

Weigel

Stewart [00:01:33] Hi. This is Emily Stewart with the Sabiston oral history project. How are you today?

Weigel [00:01:37] Good, Emily. How are you?

Stewart [00:01:39] I am doing well. So just for the purposes of the interview I just have a few things things I'm gonna say at the beginning and then we can go ahead and get started. Does that sound good? OK. All right. This is Emily Stewart and I'm interviewing Dr. Ronald Weigel who was Dr. Sabiston's chief resident in 1992 and currently serves at the Carver College of Medicine as the chair of surgery. It's May 29th, 2019 at 3:30 Central time and we are speaking on the phone. So Dr. Weigel, can you just go ahead and state your full name and date of birth for our record?

Weigel [00:02:24] Ronald Weigel and my date of birth is March 8th, 1958.

Stewart [00:02:30] Awesome. And can you just tell us a little bit about where you grew up and where you first attended college.

Weigel [00:02:38] I was born in Port Chester, New York, which is just outside New York City and my dad had a job transfer when I was about 12 years old to North Carolina and I went to junior high school and high school in Gastonia, North Carolina. I graduated from Ashbrook high school in 1976 and I went to M.I.T. I was there for four years and did my bachelor's and master's in chemical engineering.

Stewart [00:03:17] Oh wow. So when did you first decide that you wanted to be a doctor and pursue medicine?

Weigel [00:03:23] I was always interested in going into medicine and particularly surgery, but I wasn't interested in being a pre-med major. I took the one required biology course but, I was really more interested in learning how the world works. Chemical engineering was interesting because it was both chemistry and it was physics and it was a lot of mathematics and computer modelling. So, it was a good overall major for me and allowed me to do things I want to do. My master's thesis was on studying blood compatible surfaces. We were attaching different bio-active substances to the surface of different kinds of polymers to create blood compatible surfaces. I did my master's degree with Ed Merrill and we worked collaboratively with Ed Salzman who was at the BI Deaconess.

Stewart [00:04:39] Gotcha. So did you do your masters at M.I.T. as well?

Weigel [00:04:44] Yes. I was working on my Bachelor of Science in chemical engineering, but when I was a sophomore I applied to the graduate school and got admitted and just took a whole lot more courses and then my senior year, my fourth year, I was actually a graduate student and did my masters. So I was there for those four years and a bachelor's and master's degree both in chemical engineering.

Stewart [00:05:15] Wow how cool. So then, where did you go to medical school?

Weigel [00:05:20] For medical school I was at Yale University School of Medicine and then also did my Ph.D. at Yale in molecular biophysics and biochemistry.

Stewart [00:05:32] What years were you at Yale?

Weigel [00:05:34] I was at Yale from 1980 to 1986.

Stewart [00:05:39] And then what made you decide specifically to pursue surgery?

Weigel [00:05:45] I was always attracted to surgery and all my experiences in medical school reinforced that desire to do surgery. It struck me that surgeons really understood the whole problem. In general surgery, we medically managed all of our patients, we took care of people with complex medical diseases, but then we also did surgery. For me, just like when I went to M.I.T. as an undergrad, I wanted to understand things from first principles. My view of medicine was that if I went into internal medicine everything that went on with my patients when they went to surgery would be a black box. I just don't really like having black boxes. Whereas if you train in surgery, then you understood surgical care, as well as being able to manage patients medically, so you had a much broader understanding of everything that was going on. And that struck me as being a more diverse and an important educational experience than just limiting myself to managing medical issues only.

Stewart [00:07:06] So then, you said you finished at Yale 1986 with your Ph.D., right?

Weigel [00:07:12] M.D. and Ph.D., right.

Stewart [00:07:13] M.D. and Ph.D., so then what made you decide to apply to Duke for your residency.

Weigel [00:07:19] Duke had a great reputation, particularly in surgery, and I was interested in going into surgery and again general surgery was a broad based surgical training. I don't know how people know when they're a first year medical student that they want to go into orthopedics. I just can't imagine knowing that. But that's sort of the way it was back then, you needed to know very early on and it's still somewhat like that today. But, I wanted broad based surgical training and so I applied in general surgery. As I traveled around the country and interviewed, when they asked "Do you have any questions?" I would ask them what's the best training program in surgery in the country and everybody would say well... "right here, we are." And I said "okay, well what's comparable to you?" And they would say "Duke... Duke is a great training program." So every place that I interviewed, mentioned Duke as the best training program. So that's where I decided I wanted to go. I met Dr. Sabiston during my interview and Duke invited me back down after my interview for a second interview. I met with Dr. Sabiston at the end of the day and he actually drove me to the airport, believe it or not. So we left his office and got in his car and he drove me to Raleigh-Durham Airport. He asked me where I was interested in training and I said I want to come to Duke and he shook my hand and said OK. And that's where I matched.

