



**Archival & Historical Committee
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**Interview with Marcelino Oliva, DO, FCOFP
American Osteopathic Association President – 1999-2000**

Dr. Froelich: Dr. Oliva, the Archival & Historical Committee appreciates your being here today and we want to thank you for taking time to share your experiences and history with us. To get things started, I would like to ask you how you initially got involved in the ACOFP.

Dr. Oliva: I got started with ACOFP, the ACGP then, just after I began my family practice in Dade City, Florida, in 1965. I went into practice with Dr. W. E. Stanfield, D.O. who was my mentor and had been instrumental in helping me get into osteopathic school in Kansas City. I started my practice with him in 1965 right after my internship which was in Tulsa, Oklahoma. I practiced with Dr. Stanfield for a couple of years and then I bought his practice in about 1968. He stayed on practicing with me as an independent contractor for the next 25 years until he retired which was after I finished my tenure as president of the AOA. I became active in the ACGP after being involved with the Florida Osteopathic Medical Association (FOMA). There was a family practice chapter that was started there. The present ACOFP chapter is still functioning. It had a little rocky beginning; but little-by-little many leaders of FOMA were elected to the presidency of the Florida Society of the American College of Family Physicians and it eventually flourished. You know, by the previous history, that many of those leaders served in the state and national societies and that they were quite successful through the years. I'm active with our state ACOFP and its leaders. I

participate in many of the programs and I am always at the July Annual Meetings, but I have never held any office in the Florida Society. So that was my beginning, which basically coincides with the fact, as most of you can attest to, that you don't really separate the AOA from ACOFP. Many of you have taken leadership position in the ACOFP and others with the AOA. Some of us have not been able to participate in everything as much as we would have liked to, not because of lack of interest, but basically because of the restraints of time. You can only do so much and still stay in an active medical practice. So I've been a very loyal member of ACOFP since early on when I first started my practice in Florida.

Committee Member: What was family practice in Bay City like for a young osteopath?

Dr. Oliva: Well it was a good practice like we had it back in 1965. Of course there was discrimination against osteopathic physicians at the time but we made the most of it. Dr. Stanfield built a fully certified hospital with only nine licensed beds. As a matter of fact, Dr. Neer [who is in the room] can tell you a few things about that place then. One of his daughters was born in that little facility when he was practicing in Land of Lakes, Florida. We had a facility and a practice that was open 24 hours a day. I'd equate it as being the first walk-in clinic. I think the concept evolved out of necessity. We had nurses around the clock and Dr. Stanfield and I rotated. It was just the two of us. He would work one weekend and I would work another. I delivered about 3,000 babies in that facility. Ultimately I filed a federal lawsuit on behalf of our hospital against discrimination toward osteopathic physicians by a tax supported hospital. There was a hospital named Jackson Memorial. That's not the Jackson Memorial Hospital of Miami, but a different Jackson Memorial. A local Dr. Jackson started a 50-bed hospital there. Dr. Stanfield was not allowed to practice in that M.D. facility and neither was I. So at one point I told him, "Stan, why can't we go over there? I've known all the doctors for years. My brother owned the lab and x-ray department there.

