Almost There
An Emerson Collective Podcast
What the AIDS epidemic taught this nurse about keeping the world healthy

Dwayne Betts:

I know the work that you do, but I don't know the work that you do. How would I explain your role to my 14-year-old?

Sheila Davis:

So what Partners In Health does is we believe that everybody should have access to healthcare, that everybody's equal and so we go to places where there isn't good healthcare. And we work with people there to build hospitals, to get people education, to train people, to work in the community and try to change the way that people are treated around the world.

Dwayne Betts:

From Emerson Collective, this is almost there. I'm Reginald Dwayne Betts and my guest is Sheila Davis, the CEO of Partners In Health. I should start with how it began with her, her work more than 30 years as a nurse started on the front lines of HIV/AIDS epidemic. And that work is how really, we first connected, I was trying to understand what partners and health is.

I understood that it mattered, but it was when she kept returning to HIV and AIDS. And that struggle in those lives lost and saved that I realized why Partners In Health matters to so many this multinational organization that is providing just an equitable healthcare systems across the globe in places that need it most. How long have you been CEO?

Sheila Davis:

Just for three years, but I've been at Partners In Health since 2010.

Dwayne Betts:

Okay. So what's the story from 2010 that surprised you in terms of both a location and what you found at that location?

Sheila Davis:

So I came to PIH because of the earthquake that happened in Haiti in 2010, which flattened Port-au-Prince, the capital of Haiti. And so I was brought on to help develop a nursing program because what was clear was that there was not enough nurses in Haiti, but it's not just nurses, its hospitals, its medications, it's supply chain. So what PIH has done and what we did after the earthquake was build a hospital, five operating rooms. CAT scan really brought high-level, high-quality healthcare, working with the Haitian government and Haitian community to try to be able to provide the care that everybody deserves, but in a place that hadn't had access.

Dwayne Betts:

Is this like the field of dreams?

Sheila Davis:

Yeah. You know what? Mirebalais is very much like the Field of Dreams, 100%.

Dwayne Betts:

For people who don't know, Field of Dreams is a movie, and the tagline was like, "If you build it, they will come."

Sheila Davis:

Yeah. We say that all the time because even when we often start working in Rwanda, started working 2005 in an abandoned hospital and people would say, "Oh, there's no patients there." Well, there's no patients because there's no staff, there's no medications, there's no electricity, no water. The minute you start to fix those things, people come.

Dwayne Betts:

How daunting is it to work in five, six, seven, 10 countries? How many languages do you speak?

Sheila Davis:

Actually, the only language I speak is English. I have a tonal issue, so I don't speak other languages, which is a huge problem and always has been.

Dwayne Betts:

It seems like a real opportunity in your life in less of a problem of an opportunity because I feel like you probably have developed ways to build connections with people on the ground, even having the inability unless they speak English to communicate with them. Can you talk about that a bit?

Sheila Davis:

Yeah, and I do. I certainly can understand Creole quite well and other countries that we work in. English is the predominant language, but there is also many other languages that are spoken. But I think I'm never there alone, nor should I be. So my goal is when I was working as a nurse, I worked with the Sierra Leonean nurses, worked with the Liberian nurses, they're the experts. I'm bringing expertise, having been trained in a hospital that had medications and different diagnostics. I bring that expertise, but I'm never going to be an expert Sierra Leonean nurse. So we partner together, and I think that's why our model also works.

Dwayne Betts:

It's funny because I've met you earlier today when we talked, and you introduce yourself as a nurse. And already a few times in this conversation you talked about yourself as being a nurse, but you're also a CEO and it makes me ask you this question. Our identities are transformed and shaped by the things that transformed and shaped us. So if it was like your identity has been transformed and shaped by your experience of being a nurse and so when you talked about there not being enough of something in Haiti, a doctor would've said there weren't enough doctors, and a lay person would've said there weren't enough doctors.

And then you said you would be with Sierra Leonean nurses, I'm sure you were also with Sierra Leonean businesspeople, and you were with Sierra Leonean builders, and maybe translators, but your first impulse was to flag the nurse. Can you tell me one, how did you become a nurse? And then two, I want to know what role has that had in shaping your identity as somebody in this field?

