T. Patterson:

Thank you so much. This is Taylor Patterson. It's Thursday May 29th at 1:00 PM and I'm interviewing Dr. Dani Bolognesi for the Sabiston Oral History Project. And, again, you can limit or delay what we preserve for the archives by specifying on the consent form. To give you a quick idea of the project, we are interviewing dozens of people who interacted with Dr. David Sabiston over the years. We hope in the future to put together a biography of him, and these interviews will provide some of the background and information for that. So thank you so much for sharing your time today.

Dani Bolognesi: Okay.

T. Patterson: Can you start us off by discussing where you grew up and went to college and then what made you decide to become a scientist?

Dani Bolognesi: Sure. I grew up in Italy and came to the United States when I was 17 and spent two years of high school in New York, and then went to Rensselaer Polytechnic Institute for my college undergraduate and decided then to pursue a master's at RPI, which is the moniker for that. And then I began working with a virus and became interested in viruses, period. That kind of led me to move to Duke to get my PhD in Virology under Dr. Beard, which I think you saw in the material that I sent you-

T. Patterson: Yes.

Dani Bolognesi: ... and I moved on from there.

T. Patterson: Fascinating. So the interest in viruses at RPI, that's what made you become interested in becoming a scientist in the first place, right?

Dani Bolognesi: Yes. That's correct.

T. Patterson: Excellent. How did you first hear of Dr. Sabiston?

Dani Bolognesi: Well, you know, I was a student under Dr. Beard when Dr. Sabiston took the job at Duke in '64. Actually I came the next year. So I didn't hear much except that there was a new chairman, he was strong willed, you could put it that way, and he wanted to make surgery, obviously, a world-class program here at Duke. The reputation was that he really came down here to build the department to a very high level.

T. Patterson: Wow. Do you recall any of your initial impressions?

Dani Bolognesi: Well, I never met him during that period, really, because I was a peon, and he was head of the department. But I met him later when he hired me back to Duke, and we could talk about that as we move forward.

T. Patterson: Oh, perfect.

Dani Bolognesi: I really met him pretty much the day that he asked me to come in and gave me a job.

T. Patterson: Wow. Did you have a sense of how he first decided to incorporate scientists into the department?

Dani Bolognesi: Yeah, I think there was already a legacy there at Duke - if you read what I sent you - before he arrived, especially with Dr. Beard and his program. But also some of the immunology that was already going on that was collaborating with surgeon scientists. So there was already something there to build upon. And what he did was he embraced it strongly, and helped it move forward in a much more dynamic way.

T. Patterson: Interesting. And this might not apply but can you describe what his, or Dr. Beard's, recruiting process was like, or how you became acquainted with Duke?

Dani Bolognesi: Yeah. I can certainly describe it because I was part of it. After I took a position here at Duke in surgery, Dr. Sabiston really wanted me to help him recruit basic scientists into the department. If you read that in the summary I gave you. And so we kind of did that together. We identified people that would be of interest to have in the department, that could collaborate with surgeons on diseases that surgeons were involved with. And of course I and others would point out who these people might be, and we obviously then invited them to Duke to give a talk and meet some of the people that were involved and then decide which ones we wanted to offer positions to.

T. Patterson: Wow. And this sort of combination is pretty unique among universities at the time?

Dani Bolognesi: Well, not at universities, but it was probably unique to a certain extent with departments of surgery. Most institutions were essentially entirely clinically oriented. And in this particular case, what he was trying to do was to build a bridge between the surgeon scientist and the basic scientist, so that it could expand, obviously, the opportunities for surgeons to improve what they did with the diseases they worked on.

T. Patterson: Oh, wow. So how would you say actually being there in the Department of Surgery, how did that influence your work?

Dani Bolognesi: Well, it did in many ways. I think what it pointed out to me more than anything else is that we should be doing work in this setting, in the setting of the Department of Surgery, for example, that was related to improving treatment or diagnostics, or anything that would help manage diseases that were intractable. And so as opposed to just doing basic research for its own sake, which can be done in a basic science department, here we would be talking about research that was translational. I think you saw that word.

T. Patterson: Yes.

Dani Bolognesi: In other words, that could be translated into the clinic in some manner by working together. So that became very, very important in my career because essentially whether it was AIDS, which is the work that I had done with the virus, or whether it was work that we would help develop with individuals that were interested in cancer, or in cardiovascular research, or in transplantation and so on and so forth. The message was the same. Bringing together scientists,

basic scientists and surgeon scientists to really develop collaborations that would help in those diseases that were of interest to the surgeon.

