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Konstantinos: I'm, Konstantinos Economopoulos, I'm interviewing Dr. Gregory Georgiade. Let me start. Can you tell me a little bit about where you grow up and where did you go to college and how did your professional basically career started?

Dr. Gregory: Well, I was born in Duke Hospital. My mother and father were both medical students here at the time I was born. My dad was on the faculty. Basically, I grew up in Durham. I've seen massive amount of change in Durham, North Carolina over those years. I went to University of North Carolina, as undergraduate. I went to Duke Medical School. Then I went to the surgery program. Then I went to the plastic surgery program and I've been on the faculty ever since.

Konstantinos: That's great. Let's back up a little bit. When you attended medical school, your parents were at Duke, right?

Dr. Gregory: Right.

Konstantinos: What made you decide to go to surgery?

Dr. Gregory: Well, my father was a surgeon and I was about 12 or 13, and I had a project for the prep school that I was at, relative to burns. We had a burn unit that time and we ran it. My spring break I went to the OR, watched him take care of burn patients, debride them, graft them, and all those things, then used the slides and other things from that project to make my presentation at prep school. I told my dad, I thought I wanted to be a surgeon.

Actually, what happened is out of prep school right before I started college, I ended up with a job. They were taking basically summer interns and training them as scrub techs, so the nurses could have time off in the summer. I got a job at Duke OR, I was a summer intern scrub tech, and I worked there in orthopedics and urology. Back then the OR would close at about 3:30 in the afternoon. My dad was a plastic surgeon. He would do his local outpatients after 3:30, when anesthesia went home.

As soon as he saw the nurses went home, he dragged me over there and I would scrub those cases with them, being one of the faculty members' children, the residents taught me how to sew and whatnot, things that would get you fired today if you did. Basically, I learned how to do that, then I was back over on the orthopedic urology side, orthopedic resident would sew, I sew better than they do, obviously, even at that early age. We closed bilateral knees or bilateral club feet or whatever. The nurses would look the other way. From that, as I enjoyed doing those things, that's what set the tone for what I was going to do in the future.

Konstantinos: Got it. That's great. I guess, did you have to make a decision on where you're going to do your residency? How did this basically pan out for you? Why Duke basically is what I'm asking for your residency?

Dr. Gregory: Well, I actually wanted to be an orthopedic surgeon to start off with. I wasn't clear I was going to do that or do plastic surgery, so I ended up in the general surgery program. As a medical student Dr. Sabiston was an awe-inspiring individual. At the time that I was a resident I would say it was the golden years of Duke where Duke was recognized as probably the best surgical training program literally in the country and the world. Sabiston was everywhere. Everybody wanted to be like the Duke Surgery residents so that wasn't hard to see. I wanted to be like them.

Konstantinos: Yes. You actually already answered my next question, which was what was the reputation of Duke at that time, especially Duke Surgery. Can you talk a little bit more about that?

Dr. Gregory: Well, Dr. Sabiston traveled extensively, lectured extensively, literally all over the world. I mean, he was the editor of the *Annals of Surgery* and the *Sabiston Textbook on Surgery*. As such, he knew everybody and he had influence across surgery, literally across the world, along the way. Everybody wanted to come visit Duke Surgery to see what it looked like.

Konstantinos: Do you remember when was the first time you met Dr. Sabiston, and what was that interaction?

Dr. Gregory: Yes, I met him, he'd been chair of surgery probably for maybe three years or something. I was a scrub tech and I was rolling the stretcher down the hall and he helped me roll the stretcher down the hall. I introduced myself and figured out who I was, and that was the start of it.

Konstantinos: What was it like interacting with him before you entered residency?

Dr. Gregory: Before I went to residency?

Konstantinos: Yes.

Dr. Gregory: He was pretty hands-on relative to the medical students. When he operated, we had what was called the gold team. He didn't have to do 50 first dates in the OR like I have to do on a regular basis. He had a handpicked scrub team, handpicked anesthesiologist, the chief resident scrubbed, senior resident scrubbed, and they always tried to make sure medical students scrubbed. The reason they did that was if things didn't go well, he would not chew on the residents too badly because he didn't want to do it in front of medical students.

Konstantinos: Interesting. He was very nice with the medical students in general.

Dr. Gregory: Absolutely.

Konstantinos: I guess you also had him as your mentor or you had the chance to hear him lecturing during the chairman round when you were a medical student before even you enter residency, right?

Dr. Gregory: That's correct.

