

**October 16, 2015 – Amilu Martin Stewart (JMC 1965) speaking with archivist Kelsey Duinkerken at The Westin in Philadelphia, Pennsylvania**

*Guide to abbreviations:*<sup>1</sup>

KD: Kelsey Duinkerken

AS: Amilu Stewart

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

AS: I'm Amilu Stewart {CG}. Um, I, um, am a native of Colorado. I'm a product of, uh, Colorado rancher pioneers. Uh, my family immigrated to uh, Colorado in the mid eighties. Um, and the family ranch is still in existence. Uh, I spent my summers there as a young child so I'm very fond of ranch living. Um, but most of my education -- my family -- I lived in Pueblo, Colorado and graduated from high school in Pueblo, Colorado. And um, I'm going to intertwine my background with why I wanted to go into medicine {CG}. Um, when I was a junior in high school, and this is in nineteen fifty four, and at the time there were only about six percent of women in medicine at the time. And that had been that way since the turn of that century. So at the age of sixteen when I was a junior in high school I went in to speak to the girls' counselor and told her that I wanted to go to medical school, and she said, "Girls don't do that. They become nurses or housewives or secretaries." And my father, who was so role-oriented I knew would agree with her so I never talked to him about it. But I was very fortunate to get a full scholarship to the University of Colorado and, um, uh, graduated with a degree in medical technology, but always wanting to go to medical school. So um, {CG}, I um, after graduating from the University of Colorado I was married right, right away after uh college. And uh, lived in Denver for a year and worked at Belle Bonfils Blood Bank, which is a nationally known blood bank, as a blood bank technician. And then my then-husband at the time had been accepted to Jefferson so we moved back to Philadelphia, which is quite a culture shock for me because I had never seen a row house before {LG}, so uh, it was hard for me to find the right place for us to live. One neighborhood looked dirty like the rest of them all did. No grass or anything like that. Uh {CG} so that year I -- and that, that year after we moved here, um, about three weeks after I moved here I had my oldest son. And he was born at Jefferson and Dr. Warren Lang was my obstetrician, and um. So, and I already had a job with Dr. John Gibbon in his laboratory so I, I worked in his laboratory for that year. Um, so three weeks after Joe, my oldest son was born, I took the MCAT, and my husband at the time was not in favor of this and {CG} still very role-oriented, you know, and I can remember him telling me that, uh, "Go ahead and take it. You'll fail it." So that shows you how much confidence there was. But, um, did well. And then uh, I applied to Jefferson, and this was the first year

---

<sup>1</sup> Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines:

[http://www.ling.upenn.edu/~wlabov/L560/Transcription\\_guidelines\\_FAAV.pdf](http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf)

they were taking women. So I was interviewed by three psychiatrists because they really didn't know what to do with me. You know, they thought this was all a crazy idea. But um, they must have liked the answers because they agreed to let me become um, a, a member of that class. Um, made wonderful friends, especially the other women in that class. There were, I think, nine of us. One dropped out right away. Um, but the eight of them graduated. Um, when I uh, and then {CG}, when I was a um -- I worked for Dr. Lang, uh, through an N I H grant between my sophomore, no, in between my junior and senior year. Um, when I -- towards the end of my sophomore year I went in to see Dr. Lang, and, as a patient, and I told him I was pregnant. And I've never been scolded so much in my life.

KD: Oh wow.

AS: You know, women medical students didn't get pregnant, you know, {LG}. So anyway, he, he was always very gracious to me and turned out to be a very close friend {CG}. Um, so when we started our junior year, um, our first rotation was, um, on the med-, on a medicine floor. And we were divided up into groups of about four to eight people -- students. Uh, I remember I was, you know, three weeks from delivering again and remember a patient on that medicine floor and she'd come in with chest pain, and I wanted to get between her and the wall -- she was on a bed -- to examine her. And was trying to move her bed out and she jumped out of bed {LG} and wanted to help me.

KD: Oh.

AS: Because she felt sorry for me {LG}.

KD: {LG}

AS: And I said, "No, no, no, no, you've got chest pain. But uh, anyway, the morning that I delivered, um, the uh, the, our mentor, uh, asked where I was that morning and the other stu-, one of the other students said, "Well, she just delivered a baby." And he said, "Oh was she pregnant?" So it always made me wonder what a great diagnostician he was, you know? {LG}

KD: Yeah.

