

**Archival & Historical Committee
March 23, 2006
Grapevine, Texas**

**Interview with
Glenn G. Miller, DO, FACOFP
President 2005-2006**

Committee Chair: As the Chairman of the Archival & Historical Committee, we invite you to share with us some of your experiences during your Presidency that will impact the history of the ACOFP and the ongoing purpose to our profession.

Committee Member: What was your biggest accomplishment this year?

Dr. Miller: There were some housekeeping things that were extremely important to the organization and that I considered to be some of our greatest accomplishments. The ACOFP came in on budget and actually came in over budget by \$94,000. As a former treasurer, that was a big thing to me. We had to constantly watch the budget and see how we were doing. We had a budget that included a lot of support for the journal. The journal had a loss that had to be made up in other ways, so that was a tangible accomplishment that we can all see in front of us by the numbers.

One of the intangible things we are still working on includes reestablishing our relationships with drug companies. I personally traveled to five or six drug companies and had probably ten meetings between these various companies. I may ask some of the other board members to do the same to help us out. One

of my trips resulted in a \$38,000 grant that you will hear about this week. The grant process is changing and it is a little difficult and sometimes you hit the wrong key. The next thing you know your grant is thrown out. So, we were able to clear some of those things with Merck and it really paid off.

Another accomplishment was that we are 99% sure we are getting the largest non-pharmaceutical grants to help our intensive update. That was something that was sort of put in my lap; they requested money from this educational foundation, and most of our money comes from pharmaceutical companies. We don't get much money from other people. This has been worked on but they really had a negative feel about giving any money. Therefore, lots of phone calls and letters were exchanged. The chairman of this foundation called Peter Schmelzer, ACOFP's Executive Director, about two weeks ago and said they are going to support the intensive reviews. It is important to look for financing as some of the pharmaceutical money dries up..

I will tell you one funny story, or at least to me it was interesting. I had met with a lot of these executives and Pete would go with me. Tom Told, DO also went with me on a couple. And everywhere we went we had to start explaining who we were. I mean they didn't even know who we were. When I went to the Merck meeting they start off the meeting by saying, "Well, the American Osteopathic Association (AOA) takes care of all this, don't they?" And we tried to explain, "No, we have our own convention. We do not get all our money from the AOA. We do a combined convention." I think we spent an hour explaining and Peter even had some data that showed a large portion of the people come to our conventions who do not attend the AOA convention.

We reiterated and said, “No, you are hitting a different audience. These are not the same people.” Well after about an hour and a half, and they had about four executives there, on the way out one of their executives shook my hand and said, “Well, we will work through the AOA.” The same thing basically happened at Lilly. They said, “Well we made a list. We made a conscious decision to deal with the first biggest eight groups and then we just cut them off. The AOA was eighth and you guys are not there so we basically don’t work with you.” Even at Wyeth, we had to explain who ACOFP was.

I was invited to address the American Academy of Family Physicians (AAFP) Congress. My wife had this idea a few weeks before because I had met their president; Larry Fields, and Lynne said, “Why don’t you call him and see if he will go out to dinner?” I said, “Well he is going to be busy the way I was at my inauguration. There are going to be meetings all the time.” She said, “Well it can’t hurt. Let him know that you understand he is busy.” We got in touch with him, said, “We understand that you are really busy. All your nights are taken up, but if there is any time we can take you to dinner we would love to.” He said, “Well yes, you are right, all my nights are taken up, but I do have this one dinner, it is a foundation dinner and I would be happy to have you come as my guest.” He said, “I will put you at my table, the head table; we will sit next to each other and we will talk for a couple hours.” So I said, “Great.” So we went to the dinner. The meeting started off with a speech from the President of Pharma. He gave a very good speech. Well, while I’m walking around the cocktail party with my wife, I see all these executives I’ve been meeting with. All these guys are there at the foundation dinner. I can see their eyes like – What are you doing here? How did you get in this place?

What did he do? So not only do they have that look, then I sit at the head table next to the president and an executive of a pharmaceutical company is starting to introduce me to the president and it just by chance, I don't know if he knew what was going on, but he was really good. He said, "Glenn Miller is the president of ACOFP. Of course I know who he is. You don't have to introduce me to him." So that worked out really well. I talked to all the fellows I could find from those companies. I said, "The AOA is not here, we will be talking to you later about some of these projects we have been talking about and what we want to do with them."