Konstantinos: How were these years for you? What was the, I guess, the impact that Dr. Sabiston had on you as a medical student?

Dr. Gregory: Well, as a medical student, I don't think I actually appreciated his full scope, depth, and breadth of his influence on surgery at that time. Not just Duke but outside. I didn't come to really appreciate that until I was at the point where I was going to apply for residency. The time I applied there was no match and he interviewed people, took who he thought were the best of the best. I was an intern, there were 21 interns, 18 of them wanted to do general or thoracic. Of the 18, 13 got through and the longest one took 13 years.

Konstantinos: Oh my God. That's interesting. I guess, let's go into your residency now. When you started as an intern did the interaction or your relationship with Dr. Sabiston change and in what form?

Dr. Gregory: Yes, it changed a lot. There was fear. Didn't have to have too much fear as a medical student, but as a resident, you wanted to live up to expectations. You didn't want him to think that you were swerk [slack?] at anything and you wanted to do as good a job as anybody else in the entire program.

Konstantinos: How did Dr. Sabiston put his personal stamp on the surgery program? What were the things that formed his moral compass and what were the expectations that you're talking about?

Dr. Gregory: Well, he had all kinds of different expectations. I mean, there were little things that were details, which was more about how his team looked such as you could not be out of the OR in scrubs. If you are out of the OR, you better have your white coat on, your tie on and look sharp, if you will, you had to conduct yourself appropriately with the nurses, you just didn't want to hear anybody was given them a hard time or anything else. You had to respond appropriately to the other faculty members. When you are on call, you make sure you're more than available and helpful. Just basic rules. "If you lie to me, I'm going to fire you." You couldn't do that. You had to come prepared at a high end. You had to be able to present at a level equal to pretty much a faculty member somewhere else if you're going to get through the residency. That was really shown by what you did for preparing for your conferences or teaching conferences. Back then there was no PowerPoint or anything like that. Though we had in-house photographers, when you were going to present something, you had to go to the library and find the article yourself and get somebody to photograph it so you could put it on a slide to show it.

The Department of Surgery probably had a $600,000 or $800,000 bill every year for AV. That was real money back then. You figure that bill times about four or five now, so then none of those things were there. You were set up to learn how to do some of the presentation things. One of the things used to do, used to have three slides. Everybody got their three slides for a talk, they put it in a slide carousel with empty

space between them, they'd spin it, and you got whatever talk somebody else put in there and you were supposed to be able to give the talk without them being able to tell it wasn't yours.

Konstantinos: Interesting. How did your interactions with Dr. Sabiston change as you progressed through residency, from being an intern to being a senior resident and chief?

Dr. Gregory: Well, you have to understand, there was a hierarchy. When you got to be the chief . . . . First of all, if you were the senior resident, he'd be monitoring how you're doing to decide if he's ready for you be the chief. If you weren't ready to be a chief, he'd just kept in the lab another year or something, give you another a rotation or two to do. When you got to be the chief you had, on the Duke service, you had "morning report" that was in person. That's what we used to call one on one with King Kong, where you sit there with the schedule for the OR and everything else. He'd sit there and ask you questions until such time as he got you.

Then he'd send you on your way. The questions could be anything. You had to make sure somebody gave you the *Morning News and Observer*. So that you read that in case something was going to come out of there, if there was some trustee or other faculty member from those other departments that was getting their prostate taken care of or something else you had to know about it. If there's anything unusual that happened in the ER, or on campus, or whatever, you were supposed to know about it and keep him updated.

Konstantinos: Interesting. That's as a Chief. How about the transition from being an intern to being a senior resident there?

Dr. Gregory: Well, when you became a senior resident, you were in charge of your conferences. You were front and center based on both your knowledge and your ability to present at those conferences. That was probably the biggest change. You had a lot more responsibility and you did far more surgery as well, but that wasn't quite as apparent to him. And he would get the feedback from the faculty or the chief residents how you were doing along the way.

Konstantinos: I see. What was Dr. Sabiston's feelings about post-residency fellowship?

Dr. Gregory: Residency fellowships?

Konstantinos: Yes.

Dr. Gregory: Well, in theory, cardiac was a "fellowship," at the last year, cardiac, that was the super chief here and they got to pick and choose what cases they wanted to scrub on. They did a fair amount of congenital and other selected cases along the way. He wasn't terribly excited about having fellows, but you have to realize Dr. Sabiston retired in-- I want to say '93, '94, '95, something like that.