Through my years in college, I used to go over there. So why can't we go over there now?" He said, "Well they don't allow osteopathic physicians to practice there." Ultimately I filed a lawsuit. I think if you talk to some of the DOs in that area in Florida they will tell you that our federal lawsuit opened up a lot of facilities throughout the state for osteopathic physicians. At that time, we had several predominately osteopathic hospitals. Dr. Howard Neer was in Fort Lauderdale. Sun Coast Hospital was still in existence over in Largo, but not the Sun Coast that it used to be. I enjoyed the practice there but I only came for six months. I originally came to back to Florida directly from my internship in Tulsa, Oklahoma. Many of you are probably familiar with Tulsa; I was asked to do a preceptorship there in ophthalmology with Dr. Galusha. He had me lined up to go to Michigan to a very prestigious institute for a basic science year in ophthalmology and then I was to come back and start a preceptorship with him. As I was finishing my rotating internship there in Tulsa I saw in the DO magazine that Dr. Standfield was looking for a doctor to practice with him. I still wanted to do family practice so I called him and said, "Look, I am interested in practicing in Dade city with you but I may not be able to stay more than six months, after that I will probably be going to an ophthalmology residency. I might not be there very long." He said, "I need somebody now so come on." I went to Dade City under that circumstance, not expecting to stay more than a short while and I never left. I stayed there in family practice for the rest of my career. I joke with some of my ophthalmologist friends like [AOA past president] Phil Shettle and say, "If I had stayed in ophthalmology, maybe I'd be as rich as you are now." Of course even those guys don't think they're getting adequate pay. It really was a wonderful practice to practice. Dr. Standfield delivered my two daughters there. When I bought the place out, I moved in into what was supposed to be a little wing of the clinic for an extended number of beds but wasn't in use. So we lived there and if

somebody came in the middle of the night, whoever was on call would take care of them. Our medical malpractice insurance was less than \$1,000. People didn't sue you then and people that came to see us were there because they liked us. Those that didn't like us, they would go somewhere else. Those were the days when you could tell a patient, "I want you to stand on your head and I'll be back in a little while." And they would do it. Well not literally of course, but when you asked a patient to do something they did it. I learned more medicine there from Dr. Standfield than I think I would have learned in any other facility. We did everything and it was fun then. Things became little-by-little more complicated. The specialist started coming into the area and into the hospitals. That basically forced us into a situation where we were allowed to do less and less even though we had been doing certain procedures and other things for years. Then it got to where we couldn't deliver babies anymore because of mal practice premiums, etcetera. When HMO's took over it was like we became more of a triage service than primary care physicians. Because of the HMO rules on referrals our new patients would treat us like we were a burden; you know, it was like something that they had to do in order to get to a specialist. That is not good primary care. They were just there to get the referral; they were not interested in good care from me. I missed the old doctor-patient relationship of trust and care and where they came to me because of me. Medicine really changed. I sold our practice in 1992 and then worked for the physician that bought it for several months. 1992 was the year that I ran for the Florida Senate. I was very fortunate that I was defeated because I probably would've been a one term State Senator. I don't think that I would be able to do everything that political leaders expect for you to do. They expect for you to vote the way that leadership demands rather than the way that a person knows is best for their constituents. You know, like what happens here lately all the time.

Committee Member: Tell us a little about the race for the Florida Senate

Dr. Oliva: I ran for an open Senate seat and I ran as a Democrat. At that time there were still a few Democrats left in Florida! I ran in the Democratic primary against an incumbent House member that wanted to run for the same Senate seat that had opened up. That seat was divided, and included all of East Pasco County and parts of three other counties, which were kind of my area. There were three candidates running for this primary. One of the candidates was a woman from my county running a hard campaign in Pasco County. She split the Pasco County vote which was my strongest area. That put me in a runoff with the third candidate. I ran against him in the primary after the woman was eliminated, and then I only lost by 318 votes in the runoff. I didn't miss it by much, only about 300 votes.

Committee Member: If I remember correctly, your AOA inauguration was pretty close to that same time wasn't it?

Dr. Oliva: That was 1988 and '89 that I was serving on the AOA as president-elect and president.

Committee Member: So 1989 was your term? Was that '88-to-'89 or '89-to-'90?

Dr. Oliva: Well '88 to '89, I mean they overlapped.

Committee Member: So did you run for the Senate after your AOA term?

Dr. Oliva: Yes, the Senate run was not until '92.

Committee Member: Why didn't you run again?

