

3/30/18 – DRS DOROTHY AND JAY FEDERMAN

KG – Kayt Gochenauer

JF – Jay Federman

DF – Dorothy Federman

JL – Jack LaDuke (cameraman)

KG - So let's get started. I guess I will begin with my introduction. This is Kayt Gochenauer.

JL - Hold a second. Ok when we're up to speed.

KG – I don't think we need the video right now. I want to kind of do a little introduction.

JL – Oh, ok.

JF – Before we get started, is it possible to turn things a little bit because it's very bright. Can we rotate so that we're facing more this wall?

DF - For us, so we can see her better?

JF - It's literally like I'm squinting.

JL – Sure.

KG – Let's just rotate this a little bit. Totally fine. You're more centered under the fireplace now which is good.

JF – It's ok as far as the camera goes.

JL – That better?

JF – Yes, considerably.

KG - This is Kayt Gochenauer. I'm interviewing Drs. Dorothy and Jay Federman. Today is March 30, 2018 and we're talking at 118 Main St. So can I just get a little bit of background from you since I've never met you before? Tell me how long you've lived in the area and what your background is here in Saranac Lake.

DF – We've lived here since about May 1st 1975. About 44 years. We've lived most of that time, all but one year, on Rockledge Lane around Moody Pond.

KG – What brought you to the area?

JF – The practice. It provided the main element to the things we were interested in, mainly a small group practice, a good hospital with the need and the ability to look after our own patients in the hospital, and then the key thing that was unique was that we were able to share one position in the practice, which was the only place we looked at that really allowed that. That was because of Frank.

KG – Where were you from before moving to Saranac Lake?

DF – Well we moved almost immediately... we had been traveling for about 15 months in Europe where we were able to work in England because we had been licensed in Alberta. We were technically moving from Calgary, Alberta. We had gone there after graduation from medical school to do our residencies.

JF – We grew up both in Philadelphia. We went to undergraduate school elsewhere but we both came back to medical school in Philadelphia at the University of Pennsylvania.

KG – Did you know much about the unique medical history of Saranac Lake before moving here or was that kind of a surprise when you got here?

JF – No, we didn't really know much, if anything, about the unique medical history of Saranac Lake but we did know quite a bit about it in that my mother was born and grew up here.

KG – Oh really? So you have a family history here too.

JF – She was the youngest of seven girls and being the youngest.... Her father died when she was three and there was no one at home to look after her because her mother had to run the business so she went to school when she was probably four so she graduated when she was fairly young I think, around 16, and couldn't wait to get out of here so she went to nursing school in Philadelphia.

DF – Jay's grandfather came here with tuberculosis in 1908 so that's what brought the family here.

KG – Wow. Did you ever visit this area growing up?

JF – I did. There is a picture of me in Lake Flower when I was two. We came back apparently when I was twelve in the summer also. I thought I remembered it but when Dorothy and I first visited Saranac Lake it was late winter and everything was covered with snow and all the lakes were frozen so it didn't seem familiar at all. The image I thought I had was not what we saw. It seemed all new and different.

DF – Your mother's house was right at Pontiac Bay, right on the water, and those houses were gone. Just the Jewish community center was standing.

JF – Well that wasn't at Pontiac Bay though. That was down on Church St. here. I'm pretty sure. When they did the kind of urban renewal and put in Riverside Park there were a bunch of houses down near where the ice palace is and the location where the new resort is going in so that's where they lived.

DF – Isn't that Pontiac Bay?

JF – Yes, right but I didn't think the...

DF – The community center? Yeah that was up here where the seamstress is.

JF – I do remember lots of stories about the ice skating on Pontiac Bay.

DF – And skiing behind trucks.

KG – That sounds like fun.

JF – Barrel jumping was a common competition back then. Was it Dick Lamy – the famous skater and barrel jumper... So I did hear lots of stories about Saranac Lake but not much about the medical history.

KG – So the house on Pontiac Bay, that was where your grandfather cured?

DF – No that's where he and his family lived. They had a butcher shop and lived upstairs.

KG – What was the name of the butcher shop?

JF – I don't know. It was a butcher shop and somewhat of a general store, I guess.

KG – Let's get the video rolling. We don't know exactly how much this memory card can hold so we're trying. We'll figure it out. I think it should be about a half an hour.

DF – Probably as much as our memory is holding.