T. Patterson: So it was really important to him that the department be doing that kind of advanced scientific work?

Dani Bolognesi: It was. It definitely was for the faculty. He was also fundamentally interested in having his residents trained in the language of science. He felt that this would be the new generation of leaders in surgery, and they would not be so if they didn't understand the latest possibilities, or the latest developments in science; the techniques, obviously the applicability of basic research through diseases. And so he wanted them to spend time in laboratories that were doing world-class research, if I could call it that.

And it wasn't just in the Department of Surgery. It could be in any department here at the Institution that had work ongoing that would be applicable. So he wanted both things. And he really loved it very much that his residents really be involved, as you talk about later, spend two full years in one of these major laboratories and really learned things, publish and become conversant in the latest developments in science.

T. Patterson: Oh, wow. Can you speak to, if you had interactions at all, how did he sort of approach your research, given that he wasn't a scientist?

Dani Bolognesi: You know, it wasn't so much that he would advise me on my own research or things of that nature, or anybody else for that matter, but he wanted

excellence. And what he really cared about was that this research would be nationally or internationally recognized, and so doing, obviously, that type of work that would have that type of recognition was important to him. Published in high-profile journals, for example, featured at conferences, things of that nature that would show that the Department of Surgery at Duke, and not just me, it was everyone else as well, was really on top of things as far as their scientific contributions.

T. Patterson: Oh, wow. So he really set that standard for excellence.

Dani Bolognesi: Yes. He wanted that very much, yes, exactly. Because that would help all the other things that he was interested in.

T. Patterson: Can you tell us anything more about your relationship and maybe what he was like as a colleague?

Dani Bolognesi: He was wonderful. I admired him enormously for what he was doing. His dream was in fact to build this very - one of his dreams - was to build this very strong bridge. And helping him put that together, and almost build a basic science department within a department of surgery was really exciting for me and brought me in contact with, obviously, other areas of research and things of that nature. Watching this powerhouse be built and working effectively, as you probably saw in my summary, was really a very important part of my career. And it was just great doing it with him, if I could just put it that way. He was excited about it, we were excited about it, and it created an environment that was really special.

T. Patterson: So it is really translational and collaborative in that way.

Dani Bolognesi: Yeah.

T. Patterson: That's amazing.

Dani Bolognesi: Yeah, yeah. And it still is today.

T. Patterson: Still today?

Dani Bolognesi: Well, Dr. Kirk is doing the same thing today, maybe even on a larger scale.

T. Patterson: Wow. So he really set that standard for the trajectory for the whole department.

Dani Bolognesi: Yes, he did.

T. Patterson: Amazing. How did your relationship shift after his retirement?

Dani Bolognesi: Oh, remember he had an illness, as you know-

T. Patterson: Yes.

Dani Bolognesi: ... and it was very, very hard to see that and to see him in a different light, obviously, than he was when he was healthy and obviously operating here at a very high level. I can say no more than that, quite frankly, I felt devastated to perceive what had happened to him. But, at the same time, he didn't stop. He had an office and we visited him and obviously told him stories and things like that to keep the relationships going, but it was hard.

T. Patterson: Of course. And you were one of the first, if not the first, scientist in the Department of Surgery, is that correct?

Dani Bolognesi: No, no. There were many before me. I was the first one, I think, that he recruited. The ones that were there before, like Dr. Beard and people like that, were recruited by the other chairs, yeah.

T. Patterson: Oh, okay. So you were Sabiston's first recruit.

Dani Bolognesi: And, by the way, there were scientists from other departments that were recruited into surgery, like the immunologists that I mentioned…These are people that had natural links to the surgical disciplines and even chairs before Dr. Sabiston tried to integrate them into the department. That's the culture I was talking about before.

T. Patterson: Yeah. What was the experience like of being sort of his first recruit? Did you feel like you had a special relationship with him?

Dani Bolognesi: Well, I had a special relationship with him regardless of if I was first in the order or not. We kind of hit it off, if I could put it that way, because of his desire to build his dream and my - how do I put it- fortune to be able to be there to help him do it.

T. Patterson: Wow. And when the program is sort of at its apex, how many other scientists like you were there?

Dani Bolognesi: Oh, I think there were probably 20 to 30. I don't know the exact number but there were quite a few by that point, yeah. And now I think there are, again, potentially even more. There were scientists at different levels. There were people that were leaders of laboratories, but then each one of those had a lot of scientists, or several scientists, underneath them. So that multiplies very quickly.

