

Archival & Historical Committee
March 16, 2012
Gaylord Palms Resort & Convention Center
Kissimmee, Florida

Interview with
George T. Sawabini, DO, FACOFP *dist.*
(ACOFP President 2011-2012)

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12 Committee Chair: Dr. Sawabini, I'd like to thank you for being here today. Congratulations on a
13 great year as our ACOFP President. Our purpose today will be to hear your
14 personal story for this year, and we would like to hear "how you got here". We
15 would like for you to talk about your unique experiences and point of view on
16 things that have happened and people you have known within the ACOFP.

17 Dr. Sawabini: Thanks for inviting me.

18 Committee Chair: Perhaps you can start off by telling us how you came into the osteopathic
19 family medicine.

20 Dr. Sawabini: I became interested in osteopathic family medicine after I was treated by an
21 osteopathic physician in California. I was in a swimming class and somebody
22 pushed me off the high deck and I fell down and hurt my back. I went to the
23 see the doctor in the Pasadena City College in the Health Department. He was
24 sitting as far from me as you're sitting today, way across his desk, he never
25 touched me, he just wrote me a prescription. Later in life, after becoming a
26 pharmacist, I realized that was an "Analgesic Forte" or something like that. It
27 had three colors, and contained three medicines: some kind of muscle relaxant,
28 meprobamate and something else like aspirin or Tylenol., I took that for a week
29 and my back didn't get any better. So I went back and the doctor just sat in
30 front of me and again he didn't touch me. He asked, "How are you doing?" I

31 said, "My back is not any better." He looks at me and answered: "O.K., now
32 George, I can keep you out of physical education if you want." There was a co-
33 ed swimming class, and I really didn't want to get out of it! Who the heck
34 wants to be out of a co-ed swimming class? I got upset, so I went to my
35 counselor, Mr. Cornelson*, and I said, "Hey, I hurt my back and this guy never
36 examined me, he never touched me. He just sat across the desk and gave me a
37 prescription. Now he seems mad at me for not getting better." So my counselor
38 looked me in the eyes and said, "You know, there's a doctor, I forget his name,
39 Nickels* or something, down right across the street from the college. He's an
40 osteopathic doctor. I want you go over there and he'll take care of you." So I
41 said, "You know, I don't have much money." And he said, "Don't worry." He
42 called him up and then told me , "He'll just charge you \$2." I said, "Yeah, I can
43 afford that." I went to this osteopathic physician. He checked me. He did range
44 of motion testing, he checked my back, and said, "Lay on the table." He did a
45 lumbar roll and crunch and he said, "Go home and take a hot bath and you
46 should be back to your class Monday." Sure enough, as soon as I got out of the
47 office, I was about I would say 70-to-80% improved. I got home, sat in a hot
48 tub of water and when I got up, everything was back to normal. That was my
49 introduction to osteopathic medicine. Later, when I was considering medical
50 school, I thought: Gee, I should probably think about being an osteopathic
51 physician. So that's how I got interested. Also, my family doctor, an MD, he
52 was originally from Indiana then went to California. He was a manipulator and
53 he had a lot of osteopathic physician friends. One was Ali Hazorah*. He was
54 from Persia or Iran and was one of the people that encouraged me to go into
55 osteopathic medicine.

56 Committee Chair: Where did you grow up?

57 Dr. Sawabini: I grew up in Palestine. I was a Christian born in Jerusalem which is now Israel.

58 Committee Chair: Where were you when you had your first osteopathic manipulation?

59 Dr. Sawabini: I was in Pasadena, California; I was attending Pasadena City College.

60 Committee Chair: Is that the college you graduated from?

61 Dr. Sawabini: Yes, I graduated from Pasadena City College in 1959.

62 Committee Chair: And then what year did you graduate from osteopathic medical school?

63 Dr. Sawabini: I graduated from osteopathic school in 1976 from Kansas City. It was called
64 Kansas City College of Osteopathic Medicine back then. They've changed their
65 name - KCUMB now. They've gone through other names I believe.

66 Committee Chair: What was your path from a graduate of KCCOM to an association with the
67 ACGP then and then your ascent to the presidency?

