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Shabsigh, Dr.Ridwan

Mark Naison

Interviewee:Dr.Ridwan Shabsigh
Interviewer: Grace Schidmt, Alison Leche
Summary: Chrinstine Rong

Grace Schmidt 0:00
Welcome everyone to the Bronx COVID-19 Oral History Project. My name is Grace Schmidt, and I'm joined by my research partner, Allison Leche. We're here today interviewing Dr. Shabsigh from St Barnabas Hospital in the Belmont community of the Bronx. We want to talk about him with about his experiences working as chairman of the Department of Surgery during the height of the COVID-19 pandemic. Dr. Shabsigh, thank you for taking the time to speak with us today. If you don't mind, would you tell us a little bit about yourself, where you're from, and how you came to work at St Barnabas and eventually serve as chairperson of the Department of Surgery?

Dr. Shabsigh 0:33
Yes,Yes thank you. My name is Ridwan Shabsigh. I'm the Chairman of the Department of Surgery at St Barnabas Hospital. Clinically, I'm a urologist, and academically, I'm a Professor of Clinical Urology at Weill Cornell Medical College of Cornell University. I'm also an affiliate Professor of Medicine at the CUNY School of Medicine. Administratively, I'm the chairman of the Department of Surgery, responsible for all surgical services and surgical specialties at St Barnabas Hospital, SPH health system. As a background, briefly, I was born in Syria. I went to medical school in Damascus, Syria, and then I immigrated out of Syria first to Germany. I spent I lived five years in Germany. I did urology training there, and then I came to the United States and did urology training again and residency at Baylor College of Medicine in Houston, Texas. And I also did a fellowship. Following that, I came to to New York. First, I worked at New York Presbyterian Hospital Columbia University for many years as a full-time faculty member and full time urologist, and then I went to my Models Medical Center to become the chairman of the urology and the director of the urology residency program and then I was recruited eight years ago, to SPH health system here in the Bronx, where I became the chairman of the department of surgery.

Grace Schmidt 2:26
So could you tell us a little bit as your role, about your role as chairman and what the day to day responsibilities look like.

Dr. Shabsigh 2:36
As a chairman of the department of surgery, my day to day responsibility is to assure the continuation of surgical services and to to assure service to the community, to assure the availability of surgical services to our patients. So surgical services includes having surgeons, staffing the department with surgeons in different specialties. We have 16 surgical specialties in our department that is trauma, critical care, general surgery, breast surgery, colorectal surgery, hand surgery, vascular, neuro orthopedics, podiatry, thoracic, ENT, ophthalmology, bariatric, so we have really a comprehensive offering to the community, and my responsibility to assure the

that these services are available and continuous and uninterrupted, and that includes staffing, include training, include supervision, includes quality assurance, performance improvement, and includes also collaboration with other departments, especially the operating room and perioperative services to assure such services, and also the clinics, the different surgical specialty clinics that receive referrals.

Grace Schmidt 4:15
So how many on how many staff would you say you oversee on the on a day to day level?

Dr. Shabsigh 4:23
Probably around 70 in different ways. So it's a sizable department, and as I said, with many essential services such as trauma we are here at St Barnabas Hospital, a trauma center, an accredited Trauma Center by New York State Department of Health and the American College of Surgeons. So as such, we really have an obligation to provide, you know, trauma services and trauma related services in addition to all other surgical services.

Grace Schmidt 5:00
Prior to the start of the COVID 19 pandemic, on average, how many surgeries would the surgical department oversee on a year?

Dr. Shabsigh 5:11
The surgical volume is probably a little bit less than um is between 4,500 and 5,000 cases a year, um and that is a mix of acute surgery, trauma and also elective surgery.

Grace Schmidt 5:31
And when the pandemic hit and in the start of 2020, through 2021, did the amount of surgeries that the department oversaw increase or decrease?

Dr. Shabsigh 5:41
Well during the surge of the pandemic, the first surge in the spring of 2020, the New York State Governor ordered the stock of all elective surgery. And that's not for our hospital alone, for all hospitals in the entire state. So we stopped doing elective surgery, and we restricted our surgery only to trauma and emergencies. So the volume, the volume dropped significantly, way be way below 50%?

Grace Schmidt 6:22
And when you guys were still conducting those essential surgeries, like, how did the protocols and like, the safety procedures change during covid?

