I was like well, just go to someone else. It's way less expensive. They're, like no.

Coming to you and so I asked them, why and they go, because I don't trust anybody else and I said, well why don' you trust them? Because I didn't know them as a person.

See, so what you just said is the core of the difference between cure and healing. Because in healing, you create relationship, connection, partnership, and dialogue.

And in cure, it's here. Take this and come back and see me in a couple of months. And a super important thing that like for me personally with what you just said is really critical is I want people listening to understand it's not…your kid's body is not betraying them.

You're not being betrayed by…like your body's always on your side. And so not only do I…so I start out by creating interpersonal relationship. but I want them to have intrapersonal relationship.

I wanna bring them back to go, oh my God, my body at every moment is doing the best it can to heal me. And I may not like the result because my bodies really hurting right now and it doesn't have all the resources, but it's there for me and I them understand that they are there themselves and that are worthy to receive healing and this relationship that you and are talking about and you have and we create with our patients, I said this yesterday, I want all the doctors in the room to walk in and be an example.

I need you to lead by example, so you need to do the personal work. You need the physical work, you NEED to eat the diet. You need to lead, because before you open your damn mouth, everyone knows if you're full of shit or not.

Correct. Everyone knows whether you are lying or no, and especially our children. So to all the parents, you do need do all these things first. Doctors, nurse practitioners, PAs, health coaches, You'd need live this first, parents.

Oh my God, I know I just said parents but it's like, It's not always just about what you say, it's more about you do. And so then when we all around you can create this, then the person can start to do the work inside.

A lot of our autistic kids, we may not know for years that they're actually even doing the works until we see the result. But they are 1000% listening to you.

Correct, 100% of the time. I often say to parents, you realize that children don't listen to what they say. they model what you do. And so to your point, we are in the driver's seat to be able to encourage parents to model and to demonstrate that if you want the result in your child, it's necessary to show the result in you at the same time.

And that's, again, part of the healing rather than the cure, because how many parents will come to you and say, fix my child? You're the doctor, fixed my children.

Then over time, they realize, oh, This is more of a partnership. This more an empowerment. And so I want to leave with a couple of things that you said earlier.

Because in modern medicine, whether you're a DO practicing medicine or an MD practicing medicines, the body's ability to heal itself is never even discussed.

It's not even a concept, yet in Chinese medicine it is, Ayurvedic medicine, it homeopathy, chiropractic, in the native osteopathic… Traditional osteopathic.

In naturopathy it. Why not Western medicine? Where can we go better to incorporate that concept? You can't make money on it. I mean, I hate to go here, but obviously I don't because that's what's really in my heart.

meditation and breath work. I even talked about here, we're offering an ecstatic dance experience for practitioners to come and have the experience that I was talking to them about so that they can have a lived experience and then model that experience.

But the problem is, when I as in medical school, I had a gastroenterologist I worked with, and I remember really clearly, he's a very big guy, it's like 6'3", 6"4", but he was like 400 pounds.

And he was just like, you know, looked like a football player, but he very overweight. I'm being very kind there. He's very obese. And I remember one day telling somebody about their fatty liver disease, and the patient goes, well, how can I get better, from this?

And, he goes well I know this is going to sound like the pot calling the kettle black, But you need to lose like 100 pounds, like I do. and I actually was like…

I appreciated the fact that he actually, it was a little self-aggrand… He was honest, but there's so few docs are. MDs and DOs were brought up in a system where patients are on a conveyor belt in their widget.

It's like a Ford conveying belt making a car. We are a conveyer belt to make big pharma money. And I don't have any problem with you making money as long as you do it in a morally and ethically sound way.

Relationship, Trust, and Leading by Example

And i think that the green money you receive should reflect the energetic positivity that you and the healing that You do in the world your impact your positive impact and I think it's just become a thing where you know, we are looking at the system and going we're putting money first and patients second.