68 Dr. Sawabini: My path started after graduation. I joined all the osteopathic organizations, my
69 state, my county, my specialty. I trained in Michigan. I started working in
70 Detroit, Michigan, and I joined the Wayne County Osteopathic Association. I
71 joined the ACGP and Michigan Osteopathic Association and AOA. I belonged
72 to all four associations, and I attended the conferences. I forgot where I
73 attended my first ACGP conference; it was probably in L.A. or somewhere like
74 that. I've always attended as many conferences I could because I wanted to
75 belong to our organization and improve it and I believe the only way to
76 improve your organization is work within.

77 Committee Chair: When did you get onto the ACOFP Board?

78 Dr. Sawabini: I got on the Board, I think, 2000.

79 Committee Chair: And did you work with your state ACOFP?

80 Dr. Sawabini: Yes, I worked in my state association. I believe I was president of our
81 Michigan state ACOFP group somewhere in the mid '90s. I joined that group in
82 the '70s, then I was put on the board in the early '80s, '81 or '82.

83 Committee Chair: Were you active with other state organizations?

84 Dr. Sawabini: Well yes, with all of our osteopathic organizations.

85 Committee Chair: How about the Michigan Osteopathic Association [MOA]?

86 Dr. Sawabini: I was the president of the MOA a year ago. I'm past president now. I was
87 president of Wayne County Osteopathic Association about '89 or '90.

88 Committee Chair: So while you were on the board and ascending to the presidency of MOA, were
89 you also on the board and ascending to the presidency of the National ACOFP?

90 Dr. Sawabini: That is correct.

91 Committee Chair: Was that kind of rough? .

92 Dr. Sawabini: It was a little hard; we had problems in Michigan. Our executive director had
93 burned out and left, so we had a new one, who's really good. That gave me
94 experience with the AOA. Fortunately, with a national organization, things are
95 a lot easier on the President. We have a much more staff and, really - - all I
96 have to do is show up. Staff did all of my arrangements for me and they helped
97 me quite a bit. I couldn't of done it without them.

98 Committee Member: Who were some of the leaders, either in Michigan or on a national level, which
99 encouraged you and pushed you along the way?

100 Dr. Sawabini: Really no one pushed me. One of the leaders that helped me tremendously was
101 Dr. Eugene Sikorski, and of course our county people - Dr. Bill Anderson*. He
102 was a past AOA President as was Dr. Sikorski. Of course "Papa" Frank
103 [McDevitt]. He never pushed me, but he never resisted me. He never stopped
104 me from doing anything.

105 Committee Chair: Frank McDevitt?

106 Dr. Sawabini: Exactly, Frank McDevitt.

107 Committee Chair: You called him Papa?

108 Dr. Sawabini: Papa.

109 Committee Chair: Why do you call him papa?

110 Dr. Sawabini: Well he was the Papa. He was the guy that ran the whole organization.

111 Committee Chair: MOA?

112 Dr. Sawabini: He ran MOA. He ran AOA.

113 Committee Chair: And was that pretty well known?

114 Dr. Sawabini: It was very well known among anyone in the know. He was number one in the
115 AOA and he had great influence in our [ACOFPP] organization through the
116 years because he was a past president and Fellow.

117 Committee Chair: And he never stepped in your way?

118 Dr. Sawabini: He never stepped in my way. I mean he didn't necessarily push me. Now Dr.
119 Sikorski, he pushed me a little. He told me: I would like you to be on the
120 board back in the '80s and early '90s, and I kind of thought: Oh, I don't know if
121 I can measure up to that. He said, "Don't worry. I think you'll do well."

122 Committee Chair: And it looks like he was right. So Dr. Sawabini, we would like to know all
123 about this year, your presidential year. Of course the lead up to this year was
124 many years, but did you have a presidential theme or main goal for this year?

125 Dr. Sawabini: My main theme and goal was that we needed to take control of our own future;
126 stay in charge so to speak. We didn't need for others to make our future for us.
127 If we waited for others, we would lose the agenda. We wanted to make our
128 own agenda and we wanted to create our own future in family medicine.

129 Committee Chair: Did you develop that?

130 Dr. Sawabini: Yes.

131 Committee Chair: Please tell us a little bit about it.

132 Dr. Sawabini: When I came to the U.S., I was 16. I had very little money, just a high school
133 diploma so I had to compete in this country and work and go to school. I had to
134 create my own future and that helped me in my professional career. I

135 experienced that if you don't create your own future, in whatever you're doing,
136 nobody's going to look out for you. You have to look out for yourself and think
137 ahead to how you are going to get better. I am here today on my own
138 “continuous quality improvement” type project.

139 Committee Chair: How did you come to that? What are some of the specifics that you applied to
140 your presidency and to the ACOFP?

