

INTERVIEWEE: Dr. Sezer Aksel
INTERVIEWER: Jessica Roseberry
DATE: September 13, 2007
PLACE: Telephone Interview between North Carolina and Alabama

AKSEL INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Dr. Sezer Aksel. She graduated as a resident from the Duke Ob-Gyn Department. Today is September 13, 2007, and we're on the phone together. I am in North Carolina, and Dr. Aksel is in Alabama. Is that correct?

SEZER AKSEL: Yes, Daphne, Alabama.

ROSEBERRY: Thank you. Do you have a current title that we should include?

AKSEL: Well, when I retired, the University of South Alabama gave me the title of Emeritus Professor of Obstetrics-Gynecology and Reproductive Endocrinology.

ROSEBERRY: Thank you. And you retired from the University of Alabama?

AKSEL: University of South Alabama.

ROSEBERRY: Okay.

AKSEL: In 1995.

ROSEBERRY: Thank you. Do you mind telling me a little bit about your background, just—how you got into medicine, and what was interesting to you about that?

AKSEL: Well, I always wanted to be a physician, especially after graduation from high school. At the time I was in Turkey, where I was born and raised. The family didn't believe in higher education for girls. So after twelve years, once they allowed me to do

what I wanted to do—which was to go to college and become a physician—then I took the necessary exams of the time, which was college boards. Then I applied for undergraduate education. Apparently I did well at the college boards and was offered an admission and a scholarship to Duke University—Women’s College at the time. I started my education in 1964, when I came to the United States.

ROSEBERRY: So what made you so determined, even when your family might not have pushed for women to have higher education?

AKSEL: I was very, very interested in medicine, and I always told people whenever they asked me when I was kid that I wanted to be a doctor. There were no doctors in the family. But that was my desire! I just wanted to be a physician.

ROSEBERRY: So did you have any women who were role models for that?

AKSEL: Not in the family—not in the immediate neighborhood. I’m not sure what initiated this desire, but I knew that, ever since I was a child, I wanted to be a physician.

ROSEBERRY: So why Duke?

AKSEL: I applied to several schools. I got the best scholarship from Duke.

ROSEBERRY: Did they have many international students or students from other countries at Duke?

AKSEL: During a meeting of the international students in 1964 I’d guess maybe about thirty-five showed up. So there weren’t too many.

ROSEBERRY: So what did you think when you first came to Duke?

AKSEL: I thought it was a wonderful campus. I had problems with the Southern language. As a matter of fact, I couldn’t understand some of the people who spoke with a North Carolina twang. But then as time went by, I adopted some of the twang, I’m told.

ROSEBERRY: So did you speak fluent English, just not fluent Southern English?

AKSEL: Well, I knew English very well. I was a graduate of American Collegiate Institute, which was a girls' high school in Izmir that started teaching us at about age in English—including high school subjects of an American curriculum and Turkish requirements as well. Most people who graduated from that high school spoke fluent English.

ROSEBERRY: So how did you find the culture at Duke?

AKSEL: Well, it was interesting. I was familiar with, of course, the American way of life from my previous education. At the time, it was extremely friendly, and I enjoyed the academic atmosphere. I enjoyed the teachers. I was very happy to be at Duke.

ROSEBERRY: Were there other women medical students around you?

AKSEL: Not when I was an undergraduate. You see, I had to do undergraduate before I got into medical school. I knew I was much older than the usual applicant to medical school, so I doubled up on studies, and I finished premed in two years and two summer schools.

ROSEBERRY: Was that difficult?

AKSEL: Yes; in 1966, I started medical school.

ROSEBERRY: That sounds like a strenuous time.

AKSEL: It was a very strenuous time, but it was also a fun time. I was in a special student dormitory. I'm not sure if it still exists. I guess it does—Epworth Inn. And it was a very, very congenial, friendly atmosphere. It consisted of mostly graduate students, more compatible with my age at the time. And whenever I had time from studies, I had a wonderful time with friends!

ROSEBERRY: So next, you went to medical school at Duke after—

AKSEL: That's right. I was accepted in 1966, class of '70, and I started medical school.

ROSEBERRY: And how was that experience?

