



E6

Between the Lines with FGI:
It's Electric! (Receptacles): Krista Biason
—Transcript—

Sponsorship

[Intro music: "Skip to My Lou" by Neal Caine Trio]

Bridget McDougall

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[Music fades out.]

Opening

Krista Biason

I've always said I can design something to show you how smart I am, but that doesn't mean that it's the right thing for you. It's really having that conversation. How do you want this to function? How do you need this to function? I can provide you with our minimum requirements, and I can provide you with best practices, but I'm also gonna ask you a lot of other questions to make sure we get the right design for you.

[Intro music: "Skip to My Lou" by Neal Caine Trio]

Bonus electrical puns!

[Sound effect: Screeching to a halt.]

Bridget

Why would you want to resist the urge to use any electrical puns during this episode? What you got? Lay it on me.

John

[Laughs.]

John

I think it's important that we stay grounded in this conversation.

Bridget

I'm here for the dad jokes. Give me another. [Laughs.]

John

Are you ready to get a little amped up?

Bridget

[Laughs. Snorts.] Oops.

Bridget

People ask me how it feels when you stick your finger in an electrical outlet and to be honest, it hertz: h-e-r-t-z.

John

Ah, jeez.

Bridget

[Laughs.]

[Intro music: "Skip to My Lou" by Neal Caine Trio]

Intro

Bridget

Welcome to *Between the Lines with FGI*, a podcast brought to you by the Facility Guidelines Institute. In this podcast series, we invite you to listen in on casual conversations related to health and residential care design and construction. Coming to you from Washington State, where the state bird is the American goldfinch, is FGI's very own John Williams, vice president of content and outreach and chair of the 2026 Health Guidelines Revision Committee.

John

And coming to you live and in person from St. Louis, which is not actually the capital of Missouri—it's Jefferson City—is Bridget McDougall, associate editor with FGI. And we're here because we're curious about the health care environment and how we design it to keep people safe.

Bridget

The *Guidelines* provide minimum requirements from a built environment standpoint, but there's more there, between the lines, so to speak. And that's what we explore here on this podcast with the help of some amazing, invited guests and, of course, you along for the ride.

John

So, thanks for finding us or thanks for coming back to us again, and let's get ready to read between the lines with FGI.

[Music fades out.]

Bridget

Hi, John!

John

Hey, Bridget!

Bridget

Hey, I'm really glad we got those electrical puns out of the way so we can get right to it.

John

[Laughs] Right, out of our system, right?

Bridget

That's right, yep. OK, where should we start?

John

How about the white paper?

Bridget

That is a good place. We'll be mentioning this white paper throughout the episode. Why don't you tell our listeners about what it is and where they can find it?

John

Absolutely. If you go to FGI's website and scroll down the main page of that website—and that's fgiguidelines.org—you'll see a big red resources box. Click on it or just look to the right, and we have the white paper featured right there.

Bridget

Yep, it's called—drum roll: “Electrical Receptacles in Patient Care Areas: [colon] Determining Quantities, Location, and Code Compliance for Operationalizing Patient Care.” And I do love a paper title that tells you exactly what you're getting.

John

Yeah, and we do have really long titles, don't we?

Bridget

We do. That's good. You know what you're getting.

John

Yeah. And we're fortunate to sit down with Krista Biason, who is the lead author of this white paper. Shout out to the other four who worked on it with her, Udo Ammon, Doug Erickson, Tracey Graham, and Terri Zborowsky.

Bridget

A stellar effort, and I really can't wait to talk to her about it. I first heard Krista talk about this paper at a conference. It was at PDC summit last year, I believe. And I have to admit I was less than electrified about the topic.

John

Yeah, I see what you did there.

Bridget

Yeah, I know I'm really, I can't help it, but seriously that session of hers where she and Terri Zborowsky talked about the white paper, that session was perhaps my favorite one. I had no idea there was so much to learn about receptacles, and she really had such an engaging and clear way of talking about it. I felt smarter after.

John

So, light bulbs went off.

Bridget

See, OK, see, you can't help it either. OK. Enough puns. Let's talk about Krista Biason. Krista is a senior electrical engineer with HGA Architects and Engineers in Minneapolis, and she has more than 25 years' experience specializing in health care electrical design.