Fellowships were not that common then. There were some oncologic fellowships, Memorial Sloan Kettering or over here at MD Anderson or Dr. Pappas did an extra years of super super chief at MGH when he came here. When you finished you were supposed to be a trained surgeon. That's not so much the case now. They send you further on to finishing school.

Konstantinos: Yes. That's why I asked . Any particularly good Dr. Sabiston stories from either your medical school, your residency, your chief year, anything you can recall?

Dr. Gregory: Well, probably the person I got the best stories on Sabiston was Walter Wolfe. Dr. Wolfe was a cardiothoracic surgeon. He's a fantastic surgeon. Basically, Dr. Wolfe was at the VA as the chief and he had a patient that had a bunch of complications. Dr. Sabiston always ran the VA in July and August. Dr. Wolfe wanted to hide the patient from Dr. Sabiston so he wouldn't see him on rounds. Basically, what he did is he put him in the bathroom on the john with his IV pole.

Dr. Sabiston was making rounds and he went into the bathroom to wash his hands and the patient's on one of the counters, he says, "Hey, hey. Is the Man gone yet? Dr. Wolfe said I couldn't come out until the Man was gone." Meanwhile, all the residents are lined up on the corridor outside the men's bathroom there at the VA just waiting to see what's going to happen. Dr. Sabiston comes out with the patient with the IV pole, told him, "I am the Man," and subsequently says, "Okay, could you help Mr. So and so get back to bed? Walter, I think this is going to end my rounds today. Would you come see me about four o'clock in my office, please? Okay?"

Konstantinos: Oh, my God. Do we know what happened, then?

Dr. Gregory: Well, Walter was such a good surgeon. A good guy. He was the golden boy. I'm sure he chewed on him but he wasn't-- He would just gnawed on him-- He was fine. I've got one of my own where I was the chief resident to VA in July. The junior residents, their job was to find cases for the chief and senior resident to do so that they would then help the junior resident do his hernias and gallbladders. A junior resident found this thin World War II veteran with a 10 centimeter abdominal aortic aneurysm, and two six centimeter iliac artery aneurysms. I set him up, and this is back before it was aneurysm for video games, you had to be able to cut and sew. Okay. It's all open.

I set him up for his operation and what I did was I got a person that was the super chief on cardiac to come help me because I'd done all the component parts of an aneurysm but I'd never every bit of this operation by myself. We're going along, we get the case started. I'm there with my JAR, who was an intern four weeks before and the VA student. and I called Dr. Hammond to come help me. Dr. Hammond said, "Oh, I'm really sorry. I'm tied up over at Duke I won't be able to get there." I know the sucker did it on purpose for a variety of reasons which aren't important to this conversation.

I'm looking at this poor old guy's belly, thank God he's skinny, and all I see is wall hangers. I'm thinking to myself, "This is July, if this guy does badly, this is going to color my entire residency, especially my time at the VA." We do the case. Good news is, I was ready to do it. The guy did great. I did it on Monday and on Friday Dr. Sabiston comes to make rounds and he was an expert in aneurysms. Back then there was no digital anything, it's all cut film. We put up the X-rays of his aneurysm showing the nice calcification of everything, run off arteriogram that shows his iliacs are okay. The patient comes in. We present him. His IV's out, his NG tube's out, he's doing fine.

Dr. Sabiston goes over and picks up the guy's shirt to look at his incision. It looks good too. Then he turns to me and he said, "Greg. Greg, who did you have help you do this?" I remember what I told you before: If you lied to him, you get fired. Meanwhile, Hammond's sitting over there wondering what's going to happen because if he finds out I did this aneurysm by myself, I'm in trouble. If he finds out Hammond didn't show up, he's in trouble. I said, "Dr, Sabiston, I had Dr. Hammond set up to come help me with this." I didn't tell him he helped me. I said I had him set up to help me. "That's very good. That's great. Thank you so much."

I guess the other Walter Wolfe story is Walter was cardiac super chief, and one of his patients in the unit developed tamponade and died. As the patient's dying, Walter takes off his coat and his shirt. Now he's bare-chested, bedside with a pair of gloves on, ripping the guy's mediastinum open, throwing blood over his shoulder, doing an internal cardiac massage and in walks Dr. Sabiston. I never knew what happened after that discussion. Patient survived that so I think Walter did too.

Konstantinos: Oh, that's great. Then any stories about scrubbing in with Dr. Sabiston as the chief?

