



**Archival & Historical Committee
November 9, 2020 - Zoom call**

**Interview with
Robert C. DeLuca, DO, FACOFP *dist.*
(ACOFP President March 2019-October 2020)**

1 Committee Chair: Good evening, Dr. DeLuca. Today is November 9 of 2020. Can you please
2 tell us what was your theme of your presidential year?

3 Dr. DeLuca: It was Connect and Communicate.

4 Committee Chair: Awesome, how did you develop this theme?

5 Dr. DeLuca: Well, I think as the years prior to becoming president, I began to realize
6 we've had some difficulty with our communications with certain
7 organizations, particularly those within our own profession, and really our
8 goals were all the same. It was just a matter of breaking down some
9 barriers and so we felt that one of our most important goals starting, now
10 a couple of years ago, was to be sure we connected with the people who
11 were instrumental in moving our profession forward. Once we had that
12 connection, and broke down a few barriers, it was important that we
13 continue to communicate with them. Recognizing that over a period of
14 time most everything was just - - wasn't that we weren't all on the same
15 page, the different groups, it was just what had been communicated to
16 people was misconstrued and/or wasn't understood and so I felt the most
17 important thing we could do was make those connections. Some of that
18 was within our own organization, connections with our residents,
19 students and young professionals who are just starting into practice will

20 often times become somewhat distant from an organization because they
21 are busy. As well, we wanted to connect with our other family medicine
22 organizations, such as AAFP which we have generally done on a routine
23 basis. It was the utmost importance that we connect with the AOA and the
24 AOBFP. Recognizing that our future for the entire profession, our
25 osteopathic profession, was going to produce a certification exam that was
26 competitive and would continue to draw our residents into our
27 organization and so those were our areas of why I chose a simple theme
28 like I did.

29 Committee Chair: How successful do you think you were, and how do you grade that
30 success?

31 Dr. DeLuca: I think the success was not just my year alone. I would say that the success
32 began through a whole lot of things that happened during the last two-
33 and-a-half years. The success began with a meeting that we had with the
34 AOBFP, one of those very late-night meetings in Tampa when the
35 discussion came up about utilizing an early entry pathway. I met with Dr.
36 Kieren Knapp, Dr. Duane Koehler and Dr. Greg James and we agreed to a
37 plan that we felt would move our organization forward. As you know, it
38 took us a little bit of time, but eventually we got the in-service exam up
39 and running appropriately. We had some changes made, and I think it all
40 came to culmination in not this year's House of Delegates but last year's
41 House of Delegates. Fortunately, we had a new Executive Director and new
42 AOA CEO who was willing to listen to the ideas that we had. We had a very
43 engaging AOBFP and Dr. Knapp, having been a past president, was very
44 much engaged and understanding where we needed to go. And lastly, we

45 were able to convince the AOA House of Delegates that it was most
46 important that we maintain osteopathic education and the evaluation
47 tools. As you remember, we were up against a Boston Consulting Group
48 paper that recommended we remove all osteopathic content from our
49 examinations. That put us against the wall, and we were able to connect up
50 with College of Surgeons, Internal Medicine, Pediatrics, and other specialty
51 colleges. We held a consortium in July, the day before the House of
52 Delegates started. We agreed that we would take this right to the
53 committee and make sure that the resolution passed by ACOFP at our own
54 congress would move forward. It would ensure that we had all the
55 specialty colleges and their certifying boards to have the right to continue
56 osteopathic teaching, in-service exams, and certification pathways and
57 that passed. So, if there was success, it came at that moment that the
58 profession decided that is the direction we needed to move and that by
59 removing osteopathic content from our examinations to us meant the end
60 of what our profession would be in a few years. So, I think from that
61 standpoint, the next part came when we were unfortunately unable to do
62 so, but we had... Well Let me step back a second. The next I think thing
63 that was important in that whole journey was that at the same time two
64 years ago at OMED in San Diego, the ACOFP Education & Research
65 Foundation approached Dr. Koehler and I and said they would like to start
66 the foundation process in a forward direction and would like to sponsor
67 any resident who wanted to take the OMT practical exam. We had
68 previously requested that it wasn't mandatory; that it was optional, so
69 they've been on their \$2 million quest and they're about halfway toward