Dr. Shabsigh 6:31
So COVID brought with its requirements for safety of patients and safety for staff, because covid as a health crisis is different than other health crisis. I mean, for example, a health crisis that is related to an earthquake, Earth crisis that's related to a hurricane or tsunami, that health crisis is non infectious, health crisis that's related to viral infection, the virus is infected and it

can um it can affect not only the patients, it can also wipe out the health system and those who care for the patients. So therefore, protection of patients and protections of healthcare workers was essential and and that was one of the highlights of the functioning during the surge of the pandemic in the spring of 2020. I have to say we were successful in, in greatly, in preventing patient to patient transfer or transmission of the viral infection, and also protected the staff and continued to serve throughout the surge of the pandemic, both to serve the COVID patients and also to serve the non COVID patients who came with emergencies.

Grace Schmidt 8:07
I know jumping a little bit ahead, I know you wrote a book about what you learned from the pandemic and about lessons that needed to be taken, and hospitals should follow with that being said, I know one of the biggest factors regarding transmission are social networks between nurses and doctors. Was that your bigger concern about transmitting COVID? Was it a bigger concern from patients transferring COVID to doctors or between doctors and nurses transferring COVID to patients?

Dr. Shabsigh 8:36
Well, the concern was that transmission of the of the virus from anyone to anyone, because anyone who gets the virus, whether another patient or a nurse or a doctor or a Physician Assistant or anyone, the consequences are significant and prevention of transmission was not limited to one entity or one group or another. Was we implemented many, many policies and procedures to that, including, you know, a number of things, barriers, protection, protocols, training. It was pretty involved and commenting on what you mentioned on our book that we published as lessons learned from the COVID 19 and beyond, the book does contain, among other lessons, how we did the protection and how was that a center goal and a center focus of our function during the catastrophic. Uh, surge of of the pandemic. Remember New York and the Bronx were the epicenter of the covid pandemic after it crossed the Atlantic or the Pacific, either way and came to the United States.

Grace Schmidt 10:18
And when did you decide to write this book, and what, like, what inspired you to do so?

Dr. Shabsigh 10:25
So I'll backtrack a little bit if you recall, in late 2019, and that's why it is called COVID-19, the coronavirus started in China and then spread. The next epicenter that was hit catastrophically was Northern Italy. Northern Italy, hospitals were overwhelmed. The surge was in such short time with large numbers of patients being brought in that condition to emergency rooms in northern Italy, and causing a significant overwhelming of the hospitals. So that resulted in in a in us and myself, thinking deeply in early 2020 what's next? So I recall very vividly, as I'm talking to you now, that in early 2020, I Ii predicted that this would not be limited to China and Europe and that it would come to the United States. I also I wished I were wrong. I predicted that this will come to us in New York first, and we will be the hardest hit and the epicenter of this. Unfortunately, I was proven right, and this happened. So in, in late February, early March, the cases started to appear in the greater New York area. And then in in early March, I remember

vividly, and I'm sharing this personal story with you in early and I remember March 2 specifically. I was at home having a cup of green tea. I remember the moment and thinking, I am the chairman of the Department of Surgery. COVID is not a surgical disease it's a medical disease. And if COVID comes and overwhelms the hospital, what, what am I and my surgeons going to do? This is not a disease where we go and do surgery. This is a medical disease. So that was my first big question that hit my head. The other thing is, I concluded that if the catastrophe that I heard from my Italian friends, I spoke with a number of my Italian friends in Northern Italy and Milano and others, that if the same overwhelming surge hit New York and the Bronx, the Department of Medicine in our hospital, which is the primary department responsible for the covid, would not be able to handle it alone. It's just too much. So March 2 I made a decision between me and myself. I said, Fine, we are surgeons, but I'm going to throw myself and our department of surgery in the front line. So we designed, with help of a number of colleagues, a a cross training program to take, you know, I have surgeons that are, you know, well educated, smart people. Why not? So we designed a a cross training program. We took non critical care surgeons, such as the breast surgeon, the bariatric surgeon, the colorectal surgeon, the plastic surgeon, instead of laying them off and sending them home and cutting their salaries, we took them through an intensive course of cross training in critical care, in the in the in the ICU and and the intention was to create a reserve workforce. It's like in the army, you have a frontline soldiers, and you have reserved soldiers. So we created a reserve workforce that if and when the pandemic surge hits and hits hard, we can supplement our workforce, our specialized workforce, so when the surge happened, and it was overwhelming. Everybody you know worked 24/7, we needed extra workers, extra doctors to do ICU work, and we deployed this cross trained workforce, and they took over a unit with with very sick patients on ventilators under supervision of senior, you know, critical care surgeons and with support. And they were very successful. And that work, that model of working, and proved very successful to the extent that the greater New York Hospital Association took us as a model to implement in other hospitals. I had orthopedists in our department, you know, surgeons who treat bones and joints and what, what do we do with them? During during the pandemic, we created a proning team, proning meaning patients with respiratory distress, they need, they need to be turned from lying on their back to life on their stomach. that's called pruning that improves oxygenation and lung function. I need people to turn patients safely and who is better than the orthopedist, so we created a proning team that daily proning rounds. So our department functions very well, but I have to say the entire hospital, all departments, everybody. I was heart warmed and impressed. You know, as they say, you don't, you don't know your friends during on good days. On good days, anybody can be your friend. You don't know the quality of people around you on good days. You know the quality of people around you. Know the good people around you. You know your good friends, your good colleagues, your team on bad days and the bad days team when, when covid came. And I realized that here at Saint Barnabas hospital, we had a lot of good people, doctors, nurses, assistants, residents, all kinds of healthcare workers, and even even supply chain department, Information Technology Department, I cannot exclude anybody. Everybody rallied on the days of the catastrophe and work together selflessly, egolessly and brilliantly so when the surge subsided in June of 2020. Again, back to the cup of green tea. I had the reflection, and the reflection was, oh my God, this would be a tragedy to miss lessons learned from what happened. We we went