T. Patterson: Wow. And it sounds like there were a lot of interactions between the scientists and surgeons. That's kind of the objective, right?

Dani Bolognesi: That was the idea. That was exactly the idea. Surgeon scientists and a basic scientist teaming up on a project, on a collaboration, teaming up, maybe even in the same laboratory, and so on and so forth and carrying out this work. It was very productive. And I think, as I mentioned to you in the article that I sent you, that this could well have been the beginning of translational research here at Duke, which is a big word today. The idea of science participating in solutions for disease.

T. Patterson: Wow. Were there lots of interactions outside of the lab, outside of the collaborative lab?

Dani Bolognesi: Yes, there were. There were certainly seminars, conferences, all of the things that you could imagine. And he wanted to see the scientists in a lot of his own conferences, particularly grand rounds, if it was applicable. If there was a speaker that would come that would be on a topic that everyone should have been interested in, they were encouraged. Interestingly, he was a master at this.

After the talk was given he would call on people in the audience to make comments, without them knowing that they would be called on.

T. Patterson: Oh, no.

Dani Bolognesi: It created a lot of humor sometimes.

T. Patterson: Sort of the unexpected call up.

Dani Bolognesi: Yeah. And the other aspect of that, which I remember fondly, is that the residents had been working all night and they would have to come to the grand rounds at 7:00 in the morning, and they were sleepy and so they would sit up in the back row and catch a couple of winks, and he would call on them.

T. Patterson: Oh, no.

Dani Bolognesi: You probably will hear that from other people.

T. Patterson: Right, waking them up out of it. That's amazing. So it seems like there really were a lot of benefits to having that sort of interaction, both in the lab and in the rest of the department.

Dani Bolognesi: Yes.

T. Patterson: How were you paired with particular surgeons or certain particular scientists? Would it just sort of overlapping interests?

Dani Bolognesi: Yes. Overlapping interests, without a doubt. And remember people were recruited here in particular areas to work with surgeons. So making those

contacts was relatively easy. In transplantation, for example, which is a major surgical discipline. Or some of the cardiovascular research. People were recruited here to actually work, and have access to material and tissue that comes only from the surgeon, which is the theme today as well. Whether it's a cancer, or an organ transplant, or a vessel, or something of that sort. He's the first guy to touch it, and have it in a position so that if you wanted to do science on it, he's the guy to talk to. So that's why surgery is so important in this area. And it's availability of these materials, these biological materials, that lead to the research that can transform the disease.

T. Patterson: Wow. So that physical proximity is really important to each other.

Dani Bolognesi: Yeah, yeah, yeah.

T. Patterson: Oh, that's fascinating. Do you feel like your experience was pretty typical or representative of other scientists in the program?

Dani Bolognesi: After the structure was built, yes, I think it was typical for all of the people that were involved in the program, without a doubt. Quite frankly, I was the furthest removed from a surgeon because I was working on viruses. So it was much more appropriate for the scientists that were working in the cancer field or in the cardiovascular field or in transplantation.

T. Patterson: Right. And even you, being the farthest removed, you still had a fair amount of interaction with the team.

Dani Bolognesi: Oh, yes. Oh, yes. Yes indeed.

T. Patterson: That's amazing.

Dani Bolognesi: At one point there I became the Vice-Chair for Research and so I was touching all of these areas.

T. Patterson: Oh, that must have been fascinating.

Dani Bolognesi: Yeah.

T. Patterson: Oh, wow. So your research summary mentioned a leave of absence that you took while you focused on bringing a revolutionary AIDS drug to market.

Dani Bolognesi: Yes, yes. That came out of our laboratory here at Duke. Yes, that's true.

T. Patterson: Wow. Was that still during Dr. Sabiston's tenure?

Dani Bolognesi: No. It was after. This was happening in the early 1990s and on into the 2000 range. So that was after his tenure.

T. Patterson: After his tenure. Can you talk a little bit about what that process was like, about your research into the AIDS virus?

