

**Archival & Historical Committee
October 9, 2017
Philadelphia Marriott Downtown
Philadelphia, Pennsylvania**

**Interview with
Larry W. Anderson, DO, FACOFP *dist.*
(ACOFP President 2016-2017)**

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12 Committee Chair: Good morning, Dr. Anderson. Today is Sunday, October 8th. We are in
13 sunny Philadelphia. Thank you for coming, so we'd like to ask you a few
14 questions and talk about your last year as President of the ACOFP.

15 What was the theme for your year?

16 Dr. Anderson: Well I want to thank you for inviting me to this meeting and recording this.
17 There were two things during my year of presidency that I wanted to focus
18 on. One was basically making the world aware of the ACOFP (I don't think
19 anybody outside of the organization has ever heard of us.) and the other
20 one was focusing on the students and getting them involved in the ACOFP,
21 especially the family medicine. So that's where I took off.

22 Do you want to talk a little bit about that?

23 Committee Chair: Sure. I mean how'd you develop this?

24 Dr. Anderson: This started in San Juan, Puerto Rico where I was installed as President;
25 and I met with the Governor's Advisor Health Issues. Governor was off the
26 island the whole time, so I didn't get to meet with him. I met with Mayor
27 Carmen Yulín Cruz and talked to her about health issues. We spent about
28 three hours going through her park [*sic*] with her and her Minister of
29 Health Dr. Morales. We also met with the President of the University

30 System discussing ways of how we could help stop the doctor drainage
31 from Puerto Rico. I took Dr. Ronnie Martin with me and we proposed a
32 plan that would take Puerto Ricans, put them in our school and help them
33 back into practicing. But prior to that, they've never heard of the ACOFP.
34 They knew what family medicine was, but that's about it. Also, the
35 Tourism of Puerto Rico met with us, this is in the middle of the Zika crisis,
36 and they wanted to film our convention knowing that a bunch of doctors
37 were still coming to Puerto Rico. We felt it was safe enough with
38 precautions that we had taken. That generated three YouTubes of videos
39 and so I didn't have to create my own, I had one professionally done by
40 them. They also took that and won an award in New York about three days
41 after we got back, recorded it to show at a convention. So the banner
42 underneath my picture the whole time was Larry Anderson, D.O.,
43 American College of Osteopathic Family Physicians, and so the rest of the
44 world now sees who we are and what we're doing. I met with the mayor's
45 office. Atlanta was trying to develop and renovate old properties, but one
46 of the criteria was certain office spaces had to go to underprivileged
47 people in order to help them do that, so I suggested a way through the
48 Public Health Service by using census tracks to identify spots to where
49 they could get physicians who could pay off their student loans but yet still
50 live downtown and provide medical services. Then have them develop a
51 business plan to where these new entrepreneurs would have to meet with
52 the budget office, have to meet with purchasing, have to meet with HR,
53 have to meet with finance, have to do things to have a little mini course on:
54 Here's how you run a business. So I think that put us in a different light of

55 where we're just now. Hypertension, diabetes, medicine, we know how to
56 do business.

57 Committee Chair: So I know it's only been a year, but do you have any feedback from those
58 projects?

59 Dr. Anderson: I have not seen how the Atlanta project is going. The project that we were
60 doing in Puerto Rico, we identified part of their health needs. We were told
61 that a mammogram takes six months to get a reading. That's pretty long if
62 something is positive there. They were just switching from wet films to all
63 digital, and by doing that, they could transmit their images. My main
64 hospital in Atlanta is Northside and they had agreed to where we could do
65 a collaboration with the hospitals in San Juan that we would read their
66 digital images. The other thing that we talked about is possibly having DO
67 specialty residencies go in and do work clinics. Their pediatricians were
68 leaving. Dr. Morales, their Secretary of Health, is a pediatrician. So we can
69 help them make everything better and also get DOs as a foothold into
70 somewhere off the 48.

71 Committee Member: So you talked a little bit about your accomplishments. Could you talk a
72 little bit what was your biggest disappointment as president?

73 Dr. Anderson: Not having enough wives. That was the biggest disappointment to me
74 because Pat worked herself to death. Every time we started a trip, before
75 we even got on the plane, she would've already made contact with the
76 leadership wherever we were going and where we were going to meet.
77 She knew who was who. Who was head of the students? And she would
78 have the restaurant setup to where we would have dinner with them, the
79 menu picked out, the wine selected, the private dining room and so it was

80 just all turnkey before we got there, so we were able to utilize just about
81 every minute of the time that I spent; and I think this is either with the
82 schools or with the state societies.

83 The second part that I mentioned for my theme was dealing with the
84 students, so I worked on this concept that if you asked for the president to
85 come and visit your school or your state society or anything, you get the
86 president and so I wanted to make sure you could see a face of the ACOFP,
87 have a contact, have a relationship and know that your problems would
88 get addressed and there'd be accountability for answers given. We were
89 traveling two to three times to a lot of these positions. Sometimes state
90 societies became student societies and we'd hear this of what kindness
91 was kind of like a chore. Some need more attention than others, some
92 need more of this area versus that area, but the end result is you build a
93 very small state society or a strong student chapter.

