Introduction and Rebecca's Background

Welcome Rebecca Curry. You are a digital health entrepreneur, AI and Web3 builder. And I think some people will need a little bit of a definition about the Web3 builder part.

but I want to make sure that I also reflect this to our audience, which is that you are a two times child cancer survivor, and you have been inspired to biohacking your own fertility and vitality and longevity since you are ten years old.

Because of this history, this health history that you have, and you're so committed to using emerging technologies like AI to empower patient decision making in a way that's personalized, intelligent and driven by data and love, which is so compatible with our approach at the Fertility and Pregnancy Institute and Super Baby Nutraceuticals.

So it's such an honor to have you here and have your perspective, which feel really aligned with our perspectives. You have formerly sat on the Leadership Council of MIT, AI and Web3 for Impact Venture Studio, where you spun out your your latest venture, Loamy.

I hope I'm saying that correctly. If I am not, please correct me when when we get started in just a second. Loamy is an AI Copilot and marketplace for fertility that delivers real world outcomes into patients hands.

For the first time ever. And you have been recognized. You and Loamy have been recognized by Next Med Health 2023 and MIT spinoff dimensional AI fund and C ten labs.

And this work is so incredible. It is the work that allowed us to connect because obviously I'm very excited about this technology that you're building that really helps women to leverage data to make their own reproductive health care and fertility decisions.

So welcome, Rebecca. I'm so happy to have you here for the Super Fertility Summit. Thank you for having me here. I'm excited to be here. You're welcome. Okay. Impactful.

topics. I'm excited to be here. Yes, absolutely. So these interviews are 30 minutes long, which feels like we can't fully do justice to everything that we could talk about and really dive into.

But we want to get to the most important things today. And one of the places that I would love to start with you, Rebecca, is starting from the end, essentially.

So if there was one thing that you want women, all humans, to take away from this interview that we are doing today, what would that thing be? And of course you will be giving one really critical the the most critical in your mind, actionable step that people can take to take care of their fertility and future children's health at the end of the interview.

But for now, start with me telling us what's the one thing that you want people to take away? I mean, you said it really well in the introduction. but women are smart and they deserve to have all of the information possible.

We know that there's a lot of information and supply and symmetry in the market.

Women Deserve Data and Support

and so women deserve to have the data, the information and the love and support to get the outcomes that they want. there's many ways to have a family.

but they deserve to have the data and the information to do it. Yes, absolutely. And I think you said something really important, which is that women are smart.

And I think that a lot of times society and health care in particular, doesn't approach women's health issues and women's health concerns as, as if they are really smart and savvy about what they want for themselves, what they want for their bodies, what they want for their fertility, their future family.

So I think that that's really critical. And I have to say that we we know this firsthand because we have an extremely, extremely savvy, smart, informed audience at the Fertility and Pregnancy Institute.

I mean, just off the charts smart and knowledge double and feel like they've tried everything for their fertility and are really, really very nuanced about how they're making decisions to move forward for the complex fertility challenges they're facing, the complex fertility decisions they're making, the complex decisions that they're making, that they know will have a lasting impact on their children and their families as a whole, their lineages.

So I really just want to thank you for for starting with that and for, like we do, building that into everything that you're doing to serve women and families.

And on that note, when you talk about leveraging emerging technologies like AI and, and, and being a Web3 builder. So most of us are familiar with AI, artificial intelligence.

ChatGPT has really, exploded on the scene, even for people outside of the, digital spaces. So I think most people feel familiar with that term. But tell us what web three builder is.

Yeah. so web three of the past life of mine, but still very rooted in in how we think about data ownership. especially the most sensitive data being fertility data or personal health data.

so those that that thesis and those that core ethos of data ownership, and feeling and control still resides. But yeah. So Web3 is a lot about, blockchain how that inter intertwines with AI and really how you can have ownership and autonomy over your data and information, and presence on the interweb.

I love that and talk about how you're using that expertise and background in your work, developing Loamy so that women have access to big data to help drive their decisions.

There informed, intelligent decisions, but can also still enjoy the privacy that they want to have. Tell us about that. Yeah. I mean, wouldn't it be great if every single one of us had access to a fertility specialist like yourself in our pocket?

24 seven someone who really cared about us and had access to all of our medical history information. Multi-Omics. our records, wearable data. I mean, wouldn't it be great if they had a complete, comprehensive view of us as a person as well as our desires, our goals, you know, our life status and life situation and then could analyze, you know, records in a multitude of, you know, patient inputs to give us the best prediction on what our outcomes will be.