Stewart [00:09:14] Wow. So had you heard of Dr. Sabiston before you interviewed at Duke?

Weigel [00:09:19] Oh yeah, sure.

Stewart [00:09:20] Yeah.

Weigel [00:09:20] Yeah. Being interested in surgery and knowing all the players in surgery, everybody knew who Dr. Sabiston was.

Stewart [00:09:32] So, he had a good reputation at the time.

Weigel [00:09:36] Yeah, absolutely.

Stewart [00:09:39] So, you briefly mentioned... So was your first interaction with him the first interview you had at Duke?

Weigel [00:09:46] Yeah. The first time I met him was during my interviews.

Stewart [00:09:52] Gotcha. And then, kind of transitioning a little bit into once you finally got to Duke, what was it like being an intern of surgery at Duke?

Weigel [00:10:07] I don't know. It's hard to describe it in words. It was a tremendous experience, you learn an incredible amount but it was pretty exhausting. My first rotation, I was on what was called green general surgery and it was the general surgery service that also Dr Sabiston staffed, and it was a very busy service. We worked every other night in hospital call. Oh by the way, when I was at Yale, I had a beard and my first week when I was at Duke, I remember Peter Smith, who was the chief resident at the time said, "Who was the new intern that had a beard?" And I said "I did." Peter said "Oh, so you shaved. OK. Good. We don't have to worry about that anymore."

Stewart [00:11:03] No beards allowed.

Weigel [00:11:11] No beards allowed. So, yeah it was an incredible experience. We had service a very complex with about 35 or 40 patients on the service and it was rigorous. The service was staffed with two interns. It was me and Gene Branum was opposite me. Gene was a medical student at Duke and matched into the training program. He was a great friend of mine, turned out to be a very, very good friend to me the whole time I was there and I spent a lot of time over at his house. Gene and his wife Mary Ann and I got together regularly. Gene and Mary Ann would come over for dinner or I would go over to their place. We developed strong relationships and friendships through the residency. Gene and I started out on the Green General Surgery Service doing every other night on call. Warren Kortz was our chief resident. Rounds started at 6:00 in the morning and you would be the on-call intern for 24 hours. After rounds the next morning, 24 hours later, you became the off-service intern and you would go to the O.R. all day and then you'd be off at 6:30 in the evening. So that you would be on basically 36 and a half hours and then off for eleven and a half hours. And then you did that, just continuously and I remember doing that for about, I don't know probably two weeks maybe three weeks something like that. It was early on in the rotation and we finished rounds and I just finished my time as the on-call intern and they didn't need me in the O.R. So I said to Gene Branum, "Gene, I'm going to take a nap and please get me up as soon as these labs come back or you need help with anything or if a case ends up going to the O.R." And I said "I'm just going to close my eyes lie down." He said "Yeah, no problem." And I swear, I was asleep for about two minutes and he knocked on the door and comes into the call room. Gene says "Get up, it's time to round." I said "What?" I said, "We just rounded." Gene said, "It's five o'clock and we're rounding." I was out cold all day long, did not budge and I think that's the only time that ever happened to me. After that I was kind of acclimatized to it. You got used to just always being awake and never sleeping. But those first two weeks, I was just unbelievably exhausted and was just out cold for the whole day and never even budged.

Stewart [00:13:56] Wow. It seems exhausting. I don't do anything like that but it does seem exhausting. So, how do you think Dr. Sabiston put his personal stamp on the program at Duke?

