

# Founders' Perspectives

## A Conversation with SRNA Leaders

You can watch the video of this discussion at: [youtu.be/Qi8W4T2vLKM](https://youtu.be/Qi8W4T2vLKM)

[00:00:04] **Chitra Krishnan:** Hello and welcome everyone to our conversation on the occasion of Rare Disease Day. I am Chitra Krishnan, Executive Director of SRNA, and I'm honored to be joined today by Dr. Sandy Siegel, President and Founder of SRNA; Dr. Doug Kerr, a champion and leader since 1998 of our community; Linda Malecky, Vice President and Treasurer; Dr. Ben Greenberg, an expert in neuroimmunology at the University of Texas Southwestern; and Dr. Cindy Wang, who is an Assistant Professor in Neurology at UT Southwestern focused on rare neuroimmune disorders. She was also a recipient of the SRNA James T. Lubin Fellowship Award in 2016.

[00:00:47] Thank you all for joining me today. Rare Disease Day started in 2008, and it was started to raise awareness for the over 300 million people worldwide living with a rare disease and their families. As we reflect on the solidarity worldwide of this day, we also reflect on 30 years of our organization, 30 years of building a community for those diagnosed with ADEM, AFM, MOGAD, NMOSD, optic neuritis and transverse myelitis; their families; care partners; medical professionals; and researchers.

[00:01:20] Over the last 30 years, we've focused on providing support, connecting people, developing educational materials and programs to empower ourselves and the community with knowledge invested in innovative research. We built a registry, a fellowship to train more clinician scientists.

[00:01:43] We've built a network of centers of excellence in rare neuroimmune disorders and more. This journey where we are today had humble beginnings. One I am humbled to have been a part of for the last 25 years. So, I would like to start this conversation with you, Sandy, when you think about our start and where we are today, what comes to mind for you?

[00:02:06] **Dr. Sandy Siegel:** Well, the first thing I think about is that none of this would have happened without Pauline. She was always the motivation behind my work. And even after her passing away in 2017, I continued to stay involved doing this work to honor her memory. The other thing I think about is that it is really a miracle that we were an all-volunteer organization for almost 20 years.

[00:02:38] And that miracle is really Jim and Debbie and Paula and all of the other volunteers that we have doing this work across the country and around the world. In 1994, shortly after Pauline was diagnosed, we found an article in the National Organization of Rare Disorders that indicated a family in Tacoma, Washington wanted to start a support group. We were very excited when we saw that, and Pauline and I made a telephone call.

[00:03:18] I remember it was a Sunday morning, and we spoke to Dean Gilmer, whose 18-month-old daughter was diagnosed with transverse myelitis. And that was really the beginning of the organization. The Gilmers found Paula, who became our treasure. Shortly thereafter, we found Jim Lubin who was diagnosed with

transverse myelitis when he was 21 years old, full quadriplegic and ventilator dependent, and Jim remains full quad and vent dependent.

[00:03:54] Jim started the Transverse Myelitis Internet Club, which was one of the first listserv groups on the internet. And that's how we found Debbie Capen, who is the secretary of the organization. Jim and Debbie remain on our executive committee and serve on our board of directors. We are a very, very grassroots organization. Jim was the only one who was doing this work full time, and Jim wasn't getting paid.

[00:04:28] Our first newsletter went out in 1997, and we also sent out a survey so that we could better understand transverse myelitis and so much has changed since then. But 800-some people responded to that survey, and we presented the results in a symposium in 2004. We were doing all of the mailings ourselves. It was gathering together all of our family and friends to stuff envelopes.

[00:05:03] My parents were putting labels on the envelopes, and we were filling my garage with post office sacks, and that's the way our organization worked for a long time. We started support groups. They were all across the country and around the world. And one of the most important groups was the one that was started in the UK by Geoff Treglown. Geoff was doing all of my mailings across Europe of new member packets and newsletters. And when Jeff passed away tragically, he left the association a very generous gift.

[00:05:50] And we used that gift to become a professional organization by hiring our Executive Director, who was Chitra Krishnan. Pauline and I were receiving phone calls from people all across the country and around the world. Our home telephone number was listed on the NIH website, and I should say very early on, our members included people with ADEM and NMO. We had our first symposium in Seattle in 1999, and that is where I first met Douglas A. Kerr MD, PhD.

