

**Archival & Historical Committee
March 22, 2013
The Cosmopolitan of Las Vegas
Las Vegas, Nevada**

**Interview with
Kieren P. Knapp, DO, FCOFP *dist.*
(ACOFP President 2002-2003)**

Committee Chair: Dr. Knapp, we appreciate you being here today. Please tell us a little bit about your involvement in ACOFP.

Dr. Knapp: Actually I started with ACOFP when it was ACGP. Drs. Larry Koplovitz and Ray Saloom came up to me and said “we want you to go to the meeting in New Orleans because you read everything”. And that’s when I started with the Congress of Delegates. I do not even remember what the issue was that time, but that was when it started.

Committee Member: Do you remember what year that was?

Dr. Knapp: No, I cannot remember. Late '80s is all I can tell you. Then I always went to the Congress of Delegates after that, because he (Dr. Koplovitz) always had me read everything and interpret it for him. And of course Dr. Saloom died, and my mentors became Larry Koplovitz and Mike Avallone. Then I was elected to the ACOFP Board and went on and served for a couple years as editor of the Osteopathic Family News. It was Stacy and I, and we wrote or edited every one of them every month cover to cover, all four/five pages of them each time, and started something new with the president's message. Then, I was moved to treasurer at a time that we had what we believed was \$1.5 million surplus, which turned out to be a \$2.5 million deficit. I had some rather interesting times as treasurer; but, we did turn it around and were definitely in the black by

the time that I was told it's time to move to president-elect. I was never vice president between treasurer and president.

Committee Member: You had served as treasurer for several years.

Dr. Knapp: I served as treasurer for at least three years, yes.

Committee Member: What was the theme of your presidency?

Dr. Knapp: Actually the theme of my presidency was to get people involved with the projects. It worked out pretty well actually because it kind of fits with the way I was brought up. I was brought that if you're going to do something, you just keep doing it and do it right. I found a lot of people who had interest in various areas and had them do the projects suited to those interests. Then, I would work with them on the projects and didn't just assign it to them. I actually got down and worked with them. It was also a strange time because prior to this of course was 9/11 and before 9/11, everything was pretty much, "What is in it for me?" Around the time of 9/11, everybody was kind of focused in on their own little communities, and then suddenly everybody wants to be involved with trying to make everything better. So it just happened to work out as far as the timing, very tragic timing, but still was timing, and people jumped in and did the projects. During that time, we developed a rural residency program, which was very big with the students then, even though that interest seemed to diminish rather quickly after that. It was the first time that we met formally with AAFP. Prior to my meeting with AAFP and my relationship with Dr. Perry Pugno, our students were going to allopathic programs, but we really did not have anything to speak of as far as dual programs. So, we met with their residency directors for the allopathic programs and those that were interested in doing dual programs, which again from AAFP side they expected that they'd just be able to have DO residents in their programs with no osteopathic input.

Fortunately, Dr. Perry Pugno was very attuned what was going on and we started the dual programs and they kind of flourished for a while. Of course they kept on going, but it was very big for a while and it was something new. I sometimes wonder if it was good, but it was something new.

Committee Member: What was your biggest disappointment during your presidency?

Dr. Knapp: Biggest disappointment was actually we were called to Washington by Dr. Dukes*, who was head of the Public Health Service. I cannot remember the specific branch, but she had come up with an idea on her own for the Public Health Service to develop an emergency response physician team for our other disasters. You have to remember, this was right after 9/11 and things were still happening, and the anthrax scare just occurred, and all these other things were occurring. The idea was to take this specific group out of the public health service and make them emergency mobilized physicians. They would be scattered throughout the country and if there was an emergency, they would all be brought into one place as experts in bioterrorism and actual disasters, that sort of thing. Actually when we were there at the table at the end of the meeting, she said, "You know, your group is the only one that has a handle on what is going on." The other groups were looking at ways for people to retire into that, or people to be accepting office positions or government positions and we were looking at actual ways to put physicians into those positions to do an actual job, mostly going to the residents. Unfortunately, the residents did not have the interest in joining that and we lost our grip. That was a very big disappointment for me. We could not convince residents to go into this program and it became mostly an allopathic program, if you like.