141 Dr. Sawabini: Well, I attended every convention and I worked with several committees. I was
142 always a positive person and always trying to help the association. I attended
143 conferences and participated in sessions. I tried to be constantly aware ways
144 that we could improve our organization.

145 Committee Member: What was your biggest disappointment this year?

146 Dr. Sawabini: Really I had no disappointments to be honest. I put my best into it and I did not
147 really care if we didn't achieve everything that I intended for the ACOFP. I was
148 just going to do my best. Maybe I'll do it better the next time. That's all there
149 is to it.

150 Committee Member: What was most enjoyable about your travelers or the things that you did this
151 year?

152 Dr. Sawabini: I enjoyed all of my travel, especially with the students, and especially visiting
153 the colleges, seeing the young men and women. Yakima was one of my
154 favorites. Pikeville was another. It was hard to get to both of those places, but
155 the kids...I mean they really went out and honored me. Peter Schmelzer was
156 usually with me but he couldn't make it with me in Pikeville. I went there
157 alone. In Washington, he was with me. We rented a car in Seattle and we drove
158 to the college and it was a bad snowstorm, so we were worried that the
159 Snoqualmie Pass might be closed on the way back; fortunately, it wasn't. We
160 stayed in Yakima from like 2:30 till about 10:30 p.m. We talked with the dean.

161 We talked with the student council. Then I gave a presentation for an hour.
162 They had a dinner in my honor, pizza and beer of course, Alaska beer, salad, et
163 cetera. That gave us a great chance to talk with the students on a personal basis
164 and with their teachers. It was a very enjoyable occasion and an uplifting
165 experience. Peter and I went on a tour all over the school. We did the same in
166 Pikeville. Dr. Betz, a long-time friend of mine since the '70s from Kansas City,
167 showed me the plans of his new nine-story school and beautiful building. He
168 introduced me to staff, we went around the college and then we ate out with the
169 students at lunchtime. We had a great lunch because I really enjoy the students.

170 Committee Member: Was that in Yakima?

171 Dr. Sawabini: No, that was in Pikeville.

172 Committee Member: Pikeville?

173 Dr. Sawabini: Yes, Pikeville. Bill Betz had already moved from Yakima to Pikesville when
174 we went there. Dr. Sutton*, a PhD, met with us at the Michigan College, he did
175 most of the talking. That was a very nice school. An interesting thing about the
176 Pikeville osteopathic college that a lot of people don't know is that the school
177 was built with money from the community; 25 million startup money was all
178 community support. In fact, I stopped at a gas station, and everybody knew
179 where the osteopathic school. The map wasn't that good; we couldn't read it.
180 Oh yeah, the osteopathic school, there it is. Everybody knew right down to the
181 gas station. Those guys are proud of their college and that's something I think
182 we don't publicize enough.

183 Committee Member: You're exactly right.

184 Committee Member: We have had great financial gains this past year. That is obviously one of your
185 greatest accomplishments for your presidential year. What other
186 accomplishments would you list that you were especially proud of?

187 Dr. Sawabini: We had a lot of work to do; some of it we haven't finished. We worked with
188 the residency inspections. We preserved our right as a college to have DO
189 inspectors and we had several meetings with the AOA and we had to go in
190 front of their board. It was kind of tough, but we accomplished that. Another
191 thing we did was with OCC, the Osteopathic Continuous Certification process.
192 We're ready for OCC in 2013. We started a year ago and we have a timeline.
193 The two modules are done. We're going to have a meeting next Saturday and
194 we're going to test out the program. We think we have done well with it.

195 Committee Member: What is that, OCC?

196 Dr. Sawabini: Osteopathic Continuous Certification, that is our new concept of keeping D.O.s
197 current and certified in their medical knowledge by a continuous process of
198 certification and we're one of the first colleges to actually start that and a lot of
199 the others are trailing, so hopefully we'll be ready January 1st, 2013.

200 Committee Chair: I've been told that you were a "hammer" and a hard man to deal with when it
201 comes to budgetary items and variance. They say you're very tough on the
202 budget and spending. That has also perhaps been summarized as a "pinch
203 penny" of sorts.

204 Dr. Sawabini: Many say I'm frugal. I'm not a pinch penny. I'm a frugal person in my personal
205 life and I think in my association life. I'm not flashy, but I think I appropriately
206 spend for appropriate things. I don't like to throw money away. I work hard for
207 it, everyone does. I mean if something is not worth what is asked, I'm not going
208 to buy it. I think we at the Board try and look at things and say: Are we getting
209 our money's worth? Are we getting the bang for the buck?