94 Back to your question which was...

95 Committee Member: What the biggest disappointments would be.

96 Dr. Anderson: Okay, outside of not enough wives. I think every president has a
97 disappointment that the calendar turned too quick. I don't think you sit
98 back and think of things that didn't get accomplished because what you do
99 is you planted the seeds for the rest of the board. And if it's a good idea,
100 it'll scribe people to take over with it and then they will do it, so I don't
101 have to think: Ah gee, boy that was a terrible failure. Wish I hadn't done it..

102 Committee Chair: Good. What do you see as the biggest challenge as the ACOFP goes
103 forward?

104 Dr. Anderson: I think the biggest challenge is making sure we're viable five years from
105 now. The landscape is changing aggressively. We only have ACGME. We
106 have ACCME. What's going to happen to our residency programs? What's
107 going to encourage people to join us versus joining somebody else? That's
108 going to be our biggest challenge. I don't think we're ever going to go
109 away. I think that during this process, we're going to actually probably
110 redefine what is an osteopathic physician. This is somebody who has a DO
111 degree that came out of a DO college that came out of a DO residency. Or is
112 it someone who practices the tenants of A.T.Still, not just in a medical
113 license but in the philosophy of treating the patient as a whole, looking for
114 health. That's one of his quotes. *"To find health should be the object of the*
115 *physician. Anyone can find disease."* I think in the future that an osteopathic
116 physician does not necessarily has to have a DO degree. We're looking to
117 where we're being trained by ACGME. Most of those are MDs. We've
118 noticed that our members who did an MD residency were just as
119 osteopathic as the rest of us and so I think we can learn and I'm sure our
120 allopathic brother can learn also. So that's what I see as our future, we're
121 going to have to kind of embrace this, let more people in because we need
122 to spread osteopathic medicine.

123 Committee Chair: Do you feel that that's the opinion of enough people in the ACOFP?

124 Dr. Anderson: Not yet, but I'm planting those seeds. Some people find it difficult to be
125 visionary and some people find it difficult to do change and not that they
126 think it's wrong; they're just very, very uncomfortable doing it and scared
127 of: Well what if? It stops a lot of that, so we have to have just some leaders
128 that are courageous that'll go ahead and stand up, say these things. And

129 after you hear them enough times and the world keeps revolving, then
130 change will come.

131 Committee Member: So how did you address the issue of membership during your year?

132 Dr. Anderson: Membership is always difficult. You do surveys to see: What do they want?
133 Do you give them what they want? And go: Well did that help? You might
134 have a small block. Did you lose anybody? Well you're always going to lose
135 people. There's always attrition. There's always people who retire and
136 people move, 1,001 reasons, but the number stays the same. The biggest
137 change that I tried with the membership was to initiate the thought
138 process of that we have to take charge. We say: Okay, how do I know what
139 discrimination feels like because I felt the sting of that during my medical
140 career, so why should I put discrimination onto someone else that I'm
141 working with. You can welcome people with open arms as partners or you
142 just don't succeed.

143 Committee Chair: How much communication took place from you as president and the
144 membership at large?

145 Dr. Anderson: Actually, Annie takes care of the communication. We have the President's
146 Blog. We send out newsletters. We try to keep our membership informed
147 of what's going on and then be responsive to them from emails. To be
148 honest with you, I probably got two emails the entire time that I was
149 president. Even though I gave out my card, it always had my personal
150 email on it, my corporate email and nobody emailed. Now I also often
151 spent two to three days with them, so either they got all their questions
152 answered and everything resolved and emails back to corporate of: We
153 need to change this or address this issue or fix that. I did not use social

154 media as much as some of the others. It's always difficult to figure out:
155 How do you communicate with the people who want to communicate with
156 you? We have such a divergence of age ranges. I still wear an analog clock.
157 I have students that come through with a smart watch and ask me: "What
158 time is it?" Because they were just raised on digital and just have not
159 switched over to being able to look at an analog face and tell me it's 10
160 after six.

161 Committee Member: So could you describe the team concept for mentoring your upcoming
162 board officers?

163 Dr. Anderson: Okay. ACOFP board has always seen itself as a family of where we
164 encourage our spouses to come. When we have our board retreats through
165 the summer where we do a lot of our not only the board work but do a lot
166 of board training, encourage family members to come and we always greet
167 each other basically with a kiss of peace when we get together and when
168 we leave and so it's very friendly, intentional cohesive group that meets
169 together. When I was president, the suite was open every night whether I
170 was there or not. The last president suite I had open, Pat was running it in
171 California and I was in Orlando, so the suite to me belongs to the
172 membership. So if I'm not there... At 10 o'clock every night, I would not
173 say goodbye or goodnight to anybody; I would just kind of melt to the
174 crowd and head to the door, close the door, go to bed. Pat's a night owl, so
175 she'll be up to 12/1 o'clock every night till the last person was ready to
176 leave. Pat and I talked about this and I said, "I want this room to belong to
177 the board and anybody else that wants to come in." And I says, "What we'll
178 not ever do is cut the lights off or tell people it's time to go."

