TAPE #119

3/12/93
7:47 p.m. - 8:44 p.m.

(Tape 119)

JUDY: -- because I know there's many you could --

DR. HAIGMAN: Well, the problem with that is that it doesn't help, that's what I was trying to tell Scott, all it does is delay. Antibiotics only delay the infection because the, the problem with those wounds, with a bullet wound, is that the bullet crushes tissue. So that tissue then is dead and acts as food for the bacteria.

JUDY: Yeah.

DR. HAIGMAN: And that's what causes the infection. And as long as there's that dead tissue, that food for the bacteria --

JUDY: Yeah.

DR. HAIGMAN: -- then the infection will keep going --

JUDY: Oh, I can see that.

DR. HAIGMAN: -- and that, that's what's -- sounds like what, sort of what it looked like in the video.
JUDY: Yeah, cause even the cut on my hand has some dead tissue in it, and it starts to heal and then it doesn't heal, and --

DR. HAIGMAN: That's 'cause the bacteria are, are digesting that.

JUDY: So you need something to get that out.

DR. HAIGMAN: Well yeah, you need to -- what, what has to happen is -- I mean first of all -- the other thing is I'm, I'm sure from the way your finger is, is deformed, actually --

JUDY: Yes.

DR. HAIGMAN: -- is that you broke the, the bone on the bottom of your finger.

JUDY: Yeah, cause see what happened at first the finger fell right down, you know, I couldn't hold it up and then after tape bandaging it, I can hold it up now and move it, so people didn't think I broke it, but I really think it was broke.

DR. HAIGMAN: And I'm, I'm pretty sure it's broken 'cause --

JUDY: Yeah.

DR. HAIGMAN: -- if you look at your hand, I'm saying what I saw on the video is that your index finger is sort of over the top of your middle finger.

JUDY: Yeah, it is.
DR. HAIGMAN: And that's not the way it normally lays.

JUDY: Right.

DR. HAIGMAN: It's doing that 'cause the bone at the base of your finger is broken.

JUDY: Right.

DR. HAIGMAN: That, plus the infection is a real danger because if the infection gets into the bone, then the bone dissolves -- 'cause the infection, you know, just destroys the, the bone there, so that means it doesn't even -- there's nothing, no bone left for it to heal. The other thing I was worried about is that from what I saw it looked like it was pretty tender.

JUDY: Yeah.

DR. HAIGMAN: You know you had your --

JUDY: It's more tender now.

DR. HAIGMAN: Yeah, oh even more now.

JUDY: Yeah.

DR. HAIGMAN: Well you had, I see you had your daughter Mayanah on your, on your lap there --

JUDY: Yeah.

DR. HAIGMAN: -- and when she, when you, you know, touched her and she tried to -- was moving around, it looked like it was pretty tender.
JUDY: Right.

DR. HAIGMAN: And if that tenderness, again, is a sign of the infection. That was, that -- same concern I had with the other bullet wounds. Again, what, you say you've got a broken bone there. What needs to happen is -- the break itself needs to be x-rayed to see where it's broken and how it needs to be fixed and then the dead tissue needs to be removed, you know, cut away -- the finger or the hand gets put to sleep and then they cut away the tissue so there's nothing left for the bacteria to eat.

JUDY: Um-hum.

DR. HAIGMAN: And that's what gets rid of the infection.

JUDY: Um-hum.

DR. HAIGMAN: It's been a long time -- it's been almost two weeks so the infection is well-established and going on now. So the real concern is if we don't do that is a, is particularly with infection setting in, the infection gets in the bone, you, first of all you'd end up never being able to use that, that finger, and ultimately that hand. If the infection gets into the bone and gets, keeps going, we end up just having to cut away more and more dead tissue.

JUDY: Um-hum.
DR. HAIGMAN: The a -- but most, I mean, there were two weeks, we're pretty much at the end of the, of the ability of our time to take care of it, but at this point two weeks is the time where if you still, fairly, I mean very quickly, if you got that debris -- got the dead tissue out of there, there'd still be a good chance of giving you a function in that hand. That was your now -- looked like your right hand?

JUDY: Yeah.

DR. HAIGMAN: Are you right-handed?

JUDY: Um-hum.

DR. HAIGMAN: Oh, well that's --

JUDY: I'm getting to be left-handed now.

DR. HAIGMAN: Well, if you don't get that taken care of, unfortunately you may have to be left-handed.

JUDY: Um-hum. There is some kind of -- I don't know what you call it, chemical or drug that dries up that dead tissue though, where you don't have to cut it out.

DR. HAIGMAN: Well see, only if it's on the surface. The stuff -- remember the bullet went through your finger.

JUDY: No, it didn't. It didn't go through it.

DR. HAIGMAN: Well, there's a -- on the film there was an entrance wound, there were two little
breaks in the skin and then an exit wound up beyond
the knuckle. That's what it looks like on the, on the
video.

JUDY: You think it went through like that?
DR. HAIGMAN: Well, you know --
JUDY: Naa.
DR. HAIGMAN: -- below the skin surface --
JUDY: Really?
DR. HAIGMAN: -- and it broke the skin surface in
a couple places.
JUDY: Geez. You might be right.
DR. HAIGMAN: And all that, all that, you know,
the bullet crushed all that tissue as it went through
there --
JUDY: Yeah.
DR. HAIGMAN: -- in fact it crushed it and
smashed it so much, that's why it burst the skin.
Those open wounds you have on the side of your finger
are not from where the bullet went in, but, opened,
opened the wound.
JUDY: Huh?
DR. HAIGMAN: It opened it, it burst open the
tissue and that's the dead tissue that --
JUDY: Oh.
DR. HAIGMAN: -- that's got to be taken out.
JUDY: Wow.

DR. HAIGMAN: That's the, the real concern there.

JUDY: Wow.

DR. HAIGMAN: Now also I understand that you had -- you said on the video that you got a shoulder wound also?

JUDY: Yeah.

DR. HAIGMAN: Where is that?

JUDY: It's in my right shoulder.

DR. HAIGMAN: In your right shoulder, now, is it in the bone or is it up higher?

JUDY: No, it just came through the muscle, that's really not bothering me at all.

DR. HAIGMAN: It doesn't hurt you?

JUDY: Uh-uh.

DR. HAIGMAN: Good, okay. Is it -- are the wounds clean?

JUDY: Those wounds? Yeah, fairly clean.