John

In addition to assisting with the revision of the *Guidelines* documents, Krista was recently elevated to senior status in the American Society for Healthcare Engineering, or ASHE. Her work is regularly published in industry journals, and she presents at conferences including the ASHE PDC Summit.

Bridget

Yep, where I saw her. We'll be asking Krista about what inspired this white paper as well as her thoughts about a specific table that appears in the *Guidelines*. That's table 2.1-1. It's called "Electrical Receptacles for Patient Care Areas."

John

Right, and by the way, if folks don't have a print copy or digital access to the *Guidelines*, you can still take a look at this table by going to our digital site and using the limited page views feature that are offered there.

Bridget

That's right. And that site is shop.fgiguideines.org. Don't be afraid of the shop word. You can have some limited previews.

[Music begins again: "Skip to My Lou" by Neal Caine Trio]

John

Yep. All right, let's dig in. Bridget, are you ready to read between the lines with Krista Biason?

Bridget

You know it; let's go!

[Music fades out.]

Welcome, Krista Biason

Bridget

Hey, welcome, Krista Biason. Thanks for joining us today.

Krista

Thank you. I really appreciate this opportunity to share the fabulousness that electrical is, and how it actually is an integral part to the FGI *Guidelines* in addition to the NFPA and code world.

John

Maybe to set the stage here, I think there's some basics that we need to talk about. And in this white paper that you've put together with all of these other luminaries in the field, you address one of the ones that I hear all the time. What is a receptacle? Is it . . . how many holes are in a receptacle? Is a duplex a receptacle? Is that one single receptacle?

Krista

So, there is a technical answer, but the simple answer in the way that, you know, we try to convey it when we're working with folks who aren't electrical in nature, it's a pluggy-in point.

John

[Laughs.]

Bridget

[Laughs.]

Krista

It's each place that you can plug something in. So, a duplex receptacle is two receptacles. A fourplex receptacle or a quad is four receptacles.

Bridget

Four pluggy-in places.

Krista

And that's always—yeah, a pluggy-in point.

Bridget

Oh, gosh. This is helpful.

Krista

That makes me sound so technical and smart, doesn't it? But I mean, that's basically what it comes down to.

Bridget

Yeah. So, when we talk about code compliance and electrical receptacles, what are the documents that are used to regulate them?

Krista

So NFPA 99 is what takes purview. So, that's where it all starts. And then NFPA 70 overlays the requirements for constructability and kind of a little bit of installation requirements. And then on top of that, that's where FGI then takes that base information and starts to enhance it to be able to address patient care from a holistic standpoint. And that's where I think FGI really plays an important role. We have our code-required minimums, you know, *worst building you can legally build*, but then how do we make sure that the patient's needs

are addressed because a med surgery room is not the same in every facility. The needs and what is going to be utilized in there, and how that particular facility is delivering care, what they need to plug in, what their contingency plan is upon loss of power or an emergent event. All of those things need to be taken into consideration on how you actually use and leverage the requirements that we have.

John

It's almost like a series of layers because the way you described it, it's like if we're interested in what wire size we need to attach that receptacle, we look in NFPA 70. If we are interested in, um, the source of the power, whether it's critical life safety equipment, whatever, that's NFPA 99. But, when you get to that overlay of what makes sense for that particular function, that's kind of what lives inside of the FGI.

Krista

Right, so it really is, how are we going to use this space? How do we take these base requirements to make sure that we do no harm? And then how do we take that to the next step to make sure that it's actually a functional system and we are patient-centered care?

Bridget

So, [during] every episode we've done so far, there's always been a moment where the person that we're interviewing stresses the importance of having these conversations *before* the spaces are built and getting the right people at the table and asking the right questions. And I'm curious about your take on who should be at the table and what kind of questions should be asked.

John

I think there's an appendix in the white paper. It's really kind of a set of . . . of questions that you would just step through and with the facility team and . . . and talk about these things. Is that right?

Krista

Yeah, what it is . . . is it's looking at the patient room in, in three separate zones, but acknowledging that all of these zones will overlap. It's the caregiver space, it's the patient space, and it's the family space. And it's really understanding what are the family needs. There's some communities where when someone is in the hospital, the whole family is there, too. So, it really is looking at, we need receptacles for, um, the . . . the families to plug in their computers or to charge their phones, but make sure that that is safe and separate from what we're actually plugging the patient into so that we don't add additional risk to the patient care. It's really asking about how are you going to use this space? What is the equipment? Do you have an equipment list that you can share with me so that I can see what it is that we're putting in there? What type of flexibility do you need? Sometimes we go in and we don't have all of the users that we need, or we don't know what the room's gonna be. So, let's see how we can make it more flexible and functional so that we can,

um, be able to accommodate and be nimble enough to be able to address what it is that we need in that space.