KG – I've heard of there being stigma with people who had tuberculosis. Was that something you ever heard about? Was it very clear that your grandfather had tuberculosis or was anything hush hush around that?

JF – It wasn't particularly discussed. I mean I obviously didn't know my grandfather and my mother barely knew him since she was only three when he died. I don't recall my grandmother talking about that. I know there was a stigma of some patients but I think Saranac Lake realized early on that this was a huge social good and economic driver of the community so I think

people who were concerned about that sort of put it in the background pretty quickly. I don't think it was an ongoing issue.

KG – So your grandmother lived here for quite a while even after your grandfather died?

JF – Oh yes. She lived here... goodness until my second oldest aunt left and that aunt taught school here for quite some time. I don't think my grandmother left until probably the 1950s. I'm guessing.

KG – Is it rolling? OK. Tell me a little bit about coming here and what were your first impressions? What was it like to start up as a doctor here in Saranac Lake?

DF – Well we had been traveling for about 15 months. We had all of our belongings in storage and our cat in Calgary, Alberta. We came back in January of 1975. We sailed on the QE2, a pretty difficult crossing where the ship had to actually turn around to repair all the broken windows that had been hit with extreme waves. I was pregnant at that time. I was nauseated to begin with so that was the crossing. We came to Philadelphia and had done a little bit of research. We had some places to visit. We were thinking of staying in Canada, eastern Canada (we had decided to move back east) but there was a glut of general practitioners in Canada. They just did not need primary care. So we came south of the border. We knew about Saranac Lake but we did look in New Hampshire and Vermont too, probably about 17 places. We had a little red notebook and we had the things that were important to us.

So it was February by the time we got here and we strolled into town and went up to the hospital and one of the first people we met was Frank Trudeau, who just happened to be walking about. The community had lost four primary care physicians recently. Three had died and one had retired. So Frank was very warm and friendly. My recollection is that that night we were taken into their home. There was an open house, if not that night then the next night. They rolled out the red carpet. We decided we would come back to work for two weeks as locum tenens in April of that year to see if we got along. What we did in between then was I think we were visiting friends and our families.

JF – Well I think we were looking at other sites as well.

DF – Oh right, we were looking at other places.

JF – We hadn't made a definite decision and we were definitely looking for a small community. I mean we loved the environment. That's one reason why we went to western Canada. We wanted to be closer to family and that's why we decided to move back East. As Dorothy mentioned, there weren't that many opportunities that were attractive in Canada, in English speaking Canada. I don't speak French but she does.

DF – We wanted seasons. We were interested in the schools. The outdoor life was a very high priority.

JF – And a practice. We wanted to share one practice at least to start with because Dorothy was pregnant and due in June. So that was the unique thing that Frank Trudeau was willing to offer – that we could be in the group and function as one. That’s something that we carried out our entire career. Although we had additional professional interests, we had the presence of one full-time equivalent in Medical Associates. That worked out very well for the practice and for us. The other things we were interested in were a small town, a small group practice that had the responsibility of taking care of our own patients in the hospital, which was the norm back then. That has pretty much disappeared now with the advent of hospitalists. Now people doing primary care, be it family medicine or general internal medicine, usually just do office practice. But back then that existed in some places but we wanted to have a hospital practice as well, which there was here and a very good hospital. So that was another draw.

KG – So you set up practice right away in this building here?

DF – Yes.

JF – We were accepted into the practice. The practice was ongoing. One of the physicians who died in the previous year had been Frank’s first partner. That was Ell Keet. Then they hired two additional physicians who were here so it was a three-person group when we were interviewing and they actually hired three new doctors that Spring and we all started within a few weeks of each other. They hired Dorothy and me, Josh Schwartzberg, and Richard Handler.

KG – So tell me a little bit about Frank Trudeau. What was he like?

DF – Frank was wonderful. He was twice my age. He was 56 and I was 28. He was very handsome, very dapper. If we dropped in on him unannounced at his house he would come to the door and he would have an ascot on. He would just be perfectly dressed. He always asked you about yourself and how you were and how your family was. He was just very warm. And interested, sincerely interested.