through. We went through. Hell it was very hard, very tough. We saved a lot of lives. We lost a lot of lives. COVID was a heart disease, difficult disease. It was new disease. We we learned as we went. And so how can an event like this go undocumented and unshared? So I felt that we we had something valuable lessons learned that can help other hospitals in the future, in the future, prepare and manage health crisis well, and if you permit me, I can, I can share with you the table of contents of our book that will give you a glimpse and a view what this book is about. So, how do I share? Am I permitted to share?

Grace Schmidt 19:44
No, let me just change that though. Okay, you should be able to share now.

Dr. Shabsigh 19:56
Okay, share, let's say, a share stream, right? Yeah. Okay, let me see. All right, I'm going to show you something. I think we'll explain. Okay. Okay, so I'm so let me share screen. First, I'm going to share the book cover. Okay, do you see what I see now?

Grace Schmidt 20:54
Yes.

Dr. Shabsigh 20:55
So this is the cover of the book. And as you notice here, it is published by Springer Springer nature. Springer nature is the number one global publisher of scientific and medical books. I wrote the the book proposal and submitted it to eight publishers and I am pleased to tell you that three publishers accepted Springer, uh, Springer nature, um, Cambridge University Press, and one more, and we went with Springer. So that's the cover of the book as it is published. I am not this the only author. I am, the main author and the editor. I have with me 60 colleagues from Saint Barnabas hospital as co authors of different different chapters. So this I am, I am eternally grateful to my colleagues who participated in and delivered on different parts of this book. So this is that. So, I'm going to unshare. Let me see how I do stop share. Okay, so I'm unsharing, and now I'm going to share the Table of Contents. So, table of contents? No, forgive me. I'm misleading here. Now the Table of Contents will will show you the uh, what this book is about. Here it is. I got it. Can you see? Yeah, so this is the table of contents. We have 20 chapters. So the first chapter is the background, the hospital system, the patients and, the community and the Bronx. I'm not going to mention the names. You can read them here as we go, but it shows you they how rich this book, because it was written by 60 people who participated in this team, many of them are leaders of departments. So the second chapter is so the first chapter sets the background. The second chapter is the timeline of the crisis. So it chronicles how the crisis in 2020 unfolded, and how it happened, how we prepared and planned and created the command center during inside the hospital. That's in chapter three. Then they are a series of chapters from different departments, internal medicine, infection control, occupational health, critical care. This is the biggest chapter in the book, very important. During the crisis. I was the inch. I was the team leader of entire critical care in the hospital. So, that was my role during the Crisis. Emergency Medicine, Nursing, as you see, nursing participated heavily clinical nutrition and food services, rehabilitation, respiratory

therapy and cloning, pharmacy, laboratory, radiology, supply chain, material management and finance, very important. You can see it here. Information technology, healthcare, data analytics, and clinical engineering. We have a chapter on the role of medical students and the medical school during the crisis we this is a dear chapter to me. Chapter 17, dynamic decision making and effective communications. This is related to to the management, then the culture, the collaborative culture and lean daily management, soft skills, emotional and social intelligence and resilience, and finally, recovery from crisis. So that's the Table of Contents. I hope I give you a little glimpse of what happened.