Weigel [00:14:10] Well yeah, his personal stamp was on everything. Everything from the dress code, to the long hours, the intensity, the educational programs, the conferences, you could see Dr. Sabiston in all of that. He would have a conference, where he would meet with all the residents in the afternoon and he would go on rounds with the team. He had a conference where he would meet with us and talk about a given topic and they were intense. He was a wealth of information. He was the editor of the Sabiston textbook. So, every week we would have a chapter that we would have to read. Dr. Sabiston not only taught all the surgical facts, but he knew the history and had actually lived the history of surgery. So, he knew the people who wrote these chapters in his textbook and the people who made these discoveries. There was a lot of personal things that would come out about individuals because he actually knew who they were. So, yes, his stamp was on everything. I also learned quite a lot from him about the way he designed the services and the things that he did as chair. Was an incredible education and helped prepare me to become chair of surgery. There are things that I do as chair that I learned from watching Dr. Sabiston. For example morning report, where I meet every morning with the chief resident and discuss the service, emergency admissions, emergency OR cases, deaths or complications on the services and any resident work hour problems. I believe I have a very different style than Dr. Sabiston. Everyone was in awe of him but, I think there were a lot of people who were also terrified of him. I try to be more kind and forgiving and gentle with all of my residents. It's a different age than it was 30 years ago, but I still do many of the things that he did in terms of conferences that I've adopted and meeting with my chief resident every morning at 6:45 for morning report. We go through all of that, just like we did with Dr. Sabiston when I was a resident. It's been very helpful for me because I know what's going on the service and I'll walk down the hall and see one of the faculty in my department and say "So, you've got four cases today. What about that second case that you're doing robotically?." And they look at me shocked that I know exactly what everybody's doing. It's been very helpful to have had Dr. Sabiston as an example and adopt what I felt was important from what I learned from being a resident under him.

Stewart [00:17:49] Yeah. So, how... How would you say your interactions with Dr. Sabiston changed as you progressed through your residency at Duke?

Weigel [00:18:00] Well, how did it change? You obviously have greater responsibility and that's true both in terms of patient care and also leadership and responsibility. I will have to say Dr. Sabiston was always very kind to me. He was always supportive and always wanted to engage me to do more things. However, my recollection was that I was more independent and to some degree resisted being pulled in, because I was trying to figure out exactly what I wanted to do. Dr. Sabiston had very strong opinions and I never wanted to disagree with him. So therefore, I tended to maybe avoid him to some degree because I didn't want to get pulled into doing something that I didn't want to do. And so, I think I sort of held him at arm's length. I wanted to be able make my own decisions about what I was going to do with my career.

Stewart [00:19:23] So did that change when you became the chief resident on his service?

Weigel [00:19:29] Well yes to some degree. Obviously the more you get to know somebody the more that relationship changes. But, I don't think it changed in any kind of fundamental way. Like I said, he was always very considerate and kind to me and I felt fortunate that he was supportive of me but also I wanted to maintain some distance and perspective because of my career. I was very interested in basic science, in cancer biology and running a basic science laboratory and Dr. Sabiston was clearly very supportive of research, that was absolutely key. But, I was interested in not staying at Duke. I was looking at jobs at other places around the country and some of those places were not surgically the kind of powerhouse that Dr. Sabiston felt was appropriate for one of his residents to go to. So, for example, when I was looking at a job as a chief resident, I was interviewing out at Stanford and, Dr. Sabiston had a network for getting information. I got a call from him, as I'm getting ready to leave to go to my third interview or whatever it was at Stanford and he basically called me up and said "You're not going to Stanford." And I said "Yes sir, thank you sir." And I left and went to my interview at Stanford and that's where I ended up taking a job. I think he forgave me for that because he came out, as a visiting professor with us when I was a faculty member at Stanford. Dr. Sabiston had very definite opinions that he believed was the right thing for you. He was probably right and things at Stanford didn't work out exactly the way I want to but they worked out in terms of my overall career, and in terms of the research that I wanted to do. I made my decision about where I was going to go based on the research at the institution, not based on the kind of department of surgery or the history that that surgery department had.

Stewart [00:21:56] So you mentioned before too, Dr. Sabiston placed great emphasis on research at Duke. It... Was there any way that he shaped your research experience as a resident.