AKSEL: Well, it was rough, because this was the first year of the new curriculum. They had changed a lot of things in medical school. I wasn't familiar with the old curriculum, but this was the year where they expected the students to learn all the basic science in one year instead of two. The second year was to be clinical rotations, and then the third year the students were allowed to go back into basic science and take the subjects that they were interested in. And it helped a lot if you knew what specialty you wanted to pursue. So since I knew I wanted to be an obstetrician-gynecologist, it was easy for me to make the selection. But I know some of my friends had a difficult time in deciding what to take. It was hard. It was a very difficult year, the first year. But after that, it really got very, very fascinating.

ROSEBERRY: So with the new curriculum, were there higher expectations? Was that a more difficult way to do things?

AKSEL: Well, I think what they were trying to do was to experiment with introducing the medical students to basic sciences—all of it—in one year. And to some students like me, it was overwhelming. In our class there were people with masters in basic sciences, there were PhDs. There were professionals. So here I was, just out of high school, having finished the premed requirements in two years, two summer schools, just trying to fit in, into a very strenuous first year.

ROSEBERRY: So when you kind of moved into the ob-gyn field, you said it became fascinating. I wonder what was fascinating for you about that?

AKSEL: I think it was the physiology. My interest in obstetrics, which I sort of lost about the second year of residency. I was more interested in the physiology and endocrinology, although the specialty was not in existence at the time.

ROSEBERRY: So were you able to pursue that strand, even without the specialty being formalized?

AKSEL: Well, I was, because once I started my internship/residency in the department, the second year I was sent to Johns Hopkins to spend a special year with Drs. Georgeanna and Howard Jones. At the time it was called Gynecologic Endocrinology, but now it's referred to as Reproductive Endocrinology. That was an unusually good year for me. I really enjoyed what I learned. Both of them were superb teachers. And I was just really very happy with the knowledge I gained when I was at Johns Hopkins with these two very special teachers.

ROSEBERRY: Were there other women in your medical school class?

AKSEL: There were eight of us. The class was eighty-eight, and there was eight women.

ROSEBERRY: Did you all stick together?

AKSEL: Not really. The group I stuck with were people who were more mature. The classmates I enjoyed were in my lab group. We had a good time. We studied together, and we'd do certain errands together.

ROSEBERRY: Well, when you kind of moved into ob-gyn, what did the department look like at the time?

AKSEL: The department in January of 1970 consisted of ten male residents/interns all together. I was number eleven. It was very busy, extremely busy. The call schedule was unbelievable—fourteen out of thirty nights. And there had not been a woman in training

in the department since the graduation of Dr. [Eleanor] Easley in 1945. So it was somewhat new to me, to be in an all-male department, trying to gain some leeway as to privileges for a woman physician, which did not exist for many years in the department.

ROSEBERRY: What kind of privileges?

AKSEL: Well, like having a shower! Having a dressing room that you didn't share with nurses. So it took a while before these were established, but finally there were some changes, especially when two years after I started another woman physician joined the department. Then we got better privileges.

ROSEBERRY: So she was not a resident? She was actually in—she was faculty?

AKSEL: No, she was a student in the Duke system who that joined the department as an intern when she graduated.

ROSEBERRY: Okay.

AKSEL: This was 1972, two years after I joined the department.

ROSEBERRY: So you were able to get showers and things like that?

AKSEL: Yes, certain changes had to be made. At the time, Ob-Gyn was in the Davison Building. There was some available space in Carter suite, and that was changed into a call room, and shower facilities and changing room for the women residents and interns.

ROSEBERRY: What was the field like? Was it fairly receptive to women, or was it mostly men just in general?

AKSEL: Initially, it was not very receptive. I really had to work almost twice as hard as the men (*laughs*) to not be criticized by some of the male residents. But I didn't find that to be a problem. I liked the work, and I found out that I could, most of the time, out-work

any of my male colleagues. Eventually they got to the point where they could trust me, and not be critical of me.

ROSEBERRY: It sounds like you were working very hard.

AKSEL: I did. (*laughs*) I had to work very, very hard.

ROSEBERRY: So they eventually came to see your strengths in that, and to not—

AKSEL: I think they eventually respected me. I mean, anytime I was given a job, I did it. I didn't complain. I didn't expect any special privileges for being a woman. So I just put in my time, just like they did. After the nights that I was on call, I didn't walk around with a sleepy face the next day. I drank my coffee, and I was up to par, putting in my next day's work.

ROSEBERRY: So did the faculty have the same experience, of maybe a little resistance to having a woman resident?