[00:06:35] **Chitra Krishnan:** So, Doug, in 1999, you started the first TM center along with Dr. Carlos Pardo and Dr. David Irani. And you hired me as your first employee back then. What made you want to start a center for transverse myelitis? What drove you to focus on these disorders? What did you think we might accomplish, and, what you saw as a future back then, are we there now?

[00:07:10] **Dr. Doug Kerr:** I mean, it's this incredible watershed moment for us as the community. It was also a watershed moment for me in my career, coming out of a research background and a neurology and a neuroscience background. And I had just met this incredible group of people with Sandy and Paula and Pauline, and it was just this incredible opportunity. And the question just came out really all at once, is like, "Why can't we learn what this is? Why can't we put enough time and enough effort to really understand transverse myelitis and those related disorders?"

[00:07:55] Now, first off, I had two very good colleagues, Carlos Pardo and David Irani who helped me think about this. And they're right at the beginning, like, day one was you, Chitra, right? Hired by the transverse myelitis to help us set up this infrastructure. Because in my mind, there were three things that we wanted to do. The first was to provide a destination for patients who could come to Baltimore at Johns Hopkins and get multidisciplinary care.

[00:08:38] So, maximizing their therapy, their function, and their recovery. And so, we did that with a bunch of different physicians and therapists and nurses. And it allowed us to really provide excellent care. But the second thing is, we knew when you knew this, Chitra, that we needed to begin to gather data on these patients. We needed to know what happened, what did they experience, how weak did they get, what treatments they got, how they recovered.

[00:09:17] And we set up this database that allowed us to collect clinical data, MRI images, blood and plasma and spinal fluid. We looked at family history, whether they had other autoimmune diseases. And it paved the way for, I think, really understanding this spectrum of rare neuroimmunologic disorders ever since. So, we could not have done that without you, Chitra, setting up that infrastructure and collecting data in a really rigorous way.

[00:09:54] And I'll just say that, in 2002, we published, using that database and our experience, the first international criteria for transverse myelitis. And it was published in the medical literature, and clinicians worldwide would use that to figure out whether or not that patient in front of them actually had transverse myelitis or something else. But that database also paved the way for some of the imaging and genetic studies. Ben has done some of these, Michael Levy has done some of these.

[00:10:36] And so it turned out to be a very valuable infrastructure to establish. The third thing just to say that we wanted to do from the get-go is to train physicians and nurses and PAs and therapists about TM. And we imagined a world where there would be this diaspora of people who really knew about transverse myelitis, but we're helping people all over the world.

[00:11:06] And Ben and Michael were early young fellows at that time and obviously have done that. So, we had to set all of that up to create really this foundation for what would come later as we got better and better at diagnosing, treating, and caring for these patients. So, it was an amazing kind of watershed moment for the community, but for me as well, and I'm really glad we did it.

[00:11:37] **Chitra Krishnan:** Yeah, and I should underscore that TMA funded my position at the TM Center to be a research coordinator. So, it was the first grant that the Johns Hopkins TM Center got was from the then TMA, today SRNA. So, in a way in this conversation, we actually have three generations. There's Doug, you train Ben, and Ben you train Cindy. Back in, I think, 2012, we established the Jim Lubin Fellowship to train clinician scientists in rare neuroimmunology.

[00:12:10] And since then, seven fellows have completed training, one of them is currently doing her fellowship, and two more fellows will start this year at one of the seven training sites in the country. So, I think I'd like to turn to you, Ben, what has the fellowship done for the community and for you? And then following you, Ben, I'd love to hear from you, Cindy. How do you envision the future and what this has meant to you?

[00:12:39] **Dr. Benjamin Greenberg:** Yeah, Chitra it's a great question, and interwoven with the notion of the Jim Lubin Fellowship is kind of the growth of the organization and the community really focused on rare diseases. But recognizing that not everybody can fly to Baltimore to get their care. I came to Baltimore in 2002 and met you and Doug and ultimately Sandy and the entire group and knew that this was a place I wanted to focus my professional existence on in this space of rare disease.

[00:13:13] And very early on was struck by a decision that the Transverse Myelitis Association made, and that was to have a big tent approach to rare disease to recognize that there would be individuals who had experienced spinal cord inflammation, but would fit into different categories, but nonetheless, be welcoming of all of those communities in order to enable joint support, education, research, and clinical care.

