Confidential

Independent Investigation into Brook House

Friday, 11 May 2018

Interview with
Ms Karen Churcher
Mental Health Nurse, Brook House

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Investigators: **Mr Ed Marsden (Verita)**
Ms Kate Lampard (Verita)

1. **Mr Marsden:** [*Introductions*] This is an interview with Karen Churcher, who is from the mental health team at Brook House. It is part of the independent investigation. Karen, thank you. I think I have given you the preliminaries, so we don't need to talk through those again. Perhaps the best place to start is just to tell us a bit about your background, how you come to be here, what you did before you came here and what you do now, so that we can locate you so to speak.
2. **A.** I have worked in mental health for 20 odd years. Actually, I had a break in mental health for about a year or so, before I actually came here. I decided I didn't want to do nursing again and I went back to train as a pharmacist, but I missed nursing too much and I came back here. Before that I was working in secure mental health at Farmfield, which used to be Priory and is now Elysium. I am used to a secure environment.

3. **Q.** Was that medium secure?
4. **A.** It was medium and low, yes. We did take quite a few patients from Broadmoor and Rampton.

5. **Q.** Locking doors is not unfamiliar with you.
6. **A.** Locking doors is normal. The 'not having to restrain' is not normal for me, I am used to being the one that has to restrain and I think it is done quite differently in the mental health hospital than it is here.

7. **Q.** How long have you been here?
8. **A.** I have been here two years, my colleague was leading the mental health team until January, then there wasn't anyone until June. I took the post up then and there are two others of us.

9. **Q.** You work for G4S, they are your employer?
10. **A.** Yes.

11. **Q.** Okay, it is the G4S medical bit rather than G4S Brook House.
12. **A.** Yes, the actual staff here don't see us as part of their team really.

13. **Q.** Is that right?
14. **A.** Yes.

15. **Q.** Is that a problem?
16. **A.** Sometimes, yes. I think it is little things. The officers themselves are fine, it's from the management side sometimes, it's well 'you are not part of us', which doesn't help.

17. **Q.** Interesting. Who do you report to?
18. **A.** I report on the clinical side to Sandra, on the admin and clerical side to Michael.

19. **Q.** Michael Wells, for pay and rations, and Sandra for all professional matters.

20. **Ms Lampard:** Can I just talk to you a bit about that comment you made about managers not necessarily integrating the Healthcare as part of the programme here - really is what you are saying. When we went to some of the meetings, the security meeting and the detainee of interest meeting, I think both Ed and I felt that they were quite discursive. There was quite a lot of 'identify a detainee and just talk about them'. We didn't feel that much was done by managers to say right, this is what Healthcare is telling us about this person, or whatever it might be, what is the action plan now? Let's make a plan about that person and we didn't feel that there was very much in the way of understanding, or coming together by managers, about what the implications were for the centre as a whole. You might have detainees who behave in a particular way, are there reasons why that might be? Can we try and work out a plan for dealing with them generally? We thought, what are these meetings getting to? Do you think that is the case?
21. **A.** Some meetings.

22. **Q.** Do you think that some of that comes out of, not tapping into you enough and saying, 'tell us what it is that makes people behave in these ways. What can we do to reduce the problems?' Is there enough talk between you?
23. **A.** I think so. That is a two-way process.

24. **Q.** Do you think they are listening, when you are telling them things about perhaps how staff handle people with mental health issues, or what sort of environments they need?
25. **A.** I think it has got better.

26. **Q.** I don't want to put words into your mouth, please say what you think.
27. **A.** You came to the adult at risk meeting, which is a newer one and that is an MDT meeting, because the Home Office is there and I think we do genuinely explore ideas.

28. **Q.** We only went to the first and second one. How many have you had, since the beginning of the year?
29. **A.** I didn't start attending the first ones.

30. **Q.** Sounds as though they have improved then?
31. **A.** Yes, and the sharing of information as well. There is always that bit of barrier about what we can and can't disclose.

32. **Q.** Who is chairing that meeting now? Is it Sara Edworth or is it Conway?
33. **A.** It's Conway.

34. **Mr Marsden:** Can I take you back a step. You came here having worked in a medium secure, low secure unit in the private sector. In terms of your qualifications, RMN and presumably other training through your professional career, had you worked in another IRC?
35. **A.** No.