And I would suggest that we could actually make more money for the medical system if we put the patient first, and money second, I guarantee it would happen because in my mind is a million different things I've seen in hospital practice back in the day, but it's like readmission and insurance and reimbursement and not collecting this and that.

There's all this stuff that if you put people first you would actually see better results, less re-hospitalization, And therefore, all you do is tweak your system and you would actually make a ton of money too.

Sure. But put it second or third or seventh. You'd have to take certain organizations out of the money making process and that's not happening. And I want to make sure I throw this out there because at one point I was like, because I got into all these infections, I could feel the vibration of an infection and didn't know who to refer the person to.

And that kind of put me down this path of all this chronic illness recovery. But the important part was I said one time, antibiotics are really interesting.

A lot of our naturopathic friends don't like to use them if they don' have to. A lotta MDs and DOs throw them around like they're tic-tacs. But I go, when someone has a pneumonia, I asked over 100 physicians in the hospital and

friends from primary care practices, how, so what happens when we give an antibiotic?

Do we, A, clear out all of the infection and the body heals? Or does, what else might happen? And not a single person bit on answer A, and they said, oh, let me fill in the blank.

It said well, what is it? And they've said the antibiotic brings out a load of the bacteria until the body can recover enough to do the rest of work on its own.

Literally, not single physician in this system could not answer that question correctly. And then I said why don't you do that with everything else? They literally just went like this.

blank, like they didn't understand that they actually knew the right answer. So it's in there because most doctors actually care. But then they get in a system where they have a lot of bills and they don't and understand and are afraid to be sued and their paid for performance not for checkbox performance, not health performance.

And so I think that the good news I want to send home to people is most doctor actually still care, but they're confused. I would challenge doctors like yourself and myself to befriend them and lead with a positive intention and be that role model.

Don't shit on them. Say, hey, why are you doing it that way? This is one way. But first show that you're doing. And parents, you can lead the doctors as well.

I do. So lead by example. Take the high road. It's the harder road, but that's actually the whole point of this whole conversation. Healing is the highway.

Care comes along. If you want to heal the system, lead by example and heal yourself first. And then we can cure the system. So again, you're speaking about relationship, connection, and love.

Right, exactly. Which I can't believe that's the first time you and I use this in a conversation together. Well, no, we've used love before. No, in this one?

This one, yeah. Yeah, so this is a good segue to finish up with Talk to me about ecstatic dance. Why'd you bring it up? What's the value of it? Why is it important?

And what do you want people to know about Ecstatic Dance? Yeah, I love it. I have always been a musician. And I've always interested that no matter who I know, whether they're the same skin color, the gender, they have the…

I hate the word neurotypical, but there's neurodiversity. People are different people. Across the globe, time immemorial, everybody has… I've seen someone do this.

or do a little dance, little bob. And I'm like, yeah, a shimmy of the neck. So the question really becomes, what's in that? What's common about that, not what is different?

Because sometimes it's country music, sometimes its rock and roll, and sometimes tribal. But a lot of times you'll hear people across these music. You'll see a beat.

And that beat is really commonly in the 120 to 130 range that gets most people going. And if you see the way people compose it and you look at the harmonics, that basically does two things.

One is half of 120 is 60, and 60 or 65 is a really nice heart rate, calms you down. Then 120 has two hertz, which then actually starts to bring your brain waves down, right?

And so the part about dance that I really like is that a lot of people get into a groove and they can do it their own way. And I don't follow the rules of traditional ecstatic dance.

I'm like, show up. The only rules are be cool to other people and love on yourself. And live in your space. Be open to a new possibility. Because that's what I want to see in healing.

That's when I would see your life. and the idea is I set an environment with different music that brings people on a journey. of experience and safety.

And sometimes they ask them to go a little outside their comfort zone so they forget…because when we heal from trauma, when you heal separation from our true self, we need to come back home.

We need come to back inside. One of the ways, the only way to really do that is to feel safe. In trauma-informed care, you bring people in really slowly.

And one of the most powerful ways to heal from any sort of trauma, however you define trauma is to come home, is that is, to have a somatic come back into your body.