AKSEL: Not really, I didn't feel it. Even if they had resistance, they never showed it to me. I never had any type of—how should I say—critical behavior on the part of the faculty. I really enjoyed working with the faculty. As a matter of fact, the chairman was just superb—Dr. Roy Parker—and at the time, the other faculty—they were all very nice to me.

ROSEBERRY: And you mentioned Eleanor Easley. Was she there as well?

AKSEL: She only came to some meetings. There were some grand rounds, some conferences she attended, and I'd just make a point of talking to her. She was a very nice person. I wished she was in the department, but unfortunately she had elected to go into private practice.

ROSEBERRY: So do you know any of—kind of her story? I know that she, during that time, was kind of in and out of Duke just every once in a while. But did she ever teach at Duke?

AKSEL: I'm not familiar with any of her past history.

ROSEBERRY: Okay.

AKSEL: The only thing I was told by some of the senior faculty was, "Well, we hope you're going to be as good as Dr. Easley when she was training," by some of the faculty. Apparently, she was very good when she was there, but I'm not familiar with any of the particulars.

ROSEBERRY: Was she able to encourage you any in your work, or—?

AKSEL: Well, just the fact that she had been there. I guess that was the only encouragement. She made it. She trained in the same department, and she made it. So that was the major encouragement.

ROSEBERRY: What was encouraging about that to you?

AKSEL: Well, at least they had one woman that trained in the department, despite the fact I felt sometimes that I was looked upon by the resident staff as, "Oh well, let's see. Is she going to last, or is she going to leave?" Apparently—I had heard some stories that there were maybe one or two previous women interns that came and barely finished their year, and they left. Now, whether they were not asked to stay or left on their own, I wasn't sure. Some of the nurses felt that they were asked to go. And the faculty—or the senior residents—weren't sure what happened.

ROSEBERRY: So how did this kind of impact your working life?

AKSEL: Well, I was determined to make it. I didn't have any doubts that I was going to finish the program.

ROSEBERRY: A few other women—when I kind of look at the roster of names on the faculty, there are two others that come up. And I wonder if you know anything about them, or if they were there at the time. And that's Dr. Violet Turner?

AKSEL: No, I heard about her, but when I was there, she wasn't.

ROSEBERRY: Okay. So she had gone by that point?

AKSEL: She was gone.

ROSEBERRY: Do you know if she left, or if she passed away, or—I don't know that.

AKSEL: I don't know.

ROSEBERRY: Okay.

AKSEL: The name rings a bell, but I can't remember whether she left herself or passed away. I just don't know.

ROSEBERRY: And the second name is Christa Von Roebel? I'm not sure how to pronounce it. Do you know that name?

AKSEL: I never heard that name.

ROSEBERRY: Okay.

AKSEL: What year was she there?

ROSEBERRY: I think she was there until about '67, maybe? She was there in the fifties and sixties, and I don't know if she came—

AKSEL: I never heard of her, but Violet Turner I remember.

ROSEBERRY: Okay. But it sounds like a pretty male atmosphere at the time?

AKSEL: Oh, yeah, completely—100 percent, except me and the nurses.

ROSEBERRY: Yeah. So were you—it sounds like you kind of had some communication about that with the nurses?

AKSEL: Well, the nurses sort of stood by me, I guess. There was a head nurse—Reilly, was her name. Apparently when I was reporting at the board—see, I'm five foot two, and all the men were close to or over six feet—I got up on a stool, and then I presented the board. And she would imitate me! She thought that to assert myself—I just wanted to be at the same level with the men. And I'd argue with them, if they were critical of something I said or did. I mean, I'd just defend myself. And she thought that was great! So I think nurses basically were behind me.

ROSEBERRY: Do you remember the names of some of those nurses?

AKSEL: There was Judy, and Ms. Reilly—I can't remember her first name, Margaret. And there was—well, it's been so many years. There was also an older lady, she was very sweet. She knew a lot of obstetrics. So did the head nurse. Many babies were delivered by the nurses before they could wake up some of the residents, who could not hear the phone!

ROSEBERRY: Was there anyone you felt that mentored you?

AKSEL: In what way?

ROSEBERRY: Maybe just kind of helped you along, or guided you in the way to pursue your career, or took a special interest in—

AKSEL: The chairman, Dr. Roy Parker. He was a hundred percent behind me

ROSEBERRY: So why do you think there were not many women before you? There was only one—why?