Bridget

John mentioned the white paper. Tell us a little bit about how that came about.

Krista

The whole start of this white paper was somebody had a question because the . . . the *Guidelines* were very prescriptive on where devices needed to be located, one of which was, you know, a receptacle on each wall. Well, a lot of times, as you know, with the construction of our buildings, the exterior wall, there's a vapor barrier, and to be able to put a receptacle there is actually detrimental to the construction of the building. And is it actually necessary? Who's going to use it there? What . . . what purpose will it serve? So, that's kind of what started this whole thing. Another struggle that I often have is, you know, I want to put a red receptacle at the foot of the bed or at least have that discussion. Well, that's not pretty because that's, you know, that's the pretty side that we don't want it to look bad. But a lot of equipment . . . it needs to actually address, like *Bair Huggers*, or other things need to address the bottom half of the patient, or you get so much equipment in there. Having something that you can plug in at the footwall in lieu of the headwall is really important. So, you know, the purpose of the notes on the table is to say, think about this, think about how you're going to use things from a functionality standpoint, not just a prescriptive, you know, one receptacle on each wall so that you can get her done.

Bridget

Anytime here's something that a guest says and I don't understand it or know what it is, I just a . . . like this is my opportunity. So, there are two things that you said. I don't know what a red outlet is.

Krista

[Laughs.] So a red outlet is on the critical branch. The code requires you to have critical branch receptacles a distinctive color from the normal branch, um, so that you know that it is on generator-backed-up power.

Bridget

And for anybody who's really like electrical is just not their world, but they happened upon this podcast, this particular episode, can you briefly explain the difference between the critical branch and, uh, essential branch? Is that right? Did I s—?

Krista

So, in health care, and health care uses a little bit different terminology than the rest of the electrical world. In health care we have normal branch and then we have our generator distribution, which is called essential branch. The rest of the world says emergency and we're trying to get it shifted. Emergency is a code-defined term in NFPA, but what we have is essential, and our essential branch are the things that are served from the generator and

are made up of life safety. And life safety is basically, um, fire protection, uh, and things to get you out of the building, like exit signs, um, and they throw med gas in there and things to support the generator. So, life safety is literally to save you to get out of the building, which I know health care a lot of times is “defend in place,” but we still have that branch.

Bridget

OK . . . so, that’s emergency branch. Wait—I mean essential. Essential branch. Then what’s critical branch?

Krista

Critical branch is basically direct patient care. So, things that you need to continue to run on power if you have an outage of your normal system. And then we have equipment branch, which are a lot of our HVAC systems and, um, maybe some autoclave things, just kind of additional accessory things, um, that we can put on the generator that also then need to support. So, between life safety, critical, and equipment branch, that makes up our essential systems. Life safety is very prescriptive, that’s all there is. In critical and equipment branch, there’s always a line that says, or required for function of the facility, or for—

John

Essential function.

Krista

Yeah, essential function. So, there’s a little bit of wiggle room in critical and equipment branch, and what you can put on those. Not for life safety.

Bridget

There’s one more thing I didn’t know what it was. I’m only at a two-count so far at this podcast, so this is good.

Krista

[Laughs]

Bridget

And it was something about *bear* . . .?

Krista

Oh, *Bair Hugger*.

Bridget

Bair Hugger!

Krista

What a Bair Hugger is, it’s something that they put on the patient to compress the patient.

Bridget

Had them after the birth of my child; I did not know. It's like very uncomfortable squeezey stockings? Knee highs?

Krista

Yeah, and it's like, I think it's b-a-i-r instead of like, b-e-a-r. Yeah.

Bridget

Oh, OK!

John

[Laughs.]

Bridget

Oh, you learn something new every day. Let me tell you.

Krista Biason

[Laughs.]

Bridget

Thank you.

Krista

Sure.

John

In this white paper, you . . . you make the point of the difference between code minimum and code sensible. So, what is code sensible in your definition?