Dani Bolognesi: Yeah. So we had done the work here at Duke. The people in our program had done the work here to identify a new target that would be effective in patients with HIV. What happened was that we spun out a new company, a startup company, to be able to do all of that. I remained at Duke while all that was going on, but as the work progressed in the company to develop a drug against this target, it became important for me to be more involved, let's put it that

way. The company asked me to come in and be its CEO, and be able to go make partnerships with big pharma, and also raise money on Wall Street and things of that nature. But what they really needed was someone that could articulate what this was. It was a new drug, it was a new type of drug. So I spent several years doing that and eventually, in a partnership with Roche Holdings, this was brought to market in the early 2000s.

T. Patterson: Wow. I think that's super fascinating. Can you speak to what changed, maybe, about the research experience, or the climate of the department, or the labs when Dr. Sabiston did step down?

Dani Bolognesi: Yeah. I think Bob Anderson was the next chair and he kept it going very well. He obviously embraced what Dr. Sabiston had started and tried to move it forward. But after that the whole climate around finances at Duke and the healthcare system issues that were going on with reimbursement and things like that, made it a lot more difficult to drive this machine. I think you saw in what I sent you that there was a significant decline after that in the ability to retain some of the scientists, or even recruit more scientists and things like that. So I think the enterprise sort of took a hit and took a dip.

It was only with Dr. Kirk coming back on here and embracing this in a more fundamental way, and being able to drive it again that we were back, if I could put it that way, we were back in the saddle here, now. And Duke is back at the top of the heap again, with grants and everything that's going on. He did a marvelous job at that.

T. Patterson: Did you get a sense that it was because of Dr. Sabiston's personal connections that he was able to keep that going, or did they undertake a shift in focus?

Dani Bolognesi: Well, Sabiston was a major leader here at the Institution. I think the leadership structure at the Institution changed because of all of the other changes that were putting pressure on the health system, and so on and so forth. The dynamic of all of this changed. He had a tremendous amount of reserves that he controlled in the Department of Surgery where he was able to do all of this stuff, recruit people and do all of that. And that began to dissipate as all of these changes took place, then, as you can see, the enterprise obviously was not as healthy as it was when he was there. When he had it in his hands he was obviously able to support it, to provide the resources for it, and so on and so forth. That's what drove it.

T. Patterson: Okay, I see. Why do you think it was important to Dr. Sabiston that medical residents had this emphasis on research and not just seeing patients?

Dani Bolognesi: That's what we pointed out before. That was one of his great goals, was to train his residents so they would become the next generation of leaders in surgery. He did not believe that that would work unless they were exposed to the best science that was available during the two years in which they would be spending in the laboratory. So he insisted very, very much that they go to the best possible laboratories to get this type of training for those two years, and then obviously package that in such a way that they would carry it forward when they finished their residency, and got positions in academic centers. So

these were the academic leaders of surgery, the next generation, the future generations were built along that model, from here, from Duke.

T. Patterson: Was there ever any resistance to that among residents, where they wanted to focus just exclusively on their career, or anything?

Dani Bolognesi: Yes, there was – I'll tell you a story to do with that. We had, as you know, a laboratory that was working on the AIDS virus, and it was one of the laboratories that Dr. Sabiston wanted people trained in, because of the high science that was being done there. One of the residents that went to his office and obviously said, "Okay, where should I go?" He said, "You go there." And he sent this particular individual whom I won't name to our laboratory. And when he learned what was going on there with the virus, he became afraid and really concerned about his safety. Because you know what the virus is, right?

T. Patterson: Yeah.

Dani Bolognesi: So he went back to Dr. Sabiston and said, "Well, Dr. Sabiston, I went over there and I interviewed with those guys, and they're wonderful people but I'm really scared about working with this virus. So I would like to choose another laboratory to work in," and he mentioned some other lab that was not at the caliber of that lab. And Dr. Sabiston said to him, "Okay. I'll be happy to write you a recommendation to find a residency program elsewhere."

T. Patterson: Wow.

Dani Bolognesi: So he would steer these guys where he wanted them, is what I'm trying to tell you. So the next day, this individual appeared back in our laboratory, but dressed in a hazmat suit.

T. Patterson: Oh, no.

Dani Bolognesi: ... because he didn't want to catch the virus. Eventually he did extremely well in there and became comfortable with it, but that's how he worked. He made sure these guys got into the best laboratories, and he would do that.

T. Patterson: That's a pretty serious threat, right?

Dani Bolognesi: Yeah.

T. Patterson: That's amazing. Did you find that those sort of reactions were pretty typical when you were pioneering this kind of virus research, that people were very afraid?