A few years ago we got over a \$700,000 grant from Glaxo between what the prices of spirometers were plus the cash. We sent all of them to residency programs and schools and we trained a lot of our doctors on how to teach the residents at our procedure institutes. This, I thought, is a model of how we can get similar grants. That is one thing that we have really been working on. We are working with Merck, with the vaccines, and some of the other companies with different ideas and telling them that we have the resources out here to put together some good courses. We have the doctors who can teach these courses and we have conventions all over the country where doctors can teach these things. We are sort of patterning after the Glaxo Project. I think this is a pretty good story to tell and that is what we are in the process of doing. I probably got a little bit off track there but...

Committee Member: No, I think that is great. I don't think it is generally known that our dues do not support the organization, so I think this is probably news to some of the people.

Dr. Miller: We had a dues increase about five or six years ago during Joe McNerney's presidency in 2000. Our dues today are only \$250, which is pretty decent. Now, actually, some people have been looking for an increase again, but I'm a fiscal conservative and I said, there will be no increases while I'm president, I can tell you that. We are not going to talk about it, and I don't want to hear about it.

Committee Member: You don't want to create turmoil in the Congress of Delegates and, if there is anything that does, it is a dues increase.

Dr. Miller: I think there are other ways to raise money.

Committee Member: What you have done is exemplary, and your presence there as President meant a lot for this group and for the college. Now how do we plug in your President-elect to that same situation to keep continuity?

Dr. Miller: Tom Told and I have been very close even before this year, but we really got close this year. I took Tom aside, as well as Steve Rubin, and hopefully he will be elected, and I told them, I said, "You know, I have been on this board for awhile and what I have observed is that one year is too short and also you have to get projects that you want to work on and make sure that there is going to be some follow through. So, I'm going to sit down with you; I'm going to talk about things I'm interested in, but I really want you to let me know if you cannot support these things and let's know it right now. If I start an initiative, I want you to follow through the initiative." I said, "I have seen on this board

some presidents who got a lot done and I have seen some who got nothing done. And some of the ones who got things done, I'm not sure that what they got done was very good, but they knew how to get it done by working with people down the line." I said, "So let's try and do the right thing. Let's try and get some good things done." So I really have no doubt that Tom will be terrific and carry on. He has gone to many of these meetings with me. In fact, we actually got him to the Foundation dinner and Tom was really a super guy. I called him. I know we all probably have busy practices and busy lives and it is hard to get away. I called Tom about three days before that meeting and the reason I hadn't called him before was I was concerned about the budget. We were projecting out and they said, "Well you are getting close and the budget doesn't look so great and all." So, two months before I had decided – let's try and cut expenses, so I did a few things on my own like that, but then Pete gave me a good update. He said, "No, we are doing better than you think. Here are the newest figures and all." So I called Tom, I said, "Tom, I know it is really late and if you cannot go I understand, but I would like you to come out to this AAFP meeting with me." And he said, "Let me call you back." And he said, "Okay, I canceled everything, and I got somebody to cover me and I will be out there." So we both did that. Tom has really worked very closely. He has come to some of the pharmaceutical companies with me. We were in Washington together.

One of the tactics I used in Washington was that the fellow from Lilly started off by saying, even though he has only worked with the AOA, he said, "I know about DOs." No he didn't. He knew almost nothing about DOs but he said he did. Tom was talking to him about rural medicine and he said, "I started out as

just a sales person in a small little area and I used to do tremendously because all my colleagues would want to just stay in the city and it was easier to see the doctors, but the doctors who were really seeing all the patients and were ready for all the medicines, they were out in the small towns, so I used to drive all around, drive through the mountains and see this doctor and see that doctor and such.” So I said to him, “Well you just described our DO profession. We are the guys out there who are seeing people in small towns and small communities and doing this and that.” It is a tough job to get these guys moving but I do think we have made a lot of progress on it. I think the pharmaceutical companies will follow-up.

Committee Member: You’re right, I think the key is to keep continuity, absolutely.

Dr. Miller: Yes, we have talked about that because one of the ex-presidents, I think, told me that Ron Goldberg used to do most of that or a lot of that at one time.

Committee Member: Ron was plugged in pretty good.

Dr. Miller: Yes, he would go around New Jersey where there are a lot of drug companies...