210 Committee Chair: How did we do on budget and income?

211 Dr. Sawabini: I think we did very well. We did very well, and we did well for two reasons.
212 We've cut our expenses by about \$150,000, and I have to give credit to our

213 staff in Arlington Heights for that and Pete. We increased our income, and
214 that's mostly due to our Convention and Site Committee. Our last three venues
215 were attended well and we've made money on each and every one of them even
216 in what have been hard transitional environments. We were worried about San
217 Antonio, but we had record attendance. The Intensive Board Review and the
218 joint convention with the AOA in the fall had attendance well above budget.
219 We made a lot more money than we expected because each time we spent less
220 money and had an unexpected larger crowd. The other part of the equation, our
221 investments, made money too, so it was not all our doing. We have a good
222 financial person, Frank Chorus* at Valley Forge. He's done very well for us
223 since we hired him I think about eight years ago and he's consistently made
224 money for us, better than the market. So, to answer your question, I think you
225 have to watch the pennies. That's how we made money this year. But we paid
226 attention to expenses.

227 Committee Member: With the changes in healthcare reform, and things changing the way physicians
228 are interacting with hospitals and with the gridlock in Congress making it
229 difficult for our voice to be heard and our issues to be discussed, how did all of
230 that impact your role at the national level?

231 Dr. Sawabini: Well, I have to represent the organization and I got my cues from the members,
232 but you have to work with the politicians. I kind of like gridlock. Gridlock is
233 good because if we have one party in power, then... I mean we've experienced
234 that. When the Democrats were in power, they screwed everything up. When
235 the Republicans were in power, same thing... I think Gridlock is good. The
236 only problem now I think, is that the two parties are not working together to
237 find a better solution. However, I'm an optimist. I think we will prevail and get
238 better in the future. This new program [ACA] isn't one of my favorites because

239 it's tweaking things more. It's making medicine more complicated. A lot of
240 doctors are getting mad. They are looking for other work or they're going to
241 retire . The way I see it as a physician, I'm just going to work with whatever it
242 is I have to work with. My job is to take care of the patient. That's all I'm going
243 to do on a personal level.

244 Committee Member: What do you tell the new students that are looking at coming into a part of
245 medicine? Why would you try to influence them in family practice because a
246 lot of them are saying: I can't make enough money in family practice? What
247 are your words of wisdom to those individuals? We all get those questions.

248 Dr. Sawabini: Exactly. My number one thing is I tell the students: Be what you want to be.
249 Don't just become family practice because I told you so. Whatever you are
250 comfortable with. If you want to be an endocrinologist, for God's sake go for it.
251 If you want family practice, that's where I want to help you. There's no family
252 practice doctor that's of making “enough money” and there's no one that's
253 starving. Everyone's comfortable. You want to be happy with it, and I have at
254 least one or two students every month in my office working with me and
255 seeing the way I practice. If you integrate osteopathic medicine into your
256 practice, your patients are happy. You're making money. I mean I'm not
257 making tons of money, but I make money, so does everyone else. You got to
258 play with the rules and family practice is something where you can make a
259 good living. But other people that want to be super specialists, et cetera, they
260 make more money, but there's more and different problems. And if they're not
261 suited for it, say you have to evaluate your interest, you have to go and do what
262 burns in your tummy. You don't want to be xyz just because it makes a lot of
263 money or something? Just go for what you like.

264 Committee Member: Do you mean: what's their passion?

265 Dr. Sawabini: What you are comfortable with. The one thing I always tell the students is
266 make sure you integrate osteopathic principles and practice in your daily
267 practice.

268 Committee Member: Have you developed any of the state societies for the ACOFP this year? Have
269 you been influential in some of the small states? Indiana for instance.

270 Dr. Sawabini: I went to Indiana.

271 Committee Member: Yes, you did. Thank you very much.

272 Dr. Sawabini: I went to Illinois. I drove to Indiana, then drove to Illinois. I didn't think that I
273 had that much influence. I don't know, other than my talking with the members
274 and going to a lecture or two, I really don't know if I had any impact. However,
275 I was available to the people and talked with them while I was there. I hope I
276 left a good impression. We have a lot of small societies. I was in Kansas.
277 Wichita is similar type of situation. Of course, nobody started at the top. I tell
278 my kids and other people: Dow Chemical started with one small company,
279 maybe three employees and look how big they are.