Weigel [00:22:10] Yes, he did. I had my Ph.D, and I knew I wanted to do research, but I was thinking about finishing my clinical training and, starting my practice, and getting my own lab started. The way I recall it, I was inclined to go straight through the residency program, and that was not what Dr. Sabiston wanted. As it turned out, they had six categorical residents per year, three that were slotted to general surgery and three that were slotted to thoracic. In the year ahead of me everybody quit but two people, so they had a huge hole in the residency program and one day Dr. Sabiston called me in and said "Ron you're going to spend one year in the lab." I said "OK." Joe Nevins who studied gene regulation and transcription was related to my work studying gene regulation in Epstein Barr virus during my PhD and so I knew a lot about virology and Joe Nevins had worked with adenovirus and had a lot of interesting cancer related projects in gene regulation. Dr. Nevins discovered an important transcription factor called E2F. In any case, I talked with Joe, who had just come down from the Rockefeller, and was a James B. Duke professor. Initially, I told Dr. Sabiston I was going to work with Joe Nevins and he didn't know who he was because he had just gotten to Duke. He looked into it and said "Oh he's a James B. Duke professor and great individual I understand and so that's fine you can work in his lab." So, I worked with Joe Nevins for a year studying differentiation of F9 teratocarcinoma cells. They differentiate when given all-trans retinoic acid and I was doing a project looking at changes in gene expression and it worked out pretty well. We had a couple of nice papers that I published with Joe and it was a good influence also because I met a number of individuals who were postdocs at the same time I was in Joe's lab and I've been in touch with those individuals for many many years and have collaborated with them even to the current day. So, that one year in the lab was very helpful to me and I'm glad I did it and Dr. Sabiston was the one who decided that's what I was going to do. So, it worked out well.

Stewart [00:25:16] Yeah, that's interesting. So, kind of a question not related really to research, but can you speak to any... Could you speak to how Dr. Sabiston worked on incorporating African Americans and women into the program, while you were there.

Weigel [00:25:36] We had a number of African-American residents and students. A resident who was several years ahead of me in the residency was Jim Douglas, who was a cardiothoracic surgeon who is African-American. He was just fantastic. I mean, technically wonderful and we did quite a few cases together and he was just fabulous in the O.R. and fabulous to work with and always on top of things. He was the chief resident for a couple different services during my residency and I learned a tremendous amount from him. Dr. Sabiston was strongly influenced by Alfred Blalock, who worked very closely with Vivien Thomas who was African-American and who developed the Blalock-Taussig shunt. Dr. Sabiston was extremely supportive of all minority groups. We had other African American faculty members including Onye Akwari and Dr. Sabiston was always very supportive of him. My impression was he was more interested in supporting people who were highly competent and who can contribute. We had a number of minority residents that Dr. Sabiston was very supportive of and I think he probably was also very supportive of women but we didn't have a lot of women in the residency program. Chace Lottich was, maybe a year or two ahead of me and she was the first woman Duke surgery resident. Nancy Crowley was another woman resident who was a couple of years behind me, who I thought was very very good. I remember as a chief resident talking to Dr. Sabiston about Nancy and how she's coming through the residency. Dr. Sabiston was concerned that she was struggling a little bit and I said "You know, Dr. Sabiston, I know you're supportive of women in the residency program and we need to recognize that to have a woman finish the program is a tremendous accomplishment and needs to change how we're doing things. And it's not as easy for women to have the same support that that other people have and so we need to support her through this residency." He basically agreed with what I had to say and I think he was very supportive of women.

Stewart [00:28:53] How awesome. What would you say... So it seems obviously, he was very supportive of his residents, but what was he like interacting with patients?

Weigel [00:29:06] He was great. He was very patient focused. I saw him interact with several patients who were VIP patients, or patients referred from people that he knew, and as a resident I occasionally rounded with him to see these patients. He had a great bedside manner with them and my recollection was that he had tremendous clinical insight into their problems. He was mostly doing cardiac surgery and I was a general surgery resident so I never did a whole lot of cases with him. But, the few times that I did round with him he clearly had tremendous experience in interacting with patients and their families and was always very gracious and they were always so pleased that he would come by and see them.

Stewart [00:30:20] Do you have any particularly good Dr. Sabiston stories that you want to get on record today?

Weigel [00:30:29] Sabiston stories?

[00:30:30] Yeah, stories about him. A lot of people have had a little story that they want to tell. About him. It's okay if you don't.