[00:13:42] And what I learned from Doug and what I hopefully passed on to Cindy was we do our best when we're caring for a larger community. And that caused a struggle for the Transverse Myelitis Association for years, because we were much more than that. And finally, in 2019, shifted the name honoring the individuals who launched the organization renaming ourselves the Siegel Rare Neuroimmune Association.

[00:14:14] During that time, I can remember distinctly for a decade the conversations that we would have with families who had been hit by this unwelcome guest of rare disease diagnosis, who had to pick up and travel all the way to Baltimore, or as of 2009, could stop west of the Mississippi and Dallas if they wanted to when we started the Myelitis Center here. But that was still too few care centers.

[00:14:40] So, the organization decided to launch the Jim Lubin Fellowship. And in 2012, we hosted the first fellow Dr. Alan Decena and went on over the years as an organization to expand out and included Cindy thankfully in that group. And between hosting these fellowships, identifying people who had an interest in serving a rare disease community, and by using our broader community to expand education of neurologists across the nation, we have seen a dramatic shift in the experience that our patients have across the country. No longer do you only have to go to one or two centers in the country.

[00:15:15] I'm thrilled to say that we have SRNA-trained physicians and health care providers across the country, and we've raised the level of discourse about these conditions to a national stage such that access to care is better than it's ever been.

[00:15:47] And far better than when I started in 2002. So, it was a very thoughtful moment for the organization to invest in a program that would raise the bar of care for rare disease patients across the nation. And Cindy had to suffer through my training. I will point out though, in your genealogy, Doug's the grandfather. So, just we're all very clear on what you laid out.

[00:16:17] And while Cindy will never want to claim this family tree in any other context, I'll say just as a mentor, it's been an absolute joy, not just having Cindy as a trainee, but watching her become just such an exceptional independent practitioner. And I guess, Cindy, I'll turn things over to you to tell everyone your story, but it wasn't just great to have you join us, but to have you stay and really grow the program in so many meaningful ways.

[00:16:54] **Dr. Cindy Wang:** Thank you for those kind words. Yeah, I think this is great, because I think it was like a walk down memory lane. You mentioned David Irani, and I totally forgot that's how I actually got the connection to Ben. So, it's kind of a small world and just a serendipitous number of events. So, I actually was a medical student at UT Southwestern. And I think I've felt like, along my career path, I've kind of felt like the outsider.

[00:17:24] I was like the only child neurologist in the whole group. And I actually, I remember, I think I maybe shadowed you, Ben, and maybe Alan, and I went to University of Michigan, I didn't stay here, so we will leave it here or there. But, yeah, I think and then in residency I kind of didn't know exactly where I fit in in terms of where my passion lied. But it was some events around probably 2014 with the acute flaccid myelitis uptick, talking to Dr. Irani about what I might want to do for fellowship that I got connected to Ben, the conquer projects was starting around then.

[00:18:05] I met Tricia Plum and Rebecca Whitney at one of the American Academy of Neurology conferences. So, yeah, it was just, I think, things seemed to click, and now only in retrospect, it makes a lot of sense that, that was the path I followed. So, I found it really rewarding being a child neurologist to be cut up at the front lines, seeing some of these rare conditions, and Michigan is not a huge place. So, I think it was still not that rare that I saw patients with acute disseminated encephalomyelitis and several cases of acute flaccid myelitis and transverse myelitis through the years.

[00:18:47] And it was great to get started in connecting with this organization early on with Rebecca Whitney in Michigan and having the support from families of children who are affected with these conditions. That was just the first in a series of events that was extremely rewarding and has since then continued in camp,

and I've seen at least one of those children come years older and doing great. And I think it's just the work of this organization that I've been able to follow these people and their outcomes are better than they were, I think, when other people were training during the beginning of this organization.

[00:19:27] **Chitra Krishnan:** Yeah, I mean, Sandy, you mentioned the symposium, you mentioned the camp. I think our first patient symposium was in 1999. I think our first camp was 2002. The community aspect is so critical to who we are. In the time that I have been here and been involved in this community, I have certainly seen a shift in engagement and purpose in our community. And Linda, you have been a part of this evolution and you've seen us grow. Love to turn it to you and ask you how do you see SRNA, who we were back then, where we are today, and where we can be?

[00:20:04] **Linda Malecky:** Right, I joined the SRNA in 1999 when my daughter who was two was diagnosed with TM. My first interaction with the organization was when the nurse in the ICU unit looked up what transverse myelitis was and found the SRNA website. So, from there, I went to the 1999 symposium and the Columbus Children's Group. And what I really learned from those events was there was a community there, there was support there, and also how powerful being educated with accurate information can be.