AKSEL: Well, I sort of asked that question, and the answer was, “Well, ob-gyn is not a women’s specialty.” When I said, “Why?” The answer was: Women don’t like to see women professionally. And that sort of surprised me! I thought that was exactly the opposite of how women would feel. One senior resident told me that some nights, when I was called to the emergency room to see a patient, I shouldn’t be surprised if the patient refused to see me. Now, during my four and a half years of residency, that never, ever happened! The only thing that happened was that sometimes when I walked into the patients’ room, they’d say, Oh, are you the nurse? I’d say, “No, I’m the doctor.” And then they were perfectly happy to see me. Another interesting event occurred, when finally I was at the point where I was seeing patients in the clinic. There was a lot of our women staff in the department, and in other departments. My gyn patient schedule was full all the time., because most of the staff that worked for us wanted to see me—as a patient! So I knew that when they told me women would not like to be examined by women, it was completely false.

ROSEBERRY: Do you think it’s the opposite? Or do you think it matters not at all?

AKSEL: Well, these days it might be different. But at the time, I thought women really preferred to see women as a gynecologist.

ROSEBERRY: So you had a little bit of a following, it sounds like?

AKSEL: Well, I’ve been extremely popular with my patients when I practiced. Even after I retired from the University of South Alabama, I worked part time in private practice with one of the former residents that I trained. All my patients followed me to my private practice. So I never had any doubt that as long as you are a good physician, patients are very happy to see you.

ROSEBERRY: Do you remember the first baby that you delivered?

AKSEL: I was a senior student! (*laughs*) There was a yell from the reception room where they admitted the patients, and there was a junior student attending the patient. One of the nurses called my name because the lady was pushing. The student was so scared, he ran away. So I rushed in, and with the help of the nurse, delivered the baby. We did not see that student all day!

ROSEBERRY: What do you remember thinking at the time, or feeling at the time? Do you remember?

AKSEL: I thought, This is really neat! (*Roseberry laughs*) You really don't have to do a lot to deliver a baby. The women have the baby, anyway! (*Roseberry laughs*) There's very little help involved!

ROSEBERRY: I'm sure that's an amazing moment.

AKSEL: It was a very, very interesting day!

ROSEBERRY: Well, you talked a little bit about endocrinology, and how that became something that was interesting to you?

AKSEL: Well, the physiology of the process interested me. And then when I went to Hopkins in 1972, I did mostly endocrinology and gynecologic endocrine-related surgeries. I thought that was the way to go. As a matter of fact, when I accepted the job at the University of South Alabama, as the head of [the] Endocrine Division—I set up the Endocrine Division here—I accepted it with the understanding that I was not going to do private obstetrics. And I didn't. I taught obstetrics. I taught the residents cesarean sections, deliveries, et cetera. But I did not have a private OB practice when I was at the university.

ROSEBERRY: So what are those endocrinology surgeries? What would be an example?

AKSEL: Oh, at the time it was infertility-related surgeries, corrective tubal surgeries, lysis of adhesions. Some delicate microscopic tubal surgeries I learned when I was at Hopkins. Then, laparoscopy was just beginning to become popular in gynecology. Now everything is done through the laparoscope. But at that time, it was being introduced into obstetrics and gynecology. That was a great breakthrough in the infertility practice, both for diagnosis and treatment.

ROSEBERRY: So you were able to kind of see that technology come at its beginnings, and—

AKSEL: Yes, I was involved with it from the very beginning. As a matter of fact, when I was at Hopkins, we had a class for the general practitioners of Maryland, and all of us would scrub with the different private practitioners in the community and do laparoscopies with them, sort of familiarize them with the technique.

ROSEBERRY: Dr. Aksel, let me flip our tape over here.

AKSEL: Okay.

(pause in recording)

ROSEBERRY: So you were talking about the laparoscopy?

AKSEL: Yeah.

ROSEBERRY: Was there anything else that has changed in the field that might be interesting to mention?

AKSEL: Well, as the days went by, laparoscopy got so extensively improved, through many, many additional techniques, that now they even do hysterectomies through laparoscopy.

ROSEBERRY: So were you able to do some of those surgeries as well?

AKSEL: No. By the time I retired—the year 2000—we used laparoscopy significantly for corrective infertility surgeries, but not to the point where we were doing hysterectomies and other major operative procedures.

ROSEBERRY: It sounds like there's a real link with surgery. Is that pretty typical of ob-gyn, or is that kind of within certain specialties?