DR. HAIGMAN: So they're a lot different from the ones on your hand.

JUDY: Yeah, I'm not worried about them too much.

DR. HAIGMAN: Okay. So then they're, you've got -- those aren't getting infected.

JUDY: Um-um.

DR. HAIGMAN: Okay. So it's the hand I need to
worry about.

JUDY: Yeah.

DR. HAIGMAN: All right. Well see, what needs to get done is it needs to get x-rayed.

JUDY: Well I know, but can you come in here cause I can't go out there. I don't want to go out there.

DR. HAIGMAN: Well, it wouldn't help, unfortunately, even if I could, see the stuff that I need to do, x-ray, and then do some minor surgery to remove the dead tissue, I can't do that in there since I don't have the tools and the equipment. We need, at the minimum, we need an emergency department. It'd be, it's unlikely you'd have to be in the hospital for very long, just to get that taken care of.

JUDY: Yeah, but I want to stay here with everybody else.

DR. HAIGMAN: Well, I mean, you got to make a choice. You're going to -- you're going to have some loss of function and some damage to your hand if this goes on any longer.

JUDY: I don't really care about that.

DR. HAIGMAN: Well, it's your right hand.

JUDY: What, what can I do to keep the poison from going everywhere else?
DR. HAIGMAN: Without -- I mean that's -- if you remember, you know, that they -- the old westerns in the old days, that's what people died of.

JUDY: Oh.

DR. HAIGMAN: You know, they talk about blood poisoning and --

JUDY: Yeah.

DR. HAIGMAN: -- that's, that's what -- it can happen. Now, nowadays that doesn't happen because we, you know, we can prevent that.

JUDY: Right. Well, what about some antibiotics?

DR. HAIGMAN: Again, see, just like I was telling Scott, I don't know if you were there to hear that but --

JUDY: No.

DR. HAIGMAN: -- all the antibiotics do is they delay that a little bit and they select out a more vicious, a more difficult-to-treat bacteria. Because the -- as long as the dead tissue is there, bacteria that are resistant to the antibiotic will, will --

JUDY: (Indiscernible)

DR. HAIGMAN: -- will, right, will select out. So no matter what antibiotic you take now, you're just finding a bacteria that's resistant to that --

JUDY: Right.
DR. HAIGMAN: -- and then ultimately you have a harder to treat infection. You got to get rid of the dead tissue that's, that's the food for the bacteria. And I understand --

JUDY: Okay, okay so let's -- I'm staying here, okay? That's case closed.

DR. HAIGMAN: Okay.

JUDY: Unless you can come in, unless you can give me some kind of stuff to dissolve that dead tissue, well I don't know, I guess I'll just die here.

DR. HAIGMAN: Well, all right, it's your decision. You have to make that decision. I just want to be available to offer you any advice that I can, you know, as a doctor, as a professional.

JUDY: All right, so can you give me something like that?

DR. HAIGMAN: No, there isn't anything that works that way, see, cause it's deep inside. You're -- the soak's that you're doing are, are a good idea, but they obviously haven't worked. You have infection in there.

JUDY: Right.

DR. HAIGMAN: So, if there was --

JUDY: So if I just put the soaks in the --

DR. HAIGMAN: I don't think the soaks are
helping, in fact they may be hurting at this point because when you soak it for a while, you know, the surface of the wound gets all wet and gooey. And that --

JUDY: Right.

DR. HAIGMAN: -- may actually create more food for the bacteria.

JUDY: Right.

DR. HAIGMAN: So, I probably wouldn't, wouldn't do much more of that and just change the dressings often.

JUDY: And put what on it?

DR. HAIGMAN: Nothing. Just put a little moist, the -- something that's a little moist right against the wound, or even better, just put it dry against the wound, when you take it off it will peel away some of that mold, some of the infection that's growing on it. But this is -- that's just a temporary thing and it's your decision, but I just, I don't you to make that decision without knowing the full story.

JUDY: Yeah.

DR. HAIGMAN: And I'll be glad -- I'm always standing by, and actually, myself and there are a couple of other doctors and medical people who are always standing by, if, you know, if you have a
question or a problem that we can help you with we'll, you know, we're always there. And ultimately, you know, if you want to we can take you and get that taken care of at the emergency department here.

JUDY: But there's no way they're going to make arrangements to come in here and do anything, huh?

DR. HAIGMAN: It just wouldn't be possible. See even, see even if they'd, they'd let us -- and I doubt that they'd let us do that, there's no way to bring the equipment in, say, you know, the size of an x-ray machine by itself. Much less you need a, you know, sort of like a mini-operating room, and that's not something we can carry in. Even if, say even if they'd let that.

JUDY: Well, what would you do if it was you and you didn't want to go out?

DR. HAIGMAN: Oh boy. I don't know. I mean, that's what used to happen in the old days. Not, not a good picture. Not a good set of choices.

JUDY: Well, you know there must be something, I mean, they, somewhere along the line there was a Thomas Edison type that figured out what to do.

DR. HAIGMAN: Right. And that's why, that's why people don't die of that or lose their hands like that anymore. See we've, we've figured that out and we
know how to treat it. It's just -- but you need the
equipment and the, you know, the technology that, that
it takes to do that.

JUDY: Yeah. See once I come out they wouldn't
let me back in, would they?

DR. HAIGMAN: No I don't think they would.

JUDY: Why not?

DR. HAIGMAN: Well, they, basically they don't
want anybody to be hurt.

JUDY: Yeah we don't either, we don't want to be
here -- hurt either. Man!

DR. HAIGMAN: Well it's, you know, it's your
decision, it's your hand. You asked me what I would
do if it were mine, now, you know, I'd, I'd get it
taken care of. I'd get -- want to get it -- it's my
right hand, it's the hand that I use all the time, I
wouldn't want to even lose part function of it much
less lose the whole hand, and you know, if, if it
keeps going, lose even more.

JUDY: Yeah.

DR. HAIGMAN: But, it, it's something that you've
got to weigh the, the choices.

JUDY: All right. Okay, thank you.

DR. HAIGMAN: All right, well if you, say if you
want to -- if you have more questions or if things are
changing, I'd be glad to, to tell you more or --

STEVE: Hello?

DR. HAIGMAN: -- talk to you. Okay.

STEVE: Is this Doctor Haigman?

DR. HAIGMAN: Yeah, hi, John Haigman.

STEVE: Hi. Right.

DR HAIGMAN: Who's this?