Committee Member: When you first went into medicine, what was it like, the times? What were your days like?

Dr. Knapp: When I first started... an old roommate of mine used to call those the dark years. Well when I first went into medicine, I went into a small town in Pennsylvania; Jacobus. It had 1,200 people. Last census, it had 1,205 people, so it's still a small town. I worked 40 hours a week. I did do deliveries my first year. I gave that up real quickly. I did hospital care, worked 40 hours a week in the office, and worked 35 hours a week in the emergency department. I had two nursing homes with probably 40 patients, did house calls, and covered another family doc's office one afternoon a week, plus take call. I was on call 24 hours a day/7 days a week. I don't remember an awful lot about those early years. Office visits were 11 bucks cash.

Committee Member: When was that, when you first started?

Dr. Knapp: That was 1980.

Committee Member: Kieren, where did you go to school?

Dr. Knapp: I went to the College of Osteopathic Medicine & Surgery in Des Moines, which is now known as Des Moines University.

Committee Member: When did you decide that you wanted to do family medicine?

Dr. Knapp: Actually I decided in my intern year. You have to remember back then, and we all went through it, in my class 73 percent of us became family docs. Everybody was family medicine at that time. They had just opened four new residencies in the country, which were known as general practice, osteopathic general practice. The allopathic world would not take us. It was in their residency regulations you had to be a graduate of an allopathic school, and some of my classmates actually did go back and do a year of allopathic schooling in order to get their residencies; but, we didn't really have the residencies. They were available, but we did everything. I was offered residencies in surgery, which did not exist at the hospital yet, and radiology,

which did not exist yet, and I really didn't want to do it. As an intern in an osteopathic hospital, at that time without any other residents, except for one orthopedic resident who was gone most of the time, we did everything in the hospital. And when I came out of my program, this rotating internship, I saw and did more stuff than guys who have gone all the way through their specialty fellowships now.

Committee Member: Where did you do your residency or your internship?

Dr. Knapp: I did my internship in York at Memorial Hospital, Memorial Osteopathic Hospital at that time. I can still probably put CVPs in in my sleep. I can still probably put temporary pacemakers in in my sleep.

So when I first went into practice, there was virtually nothing I didn't do. To this day during the winter, during a snow storm, when the interstate shuts down and the main road that goes into York, which goes through Jacobus and of course is a two-laner going through the woods, will shut down, I get called up to see fingers that have been put through a snow blower. Virtually not a winter goes by that we have any snow that I don't spend at least one day amputating or rebuilding fingers. There aren't too many people coming out of the residency programs now that can say that.

Committee Member: What got you interested in medicine and osteopathic medicine?

Dr. Knapp: Actually I grew up a farm boy. I was a dairy farmer, which wasn't bad until my junior year in college and came home for Thanksgiving. We had six breach calves coming one morning and then on the fifth one my father got a hernia, and on the sixth one he strangulated it. So for the next month and a half, I had to back out of college and take care of the dairy farm, which was milking cows from 2:30 in the morning until 8:00 at night. Since that time, I have not drunk milk. I refused to stay on the farm. I had a mentor for a science project when I

was in junior high who was a radiation oncologist who had allowed me to do experiments that we'd no longer be able to do today, but it was the effects of various doses of radiation on hamsters, and managed to win third place in the Iowa State Science Fair, so we had a pretty good relationship. He had me talked into going into medicine by the time I was into high school and going into radiology. I didn't, but that was my interest at the time. That's where my interest in medicine started.

Committee Member: Was he an osteopathic physician?