36. **Q.** Was this the first one?
37. **A.** This was the first, yes.

38. **Q.** What attracted you to the job?
39. **A.** I think I wanted to get back into nursing and my friend worked here. I like working in hospitals, or institutions and I am used to locked doors. I had never worked in a prison and that always sort of appealed as well, so yes, I didn't quite know what I was letting myself in for.

40. **Q.** When you came then, how did the skills and knowledge you had at that point, fit with the job you had to do? Did you arrive and suddenly think, there is a huge job to be done here learning about the new system, or were you well prepared for it?
41. **A.** I think I was over-prepared for it. Here is very different. When I first came there weren't any care plans, there were no risk assessments, all the things that you would normally have in mental health.

42. **Q.** Just remind us, you came how many years ago?
43. **A.** Two years ago. We have got care plans, there is still no risk assessments. We have just started doing some HoNOS secure risk assessments, for those that see the psychiatrist. It is very different.

44. **Q.** Were you surprised by that? I mean two years ago.
45. **A.** Yes, very.

46. **Q.** That was 2016. Does everyone with a mental health problem, who is in the care of the mental health team, have a care plan?
47. **A.** Apart from the people that just attend the emotional health group, because they don't really need it.

48. **Q.** That is the talking group?
49. **A.** Yes. It was quite an eye-opener really.

50. **Q.** You have more than enough skills for the job and more than enough experience, so what are the things that you have fixed over the course of the last couple of years, so that if you think back to the day you started and your eyes were opened.
51. **A.** We now have care plans. We are starting to put in the risk assessments. There is a new strategy came out last August.

52. **Q.** Mental Health?
53. **A.** Yes.

54. **Q.** From?
55. **A.** From NHS England, I have read that and there are quite a few things in there that we can try and turn around. The biggest one I would personally like to see and I don't think it is going to happen, because we haven't got the staff, is when somebody is on constant observations because they are suicidal, it's

officers that watch them. I am not used to that. The officers that watch them are very good, the point of having them on a constant is to try and help people out of their mindset.

56. **Q.** Rather than it being entirely passive, just sitting there watching what they are doing and recording observations.

57. **A.** Through the glass door. It is working, but I think that is one of the recommendations in the strategy, that nurses do those obs.

58. **Q.** The mental health team in terms of its size, how many?

59. **A.** We have only got three.

60. **Q.** Are you the lead?

61. **A.** Yes.

62. **Q.** Do you have a line management responsibility for the other two?

63. **A.** Yes, and some of the other Healthcare staff.

64. **Q.** Who do you manage?

65. **A.** I am learning disability trained as well, so I used to manage the learning disability nurse.

66. **Q.** Emily?

67. **A.** Yes, but she has just got a promotion, so now it is not really a good idea and some of the HCAs.

68. **Q.** In terms then of the detainee population, what are the common mental health problems that you are dealing with and what is the scope of what mental health does in Brook House.

69. **A.** The majority of people, it is just situational stress. They cannot get away from their problem, it is there, they live it and it's constant. Then after that it is PTSD, because a lot of the people that have come here, have come with a lot of past trauma and the frustrating part with that is, we can't open up a box that much, because we don't know when they are going. We cannot leave that open wound, we just manage at a surface level.

70. **Q.** None of the interventions are really designed to expose previous trauma.

71. **A.** That is one of the things that I would quite like to do.

72. **Q.** The next day they might be on a flight to Nigeria?

73. **A.** Yes. It has stopped a bit now, but when it was policy to pick up from the streets, homeless people, we were getting a lot of the acutely mentally ill people which we work with on a daily basis, but we try and get them into hospital.

74. **Q.** Someone coming in who was floridly psychotic, who then needed to go into a mental health service, maybe under a section.

75. **A.** Sometimes that can take a while. I managed to get quite a good relationship with the local hospital.

76. **Q.** That is Sussex Partnership isn't it?

77. **A.** Yes. They actually like our patients, because they are not as bad as the patients that they normally get in their PICU.

78. **Ms Lampard:** Why has the picking up of the people off the street stopped, do you know?

79. **Mr Marsden:** It was a court ruling.
80. **A.** Yes.

81. **Q.** The one that said rough sleepers -
82. **A.** They probably had very bad mental health problems beforehand, then couldn't stay anywhere, made homeless and then was still suffering. It has been a marked difference. Last year we were sectioning on average one person a month, so far we have only done it once this year.