STEVE: This is Steve.

DR HAIGMAN: Okay, Steve.

STEVE: Right. So, was any, any -- get to work anything out with her, or --

DR HAIGMAN: Well, she and Scott seemed to be approaching the same problem. Scott's just a little bit further behind Judy, but they both have in their hands, they have a situation that's going to develop into an infection, and in Judy's case already is a fairly serious infection.

STEVE: It appears to be because it's more than double the size of a normal finger.

DR HAIGMAN: Yeah, that's -- she's, she's definitely got, she's got that white growth on the outside of it, that's the bacteria, the infection's growing in it.

STEVE: Could these nurses take some kind of a sharp knife and, and open it up? Would they have
enough knowledge to search -- oh, the bone is broke?

DR HAIGMAN: Well, that wou -- no, no, none at all, that would be horrible, that would be barbaric. I mean, that'd be Civil War type stuff.

STEVE: Right, it would be.

DR HAIGMAN: There's, there's -- that's not a good choice, cause then again all they do is create more dead tissue, more things for the bacteria to grow on and dramatically increase the likelihood of the bacteria getting into the bloodstream.

STEVE: What normally would you be doing? I mean, do you first give antibiotics or --

DR HAIGMAN: Well, no, what we mainly do first is we x-ray so that we know where the bone pieces are and then we do a mi -- a surgical procedure to actually take out all of the dead tissue which you only do if you can deaden it up and make it, say basically anesthesia --

STEVE: Right, right.

DR HAIGMAN: -- and you then remove -- you wire the bone together and remove all the dead, dead tissue.

STEVE: Right.

DR HAIGMAN: And that, you know, usually if you do that promptly, antibiotics aren't even necess --
see, antibiotics aren't the answer. They're, they're only to treat the bacteria that are left over. It's the dead tissue that's the problem.

STEVE: I see.

DR HAIGMAN: And that -- I know Judy was pretty adamant that she, she doesn't want to come out and get that done which is -- really worries me 'cause, you know, that's a bad infection in her hand.

STEVE: She's, she's -- I'll tell you, she's so adamant, she's just asking me now, what about cutting off the finger.

DR HAIGMAN: Well, that's, that's just barbaric, I mean --

STEVE: I know it is, and she agrees with you.

DR HAIGMAN: I don't have any experience in doing something like that.

STEVE: She's aware, she's aware she said that there was a man by the name of Ron Engleman (phonetic) and others that had suggested bringing surgeons here and of course the FBI apparently does not want that so she said at this time she has not made up her mind or made a decision to leave here.

DR HAIGMAN: Yeah, I've never heard of that, and see I've been, you know, the medical guy, actually my team have been here pretty much the whole time and --
STEVE: No, it is the truth, we have requested from time to time that someone come here -- see, we have never, the people here are not people that attack people, that want to see someone harmed -- the day that that happened, and of course, you know, I'm not going to get into all what took place, but people were shot and killed and wounded with inside, not even knowing what was going on on the outside --

DR HAIGMAN: Um-hum.

STEVE: -- and, a lot of, a lot of innocent bystanders and people that didn't even know what was going on, and right from the beginning, we were hoping -- I mean, these people were -- after that happened they were afraid. I'm telling you, that's why a lot of them have not moved out yet.

DR HAIGMAN: Well, that's, that's --

STEVE: And they're waiting to see, you know, the process, we're trying to leave a few out here and there and there's some that are choosing to, I'm trying to encourage them.

DR HAIGMAN: Well, Steve --

STEVE: Yeah.

DR HAIGMAN: -- those are -- I mean -- you're talking to the wrong person.

STEVE: I know, I know I am, but I mean though,
the request has been for medical help. There really has been. And she apparently has made up her mind at this time she doesn't, she doesn't choose to come out until she sees more, but as time goes on, of course, it's worse, it's worse for her.

DR HAIGMAN: If we could help, you know, if I could, or if my team here could help you in there we would. But there's just, I mean, the equipment and the things we need to do are not things that you could do in somebody's house, which is --

STEVE: Well, even if you could do, even the least amount that you could do would be better than nothing.

DR HAIGMAN: I'll, I'll talk to my team here --

STEVE: I would --

DR HAIGMAN: -- and see if anybody has any ideas.

STEVE: I would appreciate that because we're going to keep on working like I have been with people like John Cox and many others and, and people are deciding to come, but, you know, the majority are still -- it's going to take a little time yet.

DR HAIGMAN: Well, if the guys who are at risk for infection -- the risk of, you know, it's -- the clock is ticking for them and that's what --

STEVE: I, I believe --
DR HAIGMAN: -- worries me.

STEVE: -- I believe that. That's why I'm hoping that -- and until then maybe you or someone like your team could come and -- I guarantee if anything -- I mean, I would go out with you, I mean, whatever, but I guarantee you there'd never be anything that ever happened to any --

DR HAIGMAN: We'd just have to figure out -- I can't think of anything that could possibly be done in that environment. That's just a problem. It's not a question of, of, choosing not to do something, it's just --

STEVE: Right.

DR HAIGMAN: -- there's nothing you can do in that in there.

STEVE: Even if you went by -- without taking an x-ray, if you went by sight or by opening it up and trying to do whatever needed to be done with the bones by sight or by however you would clean it up would be better than the way it is now, of course.

DR HAIGMAN: I don't know about that, I say, it's pretty barbaric to talk about doing that. But it's --

STEVE: But you'd be able to at least, use local anesthetic or whatever else you do and --

DR HAIGMAN: But you see we don't have an x-ray
and we won't know where -- what we're doing.

STEVE: Probably with the years you have, though, in experience -- the whole thing is, you know, like you said, it's, it's going to get bad, it's going to get worse, and it's -- right now she' not willing to, you know, leave, until she sees a lot more as to what's going on and the procedures, so.

DR HAIGMAN: Well, Steve, the problem -- I mean, you're asking me to do bad medicine. And you know, that, that's not -- I mean, it's a bad choice between no medicine and bad medicine --

STEVE: Well then --

DR HAIGMAN: I don't want to be the part -- the one who goes in and, and does --

STEVE: Okay, but ultimately, it would -- didn't you imply, or didn't I understand that it could be fatal even if it continues like it is?

DR HAIGMAN: If that infection gets into the blood stream, absolutely.

STEVE: Exactly. And if you saw the fingers, the size of it already, I mean, it's bad. There is no question, it's bad.