[00:30:41] I have so many memories of rounding with him and interacting with him in his office. You know, he expected perfection all the time and there was no room for anything

other than perfection. If you disappointed him you knew it, in no uncertain terms. But, I don't want to give the impression that he was anything other than a great educator, great clinician, and tremendous administrative chair. There are probably a lot of stories circulating around his temper but I rarely saw that side of him and he was always very kind to me. I enjoyed my time at Duke although it was obviously grueling a lot of the time, but Dr. Sabiston didn't expect anything from his residents that he didn't do. In other words, he worked extremely hard. He was the editor for The Annals of Surgery, chair of the department, involved in all sort of national societies, president of everything and very much engaged. He just expected his residents to have the same work ethic that he had. I can still see him leaving at 6:30PM or 7:00 PM carrying two full briefcases full of manuscripts and things that he's working on. However, he took the time for me in a way that was really incredible. I remember one time Dr. Sabiston had me over to his house and his wife Aggie was always very gracious. They hosted two Christmas parties. I know being chair now, what an incredible commitment that is. These sort of social events often exhaust me but Dr. Sabiston would be there, at the front door of his house and he would greet you. I try to do the same thing at my Christmas parties exactly the same way. They would host the party on Friday night and then Saturday night because the residents were on call every other night. So, he had the holiday party two nights in a row and it was always the same fare and he and Aggie were always very gracious. He would stand the front door and greet everyone and he knew everybody's name. He would greet you by your name which is an incredible gift of memory. I don't have the memory that he had for names. He knew everybody and all the details about them, where you went to college, where you went to medical school, everything about you. And he had it all at the tip of his tongue, which was pretty amazing. I remember one time he invited me to come over. It was a Saturday night or something, and he said "Come by. We'll talk and I'm interested in what you're thinking about your career." When I came over, we sat there for hours just the two of us. We talked about the research I was interested in, my career goals and what I want to do. It was clear he was very supportive and that stands out in my memory. He spent time with us as residents, which is amazing when I now look at my own life and what I do as chair. Now, I just feel like I'm running from 5:00 in the morning until 10:00 at night just trying to keep up with all the things that I have to do and I don't know how he made so much time to be able to meet with us on a one on one basis. We all struggle to aspire to what Dr. Sabiston achieved.

Stewart [00:35:49] That's awesome. So where did you go immediately after your residency at Duke? You might have mentioned it before but I can't remember.

Weigel [00:35:54] I went to Stanford University in Palo Alto. I was there for 10 years and became a tenured faculty member there. The most wonderful thing about my being on the faculty at Stanford was that was where I met my wife. When we left Stanford, I was in Philadelphia for a couple years on the faculty at Jefferson University and I was doing my MBA at Wharton at the University Pennsylvania. When I finished my MBA, I came and took the chair job here at the University of Iowa and I'm starting my 15th year here as chair. It has been great because we've raised our kids here and my wife grew up in Des Moines and went to the University of Iowa. So it's been like coming home for her. Her folks still live in Des Moines and we get to see them quite a bit. My wife, Paula, will pick a day in the middle week and just drive to Des Moines and have lunch with her folks and then come back in the evening. So, it's worked out very well for us here in Iowa.

Stewart [00:37:13] How awesome. That's nice that you get to be closer to your family, your wife's family too. So you were talking about how, you know, you went over to Dr. Sabiston's house and you were talking about your future after Duke. Did he help you

decide to go to Stanford? I know you had said... Was this where you were saying that he said you aren't going to Stanford and then you went and interviewed....

Weigel [00:37:37] He didn't seem to support my going to Stanford. There was a job that he was interested in my taking at M.G.H. I looked for a job at Hopkins, which is where Dr. Sabiston trained, and I think he was more thinking I would be there or potentially with Dr. Wells at Wash. U. But, I wanted a different kind of opportunity and I wanted to spend the majority my time doing research and the other jobs struck me as being much more clinically involved than I wanted to be and I wanted to spend the first part of my career completely engaged in research and that's what I did. I built an endocrine surgery practice at Stanford, and it worked out in the end. I got to be very busy in the Bay Area doing endocrine surgery. But at the time, Stanford didn't have the reputation of being the surgical powerhouse that a place like Duke or M.G.H. or Hopkins or Wash U or one of those kind of places were. Dr. Sabiston had thought the kind of job I should take would be at one of those powerhouses, so, it was a risk but, I think it worked out in the long run.

Stewart [00:38:57] So after you left Duke, did you interact with Dr. Sabiston any?