Committee Member: Oh yes, he would make trips all over. He really did. And that pays off. But then again you come back to economics. I remember the year that I was president of ACGP, it cost me about \$75,000 out of my practice. It is hard. It is a sacrifice. I mean the AOA now, the president is away for most of the time

in his practice but he gets compensated. They get a little check at the end of their year which helps defray some of that loss.

Committee Member: Dr. Miller, can I ask you to expound upon that? Talk about the personal cost to you, not necessarily money. How did this year affect your practice and your day-to-day life?

Dr. Miller: The practice, in terms of numbers of patients and all, is way down. I have a doctor with me and I actually went to the local hospital, which is a DO hospital, and they said they are very understanding of things. I said, "Look, can you help me out?" And they said, "We will get somebody to who you can hire just for so many hours per week. They will really work for us and we will pay their malpractice, but we will charge you," I think it was \$80 an hour, "and they will come into your office." I had the one doctor there who works for me and then the second doctor would fill in three hours here, and three hours there. But you know when you are not really watching something it starts to go down because they don't take the same interest in it that you do. So I have a lot of work to do to bring my practice back up.

Family wise, I have a daughter in high school. She is a twelfth grader, Colleen, who Max Helman knows well and she is getting ready to go to college but unfortunately she is not in college. If this had been one year later, she is the last one, so if I had been president this coming year she would be in college and my wife and I could go on all these trips together. Consequently, I did take a fair number of trips alone, shortened trips too. I did not go for as many days as maybe I would have wanted to. But all in all we hit a lot of places and it was still a lot of fun and thankfully I haven't had any big disasters yet this

year. Some people have heart attacks, some people lose their jobs when presidents, but I better knock on wood, so far I have been okay.

Committee Member: But nevertheless it costs.

Dr. Miller: It costs, yes.

Committee Member: Yes, and this is a sacrifice and your donation to the profession. It took a lot of those to get us where we are today.

Dr. Miller: It is hard to do both. I kid my wife, I said, "If this were a five year job I would have this sewn up." But trying to do two jobs is tough.

Committee Member: Can I make a comment.

Dr. Miller: Sure.

Committee Member: When I first went into practice, Lilly would not call in my office because I was a dumb osteopath and that took several years of hammering at our state conventions, finally we got some Lilly representatives. I didn't see Merck or Abbott. I didn't see any of the major ones for several years.

Committee Member: There was actually a little boycott. Because of that, the docs would not write Lilly and then all of a sudden our graduating classes would be invited.

Committee Member: That is right.

Committee Member: Do you know how that all started? I can tell you. It started at the Chicago College of Osteopathic Medicine and I was the guy that put Lilly on the frying pan because of that, because when I was working for Abbot Laboratories I called upon a DO.

Committee Member: This is off the record?

Committee Member: I don't care if it is on the record or not, it is the truth. When I came out of Dr. Coan's office, the Lilly man stopped me, he said, "John, what were you doing there?" I said, "I was talking to that doctor about our products." He said, "We are not allowed to call on them. They are quacks." Jim Coan was the guy who was responsible for me getting into Chicago College of Osteopathic Medicine. Now to make this short, here I am a sophomore at Chicago College of Osteopathic Medicine. We had a pharmacist in the clinic, because no prescriptions were allowed to go out of the clinic since nobody had the authority because they didn't have full license, so we had our own pharmacy and the patients would be seen by us and then they would have to get their medicine right there. So the pharmacist had a heart attack and I get a call from Dr. McBane, the old Scotchman that ran the school and he says, "I want to see you in my office." I thought – Oh man.

Committee Member: He was an MD wasn't he?

Committee Member: No, he was a DO.

Committee Member: Who was the MD that also backed up, there was an MD that backed the pharmacy, particularly narcotics.