DR HAIGMAN: But what I -- I mean, I think I'd be, I'd be contributing to making that happen. That if I give bad medicine, bad treatment in there and
then she stays in there because of that and then gets more infected and dies, that's my fault.

STEVE: Not at all because --

DR HAIGMAN: Because if she --

STEVE: -- she made the choice not to leave where you kept on, even with witnesses and, and --

DR HAIGMAN: But then I'm helping her, I'm helping her have the peace of mind to go ahead and do something that may ultimately --

STEVE: But you already made it clear --

DR HAIGMAN: -- even kill her.

STEVE: -- to her, see, that's the whole point. And she made the choice even with all the advice and the risk involved and she would even sign something relieving any kind of liability.

DR HAIGMAN: I just, I, I don't think that that's, I mean, I think we're making it worse.

STEVE: Dr. Haigman, is there any way that you said you -- could you talk to your team -- and is there --

DR HAIGMAN: Of course, I'll be talking to them and if we come up with any ideas --

STEVE: Okay, if there's any way -- feel free to call here or if you'd like me to call you back at a given time --
DR HAIGMAN: Well they'll, say, if, if we have any ideas we'll let -- when you talk to the folks here --

STEVE: Okay.

DR HAIGMAN: -- you know, and when you talk to John here, we will --

STEVE: All right.

DR HAIGMAN: -- he'll, he always has contact with us. If you want to talk to talk to us again or if somebody else there is also either hurt or sick or just has questions, John can always get us. You know, any time of the day, we're, we're standing by.

STEVE: Is there anything she can do right now? There's a nurse right here -- would it help talking to her or anything she could do to alleviate the pain or at least bring down the swell -- anything at all?

DR HAIGMAN: Well, I mean, the thing that you could do right now to really help her would be to come out and get it taken care of. Short of that, there's not a whole lot to do more than sit and wait and unfortunately see what happens.

STEVE: Okay.

DR HAIGMAN: And it sounds like even the soaking has actually hurt.

STEVE: Hmmm.
DR HAIGMAN: So --

STEVE: Wow.

DR HAIGMAN: I know, it's ultimately, unfortunately their decision, I just want them to know what they're buying into and --

STEVE: Right.

DR HAIGMAN: -- and I just cannot think of anything that --

STEVE: I mean the awesome part of it, I mean I -- this is not your aspect or part of this program I know, but the awesome part is here she was, minding her own business, innocent, not part of anything, going to go to a Bible study --

DR HAIGMAN: That's not something -- see I, I --

STEVE: You know what I'm saying?

DR HAIGMAN: -- I just want to --

STEVE: Now here the person has to come out and go through who knows what, not being promised to come back to her home -- hasn't done, I mean --

DR HAIGMAN: Yeah, I'm not the --

STEVE: -- you understand what I'm saying?

DR HAIGMAN: I -- but I'm not the one --

STEVE: Here's a, here's a human being in humanity pleading for help to, you know, surgeons and doctors who give oaths to help and so forth -- well,
you know?

DR HAIGMAN: I'd be glad to help you but I can't help you with --

STEVE: Okay.

DR HAIGMAN: -- that part of it. See that's --

STEVE: Thanks, John, anyways --

DR HAIGMAN: Okay.

STEVE: -- so if you want to put on John Cox, fine.

DR HAIGMAN: Okay.

STEVE: Okay.

DR HAIGMAN: Bye.

JOHN COX: Hey.

STEVE: Hey.

JOHN COX: He a -- let me pass a couple of --

STEVE: Well, I guess --

JOHN COX: -- things by you.

STEVE: Sure.

JOHN COX: Max talked with Oliver.

STEVE: Okay.

JOHN COX: After he came out and he said to tell you and David and Ayeesha that he was okay. He's being, he's being interviewed by several people and he's into the judicial process like Judy and we're going to call his father and let him know about --
STEVE: Okay, he, he --

JOHN COX: -- his condition.

STEVE: -- when he went out he gave the desire to be able to call through here himself -- what happened?

JOHN COX: That hasn't been --

STEVE: Is he going to be able to call me and at least say a word and then I'll just -- or to his sister, that'd be, you know --

JOHN COX: Nobody said anything like that to me.

STEVE: Is that right?

JOHN COX: No.

STEVE: But I was talking with John originally, he said that that would be part of it -- that as soon as he came out that he'd be able to call back and say hello to me or to her and then that -- that's how it -- he had -- I mean, of course, you know, the process that John and I were working out through the day I was tell -- it helps a lot because these people are seeing the treatment, they --

JOHN COX: Yeah.

STEVE: -- it's, it's going great.

JOHN COX: Okay, let me --

STEVE: And that's helped, that's helping me on my part, of course.

JOHN COX: Sure. Hey, and we just had a problem
earlier in the day --

STEVE: Yeah.

JOHN COX: -- that nobody was aware of. Let me
-- STEVE: By the way --

JOHN COX: Let me you a couple of --

JOHN COX: -- David is, he's, he's still -- I
peeked around the corner -- he's now, he's falling
asleep again but he said -- were you able to take care
of that with John about the chickens? He says I want
them covered, I don't want them to die and -- and I
said I'll mention it to him again -- I says I already
did and I think he was working on that, so. Did you
find out? Or --

JOHN COX: Let me, let me mention two things to
you.

STEVE: All right.

JOHN COX: The decision on the chickens is going
to be yours, if you understand what I'm saying to you.

STEVE: Okay.

JOHN COX: Do you?

STEVE: I gotcha.

JOHN COX: I mean, that's as clearly as I can say
that now, okay?

STEVE: Okay, I gotcha. Sounds good.

JOHN COX: Okay.
STEVE: Okay what, now what did you --

JOHN COX: And, and that's about the only way I can put that one out okay?

STEVE: Okay, I gotcha.

JOHN COX: And, what we want to do --

STEVE: Okay.

JOHN COX: -- is get the videos in to you --

STEVE: Right.

JOHN COX: -- our command people are really getting, getting upset. They had the impression four people or more were coming out today --

STEVE: Oh John, don't, don't tell me now -- look it -- if you want --

JOHN COX: -- and they -- let me, let me tell you what --

STEVE: -- no, no John, you, no, no, no --

JOHN COX: -- they're saying.

STEVE: -- I don't really give it -- now look it, I'm getting a little mad. I'm ser -- I really am.

JOHN COX: Yeah.