AS: But in those days I was back, either at work or in school, within a week because I would have lost my position, or whatever. Um, and then we went on to graduate from Jefferson. I lived on Quince Street, which, between tenth and eleventh, so it was easy, uh, for me to get back and forth, you know. While the other students were having coffee or lunch I would run home just to be sure that everything was OK, with these two little boys. Um, {CG} then we moved back to Colorado and I, it was not too difficult for me as a woman again to get, to obtain an internship at the University of Colorado Medical School. And um, I -- in those days I thought I wanted to be an O B G Y N. So halfway during that year I went in to speak to the Chair of the department of O B G Y N and, uh, he said, about a residency, and he said "I've never had a woman resident and I'm not ready for one." Which is sort of interesting now, isn't it?

KD: It is.

AS: Now because what, eighty percent of O B G Y N's are women now.

KD: Yeah.

AS: {LG} So then I went in to go speak to the Chair of the Department of Surgery, and he said, "I've never had a woman resident, but let's try it." So that turned out to be the fact that I was the first woman trained in surgery in the state of Colorado.

KD: Wow.

AS: Um, so I was there for, um, six years in that training program. Uh, I had um, two more children during that time, and again, I was back a week later.

KD: Mm hm.

AS: Childcare, you know, for, is always a problem for the working mother -- still is and always will be, but in those days we didn't have, uh, nurseries or childcare units or anything. But -- and, and this was before there was, um, contraceptives or legalized abortion. There were two homes in Denver, uh, for unwed mothers, and these women, who came from the surrounding states, you know, and wanted to leave their small communities so nobody'd know that they were, um, you know, pregnant out of wedlock, uh, would live with us for seven or eight months, and, which meant that I had round-the-clock care. Which I needed because I was on call every other night and every other weekend for those six years. Um, so that system worked out very well for us. Um, then, uh, we moved to Colorado Springs and um, Colorado Springs, when I was there for probably about the first eight years, I was the only woman doctor working in Colorado Springs, and it was uh, a little challenging to, um, get the referring family docs used to a woman.

KD: Mm hm.

AS: And I just want to tell you a couple interesting stories {CG}. I was on call one weekend, and on a Sunday I had called a pharmacist to give him a prescription over the telephone, and uh, gave him all of the information he needed. And there's this silence on the other end. And he says, "You are who?" So I started all over again, you know, and he ends the conversation by saying, "Have a, have a good day sir."

KD: Wow.

AS: So you, you had to train everybody, you know. And then one day, the hospital I worked in had about fourteen floors, and I was in my scrubs, and uh, this nurse -- in those days, you know, they wore uniforms with the hats and all that stuff.

KD: Mm hm.

AS: She gets on and she pushes this, uh, uh, bedpan at me and she says, "Take this down to central supply." And I didn't want to embarrass her, you know, so I said, "I'm just not going that way." {LG}

KD: {LG}

AS: But, you know it, it took a long time, or several years, you know, to just get, have people used to the fact that there I was, as a woman in a man's field.

KD: Exactly.

AS: But I've had a wonderful career in Colorado Springs. I, uh, had a variety -- I was trained in a variety of things, so I did vascular surgery. The open heart program at, at, uh, Penrose Hospital, the hospital I worked at, was just beginning. So I assisted on probably three or four thousand open hearts during the next ten years. Um, I had a transplant fellowship during my training so I did donor organ recovery for all of southeastern Colorado for about twenty years. So that plus general surgery and trauma surgery plus raising four children I was really quite busy. But not only that, I've been very active with, uh, medical politics, {CG} and was active in the A M A for several years, but mainly through the American College of Surgeons. And um, you know, I've had several offices. Vice president, Chair of this, and Chair of that, and I'm currently the Chair of the, of their Foundation, which is a fairly large job. Um, I'm also, uh -- I retired after forty years of this activity, and, and I was in private practice most of that time except for the last five years when I was tired of running an office, you know, and so I closed my office and worked for a multi-specialty clinic for the last five years {CG}. Um, so I was -- I worked a long time, and on-call a lot. Uh, and still taking E R call, um, right until the time I retired. Um, but since I've retired I'm Chair of this Foundation and then also, um, one of the fun things I do, is that I'm on the admissions committee for the University of Colorado Medical School.