JF – Yes, I would say he was the consummate gentleman. Kind of the almost idealized country doctor. Very committed to life here and to the community and the patients. I think he had a great sense of social responsibility. He grew up fairly privileged and I think he was quite aware of that and had a definite sense of noblesse oblige and felt that he owed the community to a large degree because of the good fortune that he had. He was a great conversationalist and like Dorothy said very warm and personal but he wasn’t big on small talk. He liked to talk about issues and it might be personal things but not just chit-chat. I remember we used to have an annual dinner of the group with the spouses and the office manager and Frank would always ask a question that he wanted everyone to comment on. He would go around the table and I remember once (I think he was still alive then and it came up) as to whether it was appropriate for us to go to war with Iraq. I may be conflating that with...

DF – Another war because I don't think he was alive then.

JF – Anyhow those kinds of questions would often come up as a social gathering. He had a huge interest in the outside world and, although he did grow up with a lot of privilege and tradition, he was also very amenable to new ideas and I think he was very receptive to young people and change, which those two things don't always go together. But I think that was one of the things that made him quite unique and very appealing.

DF – He told me once that he had Garry sitting on his shoulder to make sure he was open-minded because it was difficult for him early on as I understand it to realize that the generation of physicians was ending with him because Garry was not going to become the 8th generation. (I think I have my numbers correct.) So yeah, he had been pushed to some degree to be open-minded. He was very receptive to what we wanted to do.

KG – It sounds like he fostered a wonderful community, the medical community, with the six doctors here in this building. He sounds like he really worked deliberately to foster that community with the dinners.

JF – Back then I think his was the only medical group, Medical Associates. There was a group of surgeons but the other physicians in town were all solo practitioners so even group practice, which is the norm now, was somewhat unusual back then. He clearly saw the value of it. One of the big pluses of the group practice is that you share a call. So we did that and that was one reason why Dorothy and I wanted to be in a group - you weren't on call every night. In spite of that, Frank would often take call for his own patients and be available to them 24-7. He seemed to be able to balance things very well. He was committed to his patients, to the community, but he also managed to exercise regularly and have time off and had outside interests. A key one being obviously the Trudeau Institute.

KG – Tell me a little bit about that, his involvement in the start of Trudeau Institute.

DF – Well the sanatorium closed when antibiotics were developed and he took a couple of years out of practice to work on getting the endowment reallocated to a new kind of institution, a research institution. He had a lot of people who wanted to discourage him from doing that. Some people felt that it needed to be in a city - being in isolation up here was not going to work. He felt that up here, freed from responsibilities of teaching and freed from some of the pressures of being in a city, you really could have a contemplative, collegial research institution. He worked for two years to get folks to agree to allow the endowment to begin a new institution. It opened in 1964.

JF – Frank had only graduated from his training I think. He hadn't been in practice but a year or two. The San closed and that was a crisis for the community. I'm not sure if his father was still living then because he joined his father in practice. But anyhow, he took a hiatus of practice to deal with the fallout from the San closing and that's when he came up with the idea of this

research institute that was focused on TB. The immunity to tuberculosis is delayed immunity so a lot of the research was immunological research dealing with the immune system particularly delayed immunity. Over time that evolved but that was the connection with tuberculosis.

KG – Was he the president of the board of Trudeau Institute?

DF – Well he was the founder of Trudeau Institute. He certainly was on the board. He probably – I can look this up easily – but he was probably the chair of the board but maybe not. I actually don't think he was the first chair of the board.

KG – So when he went back to his practice, he was probably still on the board at Trudeau Institute?

DF – Yes, he was on the board for a long time and he maintained an office. He had an office up at the Institute and he was there a lot. He loved it and he knew everybody there and he certainly was the prime fundraiser at the time helping it get started.

JF – The model that he employed seemed to be similar to what his grandfather did in terms of raising money. He had lots of connections and he leaned on them I think a great deal to contribute to the both funding and running of the institute. There was a board of the San and apparently the vote was extremely close in terms of whether it would continue to be located in Saranac Lake versus moving to probably a university, urban type of environment. But Frank was very intent on it staying in Saranac Lake for a variety of reasons. So that was critical in terms of the community.

KG – I'm curious about how Trudeau Institute has affected the community. It's so unusual, such a research institute in such a small town.

