Victor Brugh, MD

Medical Director

Richmond Fed Career: 1987-2012

Interviewed in September 2012

INTERVIEWER: And so first, and foremost, Dr. Brugh, if you could, uh, tell us when you started with the Fed.

BRUGH: Yeah. I started in 1987. Uh, part-time. It was, uh, two hours, once a week and, uh, Alice Alvis was here and, uh, Thelma Lipscomb -- and, um, it was a real treat, uh, the, um, a friend of mine, a guy named Charles Mack, who was the administrator of Retreat Hospital, and he and I, uh, were, still are, good friends. He knew Dr. Smith, who a lot of people probably don't know Dr. Smith, but he was my predecessor here. Uh, Charles and his son were good friends and his son mentioned his dad was going to retire and the Bank was looking for somebody to replace him. And when -- did he -- Charles know anybody at the Bank -- at the hospital. Because I was doing emergency medicine and my schedule was a little bit flexible in the sense that you have scheduled days off. And I said, yup. I'd be glad to do that, uh, if they want to talk with me about it. And I came down here and met, uh, uh, with Joe Ramage and, uh, that was the beginning of the relationship. And so it became two hours, once a week.

My first encounter, in case anybody doesn't remember Thelma Lipscomb -- were you here with Thelma?

INTERVIEWER: No. But I've gotten to know her through Fedcaster.

BURGH: Yeah. Okay.

Well, my first experience with Thelma was a real eye-opener and gave me a sense of -- of the -- of the ship that Thelma ran. So I came in, first day, and there is Thelma and Alice and they said -- I said, hi, I'm Vic Brugh. And then she said I know who you are. I said, okay. She said, um, well, why don't you sit down. And the configuration was different, you know,

the department was laid out differently. She said why don't you sit, uh -- on that, uh, seat over there. I said, okay. So I went over and I sat down. Thelma proceeded to say, this is how it works: You go in the back, you sit in your office, I bring in the patients or Alice brings in patients, you go see them, you go sit in your office, we'll tell you if we need anything else from you. Thank you for coming today. (Laughing.)

I said, yes, ma'am. And that was my introduction to health services at the Federal Reserve Bank. And, uh, sure enough, she ran the ship with an iron -- an iron fist, I'll tell ya. So, uh, but it -- it -- and then over time, you know, the relationship grew and so it was two hours once a week and then it was two hours twice a week and then it was three hours twice a week and then eventually -- it's a little bit of a story -- so by, uh, 1999, uh, the responsibility for HR had shifted from Joe Ramage to, uh, Jim Reese at that time. And so Jim came down and said, uh, I'd like to talk to you about coming full-time with the Fed. And I went home, talked to my wife, said, you know, I still love emergency medicine, I'm -- I'm not ready to give that up. I came back and said no, I'm not going to do that. And so the following year, uh, he came back again and said, uh, I'd like to talk with you about becoming full-time with the Fed. And so I said, uh, well, let me go home and talk to my wife. And he looked at me and he said I'm not going to ask you a third time. And I said, okay, I think I -- there's a message in there somewhere. (Laughing.) You know? And, uh, so I went home and talked to my wife I've been done -- doing emergency medicine, at that point, for like, uh, 20-some years and, um, so we decided to make the change and I came over here full-time so -- that's kind of how that whole thing developed over time.

INTERVIEWER: Okay.

Well, what was your background? Like, where did you grow up? I know you went to the Medical College of Virginia and how you got into medicine and your -- interest in emergency room.

BRUGH: Yeah. So I -- I did, um, I grew up in Roanoke, I was actually born in Richmond, raised in Roanoke. Left, uh, I had a high school sweetheart and, uh, I went to -- to school down in North Carolina State, graduated from North Carolina State, got married at the end of my second year down there. Been married ever since, 44 years, uh -- this coming June. All right, 45 this coming June. And then, uh, uh, went to medical school at MCV, left there, uh, went to a family practice residency and, in order to

support my family, I started moonlighting in the emergency department. At that time there were no ER residencies. So there was -- there wasn't a specialty of ER medicine. It actually, it became a specialty the year I graduated from my family practice. And I loved ER medicine. It was just something that I fell in love with and went and, uh, uh, came up here. Uh, went to work at, uh, Chippenham and Johnston-Willis in their emergency department and then eventually moved over to Henrico Doctors' and Retreat and, uh, spent my time in the ER. Along with doing a little bit of work here at the Fed.

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INTERVIEWER: Did you do corporate -- any other corporate medicine?