Grace Schmidt 25:59
Yes, absolutely. That's really, really comprehensive. I don't think Allison or I really realized the depth of of the work, of this, of this book and of this piece of work.

Dr. Shabsigh 26:13
I just wanted to also say the book is currently available on as an ebook for download at the Springer link. Springer link, there's something, if you Google, say, Springer link, that's this. That's the spring Springer publisher shop, online shop, and you can, you can purchase it as an ebook. It is available also as a paper book, as a print book. It is also available as a paper book on Amazon. It is also available on Amazon as a Kindle down ebook. On Kindle looks really nice.

Grace Schmidt 26:56
How did your colleagues react when you told them that you want to make this book and ask them to help you make it?

Dr. Shabsigh 27:04
I think there was, you know, there was concern that this is a big task, you know, to write a book, a big book. The book came 340 pages so but at the same time, I had a lot of encouragement. When I ran this idea by our colleagues, they said, Oh, great, you know and everyone felt the same. I felt that we should not waste this experience while it is still fresh in our in our mind and heart, we still, we just came out of the crisis, and we lived it so everybody felt that we should not miss it, and this is the right time to do it. It took significant amount of work to coordinate 60 authors to deliver.

Grace Schmidt 28:02
And what are some of the main takeaways from the book?

Dr. Shabsigh 28:04
Um,the the main some of the main takeaways is that you need both. You need the to manage a crisis. You need the hard skills and the soft skills. So the hard skills you need, you need the systems, the resources, the staffing, the equipment, the supplies. So those are the hard resources that without them you cannot manage. You need ventilators, need medications, need areas in the hospital that can be converted to to to intensive care, which we which actually we did so, and we implemented many of the lessons learned after the crisis in creating ICU ready areas in the hospital. So those are the hard resources and the hard skills. The other thing is the

soft resources, which is the collaborative culture, if, if the workforce is is not used to helping each other, rally on a on a on a bad day, get your your colleagues back, lend a helping hand to someone who's struggling if, if that's not in you, collectively as a group during peace time, it doesn't do much harm, because everybody is doing their job and everything is quiet. But during crisis time, it's it will really be a major hurt, a major, you know, detriment. You. On the other hand, if the culture is you know, rally on a bad day. Help someone struggling. Share. Be, be, be proactive. Help, help each other. Focus on the task. Focus on patient service if that culture communicates, um, if that culture is preestablished again during these times you don't see you know the impact when a crisis hit you realize oh my god I pick up the phone and I pass my colleague something instead of everyone throwing the hardest everyone saying me me ill do it so that time so really to really care and manage the crisis effectively, the skills, the hard resources are supposed to read the soft skills and the culture.

Grace Schmidt 31:13
So earlier you mentioned that you did a cross-training program to treat your surgical residents to be critical care uh to be more focused on critical care um as someone who is not really involved in medicine in any capacity, are not all doctors, like do they not all have the capacity to be critical care physicians at any point in time and if they don't, did this cross training look like and what did it involve?

Dr. Shabsigh 31:43
So, when you go to medical school, you learn medicine in general. You know a lot of things and you are good at none. That is how you graduate. You then go through speciality training and then you become good at something. Medicine is so broad so some of us specialize in orthopedics, some of us specialize in eurology, some of us specialize in endocrinology. So as time goes and you are only working in your speciality, you become what we call [], you become in depth about your speciality and you know less about other things, other specialties and with time, that difference magnifies, I mean, a vascular surgeon is doing vascular surgery for twenty years. It's far from other branches of medicine. Ok it's a long time and you know he or she doesn do it doesnt do the other thing. So cross training is not a small leap, its a big leap so thats why the workforce that we crosstrain we did not just turn news to work. We deployed them to work under supervision that could create a safe environment for the patients and an effective environment and also for them. So the answer to your question, yes you know but the cross training has to be well designed, it has to be coupled with support and supervision and if done right it can be exemplary and that's why I said other hospitals uh took our model and uh benefited.

Grace Schmidt 33:48
So uh, what were the specific steps that were taken in the cross-training process? What were the skills that you were having to in a sense, reteach um these surgical physicians?