I am experience and you have to feel grounded, but you So dance, a lot of times people start to get into this involuntary thing.

Ecstatic Dance and Nervous System Regulation

There's a whole series of newsletters and YouTubes coming out about it because it's just so interesting to me that frequency in nature and frequency and tribal rhythms have been discovered because they calm the nervous system and create safety.

So the point of dance is you're gonna go, oh my God, somebody over there might be doing it. Oh wait, they're doing, so I have to like focus on me. Like you get out of your comfort zone and you forget that it's uncomfortable to come inside because you are so worried about what's going on outside.

But then you with community and your all doing together and the more you see people sort of let loose over a little bit, then everybody starts to gel and we have coherence of community.

There's a thing called the first follower. The first person's crazy, but the second person who does what they're doing ignites a movement. We're in a room where we ignite this movement, everybody's doing this.

Before you know it, you're laughing and giggling and you doing something you never expected before, which is you don't even know you are doing it. You're coming home and then you have a moment where you stop.

Or I create a break, this space. And then you go, holy shit. This feels phenomenal. Now you haven't had an experience of the way you can walk through your entire life, each and every moment, and each day.

That's why I love doing it. I love it. So I just want to say in my experience with ecstatic dance is, number one, it takes you out of your thinking mind, puts you grounded.

It also helps you create connection to others, communicating in ways that are not verbal. And then when you shut that music off, you can feel the empty space.

of all the possibility. And you walk away with a different physiology until you go back into the world and need to ecstatic dance all over again. So I know we're closing.

I want to say one quick thing. The other part is when you connect with that other person, you're actually connecting with yourself. Correct. It's funny because sometimes the way that I get you, obviously not you because you are all in.

But I get someone to go on in and say, go, if I go in, I can help that person. And I'm like, that is beautiful. That's a step to I am going all in because I want to help me.

It creates this beautiful opportunity. The last part was I said on stage yesterday, has anyone ever watched a movie and you see the person strut in? They have their theme song.

Have you ever wanted your own theme in life? I like why we have a lot of technology that allows that. Put your damn headphones in, start doing it. You can have your own theme song and walk it that way.

And then walk that and feel it and bring in your life without the headphones. Just be like, whatever you love hearing, put it in you head. Whatever you like feeling, feel and then, walk.

That way, you have to practice it, sure. People are always getting on me because someone will say a comment, and I'll just start singing a tune based on that comment.

Yes. Based on a lyric. And they're like, oh my God, you just don't stop. It's like because it's just a way to feel safe enough. I like to use the word safe-enough because- It the beautiful- Yeah, rather than safe.

Yeah. You know, it a it is a to ground and to find your sense of stillness because your nervous system may be dysregulated in that moment. So, in any case, Dr.

Tom, tell everybody how they can find you and why they would want to find. Yeah. Well, I'm over at originsofhealth.com. That's our medical practice and practitioners.

I've got limetraining.org for anybody looking for more in-depth mentorship and real-world support treating Lyme disease, babesiosis, things of that nature, you know, mold, MCAS, and Pants Panda is kind of what we do all the time.

all over the place on YouTube and Instagram. And you start to check in to some of those places, just look me up, and then you'll start see a little more of this music stuff coming out.

Got a big series on why frequency and sound resonates and actually changes your physiology. It's just the science side of me being a geeky and bringing medicine and real life together.

I appreciate it. Triple the geek. I absolutely love the geeky, but it's fun and accessible, so. Great. But yeah, thank you. Thanks, Dr. Tom. Thank you, everybody, for listening.

We're at MedMaps.org for those. I think it was Medmaps dot com? It's dot org. That was right the first time. Med maps dot org. Where at the maps conference in Charlotte, North Carolina, March, 2026. And thank Thanks so much for joining us today.

I'm Honey Rinusella, and this is MAPS. As we heal tomorrow's future, we appreciate you joining on the journey. We'll see you next time.