[00:20:48] Our next interaction with the SRNA was when we went to the first family camp in 2002. So, it's a little unexpected, you're not exactly sure what you're getting into, but it's a really fun accessible environment for all the kids to get together, find peers that are going through the same things, as well as their siblings, and the parents have the same experience as well. There's medical education to further parents' knowledge, they could ask questions of our medical professionals.

[00:21:25] It's just a really great experience, and you really, when you leave, you're comfortable that you're part of the SRNA community, and you're supported. Currently, we have grown our support group program. So, we have several meetings a month, and we have specialized support groups for different pockets of our community, which provides more specific support to people that are out there.

[00:22:01] We've also started the Peer Connect Program so that when people are first diagnosed, they can really talk to someone one-on-one, and they help them navigate through this really confusing and awful experience so that they come out stronger once they're going with this support from the peer mentor.

[00:22:29] I also wanted to add how important the medical professionals are to our community. Since Doug started in 1999, it's just grown infinitely, and they volunteer their time over and over again, camp, symposiums, podcasts, support group meetings, walk, they're there to support us at every turn, and I'm really grateful and our community is just that much stronger for all that interaction.

[00:23:07] **Chitra Krishnan:** I absolutely echo what you say. And I think I'm so grateful to our medical professional network. I'm actually very grateful to our community volunteer leaders as well who are so giving of their time, energy, and resources to help others and make SRNA who we truly are. I mean, we started as a volunteer organization, and while we are a small staff of eight people working in the organization, we are deeply grateful to our really strong volunteer network that helps us continue our mission.

[00:23:43] So, we've talked in this so far about the connect part of our mission, the cure part of our mission, but there's also a big care part of the mission. And, Ben, you touched on some of this, and I would love to hear reflections from you, and, Doug, I'd love for you to join in as well. How has care evolved today? So, in 2002, the first diagnostic paper was published, the criteria was published for TM. From 2002 to today, we've come an incredibly long way. And I think we understand so much more about these disorders, and the care has evolved so much as well. So, Ben, do you want to start us off, and then, Doug, would you like to jump in?

[00:24:28] **Dr. Benjamin Greenberg:** Yeah, so, this is how old Doug and I--when Doug and I started in this, we didn't have the anti-AQP-4 antibody as a test. We didn't know it existed as a cause of neuromyelitis optica. We didn't have a reliable reproducible way to test for an anti-MOG antibody and separate anti-MOG associated disorder into its own group. So, we were phenotypers, clinical phenotypers.

[00:25:00] Doug would teach me the difference between a long segment myelitis versus short segment myelitis, and this is going to be bad, and this is going to recover, and it felt like he was using the force at times, kind of divining his way through. But that was the art of neurology for well over 100 years, and what we've witnessed and what the organization has fully embraced and helped drive was the integration of science and molecular diagnostics into a better understanding and hence better care for our patients.

One story I'll tell is when I was being raised as a young clinician and incubated at Johns Hopkins under the not-so-careful tutelage of Dr. Kerr, I was ingrained into the world of using plasmapheresis for the treatment of transverse myelitis. And I would see it work as a resident. I would see patients admitted, unable to walk, and discharged with the ability to stand and take steps. And I assumed this is how the world works. And then I left, and I moved to Dallas, and I did my first consult ever on a teenager with transverse myelitis.

[00:26:23] I said, we should do plasmapheresis. They looked at me as if I had grown a second head. It was a novel concept, and I realized how insulated different programs can be from the national community. We spent, Doug, years studying, writing, speaking about, and educating about our experience with plasmapheresis. If I had to pick to date one of our biggest contributions to the care of children and adults with myelitis, it's the very forceful advocacy based on data that plasmapheresis in the acute setting makes a difference in outcomes.

[00:27:09] And I think what we're seeing versus what I read about as a trainee, in terms of outcomes, is night and day different, because we did take it so seriously and we did try different things acutely. And so, there's been a dramatic art, not just in our understanding of the condition, but in what we can do about it in a huge way. And you know, Doug, I don't know if this resonates with you, but I remember leaving here and at some point, talking to you after I left saying, "They think I'm nuts. You didn't tell me everyone thinks we're nuts, you kept that to us." But I think it's made a big difference. I hope it's made a big difference for the community.