83. **Q.** That is because the population of rough sleepers, Enforcement aren't able to pick them up in the way that they did? The main mental health problem then is trauma and situational stress and then what is your suite of intervention, what are the things that you can do?
84. **A.** We will try some CBT some grounding techniques - one-to-one work. We will give written literature if it is appropriate. We try and see people, at the moment, we are seeing them in two days, for an initial assessment and then we will see how urgently they need help.

85. **Q.** That is people who request an assessment, or do you see everybody?
86. **A.** We see everybody that gets referred to us.

87. **Q.** They have to be referred by?
88. **A.** They can be referred by officers, welfare, Healthcare on admission, or at any time, anywhere basically they can come in from.

89. **Ms Lampard:** When we were in Heathrow IRC, they had some rooms or a room, which was designed really for therapy and talking therapies and CBT, you don't have any facility like that do you?
90. **A.** No, we have our office, which we try to make quite calm in. We do visualisation and things in there. We have some pictures, we have a sofa.

91. **Q.** Can you have that by yourself, or are there other people coming and going?
92. **A.** No. We try to see people on a one-to-one basis.

93. **Ms Marsden:** CBT, grounding techniques, what else?
94. **A.** Mindfulness, relaxation techniques, a lot of education around stress and the physical aspects of it. If they want to talk about their trauma, we are not going to bottle it up, if it's just there at the surface and needs to come out, we will deal with it.

95. **Q.** But not go searching for it, or exposing it?
96. **A.** No.

97. **Q.** In terms of prescribing. Do you prescribe, or does prescribing have to happen through the GPs or psychiatrists?
98. **A.** It has to happen through the GPs and psychiatrists, but the GPs are very open to listening to recommendations, so often they will refer to me to ask me what they feel this person should have. If I said they are floridly psychotic, he needs this, and 'can you just get the psychiatrist to e-mail that', just so that they feel a bit better with that, which generally happens the same day anyway.

99. **Q.** If someone was floridly psychotic, they would probably be going into a mental health facility, they would be held here while you were waiting for that to become available, what medications would you use to treat them?

100. **A.** We can't enforce medications, so they have to be compliant. We will use all the anti-psychotics that we can. We won't use things like Acuphase or IM lorezpam stuff like that, but we tend to use olanzapine, that is probably the drug of choice really and we will use it up to maximum dose.

101. **Q.** They have to be compliant with that, you will just cajole them into taking it and hoping that they do?

102. **A.** Yes and most of them, if they have got history of psychiatric illnesses, most of them are quite grateful for the medication and then sometimes if the MoJ warrants take a while to get through, they might actually be well enough not to go by the time they are ready. We had one of those cases last year.

103. **Q.** They have stabilised because they have gone onto medication and they are then more settled.

104. **A.** Yes. If we can get the past notes, then we'll prescribe what they are used to having.

105. **Q.** If someone is psychotic, they go to E Wing, they are on the CSU?

106. **A.** They do tend to go to E Wing.

107. **Q.** They would be therefore, not vulnerable to other people, but they might be vulnerable to people on E Wing I guess.

108. **A.** That is the only problem with E Wing.

109. **Q.** It is a mixed community, isn't it?

110. **A.** The last person that we sectioned, that went off to hospital is still here, he was supposed to have gone on a flight, but it got messed up. He is very well, if you wanted to talk to him he is quite happy.

111. **Q.** What are the challenges to providing good mental health care here, how would you rate it now, if you think back to two years ago when you arrived, no care plans. Where has it got to?

112. **A.** I think it has got a lot better and the officers are really interested in why someone is presenting as they are and what they can do to help. An example was one of the guys a couples of years ago, he was spitting on the floor and wouldn't wash, he was really unwell and he would urinate by the door. Every few days they had to move his room so they could clean it all and make it nice. They said, 'I can't understand how can he want to stay in that room,' and I just said, 'well, that is how he keeps himself safe, you don't want to go in there, so that is how he keeps himself safe, it is keeping everyone away. Every time you try and move him into a clean room you are making him feel unsafe'. It was, 'oh, I didn't look at it like that' and that is sometimes the opposite is the way things work.