STEVE: It's been a long day, if you knew on my side what I'm going through, the trying to talk, and all day long, it, it wears on the mind and wears on the person, it really does. The position I'm in with all these people trying to work it out, getting them
out. They should be happy that -- when I said what I said, these people are -- if they got a problem, you tell them I'll put the phone right down now, we can leave more time go by until -- tell them to relax, David said three days ago, give these people time and he's right. It, it'll work out, and I'm working with them. Tell them to relax. John, through the day --

JOHN COX: Hey --

STEVE: -- we were doing damn well.

JOHN COX: I know, I know what you're doing.

STEVE: And there's been no prob -- I don't know what is, I don't know what is, now what is all this -- how come that every time we start getting somewhere and I, I made no promises or commitment to time, John understood that. And it's been working out --

JOHN COX: Well, you didn't even let me explain --

STEVE: Wait, wait --

JOHN COX: -- what I was going to say to you.

STEVE: -- well you know, I get kind of tired about hearing about these damn commanders or what, tell them to be human and to relax because it's working, just tell them to relax.

JOHN COX: Well, one of the reasons was, you know, we went through five days or more and --
STEVE: Well, it --

JOHN COX: -- although we had a dialogue going --

STEVE: (Indiscernible) you know what I mean?

JOHN COX: -- we had a dialogue going right? We had conversations but nothing was happening.

STEVE: Yeah, days went by but David also had said the last time he was on the phone with yourself, Max, John, one of you --

JOHN COX: Uh-huh.

STEVE: -- he had said give these people some days beca -- he knows these people, give them some time. You know, they're thinking this whole thing through, they're -- it, it was quite a traumatic experience.

JOHN COX: Well, we been through fourteen days.

STEVE: Yeah but you're on the outside in your warm place and you, you're going on with your life --

JOHN COX: Hey, I am --

STEVE: -- remember that John.

JOHN COX: -- I am. But, you know --

STEVE: And tell them to remember that.

JOHN COX: -- we, we --

STEVE: -- they're going to be sitting on their butts from now on, eating their steak and watching tv, living their life.
JOHN COX: All of our people that are out there aren't in their warm places --

STEVE: Yeah but, but at the same time -- it's going to be different for these inside here.

JOHN COX: And, and basically, you know, as you've told me and not, not you as much as David has told me and the others that it's their decision to make, right?

STEVE: And it is. That's why he was annoyed at that press conference --

JOHN COX: It, it's your decision to make it's David's decision to make, it's not our decision --

STEVE: John, John --

JOHN COX: -- we're standing out here with open arms.

STEVE: John, that's why this morning when that press conference was given --

JOHN COX: Uh-huh.

STEVE: -- and your -- and what's his name, Dick, made some -- he, he was talking about how David was releasing people -- it had nothing to do with David. I had talked with these people for the last two days, they showed that they wanted to go, the only thing they want to do is talk to him and see if he had any Bible scriptures for them, that was the only --
JOHN COX: Well you know, maybe it was a matter of semantics that he said --

STEVE: Well, yes, but still but, he --

JOHN COX: -- he meant David had no objections to their leaving.

STEVE: Yeah, but it bothers me and bothers him because they all have free will, they will do what they want and we will back that freedom of choice.

JOHN COX: Hey, that's fine, that's fine.

STEVE: But I mean, you know, it's the way all this comes across --

JOHN COX: What I, what I -- rather than getting all upset about this --

STEVE: -- and what else --

JOHN COX: All I'm trying to tell you is --

STEVE: You're not making me get upset.

JOHN COX: -- you know, you're answering to somebody, I'm answering to somebody.

STEVE: Well, that's I'm saying, and what you started to tell me after all the work and the last especially two, three days, it's almost disgusting to hear. I feel like just going to bed and waking up in the morning and starting over. It's --

JOHN COX: What, hey, let me --

STEVE: -- these guys (indiscernible).
JOHN COX: -- let me explain something real simple. If you want to see the tapes and you want to see the notes from the kids that are out there, we're going to work getting those out there.

STEVE: Well, it's not -- okay.

JOHN COX: If, if, if --

STEVE: It's not that big of a deal even if I, I -- you know what? I, my, personally could care less if I ever saw any of it, in honesty. I really --

JOHN COX: Well, you don't to tell those, you don't want to tell those mothers and, and --

STEVE: Boy, it's not that --

JOHN COX: -- that they don't want to hear from their kids, huh?

STEVE: (Indiscernible) it wouldn't matter to me.

David is the one that --

JOHN COX: Is that, is this the same guy I been talking to for the last several days?

STEVE: You got it, you got it. These mothers are okay. You know, they, they sent their children out there --

JOHN COX: Well, well let me explain --

STEVE: (Indiscernible)

JOHN COX: You don't let me, you don't let me finish what I want to say to you.
STEVE: Go ahead. I'm tired. You know you guys --

JOHN COX: You're getting all pumped up here.

STEVE: You guys do shifts. I don't. I don't.

JOHN COX: Hey. Listen, the last couple of nights you had the opportunity to get plenty of sleep though, huh?

STEVE: No, I didn't because like last night I fell asleep for a few minutes and right away I was up again until -- right, like twenty minutes later 'til like three in the morning.

JOHN COX: How come?

STEVE: Well people come and start bothering you -- somebody needs this or that, or there's a problem here or whatever.

JOHN COX: Well, well why don't you do the same thing David does? Say don't bother me until -- you know?

STEVE: Cause, because maybe a --

JOHN COX: Huh?

STEVE: -- well see, he's hurting. I don't have any excuses.

JOHN COX: Well tell him you're having migraines.

STEVE: (Indiscernible) Pardon?

JOHN COX: Tell him you're having migraines.
STEVE: Okay now what, what's -- where we at?

JOHN COX: You, you need --

STEVE: Now what's the --

JOHN COX: -- you need to relax. Okay?

Basically this is where we are. The people I answer to are looking for -- I just had somebody -- that --

we want to deliver this stuff inside and they

basically said if you want to see the tapes, if you

want to do some of these things, if you want to have somebody come out, it's got to be done by ten o'clock this evening.

STEVE: There's no problem with that. In fact, if you wanted to do it now, I mean, that -- there's

nev -- I don't understand why there's even a -- a

time limit put on because we were more than willing to do --

JOHN COX: I don't understand --

STEVE: -- wait -- four or five hours ago, by saying that, they're not good nego -- I mean that was already a given with John earlier. So I mean that's --

JOHN COX: Okay, are, are -- do you have Greg or somebody --

STEVE: Yeah. Oh that's --

JOHN COX: -- that can come out and get the
tapes.