Dr. Oliva: I did. I ran for the Florida House of Representatives. You know, I received the endorsement for the Florida Senate race by all four major newspapers in those three or four counties because the fellow that I ran against had been an incumbent for 18 years and basically did not have a good record. I even beat him in his own county. I mean, it was very close. Then again in 1994, I was asked by Representative Long, a legislator in the Florida House of Representatives, to run for his seat. He had been chosen to be the Speaker of the Florida House in his next term but he changed his plans and I was asked to run. Of course, my wife really did not like the process, but

she and my kids had walked precincts with me during the previous Senate race. In that race in 1992 we walked all of Spring Hill and Hernando County and all of the counties. All that hard work is what got me into the primary and nearly got me elected. So Rep. Long asked me to run and my wife, Lora Lee, told me, "It appears you don't have this running for public office out of your system yet, so I'll support you and we'll do it but only with a proviso that Representative Long is going to endorse you and supports you." So I went to visit with him along with several lobbyists from various organizations. Those included Steve Winn with the Florida Osteopathic Medical Association and representatives of other organization like the Florida Medical Association, the Florida Academy of Family Practice, and the podiatrist's association. There was a bill in the special session that was coming up and we went to Rep. Long's office to talk about the bill. He had an opportunity to take the job of Superintendent of Schools in Pasco County; that was an elected position and he really wanted it. He was going to run for it and drop out of his State Representative's position. He was already the associate superintendent as his regular job. So the lobbyists from the Florida Medical Association, a podiatrist, an osteopathic physician, a Steve Winn, all of these people were there in his office to discuss an upcoming bill. Steve Winn, said, "Representative Long, we are here to discuss a bill, but we also want to find out what you feel about Dr. Oliva possibly running for your seat." Representative Long said, "Well you should be talking to Dr. Oliva about that because hopefully he's going to be the next Representative from this district and I'm endorsing and supporting him." Representative Long took me to Tallahassee and he got all the lobbyists in his office that he could and asked them to support me. I ran a good campaign. Nobody ran against me in the Democratic primary. When the candidate for the Republican Party came up, I was running against him. I got a call at about 10:00 p.m. one night from Representative Long and he said, "You know I'm getting pressure from the other

camp. If the newspapers ask me, I'm going to tell them you didn't ask for my endorsement and I did not endorse you." This was only a short time, just one month, before the general election. I said, "John, whatever you want to do is fine but I can just imagine what the headlines will read: 'Marcelino Oliva is a bold face liar'. Fasano, (my Republican opponent) will claim that Oliva is saying that John Long endorsed him and John Long says he did not." I'll be damned if Fasano and Long didn't do just that. In his final mailing to the voters just before the election he literally used those words. He called me a liar. At that point I got disgusted with the process. I found that I could do more for the profession by representing the Florida Osteopathic Medical Association as chair of the Legislative Committee and chair of the FOMA-PAC than I could by being a member of the Legislature and that's what I decided to do. I would not run for a public office again. It takes a special type of person to hold public office. You have to have thick skin. Your family and your kids walk precincts with you and they do all that they can to help you get elected. It puts a lot stress on the family. My kids were hearing all of what was going on and they would say, "Dad, you didn't lie. How come they're saying that?" That was the end of my legislative career as a candidate.

Committee Member: How did you become involved with Frank McDevitt? –Was it through the legislative side of and state politics or was it through the governance side of the AOA? Did you two become so close because you were the president of the AOA or was it through your association with the legislative process?

Dr. Oliva: We met earlier than my run for public office. When I was president of FOMA, we had a convention, and at that time the issue was PSROs [Professional Standards Review Organizations]. Frank, as all of you knew him, was expert on many things, insurance was one of them so I invited him to come to Florida as a speaker. That's when I was FOMA President and he came down. Then a long lasting relationship

started when AOA President Paul Wilson from Florida appointed me to my first job with the AOA as a member of the AOA Bureau on Federal Health Programs in Washington. It was called a "Council" then. I sat on that Council with John Burnett and Frank McDevitt and many others. Elmer Baum from Texas was very active at that time. Baum used to come to the Council meetings and he was very instrumental. He was one of the pioneers of OPAC. It was during those years that we started the original OPAC. The original founders were Elmer Baum, Joe Namey, John Burnett, Myself, Frank McDevitt and others. I was one of the founders of the FOMA PAC also. I believe that Elmer Baum was the original Chairman of OPAC. So about then is when Frank and I began our really strong relationship through the Bureau in that way. That relationship expanded through the years.