113. **Ms Lampard:** When we interviewed people from E Wing, they said would like a bit more mental health training, because they are being asked to deal with it. Who gives the mental health training to the DCOs?

114. **A.** Nobody here. In fact they have just changed it. I was never asked about the content of it. I have sat on the original one and it is just an hour, that is all they get and considering they only get an hour, they are very good.

115. **Q.** There is no refresher training in mental health is there?
116. **A.** I think they get that every year.

117. **Q.** They are getting that.
118. **A.** I think they get it. I don't know.

119. **Q.** There are no specialists involved in it I think, it is delivered by a member of the training team here?
120. **A.** It was, I don't know whether it has changed now.

121. **Mr Marsden:** Would it be helpful to have one or two officers in the centre with some more experience of mental health? They can't become nurses but they can know a bit more than they do.
122. **A.** I think it would, probably they would need to be based on E Wing and that was the idea of the SLPs as well, they would help a little bit with just the day-to-day things, the little things.

123. **Ms Lampard:** Are they putting people with mental health issues on SLPs?
124. **A.** Those that need it, yes.

125. **Q.** You are happy with that?
126. **A.** Yes. I will do them. There are some people in the centre that have got schizophrenia that don't want to be on there. They are compliant with the medication, they are very stable and they don't want to be on it, they don't want people knowing, so I just check them.

127. **Mr Marsden:** You would visit E wing CSU every day?
128. **A.** Yes, we take the medication down in the morning, so we always go down every morning, if there are any constant observations we always see them every morning and any Rule 40s, we do every day. We are part of the reviewing team for the Rule 40s.

129. **Q.** How do you get engaged in ACDTs? Do you?
130. **A.** We mostly do the ACDT reviews. I don't know whether we are supposed to do them all, or it is desirable, but yes we do. I have done two this morning. The officers will phone up and say, 'I am doing a review on so-and-so, what time can you.'

131. **Q.** Describe what you did this morning. Give us a pen picture.
132. **A.** This morning I got a phone call about quarter to nine, 'I need an ACDT review done, what time can you do it?'. Originally we made 1.15pm and then because there wasn't any rule 40 reviews to do today, I phoned back up and I said, 'I can do it earlier if you want.' Officers bought them to our room because it is quieter it's a nicer environment. We discussed what has happened since the last review, any news from solicitors, any news from the Home Office, the officers will normally phone up the Home Office to see if there is any further information. We will see if they have had visits from people, see if there has been any improvement, ask them if they have any thoughts of self -harm and what might have changed for them. Are they happy to still be on the book? Some people want to come off of it and they

have to reassure us that they are not feeling suicidal. Then there is a general chat, what else can we do to help you? Do you want to see the mental health team? The two that we have done today, we see anyway, so in fact one I saw for an appointment at 9.30 and then I did his review at 11.30. Then we have a discussion and the discussion tends to happen once the detainee has gone and we review the observations. If it looks as if it needs closing, then we would discuss it with the detainee.

133. Q. If you think actually, I'm a bit worried about them, think they are not being entirely straightforward with us about their suicidal beliefs, that would be reflected in the management?

134. A. Yes.

135. Q. If you watch *Panorama,* you draw a conclusion that all the DCOs are being unkind to detainees. What is your general feeling about the sort of culture and behaviour of the place and the sympathy of DCOs towards people with mental health problems? You have had a lot of experience.

136. A. I think they are very good, considering it is not their field of work. I think they are very tolerant and as I say if you tend to explain why somebody is doing something, they are more understanding. I always say to them, 'what do you want me to do to help you manage this?' I think they are brilliant. One of the DCOs on E Wing did two years of the mental health training, so I will talk to her and I think they are very good considering.

137. Q. Caring? Would you describe people are caring?

138. A. Yes, I would I genuinely would. I think sometimes they got a lot thrown at them and I think sometimes they work short-numbered, but I would have said the majority are caring. I think like everywhere, you get some that are less caring than others.

139. Q. As you get nurses who are more caring than others.

140. A. We all have good day and bad days and sometimes it is, 'oh no not again.'

141. Q. Generally you would say, officers and managers, want to do the right thing. They might not always know what that is, in respect of someone with mental health problems.

142. A. The job is easier if you are empathetic with someone, they are more likely to do what you ask, or go behind a door at 9 o'clock, if you are not, then they are not.