Sheila Davis:

Yeah, so I graduated from nursing school in 1988, entered nursing school when HIV and AIDS was just beginning in this country or being recognized in this country. So I think that really shaped how I saw what nursing was and saw that a huge part of being a nurse is being a patient advocate. It's going out into communities. It's not just in the hospital. It's really a different way of approaching it that I was always connected with that allowed me to do amazing things being a nurse.

Worked in all different places, worked in prisons a little bit, taught in universities, worked in big hospitals, worked in the middle of Haiti. It's because I have the ability to bring some tangible and practical skills that are a lot around community, a lot around systems in so many different ways that I think have made me a strong leader.

Dwayne Betts:

Have you read Angels in America?

Sheila Davis:

Yes.

Dwayne Betts:

The book, it was a play, came out in 1996 and it's about the HIV/AIDS epidemic here in the United States, but I didn't know it existed and I was listening to Wesley Morris talk. He said, "I could read it every day for the rest of my life and never get to the bottom of it." It's about all of America's issues and it's wrapped up in this drama that makes you understand the possibility. And I didn't know it existed.

Given that you started in 1988 in the middle of the HIV/AIDS epidemic in crisis. How do you recognize that relating to your ability to see other challenges in other countries as being invisible on a global scale or even a national scale, even if it's probably producing the art and the social and community impact that the HIV/AIDS epidemic did in the states?

Sheila Davis:

Ebola is an example that once it's been in a community for a little while, it's the same issue of stigma. It's the same issue of a caregiver's disease. So in the early days of HIV, we didn't know how it was transmitted. There was a big fear that you could get it from taking care of somebody as a nurse, for example. And there were nurses and doctors who got HIV from a needle stick or from that type of thing. There was a lot that we had to learn as we were doing it. And unlike Ebola where caregivers are the people who die very, very quickly.

It happens in a matter of days with HIV. If you're infected, you can be a decade before you even know you have it. I think there's examples in a lot of things like this with COVID as well, where there's so much fear, so much of pushing people away or creating rules that rather than taking care of people. We're trying to isolate people in a way that's not actually helping them, but trying to help ourselves not looking at the root of the problem.

Dwayne Betts:

I'm going to ask a silly question and part of this, because having spent decades in the work, I'm assuming thousands of patients and come in contact with thousands more, it feels like it's a way that the individual stories could just slip. And not slip from your mind, but slip from your public rhetoric. Because what I want from you is expertise. I want to understand how you build hospitals, but I think what I really want is

to know the story that you haven't been able to let go of. Because I don't know if I could care about the building of a hospital in say Rwanda, if I cannot name the name of any Rwanda.

Sheila Davis:

And that's the struggle with this role, to be honest. I think that if I hadn't had 35 years as a nurse and had those stories of so many different people who impacted me, I don't think I could do this every day. I think that's the danger of this role. I'm so zoomed out when I go visit or I'm in Rwanda, I may go to a patient's bedside, somebody will have me say, "Hello." To somebody, but I don't get the chance to have that same connection because that isn't what I'm they're doing. I go back many years ago of people that I took care of, so many women who would say to me, "Please, I just need to have my kids graduate from high school. I'll take the medicine. I'll do whatever I'm needed."

Dwayne Betts:

When they say that, do they mean so that they could be alive for the graduation?-

Sheila Davis:

So they can be alive. Early days of HIV, there was no medication, so everybody died. And this is the '80s, early '90s, when people are tested positive, they were usually quite sick. And people would die within a couple years. I went to more funerals than you can count celebrations of life as you can count, because that was the trajectory of the disease. Then in 1997, the new medications came out, the cocktail, we learned that you have to take two to three medications to stop HIV to put it at bay, but the medications were a lot to take.

So then when we would say, "I know these make you sick, but please take these pills." People, mostly women I took care of would say, "Okay, I'll do whatever you want me to do. I have to be here to have my son Gray graduate from high school." So I was with these women for a few decades. And then they got to the point where Gray graduated from high school. And because the science improved to the point-

Dwayne Betts:

Oh, Wait time out. So they would be saying that when their kids were in grade school-

Sheila Davis:

Yeah, kids were little. And then as time went on, the milestones moved because people were living. I had a little kid the same age as they did. I think because I was involved so early in HIV epidemic that I grew up with the patience.