Dr. Gregory: Oh, yes. Oh, yes. I was the chief, we had our gold team and we were doing an aneurysm and Dr. Sabiston didn't like to go around the neck of the aneurysm with anything. I think he probably stuck the cava once or something else. During this aneurysm, he's using an angle of occlusion clamp, and he's trying to basically occlude the neck of the aneurysm by closing the clamp and closing it side to side. It was anterior and posterior bringing the collateral edges together.

He does it three times and he can't include the aneurysm because it's got too much calcification. When he gets anxious, what he does is he stomps and you don't want to get more than one stomp. He's getting anxious and you get one stomp. When I looked at him, I say, "Dr. Sabiston, that's a really difficult problem. That gentleman has a really severely calcified aorta. Doesn't really want to see to have it occlude."He says, " Yes, yes, Greg. That's a very difficult problem." I said, "Dr. Sabiston, I don't know a lot about this, but seems to me there's some other ways that I've heard of. I'd like to know what you think about them." He said, "Okay, well Greg, tell me what you heard of."

I said, "There are a couple, one of which is you get what we call the sidewinder." Actually, I think it's called the DeBakey aortic occlusion clamp. He didn't like the DeBakey. "We go around the aorta and we try to clamp it, anterior, posterior, we don't have to do a whole lot to poke your calcification, which is giving us so much trouble now, and the angio wall is not as badly calcified. It might occlude it. The other way to do that is to literally put a compressor on it, open it up, put a foley up the aorta with the graft over it, and sew it in as fast as you can, but if the foley comes out, the patient dies. I don't think that's a very good way to do it."

He says, "No, that would be a very bad decision." He looks at his scrubs and says, "Could I have the DeBakey aortic occlusion clamp, please?" "Okay." While he's getting it, I'm sticking my finger behind the aorta to clear the plane on both sides. He can't stick the damn thing in anything because if he does, I'm going to be in real trouble. It goes in there and we occlude it. The problem with it is Dr. Sabiston always sewed his aneurysm with Ti-Cron. Ti-Cron doesn't slide. You got to have a nerve hook to pick it up. Occasionally, he would get confused if it's inside out or outside in so you had to watch him all the way.

We sew the thing in, we pick it all up and we only need one fix-it stitch as Dr. McCann would've said, and it held. We did the rest of the aneurysm. The guy did great. I was in his office the next morning for the morning report. We went through all that. "How's Mr. Jones?" "Sir, he's doing great," whatnot. He's not had any problems whatsoever. No bleeding, everything looks good." He says, "Yes. Greg. I was there. It was very good. I was impressed that you knew the different ways to handle this out on way. That was good." And off he went.

Konstantinos: That's great. Any other stories that you remember in the OR or outside the OR?

Dr. Gregory: I don't know if anybody talked to you about the gray sign. You know what the gray sign is?

Konstantinos: No.

Dr. Gregory: Okay. Dr. Sabiston had a gray Cadillac. By the time I was a resident, Duke North Hospital didn't exist. It got built just as I finished plastic surgery. Dr. Sabiston used to park on Flowers Drive, which is behind the Duke South Hospital, between the hospital and the gardens.

Konstantinos: Yes, yes, yes, I know where it is. Yes.

Dr. Gregory: In that OR platform at Duke South, there was an OR on the fourth floor, which is a major portion of the OR. Above that, there was a surgical library. Surgical library had big windows. You could go up the library, look out the window and tell whether or not Cadillac was here or not. That was the gray sign. You're supposed to see whether he was in town or in the office or not.

Sometimes, he would fool you because the person that worked for him, Brad, might go do something with it or something like that. You had to know Brad and be on Brad's good side, ask Brad, "Is the Man here or not?" If you were on his good side, he'd tell you everything. If you weren't, man, he was just sort of, "I don't know, doc. You're on your own."

Konstantinos: That's interesting. I didn't know that. That's great. Thank you for sharing all these stories.

Dr. Gregory: I could tell you one other story. One of our senior residents who was a runner used to run into work and Dr. Sabiston picked him up one morning at 6:00 AM. It was, he was running into work. He was on the Flowers drive, just before he gets the part where everybody parks. He picked him up, took him the rest of the way, and told him if he had that much energy, he could find some other things for him to do.

Konstantinos: That's great. Have you interacted a lot with Mrs. Sabiston at all and in what capacity as a resident?

Dr. Gregory: Mrs. Sabiston?

Konstantinos: Mrs. Sabiston, yes.