BRUGH: Well, only in that, uh, I had -- I -- I have always been little bit of a high-energy person -- and so the way emergency medicine typically we -- works is, you know, you rotate through shifts. Usually there's a -- a day shift, that's usually 12 hours, 8 to 12 hours. Then a afternoon shift, so a typical thing would be 7 to 7, so 7 in the morning to 7 at night, 12 noon to 12 midnight, and 7 p.m. to 7 a.m.

And so you do that for half of your life, any one of those, you know, kind of rotating through those. And then you have half your time off, so you get -- if you've calculated that out, that's about 84 hours in a week worth of work, which is basically 42 hours a week. So the next week, uh, where you have half your time off, on my half time off, uh, I wanted to work. Uh, uh, and so I went to -- out actually to DuPont and worked with them for a number of years on my weeks off. So I would work a week and have a couple days and go to DuPont and work a week -- have a couple of days and then go back to the emergency department.

So a little bit of background, entirely different than this environment, though, that's a different -- they -- they have a -- a different mission for their health department and their absences.

INTERVIEWER: And when you came here, though, I didn't realize there were only the two nurses.

BRUGH: Yeah.

INTERVIEWER: So had that always been the case, as long as you have known?

BUGH: Uh-huh.

And actually I've got a little presentation that I give, uh, and have given around the state, and it goes back to show, uh, nurses back in the 1940s here. So I think that the earliest recordings -- I went down to the archives, uh, in -- in getting -- pulling out records and things. I think that the -- if I'm not mistaken, the -- the Bank started a health services department in the early 1930s or the late 1920s. So it's been around for a long time.

The physician staffing, I believe, started in the 1950s.

INTERVIEWER: But that was part-time. Is it fair to say you were the first full-time --

BRUGH: Uh-huh. Oh, yeah. Yeah.

INTERVIEWER: -- medical doctor --

BRUGH: Right. First full-time --

INTERVIEWER: -- to be hired?

BRUGH: -- medical doctor. Right. Absolutely. Yeah.

INTERVIEWER: So when you became the full-time doctor here in -- 1999?

BRUGH: Well, 2000.

INTERVIEWER: 2000?

BRUGH: Yeah.

INTERVIEWER: What would -- what was your duty, um, your duties? Why did the Bank decide to have a full-time medical doctor?

BRUGH: Well, they've kind of grown over time, you know, the -- the level responsibility, it kind of expanded. I was being asked to do more, uh, you know, in the way of, uh, there would be employees so -- if you could -- well, let's go back.

So, in the past, the reason for a part-time physician was to, basically, do some pre-employment physicals which were -- was at that time required of everybody -- so, if you came to work for the Bank, you had to have a pre-employment physical. So that was an internal type of requirement.

Then there were things that were state-required. So if you were, uh, working in the cafeteria, you had to have a TB skin test and you had to have a chest x-ray. And these were -- were health-related issues and so we would coordinate all that. We'd give the TB skin test and send the person for their chest x-ray and get the report back and approval. And,

uh, then it started becoming well, can you see me for this problem or that problem. And that's how it kind of expanded.

So, initially, when I first came, it was very -- the scope of health services, from my perspective, was very, very narrow. You know, it was pre-employment physicals and TB skin tests, um, workers' comp injuries and things like that. And then it grew into well, while you're here, could you see somebody for this problem or that problem. And that kind of expanded and it became more of a demand for that kind of service. So that's how it kind of migrated into, uh, being broader services but also, uh, why I became full-time, because there was a sense that there was a need for a more, you know, full-time primary care.

INTERVIEWER: Okay.

And how would you describe a typical day here?

BRUGH: Well, that's a good question too. Uh, so we have done, you know, kind of health services over the last 10 years, 12 years has expanded and we don't do the same things that we used to do. Uh, so we -- I have, uh, you know, in the past, when I first came, it was all clinical work. It was just see the people, treat them, and leave.

But in -- when I got here, uh, full time, uh, the emphasis started to change through some conversations with, um, Walter Varvel, Al Broaddus, uh, and Jim Reese to be broader. So how can we improve the general health of the employees and, uh, help them to be healthier and preventative and anticipatory in nature, versus just treating them when they're sick, you know? The -- the -- the ideal thing about health services and on-site clinics is that the thought is well, you get to help people, uh, by -- and help the business by making it convenient so people may get treatment earlier, 'cause it's more convenient; they don't have to leave the building and come back and so you -- you've reduced the -- their time away, increased their productivity time so that they're not spending their time on the road or sitting in a doctor's office and spending their time getting back to work. So you increased their productivity and it offers a little bit of an advantage for being an employer of choice. It's something that you can market out there, you know.