70 that goal. And when we were going to have convention in New Orleans, we
71 had close to 490 residents signed up for the optional OMM exam and that
72 was another point toward our success. And the last portion of that was
73 the number of residencies who signed up for the in-service, in-service
74 plus, or CORTE_x was close to 2,700 residents. We took that as a sign that
75 the residency directors wanted to continue to pursue osteopathic
76 education and osteopathic certification. I would hope that would be the
77 move in the future for residents taking the AOBFP examination. I think
78 there were several highlights in several places where we felt this was
79 moving in the right direction, and we had the right people at the right
80 time. Our CORD Committee, along with everybody from the AOBFP all got
81 together, and worked out the formulas for how this early entry pathway
82 was going to work and it was just tremendous.

83 Committee Member: Robert, how did the COVID impact your presidency?

84 Dr. DeLuca: Want the short or the long answer?

85 Committee Member: Long answer.

86 Dr. DeLuca: Because there's always silver linings with things. I think the brightest
87 impact certainly came in March when we were a week before convention,
88 and I saw how much Dr. Bixler had prepared for her convention. Not only
89 did she form new committees and have new ideas, she also had new
90 awards that were going to be launched and had plans for things that most
91 presidents never even thought about doing. Remember, she has three
92 young ladies that had to all be dressed in gowns for several different
93 occasions. She had an entire room at home that was packed with goodies
94 and New Orleans and Florida-type memorabilia to bring. So the Monday

95 night before we planned on leaving, the handwriting was basically on the
96 wall and particularly the deans on our board were informing me that this
97 was likely an unavailable trip for most educators. Dr. Bixler and I had a
98 very tearful evening and decided that we would cancel as it was the best
99 decision for the organization. It hurt us terribly and that was our low point
100 of how COVID had affected us, but we went on. And as it was, the success
101 was that we were able to rearrange the entire convention to virtual within
102 5 days, which nobody had done previously. Thank goodness to our ACOFP
103 staff who were able to get together and work as a team to put together a
104 fabulous online virtual program. We had over 1,200 people sign up for a
105 virtual program that was quite successful and got a lot of good accolades.
106 Along with that, we were very happy to negotiate with the Hilton Hotel
107 and they basically said, "You don't owe us anything, you are canceled and
108 keep us in mind for the future." And of course, we've already made a
109 contract with them for about two or three years from now, so we kept our
110 end of the bargain. Then we were lucky because our accountant decided to
111 add a rider to our convention insurance policy that said that even if there
112 was some kind of a thing that we could not attend, and the pandemic was
113 included in that so we would still be able to garner our insurance money.
114 And as it was, we got a check for close to \$900,000 from the insurance
115 company. So, on the other end of this, the other silver lining despite the
116 fact we were unable to have the Summer board meeting and then of
117 course it was decided by the Speaker and Vice Speaker of Congress to
118 present to the board that we would not have a new board starting in the
119 middle of a pandemic. One, that was not fair to Nicole to not have a

120 presidential evening, but also that we had one Governor coming on, Dr.
121 Sorweide, who was already being stationed and would not be able to
122 participate. It was decided after many conversations with lawyers
123 whether that was something we could do according to our bylaws. In the
124 State of Illinois, it was acceptable under these conditions that the board
125 could do that, so we decided we would leave as is. At first, the suggestion
126 was I would just remain president for the entire year, but Nicole and I
127 decided we would split the year and that would be much better. She and I,
128 as well as Duane have worked as a team this whole time. We've rarely
129 done anything or made any decisions without each other, so it was just
130 natural for her to take over halfway through the year. We presented an
131 electronic vote to Congress that passed that was acceptable to do this. We
132 did bring on a new student and resident because their term would have
133 been already practicing medicine by the time next March came, so they
134 came onboard. I think that was the high points that COVID unified our
135 organization in a way that was remarkable, and proud that we led the way
136 and were ahead of everybody else and other organizations. We did not
137 have IT problems that a lot of other groups had. We had to actually help
138 AOA out and provide them the details of what we had done in March. We
139 also put on a new Intensive Osteopathic Update program in August and
140 turned around our review course for our examinations as we wanted to
141 change that model. Dr. Rob Danoff and others got together, and we just
142 threw together this idea that sort of changed it to an osteopathic review
143 class. We put it on two separate weekends, so members would have
144 opportunities and an extra hundred people or so signed up for this, so

145 financially that was good. And then we just now received an extra
146 \$100,000 from the OMED Convention, which in the past sometimes did not
147 even get to cover our bill, so we were very happy with that. Financially,
148 COVID has kind of done ACOFP a favor. We have done fairly well and are
149 very, very much in the black for a year.