Krista

So, in my definition, code sensible is responsive not only to the requirements that are specifically written out in codes and standards, but it's also how is the building going to function. So, it's not just saying, OK, I've got my X-amount of receptacles; I'm good to go. It is, how does it function, but it's not going too far, right? We always as, as engineers, "Well, that's gold plated, you don't need that."

John

[Laughs.] Right.

Krista

You don't, you know, "Oh, those engineers, they just throw in everything and make it so complicated." No, the best design is a simplistic design; an elegant, simplistic design. So, a code-sensible design is really making sure we're suiting those needs without throwing

everything at the wall that somebody may say they may need or want. It's being responsible.

John

And practically speaking, if we don't have receptacles where we need them, staff have mechanisms to fix that. And that is, uh, power strips and extension cords and all sorts of things that could potentially create fire hazards but certainly create citations on CMS survey or state survey.

Krista

Yes.

Bridget

Big old no-no's, right? If I go in to get treatment, and I'm in a patient room and I see a lot of extension cords and surge protector strips and all that kind of thing, it might be a good idea to pack my bag and seek care elsewhere, would you say? Or does that happen sometimes because you just have to?

Krista

It should not happen. That's where you need to take a step back and say, "OK, we're not really serving our patient population correctly."

John

Yeah. Mm-hmm. And some of that sensibility comes through even in the electrical code, even if you look at basic house placement of receptacles. There's a sensibility, there's a logic that says, hey, try to put one generally on every wall. Um, think about where they're located. In a kitchen, do this. In a living room, do this. So, we can do that for residential-type spaces. I think it's an extra layer of complexity like . . . like you list all of those things that go into patient care spaces. It's a lot more complex in health care.

Krista

It . . . it really is, patient care rooms have a lot of variability to them, but then you start getting into procedure areas and operating rooms. That's where it can be just something very simple or you can have the latest, greatest technology that really changes and turns things, you know, 180 [degrees] from what you would have anticipated to be in those spaces.

Bridget

Can we focus in on these tables for just a minute? I've got some questions for you. We both do about some of the things in the tables. I did a kind of a deep dive on those; big, deep read last night on the tables. And I noticed that the highest counts of required receptacles, and again, we're talking about a minimum requirement, was the class three rooms, the OR rooms and the cesarian delivery room. So, the class three rooms and OR rooms are requiring a minimum of 36 [receptacles].

Krista

Yes.

Bridget

Can you explain why that's so high?

Krista

NFPA.

Bridget

OK. [Laughs.]

Krista

[Laughs.]

Bridget

So, it's meant to align with an existing requirement, is that right?

Krista

It's meant to align with an existing requirement, but let's also think about the size of those rooms.

Bridget

OK.

Krista

Those rooms are very large, um, especially like an operating room is pretty significant square footage. And you have a patient that's in the room, the head's at one side, the feet's at the other; but, they . . . you don't know what part of the patient you're going to be working on, where the booms are within the room and then what equipment you need around the perimeter of the room to support what those, um, services are within that space itself. So oftentimes we do have more than the 36 receptacles.

Bridget

If we're requiring 36 receptacles in an operating room, for example, does that mean that you could have nine fourplex receptacles and that would fit the bill?

Krista

You could, I mean you have to diversify on the two different sources, and I believe you have to have 12 on one branch, and I can verify that. Um, I don't like to put fourplexes in. Um, primary reason is that some of the things that you plug in have the little transformer on them. So even though you have four plug-in points, you now have blocked out two when you plug that thing in.

Bridget

We talked about the rooms that have the highest receptacles. I was looking at rooms that had the lowest counts, and those were low-acuity patient treatment station, phase two recovery patient care stations, and interior human decontamination rooms. And those were four receptacles.

Krista

There are spaces that may not need that much electrical power and not that many things plugged in. It's that communication with how is this going to function.

John

Yeah, you may have an example where the phase two is also pre-op.

Krista

Mm-hmm.

John

And it may also be the anesthetizing location where you—

Krista

Which then throws another thing in on; you need to have the lighting and everything else in there. [Laughs.]

John

Right. All about conversations.

Krista

All about conversations. You can't design in a vacuum, and all voices are important.

Bridget

So, what do you think are some important considerations for users of this document that open up this table and go to use it? What are some of the things that they should keep in mind?