So, but in looking at it, it's a unique opportunity to try to identify areas in the Bank, in the population that's in the Bank, of where you see the most disease, other than just the common cold or the nose or throat. So, what

-- what drives our employees to be really sick, not that having colds and flu isn't sick. But, you know, what is going to be the -- what are going to be the diseases that are going to significantly impact their lives. So, you know, whether that's diabetes with preventable blindness or problems with onset of strokes, heart attacks, circulation problems, kidney failure, all of which, kind of, flow out of diabetes, uh, regardless it has -- does it have to do with cardiovascular disease. So what are those things and how can we improve the health of our employees so they don't -- aren't as likely to either develop those conditions or are -- if they -- or -- or you can, kind of, push them down the road so they don't develop this as -- as early in their life as they would have otherwise.

So that kind of led us to, you know, our kind of wellness programs with the development, eventually, of the wellness committee, this incentive program, getting the senior management and those kinds of things onboard for the wellness. And then it became obvious that employees did not like the idea of reporting to HR their medical conditions when they were out on short-term disability. Which if they wanted to qualify for those benefits, they had to do that as well. So we kind of absorbed disability management into the department.

And, uh, I must admit I'm really proud of -- particularly, Tonya, uh, she worked with, uh, the people in application development to develop an application that allowed us to electronically record -- a data-base application -- that allowed us to electronically record our disability claims and give reports and things such as that. And that -- that program, today, is used by the System. It's migrated from here to St. Louis. Yeah. Oh, sorry, Kansas City and, uh, it's now the system's short-term disability management --

INTERVIEWER: Wow.

BRUGH: -- application, all through Tonya's efforts to develop a program for us here at the Bank. So she should be very proud of that.

Um, and then it became obvious that we saw a lot of the workers' compensation claims and so we ended up with, um, managing for HR, in addition to their short-term disability transition to long-term disability, workers' comp claims, uh, and their management through health services. But also representation at the System level with the Workers' Comp Coalition in the search for who the vendors are going to be to

provide us with workers' comp coverage and things along those lines. So that kind of migrated to health services.

So a typical day for me, to finally answer your question, is -- is, you know, about half the day, from 8 -- starting at 8 to 8:30 till about 1 o'clock, uh, I'm typically seeing patients. And then from 1 o'clock through the rest of the day we're kind of taking care of those other areas, either wellness initiatives projects -- uh, workers' compensation, disability management, uh, answering emails, because we get a lot of emails, you know, and people with questions about their, uh, conditions and things such as that. And then getting our reports back in for lab studies and things like that. Kind of communicating with employees, uh, the results, you know, kind of the paperwork side of clinical medicine and those kinds of things.

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INTERVIEWER: But you've also have been at the vanguard of a lot of big events here with the pandemic --

BRUGH: Uh-huh.

INTERVIEWER: -- and I'd like to talk to you more about that.

BRUGH: Yeah.

INTERVIEWER: Also the smoking ban.

BRUGH: Uh-huh. Uh-huh.

INTERVIEWER: Or the, actually, the tobacco ban.

BRUGH: Uh-huh.

INTERVIEWER: And 9-11 and also with the canal rescue. So I'm wondering if you could address some of the bigger health issues that you've faced here.

BRUGH: Uh, uh, yeah. Well, I mean, that -- that's nice of you to point those out, but, you know, I -- I'll tell you -- and I'm being serious about this. Uh, except for the canal issue, which is really an event, right? That's -- that's a, um, somebody had an accident and things -- is that what you were talking about?

INTERVIEWER: 2005, yes. Yeah.

BRUGH: Yeah. I wanted to make sure I had the right event.

So the, um, but the rest of it, really, belongs to the people who work here in health services, um, because none of this would have happened

without their long hours of work and dedication to the department, to the organization, to the -- especially, the employees of the organization. But, you know, Tonya and Donna and Patty and Sandra and Nadine have all, you know, they've all worked tirelessly, really, and -- and with a lot of things -- I mean, I'm sure that they are ready at times -- I'm glad that guns aren't allowed in here because I feel sure that they would have shot me somewhere along the line. Um, but, you know, there's -- there's a lot of -- because it's tough to take care of all the patients, answer the phone calls that arise, do the paperwork, and then have somebody say by the way, I want to develop a wellness committee. Or by the way, we need to -- to do the smoking ban and I need you to do the research on X, Y, Z. Or, you know, we're gonna develop an incentive application and we're going to build it from the ground up. So we're probably going to hire go out and hire vendor, you know, the procurement process. You know, people kind of say, oh, my God. What's he adding to my plate now? You know? But their dedication to all this is what makes all that possible. So, we -- we have been able to do some things, you know, over the years.