[00:27:58] **Dr. Doug Kerr:** That does resonate with me, Ben. I think the unifying theme of all of the disorders that are encompassed here is that there is this immune-mediated attack of the nervous system, which is the brain and the spinal cord. But what triggers that is different depending on which of these rare neuroimmunologic disorders we're talking about. And how the immune system does that is different across these disorders.

[00:28:33] Now, we didn't really know that back in 1999. We saw the immune system attacking the brain or the spinal cord. Whatever we could do to eliminate that inflammation, we would use the tools at our disposal at the time, but we didn't have some of the genetic or the biochemical markers. We didn't even have some of the therapeutics. Now, for neuromyelitis optica and for MOG associated disease and for many of these, there are much better immunologic tools to go after the specific part of the immune system that is running amok and causing damage.

[00:29:07] And that's, I think, probably one of the most important things is that back then, we didn't have the tools to diagnose. Therapeutic opportunities were pretty crude. I mean, plasmapheresis, steroids, and cyclophosphamide. We have much better options now, although we still use them at times.

[00:29:44] And maybe even more important than that is, you don't have to wait any longer, three months, to get this diagnosis. You can get the diagnosis, use these biomarkers, and initiate these treatments when

it really matters, meaning you can preserve and restore the function in your nervous system, and that will make all the difference in the world.

[00:30:06] **Chitra Krishnan:** Sandy, I think you told me, Dr. Weinschenker presented the results.

[00:30:06] **Dr. Sandy Siegel:** In 1999, he did. He had already published his study, his clinical trial on PLEX, but at our symposium in Seattle, that was the first time he made an oral presentation of those results. And we didn't know enough to know just how important it was.

[00:30:39] **Chitra Krishnan:** And I think one of the important things that you over the years have wanted is for us to create more centers of excellence in rare neuroimmune disorders. There are a ton of centers that are doing excellent work. But what makes them a center of excellence in rare neuroimmune disorders? Would you like to comment, share your thoughts?

[00:31:04] **Dr. Sandy Siegel:** Sure. So, this really relates very well to what Doug's experience was at Johns Hopkins. We are funding the training of some really brilliant neuroimmunologists. But we know that they're going to learn a lot through their experience. Doug, when Doug hung the shingle, he had such limited knowledge of transverse myelitis. But by virtue of his hanging that shingle, he attracted people from all around the world, and he was able to learn the range of diversity of that disorder and the other disorders.

[00:31:53] And I think it requires that experience to really learn about these disorders. So, after these, we know by virtue of their announcing that they're going to set up a center of excellence, they are going to attract a much larger patient population, and they are going to learn from that. And as a result of that, their treatment of patients is going to improve, we're all going to benefit from that.

[00:32:23] **Chitra Krishnan:** I'm so grateful for all of you for joining this panel discussion. But as closing thoughts, I would like to ask each of you to share what you see as our future, as the future for our community of those diagnosed with rare neuroimmune disorders and their loved ones. Start with you, Cindy.

[00:32:46] **Dr. Cindy Wang:** Well, easy question to solve. But, well, I think that it's always changing, right? So, when I hear about Ben using plaques, I feel like some of our trainees use it too readily. And I think becoming more of like a big tent organization, we also have to know the nuances of each of the specific disorders where we can't have a single approach to all of them. So, I was more interested in acute disseminated encephalomyelitis.

[00:33:20] And for that condition, I came of age in the time where MOG testing became available and that's been really helpful to sort that out as a distinct group within neuroimmune patients. And it seems like their outcomes tend to be different from those of NMO—whereas I might use plaques very readily for NMO, I might scale back and use steroids or IVIG.

[00:33:46] So, yeah, I think there's always something changing, which is really exciting. And certainly, I didn't have any of these FDA-approved drugs, even when I was training. So, it's very exciting to see what's on the horizon. I think, kind of, the peril is with everything that is changing, we want people to be able to understand and comprehend the science and actually translate that to care of patients.

[00:34:16] And I think that's something that's so important for the SRNA that you advocate, you try to educate, because as we've learned, there's a lot of misinformation, and I think that's really important that you make that connection between the scientists and clinicians and the patients who stand to benefit from those therapies.

[00:34:39] **Chitra Krishnan:** Thank you. Linda, your thoughts?