280 Committee Chair: How did we do with membership this year?

281 Dr. Sawabini: Membership is tough, not just with our organization. Membership is pretty
282 much flat nationally and I think we've held our own. I think we are right on
283 budget and we're budgeting about 98 to 99 percent, so we haven't slipped as
284 much as other organizations. For instance, AMA, they're down to about 20
285 percent, as you know. Fortunately, a lot of our osteopathic societies nationwide
286 have maintained their numbers, but some of them are having financial
287 problems. I've talked with a few. So, membership, if you maintained it this
288 year, that is half way good! Of course, we need to increase it. Pete, our
289 executive director, says, "About 80 percent of most organization, they're post-

290 office box members. They just mail their membership fee," but I'm glad to see
291 our ACOFP members are more engaged.

292 Committee Chair: We talked about communication often. Did you do anything specifically about
293 improved communication?

294 Dr. Sawabini: Well, it wasn't just me, our executive director and staff does a great job. I help
295 them and they write my blog. I look through the blog and personal
296 communications and appearances. I attended several colleges and spoke to the
297 students at those schools. I made as many school visits as I could. I went to
298 Michigan State, Kansas City, and I can't remember another school. Wherever I
299 got an invitation, I always went. I got an invitation to go to Touro, but things
300 happened two weeks before and I couldn't go. Dr. Zieren, unfortunately, had to
301 go for me. As the year went on, I was available as much in person or on the
302 phone as possible. Pete would call me almost every day. We had this OCC
303 business and then we had several impromptu phone meetings within like an
304 hour or two. That kind of stuff was going on constantly, but I was always
305 available on a regular basis. I made sure that my personal job and life didn't
306 interfere with my ACOFP work.

307 Committee Chair: We have a member here, Dr. Steve Rubin who started our ACOFP blog.

308 Dr. Sawabini: Yes, he did.

309 Committee Chair: And how did the blog go? Did you write most of it? Did you write all of it?
310 How did you get that done each week?

311 Dr. Sawabini: I did not write most of it, no. I wrote very little of it actually. I had input on the
312 topics and Pete and our other professional writer did most the writing. I had to
313 review every one of them and I had several suggestions or changes. We started
314 having it more often I think. We send it out like once or twice a week. We have

315 more experience in doing it since when it was written and conceived by Dr.

316 Rubin two years ago.

317 Committee Chair: It's very good quality.

318 Dr. Sawabini: By the way, the reason I knew the blog was well accepted was because I have
319 had a lot of emails come in and 99 percent of them were positive. I had only a
320 few negative emails. Some people weren't happy that we're not doing more or
321 we're not doing something that would help their situation, and I'm proud that I
322 answered each and every email. If there was anything I could do, I always
323 assured the member that we were doing the best we could. And most of the
324 people that complained, they complained about things that the ACOFP had no
325 control over. I usually had to direct them to somebody else who was causing
326 their problem or anguish.

327 Committee Member: During your life as an osteopathic physician, who is the most colorful
328 individual that influenced you or who you remember a lot about?

329 Dr. Sawabini: Well really two. Dr. Steve Rubin was one, and my best friend Steven Swetech,
330 he influenced me and encouraged me...he's a very likeable fellow. And of
331 course, there is Dr. Rubin, he's got a different tangent on life. So, I like both of
332 them and they have had quite an influence on my course through the ACOFP.

333 Committee Chair: In what way were those two individuals influential?

334 Dr. Sawabini: I think they had this light side of life and they are always happy and engaged;
335 they're always there for a good life. They're there to ease the bad times. You
336 can sit in the corner and cry, but they had this way of bringing a positive light
337 to every situation... I'm a positive guy, maybe that's why I like them. I mean
338 they were hard workers, don't misunderstand me, but they have a great way of
339 looking at things. I worked directly with Swetech in a mental psych unit years
340 ago. We did medical coverage there for a couple years and he's a real hard

341 worker. I know Steve on a personal basis, but working with him on the state
342 ACOFP board for eight to ten years really gave me an appreciation for him and
343 all that he does. Steve is a very good guy and very, very efficient, but, he and
344 Ruben, they had the light side of things and I think that makes life easier. Of
345 course, when they need to be serious, they were serious.

346 Committee Chair: Dr Sawabini, one thing that I am certain of: you are the only ACOFP president
347 ever to have been born and raised in Palestine.