Committee Member: Your involvement with Joe Namey on ACOFP side, was that because he had moved to Florida? Was he active in the Florida association?

Dr. Oliva: I knew him and respected him earlier before that time. I met him earlier but he never served on the Council of Federal Health Program. He was the advisor for Pennsylvania and we had that relationship for many years until he died. My relationship with him was mostly him representing the ACOFP interest before the AOA Board of Trustees and then later we established social relationship. We used to go out to dinner and all of these things.

Committee Member: What motivated to go into politics? What were your first interests in politics?

Dr. Oliva: Well as you know, I was going to Tallahassee, since I was chair of the legislative committee after I was president of FOMA. I felt that we needed a physician member of the Legislature, particularly an osteopathic physician, we never had one. Incidentally, we just elected our first D.O. to the Legislature for this term. I felt that I could do more. I thought that we could have more of a voice and an open door, particularly in the battles that we fought on discrimination and privileges into

hospitals. All of that didn't make any sense to me then. It existed as the standard back in the '60s when I first started and that's what got me involved. I thought that as a member of the Legislature, I would have an opportunity to provide more input for ideas that resonated with osteopathic physicians and with our patients in Florida. So that's what motivated me to run for office at first. But I lost that motivation quickly after those two elections I mentioned because it was not the way to go for me.

Committee Member: Was one of the factors against you that it was the first time Florida had a Republican governor in like 50 years or something? Did that factor enter into your campaigns?

Dr. Oliva: No. When I ran in '92, we had already had Claude Kirk as the first Republican Governor and that was back in the early times of the early '70s and then Bob Martinez was the second one. Both were only one term Governors. When I ran, I think the governor's office was still held by the Democrats. But there was a shift that you could feel across the state as Florida was turning more red - just as most of the southern states did. Frank told me I should be a Republican because the years of me being a conservative Democrat. A blue dog Democrat is what I think that I am. Most of us are long gone. I said, "All those people are Republicans now." I said, "Well, I'll hang in there with the three or five of us that are still left in the Democrat Party." But you could see that the change was happening and ultimately the state legislature was controlled by Republicans. Jeb Bush was the third Republican Governor and he has been very popular and served a full term. Charlie Crist, another Republican serving now, also has a high rating and is very popular, so I don't see any major shift on the horizon. I followed the Obama campaign from the area. Dade and Broward County are strong Democrat areas, and the only way for a Democrat to win a statewide election is if they carry that corridor between Tampa and Orlando. There were, in this last election, a lot of Hispanic votes outside of the African American votes in that corridor. That is what carried Obama because the strongholds, the Democratic polls,

are carried still now by Democrats - Dade, Broward and parts. As you get up towards Palm Beach, I think that becomes more Republican. But the only other presidential election won by a Democrat was Bill Clinton back in his first or second term, I forgot.

Committee Member: Who were some of the leaders that influenced you besides Dr. McDevitt when you were young and impressionable?