STEVE: John, I'm, I was asking about --

JOHN COX: And you want, you want to --

STEVE: You know what? Personally I don't, I
don't even care about chickens and all that kind of
thing --

JOHN COX: I know, I know, I know.

STEVE: -- but when David told -- I mean you
know, it's the only thing he really said to me today,
hisays mention to them I want to get those chickens
covered and let them have a little bit of feed.

JOHN COX: Well you --

STEVE: And for the first time --

JOHN COX: -- you heard what my response was on
that huh?

STEVE: -- and I -- yeah I got that. So but
that's where it all started. I don't know -- okay now
what time do you have there anyway, I don't even know
what time it is here.


STEVE: Okay, then --

JOHN COX: Well I got 8:14 on one clock and 8:17
on another, but whatever you want to do.

STEVE: Yeah, yeah, okay, but -- so do they have
it all together that the two magazines, the tapes, all
that?

JOHN COX: What we have together are the tapes and the notes from the kids.

STEVE: Not the two magazines yet.

JOHN COX: Those aren't up, those aren't up there, those are not up forward yet.

STEVE: Well that's -- I told you I would wait until you have it all together to make it easier for yourselves where I can -- so we can send someone out just pick the whole thing up at one time.

JOHN COX: Well, we can -- you can -- have him come out and pick those up and then we'll set the other ones up there and you know, we can work it out.

STEVE: Well why -- I'll tell you what --

JOHN COX: And you can handle that other, you know, what you got in mind.

STEVE: Right, right. A -- okay.

JOHN COX: And, and you can be showing that --

STEVE: I guess there's no problems then.

JOHN COX: -- you can let people see that, you know, see the tapes.

STEVE: You know what? If, if those commanders have problems when you and I are doing okay, don't, don't even tell me about them. Because I -- I guess I was self-deluded today and lately thinking we were
doing very well and because of talking to these people and I know what they've got planned, I know they've made a choice and they're going to do it, so don't even tell me what these guys are so anxious that they thought they would come out today or whatever -- they're coming, that's what I told John.

JOHN COX: Yeah.

STEVE: He had no problem with that. They've made up their mind and so forth and then, then because of this phone problem for the five hours, probably another one would have been out. But they're -- they want -- again, we're kind of anxious to see how Ollie was --

JOHN COX: Okay.

STEVE: And, you know, his calling back and so forth. You know, I mean, you can understand that.

JOHN COX: Okay. I understand that. And I'm not trying to rock a boat, you know that, right?

STEVE: Oh, by the way, they, they're -- the FBI are usually telling everybody I'm forty-eight, that's five years before my time yet.

JOHN COX: Oh yeah?

STEVE: I mean, it doesn't really -- I'm humored by all the things I hear and watch but I'm always amazed at how, what little bit of facts that ever
really come across as, as the facts are, I mean, that's such a minor thing, but --

JOHN COX: You mean you weren't born in 1944?

STEVE: No, '49, I'm actually --

JOHN COX: Oh, hey.

STEVE: -- forty-three years of age.

JOHN COX: Hey. (Laughs)

STEVE: I, I was waiting for them to say I was about sixty-nine here next.

JOHN COX: Uh-oh, uh-oh.

STEVE: But I thought it could be quite interesting.

JOHN COX: Yeah. Yeah.

STEVE: Why did the -- Scott here standing by me, he's wondering if they contacted his dad yet.

JOHN COX: I don't know if they have yet.

STEVE TO SCOTT: He doesn't know, Scott.

JOHN COX: No, I don't. I've been asked to do about a half a dozen different things here --

STEVE: Okay. Well, tell me then now --

JOHN COX: What we --

STEVE: -- how long will it take to get these magazines and everything together and then dropped off at one time?

JOHN COX: Okay. The tapes are there now, you
know, and it's --

STEVE: You want to call me back?

JOHN COX: -- going to take us another hour or so to get the magazines and things up there.

STEVE: That kind of time? Even though they're right here in Waco?

JOHN COX: (Laughs) Do, do -- we will deliver them as soon as we can get them up there.

STEVE: Okay.

JOHN COX: You know, it's the system, right?

STEVE: Oh I know.

JOHN COX: (Clears throat) Excuse me. But --

STEVE: Is this --

JOHN COX: -- why, why don't you be ready to send Greg out to get the tapes and stuff and we'll take this one at a time, huh?

STEVE: Well, it doesn't --

JOHN COX: Then maybe you can handle something else at the same --

STEVE: (Indiscernible) likes the exercise.

JOHN COX: Hey -- maybe you can handle something else same time.

STEVE: Yeah.

JOHN COX: Okay?

STEVE: Okay, so we'll take care of that. You
want to call me back when the other's getting ready to be done or --

    JOHN COX: I do, but I don't know if I can ring you back.

    STEVE: Well, try me right now because I stuck the other phone back on and I'm hoping --

    JOHN COX: Okay. I'm going, I'm going to hang up, I'm going to try and call you back --

    STEVE: Right now.

    JOHN COX: -- and if you don't hear from me --

    STEVE: I'll call you --

    JOHN COX: -- right away call me right back.

    STEVE: I'm going to.

    JOHN COX: Okay.

    STEVE: Bye.

    JOHN COX: Bye.

    (Phone disconnects. Phone ringing. Background voices "...blue and green? Phone ringing.)

    JOHN COX TO UNIDENTIFIED PERSON: Hey, hey (whistles) I know he is. He's off, he's open.

    JOHN COX TO STEVE: Hey. You there?

    STEVE: How's it doing? Hey.

    JOHN COX: Mar -- The ringer's not working.

    STEVE: Ah, you -- definitely -- he's working on it right now, so -- are they -- how long will it be
before they're there dropping it off? I'll have Greg

go get it.

JOHN COX: Hold on. Let me find out.

STEVE: All right.

JOHN COX: I'm getting as frustrated as you are.

STEVE: No, I'm not -- I'm actually not

frustrated. It -- it's --

JOHN COX: Oh, yes you are --

STEVE: No, no -- that, that kind of thing's no

problem. The only thing I -- I'm trying to keep David

happy with these chickens cause if they die then he's

wondering what, what the big deal was --

JOHN COX: Hey -- nothing's happening, hold on

just a minute.

