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John Moe: Let's go behind the scenes here a bit. Maybe you've always wondered how we decide what an episode of *Depresh Mode* is going to be about. Maybe you haven't, but let's just say you have. Well, there are a few different ways that we make that call. We might get an email from a publicist offering up interviews with an author/musician/artist of some kind who has something new that relates to mental health. And if it looks really interesting, maybe we follow up and say, "Sure, let's bring them on in." Or we might be familiar with someone who we think has an interesting story to tell, so we go after them. See if we know people in common, maybe there's a rep of some sort that we can contact. Another way we get an idea for an episode is by just reading—keeping up with mental health news, big research breakthroughs, important news developments that we think might have a bearing on how mental health is addressed in our society going forward.

Ultimately, all of that results in basically two different types of episodes: profile episodes or newsy ones. The personal mental health journey, or the more informational—and by extension, more impersonal—episode. The personal ones don't get newsy. The newsy ones don't get personal. But once in a while we get both. We get a little chocolate in our peanut butter.

Welcome to this week. It's *Depresh Mode*. I'm John Moe. I am glad you're here.

Transition: Spirited acoustic guitar.

John Moe: So, I put out our *Depresh Mode* newsletter every Monday—stuff about this week's episode, plus stories that you may want to know about. I came across a story from the news site Stat. It was about dramatic cuts to SAMHSA—the Substance Abuse and Mental Health Services Administration. Now, that's a branch of the US Department of Health and Human Services, which is led by Robert F. Kennedy Jr. We talked on an episode a few weeks ago about how he has been critical of a lot of how mental health is addressed in the US. He thinks SSRI antidepressants are a problem and not a lifesaving treatment option. He's linked their use to school shootings, despite zero evidence to support that.

Anyway, SAMHSA administers a ton of mental health and suicide prevention and substance use programs across the country. And people are being laid off by the Trump administration at SAMHSA in huge numbers. Treatment programs are hobbled or being rendered inoperable. All over the country, people in need are not getting help. It's happening now. People are being harmed now. I ended up reading a ton of articles about this. We reached out to one of the authors of this original Article, O. Rose Broderick, the disability and healthcare reporting fellow at Stat. She and her co-author, Lev Thatcher, talked to more than 30 current and former SAMHSA officials, as well as congressional aides, lobbyists, and experts in the behavioral health space.

We're gonna dive into the issue of SAMHSA and the cuts and what they all mean here in a minute. But first, we're gonna play a part of our conversation with Rose that actually happened after the main interview. We're gonna kind of swap things around a little bit. Because this conversation we had just at the end of our main conversation illustrates that a news story—an informational, expository explanation—is ultimately always a personal story

when it comes to mental health. It's about people. Sometimes about vulnerable people being put at even further risk. So, we'll play the end of the conversation first, give it some grounding, then we'll start from the beginning.

Transition: Spirited acoustic guitar.

John Moe: So, you've been covering this story very, very closely. You've been talking to a lot of people. It's obviously a hugely important story. What has it meant to you, personally, researching this story and covering it?

O. Rose Broderick: Yeah, it's, um— You know, as somebody who myself and my family have been pretty mentally ill for a long time—*(laughs)*. You know, I myself have like spent time in an inpatient, you know, hospital; my sister has; my brother has been in and out for a long, long time as well. And so, I have firsthand experience for myself and with family members of like how difficult mental health challenges can make your life. You know, I had to take a whole year off because I was just like deeply sad. *(Chuckles.)* And I think that like when I was reporting on SAMHSA and the loss of folks at the agency, it was quite—

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—you know, one of the line items—things that got dismissed—or the people that were part of that program was like the clinical high risk for psychosis. And like, you know, I regularly hear about my brother thinking that somebody's talking to him out of an outlet. Or you know, that there's an AI program running his brain. And that is, at this point, like a thing that like just seems normal. And it's not. *(Chuckles.)* And to no longer have people at a federal agency who are even working on that in kids? Like, I don't like— I'm not saying like, "Oh, if these SAMHSA employees are gone, then folks like my brother won't have the chance when they're young." Like, I can't say that one-to-one. Like, that's just not— I don't think that's it. That's more speculation than I can do. But… I mean, it does make me pretty sad. It does make me pretty bummed out.