KD: Oh, that's fun.

AS: So, I interview these young candidates wanting to apply to medical school and that's really, really been a lot of fun. And the thing that I've observed is that these young people in this age group are so enthusiastic about their careers in medicine, and uh, and their, their, anticipations of this -- of their profession is different than my age group. Um, because they're uh very altruistic. You know, they're volunteering all over the world, most of them before they even apply to medical school.

KD: Yeah.

AS: Uh, so that's been a fun job for me. Um {CG} the um -- and then the third thing that I do is I volunteer at a clinic for the indigent one day a week and um, do, uh, office surgery for that group of our, of our -- and I always tell people that you don't need to go to Ghana or West Africa because there's people in your own backyard that need help. Um, so besides the American College of Surgeons, um, I was also one of the five founders of the Colorado Physicians Insurance Company. And that started in nineteen eighty and I uh was very active with them for twenty-five years, so. Um, I have my, well, four wonderful children, seven grandchildren, and now two great-grandchildren, and um, my life has been very full.

KD: Wonderful. Alright. So let's go back toward the beginning.

AS: OK.

KD: And could you tell me a little bit more about how you became interested in medicine and what it was like once you decided you wanted to go to med school and had gotten accepted to Jefferson?

AS: Well again, I knew that I wanted to go, be a physician since I was a teenager. And I really had to suppress the thought because I had no, um, emotional or financial support from my family. And so I really just had to do it on my own. Um, as far as my experience at Jefferson, uh, you know, it's really an honor for me to be one of their, uh, women in their first class. Uh, the professors and teachers were wonderful. The educational experience. And I guess the one thing I really value about, um, Jefferson education is their emphasis on family medicine. Um, we all had you know, you come out as a graduate of Jefferson with a real strong strength in um physical diagnosis and history taking, and you know, just the basics of, of being a really very good physician, which, uh, you know, I can remember one professor telling me that "If you'll just sit and listen to your patient, they'll tell you ninety percent of the time what's wrong with them." Um, so those, those kinds of lessons were really very important, um, with my experience at Jefferson.

KD: Alright, so what other thoughts and memories do you have of your time at Jefferson? Of the other students, of faculty members, of the different classes?

AS: Well I mentioned Dr. Warren Lang, he was -- and Dr. John Gibbon was really a good mentor for me also. Um, the, the students, um, we -- we were grouped in, in um, well I want to say small, small groups. Usually four to five students. And we worked together, you know, um, for the next -- especially once we started clinical years we were together. And in fact, just last night the other four students and I met for dinner. You know, we hadn't seen each other for fifty years.

KD: Oh wow. That's wonderful.

AS: So that was a lot of fun. But, it was just like you never left each other. You know, just strong friendships. Um, the uh, clinical experiences at Jefferson were, were excellent. Um, um, and I think another thing that I value about that experience is it -- and it must have been the, um, attitude of the faculty and the resident staff that allowed the medical students to do really hands-on, uh, experiences with patients. And um, that really -- you know, by the time I graduated from Jefferson, the clinical skills that they had taught me, um, made it very easy for me to step up into the next, you know, residency program or whatever it was. Very, very good solid background um as far as clinical experiences went {CG}.

KD: Did you have any idea that you wanted to go into surgery yet at that point?

AS: No, in fact here I was raising a family. I was trying to think of something that, that wouldn't be so time consuming.

KD: {LG}

AS: But I always came back to it, you know, I guess it was just something that I always wanted to do and, and, um, and I loved general, general surgery. There was no doubt in my mind that that was the right

thing for me to do. And just speaking of the time commitment, um, {CG} and the long training period, Joe, my oldest son, was twelve by the time I finished all of this.

KD: OK.

AS: And um, so years later -- I always told myself I'd feel really guilty if my children thought that I hadn't spent enough time with them. But, so a few years later I asked him, I said, "What do you remember about those years?" And he said, "Well, I know" -- and this was before cellphones or anything -- so I, he said, "Well, I would call you but you couldn't always come to the phone right away, but you'd call me back, and it would be something important like Bill hit me" -- and that was his younger brother, so, you know, if that's all he remembers {LG} then I don't feel too bad {LG}.