Dwayne Betts:

I hear so much recognition of common experience between you and these women, you and these mothers. I hear so much empathy. Do you think that it's hard to get others to feel the same empathy and the work that you do on a national and global scale? Because honestly, what I hear from you is empathy as a byproduct of deep personal relationships, empathy as a shared understanding of what it means to have a desire to see something that happens far off into the future. So I wonder how in your work now as CEO, do you convince somebody like me to care about-

Sheila Davis:

What's happening? Yeah, I think we often look at either or. So people either say, "Oh, I only want to take care of the poor people in Africa. We do enough for people here and they just want to hear about what's happening there." Then there's people here who say, "We have enough problems at home. That's their own issue. We know what's happening in Sierra Leone, Liberia." And my question always is, "Well, why is it be either or?"

People want to put people in boxes and push it away so that they don't want to hear about what's happening in Rwanda because it's... Then it's like, "Do we feel responsible for it?" And we are all responsible. We're all our brother's keeper, our sister's keeper. So to me, the geography shouldn't matter. It should be that everybody has the same value or the same right to have an equitable life. And so what do we need to do to try to fix that? And it shouldn't matter the geography.

Dwayne Betts:

Okay. So what countries are you in right now?

Sheila Davis:

So we are in Haiti, Mexico, Peru, Rwanda, Lesotho, Sierra Leone, Liberia, Kazakhstan and Russia. And Navajo Nation. And then now with Post COVID, we do work in some places in the US just helping in small public health departments, et cetera.

Dwayne Betts:

What else have you learned in terms of your work going to all of these different places that in my head, every place you named is this beautiful land like Peru. Even my understanding of Haiti, it is this place that I always wanted to visit, but I wonder in going to those places, how does your work get transformed by the physical geography of the place?

Sheila Davis:

I think if you look at the island of the Dominican Republic and Haiti are share an island. Basically, that's cut down and if you look at the deforestation that has happened on the Haiti side. So if you fly over, you can see where there's the line between the border of the DR and Haiti. Because of the deforestation that people are cutting down trees and have had to make charcoal to cook food. And that's not the same issue that there is in the DR, certainly.

So there's a definitely correlation of where people are physically and how apt they are to get sick. And we know that TB, HIV, COVID for example, a lot of things disproportionately impact people who are the most vulnerable. And it's because of where they're living, the nutrition isn't as good, so their body can't fight things off.

So if we work in places that have been because of structural violence for decades and because of the US challenges of really making Haiti a really difficult place to be with our occupations, et cetera, that's a place where people get sick more. And it's not because the ground in Haiti is bad, it's just because there's no infrastructure there to have people have any healthcare.

Dwayne Betts:

If you listen to our episode with Michael Murphy, the architect who talked about seeking justice and healing through the buildings he creates, and who designed the libraries I'm building in prisons, you may remember him talking about being influenced by a man named Paul Farmer. If you listen to today's interview, you'll know why I wish I could have interviewed Dr. Farmer myself. Farmer who died in early

2022 made it his life's work to try to bring healthcare to people all over the world. He was many things an anthropologist, a doctor, a professor at Harvard's Medical School, any founded partners in health in 1987, where Sheila is now CEO. And if you listen to her, you'll learn that he was also funny.

Sheila Davis:

Paul was somebody who we talked on text mostly in WhatsApp. We would see each other in person, but we would text constantly and incessantly, and we had a very similar sense of humor. So on Zoom meetings in particular, whenever you put his head down, I'm like, "Uh, oh." Because he would be texting me about something that's happening and I have no poker face, and I always think, "Okay, hold it together, hold it together."

So most of our texts were funny things actually. And when my dad died, I had no idea he came to the funeral. This was in 2019. He had to take five planes to get there. I live in Rural Maine where my family was and I remember being at the church turning around, and he was there. And then after the funeral went to the funeral home where we had finger sandwiches and potato chips, and things like that, which is how we grew up, which is similar to how he did in a rural working-class neighborhood. We had similar roots in that way and would laugh about government cheese or things like this that a lot of people surrounding us didn't have that same common bond-

Dwayne Betts:

We had government cheese in Maine?

Sheila Davis:

We have everything in Maine. Yes, it's further to get to, but we do.

Dwayne Betts:

Okay.