179 Committee Chair: Share with us how you as president managed the budget.

180 Dr. Anderson: "What budget?" is what my treasurer says. We do have a very active
181 Finance Committee that looks over this. We don't micromanage staff,
182 which is the majority of the budget. We have regular trust in the staff.
183 When we do our budget, once we hit the point where we need to cut
184 something else but we can't figure out what to cut, we'll give the budget
185 back to staff and let them go through it and figure out where we can put
186 these pennies and where we can do some things with that. We do run a
187 reserve and we keep a big watch on that. We have several million in
188 reserves, and we have some leeway to do other things.
189 I'll talk about my biggest budget buster was a student dinner. (inaudible).
190 Traditionally when we take students out, there's usually about 20 and I
191 would always include spouses. I would always say, "This is family
192 medicine," and we would emphasize the word family. Most of them don't
193 have children, but some do and so we always invite the children to come.
194 It's the thought that: We want you here at this dinner to be part of this
195 family that having a child is not a penalty. The youngest we had was three
196 weeks. The oldest we had was 18, so there's wide varieties of families
197 entering. This one started out as 20. This is up in Oregon in the
198 wintertime. There's only one road in/one road out and if the state police
199 closed the pass, which I'm not sure where that was but that was a key
200 word, then nobody left. So a storm had snuck in, closed the pass and so we
201 got all these residents with their wives, spouses, and a few children; so
202 they were scattering to try to find out where can we spend the night. So
203 students that had rooms, they were doubling, and tripling up. There was

204 only one restaurant. The 20 morphed three times into 80 and so we fed 80
205 students and residents because they were snowed in and they had no
206 place to go. I think the ACOFP will get a lot of benefit down the road
207 because they can say when we were kind of in a lurch, they took me and
208 the family, put us in this nice restaurant, gave us a very nice meal, and took
209 care of us. We ended up two dining rooms and some tables out into the
210 general sitting area. Is that something I try to do every time? No.
211 Certainly conscious of the budget, but I'd look at spending the budget and
212 especially investing in the students as a good deal. Somewhere down the
213 line, they'll come into membership, they have seen at the benefits of
214 family.

215 Committee Member: So you talked a little bit about students already with the theme and
216 throughout. Do you have any other things you want to share about your
217 activities and travels as ACOFP President with students and residents?

218 Dr. Anderson: Students were always happy to see us. That was really impressive. But
219 kind of a spinoff was that was if I had the students, then I always had the
220 family practice department there. In fact, I always had the dean. I had
221 more deans show up at my student dinners than any other time when I got
222 to see deans, so that was kind of unusual. Sometimes the student societies
223 would invite me and we would go up have dinner with them and I see all
224 these people and realize that these are deans, assistant deans and they
225 would always come because they thought it would be disrespectful for the
226 president of the ACOFP to come to their school and they not make an
227 effort to come out and some would just stay five or 10 minutes. They

228 would drive to that restaurant and wait and meet with me and just walk
229 with me and then leave.

230 Committee Chair: So currently how many members, full dues paying members do we have,
231 not counting students, interns, and residents? Do you know offhand?

232 Dr. Anderson: No, that's the short answer. Annie, could you help me with that answer?
233 Okay, well don't tell Pete that neither of us know the answer.

234 Committee Chair: We'll skip that.

235 Dr. Anderson: Let's skip that question.

236 Committee Chair: All right. What will be your fondest memory of your presidency that you
237 will always remember?

238 Dr. Anderson: I think is the event in Puerto Rico. We actually - - Pat and I were actually
239 there for two weeks, so we had to get there before to get a lot of things
240 setup and stay there about a week after finishing up all these meetings,
241 and then we went from there to Washington and then to New York, and
242 back to Washington. For the month of April, that was the month that I was
243 installed, I spent a total of two days in my office. So it was huge travel,
244 doing a lot, living out of suitcases, and just having a good time flying that
245 ACOFP flight. That was great.

246 Committee Chair: Awesome. Thank you so much. We appreciate you coming and giving us
247 your insight. Was there anything else you wanted to close with?

248 Dr. Anderson: ACOFP is a very good organization. I started my membership in 1974 and I
249 think the main reason I joined is it was the only way I could keep this girl
250 in my class away from me so I could study and get that membership card
251 off my desk because she would not leave until I signed it. I signed it, I had
252 no idea what I signed. Then I started getting all these things from the ACGP

253 at that time and then realized I had just joined family medicine and so I
254 was very pleased that my membership date goes back that much. I'm so
255 glad that you all invited me down to this. This has been very nice.

256 Committee Chair: Thank you.

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