Dani Bolognesi: Yeah, yeah. They were for sure. Particularly in the early days, until we learned how to work with the virus better, and provide the protections that were needed. And one of the things that Dr. Sabiston did was actually help build a building specially for working with this virus, where all the containment facilities, and all the safety aspects could be instituted. So that shows you the commitment of a surgeon to HIV research.

T. Patterson: Right. Right. That's amazing. So you did have that kind of support -

Dani Bolognesi: He talked very highly of it, because it was one of the premier programs in the country, and he wanted it to go forward.

T. Patterson: Okay. But the hazmat suit was maybe overkill, right?

Dani Bolognesi: Yeah. Oh, absolutely.

T. Patterson: Okay, I see.

Dani Bolognesi: Yeah. That's the joke.

T. Patterson: That's incredible. So the research summary you sent, it has this great quote where people were curious to have an immunologist in a surgery program-

Dani Bolognesi: Yeah. "What are you doing in surgery? What are you guys doing in surgery?"

T. Patterson: Yeah. "What are you doing there?" And you would say, "We do microsurgery on viruses."

Dani Bolognesi: Which we did.

T. Patterson: That's great. Can you talk a bit about, and, again, you may have been more removed because of the viral work, did you have a lot of social interactions with any of the collaborating residents?

Dani Bolognesi: Oh, sure, sure. Not only social interactions but obviously, like I said before, they were also present at conferences, and any special meetings and so on and so forth. Yeah. It was a curiosity. "What was this thing doing in the Department of Surgery?" What was an AIDS Center doing in the Department of Surgery? So we

had to find something to say about it. I think, as we talked about what it was, it really didn't matter what the subject matter was. It was more important that this was scientific excellence that had all of the principles associated with good science available with it.

So obviously the latest technologies and the things that would apply not only to the virus, but could be transferred to other disciplines as well. And then it became clear that as long as you had programs that had the ability to do all of the frontline science in any discipline, that it would be something that could be valuable for everyone else. But initially you had to find some reason to say it, right?

T. Patterson: To say it. Right. So he really did recognize the urgency of your research?

Dani Bolognesi: Definitely. He gave us the best tools, and not just in immunology…All of these things are shared among all of these areas.

T. Patterson: And he really recognized the importance of doing AIDS research early on, as well?

Dani Bolognesi: Yes, he did. Absolutely, absolutely.

T. Patterson: Incredible. You also wrote about maybe 26 scientific investigators sort of being responsible for half of the department's overall NIH funding?

Dani Bolognesi: I think what I was talking about was the investigators that are currently in what we call the Division of Surgical Sciences. So there's much more funding in the

department that occurs outside of that division. So that's not everything for the department absolutely.

But the Surgical Sciences Division is a fulcrum, or is a core element that helps pull all of the collaborations together, so it was created for that reason. But you have to know that there's more to it than that in the entire department.

T. Patterson: Right. But having those full-time scientists in the department helped-

Dani Bolognesi: Yes. The same thing we were talking about before. This is a place where the basic and surgeon scientists would come together as much as possible. But there's funding outside of that that is all clinical, and things like that, yeah.

T. Patterson: Okay. Can you talk about the process of the academic training under Dr. Sabiston? I know you have some ...

Dani Bolognesi: Yeah. He had a huge grant. What's called a training grant, a surgical training grant. But it covered the areas of oncology, cardiovascular research, and transplantation. And it was a grant that went on for many, many years. He was very proud of it. And that's where residents could receive support for doing their research as well as young faculty. And so that was outside of the reserves that he had himself, that he would apply to this. But this was actually a grant, a marvelous grant that would really help with all of the early development of scientists in the department.

T. Patterson: Wow. Did you get a sense of how his skillset really contributed to his success with funding and grant seeking and these kinds of things?

Dani Bolognesi: Well, yeah. You know, he had his own grants without a doubt. He knew all about grants and this major surgical training grant that I'm talking about. I think, more than the money, or more than the ability to have a program of that sort, it was how you could use these grants to accelerate scientific excellence around the department. I think that's what he was mostly interested in. And it wasn't just his grants, it would be other people's grants as well, and how we can combine this into an enterprise that really does all these things.

One of the grants that we would become involved with would be things like program project grants that had multi principal investigators in them. Or core grants, like an AIDS Center core grant, or the Cancer Center, for example. These were all things that were housed in the Department of Surgery for a long time. So the AIDS Center was there, some of the cardiovascular centers were there. The Cancer Center was there. As you can imagine, all of this was headquartered in the Department of Surgery. A very rich environment for all of these areas that were so important also to the Medical Center.