John Moe: Is it hard to write about what's happening when you consider your family and not use phrases like "these monsters" or "how dare they?" Like, that I can imagine that must be a real challenge for you, as a reporter and as a writer and as a human.

O. Rose Broderick: I will say that the— It doesn't feel hard for me to not see my—like, my brother or my sister's humanity. Because like, that's just like— They're my brother and my sister, and they were here before I got here. And so, you know, they're just part of the world. So, I don't necessarily have a problem with that. Hearing it from elected officials sometimes is tough. Because it's just like— It feels like it doesn't really match up to the reality that so many people that I know who have mental illness themselves or family members were pretty mentally ill. It just seems— It seems to be denying what people actually face on a day-to-day basis.

So, yeah. Do I wanna report on this? I mean, I report on disability and mental health, *(sarcastically)* which is two of the sunniest topics that you can imagine in health right now.

(John agrees with a sigh.)

I've been covering the autism, you know, spectacle for the last two months. *(Sarcastically.)* It's been a great time. *(Laughs.)*

John Moe: Yeah. how are you holding up?

O. Rose Broderick: I will say that the— This is not directly an answer to your question, but the day that the press conference with the autism announcement with like Tylenol and all that stuff—which isn't exactly—which was much more complicated and nuanced than they make it out to be—was the day that like I found bed bugs again in my home. *(Chuckles.)* So, you know, there's been a— It's been a wild last few months.

John Moe: You found what in your home?!

O. Rose Broderick: Bed bugs.

John Moe: Oh, bed bugs.

O. Rose Broderick: Oh my god. Yeah. So, it's been— I think for every health reporter right now who's worth their salt, who's like actually interested in these questions of like, "Hey, how do we understand what's going on here? How do we make sense of the misinformation that often comes from the federal government?" It's a hard time to be a reporter. It's a hard— But it's also a much harder time to be a person who's on the end of this kind of care.

John Moe: Whose relying on that kind of support, that kind of funding. Yeah, no. I mean, even making this show, like I'm happy to bring interviews with musicians and comedians, and you know, personal stories. But I kind of feel like I can't ignore when issues like this come up. Like, this—really, people need to know about it. And it's a challenge! Because it's so complicated in many ways. But it's also so urgent that we have to talk about it.

Transition: Spirited acoustic guitar.

John Moe: So, that's part of Rosa's story. Just ahead, we unpack the story of what's happening right now at SAMHSA.

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Transition: Gentle acoustic guitar.

John Moe: Okay, let's dig into the story that O. Rose Broderick of Stat has been reporting about what's happening to the substance abuse and mental health services administration, SAMHSA—a story that is factual but also personal, because it's our minds and the minds of our fellow human beings.

Rose Broderick, welcome to *Depresh Mode*.

O. Rose Broderick: Hey John, lovely to be here!

John Moe: So, SAMHSA has been around since 1992, and a lot of people have some idea of what they do, but you've been looking at this much closer than most people. Can you give us an overview of what SAMHSA is, what they do—or what they're at least supposed to be doing?

O. Rose Broderick: So, SAMHSA is the federal agency that oversees mental health and addiction treatment. And what that means in a jargony sense is that they're the people overseeing all the grants that go to the organizations that are getting lifesaving opioid treatment, lifesaving counseling and mental health services for kids. SAMHSA does a lot of work in the background making the services that—for behavioral health—just go. *(Chuckling.)* And I was thinking about this. I have a background as a—*(making fun of herself)* "background in theatre". I did two years of theatre in high school. And I liken it to like the stage or running crew. And if you have— You know, you have all these brilliant singers and dancers and actors on the stage, and they're doing beautiful things. And I think that that looks really great. But you need to have the people that are making sure they get to the right place, making sure that they look nice, making sure that they sound nice. And otherwise, you just have like a guy in a mask in the pitch dark who's like screaming and shouting. Which is like cool, but is, uh—*(giggles)* maybe lacks some of the same oomph.

So, that's what SAMHSA does. SAMHSA are the people in the background that are making sure that counselors and addiction centers and all these places get the funds and the training and the policy expertise that they need.

John Moe: Yeah. Suicide prevention agencies. Just keeping the lights on, keeping the phones running.

O. Rose Broderick: Yeah.

John Moe: Well, let's get some numbers right off the bat as to what's been happening to SAMHSA. How many people—in terms of raw numbers and percentages—have been cut from this organization since the beginning of the year?