Sheila Davis:

So Paul I think was so quick and so funny, and so amazing, but then would send me pictures from a patient. And our last exchanges before he died. And so suddenly in February were sending pictures of a patient in Rwanda who came too late. Paul was so distraught saying, "Why didn't he come sooner? What are we doing wrong?" Here's this man that most people serve, Paul as the guru who's won all these MacArthur Award and all this stuff, but yet he was so driven by that individual patient up until the night before he died. That's rare.

Dwayne Betts:

That is rare. And I think we talk about stories and how stories animate the life of a person with Dr. Farmer. I know that it's this notion that you could build a hospital and you could build it in a way in which it actively seeks to reduce airborne diseases based on how it's physically constructed, and then also create a different climate for care within the space. Is that something that you guys take to every hospital that you build and every country that you're working with?

Sheila Davis:

Every place we go, we call it the S's. You have to have staff, stuff, space, systems, and social support. Most places in the world are good intended. People will go and build a beautiful building, but they don't

train people so that there's nobody to work in that building or it's a place that's built that has no access to lights, so no access to airflow. But one thing Paul Farmer always has said is that, "You need beauty, and you need dignity." So there's gardens every place we work.

Many times, when I'm thinking like, "That's not our priority is not that damn garden." But Paul would say, "People need a place to heal. That's beautiful." So at night, even after seeing patients all day, we're out digging the damn garden because he was adamant. And then you see that it is so important because even if you're a poor woman who just had a baby, you should be able to deliver and then see a beautiful flower outside your window.

Dwayne Betts:

How do you sell that to people? I've spent a fair amount of time in my life, maybe only like 25% at this point in prison, but how do you convince people that's true? To heal you need to be near something that's beautiful and whatever you say, I'm stealing. So you should just know that right now I'm borrowing this for my own work, but how do you convince people of that?

Sheila Davis:

I think it's by bringing it back to people of like, "Where do you feel most at peace? Where do you feel like that you are giving your body in the mind the best chance to heal?" And everybody would say, "I would assume a place where there's access to the outside or this beautiful art on the wall, or whatever you envision as something pleasing to you." I think it's trying to then correlate that and say, "If we all know that it's all of our senses are activated."

And there's been studies to show that people who have access to beautiful things are blood pressures lowered. We don't do those studies, but we know that patients are happier, staff are happier. It's better to work in a place where you can go sit outside that has some greenery as part of it. So we try to appeal to what people would want themselves.

People say, "Well, you can't treat breast cancer in Rwanda. It's too expensive." And we always say, "What if that was your mother or your sister?" We talk about socialization for scarcity all the time, that people want to make these decisions for other people. Flowers aren't important because you have bigger problems than that. Well, who are you to say that? Flowers are really important, but we're not choosing flowers over medicine. We're seeing you need to have both.

Dwayne Betts:

I appreciate that when you have a life that's infused with beauty, that you forget that it's a part of your life. And so when you make decisions about other people not having beauty, it's also premised on the fact that you actually believe they do. And you don't want to confront the fact that they don't because then it becomes a bit of a burden. I think about nurses. I'm happy when a nurse comes to talk to me when I got to go to the hospital. And I know that the doctor's going to come in and give me his 35 seconds and then roll, but the nurse is going to be like-

Sheila Davis:

This is what it means.

Dwayne Betts:

So I wonder if it's been a moment where you question that decision to move from having intimate conversations with mothers who want to see their children graduate from high school to having to have fundraising discussions.

Sheila Davis:

Yeah, I do miss that. Having the conversation with all of these women in particular who I felt like we had such a close connection, but that's also hard. I also have seen so much death, so much suffering, and so much pain. And I would absorb a lot of it. I don't know if I could have kept that level of intensity for another 30 years. Part of it was a protection thing. It's easier to pull yourself back than to be so intimately involved in people's lives, which can be really hard.

For a while, I had both where I did patient care, but I also did the systems work. And then you move far away from the people you're actually trying to serve, which is a problem. You have less proximity when you have more decision-making power that we have to figure out how to balance that in a way that's realistic. I can't see patients all day, but if I'm never in that proximity anymore, then am I losing what I think made me a good leader? I struggle with that.

Dwayne Betts:

And you guys have thousands and thousands, and thousands of employees.

Sheila Davis:

We have 19,000 employees.

Dwayne Betts:

Man, that's a lot. But in those employees' range, I imagine from day laborers who are building things to janitors, to nurses, to doctors-

Sheila Davis:

Yeah. Well, mostly people who live in communities that we hire to be that connection with bringing somebody into clinic, making sure they take their medications. By far, the people I learn the most from every place we work is the drivers.