STEVE: I know, I know, I gotcha.

JOHN COX: Let me, let me just --

STEVE: All right.

JOHN COX: -- ask somebody a question.

(Gap)

STEVE TO UNIDENTIFIED PERSON: There's the thing

for the ringer right there. Huh?

UNIDENTIFIED PERSON: (Indiscernible) the radio

(indiscernible)

STEVE TO JUDY: Judy, are they going to do

anything for you at all?
JUDY: No. Not unless I come out there. I'm not going out there, I told them (indiscernible).

STEVE TO JUDY: It's probably a, a chipped bone or a broken bone and there's dead flesh in there which is going to cause infection, it's going to continue (indiscernible) -- do you know at all -- do you know about all that sort of thing?

UNIDENTIFIED SPEAKER: (indiscernible)

STEVE: I was hoping maybe -- we should have had -- stuck him on the phone with you maybe, huh?

UNIDENTIFIED SPEAKER: We should have (indiscernible)

JOHN COX: Hey --

STEVE: Yeah.

JOHN COX: Steve. The, the tape is being driven up there I guess in one of those Bradley vehicles and it's got one of those, what do you call them? Little Cal-Lum (Phonetic) Glo-Sticks attached to it --

STEVE: Oh, okay

JOHN COX: -- either a green or a blue.

STEVE: Okay.

JOHN COX: So it'll be sitting out there and they'll see, it's like a little fluorescent light stick.

STEVE: Okay.
JOHN COX: You know what I'm talking about?

STEVE: So -- they're doing -- they're driving in that direction now?

JOHN COX: Yeah, so they ought to be able to see the lights of the vehicle coming up.

STEVE: So he'll walk down with a flashlight shining to the road again.

JOHN COX: Okay it's got a green, one of those little green glowing sticks attached to it.

STEVE: And usually what the procedure's been -- they -- then they back off --

JOHN COX: Yep.

STEVE: -- to give them --

JOHN COX: Yep.

STEVE: Okay. Fine.

JOHN COX: Yep.

STEVE: Okay I, I'll be talking to you in a little bit here.

JOHN COX: Tell him, tell him just take the flashlight and go down there.

STEVE: He's working on the phone so I'm going to call you --

JOHN COX: Yeah.

STEVE: -- in a little bit and then I'll have you call me back again.
JOHN COX: Let me know when you get them, huh?
STEVE: Okay, will do.
JOHN COX: Okay? Thanks.
STEVE: Okay, bye.
JOHN COX: Bye.

(Disconnects) (Reconnects)
JOHN COX: Hello?
STEVE: Hello John?
JOHN COX: Hey, how are you?
STEVE: Did -- I don't think the Bradley's even moved in this direction yet, has it?
JOHN COX: You're kidding.
STEVE: Unless it did, it --
JOHN COX: It was supposed to be moving that way before we concluded our last conversation.
STEVE: Maybe they already dropped it off and left already, is that possible?
JOHN COX: I got somebody making a phone call right now.
STEVE: Okay.
JOHN COX: Okay?
STEVE: Okay.
JOHN COX: All right -- you're going to probably kill two birds with one stone, per se?
STEVE: Yeah.
JOHN COX: Okay. That's about as clear as I can make that.

STEVE: All right.

JOHN COX: Listen, don't -- just try -- we know what you're going through, believe me, my friend.

STEVE: Okay.

JOHN COX: We understand it totally and we're, we're not -- (pause) -- it's en route. It's en route.

STEVE: Okay. Okay.

JOHN COX: Okay. But a -- we appreciate what you're doing, believe me.

STEVE: I'm just, you know --

JOHN COX: So -- and I know you gotta blow off steam and --

STEVE: Well no, no, sometimes you're so tired, you know --

JOHN COX: I know.

STEVE: -- you're struggling to just kind of --

I'm standing, it's --

JOHN COX: Hey, you've had a lot of things put on your shoulders, haven't you?

STEVE: I'll say this, it, it's so cold here, then with all these people and trying to get them going and all the rest --

JOHN COX: Hey you've had a lot of pressure put
on you.

STEVE: Well I'm -- I've been trying to encourage them and the rest and you know they start having second thoughts, and --

JOHN COX: Well, you've done well. You've done well. You know, as I told you the other night -- we don't a, we don't have a problem with you.

STEVE: Okay.

JOHN COX: You're really -- you're trying hard and we appreciate it, all of us do, but the system is slow you're --

STEVE: Not at all, I, I, like I said, if I was in their, in their shoes and on that side I'd be anxious too, and I mean I am myself on this side, but you know, it's hard here too because someone makes up their mind they're going to and then there's something happens or they become slow or they get apprehensive and I've got to go back and start talking to them again and --

JOHN COX: Do, do you see, do you personally see the vehicle when it comes up or somebody just tells you?

STEVE: No, because I'm back in a room where the phone is --

JOHN COX: Okay.
STEVE: -- so they've always got to come and tell me.

JOHN COX: So that, that's over by David someplace and it's not near any --

STEVE: Well, it's not even near him. 'Cause he's not too far from me -- it usu -- it's quite a distance from me, actually -- probably, oh, man I don't even know -- quite a ways.

JOHN COX: I thought you said like he was fifty feet away or something like that.

STEVE: Well he's, from me, he would be about, oh let's see, what is he about here, fifteen feet I guess.

JOHN COX: Yeah, yeah.

STEVE: Yeah.

JOHN COX: He's okay tonight?

STEVE: Yeah, I don't -- well yeah, he was, 'cause I went in there but he got a little bit annoyed. There was a few people that wanted to see him and talk to him and apparently he's still, you know, he's tired and trying to heal and -- so he was -- he's still staying -- he's not gotten out of bed or moved around where he did try to get up about three or four days ago, sat up and tried to even stand but apparently he starts bleeding when he does that so he
decided not to do that. So --

JOHN COX: Well, you think he probably got up too soon to begin with, huh?

STEVE: I think so, I think that's what it is.

JOHN COX: Yeah, yeah.

STEVE: And because of that now he's just -- he's getting, you know, he's got, from being in bed on one side for so long he's actually taken his skin off his tailbone area even a little bit. I mean, don't say anything --

JOHN COX: He probably ought to --

STEVE: -- don't go having that on a press conference or something.

JOHN COX: (laughs)

STEVE: (laughs) You know what I mean?

JOHN COX: Yeah.

STEVE: Okay.