Dr. Gregory: Yes. Aggie's a gem. Thank God for her. She supported him continually in everything he did. Mrs. Sabiston's father was a State Senator. She came from Newbern. She was the rock of that. He would not have been able to do what he did without that type of support along the way. She was always very good with the house staff. She knew many of their names or whatnot. Can't say enough nice about her.

Konstantinos: That's great. I've heard from many people that there were many impressive stories about Dr. Sabiston himself, but one thing that probably stands out that everyone says is how great he was by him remembering names and like your wife's name, your kids' names, and all this. Is that true? What's your perspective on that?

Dr. Gregory: It's absolutely true. He worked at it. He would have the composites and he'd do that and he'd add it to it and he'd learn it all.

Konstantinos: That's impressive. I think that Dr. Fulkerson I think told us at some point that you took Dr. Kirk through his first operation. Is that right?

Dr. Gregory: He did what now?

Konstantinos: That you took Dr. Kirk through his first operation. Is that true?

Dr. Gregory: Kirk's first operation?

Konstantinos: Yes.

Dr. Gregory: Yes. As a medical student, that's true.

Konstantinos: Oh, yes. I want to hear of that story too, if that's okay with you.

Dr. Gregory: Okay. Well, he's a second-year medical and there was a gentleman that had a leaking abdominal aortic aneurysm. Not leaking in the sense that he's hypotensive, but he'd been admitted to the hospital for his back pain and they figured out that be a threatened, leaking aneurysm. He had a horseshoe kidney, and he had one renal artery off the left side that fed the entire kidney. My associate, Dr. Moylan was going be out of town and I needed to go do the case.

I went to see the gentleman and I immediately recognized him. He worked at Duke, in what we called the cage, which where in the gym, they used to hand out athletic equipment to the Duke students. I knew it because my brother and I grew up on the campus in the summer, and we used to teach swimming lessons with the swimming coach, and then we'd go into the gym and play basketball. You weren't allowed to be there without your parents for supervision, period. He used to run us out of there every damn day. He just loved doing that.

I went to him and said, "You don't know who I am. I know who you are." He looked at and said, "Doc, what do you mean?" I introduced myself and told him who I was and how he ran my brother and I out every time. He said, "Yes, I used to love to do that." I said, "Well, I'm going to get even." He said, "What are you going to do?" "I'm going to fix your aneurysm. I'm going to make sure you survive it and this is going to hurt." He said, "Doc, I'll deal with the pain. You get me through it."

That's right. We went and did an aneurysm. The vein graft is one and only renal artery and had a good tunnel around his horseshoe kidney. It was an aorta bi-iliac**.** He's fat, sewed all that in. We got ready to close. It was like five o'clock in the morning. I left the chief resident to close because I had to go to Raleigh to do a triathlon. I had my bike in my back of my truck and I went to Raleigh and did my triathlon. Dr. Kirk, his response was, "Well, gee, if that's what surgeons do, that's what I want to do."

Konstantinos: [laughs] That's great.

Dr. Gregory Georgiade: He can tell you the story. He remembers it.

Konstantinos: I believe it. No, I believe it. I just wanted to hear it from you. Thank you for that. In terms of your, I guess professional career. Again, you did basically everything at Duke and went through residency. Then when did you decide that you're going to do plastics and how did you plan about your academic career? Was Dr. Sabiston helpful throughout this period of time for you?

Dr. Gregory: I decided on plastic really in my second year. Part of that was that we did, and I scrubbed on the first free flap composite tissue that was done in this country, did it here at Duke. It was one of my dad's cases and I did it with Don

Serafin. I was one of the many people who scrubbed on it. That was a new frontier, that type of reconstructive surgery, new frontier in plastic surgery and that's when I decided what I wanted to do. I was very fortunate in that there was an individual in the general surgery training program who decided he was going to drop out and go into urology. I got his slot.

I went through Duke general surgery in five years. Fastest anybody ever got a chance to do it. I didn't have the three years after that, but I went through it in five because I [didn't?] have to go on the lab. Dr. Sabiston always helped me. When I came on the faculty, I had to come onto the faculty in general surgery because my dad was a chief of plastic surgeon and I could not be under his supervision, so I had a dual appointment at that point. Dr. Sabiston used to send me the hardest cases that he could find, which was just fine, along the way, and he was always supportive.

Konstantinos: That's great. As you entered the faculty here at Duke, was Dr. Sabiston still here, or?