[00:34:43] **Linda Malecky:** Before I go into the future, I just wanted to take a moment to thank Sandy and Paula and Jim and Debbie, because without you guys there would be no SRNA, and we have just benefited so much from the support of the organization over the years. In terms of the future, I think if we just focus on the quality of care, quality of life for our community, that we're doing the right thing.

[00:35:18] I'm a huge fan of the fellowship program. I watched a panel of art fellows during one of our last symposium and it was remarkable, the depth of the knowledge and the care that they felt for our community. It was a wonderful thing to see. So, I think the expansion of our medical professionals is really important and also just continuing to support our community as their needs are developed over time.

[00:35:58] **Chitra Krishnan:** Thank you. Ben, can I turn it to you?

[00:36:02] **Dr. Benjamin Greenberg:** All right, I think Cindy's answer was a great one about how we've transitioned from what are the rudimentary basics of sorting out categories of patients and approaches to therapy in general to, now, these nuanced approaches to the early management and care for individuals with these rare disorders. And I think that's definitely a part of the future. But I also think we are now entering the stage finally where we're talking about restoration of function and studies to try and repair damage that's been done.

[00:36:39] And this has always been a goal. It's a torch that was passed from Doug to myself that we're happy to be pursuing here at UT. And, while we have gotten so much better at the diagnosis and acute care for individuals who have disorders that many physicians will never hear of, we are so fully committed to the long-term care of the patients and holding out the hope that we can bring back function even years after an event. So, I firmly believe that's part of our future.

[00:37:19] **Chitra Krishnan:** Thank you. Doug, what do you see as our future?

[00:37:24] **Dr. Doug Kerr:** I agree with you, Ben. I am very optimistic about the future. I am spending this part of my career trying to develop better therapies, including for neurologic and immunologic disorders. And every day, every week, I see things that are better, more powerful, can realign the immune system. But even within the nervous system, neuroprotection, meaning protecting the brain and spinal cord from injury and restoring function, I do think we will see that, we're already starting to see that.

[00:38:03] So, it's an incredibly satisfying thing to take the foundation that many of the people on this screen established to enable better therapies, which are now coming online here. But I'll finish with just one more thing. The most satisfying part of my career is being a part of this community where we care for each other. We literally play with kids. We go to camp with them. I mean, it is such an incredible experience to have been a part of this with wonderful people and making a real difference. So, I'm grateful for this opportunity.

[00:38:46] **Chitra Krishnan:** Thank you. Sandy, your closing thoughts.

[00:38:49] **Dr. Sandy Siegel:** Well, and we are grateful for all of you. I guess I want to end by saying that we have a really remarkable staff, yourself included, Chitra, who are so devoted to the mission and to our goals, our cause. And they come up with such creative ways to accomplish all of what it is that we need to accomplish. And it's very complicated and very emotional work, and they do it so professionally.

[00:39:25] I am so proud of our staff, and I have to say, I have to pinch myself when I think about, hey, we have a staff, but we do, we have an absolutely wonderful staff and a wonderful medical community. It's really an



honor to be associated with all of you. We are going to be there for people from the day that they're diagnosed until 20 years down the line when new problems pop up. And they need our association to help them answer the difficult questions they have about, "What is going on with me?" or "What is going on with my child?"

[00:40:14] We are going to be there to offer support, we are going to be there to help educate them. We're going to help connect them to a medical community, and that is tremendously gratifying, after 30 years, to know that we are able to be there for people in the way that we are. And so, I know our staff will come up with all kinds of highfalutin ways to do wonderful things. But I think at the end, we are going to be there for the people in our community to make sure that their quality of life is as good as it can be.

[00:40:53] **Chitra Krishnan:** I am grateful to you all. I'm grateful to the staff of SRNA, to our community, our volunteers, for 30 years of SRNA, and I'm totally humbled to be a part of this organization and this journey. As you were saying, Cindy, for me too, this is absolutely serendipity. Things just happened, and I met Doug, and 30 years later we're still here having a conversation and building a vision together.

[00:41:26] I envision our community forging new partnerships and together finding strong and creative solutions to improving our quality of life today and tomorrow. Thank you all for your time. I absolutely enjoyed having this conversation with you, and I look forward to working with you all for many, many more years to come. Thank you.

[00:41:47] **Dr. Sandy Siegel:** Thank you.

[00:41:49] **Dr. Doug Kerr:** Thank you.

[00:41:51] **Chitra Krishnan:** Bye.