O. Rose Broderick: At the beginning of the year, it was roughly 900. Now the numbers differ depending on whether you talk to the union versus inside sources, but it's probably somewhere closer to like 350 or 400. At least more than half.

When you lose that many people, you're losing a ton of expertise, and you're losing a ton of just pure like functioning power. You know, in addition to the 500+ people that have been let go or fired or laid off, you also have like almost $2,000,000,000,000 in grants for state health departments that have been cut. You've had $350,000,000 in addiction and overdose prevention funding being cut. It's not a good time to be in behavioral health, frankly. *(Chuckles.)*

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There’s less money and less the federal expertise that people can draw upon.

John Moe: And so, what do those cuts mean for individual programs? Like, are some of these— And these are programs—I wanna emphasize, and I'm sure you do too—that these are designed to save lives! Like, this is really important stuff. Does it mean that those programs—you know, the teen suicide prevention, some of these other things—that they're still running but limping along? Or are we just seeing entire programs getting wiped out?

O. Rose Broderick: It's more the former than the latter. It's more you have these programs that are—they still exist. And you know, you just had the latest round of grants go out from SAMHSA earlier this year. And so, a lot of those critical programs around suicide prevention or addiction treatment or whatever did get funded. But from the people that we've talked to, it's unclear whether the full amount of those grants are gonna go out. It's very clear that the expertise and the experts that people in the community—that they relied upon at SAMHSA—are like gone. And particularly— I mean, the mental health services part of SAMHSA is just gutted.

I mean, there's not a single person left in youth mental health services at SAMHSA. So, that means like the kids— You know, that SAMHSA has been around since 1992. So, I'm almost as old as it. I was born just a year later in ’93. And the mid to late-‘90s is when we really started to see a lot of the school shootings start to be a problem. And you had people at the time who were working on, “Hey, how do we make sure that our kids in schools get the mental help that they need? I mean, how do we make sure that they're happy and healthy and thriving and can deal with trauma when it arises?” And all that is to say, those are the people that—those programs may not lose their funding right away. But it's unclear whether they'll be funded in the future. And especially if they need extra money to go out, it's a real question on whether there's gonna be enough people left at SAMHSA to be able to make sure that money goes out.

John Moe: This brings up the question of motivation. And I wonder about the political motivation of a program like the one you described—that part of it is helping kids deal with the reality of living—*(sighing heavily)* god, in a school shooting universe. You know, my own kids have grown up with that knowledge, and I know it's affected mental health for their generation. And you know—and the one that came before it. Is it as simple as a Republican administration—which is more gun friendly—wanting to eliminate programs that might recognize the danger of… abundant gun availability?

O. Rose Broderick: *(Beat.)* As far as why the political leadership is doing this, there's only so much that we can do. And a lot—you know, so a lot of this is like speculation, but speculation grounded in conversations with people on the inside and, you know, people in the field. I'll say a couple things. One, I think part of where it stems from is this push that the Republican legislatures and lawmakers have had since Trump came into the office of like, “Hey, we're gonna cut federal bloat and waste,” and whatever words they used. So, it's part of that ongoing mission. You also have Health Secretary Kennedy, Robert F. Kennedy Jr., who is very focused on what he says is, you know, ending chronic disease. He wants to establish a

new agency to do that within the federal government called the Administration for a Healthy Americans.

And that is driving— We think that's driving a fair amount of this. You know, he wants to consolidate all of this into like a separate thing. So, it's like, "Let's get rid of these extraneous parts." Why he's choosing which parts of SAMHSA to get rid of, like why there's nobody left in youth mental health, why there's significant efforts to reduce funding and services around harm reduction? That—you know, we don't know the answer to that.

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The last thing I will say though is that Trump, Kennedy, and JD Vance all themselves have pretty deep connections to behavioral health issues. You know, Trump lost a brother to alcoholism in the 1980s. Kennedy has talked like very openly about addiction to heroin and alcohol and like lost an ex-wife to suicide. And like JD Vance's mom is in like long-term recovery. And his whole like novel, *Hillbilly Elegy*, is about like opioid addiction in Appalachia. So, like these are issues that are deeply tied to the political leaders in the White House and in the federal government. But it's unclear why, even with those ties, they are also leading to these cuts. And so, our best guess is just that they have other priorities that are taking over, compared to what they want done with SAMHSA.