Right. So this is a, you know, egg freezing IVF. These are 22 sometimes multiple cycles, hundred thousand dollar decision and costly experience. So wouldn't it be great if we had the data to understand what will our outcomes be okay.

What are the risk factors?

What Web3 Means for Health Data

How can we improve those outcomes? What are the evidence based recommendations for us to improve those outcomes? The lifestyle factors, the ancillary goods and services.

We know that it is so. And in women are willing to do anything to optimize their health during this time. 100%. Yeah, and they're sold a lot. That's right.

A lot that doesn't have clinical evidence aside proving their outcomes. And we want to provide them the data and the models that can produce the evidence based recommendation so that they can get the outcomes they want in the least amount of cycles, and with the least amount of mental stress and turmoil.

I love that so much. That's huge. You don't know how many emails, DMs phone calls we get a day, you know, is this, route plan supplement, you know, really going to, like, asking about all these things that people are reading about on the internet and, you know, people are coming to us because we are trusted to and they're asking us about these things, and we're like, we've we've put into one place for you all the things that have evidence behind them, both in terms of the Primester protocol and the nutrients that we've created for you.

And it's crazy, the spaghetti being thrown at the wall, the number of things that people are being sold to help with fertility. And as you said, because we would do anything for our babies.

And so because of that, it's it's very easy to follow all of those different things that you, you read on Reddit or you read that work you hear worked for your friend's cousin or something like that.

So I think that what you're doing is so critically important and valuable. I want to ask you so I, I've been doing this work for almost 28 years now, and I studied tens of thousands of women and families and worked with thousands and one of the things that I know is that a woman knows the details of her cycle, her organization and her fertility.

How Loamy Uses AI for Fertility

In such incredible depth. And what she's really craving is somebody who will look at her details in that same way, to figure out what are the puzzle pieces that need to fit together here, what's missing in the constellation?

And you talked about, wouldn't it be amazing if we all had in our pocket a fertility specialist like you? And I know you met me and others what I would what I want to ask you about that is.

It's very difficult to find a fertility specialist who's willing and able to take the time to look at that full, nuanced picture and to really think deeply about each person's scenario in case and.

I mean, I don't want to say this to toot our horn, but I know that that's something really unique about what we do. And I know that that's very rare in the world.

So what I want to ask you is, how will the technology that you're building account for this, or circumvent the need for individual providers to be that intellectually and emotionally curious for each person who's seeking help from them?

Do you understand my question, Rebecca? Yeah, I can start with just like a personal anecdote. I myself was misdiagnosed with cancer for three years. with strep throat, when I was ten.

So I know, I know the pain points of not feeling heard, feeling almost like, you know, better, at many times and not feeling like you can get enough time with the doctor.

And so, yeah, we believe that we can circumvent a lot of those supply constraints. I mean, we know that there's roughly 500 clinics servicing 30 million women who want these services, right.

and so what they're lacking is information, organized information that's personalized and contextualized. So it understands, again, their goal, their specific AMH levels and follicle count.

and as well as community. So how can you get the community of other women like you in your same position? we think that's critically important. I mean, it sounds silly when you're talking about science and data, but it is so

critically important.

not accurate. It's not fulfilled. In fact, we have a mountain of data showing that women in particular, but all humans are more likely to be successful at everything they want to achieve, including healthy fertility, healthy pregnancy and healthy families when they have social support and the different types of social support.

So it's actually it's not fruitful at all. It's a critical, critical component of success. And I think we all know that intuitively, but it's really easy to look at it as kind of an optional thing when the scientific data are clear that it's not optional at all.

So I think that that's absolutely, absolutely critical. Yeah, I think so. as well as just like user experience in general. so besides all of these fancy tech stacks wrapped in AI efficiency, the user experience, it feels like it can grow with the person, can grow with their changing lab values.

it's so important being able to have personalization, right? So when you're scrolling through Instagram, you don't really care about the algorithm or what data it was trained on, or why you're getting those recommendations.

But when it comes to your fertility data, being able to play with the levers, and understand why you're getting those recommendations and the personalization is so important.

Absolutely, absolutely. And I think that there's so much that we hear in the fertility space that are kind of party lines. Right? if you're over 35, it's a geriatric pregnancy.

If you're over 40, 90% of the time, your eggs won't be good. If you have a low AMH level, you're a really poor candidate for IVF. You shouldn't expect much. So many things.