T. Patterson: And that's sort of how it became that golden age under him.

Dani Bolognesi: Yeah, yeah. You got it.

T. Patterson: Okay. So it's under Danny Jacobs that it kind of-

Dani Bolognesi: Well, I'd hate to blame it on anybody. Part of it was what was happening to the entire health systems across the country, for example. So I wouldn't want to

blame it necessarily on him. It just happened under his watch. But like I say, it's back in spades today with Dr. Kirk.

T. Patterson: And you feel like that's because in some ways that Dr. Kirk is sort of recommitting to Sabiston's techniques or visions?

Dani Bolognesi: Oh, sure. Remember, he came up under that system. He was one of Dr. Sabiston's residents, maybe one of the last ones. You should look that up, by the way. He got a PhD in immunology here at Duke, and so he was a surgeon scientist, the model that came out of that whole setup that Dr. Sabiston had. So, yeah, he embraced it, continued to embrace it when he went away from here, and came back here in full force to embrace it even further.

T. Patterson: Oh, that's wonderful. The perfect sort of model combination.

Dani Bolognesi: Yeah, yeah.

T. Patterson: Did you get the sense that Sabiston was focused on basic science or more of a bench-to-bedside focus…?

Dani Bolognesi: Well, he was focused on everything as far as science is concerned. This bench-to-beside is the one that we're talking about right now. But there's also clinical science that he was actually conducting himself. In the heart arena, for example. Those are also very important outside of the basic science side. But the innovative thing that he did was to try to combine these things. They could survive independently, but combining them obviously made anything that came out of it much stronger.

T. Patterson: Right. But he's leaving the scientists the freedom to follow their research where it goes.

Dani Bolognesi: Right, right. Remember, there were clinical scientists that had never touched the basic science, and they were doing wonderful work in the department as well. And there were obviously basic scientists, even, that were brought in here that were doing a lot of basic work without touching the clinical part. But when the two came together is where a lot of the innovation for translational research came out of.

T. Patterson: That's amazing. Did you get any sense of how he approached inclusivity, in terms of incorporating women, or African Americans, or other minority groups into the department or the program? It may have been too early.

Dani Bolognesi: I don't know that he made that necessarily a priority. He was more interested in quality. So the best resident, or the best junior faculty for a particular position is what he want after. And that could have been a woman. It could have been a minority. It could have been whatever it was. And there were people like that that he recruited into the program.

T. Patterson: Okay. I see. Can you speak to how he inspired your own interactions with mentees or colleagues as a scholar or scientist?

Dani Bolognesi: I think we've talked about that.

T. Patterson: That's okay. That's perfect.

Dani Bolognesi: For sure, he did.

T. Patterson: Did you have any social interactions with the Sabistons?

Dani Bolognesi: Yeah. Yeah. We were actually neighbors. We lived a few houses apart. His girls would sometimes babysit for my boys.

T. Patterson: Oh, wow.

Dani Bolognesi: Yeah. That was wonderful. And I think you're asking about some of the social events that were associated with the Sabistons, which were marvelous.

T. Patterson: Really?

Dani Bolognesi: The Christmas party that Mr. Sabiston organized, and obviously put together was the social event of the year.

T. Patterson: Really?

Dani Bolognesi: Oh, yeah. When you went to that you met everybody. It was a must-attend type situation. He was great about that. And one thing that was remarkable to me was that he knew the names not only of every resident, but their wives and their children, and he would greet them at the door when they came into the Christmas party, and then spend a couple of minutes talking about how they were doing family-wise, and so on and so forth. And how he had that type of a memory, or a Rolodex that worked that way was remarkable to me. So very personable. He was such a gentleman that evening. Always, but in particular

that evening with the families. It was remarkable. He cared about his residents. He wanted to make sure they were okay in every way.

T. Patterson: And what was Mrs. Sabiston like?

Dani Bolognesi: Oh, wow. She was the rock.

T. Patterson: Yeah?

Dani Bolognesi: Can you imagine what she had to do to manage an enterprise like that? So many people, so many relationships that he had, not only in the setting of a Christmas party, but in the setting of the leaders of the Institution. And so whenever there was a function that she had to be at, or she had to manage at home or what have you, she was right there. She was wonderful. We loved her.