John Moe: And you mentioned this program, the Administration for a Healthy America. Is that meant to replace SAMHSA? Is that meant to replace other agencies? I know it's being trotted out as if it's an official thing, and it's not yet. But what's the plan for AHA, Administration for a Healthy America?

O. Rose Broderick: We—we don't know. There's a lot of confusion about what's happening with AHA. So, it was the Administration for a Healthy America was first announced earlier this year by Kennedy, and it was like, "Hey, we wanna consolidate a lot of this chronic disease stuff in a specific agency." And they were like, "We're gonna move towards that. And in our budget proposal for next year, we're gonna say, 'Hey. Let's like put all these line items for these things that are gonna like supposedly exist in this new agency.'"

Both the Senate and the House were like, "What are you talking about? That's—like, we don't want this. This isn't a priority for us. Like, SAMHSA and some of these other agencies that you want to put into this are like statutorily required. So, like how are you going to do this?

So, there's just been this back and forth all year between legislators and the executive branch around like what's going to happen with this supposed new agency. We've heard that at this point when—with respect to SAMHSA, and so, you know, the agency overseeing adult addiction treatment—people in the behavioral health field aren't opposed to SAMHSA existing in a different way or under a different name. Like, they care a little bit less about the name and more about the services and the expertise still being there. But given all the layoffs, it doesn't seem like that's still there. And also, I'll just say that like SAMHSA right now is kind of a shell of itself. You know, it doesn't have the ability to— There are other agencies that are basically running a lot of its functions.

Like, there's a separate agency doing all the contracting, coordinating all the travel, doing all the IT. At this point it's like is SAMHSA even a real agency anymore? Or is it just a holding place being put into another agency? Or you know, is it—which is now effectively AHA. we don't know.

Transition: Spirited acoustic guitar.

John Moe: More with O. Rose Broderick after a break, including services and resources that are just no longer available.

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Transition: Gentle acoustic guitar.

John Moe: We're back talking with O. Rose Broderick from Stat.

Well, you've talked with a bunch of people connected to mental health and to government—lobbyists and Capitol Hill aids and all this. What are you hearing about what's it like within SAMHSA for the people who remain?

O. Rose Broderick: I mean, we're hearing that it's effectively a ghost town at SAMHSA right now. There's a few people left across its various buildings in DC and elsewhere. You have people that are watching their sensible replacements come in with like contractors and take over desks next to them. Morale is super low. And everyone's just like, "We don't think it's—there's no way SAMHSA's gonna survive at this point."

As we go forward, there's—"we" being the SAMHSA employees talking to me and my colleague, Lev, who wrote this story. Like, it doesn't seem like SAMHSA has much of a future. Or if it does, it's just hanging on by a thread. And people are really worried about what's gonna happen.

John Moe: In the article, you point out some groups that receive funding from SAMHSA just going dark, just turning people away, just ceasing to be. Can you give some examples? 'Cause I think it really illustrates kind of the stakes of what we're talking about here.

O. Rose Broderick: Yeah. Yeah. So, there are crisis hotlines in Wisconsin that are no longer around. And there are recovery organizations in Pennsylvania that don't have the capacity to take on as many clients. So, there are more people struggling with drug addiction and substance use. There's—in Nevada, like key people that are supporting children with basically like—severe emotional disturbance is the term—and they're just gone. So, it's not—And those are just a choice view that we included in the article. But there's tons more.

I mean, there's things that are happening in Michigan. There's things happening in New Hampshire. This is not gonna be isolated to one state or one organization that's overseeing mental health or addiction. Like, this is happening in every state. It's just a matter of when.

John Moe: And I understand that there's a move where the administration wants to cancel some of these programs, some of these services—mental health services and addiction services—and they're not allowed to cancel the program. So, then they just lay off the people in charge of administering the program? They kind of starve it at the source? Is that right?

O. Rose Broderick: Yeah. I mean, SAMHSA has this minority fellowship program that— I mean, it's sending psychiatric nurses to get doctoral degrees. Or like— Those are like—that's the real dollars getting them the help that the help and the education that they need. There's also this program called the P&A Program that is key for supporting watchdogs who oversee folks with intellectual disabilities. So, like they'll go into homes and make sure that the care providers and the health aides who are overseeing these people are treating them right, that they're getting the help and education and care that they need.