But what about the reality that you you need to see the whole person, and it's normal for a person in their 40s to have a low AMH level. And that doesn't automatically mean that they won't be able to have a baby, right?

We need to be able to see the nuances of this. And also that you should be a lot more concerned about someone who has a low AMH younger. And you should also be concerned about someone who has an image that abnormal high.

Right. So there are all these things that are that need to be looked at in a very nuanced way, and look at the individual. Well, how many times have you seen a 40 year old who both at face value and in terms of their labs, is healthier than the average 20 year old, right.

And unfortunately, that's happening more and more because there's accelerated wear and tear on everybody. And we're seeing fertility challenges growing even more in younger age groups that I didn't even faster pace in younger age groups than in older age groups.

Right. So all of these kinds of things need to be looked at in these. And yet when you enter the traditional fertility care system or infertility care system, you you feel like you get reduced to a number, a your the number that is your AMH, the number that is your annual follicle count.

Then of course, more than anything, the number that is your age, right. And so I love so much what you're doing because it helps the, the providers in the traditional fertility care system to be able to look, we hope, right, at people in a more nuanced way so that they can really, really help them.

I think that's incredible. When am I saying lomi correctly? Rebecca. Yeah. Okay. Good. Be like rich, fertile soil. Yeah, I love it. So. So tell me when.

Tell us when lomi will be available for the consumer to actually use. Yeah. we will have a model out right now at the end of March.

Personalization, Nuance, and Patient Advocacy

available to use. So. So March seasonal on the platform end of. March 2024. Would be. We'd be surprised if it wasn't out by then. Now. So by the time this airs, the there will be a version available and it will have been out already for about a quarter.

So we're super excited to see that evolution and to see how many people you help. And obviously we're we're very excited about what you're doing. And, we fully support your platform in the way that it's going to be helping so many, and it really is aligned with our mission in such a big way.

So thank you so much for that. I want to ask you, what are the best and worst fertility trends that you're seeing right now? Rebecca, it's a good question.

so best trends. I think, anything really rooted in research data? Leslie Schrock just came out with a book, Fertility Rules, which is, great and has tons of research into it.

I think also some, some things around. And this is nothing related to data or science, but just around, who am I on this fertility journey? what do I want in life?

In my in my family? I think this idea of optionality to understanding that you're not bound to a singular story, so knowing that there's surrogacy, fertility consultant out there, precision health coaching, you know, the precision nutrient and genomics.

I think those are some really interesting things happening right now. worst, would be, just in terms of, I think it's called health wash washing, which is just a lot of, noise on social media and, promotions without a lot of real data or evidence behind it.

I haven't heard the term health washing before, but that is exactly right. I agree with you. what do you think is the most disruptive and I mean disruptive in the best way possible?

Part of your work and how much of it do you think has really been driven by your early life experiences with cancer? And the understanding that this, that it may have some effect on your fertility or that you want to, as much as possible, buffer any negative effect it can have on your fertility.

Yeah. I can't believe I'm even saying this, but how is it a novel idea that the patient is in control and has data like that is the most disruptive thing, that the patient has data and is is now feeling empowered that they have that information.

that is what I see is disruptive. I mean, I aside, I think it's really just being able to give that information and power back to the patient, in, in a way that they can have a conversation with their provider on a level playing field.

I think that's and be able to even make suggestions and improvements for your own protocol. I think that's where I see so much disruption. I think that's so beautiful.

we have actually, who had her super baby girl with us at, I believe, 42 years old, and she's a doctor and a scientist, a researcher, and so is her husband.

And, and she, she had, like, nine uterine surgeries, had hardly any. You know, her AMH was close to zero, her periods were almost nonexistent. And she had lots of risk factors that she was going into a pregnancy with if she could even get pregnant in the first place, which was the big question after multiple losses and four years of infertility treatment, and she got pregnant trimester in naturally first try.

And when she went into pregnancy, she like I said, she had all of these risk factors and one of the things that she talked about was this is mama. Doctor Devon was how being informed changed the experience of her pregnancy, because when the risk factors came up, when the issues came up, she was able to go to her fertility doctor, her OB

and say, well, what about this or this?

Based on what she had been learning and they were they would be like, oh yeah, actually that's a good idea, right? So because she could come with those suggestions and advocate for herself, it it changed the course of her pregnancy in the course of her life.