KD: Mm hm. Could you tell me a little bit more what it was like raising a family in med school and having your second child while you were still a student?

AS: Well it was -- well, not only in medical school, um, not only was I a medical student and a mother, uh, but I also, I had no source of income so I had two night jobs during.

KD: Wow.

AS: And one of 'em -- because I had this background in medical technology I, uh, was responsible for the hematology lab at Jefferson at night. And I did that a couple nights a week and then also I had had an N I H grant between my freshman and sophomore year in the anesthesia department 'cause I thought that's what I wanted to do. And they taught me how to do O B anesthesia, which is not even done anymore {LG}.

KD: OK.

AS: But uh, so I did that a couple nights a week too. So besides, you know, when I was on call as a student I was working. So it was a very, very busy time, and um, it all, all seemed to work out. And that's why I lived so close to the school, so I could get back and forth.

KD: Mm hm.

AS: Mm hm.

KD: Was your husband supportive of helping to raise the kids and?

AS: Oh no no. He was, he uh, was really not supportive, uh, we went our separate ways about thirty years ago, and um, no, he was not supportive at all {LG}. So it was a, a solo task, I guess is the best way to describe it.

KD: Yeah.

AS: So.

KD: Do you have any other memories of specific professors or students?

AS: Well, I remember Dr. Hausberger, he was an anatomy professor, and um, what an excellent teacher he was, you know. He would, um -- had so much patience and, uh, teaching us, uh, patience I think in, um, and especially for a surgeon. I, I think, I look back on that, and I think anatomy was still my favorite class, and -- which is not unusual for a lot of surgeons. But uh, no, Dr. Hausberger was an excellent teacher. Um, there's Dr. Brown, who was uh, taught us neuroanatomy was also a very, uh, excellent teacher. I remember, um, Dr. Goodner. Do you remember Dr. Kenneth Goodner?

KD: Mm hm.

AS: Who was a, taught us bacteriology. And you know, he was, he was very clever. I always thought of this because we would have these unknown slides that he, you know, that they had smeared with whatever bacteria, and it was our responsibility to stain it and then identify what it was.

KD: Mm hm.

AS: Well every now and then he'd put the, the specimen on the back side. 'Cause you see, you'd stain it, then you'd wipe the back of it off. He would put the specimen on the back side of the slide and wipe it off and then you had no answer at all.

KD: Yeah.

AS: So it was a very clever way of teaching you how to be very careful about what you were doing in the laboratory {LG}. So uh, let's see who else do I remember. Um, besides Dr. Warren Lang, um, and Dr. John Gibbon. Oh, uh, I haven't thought of these people in a long time. There was another general surgeon. I can't think of his name right now {LG}.

KD: Uh, Templeton?

AS: Yeah, well I knew John, John Templeton, but um he, he didn't spend as much time with his students as some of the other people did. I'm trying to think of this uh. This surgeon went on to Saint Vincent's Hospital in New York City. Uh, Nealon? Does that sound right?

KD: I don't know. It might be.

AS: I can't remember for sure.

KD: Eh, that's OK.

AS: {LG} So, go ahead.

KD: Yes. Let's see. So what was it like being in the class, uh, the first class of women? Do you have any recollection of how people took that? The faculty members, the other students?

AS: Well, I think it was difficult for the faculty members 'cause they, they -- a lot of them had this routine where they'd tell this off-color joke, you know, at a certain time, uh, and then they'd always say -- they'd stop their lecture and they'd say, "Well, usually I told this joke, but I can't do that because there are

women in the audience.” Uh, oh yes, I remember the pit. Have you heard about the pit? I don’t think it’s in existence anymore, is it?

KD: No, I think they tore that building down.

AS: It was like um, you know, so steep, and here in those days we all wore skirts, of course. Uh, it was a little challenge {LG} to cross your legs, or whatever. Um, and I heard, I don’t know whether you’ve heard this or not, but when I was here the pit had, on the top level it had closets in each of the corners. It was around, you know, and apparently those closets had been used to hide the uh, this, the black people who were in the Underground Railroad.

KD: No, I’ve never heard that.

AS: During the Civil War. Um {LG}.

KD: Interesting.