143. Q. How are the Home Office? Do you think they are of the same mind set? I am talking of the local team.

144. A. My only working with them is probably the Rule 40s and yes, I find them caring. Detainees don't and I think sometimes with the Home Office they have a difficult job to do, they have got to do their job and they are not going to be liked, are they? The people that I deal with, I have found quite helpful. Sometimes some of the case workers might not be but they are quite distant.

145. Q. One of the things that we have noticed during the course of the work is that the activities regime in Brook House is very episodic. There might be things sometimes, there may not be things other times at the weekends, there may not be very much at all. What is your impression? Is there enough for detainees to do and what is the consequence for their general well-being and mental health if there isn't enough to do?

146. **A.** I think you can always have more activities, can't you. There is not going to be enough, I try to say to some of our guys 'use what you can while you are here. If somebody is going to try and teach you English, use it why you are here. Try and see something, get something positive out of a bad situation'. I know it is a cliché and nobody wants to hear it but if the resources are there use them. They'll distract you but they say, they find it hard to concentrate, they are not interested in arts and crafts and some of the activities. Some of the teachers are doing anger management and things like that, and I don't know where their training comes from.

147. **Ms Lampard:** Who is doing that?
148. **A.** I don't know who is doing it, I just see posters for it and I just think-

149. **Mr Marsden:** Maybe not such a good idea?
150. **A.** No. I don't know, I have not sat in the class and they might be qualified to run it, but sometimes you do wonder.

151. **Q.** Is that actually running anger management?
152. **A.** I have seen the posters for it, I don't know, that side I don't get involved. I get involved in our groups.

153. **Q.** You are thinking yes, there could be more for people to do.
154. **A.** Yes.

155. **Q.** Do you hear quite a lot from detainees about there isn't enough to keep me occupied?
156. **A.** No, they don't actually say that, they just say they are not interested in what is offered.

157. **Q.** *Panorama,* what did you think of it? Did you see it? Did you watch it?
158. **A.** I did see it. I was quite angry at the end of it. I was angry from two sides. It left you emotionally quite disturbed. Angry at what I saw and angry at the way it was done. There were two things to it, some of it was awful and some of it was misrepresented.

159. **Q.** Did you know the people involved very well?
160. **A.** Not well, but I knew them, yes.

161. **Q.** Did you sort of think, that's not them, they would never do that?
162. **A.** A few of them, yes. We do a lot of work on E Wing and I had never seen that. In fact one of the people that was on that programme, I actually nominated for Employee of the Month for their help with somebody.

163. **Q.** Who was that as a matter of interest?
164. **A.** Derek Murphy. With help with somebody that went off, the person that they were talking about that went to hospital. Derek was the only person that that guy would actually engage with. We had to transport him in just Brook House's transport and he would only get in there with Derek. I was there and it wasn't a brutal, 'get in' or anything, it was 'you are coming with me I want you to come with me'. I think, you question yourself, don't you? You question yourself, are people doing this behind my back and am I that gullible? But some of it –

165. **Q.** You couldn't argue.

166. **A.** I had a lot of dealing with the guy that was on the floor, I had worked with him.

167. **Q.** That Jan had.
168. **A.** Yes, I worked with him quite a lot. I used to see him three or four times a week.

169. **Ms Lampard:** One of the nurses here was in the training session on the 22 February, where things were said and weren't appropriate. What has become of her?
170. **A.** Back at work.

171. **Q.** Has she been subject to some re-training or some conversations do you know?
172. **A.** I don't know.

173. **Q.** What is your feeling about that?
174. **A.** I think it is unfair. If we are trying to build a team here where we all work together, I think if some people have been sacked and some people have just got away with it, what is that saying?

175. **Q.** Your thought is that the boundaries had not been maintained, in relation to that person.
176. **A.** Yes.

177. **Mr Marsden:** That if they behave like that, then they shouldn't be here?
178. **A.** Yes, because if they behave like that, they are not going to question other people behaving like that.

179. **Q.** Karen, that's a really good point. Is it clear to everyone what is acceptable behaviour, do you think? In some organisations that is the job of front line managers to say, we behave like this, we don't behave like that. To take someone aside and say 'look don't do it like that.' Someone in healthcare was telling us about something they had done yesterday, just saying to someone 'do it a different way.' Is there a clear view about how things should be? About the values, about what is right and what is wrong?
180. **A.** I used to think there was. I sometimes wonder because I come from a place where you restrain and I know exactly how it should be done, what is acceptable and what is not acceptable. If you are a general nurse and you come from a busy A&E, you should still know what is not acceptable, but if you have never restrained, do you actually know how it feels because part of my C&R training was that you were the person that was restrained, so that you felt what it felt like.