And I think that we we need and want that to be commonplace and the norm as opposed to just a select few having the option of that and the access to that.

And think about it. I mean, this is a woman who herself is a doctor, not an MD, a PhD, who herself is a researcher who herself understands how to read scientific studies and and even she because all of us, we all need to be informed.

There's no way we can be an expert about every field that's going to concern us, right? We're experts in our own fields, and so to be able to be informed enough that we can advocate for ourselves, that we can ask about what about this option is so absolutely critical.

I agree with you that it's it's it's almost shocking to say that that's the disruptive part when it should be the norm, but it's so, so critical what you're doing.

So, so critical. Let me, Let me ask you if if you could only tell people one thing about taking care of their fertility and their future children's health, what would that one thing be?

Yeah. so I think I think it's I want to say something that's very scientific or data oriented right now, but I'm not going to because I've been a patient and I know it's like, I mean, when I was, when I was sick, it's like, you want to know that and you start to think about how all of these things could be correlated to your fertility, your longevity, your vitality.

And I think what's important is to know that you're healthy no matter what diagnosis you have, no matter you're healthy, even with cancer, you're healthy even with infertility diagnosis.

So that's one thing I want people to just remember.

Loamy Launch and Fertility Trends

think about who you are, what you want, and that you as a person are healthy. even with any, you know, diagnosis or that you have, and then, of course, I'd always say be proactive, start thinking about it earlier. and, yeah, think about what you want to see yourself, where you want to see yourself, and how your fertility fits into that.

So beautiful. So I love that so much, remembering that you're healthy no matter what you're facing in this moment. That's. I think, incredibly powerful and beautiful.

And then to be really proactive about about your fertility and just in general about what you want for yourself, for your future family, for your life, for your own fertility, I think that that's really incredible.

I often people laugh at me because I, I often say that, you know, we plan for the major, we want to have the internship, we plan for the outfit that we want to wear to a special occasion.

And we obviously there's a lot of planning that goes into our wedding day, but most people are not planning at all for their pregnancies and their future children.

And it's the most important thing that you will ever do in your life. If it's something that you want to do and it's something that you you have the privilege of doing.

And so it's really hard for me to imagine, just like you, you were talking about how you can't believe it's not

normative to to have access to information that allows you to ask the questions.

And that you need to ask and advocate for yourself. For me, it's it's really hard to believe that it to this day, it's still not normative to to prime minister to do the preparation before you get pregnant, whether you're expecting to have fertility challenges or not, whether you're, you know, quote unquote older or farther along in your reproductive span or not, because. This. Is the most important thing that you're doing in your life that you will ever do in your life.

And I think it's so. Important to have voices out there, voices like yours saying, you know, be proactive. I think it's really easy to for people to think that if somebody has a beautiful family, they assume that it all came easily.

Right. And I, as someone who I'm, you know, have I have my I had my three super babies in my late 30s, in my 40s, pregnant on the first try. They're, you know, amazing.

I because of, you know, the work I do. It's very it was a very natural for all of that to happen for me. And that being said, I have I fight so hard for my family, you know, I have fought so hard for the life and family that I have today.

And I do that every day, like nobody will ever see me coasting on what I've accomplished, right? No, I, I, I always talk to them about being hungry. And I think it's a really, strange idea to people to hear someone say, like, fight for what you want.

I don't mean fight as in, like, it's aggressive or angry. I mean, I mean fight as in, you know, be singularly focused, have tunnel vision, be proactive, know what you want, and be so committed that nothing can stop you.

100%. And I think I think something I want to add is that I've said be proactive plan, but it's okay if you don't. yes. People like you, right? You're fighting that and, you know, intensely in a loving way.

and there's there's options and there's, there's different paths you can take and there's many ways to have a child or if you want to be a mother. Absolutely, absolutely.

And I agree with you. I wasn't implying that there's any one way to do it, just that whatever it is that you want for yourself, more than likely, you know there will be bumps in the road there.

You know there will be ups and downs and it just requires staying staying on the on the path to get there. So that's yeah. Absolutely. So absolutely beautiful.

Thank you so much for sharing that. Well, before we wrap up, I would just love to, ask you to talk a little bit about the importance of AI in the fertility market and both what I can do for us, but also its limitations.

What what I can't solve. Yeah, I think specifically the the fertility market is just like one of the most poised markets for AI.