And in both cases, Trump initially was like, "Hey, that's not a priority for me," and didn't put it in his budget for next year.

And then the house and the Senate were like, "Actually, these are very important to us."

Put 'em back in, and then Trump basically just wiped them out. All the people—or the administration wiped out all the people who are part of those programs in SAMHSA and oversaw them. So, they effectively no longer have the same access. So, it's unclear what's gonna happen with both of those.

John Moe: So, are the programs funded, but there's just no people there to disperse the money and manage it?

O. Rose Broderick: Yeah.

John Moe: *(Sighs heavily.)* Okay. What are other organizations, advocacy groups, the rest of the mental health community saying about these cuts? And I guess more importantly, what are they doing about this? Is this like a sealed, "it's decided; there's nothing you could do about it," or is there a fight in here?

O. Rose Broderick: I think it depends on the outlook of— You know, I talked with a number of grantees and people that receive SAMHSA services—some folks that have been receiving it since the very beginning, since 1982/1983. And you know, one person that I talked with in particular, Lynda Gargan, she like runs the National Federation of Families, which oversees a ton of different organizations. But she was like kind of optimistic. She was like, "Yeah, it's bad right now, but I think we can make it work. I think that we can make it work for, you know, our aides and our folks in the future."

But she was saying like, you know—

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—“If there is a string left, and maybe there is a string, maybe we can climb back up from the hole that we're in. But if somebody cuts that string, good luck.”

And other folks were a little bit more pessimistic about it, saying that this is effectively—you know, it's a requiem—*(chuckling)*. In the Google doc that I started for this draft between Lev and I, it was called “Requiem for a SAMHSA”. Because I was just like—from what we've been hearing, it's just like, “Is there anything left?”

So, the people in the community and the behavioral health community who—you know, the families, the parents, the kids who rely on these services that are supported by SAMHSA employees—they're really worried about what's to come next.

John Moe: Can you explain who Chris Jones and Jennifer Fan are and what has happened to them?

O. Rose Broderick: Yeah. So, these two were like long-time SAMHSA behavioral health people in the federal government. They've been doing it for decades—and like, super well respected; were in key, high-level positions prior to this year. And then over the course of 2025, the two of them were just kind of sent out West. Chris was sent to, I believe, Montana. Jennifer was sent to New Mexico. And both of them were sent with the sort of premise of like, “We're going to help Native American health and hospitals out West.” But it's unclear why.

You know, like the leader of SAMHSA was basically like— When the decision came down from the brass— Like, Art Kleinschmidt, who's sort of the acting administrator at SAMHSA right now, he's like, “Hey, I don't want them gone.”

And the brass was like, “Too bad. You're like, these folks are going out west. And when we talked—when we reached out to HHS, to Health and Human Services, about why this happened, they were just like, “It had nothing to do with nothing.” And specifically, that it's Just like their services were needed elsewhere. And there's 3/4/5/6/7 others. Key people. You know, Paolo del Vecchio, Yngvild Olson, Brian Altman. There's a number of folks throughout the year who— I think it was out of like 17 top agency officials at the beginning of the year; there's like four, maybe five left. So, you have that like—

One of the things we talk about is like SAMHSA is—it kind of functions as this repository of knowledge and of expertise for—god, you know, for 33 years. And when you lose the people who have been there the longest, to kind of just have that day-to-day, “Hey, this is the reason why we're doing it,” and— What is the term? Like, institutional knowledge? Sure.

(John confirms.)

That institutional knowledge is just gone at this point.

John Moe: Sending people off to Montana and New Mexico. I—*(sighs)*. I'm not comparing it to Stalin sending dissidents to Siberia, but the thought crossed my mind when you talked about it. *(Chuckles dryly.)*

O. Rose Broderick: I do think Montana is maybe more gorgeous than Siberia, but I've never been to Siberia. So, I can't—*(unclear)*.

John Moe: That's true. Yeah, no. I've been to both. I'll give Montana the nod, definitely.

O. Rose Broderick: You've been to Siberia?!

John Moe: I've been to Siberia, yeah. Yeah! Krasnoyarsk in Siberia.