We -- we were able to make the -- the Bank a smoke-free property. I -- that's in my -- my argument to anyone, right or wrong, is that you have to stand for something. And from health services point of view, you know, we should be standing for things that are healthy. You know, we should support things that back that up and show that. So smoking is an individual, personal choice and, you know, I hear people say, well, what about eating, you know, when are you going to attack the -- the foods that we serve and things like that. And I -- I'm the first to admit that I think about that, you know, uh, healthy choices and things and what you stand for.

Tobacco is a little bit different in that it doesn't just impact these individuals alone, it impacts their family members and we should, in my mind, uh, stand for things that are -- are generally healthy behaviors, as an organization. In order -- for a lot of different reasons, um, because our, um, you know, the employees will be healthier if they don't smoke. It's not a punitive maneuver, but it says we don't stand for the use of tobacco products, that they hurt our employees and so we're not going to -- to support that habit. And so -- but that took work. We had to do a lot of research to show, number one, that there is a potential benefit from it; number two is that -- that it is something that is sociably

acceptable, you know, even if it's the right thing to do, uh, and that it's not going to have a big negative impact on the -- on the Bank. And you had to be ready for a push-back. It's inevitable and it's going to come from it. But in my mind, that was the right thing to do.

Um, the incident with the car going the canal was, uh, you know, that was pretty remarkable. I -- you probably should be talking to law enforcement. They were the people who really made that whole thing work and help that lady out. Uh, but we played a little role in that, but that's -- probably the kudos go to them. So that a -- kind of a cool, uh, experience. Uh, it's certainly something that, you know, we -- emergency medicine, we used to see that stuff not infrequently. So that was kind of -- that took me back for a minute or two.

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INTERVIEWER: Well, and then we had the Anthrax scare after that --

BRUGH: We did.

INTERVIEWER: -- which of course altered the way we handle our mail here.

BRUGH: Absolutely. We did have the Anthrax scare. Actually, there was a brief time where we had a Hantavirus scare here. Y'all don't -- probably aren't aware of that. Uh, that was when I first came here.

Uh, it turns out that there was a Indian litigation going on between the United States government and one of the Indian, uh, reservation governments as to, uh, some consequences. And the treaties had been kept at the reservation, so the government did not have possession of -- our government, the U.S. government, didn't have possession of the Indian treaties from the 1980s. I mean, from the 1800s, the 1880s. And so, in order to make sure that there was no change in that, the United States government asked for a place where the -- the Bank -- where those treaties could be stored by a third party. And it turned out that just because of our geographical location to the, uh, to Washington, our Bank was asked to store those documents. It turns out that the documents were contaminated with -- with, uh, rat droppings and there was the concern about, uh, Hantavirus because that was the area that the Hantavirus was in and made people so sick. So that was an interesting introduction to, uh, so I had a lot of conversations with the CDC and sent samples to the CDC and stuff like that.

INTERVIEWER: What year was that?

BRUGH: Uh, that was probably 2001.

INTERVIEWER: Oh my gosh.

BRUGH: Yep. So that, then we had the pandemic.

INTERVIEWER: Uh-huh.

BRUGH: We had the Anthrax, uh, which, you know, we were involved in. We had several times where we had white, powdery substances, didn't know if it was Anthrax. That kind of stopped the mail, you know, and the processing of the mail. Then we had the pandemic, uh, scare, which was --

INTERVIEWER: 2008? 2009?

BRUGH: That was 2009, I believe. And, uh, so -- but we -- and Donna Duerson, bless her heart, she spearheaded that, uh, that, you know, preparing everybody. And we have a bunch of signs that are still around here about what's closed and what's not closed. We had a sequence of -- of responses and, of course, sent out all those free Tamiflu cards to the pharmacies and, uh, made arrangements with Target, uh, to distribute them, uh, free for our employees and things like that so.

Yeah. And all those things, you know, not -- those things take time and so that's part of the afternoon hours, where I develop responses to things like that. So that's more -- more information, probably --

INTERVIEWER: No.

BRUGH: -- than you wanted.

INTERVIEWER: This is great. And -- and this leads well into my next question, which is about the changing technology and, uh, certainly the world has changed a lot since you started working here. And when -- when, exactly, was your first day?