Krista

Don't just look at the quantity and put it on the drawings. That's the biggest thing. That's always my concern, and that actually is one of the primary reasons that I wanted to be involved in the FGI *Guidelines* is some folks who are not health care design or some folks who are not engineering-specific use this as a manual, and it's not supposed to be a manual, but some people use it that way. And we need to acknowledge that and make sure that by the tables, by the notes, by the information provided in there, that we make it clear that here is a guideline. Now you as a design professional need to ask the next question to make sure that you get the right design, that you fulfill the needs of patient care.

Bridget

I think about every note that's in there is likely there because an HGRC member or member of the public submitted it as a proposal because it was a thing. So, um, I'm looking at this note that says, where is it? Receptacles on portable equipment or relocatable power taps are, oh, I put *are* included in the total, but I think the note is *are not* included in the total. This is why words are important, editor.

Krista

Are *not* included in the total. Words are very important.

Bridget

Go back, but I did catch it. Yeah, so that, and I'm imagining that came up because people sometimes wonder that or say, "Well, I've got these other outlets that are attached to this rolly bit of equipment. This counts as one." And we're saying, no, it does not.

Krista

Look, it's here, see? No. [Laughs.]

Bridget

Yeah.

John

And there's the classic one: what is convenient? We use the word convenient in the table, and there's a footnote that . . . that talks about it, but I think what you're saying, especially in this white paper, is convenient is defined by the facility and the function of the space, and it's not something that you can determine necessarily without at least a little conversation.

Krista

Right. I agree with you 100 percent.

Bridget

In the document, we say that convenient means "the cords from the equipment to be used in the room can reach the receptacles without causing a trip hazard."

Krista

Well, and that's the thing too, you know, with the discussion we had with, um, receptacles on the footwall. I'm sorry if it's not pretty, but it's necessary because you have so many things. If you have something that's at the patient's, the . . . the foot of the patient, you're not going to want to drag it all the way to the headwall and then have that something that's a barrier between your caregiver and your patient because you know the cord's not going to be long enough that you can you know, put it underneath and then put something

conveniently over it so nobody trips over it. You just . . . sometimes logic is really the most important thing.

Bridget

And those notes in the table really serve to point out where logic might be missed during design. For example, in the hospital table, there's a note that says receptacles shall be located so they are not in conflict with suction slides and canisters.

Krista

Yep. You have to be mindful on how it's going to be used. You know, we don't want to be next to the suction because the canister may be four inches today, but they may change vendors, and that canister may be now an eight-inch canister. So, you've just blocked off one of our receptacles or you've potentially made a sticky mess if someone bumps it as they're trying to plug or unplug something. So, it's . . . it's really looking at the locations of things for patient care, but also for staffing efficiency. And you know we don't like to say it, but our caregiving population is aging, and giving them extra movements or making them try to get to devices that look nice on a wall but make it more difficult and accessible for their needs is also a very challenging thing to do.

John

Are you seeing a lot of requests to put in the types of, um, USB charger outlets? Is that a thing in health care now?

Krista

Yeah, yes, it is. Um, it is a thing in health care, and I know that there's been many a discussion on . . . on ratings of these particular devices. Uh, one thing that Terri Zborowsky actually had a conversation with one of a ICU nurses that she was shadowing is the complaints that at this particular facility—that we didn't design—that she was kind of doing the survey of is they did not have charging for the patients' cell phones. So, you think, OK, this is an ICU, why would they need to charge their cell phone? Well, sometimes people who are in the ICU do have the capabilities of utilizing their phones. Or sometimes if someone is in a position where they can't communicate, having the phone there so a loved one can talk to them or talk at them or try to communicate is really important. So, it's, again, how do we use these spaces and what do we actually need? And we are really seeing the USB, USC really becoming more prevalent, um, putting at least one on the headwall, putting one in the patient care space. And as we start to look at how we're charging our electronics and more electronics become a little bit different instead of just the . . . the regular 120 connection, it's becoming more of a standard than it is a one-off.

John

Nice. Also, in the white paper you talk about power over, uh, ethernet and other types of low voltage delivery types of systems. First of all, how prevalent is that? And do you think we'll ever get to a point where these low voltage systems start affecting our logic of how many receptacles to put in or where to put receptacles?