O. Rose Broderick: How old are you? Are you one of the people that Stalin sent there? Or—?

John Moe: No, I'm not. *(Laughs.)* I'm a little younger than that.

(Rose laughs.)

No, they had a McDonald's in Siberia when I was there. But I digress.

We've covered on this show the kind of philosophy of RFK Jr., vis-a-vis SSRIs—the most common antidepressant—and his sort of opposition to that kind of existing. Like, can we draw a link between his view on healthcare and his view on mental healthcare and his sort of—*(sighs)* uh, you know, disbelief in modern mental health medicine, and what's happening with SAMHSA? Or do you think it's more of a budgetary, DOGE, everything-gets-slashed kind of thing?

O. Rose Broderick: Again, as a journalist, I am less—uh, I don't wanna speculate. And…

John Moe: Disinclined to declare motive, but yes.

O. Rose Broderick: Yeah. *(Chuckles.)* There you go. You get it. Here's what I'll say. Here's what I'll say. I think that, you know, the Make America Healthy Again movement is a movement that is fundamentally a movement that's trying to look at like individual choices and, quote/unquote, natural choices as the right choice most of the time. And me and my colleagues have written about that a bunch.

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And I think that when we're thinking about approaches to mental health and RFK's insistence that SSRIs are kind of like the bane of existence and leading to school shootings and all these things that are, frankly, not based on the science. We know that. I will say that… You know, I wish I had a better answer for you about like what RFK believes and wants, because oftentimes public beliefs and wants are quite contradictory. But he is the leader and the main

guy of a movement that is actively trying to push people away from critical healthcare in a lot of contexts, especially in mental health. And is that influencing the way that he operates with SAMHSA? Maybe? But I do think it's— I have a suspicion that it's a little bit more economically motivated, cost motivated, than it is ideologically motivated. But it's clear that the things that he believes are the things that get priority.

John Moe: And then finally— You know, we've heard about other cuts being called out in court, going to court agencies, forced to bring people back that they've laid off. In your research and all the conversations you've had, is there anything like that happening here? Are there some of these cases in front of the court that could reassemble SAMHSA at all?

O. Rose Broderick: Yeah. So, the SAMHSA union—or the union that represents SAMHSA employees—was just brought onto this case, this lawsuit, that would potentially get people their federal jobs back. It's too soon to say what's gonna happen. I'm not a lawyer. And oh god, I don't have to make those decisions. But it's possible. It's possible that they could get their job back. But I do think it's— We're seeing that a lot of the trust with people in the behavioral health field is wearing thin, even if they do come back.

John Moe: Is there anything else that you feel like we should know about this story?

O. Rose Broderick: I think it's important to understand the context of these cuts. You know, you have drug epidemic—a drug overdose epidemic that's killed 77,000 Americans last year. You've got nearly 50,000 people that are dying by suicide last year. Like, these are <u>real</u> problems, and SAMHSA has been a huuuge reason why the drug overdose epidemic—which has been a problem for years and years—has gotten better in recent years. Their knowledge and scientific expertise that they're just sending out into the media of like, "Hey, this is what we need to do when it comes to fighting people's addictions in the streets,"—like, they were critical for that. They were crucial for that.

And so, I think that if there's anything to take away from what's happening with SAMHSA right now, it's that it's not just, "Oh. Here's a line item of 500 federal employees. And yeah, you know, it's tough. And it's—you know, yeah, it's just bureaucracy or whatever." But we have some real, real behavioral health crises that are making it difficult for everyday people to live and for their families to help get them right. And without SAMHSA, that gets a lot harder.

John Moe: O. Rose Broderick is the disability and healthcare reporting fellow at Stat. Rose, thanks so much.

O. Rose Broderick: John, thanks so much for having me.

Music: "Building Wings" by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

John Moe: Our show exists because people donate to the show, so that it can exist, so we can be informed together, so we can remember the human stakes of everything having to do with mental health. Our show exists because people want to take care of each other. So, please

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[00:40:00]

Hi, credits listeners. I recently realized that I've been listening to far too little Nina Simone in my life. I'm currently taking steps to rectify that, because damn.

Depresh Mode is made possible by your contributions. Our production team includes Raghu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, “Building Wings”. *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

Music:

I’m always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there’s no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

(Music fades out.)

Transition: Cheerful ukulele chord.

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Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!