150 COVID though has kept us from making our rounds to the different
151 colleges, states and just being in person and seeing each other and the part
152 that really drives our profession is our fellowship and we all miss that.
153 And now we've come up to the last part and we've had to actually cancel
154 the March 2021 convention because that was a financial issue. If we had
155 not canceled by the end of September, we would owe \$550,000 to the
156 hotel in Florida. Since that period, that has even been put off. We were just
157 going to give them a check which they would use and we could use against
158 another convention a couple years from now, but they even rescinded
159 that. If we had waited till December to make that decision, we would have
160 owed a couple million dollars, so again some tough decisions and the
161 hardest part was canceling the conventions. The best part was seeing how
162 our organization came together to provide everything that people needed
163 during this time except for a bug, we couldn't do it.

164 The inauguration for Dr. Bixler, I thought, went off fantastically. She was
165 surprised when she was picked up by a limo and taken to Dr. Grove's
166 house for her initial inauguration, which she did not know anybody was
167 going to be there. And then the virtual inauguration I thought went very
168 well. There were several hundred people online and probably others
169 standing watching from their homes and I think it was a beautiful tribute

170 to the work she's going to be doing for us in the future. And again, we'll
171 have more. Hopefully, we're going to have something for her when all this
172 is over, maybe next June we will have a gathering for those who can make
173 it for a presidential night. So there was ups and downs, some good and
174 some bad.

175 I want to take one second, though, to talk about the Health & Wellness
176 Committee that put on our Saturday virtual lounges. They did a fantastic
177 job. Every Saturday when people were just trying their best to make it
178 through the early parts of COVID all the way through May, we had these
179 Saturday virtual lounges and people just got on and chattered: What's
180 happening? What are you doing? How are you getting by? And it helped
181 all those and particularly having people like Dr. Rubin or Dr. Tsompanidis
182 from New Jersey who were in the middle of all this and could say, "Hey,
183 this is what we're doing here," and it gave people a time to just talk and
184 we're very proud of the work all these members contributed.

185 Dr. DeLuca: So anyway, that's it about COVID. We're still moving along and we're still
186 looking to six months ahead and seeing what we can do.

187 Committee Member: You kind of touched on this about residents taking OMT exam and
188 obviously student stuff this year being inhibited by COVID and your ability
189 to travel, but describe your activities and travels as an officer of the ACOFP
190 to students and residents? So, I guess to kind of refrain that in sense of
191 COVID, like what kind of stuff were you able to accomplish before COVID
192 and what were some goals in terms of students and residents were you
193 hoping to accomplish if COVID wasn't a thing or even just kind of where
194 you see residents and student involvement with ACOFP like in the future?

195 Dr. DeLuca: Sure. I was lucky enough to be able to attend several of the schools and I
196 don't think there's any greater joy. Going to state meetings is fun but you
197 know everybody but going to the schools is absolute joy to see that the
198 students were so engaging. I loved it the night of my evening inauguration
199 when we had so many students up in the suite. They are excited and we
200 hope that we made them feel like they're a part of our organization. I was
201 able to give addresses at Touro, which was a highlight for me because Dr.
202 Mike Clearfield is the dean there. Well Dr. Clearfield was at TCOM and was
203 very instrumental in my development as a physician and so I was able to
204 tell the story that their dean of their school was so important in my
205 education. Dr. Clearfield was a teacher in internal medicine and when we
206 were in his grade we were supposed to do history and physicals at the of
207 Osteopathic. Mine was multiple pages of little, tiny scribbblings as is always.
208 I handed it to him, and he said, "Well, DeLuca, you put down here this guy
209 doesn't have a thrill. Tell me what a thrill is." And I said, "I don't know, but
210 I'm pretty sure he didn't have one." And Dr. Clearfield threw that at me
211 "Don't you ever put something down on a piece of paper you don't know
212 what it is." So that night I went and took that degown*, which I'm not sure
213 you guys even use that anymore, but the degown was our book that was
214 big and with a thousand pages of words in it. I went top to bottom for four
215 nights all night long writing down every term in there I could write in. End
216 of the semester, Dr. Clearfield never asked me again a question. And I said,
217 "Dr. Clearfield, I spent all night for four nights looking at degalinity*. I
218 know every term in there. Why didn't you ask me?" He said, "I knew you
219 would. I just had to embarrass you." So that story, I got to tell in front of all