BRUGH: Ooo. I'd have to go back. I -- I'm going to tell you sometime April 2007.

INTERVIEWER: Okay.

BRUGH: That's what I want – that's what I'm gonna say.

INTERVIEWER: Or 19 --

BRUGH: 19 -- 1987.

INTERVIEWER: ’87.

Well, from then to now --

BRUGH: Uh-huh.

INTERVIEWER: -- how has technology -- in --

BRUGH: Oh, man.

INTERVIEWER: -- in what ways has technology changed and affected your job?

BRUGH: Well, how has it affected my job? Well, the big thing, obviously, is the internet and ready accessible information, that’s medical information, much of it reliable, some of it unreliable. Um, that has, without question, had the biggest impact, I think, on the practice of medicine. So people who are diligent about learning about their conditions, they’ll -- they’ll have a lot of upfront knowledge, or they’ll gain knowledge once they are diagnosed, of their conditions and then -- so they are more -- and -- and I’ll be honest with you, a lot of docs do not like it. I like it, uh, simply because I think it’s more of a partnership --

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INTERVIEWER: Uh-huh.

BRUGH: -- you know? And you can have, uh, more of a discussion about and -- and course -- chart your path.

I tell folks that, you know a couple things. Number one is: Medicine is a game of statistics and yet you’re not a statistic. So, you come in, you’ve got chest pain, you come in with anything. You come in with a cold; it doesn’t matter. It could -- there’s going to be a set of statistics that are going to say that, uh, your cold is not going to kill you, but there are going to be people out there who die from complications of the common cold. They’re going to develop a viral cardiomyopathy, they’re going to develop congestive heart failure, they’re not going to be able to get a heart transplant, and they’re going to die. Statistically, that’s not gonna happen, but if it happens to you as an individual, that’s you and that’s 100 percent.

So doctors live in a world where we give you a statistical odds and yet there are gonna be people who are gonna be on both ends of that bell-shaped curve, who are going to do better or worse, and that’s them as an individual. So I oftentimes tell people, you’re the -- here -- here’s where

we are. And these are kind of the odds and, you know, if it's one in a thousand, and you're the one, good or bad, you really don't care about the other 999. You care about you.

So, you've got to remember that and I think that having that understanding, where an employee has the opportunity, or a patient has the opportunity to look at -- at those numbers themselves and try to determine, understand the good and the bad, the treatment options, all those things, then you can have a constructive conversation where you kind of go down the path together.

There are times where that's not going to work. So if you've got appendicitis or you're in the middle of a heart attack, that's not a time for us to go to the internet and decide what we're going to do. The fate is cast. You need to do this, you need to go get an operation and get your appendix out. You need to go get a heart catheterization and get your artery opened up. So there are, you know, there are situations where there's not a negotiation and there's not time for discussion. But the majority of things, there's a time for discussion and the internet lends itself to that. So I think that that's a, you know, has been the biggest technological breakthrough that we've had.

I think that -- electronic medical records are still being developed. I think that's going to be a good thing and it's going to offer better interface and better continuity of care between physicians and different specialists that, you know, have an opportunity to communicate with each other, with patient information so that we don't have duplication of tests and there is more readily -- information and people have the time to sit and look at the information. Different -- different question.

I think that things like, um, where you are seeing more telemedicine, you know, so there is a big push towards doing things that are telemedicine oriented, where you, uh, would -- and certainly it's already available, so you can -- there are -- are companies that companies like the Fed could hire that will say, I will make a physician available to your patients, your employees, 24 hours a day, 7 days a week within 20 minutes. Having said that, they won't see them physically. So they will talk to them on the phone, do you have cold, runny nose --

INTERVIEWER: Wow.

BRUGH: -- sore throat? Describe your symptoms. But there's no stethoscope, right? There's no hands-on touching, and if they feel like this is a non-life-threatening situation, where they feel confident -- it's their liability, we'll treat 'em. So you call up, say I got a bad sore throat and I can't swallow duh-dah, duh-dah, duh-dah; they'll say okay, I'm going to take the chance that this is strep and I'm going to send you in an antibiotic. And they will do that. And so those services are readily available today, and that's kind of telemedicine, over the phone.

[00:32:20]

INTERVIEWER: What do you feel has been your biggest contribution, or contributions, to our Bank?