348 Dr. Sawabini: Oh yes, but I'm not the only foreign one. Dr. Thomas from Ohio, Harold
349 Thomas, he was also foreign born. He was in Syria, and he came to this
350 country when he was about six years old.

351 Committee Chair: Tell us about being in Palestine and what it was like when you were there, and
352 what year?

353 Dr. Sawabini: I was born in 1940 and we lived in an integrated neighborhood where we had
354 Jews, English people, Arabic, Palestinians, different people lived in the
355 neighborhood. Everybody got along till 1947. There was a war before the
356 creation of the State of Israel. The British government had a mandate over
357 there after the first war and they just got up and left. So after the war, there
358 were two states.

359 Committee Chair: After World War 1.

360 Dr. Sawabini: Yeah, after World War 1, there was one state called Palestine. After the Second
361 World War in 1948, there were two states. There was East Palestine which was
362 part of Jordan. It was called West Bank, or Trans-Jordan, and there was Israel.
363 I figured out that I had no future on either side, so I decided: as soon as I can,
364 I'm going to get out of here.

365 Committee Chair: What was the situation? Did you come with your entire family?

366 Dr. Sawabini: No, I came only with my older brother.

367 Committee Chair: At what age?

368 Dr. Sawabini: I was 16 when I left, and I think I turned 17 when I got to California. My older
369 brother was 18 and my eldest brother was about 21. He was here in California
370 before we came. He came to the United States and lived with our physician
371 cousin who is a dentist in Vermont, then he went to California.

372 Committee Member: Why did your brother go to California? How did he make the decision to go
373 there?

374 Dr. Sawabini: You know, I really don't know to be honest. I guess he thought there was more
375 opportunity. There was a very small population at the time. There were 5
376 million people in California in the '50s, so I think there was a general trend for
377 people to go West and to go to California and that's where he went. Then he
378 told me, "You can come over here," and so we did.

379 Committee Member: You went to California, but then you settled in Michigan.

380 Dr. Sawabini: Well I went to California and after the war my father had to apply to come to
381 this country. They only took a certain number of immigrants. My father and
382 mother did finally come to this country in the '60s. So, I went to California, and
383 then I worked a few years. I went to Oklahoma for my Bachelor's degree in
384 pharmacy and I became a pharmacist. Then I saved some money and I went to
385 medical school in 1972. [That was pretty much it, I had to get a degree, save](#)
386 [money, go some more to school, save some more money and go to school.](#)

387 Committee Member: So then you went to Kansas City College of Osteopathic medicine, right?.

388 Dr. Sawabini: Yes.

389 Committee Member: And then after Kansas City?

390 Dr. Sawabini: I went to Michigan because I looked around the different places and they said
391 there was better training in Michigan. I did interview in Kansas City. I went to
392 Texas, Oklahoma, and I went to Michigan and I was very impressed with the

393 training available there. I trained in the Art Centre Hospital, it was the Detroit
394 Receiving Hospital at the time, and at the Children's Hospital, which was a part
395 of the rotations. After training there, I stayed in Michigan.

396 Committee Chair: You were the first president of ACOFP who had to deal with, in any major
397 way, the so called "Affordable Care Act". How did that impact everything this
398 year? We've talked a little bit about it earlier. How did that feel? How did it
399 impact you personally?

400 Dr. Sawabini: Well it didn't impact me personally. But as an association, we had to deal with
401 this new paradigm that Washington made a law, and a lot of people still think
402 it's not there. It's there! It's a law, unless it's repealed of course. So we have to
403 work with it, the way I see it. I mean the Congress passed a law and it's not a
404 joke. A lot of people think: Oh, it's going to go away. I am telling you though,
405 it's here. We have to work with it. Whatever it is, we have to make the best of
406 it for our members and our association and our individual practices. I think it's
407 a big shift unfortunately, and not that I agree with a lot of the things in it, I
408 think they tweaked so much that there are too many things; and I read the 875
409 pages and the final law is too complicated. I still don't understand it. I know
410 that very few people can understand it. I sure don't.

411 Committee Member: I don't think anybody does.

412 Committee Chair: You're quite a modest leader, but if we come back 30 years from now, what do
413 you think that your legacy will be?

414 Dr. Sawabini: I really wouldn't know. Just hard work I guess and doing the right thing.
415 Whatever our association wanted, I tried to be there, and I didn't make all the
416 decisions. I checked with the Board and with our committees. Whatever the
417 decisions were there, I wanted to make sure that everyone was involved in the
418 decision making.