Dwayne Betts:

Drivers.

Sheila Davis:

The people who drive the cars that drive us around. We don't have a driver's license or a car in Sierra Leone. There's somebody who picks you up that drives the staff around.

Dwayne Betts:

And they're a consistent part of an organization. People get to know you?

Sheila Davis:

Yeah. Oh, by far. And they're always the people that I learned the most. Because [inaudible] they tell you truth-

Dwayne Betts:

That's why I need to be interviewing, because telling you the driver has all of the stories-

Sheila Davis:

All the info. I just think that's so interesting about even the politics of... I remember being with a driver in a country that I won't name who there was somebody who I always thought was a villain in history that we all learned this person was a villain. Somehow it came up and he said, "No, I would love to have him come back." And I was like, "Really?" And then he told me why that was important to him and his community. And how he felt that man represented him in not a way that another leader who we had all lauded as this amazing person. And I thought, I wouldn't get that from the nurse to the doctor and I wouldn't have got that in a car full of people.

Dwayne Betts:

Do they also drive the patients back and forth from the hospital?

Sheila Davis:

Some do.

Dwayne Betts:

Because I was thinking about that too. The way in which maybe some of the conditions of the community require travel and access in ways that we don't recognize as mandatory here in the States.

Sheila Davis:

Yeah. We have to provide transportation for people. Women who deliver at the clinic. I was just at in Malawi would have to walk six to eight hours, nine months pregnant in labor. That's impossible. And so we try to do many things. We try to make sure these clinics in different places closer to where people live. So that there's a place where women can go and stay near the two room clinics so that there's a midwife there so they can deliver. It's a can be a huge amount of someone's any money they have for transportation back and forth. And that's a problem.

Dwayne Betts:

One of the things that we've been talking about pretty consistently is stories. And we started thinking about HIV and AIDS, and then we started talking about the stories of these women that you've know and how that created this connection between you and them. But when people think about hospital stories, they think about ER, I don't know, Chicago general, these very specific American television shows that are supposed to give us a glimpse of what happens inside of a hospital. Those glimpses might be more or less true, who knows? But what I wonder is whose duty and responsibility is it to tell the stories of these countries that you go into and work the trans women space and work with people on the ground to transform it?

Sheila Davis:

Yeah. And I think we're always trying to figure that out. How do we tell or let people tell their own story too? I think in the past in global health, it's always been somebody from here flying over there, getting the photo up. Everybody has on their Facebook a pitch on themselves, and the little kids drives me

insane, and then they leave. And I'm always harping on this driver thing because again, they're the connection and the glue of our entire organization-

Dwayne Betts:

No, honestly, if I was a journalist, I would be like, "What is the story about these drivers in Malawi?" So have you tried that though?

Sheila Davis:

So we have a little bit, not as much as I would want. There's one driver named Andre, who was Paul Farmer's best friend in Rwanda has been since 2005. They were like brothers and caretakers for each other in a beautiful way. Paul would bring Andre into the clinic with him into the hospital because in Rwanda, it's Kinyarwanda, which Paul didn't know that language very well. So he would bring Andre in and be able to talk to the little old woman and say, "We're asking does she have pain?" And we're not getting the answers.

So he would bring Andre in as his expert and as his trusted friend to help take care of this woman. And there's Andres all over the place. I think Paul just recognized it and saw him and treated him as an equal, as he should have been all along, which I think modeled it. If we have somebody go visit and they come back, and they're like, "Oh, we had a great trip." And I'll say, "Oh, who was your driver?" And if they can't tell me that driver's name who they probably spent nine hours with or more than that, then I think they're not for us.

Dwayne Betts:

And it's always the case. You see the world differently based on the work that you do, and you talk about these drivers who have a different intimate knowledge of the ailments of people. And they have a different intimate knowledge of what it means to get from home to the hospital, that they also probably have different empathetic connections within their head that is evidence when they say, "Talk to the woman and try to translate her pain to the doctor who might not hear it." What about your story? Do you think that you've been doing this work for a very long time, and you run a global health organization? Do you think that it's something to be said for how the rest of the world comes to understand your story and your relationship to Dr. Farmer?