AS: Yeah. Um, the um, you know, the Emergency Room at Jefferson was always very busy, and the people in the neighborhood, you know, usually were the patients that came in. Um, and just one example I remember is that I’m, as a student, I was on call in the E R that night, and our sleeping room was across the hallway from the registration desk, and um, the nurse called me and she said, “Come out right away,” and I came out and here is this man registering at the desk with an ax in his back. Can you imagine what the trauma in downtown Philadelphia? Like it is in any big city is, is just uh.

KD: Oh my goodness.

AS: {LG} Right there next door.

KD: Yeah.

AS: Mm hm. And speaking of Philadelphia, we lived on Pine Street, uh, for some time. And right behind Pine is South, is South Street. And that was the largest Negro ghetto in the, in the country at the time. And sometimes at night if you had the windows open you could hear gunshot wounds and glass breaking and screams, and, and now it is really cleaned up. You know, it’s not recognizable for what I remember it all.

KD: Any other recollections of Jefferson or living in Philadelphia before we move on to your residency, fellowship?

AS: Um, there was a um, and I, you know, there were Greek neighborhoods and you know, Italian neighborhoods, you know, Philadelphia has always been that way. But there was a uh, a barber on, it must have been um, tenth street I guess who, and I used to take my boys in there to get their hair cut, and so you’d be sitting in his waiting room and these people would come to the front door and they’d yell out a diff-, or you know, a different number of numbers. You know, ten, fifteen, or whatever. Well it turned out that he was running a numbers game in the backroom also {LG}.



KD: {LG}

AS: So. And also, I remember there was a, um, on Tenth Street, there was a man that would do -- run errands for all of these old shop owners. But you could hear him coming because his feet would slap. Well it turned out that he had tabes dorsalis, which is a form of tertiary syphilis and he couldn't feel the soles of his feet. Now you never see that anymore, you know {LG}. But yeah, interesting neighborhood. And, and of course it's so different now the uh -- there was a Horn and Hardart, uh, and I, it was right, close, probably where the library is now, somewhere in that area. So that's gone, uh. Oh, another thing I should mention {CG}. The, the medical school at the time had the um, the Gibbon, um, painting.

KD: Oh, the Gross painting?

AS: Not the Gibbon, the Gross painting.

KD: The Gross Clinic.

AS: Right in uh, you know, you walked up the stairs and it was right there. Well, when the women, uh, became matriculated they didn't have a restroom for the women medical students. So they built one right next to this painting. So most of our restroom was right behind the painting {LG}.

KD: {LG}

AS: Uh, so there were a few adjustments that the school had to make. But uh, no, the class was, the, the men in the class were very receptive and we all worked together and learned together and. Good experience.

KD: Great. So could you tell me where you went afterwards, so, um. Sorry, residency, fellowship. Um, you said you moved to Colorado, correct?

AS: Uh-huh. I was -- really missed Colorado while I was here. Uh, and so we moved back and, uh, did all my training at the University of Colorado Medical School. I had a -- there I had a -- and I was there for six years, uh, but I worked for a very world famous surgeon, Dr. Tom Starzl, who did the first living liver transplant. And uh, was his transplant fellow for a year. Very, very busy year. Mm hm.

KD: I'm trying to think, did Dr. Libonati work with Thomas Starzl too?

AS: Mm hn.

KD: OK, there was one other woman from the first year who did.

AS: Yeah.

KD: I'm trying to remember who it was. But yeah. Any other memories from that time?

AS: Yeah, but she didn't work with him in Colorado. He moved to Pittsburgh after that, so maybe she worked with him there.

KD: Perhaps.

AS: Uh huh.

KD: Any other recollections from that experience? The residency, those six years in Colorado?

AS: Oh, they were very busy, you know, and as a general surgeon, um -- well, I could tell you hundreds of stories, you know.

KD: Whatever you'd like to share {LG}.

AS: {LG} Well, Denver General Hospital {CG} was the trauma hospital in the city. And uh, like down here most of the people that came into the hospital lived right in the neighborhood. We called them the knife and gun club, because they were always hurting each other. But um, I can -- I had one really -- and you know, I was a surgeon, these people would carry their injured person who had been shot in the chest in their arms and come right in, and I can't tell you how many chests I've opened, and put my whole finger in the whole of a, you know. Anyway, um, but this one really, I've thought of this many times, this man had been riding his uh, uh, snow- whatever they are called, snow- motor, or uh, snow skis, um, and um, that's not what they're called, but it's a motorized snow ski, um, and he had run into a barbed wire fence and it really hung himself. You know, he had. So he came in, he was, had arrested, and in those days we opened up everybody's chest to resuscitate them, so here I am kneeling up beside him on his bed with my hand squeezing his heart, and he raises his head up and looks at me. And I wanted to say, "It's OK, sir, just put your head back down. I'm just squeezing your heart." {LG}

KD: {LG}

AS: It was really weird.