419 Committee Member: You were collaborative.

420 Dr. Sawabini: ...collaborative with our people, and I think the most important thing was:
421 Keeping good tight reins on the money because your economic survival is the
422 most important thing. If we lose all the money, nobody's going to listen to us.
423 Our members are impressed that we have money and we didn't keep all the
424 money in the organization, we spent it. We took it out of reserve. We're
425 starting this Physician Leadership Institute. We spent money on this OCC.
426 We're spending about \$80,000 on that and I'm not sure that we're going to have
427 many of people participating in it initially. A lot of them are going to have to
428 be dragged in kicking and screaming but we see it as a membership benefit and
429 a necessity. I think the other thing we spent our money on was this data core,
430 the one with the quality markers that Dr. Henwood is working with incentives
431 for the first 50 participants.

432 Committee Member: Right.

433 Dr. Sawabini: So the money we took in, we spent back to help our future. We're going to
434 create a better environment for our members to build a better future.

435 Committee Member: What advice do you have for the young physicians and students?

436 Dr. Sawabini: Stay involved and work within our organization. It's good to be a forward
437 thinker, but you have to be prepared to go with the wind of change sometimes.
438 You want to think out of the box too, but you don't want to have to be in the
439 middle of a revolution outside of your society. The best place is within. You
440 got to work within the society to improve the society. It's always easy to
441 criticize other people, but the best thing is to put in some positive input and
442 work at the change that you want, what's best for the society, what's best for
443 osteopathic family medicine.

444 Committee Member: How do you convince some of the students or the participants or the new
445 physicians to become a members of a society and why? What are the benefits?
446 So much of the time we get: There's no benefit. You don't get me anything.
447 Why would I want to spend money for that? It happens in states. It happens in
448 all societies.

449 Dr. Sawabini: It's a good question and I've always wanted and I still desire that we need more
450 women. Women are 50% of the classes and it doesn't reflect in our
451 membership, so we need more women engaged, more women members. We
452 have to go after women and to put them on a fast track so they see that other
453 women in higher places, positions of leadership. It's good Dr. Nichols came in
454 today and Dr. Henwood is working with her. She identified six women and
455 they're going to work in small groups. My best thing to tell people, and I did it
456 when I worked through the Michigan Osteopathic association, is to say: Hey
457 you have a degree and it is what you are. You don't want to belong to the
458 plumbers association. You don't want to belong to someone else. You want to
459 belong to your own association. And my theory is if you're a DO, you should
460 belong to DO associations. If you're an MD, you should belong to MD
461 associations because we're the only ones that are going to look for your best
462 interest. That is because we have the same initials after our name. The other
463 thing I tell people: You have to be engaged. If you like something done, you
464 got to do it yourself. You can't just say, "Do it for me."

465 Committee Chair: What advice do you have for the association or the profession for the future?

466 Dr. Sawabini: I was worried about the profession when I was back in Kansas City. In my
467 early life, there were only 5,000, maybe 6,000 DOs. I think the profession is
468 growing exponentially. I mean it's the fastest growing profession out of over a
469 hundred professions, but it's not that the profession is secure. It's on good basis

470 right now and that speaks well for our people in charge; we must be doing
471 something right and our predecessors and their predecessors were doing
472 something right for all of those patients because they keep coming to see us.
473 For all of these schools to be built by states, like Yakima and other schools, we
474 are doing something right. Our success has created a problem though. We
475 have a fight, and I think the fight with the MDs is going to get stiffer. The more
476 graduates we have, the more that the MDs are going to put up blocks to restrict
477 us from xyz, and they've done it throughout our history. Back in the first and
478 second World Wars, they didn't let our people go into war as physicians. You
479 know the history.

480 Committee Member: Will you discuss the situation with our residencies right now.

481 Dr. Sawabini: Yes.

482 Committee Member: ...maybe you can explain a little bit about what's been going on with our
483 osteopathic residents not being able to get ACGME spots and where you have
484 intervened as president of ACOFP.