Committee Member: Oh that was Don Craske. He used to write all the narcotic prescriptions because he was the only one who had the MD degree. But anyway, he said to me, "I want you to run the pharmacy." I said, "Look, I came here to be a DO." "Yes, but I need your help." I said, "Okay." He said, "I want to set up a booth. When your patients come in the girls will put the patient in, and they will call you. You go in and take care of them and run the pharmacy." So that is what I did. Then one day who walks in but the Lilly rep and he says to me, "What Lilly products are you using?" I said, "Pay close attention." He looked at me. I said, "We don't use any Lilly products." He said, "My God, I see a drum of prenatal capsules over there from Parke Davis. I see all this stuff on the shelves." I said, "You don't see anything Lilly, nothing, not in this pharmacy." So I thought he would leave and go away. Three days later he shows up with his district manager and the district manager puts me on the spot, he says, "Why are you doing this?" He said, "We need to get in there and see your fellows. You guys write a lot of prescriptions." Well I wasn't going into detail or anything, so I just simply told them the story and I said, "You don't want to bother with a bunch of quacks that are in this school." So they left and then a few days later I get a call from Dr. Eldridge, the dean, said, "I want you to come to my office." So I go down to his office, whose sitting there, the district manager and the salesman from Lilly. Dr. Eldridge says, "John, when your class finishes their basic science exams I want you all to stay in the room after you finish and wait for me to come in there." What are you going to tell the dean? I said, "All right." So I notified the class, I said, "Dr. Eldridge said,

“Wait here, when you are finished don’t go out until he comes.” He comes in finally at the end of the exam and who is with him, the district manager and the Eli Lilly rep and here they got the little doctor bags and the stethoscopes and they brought medical books and the whole nine yards and we each had to accept these little gifts as we walked out and that is how the ball started to roll for the Lilly companies getting back to the DOs.

Dr. Miller: There are two things about that story I like. One of them is that I have gone around and talked to students at PCOM and a few of the other places and I have told them some of these stories. I don’t think I had anywhere near the kinds of discrimination that some of you people had but there still is some and I made them aware of that. During one of the talks that I gave them, I asked them, how would you like to try and build a practice with the local emergency room telling your patients, “Well why aren’t you seeing a physician?” And they say, “Well I have seen doctor so and so.” “Well he is not a doctor. He is an osteopath.” And yet we were still able to build big practices and they finally had to accept us. I think the students just sort of think that everything has been the way it is now and the MDs are so nice, they want to take us in and train us and all. They don’t have much background on this kind of thing. I also tell them that this type of bias is not completely gone. I don’t believe that we are 100% accepted yet. The Wyeth people were a little insulting when I went out. They talked kind of out of nowhere. We were talking about finances and seeing about projects and out of nowhere they say, “I understand you guys can get certified in family medicine without doing residency?” Where did that question come from? It is just from an executive there, so we went over the whole thing, explained about our training and all, but I thought the days of us

having to explain our training to people was pretty well gone. Apparently it is not.

Committee Member: Someone apparently is reminding them.

Dr. Miller: Yes, exactly. The second part to the story I like, and that I have been really hot on, is this nurse practitioner in the retail pharmacies issue. It really outrages me and I have been talking with different groups about it. I talked with AAFP, who, by the way, I think is rolling over on it, and I testified to the AOA at mid year about it. They understood everything and they are ready to help us. I think this is a huge threat and whether we can do something nationally or not, I don't know. I just cannot understand a doctor sending his patient to the place that is going to be his competition. At one meeting they said, "Well there has to be competition. This is between just like Ford and General Motors." I said, "Yes, but I don't think that General Motors sends their customers into the Ford showroom." I'm interested in some of the solutions to this, things like maybe we should dispense from our offices. Certainly at the least we should make sure that, if the Walgreen's wants to put a nurse practitioner there, our patients are going to the one down the street that maybe we have made an arrangement with that they won't put a nurse practitioner in and maybe a lot of this has to be done locally. Nationally it seems to be a hard thing to push, not that I'm giving up on that. One of the other things that concerns me is I do not accept that the American public wants this. This is what they tell you when you go to the meetings, "The American public wants this. They want the nurse practitioners". I don't believe that. I think the American public wants their physician, at least the people I know and the friends I have and the patients I

have, they want their physician. They look at me and say, “What do you mean some nurse would be in a Wal-Mart?” But if we don’t fight the issue and we let it go on five or ten years I don’t know that we will be able to win in five or ten years. By then maybe they will say, “Yes, this is a good system.” So anyway, we have been active on those kinds of things. I was happy to see Missouri put in the resolutions. I said, “Look at these, Tom, are we reading the membership correctly or not?” I mean this is what we have been working on, the vaccine issue and the nurse practitioner in the Wal-Mart issue. It makes you feel good that you are in touch, Tom is in touch, Paul Martin is in touch because we are out there practicing. Although I don’t think it is bad to have a diverse board where you have some academics, I certainly don’t think that you want to go away from having the majority of practicing physicians who understand our members’ problems and can get to work on these things.