Dr. Oliva: Well at that time, it started with Florida. I mentioned Dr. Standfield. He served as FOMA past president also, was active in the legislative process. Merv Meck, some of you may still remember was a past president of the AOA and influenced me. I mentioned Paul Wilson as well. He's an AOA past president. And there was Woody Horn; he served as FOMA Executive Director and also was one of the past presidents from Florida. They got me involved in the organizational aspect. I started like everybody does: being president of your district society first and then I moved on to get in the FOMA pecking order and same things that we all had to do. So those are some of the people that got me started. What also motivated me and brought some notoriety was the lawsuit that I filed in regards to staff privileges. That gave me a lot of insight as to what we should do and how you get to where you want to go in the political process. I looked at it and I became involved in political campaigns and contributed money to political candidates way back before we had PACs and other organizations. The Board of Jackson Memorial Hospital, the little hospital near where Dr. Standfield and I were, denied us privileges. However, they were appointed by the Board of County Commissioners. So the County Commissioners had to run every four years and would come and say, "Dr. Oliva, we appreciate that you us gave your support and this and that, and we want to thank you." I would say, "Sure, I was happy to help and I'm only going to ask you for one thing. I support you financially and support your campaigns and work for you to get elected, so when your turn comes to nominate a person on the Board of Trustees of Jackson Memorial Hospital, would you

take out one of the bad guys and put in one of the good guys." So that lawsuit that I filed went through the drawn out legal process and it was up to the District Court of Appeals agenda but they never rendered a decision on it because it became moot when three out of five Board of Trustees at Jackson Memorial were replaced by the "good guys". We immediately changed the bylaws and the very next day half of the medical staff left and the other half stayed with us. The half that left us went out and got Humana to start a new hospital there. That whole mess is what got me really motivated and involved in the political process as well. I always impress upon osteopathic physicians how important it is to get involved in the political process. As osteopathic physicians or as family physicians we will always have battles to wage for our patients or for our profession. The most effective advocacy for the profession is personal relationships your legislators. You create those relationships by your involvement with people before you have need for their help. We all need to be doing more. That's the way we will protect our profession, our livelihood and our patient's rights.

Committee Member: Does that take a lot of money?

Dr. Oliva: Well money certainly helps but I am talking about all forms of involvement: political contributions, visits to district offices, personal letters and e-mails to give information on what is going on with your practice and their constituents, working in their campaigns...you know, any of those things. But you can't wait until you need their help; it might be too late by then. Start now.

Committee Member: That's great advice for all osteopathic physicians. Dr. Oliva, what about the future of family practice? What do you see as our future?

Dr. Oliva: We all seem to discuss that no matter what form, whether it's here at this meeting, whether it is at the AOA retreat or whatever. You know, what's happening with lawsuits and tort reform and residency programs in family practice and reimbursement

issues, but I think that there is a... well; we're going through a bump in the road I would say. I think there's a lot of good coming in our future, particularly with the medical home concept that is being talked about and might be funded or whatever it's going to be, by government. It appears under this administration that the medical home is something that they want and it appears that Obama has a strong relationship, I was told today, with a Congressman who has knowledge about the concept. Was it Burgess from Texas? We were told that one of the MD Congressmen and Obama apparently talk frequently and they talk about primary care. We are told that they talk about reimbursement issues for family practice, the fact that we are losing so many primary care physicians and how there's a decline in the number of students choosing primary care, and how we don't have enough primary care physicians to take care of the people. So I look at it as, well, if we continue to shift the emphasis to primary care, trust me, you have a bright future in family practice. You will have a bright future in primary care and I think that eventually we all will be properly rewarded and reimbursed.

Committee Member: I want to follow-up with something you mentioned when you gave some introductory remarks. You were talking about some of the hospitals in Pinellas County, Tampa Bay area and the foundation and history of that area. There's been a big buy out of osteopathic hospitals and a big consolidation thereafter. What's your perspective of some of the history of the hospitals in that particular area and how it applies to our future?

Dr. Oliva: Well, the biggest thing that we were concerned about when HCA purchased was that we do not lose anymore osteopathic training programs. I mean Howard [Neer] was involved as owner of the hospital. That hospital may be owned by somebody else but it still has our training program. Howard is that correct?

Dr. Neer: Yes, that's correct.

Dr. Oliva: So that's the biggest concern. But it's like everything else; our success has gotten in our way. Osteopathic physicians were loyal to the institutions that they supported back in our days because that's was the only place that they had to go. The hospitals had the surgeons and the family practice people referred patients to the surgeons and all of that, so they had a network and those hospitals became successful and financially viable.