JOHN COX: Well he probably should, you know, roll from cheek to cheek or whatever.

STEVE: But you know, he's -- that's what he's been trying to do, but because of the wound he's got to be careful what side and how he moves, I guess and --

JOHN COX: Yeah, it's the same thing as what, what bedsores or something like that?
STEVE: Exactly, exactly.

JOHN COX: As far as we -- you got somebody looking for that thing?

STEVE: Yeah, Greg. I told him -- he's, he's at the window and he's actually been looking out -- it's dark out there, he sees nothing out there, no movement. No lights from a vehicle unless they already came and dropped it off. He doesn't know, that's what he's wondering 'cause by the time I told him and he went to the door he doesn't really see anything he said.

JOHN COX: Yeah. Well as long as he knows just leave the flashlight on when he walks out there and leave it on when he walks back.

STEVE: Right, which he would do, yeah.

JOHN COX: It, it ought to be working all right. And, and we're -- what we're going to try and do is, you know, put another package together with, with the Time magazine --

STEVE: Right, right.

JOHN COX: -- and, and the Newsweek, and --

STEVE: Okay.

JOHN COX: Do you think the ringer's working at this end at all or not at all?

STEVE: I should actually have you call me back
one more time.

JOHN COX: You want me to give you a --

STEVE: Yeah, give me a call right back now --

JOHN COX: Let, let me check on the other thing and give you a call right back.

STEVE: Okay, sounds good.


(Disconnects) (Reconnects)

JOHN COX: Hey.

STEVE: John, you tried to call then, huh?

JOHN COX: No, I didn't.

STEVE: Oh you didn't?

JOHN COX: No. I was going to call you right back when I got an answer from the people --

STEVE: Oh, that's right, that's right. Okay.

JOHN COX: Let me try. Let me try right now.

STEVE: I'm real curious about this phone. Okay thanks.

JOHN COX: Let me try.

(Disconnects) (Reconnects)

STEVE: Very good, it's working.

JOHN COX: Hey, it's working?

STEVE: Yeah, we got a cat here that just went flying out of here it's works so well.

JOHN COX: (Laughs)
STEVE: (Laughs)

JOHN COX:  Hope you don't have an electrocuted cat.

STEVE:  Yeah, well that cat heard that -- in fact it was just a loud ring the cat jumped about a foot or two here.

JOHN COX:  Listen --

STEVE:  Okay so you're working on the other thing --

JOHN COX:  They said that it would be there in less than five minutes.

STEVE:  Okay, so we just have to watch for --

JOHN COX:  You know --

STEVE:  -- at the door, maybe then.

JOHN COX:  Yeah.

STEVE TO UNIDENTIFIED PERSON:  Okay (indiscernible)

JOHN COX:  And, and let me, let me work on the other thing for you too.

STEVE:  Okay, sounds good.

JOHN COX:  Listen.

STEVE:  Yeah.

JOHN COX:  Do you think there's any chance of either Rita or Brad or Kevin coming out tonight or do you think it's a positive thing -- more positive
they're coming out in the morning.

STEVE: Morning. Positively. 'Cause I, I went and talked with them --

JOHN COX: Okay.

STEVE: -- even when John was on there and already they were saying they want to come, they had their clothes together, they washed their hair, everything, you know what I mean? They're ready to come and --

JOHN COX: But you don't think it's going to happen tonight.

STEVE: No. I think because, you know, the kind of a mess communication with the phone line --

JOHN COX: Uh-huh.

STEVE: -- like that five hour period, kind of -- he says well I want to go in the day -- they all said they want to go out in the daylight.

JOHN COX: They're just -- they're reluctant to come out at night?

STEVE: Pardon?

JOHN COX: They're reluctant to come out at night?

STEVE: Yeah I think they, they just want to be able to see what they're doing and I think they'd feel easier about it in the daytime there --
JOHN COX: Okay.

STEVE: -- the whole process maybe -- I think what the information you gave me and John about the procedure and all the rest of the things would rather be in the day I guess.

JOHN COX: Okay.

STEVE: And it's not a problem, either, because --

JOHN COX: All right.

STEVE: -- I went and talked to them just, you know, a few hours ago, and, and no one's changed their mind or anything.

JOHN COX: Okay.

STEVE: Okay, just -- it's there now they tell me.

JOHN COX: Okay. Let me, let me, let me ask you. Are you going to have them call us at nine o'clo -- yeah, we were just told that it's there.

STEVE: Yeah, we will, we'll be calling.

JOHN COX: They will call us at nine o'clock?

STEVE: Right, or just a little bit after --

JOHN COX: All right.

STEVE: -- because that, that's usually our worship hour and --

JOHN COX: All right.
STEVE: -- yeah.

JOHN COX: Okay.

STEVE: That's a real good time.

JOHN COX: Let me know --

STEVE: Okay.

JOHN COX: -- when you get it back inside, huh?

STEVE: All right I'll give you a call.

JOHN COX: Okay? 'Cause there are two videos there.

STEVE: Okay, I'll give you an inventory of what's there.

JOHN COX: Okay. Or if you want to just call me back in half hour, whatever.

STEVE: Okay. Half hour it is.

JOHN COX: What time is it now? Call me back at quarter past eight -- quarter past nine, how's that?

STEVE: Quarter after nine?

JOHN COX: Yeah.

STEVE: Sounds good. Ayeesha just asked if her brother called -- if her what or what's happening.

JOHN COX: No. As a matter of fact as far as I know he's downtown. He's with probation office.

STEVE: Okay. Is there anyway that --

JOHN COX: That's the information I have.

STEVE: -- could he give her call or anything, or
JOHN COX: We're going to try and work something

STEVE: Okay. Even if it's to say hi, I'm fine, that's all --

JOHN COX: I can't make you a promise. All I can say is I can try.

STEVE: Okay, sounds good.

JOHN COX: And, and I'll talk to you at 9:15.

STEVE: If not maybe tomorrow, huh?

JOHN COX: Okay. And is your, is your guy on his way?

STEVE: He's right here standing --

STEVE TO UNIDENTIFIED PERSON: Go ahead.

JOHN COX: Tell him to go with the flashlight.

STEVE TO UNIDENTIFIED PERSON: Go ahead with the flashlight.

STEVE: Okay. Okay, John, I'll call you in a half hour.

JOHN COX: Thank you.

STEVE: Okay, bye.

JOHN COX: Bye.

(Disconnects)

(End Tape 119)