Committee Member: For the archives, could you tell us the theme of your presidency and how you developed that theme through the year?

Dr. Miller: We didn’t have a formal theme, but I think informally what I told the board and what I tried to do when I went to the various states is basically summarized as “pride in their profession”, that we are proud to be DOs and we are DOs. We are not trying to be anything else and tell some of the younger people the struggles that we have had, to get where we are. So that was pretty much it. One of the things that impressed me as president-elect was the people that I met when I went to many of the states. I tell a story, one of the speeches, about how I met this fellow who practices in a small town and covers the emergency room 20 hours a week and I was asking him, “What kind of money do you

make doing that?” He said that he makes nothing. He does it for free. I said, “Why do you do that?” He said, “Because we have a very small hospital, 20 beds or something and if the family doctors don’t chip in and cover that ER then there is no hospital and my patients need somewhere to go.” I found a lot of stories like that. I was telling the story to another doctor in another town, I think from Oklahoma, and he said, “Well I don’t do 20 hours; I do 10 hours a week.” So it is very remarkable what you see that our people are doing all over the country and I think we have built up a lot of goodwill. That is how we have accomplished so much. We have large practices everywhere. I see family doctors who are DOs that have big practices and the patients are for them. That has sort of been my theme is I tried also to highlight different people in different states who are doing remarkable things.

Committee Member: Do you have any major disappointments this year?

Dr. Miller: Yes, the major disappointment, and I bit off a lot, so I sort of knew coming into it that I was biting off a lot, but PLI (Professional Liability Insurance –ed. note) is a huge issue, especially in Pennsylvania.

Committee Member: It is everywhere.

Dr. Miller: The ACOFP Congress gave \$100,000 to this project that we are doing for advocacy and that project has worked out very well. I have worked with Shawn Martin and we are doing some things with the AAFP. We trying to combine forces on this, but we haven’t passed it federally. Now, I think there has been some trickle down effect. I think the states have been in a better

position to pass some reform because of what the national people are doing. It is a disappointment that we were not able to move senators who really are filibustering this thing. This Spring we understand there is going to be a vote. It still looks like there will be a filibuster in effect and we will probably not get an up or down vote. We are close and we are closer than we were last year, but it is a disappointment to me. I was optimistic last year because I knew that the president was pushing for it. I knew the elections had really changed things in the senate, so it is a little disappointing that we haven't been able to accomplish that, but it is also a big task. Shawn is always telling me, "It is like a 50 round boxing match. You are only at round 20 or so. You have to keep going." I think that is true but it is also disappointing.

Committee Member: To back up your story, I sent a very hot letter to Senator Frist*, said, "I'm so disappointed in you that you are not supporting the President's goal this year, you are acting like a damn democrat."

Dr. Miller: You are right, and he is a physician. Yes, I know, and I thought that would be one of the big things.

Committee Member: And all he is doing is just asking for money and sending the same questionnaire out every month.

Committee Member: Too many attorneys in Congress.

Committee Member: He is a politician, not a doctor.

Dr. Miller: Well when you find out the amount of money that is given, you will find that the trial bar is really strong. I understand they are either the largest or second largest supporters in politics, right ahead or right behind the unions. It is a massive amount of money that you are fighting against. Our pack is growing. We are doing tremendously, but we are still peanuts compared to what lawyers give.

Committee Member: You know one of the largest contributors this past year has been the pharmacies to get that through, which is a big rip off.

Dr. Miller: Yes. I know, and the way they were able to get that in there where there are no negotiations on the price and all, I yell at Shawn sometime, although I'm sure the Washington office does a terrific job, but I yell, "Why are they getting it through? Why do you tell me we can't do it but the pharmacies can?"

Committee Member: Dr. Miller, what did you feel like was your most important mission?

Dr. Miller: I don't think I just had one. The PLI was a big one, bringing pride to the profession, I think, was the second one. Another one was involving the Board and I hope that Paul Martin will back me up. I think that we involved the Board very much in a lot of decisions and tried to make it a more open process working together so that projects are not going to die just because a president goes out. I guess the other side that Pete maybe heard too much from me about was fiscal responsibility. I told Pete many times, "There is going to be no dues increase. We are going to be under budget. We are going to make money this year and we are going to do whatever we have to do to do that. We can't keep

asking people who have higher expenses to join these organizations.” I really worked on membership. I think we were lagging there a little bit, and we actually increased our membership this year, 3.8%.