Committee Member: In the early years, some of those hospitals didn't get along with each other. Were you involved with some of that politics?

Dr. Oliva: Yeah, there were two in Tampa and people were always fighting. You know: "Don't go to Dr. Beville's hospital." "You go to this hospital or that hospital." But as all the hospitals merged, it became different. We became accepted; D.O.s can go anyplace they want to now. We know that. We see D.O.s in every hospital and institution and therefore the loyalty changes depending on the institution where they practice. The managed care and all of that has had a lot of influence as to where D.O. physicians go or what they do. This is what I've seen is happening in our area and across the nation.

Committee Member: What did you see in your AOA presidency as your greatest accomplishments, and what do you see as something that you wanted to do but maybe did not attain during your tenure?

Dr. Oliva: Well, I had a few goals and one of them was the enhancement of the status of the "Small States". At the time, the profession was strongly concentrated in five or six states. So my initiative was to enhance the standing and the opportunities of the emerging states, they were called "small states" then. So the large states, Pennsylvania, Michigan, Ohio, Florida and Texas were in power as the "large states" caucus. The AOA Board allowed me to put in a proposal to expand the Board by three positions and those three positions would not go to any state that was already represented. We could not put that into the bylaws, but it was an understanding that

we had. So the small states group was able to get three positions on the AOA Board. Then, through AOA funding, I was able to get the regional Executive Directors of the emerging states going and working to help each other. We had one regional director in the northeast and the northwest and with some help we were able to expand services to the organizations and members of those states with very few D.O.s that did not have executive directors and other resources. The AOA paid for a person to be the regional director and provided them to the small states along with opportunities to have conventions in regional groups; maybe four or five states would get together for an event. That helped them increase the numbers of osteopathic physicians in the smaller states during that time. Paradoxically, that has come to bite me on the rear lately, but that's another subject - we don't want to talk about that right now. Today those same states are not small states anymore, they're large states. I think that our effort was instrumental in expanding the profession in those less populated areas like Mississippi for example. Then all of those states began to have their own division or society. Arkansas was one of them that developed afterwards. Oklahoma served as their mentor and little-by-little more people, more D.O.s, found that it was good to practice in those rural areas of Arkansas etc. That is what I consider one of the greatest achievements of my presidency. I think the other was our support of the Osteopathic Hospital Association which, unfortunately, has since been dissolved because of so few remaining osteopathic hospitals. So those are two major things that I had a hand in. My forte was never education. My strength was involvement in the political process and other areas. But it was during my administration that we had to implement the alternative pathway mechanism resolution that dealt with how we got DOs that had done allopathic residencies back into our fold. It was Joe Stella, who's a master in education, that helped me through the process. It was during his presidency, that the re-entry resolution was approved and it was during my administration that we had to

implement it. That was a very difficult thing to do. We had an implementation meeting with all the specialties represented. The meeting was held in San Juan, Puerto Rico. I told Joe Stella that we had to have the meeting in Puerto Rico because that is as close as I can get to Cuba. He laughed and agreed to it. All the specialty groups came to that meeting. In the internal medicine group, there were two individuals in particular that came and had very strong opinions. A lot of leaders thought this was going to be end of the profession to have ACGME trained D.O.s come back into the AOA. Ultimately it was difficult to change people's ideas. That was a very difficult part of my presidency. The other challenges were smaller. We have more than 60 thousand osteopathic physicians now and the AOA's problems are larger than they were during my time. Implementing the re-entry for ACGME trained D.O.s was a major accomplishment and one that we ultimately got done but it was a difficult time because of the mindset of certain specialty colleges. They felt that they were going to lose membership.

Committee Member: What do you think has been perhaps your greatest accomplishment in relation to ACGP or ACOFP?