Dr. Gregory: Yes, he was for at least 13 years.

Konstantinos: I guess he was still very supportive for your career?

Dr. Gregory: Yes. One thing about Dr. Sabiston that doesn't come out that often, that I think really people miss when they talk about him being such a large figure in surgery. What they don't talk about though is, he had an unusual niche. He traveled a lot, but what he always tried to do was bring back new ideas with the ideas he saw elsewhere and developed it more fully here at Duke. For example, Duke had a laparoscopic institute before anybody else who knew what laparoscopic surgery was, US Surgical and Dr. Pappas and Myers were the head of that early on. We were, at the front end, of a lot of things, secondary to Sabiston's recognition, insight, about that which was going to be important over time in surgery.

Konstantinos: He had very innovative insights and was trying to bring basically innovation early on and Duke was an early adapter of many things?

Dr. Gregory: Yes. Absolutely.

Konstantinos: I actually happen to know all this because I'm interested in innovation myself, but yes, no, that's an interesting point. I don't think anyone else, at least that I have interviewed with has mentioned that. You're right on that.

Dr. Gregory: They wouldn't know that. What he did is he paid his faculty nothing, and he took money and invested it continually in his research entity and those types of things. He had money, he only paid the faculty that which he had to, to keep them along the way.

Konstantinos: Got it. Is there anything else that you would like to share with us in terms of your years in the Dr. Sabiston era, Duke Surgery, or anything else that you think would be important to state on record?

Dr. Gregory: Well, I think the other thing we didn't talk about is both for his faculty members and his residents that finished, he had a giant say at what jobs you got in the future, what your opportunities were. He had a number of his faculty that went on to be Chairs elsewhere along the way. He had individuals that literally came out of here just to be the Division Chief somewhere as they finished along the way. He was like the godfather, making these people made men.

Konstantinos: He definitely had a very thoughtful plan for everyone that he recruited. You talked a couple of times about being on the good side or on the bad side. Tell me a little bit more about that and what does this mean?

Dr. Gregory: Well, I'm going to be truthful. You have to have the whole truth. Dr. Sabiston in his final years, he just didn't want to hear things that presented problems for him. He wanted it to be the way he thought it should be and the way it should stay. Sometimes if you brought him problems, he wasn't all that happy with you along the way. That was an issue. The other issue that he had was he had what I call his golden boys and some of them, like Walt Wolfe, did great. There were some others that presented problems for the other residents along the way.

One almost got me fired one day. I was doing an aneurysm and it was a leaking aneurysm. Chief resident was going to do it. I said, "You're going to open to belly and the blood may run in your shoes, but you're going to have to clamp this thing right then and there. If you back up, this guy's going to die. Are you ready to do this or you want me to do it?" "Oh, no, I'm ready to do it." He opened, he backed up and I had to clamp the aorta at the hiatus on the wrong side of the table with my left hand to save the guy. I chewed on his ass bad. He was one of his golden boys. I knew I was going to hear about it.

Subsequently, Sabiston had me in there at four o'clock in the afternoon the next day telling me how bad I was, how mean I was to the residents, and what a bad teacher I was and yada, yada, yada. I told him that I thought probably that wasn't completely true. I knew what his source was. I thought that there were probably others that probably have a different opinion and he went on and on and on. I finally said, "Well, sir, I'm going to invoke one rule you taught me, that reasonable men can agree to disagree. I think that's where we are now." Off I went.

I took that very seriously and went to one of the chiefs that was a no BS guy, isn't gonna spend his time telling me what I want to hear. I said, "I want to know what the residents think," and he came back and said, "Well, you know, you're the one person we call you always show up and you help us. If something goes wrong, you're in the boat with us. You stand up for us or whatever we did decision-wise. We appreciate that." There is the Sabiston award at the end of the year for resident teaching. I got that award that year. I'm not sure how much of a vote for me versus a counter vote

as to the golden boy, who I will not name. He had to give it to me at the dinner and I got to give a speech.

Konstantinos: Yes. I think was definitely like a period of time that was very stressful and very tiresome. I believe and to have, I guess on top of everything else, these kinds of difficulties I think it's unbelievable for these days. Well, thank you so very much for your time, I don't have any other questions unless you have something to share that I didn't ask you and you think that needs to be covered.

Dr. Gregory: I can't think of anything, overall. I think we covered most of it.

Konstantinos: Yes. If anything comes up in your mind, feel free to call me anytime. I'm happy to chat with you.