AKSEL: Well, it's gynecology. Significant surgery is involved with gynecology. And obstetrics, of course—they're doing some procedures right now, when the baby is *in utero*—there are so many technical advancements in obstetrics that it's unbelievable! At the time, there wasn't that much obstetric surgery, except the cesarean section or hysterectomy following complicated delivery, where the bleeding couldn't be stopped. But mostly it was just procedures that were geared towards saving the life of the patient.

ROSEBERRY: And how long was your residency at Duke?

AKSEL: Four and a half years.

ROSEBERRY: I know when we spoke before this interview—when we spoke on the phone—you mentioned that, you know, that was kind of the time when you were a resident as long as your chairman said you were a resident?

AKSEL: That's right. The chairman decided if you were through. The reason I was there a little longer was because the year I spent at Johns Hopkins—that was including the year at Hopkins—and I was going to start a Reproductive Endocrinology Fellowship at Duke. And that started in June. So I just spent an extra six months on the service.

ROSEBERRY: So you did—

AKSEL: —an Endocrine Fellowship.

ROSEBERRY: —you did follow through with that fellowship?

AKSEL: Yes.

ROSEBERRY: And that was—you were doing surgeries, completely, by that time?

AKSEL: Well, yes. We had pretty much freedom to operate without attendings while we were chief residents. We were very well trained, and I have to give that to the faculty at the time—that when we finished the program, we were competent surgeons. Which I understand is not true anymore, because of the attendings having to be in every single surgery—because of legal and insurance reimbursement reasons—nowadays. At our time, the lawyers were not a threat to the physicians. So residents operated by themselves. The only time attending faculty was called in was when we got into trouble, and that was not very often.

ROSEBERRY: So you learned a lot by doing, it sounds like?

AKSEL: Hello?

ROSEBERRY: Yes.

AKSEL: I sort of lost you.

ROSEBERRY: Oh, I'm sorry. I said it sounds like you learned a lot by doing?

AKSEL: Well, that was it; for residential patients, there were two operating rooms. The chief resident and the third-year residents ran the operating rooms assisted by junior residents. We always scrubbed with the faculty as assistants on their private patients. And the faculty were very good teachers, at my time. They really tried to teach us, let us do as much as we could on their patients. As a consequence, when we ran the operating rooms as third- or fourth-year residents, we taught the junior residents. It was really an excellent teaching program.

ROSEBERRY: So you feel that the Duke education served you well?

AKSEL: Very well.

ROSEBERRY: Well, good, I'm glad to hear that! Well, is there anything about that time that should be mentioned, that I have not explored with you, or—?

AKSEL: Well, the only thing was that the department that started with ten residents when I joined it—when I finished, we were up to sixteen. And by the time I finished my fellowship, it was up to twenty-four. So it was wonderful how the department grew and accommodated more physicians in the training program as the patient load increased.

ROSEBERRY: So was it the reputation? More patients were coming because they—it was a good place to go? Or what brought that change?

AKSEL: Well, basically it was that. And after a year and a half, nobody wanted to take fourteen nights' call out of thirty. So the chairman had to get us more help. (*Roseberry laughs*) It's not easy to be on call every other night.

ROSEBERRY: So is that something that was, you know, more of the learning by doing? You feel it was something that was important, or was it overwhelming?

AKSEL: Well, I think—although we complained bitterly at the time—we learned a lot, because we were there all the time! There wasn't anything that anybody would miss. If you missed it one day, you'd come back the next day. The complicated patient was right there! So all residents had a chance to have the experience of taking care of, or participating in the care of, very complicated patients.

ROSEBERRY: Well, it sounds like it definitely was your life for that period of time.

AKSEL: Yes. You practically had no time for anything. You just came to work, and when you went home you were exhausted, because the evening rounds didn't finish

before seven or seven-thirty p.m. So by the time you went home—on your off night, you were to show up at work the next day at 6:30 a.m.

ROSEBERRY: Were there many of the residents who had families at that time?

AKSEL: Well, yes! Some of the senior residents were married. They had complaints from their wives, I'm sure. But there really wasn't that much time to chitchat in the department. We were so busy!

ROSEBERRY: So were you—you were working with the faculty? You said that you were scrubbing in as a second on the surgery?