Dr. Oliva: Well as all of you know, and I've said it many times that I've been an ACOFP member and a faithful participant for a long time. I did not choose to go the route of ACOFP leadership like all of you all have because of the restraints of time that I had. But I've been always active in ACOFP. I believe that, because of my particular expertise, one of the ways that I have had a positive effect on the ACOFP has been as the legislative liaison to the AOA. We established several years back. As you know, the ACOFP gives a financial remuneration to the AOA for the maintenance of a federal legislative and regulatory liaison. I have to mention Frank McDevitt again. It was Frank who started that merger. Before then, the ACOFP would have some representation in Washington through various means. For a while, it was by hiring one of the big firms

and spending more money than I thought it was worth just to get nothing but papers. There were no doors being open to ACOFP at that time by a large legal firm and through the years there was nothing that was effective. There only progress that the ACOFP ever made was through what the AOA would do voluntarily for us; that is until that merger. You can call it a merger or arrangement, a letter of understanding or whatever you want to call it. I believe that it has been very beneficial for ACOFP because we have great representation on our issues now. Sure we give the AOA a substantial amount, but I would say with that money, you have the full resources of the Washington office and it all keeps growing. The ACOFP has the full resources of the entire AOA office and we have one person completely dedicated to keeping the ACOFP membership up to date and involved. He lets us know the things that are happening in Washington and what is coming up next, when we are going to have an advocacy for whatever the issue is. So I think that that's one area that has turned out really well for the ACOFP partially because of my involvement. That is at least one thing that has directly benefited the ACOFP. I am also the committee chair of the ACOFP Federal Legislative Affairs Committee.

Committee Member: How long have you held that position, and how has that worked into the relationship?

Dr. Oliva: I was trying to go back and think about that when we had the meeting this morning. It's been several years and I think there has been a division. At first we had the ACOFP Federal Legislative Committee, which I chair and now there's one for state issues. By the makeup of the committee, there are a large number of present leaders and representatives from different states. I have held that position a long while. I think I became Chairman of the Council for Federal Health Programs, now the Bureau, just about 15 years ago. I chair the AOA Bureau of Legislative Affairs now, and people thought that I would be a good choice to chair the equivalent ACOFP committee.

Committee Member: How did your position on the AOA Bureau of Legislative Affairs and the ACOFP Legislative Committee help the ACOFP and how did that benefit the two organizations?

Dr. Oliva: It was my expertise and the knowledge of legislative process that I've accumulated over 30 some years in legislative affairs. So as for me, and particularly when I chaired The Committee on Federal Legislation for ACOFP, I focused on our interests, especially the things that were of interest to ACOFP with regards to the agenda, the committee, and all that. I think that my expertise has been helpful to both groups. That may be short lived right now because other factors. I mean at some point you have to give it up and say I'm doing something else and moving to something else.

Committee Member: Dr. Oliva, you have fought our D.O. /M.D. battles. We've been discriminated against and you've spent considerable funds and energy trying to get practice rights for all of us. Now some of those past enemies are a part of our coalition on the Hill. Some of those feelings still are inside of me; I'm sure they're inside of you. As we move into the future, how do we survive this delicate dance with our enemies of the past? I noticed the AOA resisted a seat with the AMA for years, now they're going to accept a seat in the AMA House of Delegates. We resisted the AAFP's attacks. We've competed heavily with them. Now we're advocating with them. How do you see us doing that dance?