Krista

Yes. Power over ethernet or power over fiber is becoming more prevalent, but not necessarily with direct patient care. We're starting to see it more with our systems that, um, low voltage for room status or for cameras that are monitoring our patients. So, more of the ancillary systems.

John

Right.

Krista

I'm not anticipating in the near future that we're going to be eliminating receptacles, um because we still, the pumps are always gonna be a 120, at least for my career, right? [Laughs.] There's some things that won't change, but what we need to do is, we need to be mindful that when we set up these infrastructures, because a hospital is not a 10-year building, right? It's a 50-year building, it's a 100-year building, depending on what you're looking at. We need to make sure that we have flexible infrastructures so that . . . when we go to power over fiber, power over ethernet, we need to have within our built infrastructure the ability to maybe pull a 100-amp panel or to have a 200-amp panel, to have that so that we can respond to the changing demands of the power.

John

So, we've only got a few minutes left and I wanted to ask you this question. When you went through this white paper process, was there anything that really surprised you? Did you learn anything out of it that you didn't know going in?

Krista

I think the users' voices are stronger now, and that's really bringing up different questions. You know, how family-centered things are now. Just really the things that go into these rooms are that they're going to need to bring into these rooms because of how technology is changing.

John

Anything particular from the pandemic in terms of location of outlets or number of outlets that you can think of?

Krista

I think one of the biggest things is looking at, are you going to double-load these rooms? And also, we don't need to go crazy, right? Not every single room will be designated as the highest acuity room because it's not just the amount of receptacles in the room. It's also the air handling system. It's the barriers. It's the function. It's the support spaces. So, let's be realistic by putting 47 receptacles in one room and only using three of them all the time, that's not the best choice, right? So that's where again, the emergency preparedness plan needs to come in. Are these going to be flex rooms? Are these going to be IMC

[intermediate care] rooms? Really understanding what it is and not going crazy and paranoid on what we need to do for tomorrow, but being realistic on how to prepare for it from a larger perspective of the facility not just throw more receptacles in there and we got her done.

Bridget

That's such a good point because those early conversations can help people understand when you need more receptacles, but they can also keep you from *over-recepticaling*. I guess that's a new word. Thank you.

Krista

Overdesigning. Well, and again, that too is . . . is, you know, if you have your base infrastructure flexible enough that you can add another panel board to bring in additional circuits, or you can shift what you have, or your conduits aren't all the way full. So, you can pull a couple more circuits in and create dedicated circuits. It's thinking about how things could maybe change in the future to be able to give that flexibility in the design today, but not necessarily pay for it or have something sitting there that you may never, ever use.

John

The, um, white paper is on our website. It's titled "Electrical Receptacles in Patient Care Areas." Krista, thank you so much for spending time with us today and going over all these, all these good pieces of advice about . . . about how to create a better patient care environment. Thank you so much.

Krista

Thank you, and I appreciate the opportunity to just share that engineering is more than just doing a design and writing the book. As engineers, we also interact with patients, we interact with our facility staff, we interact with our owners, and it's really, we're part of the process. We're not just doing a design that we did last time.

[Music fades in: "Skip to My Lou" by Neal Caine Trio]

Bridget

Thanks, Krista. Thanks so much for coming today. Yeah.

Krista

Thank you. This was fun.

John

Thank you.

Krista

I kind of felt like though I was on, like, a Saturday Night Live skit.

Bridget

Did you like that?

Krista

Yeah, I kind of do. I felt like you should be in this arena a little bit more.

Bridget

Really? Is that, is it 'cause it looks like we're wearing costumes? 'Cause this is really what we look like actually in real life. Did you think we were in . . . in makeup and costumes?

Krista

Yeah, I wasn't sure.

Bridget

Yeah. [Laughs.]

John

[Laughs.]

Krista

[Laughs.]

Outro

John

Thanks for joining us for another episode of Between the Lines with FGI. Do you have an idea for an episode or a question you'd like us to answer? Thanks for joining us for another episode of Between the Lines with FGI. Do you have an idea for an episode or maybe a question you would like us to answer? Please get in touch by writing to us at podcast@fgigidelines.org.

Bridget

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John

Many thanks to Neal Caine and the Neal Caine Trio for the use of his song "Skip to My Lou" from the album of the same name.

Bridget

Join us next time as we go Between the Lines with FGI. Bye, everybody.

John

See you next time.

[Music fades out.]