AKSEL: Well, when the surgery schedules came out, the chief residents would assign the residents that were to scrub with the faculty that particular day. And then there was always resident surgeries. Nowadays it's very different. The surgery schedule is put out, and the attending attends the resident cases. But at the time, residents had their surgery, and the faculty had their surgery. Residents scrubbed and helped the faculty, but residents also independently ran operating rooms for the residents' patients, which is no longer possible due to incomes, Medicare, and Medicaid requirements.

ROSEBERRY: Who was chief resident at the time? Do you remember?

AKSEL: Well, when I joined the department, some chief residents become faculty. I would rather not mention names.

ROSEBERRY: So when you—it sounds like you didn't have a lot of interaction with other departments?

AKSEL: We had, sometimes, combined conferences with Pathology, Pediatrics. But you know, hardly ever did we have time to have interaction with any of the residents—unless we were consulting them on a patient.

ROSEBERRY: So did you—you weren't interacting with any other women, it sounds like?

AKSEL: Well, not really.

ROSEBERRY: Until, you said, a few years later, there were a few women residents that came?

AKSEL: Right. A woman resident started two years after I did. Another joined the department in two years.

ROSEBERRY: Were there other things that you all were able to accomplish, like the showers that you mentioned for female residents? Other things that you were able to—?

AKSEL: Well, by then I was a fellow in the department. Women had a private call room—although I shared it with the women residents, of course. But generally conditions were improving for women.

ROSEBERRY: Just conditions, or kind of social—?

ASKEL: Well, I mean, at least we could watch television when—we didn't have anything to do—in the male quarters of Carter Suite. Nobody made a fuss when the women went in there and sat—while they ate their dinner or whatever. It was a gradual improvement. And now I understand they just have one big, happy call room!

Everybody has a room or whatever, they share everything!

ROSEBERRY: So this is the room where the residents would go and sleep?

ASKEL: Besides men's call room, there was room and a little hallway. There was a couch and a table where you could sort of stretch out for a few minutes, unless you got called, of course. In this common area, you could watch TV, see what's going on in the world, and grab something to eat. Most of us didn't have time to sit at the cafeteria and

eat, because if you were on OB call, the chances were you would get called. You either carried your tray to your room or you had to leave everything in the cafeteria and rush to the Emergency Room. It was a pretty hectic few years.

ROSEBERRY: And at first they weren't necessarily amenable to having women in that quarters?

AKSEL: Well, they weren't used to it.

ROSEBERRY: I'm sure.

AKSEL: For a while, men would come out of the bathroom in their shorts, and they didn't particularly care if there were women there.

ROSEBERRY: But then there became a separate facility later on?

AKSEL: There was eventually a separate facility. When there was more than one woman, they recognized that anytime that they walked into that little place where people sat—well, there could be some women there as well.

ROSEBERRY: So tell me about the decision to leave Duke and go to Alabama.

AKSEL: Well, when I finished the reproductive endocrinology training, I had innumerable job offers. In 1976 the subspecialty had just been accepted by the American College of Ob-Gyn. Departments all over the country were looking for reproductive endocrinologists who were formally trained. Having grown up in Izmir, Turkey, which is on the Izmir Bay, missed being close to the water, so I looked at East Coast, West Coast, Gulf Coast. The best opportunity was at the Gulf Coast. A new department of ob-gyn was being established at the University of South Alabama, and they were interested in me. I was to establish the Division of Reproductive Endocrinology. (I enjoyed doing research.) I was given a laboratory and many opportunities to set up the division as I

wanted. I found this a good opportunity to excel in my subspecialty and teach. I thought that I'd just be here for a few years, and then go somewhere else, but it's really a beautiful place. It's the best-kept secret of the South, living in Alabama. Although many of my friends told me that I was making a mistake, I did not make a mistake, as I am still here. This is a lovely part of the United States.

ROSEBERRY: Can you tell me about the research that you were able to do?

AKSEL: Well, I did a lot of laboratory related and clinical research. I'm sure you have access to my C.V. I have a lot of publications. Some came from Duke, and the rest of it came from the University of South Alabama.

ROSEBERRY: Well, is there anything that I have not asked you today that I should have asked you?

AKSEL: Well, I can't think of anything.

ROSEBERRY: Well, it's been a real pleasure talking with you.

AKSEL: Well, it's nice talking to you.

ROSEBERRY: Yeah. Let me turn off the tape. And I want to thank you, on the record, very much.

(end of interview)