DF – Well it's been a big employer. It's smaller than it used to be partly because of the nature of science and funding. It expanded physically in the 90s and grew and then it became a bit smaller and now it's growing again. It's a wonderful employer. It's a clean industry. It brings professionals to town and their families. It has a whole campus and waterfront making it a very appealing place for researchers to come. Young scientists can find housing immediately. It does depend now on good technology to link anywhere in the world for all sorts of things. You don't need to be on top of each other to do science the same way one used to do it. But it's a very important part of the community, absolutely.

KG – Were you aware of it when you moved up here?

DF – No I wasn't.

JF – Not before we came, no. But it's a great complement to the medical history of the area. Saranac Lake is very unusual for a community of this size in an area that is so sparsely populated

to have the quality of facility and medical staff that we have and have had since E.L. Trudeau came. It was because of tuberculosis that this all exists.

DF – And the kinds of people who came. A lot of sophisticated people came with tuberculosis. It's an equal opportunity bug as you state in your museum. The kind of small town this is is very unusual. A lot of people came and stayed but it's a real mix.

KG – How have you seen that community change in you said 45 years here?

DF – 44.

KG – 44. Have you seen much change in the medical community?

DF – In the medical community? Well with the hospitalists – probably 15-20 years ago hospital practice became less and less part of my life and certainly for the last ten years I practiced I had given up hospital privileges. So that's a big change. The doctors used to see each other every day. They used to cross paths. They used to talk more. Frank started the Saranac Lake Medical Society that met every month up at Trudeau Institute. We would always have a dinner with spouses beforehand and then a lecture. It was such a pleasure to get together with colleagues and talk about the meat of your craft. Now when we get together, we are often talking about government mandates or how to maximize your coding so that income... how to maximize your income. Things that are just boring, unappealing and somewhat distasteful. There was a period of time – I would say the first 20 years of working here was my dream GP. When you got together with your colleagues you really talked about what interested you and your patients and people. That – at the Saranac Medical Society – has not continued. It became harder for people to break away and even have dinner before a talk so we brought it into the hospital without dinner. We made it seven in the morning so we could maximize who came. People became so rushed and also meetings started to get taken up by things that were not medicine. It's a loss. It was definitely a loss.

JF – I don't feel the changes in medicine here are much different from throughout the country. In some ways you might even say less so in that there are very few small community hospitals that haven't been gobbled up by a larger health system be it a university or a private system like Kaiser or Guthrie Clinic, that sort of thing. So in that regard we are somewhat unique and you might say a holdout. Those forces are widespread though and most of the changes that Dorothy was describing are changes throughout medicine nationally. They are not unique to here. I would say that there have been more physicians in private practice here percentage-wise than your typical community but that is also changing. Even our practice, Medical Associates, we closed nearly a year and a half ago and became employees of the hospital because the combination of regulations, various requirements that one has to keep up with be they legal, economic are so overwhelming that you have to have a large staff to be able to deal with all of that. So now there are very few private physicians remaining. Most have been employed by the

hospital as was Medical Associates and even some of our surgeons now. Those trends are nation-wide though.

DF – It was wonderful to be able to practice for 40 some years and see generation after generation after generation and make house calls, see people in the community. It was a fabulous opportunity but it's a dying model.

KG – Can you give me the dates that the Saranac Lake Medical Society was operating?

DF – I don't think I know when it began. I know it was well established when we came. I became head of it and I think it probably kind of dissolved by the time Frank left practice – '85.

JF – I think the Saranac Lake Medical Society pre-dated Frank's going into practice because there were physicians here once his grandfather established the place. Back then, back when we did our training, there wasn't the availability of information like there is now electronically. So much of one's education was either journals or talking to your colleagues and discussing cases and having lectures. You know a lot of that has gone by the wayside because of technology.

DF – But even for us, we had journal club once a month with our primary care colleagues and we just had a wonderful time. We each came prepared to present something. We would spend at least an hour talking or eating or having wine and then we would present articles to each other and talk about difficult problems. It was fun. It was so much fun. But there were so few competing other things to do in TV or media or movies.

KG – Were there challenges presented since this is such a rural area? Was it difficult to practice medicine when you had patients from all over, I imagine?

DF – Well it's interesting. We had patients who you could easily admit to the hospital. If you had somebody who lived two hours away and was elderly and it was wintertime, they could come the day before and sleep overnight and then they would have a procedure the next morning that was a trivial procedure. It didn't warrant an admission. You just simply... you don't do that anymore. So it was easier then to manage distance and weather. We also had to worry about transporting sick newborns and getting help quickly enough to arrive and get out. We didn't have helicopter service then. It was a new thing.