Sheila Davis:

I worry so much about the organization and the sense of everybody is looking at who's the next Paul Farmer, and there's never going to be another Paul Farmer. That doesn't mean we're not going to continue to do amazing things and do even more, and evolve, and iterate. But we have amazing people that Paul seeded around the world who have never had a voice. So my thing is that I don't want to be the one that get asked to talk at something. It should be Dr. Luckson Dullie from Malawi. He's an expert. That's who we should get on these stages because that is the goal of all of this. It's not that we have another white Harvard doctor represent us because that isn't who we are. And Paul knew that better than any of us.

Dwayne Betts:

Okay. I'll invite him on the podcast.

Sheila Davis:

Okay. Please do.

Dwayne Betts:

I invite him on the podcast. It's not even fair for me to ask you this, but people ask me all the time, they say, "Well, Dwayne, you've accomplished so much in your life and if you could start it all over again, would you choose not to have gone to prison?" It still doesn't feel like a fair question to ask, but how do you think about the path that you're working in your life has taken, given that it seems to be a fair amount of sorrow that you've experienced along the way? And if you were advising a young person, would you tell them to be wary of the sorrows that might lie ahead of them?

Sheila Davis:

I've always felt like I'm where I'm supposed to be. Often young people will say, "How did you become a CEO?" And I say, "I have no idea." Because I didn't map it out. I got committed to this issue because of people that I loved and cared about. And that issue put me on different paths along the way. And I always decided that if I could learn more and it was an opportunity to do something, but I could then that would make me better at what I'm doing, that I would try to do that. So it seemed a little crazy. It was leading a clinic at Mass General and then said, "I'm going to leave that and become a nursing coordinator at Partners In Health where I had to take a three quarters pay cut."

I've always just done what I thought in my gut was right. But it has been a hard path. I think as a single mother, my daughter, although she's a phenomenal adult and I'm so excited, she's now in medical school. And her life was harder because of the choices I made because her mother was gone a lot. I was working in South Africa. I had to deal with a lot of death and sorrow that I know I brought home.

She wrote a college essay and I remember reading it after the fact, and it said something like, "We had spent the summer in South Africa. She had come with me, and I was working there not for Partners In Health." And she said, "It's hard when I land." Because I still see the red dirt on my sneaker from where we were in Umlazi in South Africa.

And now I'm going to Brookline, which is this affluent suburb of Boston where everybody's talking about their college coaches for $300 an hour. And I feel like I'm two different people and I hope someday they meld into one. And I remember reading that and thinking one, I was obviously so proud of her and whatever, but I thought, "Wow, that's a lot." That she's obviously absorbed, and I think it's made her an amazing woman today. But that's hard.

Dwayne Betts:

That is hard. And yet she chose to go to medical school. I know you understood it was hard when you took a three quarters pay cut because it is no world in which a three quarters pay cut.

Sheila Davis:

Makes sense.

Dwayne Betts:

So it must've been some joy in that.

Sheila Davis:

Yeah. I think even in the joy of being parts of communities being really enveloped into the gay community in Boston where I grew up in Romaine where I didn't think I knew anybody gay. And then

coming down here and being so welcomed into this world working in DC I worked in and I taught at Howard University in the nursing program for a year. And just on HIV stuff and I thought... And I learned so much, and I was enveloped into these strong women who were taught me about what life was like to be a black woman in DC that I never would've come across.

There's joy in all of that because my life has been so much richer because with this sorrow is couple the joy because of the people, as you said. Now, I get to be friends with Andre. Andre and I WhatsApp this morning like, "Where would I ever have Andre in my life?" So there's so much joy in that and I do think it's... You do focus sometimes on the sorrow because that's in your face, but underlying is joy. And the fact that Paul and I would text jokes all the time. I laughed constantly with Paul. Even though we were dealing with horrible things, we would still laugh and see the beauty of the flowers.

Dwayne Betts:

I think that's the perfect place to end on.

Sheila Davis:

Thank you.

Dwayne Betts:

Thank you. Almost There is produced by Jesse Baker and Eric Nuzum at Magnificent Noise for Emerson Collective. Our production staff includes Eleanor Kagan, Brianna Garrett and Paul Schneider, along with Patrick D'Arcy, Alex Simon and Amy Low from Emerson Collective. Special thanks to [inaudible] Elliott and [inaudible] I'm Reginald Dwayne Betts. Thank you for listening.