Dr. Knapp: Actually he was not. Where I grew up, there really wasn't any distinction. Most of the local physicians treated the patient and not the disease alone. I did not know it until I was half way through med school that half of the family doctors around me, and when you talk about around me, where I grew up-- that would be 10 miles away, 20 miles, 25 miles away-- were DOs. My family doctor was actually probably better than most osteopathic physicians in the area as far as thinking and acting like an osteopathic physician. When he first found out I was interested in going to medicine, he taught me to look at the patient and look at what's going on in their life, to look at the relationship they had with what they ate, what they drank, that sort of thing, and he was actually probably one of my better influences. And when I told him I was going to go to Des Moines, he said, "Fantastic."

Committee Chair: Who was it?

Dr. Knapp: His name was William G. McAllister*, but he was an MD.

Committee Chair: Oh, he was an MD.

Dr. Knapp: He was a very osteopathically-oriented MD, in a time when that was not popular.

Committee Chair: Shifting a little bit more towards your presidency, we've already talked of obviously your training and things have changed significantly. One of those things is we've had a lot of new osteopathic medical schools since your presidency. Do you recall at your time what it was like traveling and your interactions with students at your presidency, which has now changed obviously far more recent presidents?

Dr. Knapp: Well as president, I tried to make it every school there was, and I did. Could I do that now? During my presidency, I was gone 130 some business days, not including the weekends, and in solo practice. It would probably take close to 130 business days now just to travel to every other school. There are so many of them. Big difference. There was a big difference in the students. I liked it much better back then with the fewer schools. I think we were turning out people who wanted to be osteopathic physicians, not who wanted to be doctors. I think that's a major problem now. The schools started changing their names. The words osteopathic started coming out of the schools about that time. Even Kirksville, which was the mecca at the time that I was president, was removing osteopathic from their name. It's quite different now. That's about the best I can say it.

Committee Member: Since this is the 50th anniversary of CME for ACOFP, how have you seen personally the change of medical education from the time you started to current times?

Dr. Knapp: Well medical education when I first got out was quite different. Fortunately, Pennsylvania had a very strong society, so we didn't have much problem. I could see that from where I lived, which is about 12 miles from the Maryland border, the problems other states had. We would see people coming in from Maryland and Delaware all the time because they had virtually no osteopathic

CME. They didn't have osteopathic licensing boards. They had an allopathic board that licensed DOs also, but they had to have so many credits of allopathic CME. Now most states have organizations that have CME available everywhere as far as osteopathic CME. The CME used to be all drug company-driven. It was all product-driven. They went into an era of looking at specific disease state product-driven. Now you don't see that. I'm not sure it's any better, but that's how it's changed. A lot of the things that we used to learn in other meetings were how to do things in your office that would help you survive, and I'm not talking about things that would bring you in, large incomes, but we had an awful lot of rural medicine then, or a lot of single practitioner medicine then, and you didn't have the urgent care centers. You didn't just send everyone to the emergency room at night. You didn't have a group of 58 orthopedic surgeons down the road. We learned how to do fractures, suturing, repairs, that sort of thing.

Committee Member: With your involvement with the AOBFP, how have you noticed that our students are being prepared in today's residencies compared to residencies in the past?

Dr. Knapp: Some of the residents coming through are outstanding and some are embarrassing as far as osteopathic medicine. Another problem that I see along these lines is they don't learn anatomy anymore. There's difference between grabbing a hold of cadaver and looking at a SynLab and I really think we're starting to see it. We're starting to see it a lot in our exams where the anatomy is incorrect. I mean that said, we have a very large number of just excellent, excellent people coming out of programs that obviously know what they're doing. They use it. They can speak it. They can show other people, but we do have other places where it's lacking, and that is a concern we have.

Committee Member: What was some of your fondest memories of your presidency?