JF – Well any rural community has the challenges of lack of specialization and not the same technology that more populated areas have. That was certainly the case here. So that's a challenge but it also makes practicing more fun because you have to be able to do more to serve your patients whereas if there is every specialist just down the hall from you, then you tend to do more triaging and not actual treating. It's a mixed bag. It's demanding but it's gratifying as well. In that sense I wouldn't say we were different than other rural communities but we did have more depth than what you expect to find in a town of 7,000.

KG – Did you find that there was a higher percentage of medical professionals here you know leftover from maybe working at the sanatorium? Did you feel that way? That everyone you bump into is a medical professional?

DF – Not leftover from the sanatorium. The sanatorium was long gone when we came in '75 so there weren't professionals that I recall. There just are more doctors and sub specialists per capita in this place than a small town of typical size because of the quality of the hospital.

JF – And the history of the cure industry. That drew a tremendous number of doctors to the area and associated other medical professionals. Lots of nurses and technicians. That's a large reason why the medical community is what it is and has been so unusual – it all relates back to TB.

KG – Can you just expound a little bit on how the medical community is unusual and just a direct connection to the TB link?

JF – Well it's unusual because of its size and sophistication. Because of TB people came here specifically, even though it was out in the boonies, they came here to cure. So there were many more sick patients. It was a center, a national center, so to some degree it's supply and demand. There was a demand for services so that drew physicians and other healthcare professionals. It was a cascading phenomenon that continued until there were medications to cure TB but that medical community carried on. That's the connection.

DF – There were physicians who were sick with TB who participated in some of the innovative procedures themselves and then they left supposedly cured or in remission and they stayed and worked. Certainly there were the pulmonary surgeons who came and were well known. When we moved here Will Rogers was still open. They closed the following year.

KG – Did you see any TB patients? Is that something that you ever... I know there are some antibiotic-resistant strains here.

DF – Ever? I think periodically we've had patients.

JF – We've had a handful of patients with active TB, yes. The main treatment or initially the cure was basically a healthy environment with fresh air and rest being outdoors, on the cure porches a lot, but a lot of the treatment was also surgical with collapsing the lung. That drew chest surgeons, which you wouldn't find in a town of this size normally. These people were highly trained from some of the best medical centers in the country that appear and when that wasn't necessary to treat TB anymore, they stayed and practiced general surgery or continue with chest surgery. A very direct link.

DF – Like the Trudeau's. Some had their offspring come – Merkel, Decker.

KG – Can you tell me any stories about Frank Trudeau? Is there anything that when you think about him that just kind of pops into your mind?

DF – Well we traveled with Frank and Ursula to St. John's twice – sailing. Once in the 70s and once about a year before Frank died in the 90s. Gracious as ever. A good skipper if that's what you call the captain.

JF – Yes Frank definitely liked his outdoor activities. I skied with him a lot. He was a fabulous Alpine skier and cross-country skier.

DF – And jumper.

JF – He managed to balance many things very well.

DF – He started the Lake Placid Loppet – the race that just occurred a few weeks ago. There is a Frank Trudeau award for the oldest person – somebody over 70 who completes the 50K. That's the Frank Trudeau Award.

KG – Is that something that he did?

DF – Did he do the 50K? We did it every year. We did that race every year until...

JF – Not the 50 though. The 25. I don't know that Frank did the 50. He may have early on, I'm not sure. He was very appreciative. We liked to cook and bake and he always enjoyed those things and was very interested in what other people were doing. He often referred to other people as Renaissance people because they did things that he didn't do that he appreciated very much. He had many talents himself.

DF – When we started practice, his mother lived upstairs.

KG – Did she?

DF – So in the end our office, after she died, Dick Cook the ophthalmologist had his office upstairs and after he left we had our office upstairs in Boo's bedroom... I'm not sure what room we were in. Her bedroom.

JF – She had the whole upstairs.

DF – She had the whole apartment upstairs.

KG – What was she like?

DF – Boy I don't know that I have any memory of her.

JF – We didn't know her well. She would come down for the office Christmas party when people would exchange little gifts and I do remember hearing stories about her because she grew up in Saranac Lake before there was much traffic. She would just go out. She had a big walking stick apparently and would just walk across Church St. or Main St., never looking. She just felt that cars should look out for pedestrians, particularly her. That was kind of an image that I had in my mind from what people said. I don't know that I ever saw her doing that. We didn't really know her.