BRUGH: Oh, well, you know, I -- I look at it really at an individual level. Um, so the -- you know, you have these programs, uh, that may make contributions to the Bank overall; hopefully help our employees to be healthier and benefit the Bank, right? Because they're going to hopefully have lower healthcare costs, more productive employees, those kinds of things. But when you get down to it, it's on an individual basis, you know? It's what goes on in the exam room. Uh, so, you know, what I hope is that I've been able to, uh, not hurt anybody and not cause any problem, which doctors certainly can, you know, make the wrong diagnosis, you can prescribe the wrong medicines. So first of all, I hope that I haven't hurt anybody in the Bank and I hope I haven't significantly hurt them. Uh, number two is, though, I hope that, uh, you know, it's been a team sport, you know, where they felt like they were a part of their healthcare and that they understood their diseases and their disease processes and what they could do to influence them, if they elected to do those things. And, uh, that they felt like they had somebody who was truly interested in their health and well-being and that, uh, that they felt a sense of confidence and a sense of trust. Both a trust at the level of, I'm getting the care that I need, but also at the trust level of the employee that health services, uh, is not going to share my information, not going to discuss with management about, you know, why I came down there. Uh, that would be, uh, a cardinal sin. That's the only reason that we have summational -- other than maybe the Bank and maybe in this department, the only reason you get fired you can walk out -- get your stuff and walk out the door is if there's a breach in that confidentiality, that is proven. So everybody signs a little statement here that if they

breach that confidentiality, that's your last day, that's your last minute in this department, as far as I'm concerned. You know, new -- new management coming.

INTERVIEWER: (Laughing.)

BRUGH: So -- so, you know, those are the -- I guess, I'd rather be thought of on an individual basis.

INTERVIEWER 2: I want to follow-up because in 50 years it might seem like a no-brainer that tobacco was -- that we're tobacco-free now.

BRUGH: Yeah.

INTERVIEWER 2: But when the discussion came up --

BRUGH: Yes.

INTERVIEWER: -- at the management committee, how hard was it to get the policy approved?

BRUGH: It took me over a year.

INTERVIEWER 2: Over a year?

INTERVIEWER: And it went into effect in 2011, right?

BRUGH: Correct.

INTERVIEWER: January 2011.

BRUGH: It took me over a year. Yeah. That -- that, you know, that is, uh, any time -- the -- the Bank (clears throat) so, I think the Bank is really unique. You know, I tried -- every company is going to be unique, right? But it's a unique environment in which they want to do the best they can for their employees. And sometimes it appears paternalistic, right?

INTERVIEWER 2: Right.

BRUGH: You know, just -- you -- you know, almost too much big government here or something. You know? Or whatever you want to call it. So the people, Alice and -- and, uh, Thelma, knock on your door and you open your door --

INTERVIEWER 2: Oh. (Laughing.)

INTERVIEWER: (Laughing.)

BRUGH: -- and -- and you say, uh, I beg your pardon. What are you doing here? You know? Well, I mean, you think about that, that's probably the

ultimate in paternalistic behavior by an organization, in my mind anyways. It's pretty -- gotta be pretty close, right? So, you've got this paternalistic, we want to do the right thing by our -- by our employees, and then on the other end, it's -- it's a personal choice, it's individual rights and we don't want our employees to be angry with us. You know, we want people to be happy here. We want them to enjoy their work and suddenly, it -- you're -- you're singling out a group of people and they're going to think this is punitive. They're going to say, you are punishing me because I smoke. You're making me go stand outside in the rain, in the snow, in the cold, in the hot. It's not -- it -- so, you have those debates were -- they weren't things that we debated every management committee meeting, by any means, uh, but when they came up, they were debates, you know, about -- my ultimate argument was: You need to stand for something in this world. So, what do you stand for as an organization? You know, what is it that this Bank stands for, as far as health goes? Are we going to support things that are -- that hurt our employees and ultimately hurt the organization? Or are we going to stand for things that are -- are in people's best health, which are in their children's best health, uh, which are in their spouse's best health? What are we going to stand for here? And I -- I'm proud to say that at the end of the day, the management committee said okay. You know, we'll -- we'll -- we'll bite. We're not -- we're not real excited about, you know, taking the hook or biting the apple. But we'll -- we'll bite this time, we'll see. So I was proud of them for that.

I'm extraordinarily proud of them for their contribution to the monthly senior management committee wellness event. To be honest with you, that's been more successful than my wildest dream. Lots -- lots -- you know, the success of health services is not internal, it's because the employees support it, senior management supports it and because we've got dedicated employees, uh, that, uh, that are here and have a real willingness and want for people to be healthy and to -- for -- to try to help people.