Weigel [00:39:02] Yeah, I did. I got asked to look at the Duke chair job when I was in Philadelphia and it came down to me and Danny Jacobs and Danny Jacobs was given the job. I went through about four rounds of interviews and when I was interviewing, Dr. Sabiston would call me probably every week, if not more than once a week. Aggie would call and say "he wants to talk to you." And I said "OK put him on," and we would talk. It was an interesting time to be in that position and it would have been great had it worked out for me to become chair at Duke but it just wasn't in the cards and I've been happy with what I've done since then. During my recruitment, I interviewed with Dr. Sabiston a couple of times when I came to Duke. Here is something interesting that gives you a little insight into him. I was sitting in his office. He had a smaller office in one of the new research buildings. I believe the department of surgery under Dr. Sabiston had contributed significantly to help build this new research building. After stepping down as chair, Dr. Sabiston had this little office there and he and I were talking and as I was talking with him I noticed that the wall was chipped and the paint was peeling. I thought to myself gosh, you know, I can't believe they would give Dr. Sabiston this office and they haven't painted the walls and fixed things up. He and I were talking and he said "So did you see my monogram on this topic?" I said "No sir, I haven't." He said "I should get that for you." He picks up a stapler on his desk and starts smacking it against the wall, because that's how he would call his secretary. So he would bang on the wall with a stapler and it was chipping the wall away there, which is why the wall was chipped. His secretary would come in he says "Oh, could you get Dr. Weigel that manuscript that I just reviewed?" Then it all made sense why the wall was chipped.

Stewart [00:41:27] [laughing] It was his doing.

Weigel [00:41:31] That's was how he called his secretary. He banged on the wall with the stapler.

Stewart [00:41:35] That's a funny story. So you mentioned Mrs. Sabiston a little by, you know, going over to their house and her calling you. Did you interact with her in any other capacity?

Weigel [00:41:48] No. Mostly at social events when Dr. Sabiston was there. She would come to certain events. I would see her at Christmas time; I would see her at the resident

graduation dinner; I would see her at a number of other national surgical meetings that she would occasionally come to. Dr. Sabiston had all of the residents attend a meeting every year and about three of those years I was asked to go to the American Surgical Association and Dr. Sabiston would have us all up to his room to have a glass of wine or a cocktail before the banquet. He would introduce us to all of the icons of surgery. Occasionally, we would see Mrs. Sabiston at one of those kinds of events.

Stewart [00:42:42] Well, I think that that's all of the questions I really had prepared for you. Is there anything else that you think we should know about Dr. Sabiston?

Weigel [00:42:56] I'm certain that everyone you're talking to recognizes what a tremendous influence Dr. Sabiston had on all of us. My view is that you can never thank someone who was a mentor to you. The most you can do is you pass it on to the next generation and hopefully, I've passed on a piece of Dr. Sabiston to my own resident trainees and students that I've been able to influence. So, I am very appreciative of my time that I spent in Durham and at Duke. It clearly has served me well and gave me the surgical training that I needed to be successful as an academic surgeon. So, I think it's wonderful that you're putting this together. I'd be interested in having an opportunity to get the final version of the history and hear what all of my colleagues have to say as well.

[00:43:59] Yeah. So, just you know how we're moving forward a little bit. So right now, we're just in the stage of collecting everyone's stories and relationship... Relationships with Dr. Sabiston and we're going to eventually use it as a resource for a written biography that Duke is planning in the future. All of the interviews are going to be archived in the medical center library. So, I know you already gave me your consent form but if there's anything that you decide you don't want to be made public, you can redo the consent form and let me know. So, we're just really in the preliminary phases of this. But, I will put down here that you definitely are interested in the final project.

Weigel [00:44:47] Yeah, thank you. I think everything I said was ok for public consumption.

Stewart [00:45:08] Yeah yeah... And that was what was on your consent form. But if for... If for any reason you change your mind, feel free to email me or have Katherine e-mail me. So, just kind of as a ending question is there anything that I didn't ask you today that you want to make sure we get on record.

Weigel [00:45:28] No, I think you covered it and I'm sure you will get a well-rounded view of Dr. Sabiston both as the man and as the surgical leader that he was.

Stewart [00:45:42] Mm hmm. Yeah. Well, thank you for your time today. If you think of anything else that you, you know, want to make sure that we know about Dr. Sabiston feel free just to send me an e-mail or call me on my phone number. And then I think as we get these processed, we will be sending you a transcript for a review of the interview that we did with you today.

Weigel [00:46:08] OK very good.

Stewart [00:46:10] All right. Well, I hope you have a great evening. And I appreciate you taking your time to speak with me today.

Weigel [00:46:16] No problem. Thank you so much.

Stewart [00:46:18] Yeah you're welcome. Bye.

Weigel [00:46:20] Bye.