Dr. Knapp: My favorite story of the presidency, this takes a little while, but I was supposed to go to Sarasota, Florida, on a Thursday for the Florida meeting. Tuesday morning they call me and they said, "We have a call from the White House, you've been cleared to see Bush speak in Scranton [Pa]." I said, "Okay when?" "Thursday morning." "I'm on my way Sarasota." "No, you're not. We'll change the flights." I said, "Okay." So Thursday morning, my wife gets on the plane in Harrisburg to go to Sarasota. I travel up to Scranton along with a few of the members of POMA. Drs. Marty Levine and Joe Kojenski* were there also, and we stood outside in the cold and wind for about three hours in line in order to go through. For those of us who had a beard, who were Marty, myself, and Joe, it was just like going back to Iowa State, going back to school because we were there with icicles hanging off our beards. We finally get in and we hear the speech. I believe it took 25 minutes into the speech before we heard anything about medicine. Leaving that, I was to fly out of Scranton. Of course all the flights were delayed because Air Force One was there. When Bush finally got out, a snowstorm was blowing through. So, 20 minutes before my flight, they called me from United and said, "Your flight has been canceled." I said, "Well I'm supposed to be flying out in 20 minutes." "Well the president tied everything up and the snow is running into Cleveland and so the other flights are backing up." I said, "Can you get me out any other way?" "Yes, we can get you out of Philadelphia." "Okay." "The flight leaves in two hours." "Okay." So I'm at [Dr.] Ernie Gelb's* house, who practiced at that time in that area and I said, "Ernie, how far away is Philadelphia?" He says, "Ah, two and a half." I said, "My flight is like in an hour and a half and I still have to check in." "Not a problem, we'll make it," which we did with time to spare. And of

course again this was shortly after 9/1. So I had now changed flights, and I also had baggage, so of course everything had to be pulled out and run through the x-ray machines and they had to search it. That's when they still searched your luggage. Except, it was break time for the x-ray crew, because it was unionized at the airport. So, I'm standing at the ticket counter and we can't get a ticket until they search my bags, but we can't get the bags searched till the guys get back from their union break. So by this time the woman says at the counter, "Well it doesn't make any difference, your connecting flight will be leaving in 10 minutes from Atlanta." "Great." Well they finally came back and got that. She says, "We'll get you on the flight. Once you get down to the ticket counter, they'll have your arrangements for you." So I get down there and by now, it's two hours after the flight's supposed to leave, and they said, "We'll have your arrangements for you at Atlanta." They're taking me to Atlanta anyway. So I get on the plane and they start the thing up and no air conditioning comes on. So, we had to sit there while they were looking for someone to fix the air conditioning. That finally happens after about another half hour. They shut down the plane to work on it. Then they couldn't get it started, so they had to bring in a jump starter. Have you ever seen those big jumpers with the giant cables? They had to bring one over from Southwest. It was not big enough. It couldn't jump start it, so they got one the size of a tractor-trailer from the international flights at US Air, and they finally got the thing going. And then, of course, there's no air conditioning in first class, so we had to sit there and the pilot is explaining that to all of us onboard. He said, "You know, we came all the way up from Atlanta with this thing not working, so this might take a long time." Finally, the people in first class agree they could go without air conditioning to Atlanta, so we leave. Well I'm supposed to be in Sarasota by

8:00 at night. We pulled into Atlanta at 11:30 and as we get off the plane, they said, "Just go down to the gate that you would be leaving from and they'll have your name and what time your flight is tomorrow." So I come in to Terminal G. I'm flying out of terminal T, which is two terminals over. I decided at this point that I'm not going to run. When I get over there I see that in the whole terminal, there's only one little group of people and that's the people getting on my plane that was supposed to go out four hours earlier. Great. So I finally get to the gate and I'm one of the last people in. By this time, I'm a little bit beat and I'm walking onto the jet way and this kid turns around to me and says, "I'm from the Oklahoma School of Osteopathic Medicine. Did you used to be somebody?" And of course, I did get to Sarasota at 2:00 in the morning and they had record lows. It never got above 35 the whole time we were there.

Committee Member: Oh God. That's a story.

Dr. Knapp: But that was my favorite. The most memorable thing was that day.

Committee Member: Oh my gosh.

Committee Member: Wild. Absolutely wild.