220 his students at Touro University, so it was a feeling of connection when
221 you go to other schools and you see people that you know from our
222 organization because so many family physicians run schools.

223 The next big highlight to me was giving the White Coat Address at Auburn.
224 Dr. Palmarozzi and I go back to the first day of medical school. We had
225 partnered with each other and were in the first group of students to ever
226 vote at the 1982 AOA House of Delegates. We had pushed each other
227 through the years, and it was a proud moment when she asked me to give
228 the address for her White Coat Ceremony. It was very enjoyable. We
229 visited schools, of course TCOM. I've been down to San Antonio at
230 Incarnate Word. Gosh, I'm trying to think of all the schools I've gone to. I
231 went to Chicago and Rocky Vista, which again was a highlight for me
232 because there's so many family doctors there on staff. Particularly Dr. Tom
233 Told, who was the chair of the first committee I was on at ACOFP called
234 the Workshop Committee. I was so afraid. Oh my gosh, I'm getting on. I
235 never knew how to get on a conference call. I didn't even know how to do
236 that, you know. I live in a place where BR549 is still how you dial your
237 phone out here, so I got on like 30 minutes beforehand trying to make sure
238 I got on this conference call. I was so afraid, and Tom Told was so gracious.
239 He even asked my opinion about something, so it was nice to attend the
240 school he is running now and engage with the students. I think it's always
241 a challenge for those of us with gray hair to be able to take a look at what's
242 going on with students and to know and understand. That feedback led me
243 to make decisions during my presidency that would change how we
244 addressed our CME in the future and our educational programs and that's

245 where the idea came for the Health and Wellness Committee. A rule when
246 I started that committee several years ago was nobody could be over 50
247 years old on that committee and that whatever ideas they had, those were
248 the ideas we're going to do, and it became such a success that more people
249 wanted to join. Eventually Dr. Bixler this past December combined that
250 with a Task Force on Convention Innovation. It's all one now and they're
251 working on completely revising how our conventions will look in the
252 future and we're just excited about that. So being with the students and
253 listening to what they have to say about things and their ideas is how
254 we're going to move the profession in the future. It's still important. And I
255 know, you go to the AOA House and write a thousand resolutions that the
256 old guys blow holes in completely, but that's just part of the game. You
257 pack them up and you find out why they are saying the things they're
258 saying and why they reject something and then figure out how to fix it in
259 the future, so that's my take with the students.

260 Oh, I'll tell you one more thing. I like to do calculations and math things
261 and when Dr. Froehlich, Dr. Rubin and I were in school, we had about 14
262 schools. That was it. When Jim was in, we may only had two. I think AT still
263 taught at one of them, right? So, we - - and about 14/15 schools. Now you
264 got close to 60 schools and you're talking about just in 40 years there are
265 that many. We still have 27 percent of our DO students go into family
266 medicine whereas MDs is 8 percent and there's wanting to know why.
267 How do we get so many people in? So, 27 percent of - - you take 200
268 graduates from 60 schools, that's 12,000. We should be turning out close
269 to 3,000 family physicians a year; 2,500 of those ought to be board

270 certified by AOBFP and stay in our profession. You look 15 years down the
271 road when all of you are practicing for about 15-20 years and you're going
272 to look back and say, "Gosh, there are now more DO family physicians than
273 there are MD family physicians. We will be a stronger, greater
274 organization for the work we're doing right now to move that profession
275 forward because we have the numbers and the direction of being family
276 physicians. And if we keep that goal, I think we are and will continue to be
277 an organization that listens to our residents and students and be an
278 organization that members will always want to be a part of.