AI, Access, and Cost Reduction

and it's because we're there's a lot of women out there that we don't see. A 75% of patients thrive in access to these services because of the lack of clinics, as well as just prohibitively expensive.

that also means that we lack a lot of data on on women in specific demographic groups, that that are not able to quantify their actual chances of success or the cost amounted to it because there's no data representative to it.

So I think being being able to reach patients that we previously could not reach, and is, is so important and we finally have the tools to do it right.

Multimodal. I dimensional. I, to be able to reach those patients. so I think that's, that's where I really see the value there. Oh and then what it can't do what it can't do.

I think that's so much weight. Let me just ask you to elaborate on something. So talk a little bit about because you talked about there's so much more demand than there is supply.

And that really puts the clinics in a position of power. there's a there's a power imbalance right between the, the clinics and the patients. And you talked about access due to proximity.

Number one, but also access because the treatments are prohibitively expensive. I mean, as you said, a cycle can be of IVF, can be between 20 and $30,000.

And there there are data to show that if after six cycles, that's when a woman is most likely to be successful. And even after that, 35% of couples won't have taken home that baby.

So it's so what that means is it's not unusual at all for someone to need six plus cycles. So you're what are you talking about, 120 to $180,000 there, which most people don't have just lying around.

And so when we when we acknowledge this, obviously having the the big data that can help to inform decisions that can help to reduce the number of cycles needed because hopefully can help to reduce the number of failures.

Some some degree of that failure is about raw material and even decision making. Can't really get around that, right. I mean, that's a whole a whole other issue that I love to dive in with you on another day because that's our zone of genius. But, but let's let's say that for all the failures that are attributable to something other than raw material, having the data driven decision making ability can hopefully reduce the costs, which may make it more accessible for people.

So tell us about how how Lomi will help to address these things so that it can increase access. So I know the first thing is, if you have this platform where you have access to people like me, I by the way, we're not a traditional fertility clinic, so we won't put ourselves in that category.

But but we are the kind of people who will be there saying, these are the things that are within your control to improve your raw material. These are the things you can do if you want to be successful in IVF or not have to need IVF, right?

This is what you can do if you've been turned away from IVF, right? So the access in your pocket that deals with the proximity issue. If you live in a place where there's not a clinic nearby or you've been to that clinic, you didn't have a good experience, you didn't have good results, you need somewhere else to go. But it's not.

It's not within your resources to just jump on a plane and and visit different clinics, etc.. So you have so that part of access is really, really helped by having lami.

What about what do you how do you think Lomi can help to address the. I know this is a big question right? Nobody has 100% has the answer. Nobody does.

But I'm just want to hear about some of your initial thoughts about how lomi can address the financial access part of it. Yeah. So I think that, something really important is, for instance, transparency.

I mean, the market is really opaque in terms of pricing. and so. Well, one, providing actual actual pricing on, you know, fertility drugs, services, and then ancillary goods and services.

The other is, personalized data insights. So for instance, if you, you're, you're getting a stimulation protocol, which is where you, inject yourself to, before retrieval.

if your doctor prescribes you 16 days worth of medication, and the data says, well, most women, you know, 90% of women like you triggered took their last, stimulation on day ten.

I mean, you can start by thinking, okay, I can start by ordering ten days of my medication. and just to quantify that,

that's saving thousands of dollars.

and so being able to provide some of these personalized data insights, also being able to help inform some of those protocol decisions. so one around almost like price arbitrage offer it data insights and medication.

And then the other is just around less cycles. so if we can help you optimize those cycles with, evidence based recommendations, that's an extra $15,000.

Yeah. Or, actually probably a lot more than that. Absolutely right. That's that's exactly right. And, and I think, I think that that's so critical for people to understand because one of the, the things that I think happens in the the health world broadly, and especially when it comes to fertility, is that we look outside of ourselves for the answer.

And we we there's this, this idea and feeling that if you're struggling to get and or stay pregnant, it's somebody else who's going to give your fertility to you, like the IVF clinic.

And the reality is that the majority of IVF failures are about raw material, and there isn't anything about the IVF protocol itself that can address the raw material, at least not the egg.

The sperm to some degree, yes. maybe the uterus to some degree, although largely not immune system. Those are the things that I mean when I say raw material.

When it comes down to it, it's like all things right? Nobody nobody's coming to save us. We have to. As much as it's easier to tell, take a pill, take an injection and and give the power to someone else so that we feel like, okay, they're taking care of it.

I don't have to figure it out. The reality is that only we can give ourselves the best shot at that healthy, raw material. And by the way, we can do everything and still sometimes not have healthy, raw material.