Committee Member: What is the number of full paying dues, excluding the students and residencies?

Dr. Miller: We have about 8,700 and it is about 400 more. I think there was 3.8% increase over last year for dues paying members. Now our total is over 24,000. It is the most members the ACOFP has ever had. We haven't had 24,000, slightly over 24,000. And I always point out to Pete when he writes speeches about these things, “Don't be shy about that 24,000 number because I checked on this, the AAFP, when they say they have 95,000 they count their students. They don't have 95,000 practicing physicians, and these other groups are counting their students.” We use the number 24,000, but as far as full paying dues members, about 8,700 and that is an increase.

Committee Member: What was your tactic to increase the membership?

Dr. Miller: We brought in a new membership chairman and put the membership committee under a new director. We also made sure, and I think it went well, that we got the dues notices out in time. In other words, if there are big trends out there that people aren't going into our residencies and this kind of thing, well we have to fight those battles. Let's not lose the battle on whether the dues invoice gets there on time. You might have to follow up with four or five notices and then maybe you have to call some people. So let's do the basic

things right. In fact I guess when I started off the year I said, “The great football teams, they win with blocking and tackling. Let’s make sure that we do the blocking and tackling and then we can do some of the other great things the quarterback does maybe, but let’s make sure that we have everything else working.” And it did work. I would say a 3.8% increase is pretty good.

Committee Member: Dr. Miller, I have another question. If you look in your crystal ball, we have talked about PLI, we have talked about other things. Do you see anything that is out there that we need to be starting to look toward that you could pass on to those who follow you, Dr. Told or Dr. Rubin or other people that are coming up that you see?

Dr. Miller: I think filling our residencies and increasing our residencies are crucial. We have actually had 15 new residencies this year that we have approved, so we are doing that and I think that is crucial. I’m a practicing physician and I just feel out there that we are getting so squeezed. We are going to have nurse practitioners doing all these things and then we have specialists here saying, “We can’t do endoscopies and we can’t do this and that.” Well what is going to be left for us? At one meeting with the AAFP, they said, “Well these nurse practitioners in the Wal-marts, they are going to limit themselves to 20 diagnoses. I’m saying, 20 diagnoses, I’m out of business. What do you mean they are going to limit to 20 diagnoses?” I mean come on. It is complicated but it is very doable and I think some of it is doable just on local levels like that. But I do think there are other parts to it. For instance, if we were going to be able to dispense from the office, nationally we have to talk to some of these insurance companies. Do they want to reimburse us for the drugs we are

getting from the office, and will they? It is going to be cheaper for them. We are going to be able to have amoxicillin and a lot of people are going to get amoxicillin instead of Levaquin and you are actually practicing better medicine and it is way cheaper. But who is going to talk to the insurance companies to make sure that it works that way? There are some things that 20 doctors in a town may not be able to do and that is why I think we do have to do this thing nationally. So I see a lot of threat from the nurse practitioners and the physician assistants. I think that is a huge threat and I think that is probably one of the top two or three. The sustainable growth, I don't know how far out looking that is but that is a formula that's going to doom us. We can't live with these kinds of things where we are going to get a cut or stay even. When you stay even, you are really not staying even because all your expenses have gone up. I think there are some huge issues that we are going to have to continue to fight. I have a basic optimism though, I basically believe that our patients like us and they want to be cared for by us. I think we are going to miss the train if we just give into this. What we think is going to happen will happen if we don't do anything about it.

Committee Member: Dr. Miller, you have mentioned several times your work in collaboration with the AAFP. That seems to be something that you really emphasized this year is working with other organizations.

Dr. Miller: Yes.

Committee Member: What went into your thinking in that regard and what other organizations have you involved and what has come of that?