Committee Member: Any people or any particular characters that influenced you that's helped you along the way, either with the presidency or prior?

Dr. Knapp: Well obviously my mentor was Dr. Larry Koplovitz, who was an icon to the profession, much less to ACOFP. Larry always gave me advice, whether I wanted it or not. And when Larry died, my new mentor, who had been kind of a mentor before but then definitely became my main mentor, was Dr. Mike Avallone, and he was always giving me the inside poop [*sic*].

Committee Member: Again whether you wanted it or not.

Dr. Knapp: Whether you wanted it or not, yes.

Committee Member: Tell us about one of the most controversial or difficult issues that you remember back when you were active?

Dr. Knapp: Oh I remember it. The most difficult and controversial issue was during my summer board retreat. We met in Williamsburg and that was the board retreat where it was decided, by the board, that our Executive Director, Betty Warner, would be replaced. Very controversial. Very tough time to do that.

Committee Member: Can you elaborate a little bit?

Dr. Knapp: No.

Committee Member: Thought I'd ask.

Committee Chair: Do you have any regrets about your involvement?

Dr. Knapp: No, I don't. Not at all. Would I do it again? In a heartbeat. Could I do it again? Never. Never. I mean the whole thing is a whirlwind. You go from... Fortunately I didn't have an awful lot of crises. I mean everything was kind of on a downswing then. The crises had all happened the year or so before with everybody's disruption, but one project fell into another, and fell into another, and then fell into another. It was nonstop phone calls. It was nonstop traveling. It was nonstop everything, and it was great. And when it was over, I'm one of the few that said, "Oh thank God."

Committee Member: What were some of the projects that took place during your presidency?

Dr. Knapp: Well like I said, the biggest ones were the dual residency programs and the rural residency. Unfortunately I cannot remember whether it was - - who it was... from Texas, other than I gave the original project to Dr. John Bowling and he had someone else work with him for the rural residency standards. We got that through and got the standards approved, and to this day they still exist for rural residency. Other projects we're getting some of the states to be more self-sufficient. We had an awful lot of states who really depended on ACOFP

to do a lot of their things, and there were some of these things that the states should've been doing themselves. It made the organization stronger. If you have somebody doing something for you all the time, it isn't the same as if you have to go out and do it yourself and you learn how to do it and you become independent. I can think of a couple of states, and again I won't mention which ones they are, but there are a couple of states who really grew up during those years.

Committee Member: I want to reverse my question in the other direction. What was the most exciting and rewarding and happiest event that happened?

Dr. Knapp: There were a lot of them. I mean there really were. One of the things, as I just said, was seeing some of these states grow who would traditionally say: Well what you going to do? What are you going to arrange for us? You arrange that for us. It's very gratifying seeing those states emerge. I was able to watch one of the western states, that was very dependent, become very independent because they began to do for themselves. I developed a relationship with their executive director back then that goes on to this day. She tells me how she still remembers that their organization was depending on people in the AOA and ACOFP to tell them what they could do and what they couldn't do, and it's kind of exciting when you can have an organization develop independence. It's like your kids: when they grow up and go out and do something on their own and it turns out good, those are very exciting times.

Committee Member: You had mentioned about coming in and initially finding that we were not a million ahead, but 2 million in the deficit. How did you change those things around?

Dr. Knapp: Well first of all, the policy had been to use the interest off of investments for part of the budget. At that time, they were making 19 percent income, so was

everybody else. Suddenly, it went down to nothing. I removed the interest income from part of the budget as much as I could. I also required that we had a 15-month operating reserve because there was a time there when if we had to write out checks, it would've been very difficult. There was also some shuffling of dues. Dues were put directly into the account regardless of what year they were for, and we separated out the years into fiscal dues income. I cut back a lot of the committees. A lot of the committees were doing meetings and travels that really didn't benefit ACOFP. They did on paper, but in the long run they really didn't. We had a program with the students where we rewarding every student chapter who had an ACOFP chapter with 100 percent participation of the students and the student body, which I thought was ridiculous. Not 100 percent of those students are going to go in to family practice. They were eating up finances inappropriately because at that time the students were going 40-50 percent into the other specialties. Why are we subsidizing those who had no intention of entering family practice? I took those blanket funds away and only provided money for actual family practice student groups. That was kind of really controversial move to remove a lot of the funding for the student organizations. But again, they were false numbers and that was one of the things we were spending money on that I thought was terrible.