That's that's rare. Over time, however, it does happen sometimes. But getting to have healthy, raw material, especially against tremendous odds when you're quote unquote older or you have PCOS or you have endometriosis or something else that's acting as an assault on on eggs, for example, that the only one who can give that to you is you.

And so I think that the importance of these data are also really saying. You know, we women are amazing, smart, savvy, resourceful, and our fertility is innate to us and we are safe taking our fertile power back and stepping into our fertile self authority, whatever that looks like for us.

Right. It's like the second emancipation of women. Yes, absolutely. I love that so much. All right. Last question for you. What does super fertility mean to you?

And and even more importantly, what does it feel like to you? Well, the first, first word that always comes to my mind is love. And, it really is. It's about doing things in a loving way, not feeling resistance to obstacles that come your way.

Providers that don't have time for you, or a your partner who might not understand this yet. Right. So doing these things in a very loving way, it first of all, and I did it because the mental part of it is so important, the mental health aspect of fertility.

Super Fertility, Love, and Mindset

So really doing this in a loving way, and in a way that you feel healthy and supported by your partner, by your doctor, by your workplace, I think is really important.

I love that. Tell me you said something that really struck me, which was. Doing things in a lovely way and not feeling resistance. How do you in really practical terms.

And I feel like as somebody who has. Survived cancer twice in your life, you have a very intimate understanding of this message. How do you not experience resistance and be driven by love?

When and I know I'm speaking for so many women who have experienced fertility challenges. When you feel angry that this is happening to you, that it feels really unfair, that maybe you feel at odds with your body because it's not doing the thing that everybody said a woman's body would do.

So, so naturally, maybe you're not getting support from your partner or they just don't understand. Maybe your workplace isn't supportive, or maybe you're just having.

Maybe you have all the support, but maybe it still feels really hard to not be in resistance as your trying to move forward. How how do you how do you embody that on a day to day basis and moment to moment basis?

Yeah, it's a really good question and I want to emphasize, but you know, love and it's not going to cure everything. Right. Like there's there's a lot of it.

And I hear I've heard the word positive toxicity. I don't want to contribute and discredit any of obstacles. I know it myself. I know the I understand mine.

so I wanted to address that first. but yeah, I mean, for me, it it's very easy to feel resentful towards doctors sometimes when we get things wrong, we're human.

but being able to, well, one see it from their side as well. and then moving through day to day doing things that make you feel empowered and good. so whether that is a gentle walk, yoga, I do cold tubs.

but, you know, it starts, I mean, and we talk about supplements. I mean, starts with absorption of nutrients from real good, you know, real foods. and so, so things.

Nothing new, right? Yeah. Nothing. We haven't heard of food, exercise. it's cold tubs. And then my mind. Right. So thinking about how can I, you know, let divine love flow through me to others and let it throughout flow from others, from my doctor, from my employer back to me.

so really thinking critically about that. I love that so much. And I, I really, don't I don't I don't think that what you said initially would be interpreted as any form of toxic positivity, because I think that that we all know that the things that we want to achieve happen for us more gracefully when we can shed the resistance.

Right. And we we all, we all have resistance. We in the Primester protocol, we call this our internal body guard and that that's acting in the background for to keep us safe and for in all kinds of ways and for all kinds of reasons.

Right. And so we all, we all experience resistance, even toward the things that we want for ourselves and the things that we we know to be right for us and good for us and and to be the embodiment of love.

So I think it's really, a beautiful reminder and a very practical one to remember that what we focus on grows what we appreciate, appreciates. And so when, when we can be, when we can be driven internally and externally in a loving way, it infuses our path with more grace and love, and that just makes it easier for us, right?

Absolutely. So we're going to go through the motions regardless. So, I just I'll do it in a way that supports us and makes us feel, appreciate it. And, and, and, you know, support it.

It's so true. It's also true to going through the motions is inevitable. So, if there's any way to, to be able to love the process, which is obviously not, not always easy.

we we all have experiences of that right in, in every part of life and self. So thank you so much Rebecca. This has been incredible. I, I honor and appreciate the time that you've spent with us today.

I know that this interview has helped so many. I know that people are so excited about Loamy and were cheering you on for your launch and beyond. Thank you for the incredible, wise, data driven work that you're doing in the world.

Thank you so much for having me. And I look forward to a world of data and love. Yes, I love that data and love to data and love. Thank you. Thank you.