KG – Is there anything else you want to tell me either about Frank Trudeau or your time working here in Saranac Lake as doctors?

JF – I feel very lucky that we were kind of able to practice during what you might say was the golden age of medicine, where you had a tremendous direct contact and responsibility for your patients. Coupled with the technology and the means to really help many of them get better. Maybe this is just a function of the fact that I'm getting old and crotchety but I think it's a lot different now. It's much more corporate. It's more compartmentalized. People have a much narrower focus and we see people just getting lost in the system and that really wasn't the case very much during most of our career. So I feel very fortunate personally and also to have been able to work in this practice that allowed us to fulfill our personal goals of sharing a practice, raising a family, and being in a great place to live. And having been able to look after generations of patients in the same family. It's amazing and it's rare for that to happen now. For one thing it's rare for physicians to stay in one practice or one community for more than often a few years, yet alone 45 years. It's almost unheard of.

DF – Well we live about half a mile from this office so it was very walkable. We didn't have death from school. Our children walked around and went to school. Our daughter and her family live here. She's come back as an oncology nurse practitioner and is head of the department up at the hospital. So we have an inside scoop to this day and feel that... she wanted to come back too after having wanted to get out very badly, which is a healthy thing for youngsters. It was a great ride.

KG – This has been really good. Thank you so much. I don't have any other questions here unless you've got anything... Do you have anything you want to ask them?

DF – Jack was one of the first people we met.

JF – You came before we did, right?

JL - Yeah, a little bit before. Probably the year before. Marina was at the Cell Center. We moved from Plattsburgh up here. I was with the Olympic Committee and she was at the Cell Center. We were driving two cars and that didn't make much sense so we moved up here. You mentioned

something I thought was interesting. The helicopter. What difference did that make in medicine at the hospital, having the helicopter available?

DF – Well Burlington is 20 minutes away by helicopter, I think. (Gosh, that sounds fast.) So, lifesaving opportunities were more hopeful.

JL – Before, it was with an ambulance?

JF – Yes, so people get needed care much more quickly, particularly sub-specialty care that is not provided here like neurosurgery, or until well into our career there wasn't a vascular surgeon (there is now) but even obstetrics. Our former partner's wife was helicoptered out with triplets in premature labor. I'm sure it saved many lives and reduced morbidity of lots of patients because of the speed at which people can get what can't be provided here. It was probably a significant part of the Olympics coming too - the availability of the helicopter for serious injuries.

DF – Do you think it was here before the Olympics?

JF – Yes, well I don't know if there was a regular helicopter service for the hospital but certainly there was helicopter back up, I'm almost sure for the Olympics.

JL – The Army National Guard was here. The State Police were here. It was Hugh Carey who brought it in. He was Governor at that time. Mario was Lt. Governor. I don't know if it was here before the Olympics.

KG – It must have been quite a time in Saranac Lake.

JL – Oh yes. Frank Trudeau was one of the medical officers during the Olympics.

DF – You were too.

JF – Yes. A lot of the physicians were involved with providing services.

DF – I was planning to but I went away with the children for that period of time for some other reasons. It was going to be very difficult to function. They were so little.

JF – We had three children five and under at that time so... There was a lot of concern as to whether one would be able to function during the Olympics. As it turned out because it was so restricted in terms of driving within the Lake Placid area that if you had a pass to be able to drive it was very easy to get around because there were no cars on the road. They kept everybody out. There was a problem initially with the buses and that fiasco. So anyhow we were concerned that it would just be hard to function with three little kids during the Olympics.

KG – As a medical officer what were your duties during the Olympics?

JF – Providing physician presence. You were assigned to certain events. Actually it turned out I didn't have to do anything for the Olympics but the involvement went back a year because every Olympic event has to be run at the World Cup level the year before on the venue. So they had the Alpine races and I was the physician there when one of the Mahre twins broke a leg and as it turned out he did very well in the Olympics but he broke his leg the year before.

KG – Thank you so much. I've really enjoyed talking to you.

JF – You're welcome.

DF – Thank you. I've enjoyed it too.

JF – Glad we could contribute to the history of the community.

END