181. **Q.** Are the management team here visible in the centre? Do you see the senior management team, Steve, Michelle, Mark walking around? Do they have an impact on the day-to-day running of the place?
182. **A.** The only time I see them is if I am doing the Rule 40 reviews, because the duty director has to be there and sometimes if Sandra is not here, I'll have to come up to the daily meeting.

183. **Q.** There is not that sort of sense of people walking around and saying, 'don't do that or can I help you with that? If you need five minutes out, go and calm down, go and have a cup of coffee.'
184. **A.** No.

185. **Q.** Does G4S look after its staff?
186. **A.** I don't think so to be honest. We do a 40-hour week, which I think is quite long, but the officers do a 46-hour long week, and the day is long.

187. **Q.** Thirteen and half hours.
188. **A.** Yes and then some of them live a way away, so they don't get time to unwind before they are back again. If they are injured or if they can't do something, I suppose being a mental health nurse they tend to offload a bit sometimes, but I don't think they are looked after.

189. **Q.** Someone described that staff feel like they are just a number. Is that a bit how it is, do you think?
190. **A.** I don't personally feel like that but I think some of the officers do.

191. **Q.** When did someone last say to you, 'Karen, you did a great job today'?
192. **A.** Michael was the last person actually. I find him very supportive.

193. **Ms Lampard:** Can I just ask you another thing about staff and support for staff here? Some of those officers will be seeing quite distressing things, will have been involved in quite difficult situations. One thing that we don't hear about is anybody take them aside, taking time out and saying to them, 'how did that one go? What are the lessons? Is there anything that we can do to support you?' Also doing a bit of learning from some of those instances, do you ever see any sort of de-briefing, feedback, reflective practice for the officers?
194. **A.** I have seen it once when I had to be the nurse at a planned removal. Afterwards, I saw what I would call a decent de-brief, how does everyone feel, are there any injuries, what do you think went well?

195. **Q.** Who did that?
196. **A.** That was Steve Loughton.

197. **Q.** He did that with his team?
198. **A.** Yes.

199. **Q.** Do you see that regularly happening?
200. **A.** I don't often do the planned removals but, no. I think when it comes to things like people finding detainees in their rooms self-harming and things like that, I don't think that happens at all. Sometimes I will catch it, I will say I hear you had a bad day yesterday. On E Wing today I went down to take morning meds, one of the guys down there got bitten by a detainee yesterday and he is in again this morning, and he was showing me his bite. I was letting him vent at me really.

201. **Mr Marsden:** Had he been to Occupational Health?
202. **A.** No.

203. **Ms Lampard:** Is there Occupational Health?
204. **A.** There is.

205. **Mr Marsden:** Had it broken the skin?
206. **A.** Doesn't look like it, no. It is quite bruised.

207. **Ms Lampard:** Is there Occupational Health here?
208. **A.** There is, but not on site all the time.

209. **Q.** You have to ring up?
210. **A.** I think so, yes.

211. **Q.** The other thing that surprised us was that after the *panorama* programme there was no de-brief, there was no discussion other than the usual staff meeting, which was really about telling people that there had been a programme and people were going to be disciplined. It did not say 'why do you we think this happened? What are the messages? Are there things to learn?' There was nothing was there?
212. **A.** No and, as I say, it left a horrible feeling in the centre. I think from my point of view, it probably bought the officers and the Healthcare team together. I personally felt that it bought them together more, other people felt that it didn't.

213. **Mr Marsden:** Is there anything that you wanted to tell us, that we haven't asked you, that you thought that it would be useful for us to know?
214. **A.** I don't think so.

215. **Mr Marsden:** Where would you like this to go to? Would you like it to a personal e-mail address?
216. **A.** Yes please. **DPA** or **DPA**

217. **Q.** It will come password protected, you need to ring the office to get the password. If you want to amend it, that is fine. If you have happy with it that is fine too just tell us.

Thank you very much, that was very helpful.

[*Interview concluded*]