279 Committee Member: Robert, can you make a comment about the newness of Dr. Klauer and an
280 AOA connection?

281 Dr. DeLuca: Sure, absolutely. I think again one of those lucky things that happened
282 was Dr. Klauer being a business guy, but also a person who's looking
283 toward making the organization. I'm not saying we always agree on
284 everything, but he listens; and I'll give you a good example. We just
285 finished OMED and the attestation came out and I didn't pick this up but.
286 my wife, Valerie did. She was filling out hers and she said, "Look, this thing
287 says I can either attest to my hours through the AOA or I get to put them
288 all through AMA. I can't put them on both." I said, "That's ridiculous, we've
289 never done that. You apply them to AOA and then you get a certificate, and
290 you turn it into whoever else. It'd be ABIM or whatever other organization
291 and they would accept those hours." Well, it couldn't be done online, so I
292 sent an email and I called Dr. Garza who said he did the same thing
293 because he's board certified in both directions too. He said, "Oh, I can't do
294 it either." So, I sent Dr. Klauer an email saying the attestation online is not

295 allowing us to go both directions and people should have the ability to use
296 those hours in whatever certification or hospital association where their
297 state requires those hours.” And after a couple emails we got on the same
298 page and his committee said, “Here’s how we’re going to do it;” and he
299 fixed it, so he does listen. He gets after things and he’s a hardnosed
300 business guy. We had a contract for AOBFP who utilizes a couple of our
301 offices at our headquarters office and when that contract was coming up
302 for renewal, he stuck by his guns and Bob stuck by his guns until they
303 finally figured out how they would work that out, so he is insightful. I’ll say
304 this: In all the years that I’ve been sitting around in presidential suites,
305 generally just up there for the free liquor and food, but now recently
306 actually had to do something, but all the years, I never once saw any leader
307 of the AOA staff. The Saturday night after the House of Delegates where
308 everything passed, there was a handful of us standing around in my room
309 and in walks Dr. Klauer. I mean obviously our last one never came around
310 to anything. He came in to talk to us and say how much he appreciated
311 what ACOFP had done and so forth and so on, so Dr. Klauer has been a
312 game changer and has turned the ship in the right direction. He’s cut some
313 budgets, which he needed to do, but he has made a plan financially to
314 move the AOA into the right direction.

315 Committee Chair: Anybody else?

316 Committee Member: Robert, the presidency really destroys practitioner’s practice. I think Dr.
317 Rubin can attest to that. It is such a strain. I know Valerie was a big part,
318 but can you tell us how you were able to hold your family practice
319 together while being president?

320 Dr. DeLuca: Thank you, Jim. That's a good question because, again, of the years I've
321 been here, having a good staff and having Valerie there a lot of times, I
322 know we tried to blend when she would go with me and when she
323 wouldn't. Lots of our business of course this last year has been on the
324 phone. We've been on Zooms like this and haven't gone anywhere. But
325 during the vice presidency and beginning of my president year, I was
326 probably gone one or two trips a month and we took a cut. I mean we
327 made sure the clinic was continuing to run and I did a lot of extra time. If I
328 was home on a Saturday, that's when I ran and did the nursing homes so
329 income could come in from different directions. I don't think I left anybody
330 because I have a nurse practitioner, a PA, and I think they helped out, but I
331 think it would've been a lot different if I hadn't had a spouse who was also
332 there working in the clinic and making sure of things. I was kind of lucky
333 that at the last - - or the beginning of my presidency, our hospital decided
334 it would use hospitalists instead of us. So, after 33 years of working in the
335 hospital, we gave that up. It still hurts, but I was having to get up at 1:00 in
336 the morning to go do rounds to finish up so that I could get to an airplane
337 at 7:00, so it was very helpful that one.

338 Committee Member: What wisdom would you impart on young physicians as they look towards
339 a longitudinal career and a longitudinal involvement with ACOFP?