Dr. Shabsigh 33:59
Well, think back to intensive care and the intensive care unit in the ICU, so uh, patients in the ICU have, uh uh, respiratory failure, failure of oxygenation, and that is more so in COVID, so

that initially and ultimately, they have monthly organ failure. They they they fail the lungs, they fail the kidneys they fail the liver, they fail other organs they and then they they become dependent on mechanical ventilation, they become dependent on uh intravenous drips and medication and nutrition so um, the intensity of supportive care of multiple failures is highly significant and those are the skills and areas that we train the physicians to do.

Grace Schmidt 35:04
Do you feel that your staff responded positively to transitioning over um to focusing more on critical care?

Dr. Shabsigh 35:14
Positively was right, okay. I'll show you if you permit me. Let me show you the picture. I am going to show you the picture from the pandemic. From the time of the pandemic. Um. Ok. So I'm sharing again. Okay do you see this picture?

Grace Schmidt 35:52
Yes

Dr. Shabsigh 35:54
Okay. so this picture was at the height of the pandemic in one of the areas that were turned into intensive care during the pandemic. This is myself. This is me. Do you recognize me?

Grace Schmidt 36:14
No

Dr. Shabsigh 36:16
Ok I will change my glasses.

Grace Schmidt 36:18
Change your glasses, put on the mask and the face shield and then I can point you out.

Dr. Shabsigh 36:23
Alright so that so that's me. Right?

Grace Schmidt 36:29
Yes

Dr. Shabsigh 36:30
So this is myself. Uh this is behind me Dr. Peterson, he is a breast surgeon who got cross-trained in intensive care. This is Dr. Puccino. Okay. He is a colorectal surgeon that got cross-trained. This is Dr. Dubowska, she is the surgery chief resident. This is one of our IT technicians. We are rounding in the ICU here, we have an an iPad. This is an iPad for telemedicine. TeleICU. In the IPad this is Dr. Rocco Lefaro. Dr. Lefaro is a cardiothoracic surgeon who is supervising this team remotely. We are going room by room rounding on uh COVID patients uh under supervision of

Dr. Lefaro. Dr. Lefaro was the mentor who did the cross-training for these doctors. So here you see it.

Grace Schmidt 37:51
How many physicians would you say had to be cross-trained?

Dr. Shabsigh 37:54
Um I think we had maybe 15 something like that. Or 18 so it was significant.

Grace Schmidt 38:02
And did the way you approach patients at the start of the pandemic change once um the latter waves came to hit New York like specifically when the um Omicron variant came. Did that all did you alter the way you responded um as comparatively to when the pandemic first hit in 2020?

Dr. Shabsigh 38:23
So so the lesson learned from the first surge in spring 2020 uh was followed by a second surge that happened in November starting November 2020 into uh uh April May 2021. So between the two surges, there was a lot. And during the low, we took huge advantage of the lessons learned working with the senior administration and the leadership of the hospital the group of the critical leaders and the chairman of different departments uh work together with the senior management to basically uh uh uh do many improvements and ask for them to prepare for the next surge and other health crisis. So we created a new uh uh ICU ready areas with equipment uh uh electronic cabling, monitoring, central monitoring of patients with central monitoring station and all that so we really prepared much better for the second time. The other because the first time we were caught by by surprise like other hospitals, no one was fully prepared. No one for the first time. So uh so that's one the other thing is we created isolation rooms for infection control um negative pressure rooms uh we also uh gave a refresher training to the first grade surgeons after they return back to surgery you know after the reopening in in in July. Uh so uh a lot of improvement happened. Nurses training, other training um acquisition of equipment, supplies, organization of teams. So a lot of things happened in between the two surges. So the second surge was uh we were able to manage much better.

Speaker 3 40:38
Hi guys, I'm just sorry to jump in here real quick uh so we're at about the ten minute mark so just as a really quick time check. Thank you.

Grace Schmidt 40:46
Yep. So um give me a little bit more personal and if you feel comfortable, could you walk us through one of your hardest days at work during the midst of the pandemic or a point you found to be especially profound or tough or day.