T. Patterson: I've heard stories about this Christmas party, that he would have it on two separate nights so that everyone could attend-

Dani Bolognesi: Yes, yes. Everybody at one time. That's right. I'm glad you remembered that. Yes, that's absolutely true.

T. Patterson: So it was the can't-miss event of the season.

Dani Bolognesi: Absolutely. Must attend.

T. Patterson: What was he like interpersonally? Was he more of a reserved man or outgoing?

Dani Bolognesi: No, no. He was very open in our relationship. I think we both enjoyed what we were doing together, and that created a relationship that included a friendship, a deep friendship between us as well, and I will always treasure that.

T. Patterson: If you think of your being neighbors and having that proximity, do you think your relationship was a little closer, or different, or was that pretty typical for everyone who interacted with him?

Dani Bolognesi: I don't know the answer to that. I know it was special for me, for sure. And I hope it was for him. But we had a lot of moments together doing all this stuff.

T. Patterson: That's lovely. Any other stories or recollections or anything?

Dani Bolognesi: Oh, I told you my story.

T. Patterson: Right. We also found pictures where it looks like all the residents wore the same-colored ties, like those-

Dani Bolognesi: Yeah.

T. Patterson: Is that right?

Dani Bolognesi: Well, he was a stickler for how people dressed, and presented themselves during the workday in particular, because he did not want people running around in sloppy surgical suits, or anything like that. He wanted them in white coats, and well dressed. Yes, absolutely. And that went for the faculty as well.

T. Patterson: Oh.

Dani Bolognesi: Mm-hmm (affirmative).

T. Patterson: Oh, that's interesting.

Dani Bolognesi: There are also stories ... You should ask the others if they remember this, but he did not want to see people coming down the hall with a cup of coffee in their hand. He just didn't like that. And so word got out, and there were many instances of this, a faculty member would be coming down the hall with a cup of coffee, saw Sabiston, they would dash into a hallway, or a backroom, or anything not to be seen, you know what I mean?

T. Patterson: No, that's hilarious.

Dani Bolognesi: Yeah, that was good. He was, like I said, a strong-willed individual.

T. Patterson: We've had great stories about some of the residents who wanted to change a supply closet and move it closer... Do you remember this one?

Dani Bolognesi: Yes, I do.

T. Patterson: Okay. The guy they elected to present him with this request sort of changes his mind at the last minute and puts it under the door.

Dani Bolognesi: Yes, yes. There are so many stories. It's just wonderful.

T. Patterson: That's terrific. But it really sounds like it translated to everybody he contacted with, that standard of excellence.

Dani Bolognesi: Yes, yes. Without a doubt. That was the word.

T. Patterson: That's wonderful. So he was really supportive of all of your research with the AIDS virus and, is it Fuzeon, is that the-

Dani Bolognesi: Fuzeon, yeah.

T. Patterson: ... that you brought to [market]

Dani Bolognesi: Again, he didn't see that part. He didn't see the culmination of it into a drug, but he saw the beginnings of it, and supported that more than I could ever have hoped for.

T. Patterson: So this translational research model, it really became sort of the image that other universities would eventually follow?

Dani Bolognesi: Yeah. Certainly across the country right now, translational research is probably the most important growing discipline, because I think with all of the funding that's going into science right now, people are obviously looking for a result that produces things that are valuable for patients, particularly in the health arena. New medicines, new techniques, new devices and things of that nature. And that's what Congress would like to see, right?

T. Patterson: Right, absolutely. And with your research you were able to pretty quickly move into, I guess, clinical trials or patient work at the university?

Dani Bolognesi: As much as possible, yes. That was the idea. Try to get something into the clinic. We did it with the AIDS virus outside, but there were people that were doing

this inside the institution, and trying to get into clinical trials and things of that nature with discoveries, absolutely.

T. Patterson: Wow. It seems like it just would speed everything up so much.

Dani Bolognesi: Yeah.

T. Patterson: That's wonderful. Well, anything else you want to talk about?

Dani Bolognesi: No. I think we've covered pretty much everything. But if you don't get what you want in our conversation, just go back to that summary I sent you, because there's granularity in there that we may have missed today.

T. Patterson: I think I'm going to submit the essay into the archives as well, so that we have that next to the interviews and everything, because it was so helpful.

Dani Bolognesi: Okay, great. All right. Well, thank you.

T. Patterson: Thank you so much.

Dani Bolognesi: Thank you. This was fun.