340 Dr. DeLuca: Well, I think the most important thing is to carry a vision into what you're
341 doing. Why is it you do what you want to do? I think a good leader listens
342 to the people around them. I think that is one of the most important things.
343 You get on this committee or another and you listen to those that have
344 been doing it, figure out what you think works better and you keep those

345 ideas. You encourage those around you. As you move into leadership, to
346 me the most important thing is surrounding myself with people who knew
347 what they were doing and that I could call on. I know Dr. Dyer has heard
348 me tell the board this and that is that the person who is on either side of
349 you, your president-elect and your immediate past president are your
350 sounding boards and if there's two yes people on either side you, you're
351 going to fail. If you got a couple people on your side that are going to tell
352 you: "Hey, you're not going the right direction on this one. You better think
353 about that." That's important. I had people that stood up to me especially
354 Dr. Palmarozzi, when I was not doing something that she didn't think was
355 right. She didn't have any problems with telling me that nor did Dr.
356 Koehler and Dr. Bixler who both were very... I knew when they told me
357 something, they were right about it or they were honest about what they
358 said. They have good opinions. So, I think in your practice, I think it's the
359 same way. For a young physician moving into a practice is to make sure
360 that you know your goals and where you want that practice to be and you
361 guide the practice. Don't let the practice guide you where you're going. You
362 choose the way you feel that you should handle a patient or what you
363 should do. I think we took a lot of heat as physicians years ago because, oh,
364 we had money from pharmaceutical companies and therefore the fact that
365 you gave a pen that was worth about \$0.32, that was going to sway your
366 mind to write that expensive medication. We all know that was garbage.
367 We paid no attention what was written on a side of a pen or the lunch or
368 anything else. We talk and we speak with our own minds and I think that's
369 the most important to have good sounding boards, make sure you're

370 listening to everybody as they speak, and same thing with your practice,
371 just listening to the patients. It works the same in leadership.
372 Let me say one more thing because there is two people on here that are
373 very influential in where I am. One is Jim Froelich who has been an
374 advocate for more people than we can imagine, a whole team of people
375 from Texas that he could cite, but Jim was right there. He has always done
376 great work in leadership from the AOA to the ACOFP and other state
377 organizations and he was there to support people, so I want to say a
378 special thanks to Jim. It was actually Jim as we were at Mark Baker's house
379 in Fort Worth about 11 years ago or so and he said, "I want you to put your
380 name on the board." And I said, "No, I don't want to do it. I'm happy being
381 the convention chair. Why would I want to give up that tush job that Steve
382 Rubin happened to appoint me to? This is great. This is what I love doing."
383 Jim said, "No, you need to go on the board." Valerie was standing there,
384 and she said, "Yeah, I think he's right; you need to go on the board." So,
385 because of them I applied and the other is a good story about Steve Rubin.
386 I had been to maybe one - two conventions back in the day and I don't
387 even think Steve was on the board then. This was the late '90s. When
388 you'd go on the board, Steve? Do you remember?

389 Dr. Rubin: I was president in 2007 and I was nine years on the board, so 1995.

390 Dr. DeLuca: So probably about that time and we were in Florida at one of the Disney
391 Hotel properties and Steve Rubin came up and gave me this big kiss on the
392 cheek and said, "Robert, thank you for being here." And I was kind of
393 floored this guy was a governor in a leadership position, how the heck
394 would he know who I was? But it's those kinds of connections that made

395 me say, "I'm going again to an ACOFP convention." Not that I like kissing
396 guys from Jersey, but it was good. Being Italian, you kind of wonder if
397 somebody is going to give you a kiss on the cheek, you know? I think that
398 was important, the connections you make with people are very vital.
399 And I'll tell one more of my favorite stories that I tell every single time that
400 I talk to a school or group or students/residents. We were in Dr. Kevin de
401 Regnier's suite, and don't ask me what hotel or convention but Jim
402 Froelich was standing behind the bar doing what he usually does, opening
403 bottles of wine, and there were about six students standing around Jim
404 and they were just giving Jim the dickens: Well, this is just terrible. Isn't
405 medicine just a terrible thing to do? Isn't the government in your face?
406 Insurance companies won't let you do what you want to do. There's too
407 many rules and regulations. Isn't medicine terrible? And Jim stopped and
408 he looked at all of them and he says, "Yeah, there's some problems with
409 the Medicare, Medicaid, and insurance companies but let me tell you
410 something: Every day that I get to be a family doctor is the day I get to do
411 the Lord's work." Boy, every student just stopped, and they just shook
412 their heads and said, "Yes." that's connection. That is bringing people
413 together and letting them know what it really means for one of us to do
414 the jobs that we do as family physicians. And I think it's the job of the
415 leadership to promote that within our younger physicians and our
416 students and that it's not just that you're going to make millions of dollars.
417 You want to make millions of dollars? Go be a stockbroker. You want to
418 help people and walk at the end of the day... No matter what is going on
419 now with COVID, we all have that belief. Every day I get up, I'm tired. I