Dr. Shabsigh 41:05

Uh many days during the pandemic were very hard. You know seeing patients die, seeing patients come with uh severe and vast diseases come already um needing ventilator in the emergency room before they reach the floor or the ICU uh was very hard seeing mortality so high you know the mortality of the first surge was very high in all hospitals including ourselves especially here in the Bronx. Um you know people in the Bronx you know this is the the socioeconomically the most difficult uh area in New York. the most uh uh area in need um our hospital is um serves some of the poorest population in New York, from a socioeconomic viewpoint um it was heartbreaking and we had many difficult days. Probably the most difficult day came when um when one of our um senior surgeons and uh close friend of mine uh uh fell ill to COVID and ultimately passed. Uh that person was a senior surgeon for a department and was a wonderful person and a close colleague a close friend we lost him to COVID. He's the only surgeon we lost to COVID and uh that uh I took very personal.

Grace Schmidt 42:43
How were you and your staff able to respond to losing um such a figurehead within your department?

Dr. Shabsigh 42:50
No question we grieved um it was a big loss um uh there were many emotional moments about it but uh that was in the middle of the crisis so we had we had duties to fulfill. We had patients to serve so we continued we continued we knew that had he been alive that he would want us to serve the patients.

Grace Schmidt 43:25
Now transitioning to more of a positive light, was there a specific day in the midst of the pandemic or a moment um that was a highlight for you or a glimmer of hope that kind of you went back to that you would look to to remind you that it is not all bad.

Dr. Shabsigh 43:42
Um well during the well not during the peak of the surge, after the peak of the surge when you know we started to see some patients die and some patients survive, and the patients who survived end up ultimately coming off the ventilator and ultimately being discharged, one of the uh uh health workers in our hospital uh invented an uh announcement system which is a specific song to be broadcast on the overhead speaker system uh every time uh a patient was discharged a patient who was admitted would be uh survived and and improved enough to be discharged. That song was broadcasted. And we knew that was like the the announcement of one more one more going home so this was really uh uh those were fantastic moments. Uh so that's one the other thing is when when the uh the uh crisis and the surge subsized and we went back we went uh to a quiet time in late June and in July and the the idea of that we have we have something of high value we can do. First before writing the book, learn lessons and implement in the hospital as I said creating new areas, uh re equipping areas, re supplying, reorganizing that uh uh we feel very positively about and very happy and then when we all the 60 people we work together with me to write the book uh that uh brought a lot of uh joy and

pride that we had something of value we could share. Happy moment. And now we are happy we see it out in public in print.

Grace Schmidt 46:05
Yeah, I might have to download it on my Kindle even though I'm uh an economics student, I might I might venture outside of my comfort zone.

Dr. Shabsigh 46:13
Well if you are into economics, you can read the chapter on supply chain um material management, and finance. We have a chapter for you. You're an economist.

Grace Schmidt 46:27
Uh but to close this out our final question… if you could tell… you mentioned that the community you serve at St. Barnabas is um socioeconomically one of the poorest in New York City and in New York State. What is one thing you would like people to know about how the Bronx and how St. Barnabas responded to the COVID 19 pandemic.

Dr. Shabsigh 46:49
Um the one thing I really the one message I really would like to get out is uh you know it is an American tradition in America a lot of people uh you know people who who have the means donate to hospitals you go you go into any many hospitals and you see plaques of recognition of donors who donated to the uh you know the art center to the cancer center of the hospital to different services in the hospital. What I would like to say that if you if you if you have it in your heart to donate to to uh if you have it in your heart to donate to healthcare and help people, your donation, specifically in a hospital like us will go longer and will have a higher impact than donations elsewhere because we serve people in who are really in high need and our hospital because it is you know the majority of our patient's insurance is Medicaid is it has budget restrictions so uh we are it is not a hospital with much money and that's why I really call on philanthropists on uh uh people who like to help in healthcare who would like to make an impact in healthcare who this is where the high impact will be. These our patients are in high need for everything and our hospital is in high need for everything, equipment, supplies uh buildings uh uh renovations you name it, we need it. And and we serve during the high crisis and we serve with pride, and happiness and uh we we are happy to serve again hopefully it will not be needed hopefully there will be no future crisis but if it happens we are here to serve the community.

Grace Schmidt 49:24
Dr. Shabsigh thank you so much for speaking with us and for dedicating so many hard hours during the course of the pandemic to uh to your community and to your patients um just speaking on behalf of Alison and I we are incredibly grateful and on behalf of Fordham, the work that St. Barnabas has been doing has been it's fantastic and so we thank you for your hard work and dedication during those times and continued.

Dr. Shabsigh 49:48

Thank you Grace, thank you Allison, I am so uh grateful for uh for your interview and your uh interest in this and interest in us and uh I wish you success in your career I know you are college students and I wish you the best.

Grace Schmidt 50:11
Thank you