Dr. Oliva: I think that the request to have a voting member of the AOA at the AMA House of Delegates - that resolution at the AOA was defeated. I didn't support it, and generally the field of past presidents did not support it for the simple reason that if you send somebody, they represent all D.O.s and all issues. If we send somebody, then with every issue that comes up at the AMA House of Delegates, someone is going to say, "Dr. So-and-so, how does the AOA feel about this issue?" Here you're going to have one person speaking about every possible issue... Well he or she may not know the

AOA position or policy. Not only that, I think it's a dangerous proposition. The AMA could then say that they had representation from the AOA and that they spoke for the entire osteopathic profession on those issues. I think that we have reached the level that I personally want and that is to have co-existence with the allopathic groups, obtain their support and their expertise and have collaboration with them on the legislative front. The AMA has an office in Washington, DC and we work together on a weekly basis. Our issues are basically the same on certain areas like reimbursement, issues that involve scope of practice issues and tort reform. We're parallel, and I would like to keep it that way. However, if we were to accept a position in their House of Delegates, and this has come from their leadership who is apparently very open-minded on this issue and would like it very much. Unfortunately, if we did that, it would allow the AMA to, with some legitimacy, say that they speak for the entire House of Medicine. Good grief, right now they can claim that they are the spokesman for the House of Medicine and their membership has fallen to near only 25% of all M.D.s. The way it is right now we can say, "We're a small group, but the AMA does not speak for us. We are the voice of osteopathic physicians." I know that one of the AMA past Presidents and AOA past President Peter Ajluni have been friends and that this subject has come up. But from my recollection of the meetings, I think that the resolution was defeated or moved on and postponed.

Committee Member: Separate and distinct?

Dr. Oliva: We're not so separate or distinct anymore according to them. They have contacts and many times they would rather have D.O.s in their training programs than M.D. medical graduates. This is what I've heard. So the bottom line is that we have arrived and when they were tearing us down, those days you just have to forget. You don't forget of course but you put them aside.

Committee Member: Do you believe that osteopathic medicine will survive the next half century or be absorbed into the M.D.s?

Dr. Oliva: I don't know. The next half century, that puts me under the grave. It's difficult to say. But we have survived more difficult times like with the California merger. That was the time that we came the closest to a full merger; and if we continue having the loyalty that we now have with the groups like this, and if our groups like the ACOFP and our leadership have pride in being D.O.s we will do fine. There is still a lot of pride in the profession in most our students, which unfortunately some of the schools are not doing much to cultivate. I mean the colleges brag on the fact that they get 3,000 applicants for 150 seats and all of that. Why don't they pick out the applicants that truly want to be D.O.s? There's nothing wrong if you want to be a doctor and that you want to be an M.D. just, God bless you, go be an M.D., just not in our schools. We should be recruiting and accepting students that are osteopathically oriented. The families that you see here around you, their sons and daughters are DOs. These are the people will never abandon the profession. I think that we will survive if we continue to be proud that we are DOs and that we're different. DOs have been able to make a living and really help people doing what they're doing; some make a better living than others of course, but they can all still make a good living if they are willing to work and practice osteopathic medicine.

Committee Member: Dr. Oliva, what do you see as the future for family medicine, primary care and the ACOFP?

Dr. Oliva: The future of ACOFP, as I mentioned earlier, is very bright. I mean we've gone through that question earlier. All of medicine is going through a bump in the road right now with President Obama's administration. Now there's talk about primary care leading us out of the mess we are in. We talk about the patient centered medical home concept as being the savior of primary care and of our entire medical system.

There is talk of increasing reimbursement for primary care and there is now recognition that we are losing primary care physicians and that there are not enough to take care of the numbers of people that we have. I think that the future is bright if we are able to continue to train a large percent of our students in primary care. So I'm optimistic about the future of primary care in spite of the fact that it seems like a lot of the younger graduates feel that they won't be able to pay those huge loans or that they are accumulating or at least they can do it faster with specialty medicine. I believe that the ACOFP will survive this all very well.

Dr. Froelich: It's been quite an honor to have you here this morning. The committee members and I wish you many long years of continued success and we want to thank you for your service to the ACOFP and to the profession.

Dr. Oliva: Well thank you so much. This profession has been too good to me and I could never repay it for all the many blessing that it has brought to my family and to me. I didn't know I was going to talk that long. I hope it was the right stuff.

Committee Members: It is always easy to say the right stuff when it comes from your heart. Thank you.