KD: Uh huh.

AS: Feeling, you know {LG}. But anyway, he survived, but {LG} that was the important thing. But yeah, we did surgery, we did everything.

KD: Mm hm.

AS: You know, very busy.

KD: Yeah.

AS: I worked probably hundred hour weeks most of the time.

KD: Wow.

AS: But, you know, which is good training because by the time you finish all that you do the same thing in private practice, you know.

KD: Sure.

AS: So this limitation of work hours is never gonna work too well because it's just not the real world. If you're a really busy surgeon you're gonna work long hours.

KD: And you mentioned it was during that time period that you had your second and -- or your third and fourth children, right?

AS: Mm hm, mm hm. Yup. Actually the uh, the pro- Professor of Surgery who um, assigned -- made all of the resident assignments. He would call me every year, at the beginning of the year, and he'd say, "Is this the year or is this not the year?" 'Cause he would try to put me on a little lighter surface when I was getting ready to deliver, but uh {LG}.

KD: {LG}

AS: So they were really pretty accommodating, you know.

KD: That's good.

AS: Yeah, I, I had wonderful training between Jefferson and, and Colorado training. I was well prepared for whatever came my way. Mm hm.

KD: Mm hm. Right. So where did your career go after that? Could you tell me where you worked, who you worked with, um, kind of the progression of your career?

AS: Yeah, we moved to {CG} -- well, my husband at the time {CG} was also a general surgeon so we tried to work together for about nine years in private practice in, uh -- well, you know, I'm not, I don't, I try not to say too many negative things about him, but he had too many girlfriends during that time and, um, and then he wasn't working very hard, and so um, we went separate ways. And then I stayed in -- and after that experience with a partner I did not want another {CG} partner.

KD: Yeah.

AS: So uh, I was in solo practice for most of my career. And um, but always had um -- there were about twenty eight general surgeons in Colorado Springs and, in those days, most people were in solo practice {CG}. So we would uh, trade call with each other. Always had good call coverage. Um, there were four hospitals in Colorado Springs. I worked at all four for most of that time, uh, took my share of E R call, and um, and then I've told you about the heart program and the uh, transplant donor recovery program. Um, and then a lot of general surgery. And I had, you know -- again it was {CG} interesting years, during - - I'd probably been in practice twenty-five or thirty years and this man came in and he had an inguinal hernia, and he says, "Well, how many of these have you done?" And, which every surgeon is asked all the time. And I said, "Well I do about seven or eight a week times thirty years. You do the math." {LG} So.

KD: Yeah.

AS: But um, a lot of Pathology, uh, and Colorado Springs is a, has, is about six hundred thousand. Saw an awful lot during that time.

KD: Mm hm.

AS: Mm hm. And even now in the Clinic that I work in, um, you know, the indigent population is, is so neglected that by the time they come in and ask for help their problems are really much uh, more complicated than they would have been, um, with people that have insurance. So, you know, some of these have been challenges too. Mm hm.

KD: So how have you seen medicine change over the years while you were working in it?

AS: Well, very, you know, the private practice is gone. Um, my daughter who's a Jeff graduate and a general surgeon, um, she says, "Mom, you lived through the golden age." {LG} Uh, 'cause she is, well, employed by a hospital group and always will be. You know, that's a major change in medicine.

KD: Yeah.

AS: Um, but the uh, I think we're all driven to um, be there to take care of people, take care of people. I've always said, and as I interview these students, er, candidates for medical school, um, medicine is not something that you tell somebody to go do. It's, it's a calling almost, you know. You have to really want to do it because there's a lot of personal time sacrifice, um, that you don't do in a lot of other professions {CG}.

KD: So is there anything else we haven't brought up that you would like to say or talk about?

AS: Uh, no, I think I gave you my life history pretty well {LG}.

KD: OK. Sounds good.

[End of recording]