Dr. Miller: One reason why we have gone to these organizations is because first of all we have a lot in common and second of all a lot of the issues which I was interested in are big issues. There are things that you need a lot of numbers to get into the right center. You have to go in with large numbers and we are not going to change the PLI ourselves. In Washington, I sent Tom actually to one of the meetings where he had the AAFP, the AOA and the American College of Internists, American College of Physicians, which are the internists, and Tom was figuring when he went into these various offices that they were representing 250,000 doctors. I mean now this is a large number. Well I will tell you that this year, although I think we must work with them, and we have lots of things in common and there are certain things that make no difference if you are DO or MD, you work on this, but there are big differences still. I would absolutely be careful and would caution future presidents to be careful when you do this. Go in with your eyes open because we have been, I think, double crossed once or twice. There are some things that they didn't come through with the way we thought we had. In fact, Tom is going to talk to the president-elect, go over what happened with one or two things. For instance, the AAFP was very weak and they really double crossed us on this nurse practitioner issue. We met with them and they sort of hemmed and hawed and then we find out why they hemmed and hawed because they were in bed with the people already, whereas the AOA was extremely helpful and very knowledgeable. We know we probably have to work with the AOA on most of these issues, but it was the AAFP's desire to bring in more numbers really, but they are our competitors and I understand that and I know everybody on our board does too.

Committee Member: Can we discuss the residency programs?

Dr. Miller: Yes, we discussed it with the AAFP. I really liked what John Crosby did. He said, "Look..." The AOA was meeting with the AAFP and the ACOFP. We were all in Kansas City and Crosby said, "Now, our guys are going into these dual tracks and parallel tracks and all. Is there any reason why we couldn't just make sure that each DO takes the DO boards? I know a lot of people before the meeting thought, well they will never do that, and maybe they will never do it, but they didn't say, "No."

Committee Member: They need our numbers to fill those residencies.

Dr. Miller: Yes they do. So we are in a good position for awhile, although there are some other issues about whether they will increase class size. Actually Ronnie Martin brought up an issue I hadn't thought about where they may actually get their increased numbers from some of these Caribbean schools, and they may actually come out and say that these are okay and then let those kids go right into their residencies. We have tried to explain to the osteopathic medical students that although they are happy to take you now, they may not be happy to take you in the future, especially if they have another pipeline. I think in general the students understand it.

Committee Member: At least it was my understanding that the feds are not giving money to residency programs for foreign medical graduates.

Dr. Miller: Yes, I don't know where that stands. I'm not sure. Do you know if that passed, Paul?

Committee Member: That is that J1 visa whole thing... That is on the agenda but it is not going through or anything yet. That is going to come up probably in April, probably be on the agenda the second two weeks in April they will be talking about that and how we are going to handle that issue.

Dr. Miller: I would be surprised...

Committee Member: It will be a part of a big international relations initiative.

Dr. Miller: Because they have a huge number to fill their spots. I forget the percentage. Do you know? But it is huge, the amount of foreign graduates who have filled the residency slots. It is not like 5% or something like that, it is 25%. I mean one out of four...

Committee Member: 25% and 30%.

Committee Member: See if the government stops spending money on foreign medical graduates then it allows more openings in good residency programs for our people.

Dr. Miller: Now in some ways is that good or bad? How about our residencies though?

Committee Member: I don't know. We talked about that for years. If we increase the perception, and that is what it is, it is perception; people perceive that our residency programs are not as good as the other guys.

Dr. Miller: One of the big challenges is that we have all these schools and they are talking about more schools. Are we going to be able to train the students after their medical school years and are we accomplishing what we want if we have all these DOs out there but 80% are not trained in our residencies? What have we accomplished?

Committee Member: Well the thing you have to remember is, all of these colleges are coming into being and they could care less about what you are talking about, our concerns. It is a money making operation and that is why they are building them. Let's face it.

Dr. Miller: It is a big concern.

Committee Member: It is a big concern. There is nothing that we as the AOA or the ACOFP can do about it because this guy walks in and he has \$3 or \$4 million and he has got a couple million in the bank, he meets the standard to open up a medical school.

Dr. Miller: Maybe we have to change the standards.

Committee Member: Set the standards higher.

Committee Member: Dr. Miller, 20 to 25 years from now when you are sitting on the front porch, what is the one memory from this year that is going to stick with you?

Dr. Miller: The one memory that is going to stick with me is going to be those guys and gals out there I have seen in a lot of small towns who practice so differently than I do in a large city. They are really just so dedicated, doing deliveries and covering ERs, that's such a big part, meeting those kinds of people I think that is what I'm going to remember. As well as a lot of good friends you make because we have spent so much time with the Board. I'm sure I'm going to remember these guys always. I guess it comes down to the people that you meet and form friendships with.

Committee Member: That sums it up very well.

Dr. Miller: Well thanks very much. I appreciate you taking the time.

Committee Member: We appreciate very much your time with us and your helpfulness.

(Applause)

Committee Member: Good job, Mr. President.