420 spent 16 days at home in quarantine and it made me anxious not because I
421 didn't like being at home and having four computers and doing virtuals.
422 That was fun, but I missed that one-on-one with my patients. I missed that
423 connection. And despite everything that's going crazy in our country all
424 the time, the fact that we get to go, and we get to talk one-on-one no
425 matter what side of the fence that particular patient's on, we can help
426 them. We can help them through whatever it is, COVID, pandemic or a sick
427 child that they have or sick grandmother they don't get to see and that is
428 something not everybody is in a position to get to practice the way we
429 believe and I think that's important, so I'll stop on that question there.

430 Committee Chair: All right, so we've got to ask: What is your fondest memory?

431 Dr. DeLuca: Oh my gosh. There are some crazy memories. You know I'll say this: This
432 is something that struck to my heart because I don't know her really well,
433 but it meant a lot to me. When we were in Chicago for the 2019
434 convention, and it was a couple of days before and if you remember the big
435 lobby had a bar right in the middle and I was sitting there and Dr. Shannon
436 Scott had flown in all the way from Phoenix for a two hour Membership
437 Committee that she chairs. She took the day, flew up to Chicago, chaired
438 her meeting and was flying home that night. She had something going on
439 with family and her practice and she could not be there the rest of the
440 week, but she took the time and thought it was important enough to be at
441 this. So, sitting there talking about it and not knowing her personally she
442 looked over and she said, "You're going to do well. You are the kindest
443 man I know." "You haven't been talking to my wife, for sure, about that
444 issue," but that meant more to me at that moment because it was

445 somebody that was not of my good friends saying that, but somebody I
446 didn't know really well and thought: I must be doing something right to
447 have her tell me something like that. I appreciated her dedication to our
448 profession and what she had told me at that moment. It was just sort of a
449 highlight at that point in time.

450 The other highlight I guess that was funnier was when Annie kept sending
451 me messages: What's your song going to be? What song do you want to
452 walk into at the Presidential Banquet? I did not know, I guess something
453 by the Beach Boys or the Beatles or something, which probably Ryan or
454 DeAundre would not even know who they were. So, I asked my daughter I
455 said, "Ali, give me three songs you think would be great for me to walk
456 into." Now nobody knew my speech or anything and then I went and asked
457 Val for three songs. Two of the songs they each came up with were not the
458 same, but one song was the same for both and it was *Turn Down for What*.
459 I didn't even know what the song was, so of course I turned it on and
460 thought I can't do that, look at this crazy video of this guy. But then I
461 started listening to the words and realized that was my speech. How many
462 times I had been turned down for medical school. How he got turned down
463 for the things we did. How you get turned down for the board the first
464 time you apply, and you realize that as many of us as DOs know, we're
465 where we are because we feel that there's something that pulls us there.
466 The profession has drawn us there, and there was a reason we may have
467 been turned down here or there because it put us in this place that we go
468 in. So that was another highlight, but certainly more of a funnier highlight,
469 I guess.

470 Committee Chair: Well, Dr. DeLuca, I would really like to thank you for taking so much time
471 to give us a peek into your life as a president of the ACOFP. I really
472 appreciate all the work you did and opening those lines of communication
473 and the invaluable experiences or the invaluable information about your
474 experiences that hopefully will help foster more people to be influenced
475 and want to do the same thing.

476 Dr. DeLuca: Thank you and everybody on this call who were certainly instrumental in
477 keeping our organization moving forward and for the support that each
478 one of you have given me throughout this year and a half. Also, for the
479 encouragement and for Steve Rubin appointing me as the Chair of
480 Convention Insight Committee and for our 1:00 in the morning Sunday
481 night calls years ago...

482 Dr. Rubin: Right.

483 Dr. DeLuca: We loved it.

484 Dr. Rubin: Thank you for your service, Robert. You did an exceptional job at a very,
485 very difficult time in our lives here now, so thank you.

486 Dr. DeLuca: Thank you so much, you all have a good evening.

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