485 Committee Chair: What is the history here?

486 Dr. Sawabini: Yes, what happened, the allopathic institutions have new leadership and they
487 decided that they do not want to accept osteopathic training as equivalent to
488 allopathic training despite the fact that they have accepted it all along for the
489 last 30/40 years. So there's a big change, and I'm not sure if it's a real change or
490 a bluff. They're claiming it's not as much against osteopathic physicians as it is
491 against foreign medical graduates. I know in our program, we are given
492 priority. The MDs that we work with love osteopathic physicians. Four out of
493 nine are top priority osteopathic physician. When we fill them, good. If we
494 can't, we get MDs. So this year we filled with three osteopathic physicians and
495 everyone was happy, so we have three DOs and six MDs. But in some

496 programs, for some reason, they suddenly do not want to accept osteopathic
497 training. In our residencies, if you go to a duly accredited program, going to a
498 fellowship shouldn't be a problem. It's not going to impact our college
499 [ACOFPP] as much. It's going to impact the strictly osteopathic programs and
500 maybe scare people. As you know, we do meetings on a regular basis with
501 ACOS and ACOI. The ACOI people have told us that there are only about 40
502 people that take allopathic fellowships. So, supposedly it's not a big number
503 that are impacted by it. But the fact is that several students may not want to do
504 osteopathic training, this new restriction pushes our students to go into
505 allopathic training on day one so that they can keep the door open go into a
506 fellowship. They don't want the fellowship closed. Of course, a lot of people
507 don't really want a fellowship. Dr. Adair here [on the interview committee] did
508 a MD residency and there are a lot of other people like him, but they come
509 back to the profession so it doesn't matter in my book where you do your
510 residency. It's how you practice later and the letters that follow your name.
511 Time will tell. We did fight it and the AAFE, we talked with them. They wrote
512 letters on our behalf. The AOA was very instrumental in getting the AMA and
513 other people to write letters for six or seven organization. Time will tell the
514 truth if this is a ploy or is it reality, and it could be a little of each, so we'll see.
515 I'm more concerned about our residency inspections being inspected by non-
516 DO inspectors. We had agreement with AOA to give each college their
517 purview on this matter and we selected to have a D.O. do our inspections.

518 Committee Member: While you're bringing up residency programs, the residency (inaudible) and
519 kind of allowed for aqua systems in a lot hospitals and moving towards to
520 interact with our residencies differently, which in some cases is keeping some
521 of our residents less interactive with preceptors in family medicine and having

522 some of the hospitals control the central medicine's, several different models
523 out there. Can you comment a little bit about how that might impact
524 osteopathic down the road?

525 Dr. Sawabini: The economics is a reality, so we have to work with whatever model there is.
526 There were little white houses that were hospitals, osteopathic hospitals that
527 individual physicians paid for. and now we have big hospitals. I'm an optimist;
528 however. Be a realist and you have to see that we have to work with the MDs
529 that want to work with us. So we are the few colleges that have duly accredited
530 residencies, half our residents are duly accredited. ACOS, I don't think they
531 have too many or any duly accredited programs and ACOI, so I'm not sure of
532 the mechanics of it. But in our college, I think we work well with the MDs
533 because many of them like us and respect us. There are a few that don't like us,
534 forget them. We have to work with the guys that work with us. Most of that is
535 economics and even MD hospitals have been closed. So it's not just osteopathic
536 hospitals, it comes down to money and the parent organization, how much
537 money they want to make or for what reason. If they're not making enough
538 money, they take the money out and invest it somewhere else, and we're the
539 victims unfortunately when that happens. Did that answer your question?

540 Committee Member: Sure.

541 Dr. Sawabini: Okay.

542 Committee Chair: Dr. Sawabini, I'm looking at you, you're still bright eyed and bushy tailed after
543 this very busy and full year of being President. You haven't gained 50 pounds
544 or lost 50 pounds.

545 Dr. Sawabini: No.

546 Committee Chair: It was a long year and yet you look just as fresh like you could turn around and
547 do it again.

548 Dr. Sawabini: Thank you. I exercise on a daily basis. I exercise ten minutes if I can, 20
549 minutes, whatever, and I haven't been able to exercise as much when I'm out of
550 town a lot. I try to walk and do things. I haven't gained a pound. I know Dr.
551 Grove asked me how much weight have I gained, I said none.

552 Committee Chair: You have been a hard working and incredible president. We as a profession
553 owe you a great deal of gratitude.

554 Dr. Sawabini: Thank you.

555 Committee Chair: And thank you so much for being here today.

556 Committee Member: Thank you.

557 Dr. Sawabini: I owe the profession far more. That's why I'm doing it.

558 Committee Member: Thank you. Very good.

559 Committee Chair: Thank you very much.

560