Committee Member: Great.

Committee Chair: I just want to know what your thoughts are, your predictions or what you envision the ACOFP to be now and onward.

Dr. Knapp: Actually I probably - - I was not going to say this, but I think I am going to say it...

Committee Chair: Great.

Dr. Knapp: Because I believe that five or 10 years from now it may hold true. I think that this is going to be the surviving osteopathic profession, ACOFP. I really have desperate concern for what is going to happen to the AOA, especially if this ACGME thing comes to fruition. Always the ACOFP has carried the profession. Financially we carry it. We carry the certification. If the certification and accreditation goes away and interest of the schools and interest of the other specialties take priority, I really think the profession itself, the osteopathic profession is looking at a demise, except for those who will keep it going, which are going to be the family practice physicians. Now will everybody coming out go into family practice and be ACOFP members? No, they will not. They absolutely will not. We have to look at what numbers we can get. We no longer really have a great input into the selection process of the students. That was quite different when I was a student. They really looked at what you wanted to do and now they look at grade points. They look at MCATs, the things you've done, but not your tie to community, not your tie to osteopathic medicine. We were all first generation. Nobody in my class that I know of had a physician as a parent. Our parents were farmers, plumbers, electricians, dock workers, grocery store clerks, that sort of thing. One of my classmate's mother worked a grocery store as a checkout to help put her through school. You don't see that anymore. Now you're seeing people that are coming in to be doctors, not necessarily even physicians. So like I said, do I think ACOFP is going to survive? Yes, I think it's going to be the American Osteopathic Association.

Committee Chair: Anybody have any other questions?

Dr. Knapp: And that isn't going to be a popular answer.

Committee Chair: No, but it's your answer...

Committee Member: It's your answer.

Committee Chair: and it's what you feel. Do you have anything else you want to tell us or any stage advice?

Dr. Knapp: All I can say is: People always ask me, "Gosh darn it, would you do it again? Would you be a doc? Of course, without a question. I have no question that I would be a physician again, even with all headaches and everything else. I went to school on the poverty program. That's the way it was. We had nothing growing up, but neither did anybody else. We did it. Am I out making enough to afford a new Lexus every year like the orthopedists are? No, I am not. Am I happy with what I'm doing? Nobody in my family has ever made as much money as I'm making, and I don't make anywhere near what some of the physicians assistants are making in the south, but I'm happy and I do what I do. I've made a difference with the community. One of the things I always tell my residents when they come and rotate with me is that if I stop down the street at the natural gas place,(there's another story for divergence, but I'll tell you anyway), there is a woman who works down there that came into me because her doctor was out of town. She was 34 and she had some rectal bleeding. At 34, I think probably hemorrhoid, and she did also. She had a hemorrhoid. I said, "But my gut tells me that we probably should look a little bit more." So this is when we're doing flexible sigmoidoscopy in the offices, back when someone actually paid us to do them instead of it costing us to do them, and I did one and found a polyp. It's great. I sent her to a friend of mine who had just finished his colorectal fellowship and he looked and he said, "Yes, just a sessile polyp." No big deal. Calls me two days later, he says, "It's Dukes' D." So, I have found metastatic colon cancer in a 34-year-old and the surgeon resects it. This woman is 62 now and she is doing just fine. So out of 1,205

people in Jacobus, I didn't make it 1,204. It's things like that that make it worth it.

Committee Member: You better believe it.

Committee Chair: Thank you so much for your time.

Dr. Knapp: Thank you.

Committee Member: Thank you, Kieren.