

**Archival & Historical Committee
November 1, 2011
Peabody Hotel
Orlando, Florida**

**Interview with
Louis J. Radnothy, DO, FACOFP *dist.***

Committee Chair: Dr. Radnothy, as chairman, I would like to thank you for being here today.

Dr. Radnothy: Thank you for having me here. It was certainly an honor to serve the profession, particularly on the ACOFP Board of Governors. It was a real honor and I appreciated the experience. I am very thankful for that period of time in my life.

Committee Chair: Please tell us a little bit about how you got involved in the ACOFP?

Dr. Radnothy: After spending 25 years in Michigan practicing family practice, osteopathic medicine, my wife convinced me that it was time to move to warmer territory. Our youngest son had just gone off to college and at that point we had no particular reason to stay there. I was part of a five man group practice and I had that part of my practice that I needed to sell and so forth and that took some time. When we first started talking about it, I realized that did not have the required Florida State Boards. In my earlier years of practice, all my friends had gone down to take the Florida Boards, but I never thought I would move to Florida. That was the farthest from my intentions. So by the time I got down to taking the Florida Boards, everything had tightened up and they no longer welcomed physicians quite as well as they did at an earlier time. I had to take a couple shots at the Boards before I was successful in passing it. They still had a test on the basic sciences and being out of medical school for over 25 years, it

was a real chore. We live close to Ann Arbor, Michigan, where the University of Michigan is located and they had a wonderful bookstore there. I just went up and loaded on as many things as I could find that would prepare me for the board. I think it was - you could only fail two subsections of the test without failing the whole Board and I failed three subjects, so I had to go back and repeat it the second time. Fortunately, the second time, I was able to pass and then I received my licensure for Florida. It was probably about two years after that time, when all the other necessary things, selling of the practice, closing it, and making arrangements to move, were done and we finally got to Florida. One of the reasons we moved to Florida was that a good friend of mine had a practice in Port Richie and he convinced me that I should come down to practice with him. He had been a classmate of my wife's at the University of Pittsburg and we had been friends for all those years. He was one of the individuals that was most influential in my activities with the ACOFP. We first came to Florida on Friday the 13th in May, 1983.

And shortly after I got down there, Lamar Miller, DO, said, Lou, "You got to get on our state [ACOF] Board." And I said, "I just moved here. I don't even have a practice yet." He said, "Well that's okay." He said, I know enough about you." He was the past president of the state AOCFP and so I said, "Well, okay, I've got nothing to lose I guess." So I became involved with the Board. I attended my first meeting of the Florida Society of ACOFP at the Don CeSar Hotel, which is in St. Petersburg. At that point there were about 35 DOs that showed up for the meeting. And, for those of you who have been to Florida in the interim, you know that we now have over 400 that usually will attend that same state meeting. I became the President of the Board four years later. It happened a little faster than I expected partly because I was vice chairman for

the meeting that we were going to have that summer and I kept asking the guy that was the Chair if I could do anything to help him out and he said, "No, I have everything under control." Our meeting was scheduled for July, and unfortunately, in April he had a heart attack and dropped dead, so I immediately became the Program Director for that meeting and it was a real chore.

Some other things happened too. We changed the meeting place from St. Petersburg down to Fort Lauderdale and our attendance in Fort Lauderdale was much better. I think we doubled our attendance. We probably had 70 that year. But an unfortunate thing happened following our educational section. There was a group that came in from Dallas, Texas, and they flew back that evening after the educational portion was over. Unfortunately the plane crashed on landing in Dallas. I don't exactly know what the mix up was, but nearly everybody on the plane was killed, including five D.O.s who were from that Texas group of doctors and their spouses that had come to our meeting. It was rather a sad thing. When they announced it, we were having our banquet on Saturday evening. We got the message about half way through the meeting and it just sort of let the air right out of the balloon, so we just adjourned the meeting on that evening and everybody sort of mourned away. It was a very tragic accident that happened, and it made the headlines as plane crashes in the United States usually do, you know, with various individual's pictures and everything in the paper.

Committee Chair: Was that a commercial flight?

Dr. Radnothy: That was a commercial flight. I think it was a Delta flight, if I'm not mistaken.

Committee Chair: And what year do you think?

Dr. Radnothy: That was 19...

Committee Member: '84, '88?

Dr. Radnothy: Oh,, it was when I was a vice president, so it must have been '85 maybe.

Committee Member: That was Delta Flight 191 and crashed on 8/2/1985. That's the one that crashed and nearly everyone died.

Committee Member: It was a famous flight because it's the first time that microbursts came into our knowledge base. We have them all the time in Denver. [Editor's note: Delta Air Lines Flight 191 was an airline service from Florida's Fort Lauderdale-Hollywood International Airport, to Dallas-Fort Worth International Airport. On the afternoon of August 2, 1985, the Delta L-1011 aircraft crashed while on approach to Dallas-Fort Worth International Airport during a thunderstorm, killing 8 crew members and 126 of 152 passengers on board.]

Dr. Radnothy: So that was my initial experience. Now prior to moving to Florida, I was very active on our hospital staff, past staff chairman and served on a number of committees, executive committee of the Board, etc,...

Committee Member: In Michigan.

Dr. Radnothy: Yes, in Michigan, Garden City Hospital. It was called Garden City Ridgewood Hospital when I first arrived there. I interned at Garden City Hospital, itself. That hospital, at one point, had been a funeral home and it was a large home that had been converted to a 40-bed hospital. Now you might laugh when you think about that, but we delivered 2,000 babies a year back at that time. That was almost pre birth control, so we were busy and it was actually a wonderful hospital. Now Ridgewood Hospital was a former TB hospital. Since my father had tuberculosis when I was a young man, I was familiar with TB hospitals because he spent one year in what we used to call a "TB Sanatorium". Interestingly, at that point, they used to do a pneumothorax on TB patients because they thought that collapsing the lung would allow it to rest and heal

102 faster. Also, the hospital in my area was just a little southwest of Pittsburg, and
103 back then they used coal as fuel for trains. Those engines used to spew out
104 their black smoke onto everything and so they made these TB hospitals up on
105 top of the hills thinking that all the pollution would stay down below. They
106 didn't call it pollution at that time of course, but whatever you want to call it,
107 that stuff would not help a person who had a tuberculosis. So anyway, I was
108 familiar with TB hospitals. Our hospital was initially a hundred-bed hospital,
109 so we had 140 beds at that point. I accepted an internship there at Garden City.
110 I'd been accepted at Grandview Dayton Hospital to intern there and a friend of
111 mine who was up in Michigan and a pediatrician named was Gil Roth*, told
112 me, "Lou, you do not want to go to Ohio. You need to come to Michigan. We
113 need you up here". He had been a resident in pediatrics out in Des Moines
114 when I was a student, so he convinced me that I should not go to Dayton.
115 Instead, I accepted the Garden City internship. I had never been there, I had
116 never even visited the place, but just on his word I made the decision. It turned
117 out to be a very good decision.

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Committee Member: What year was that?

Dr. Radnothy: I was 1957 that I graduated, so 1958 was the that year I completed my
internship in Garden City Hospital.

Committee Chair: Where did you go from Garden City? What did you do next?

Dr. Radnothy: I practiced in Livonia, which is a town right next door to Garden City. I
practiced there for a little over 25 years, and then moved to Florida in 1983.

Committee Chair: What was the environment like for DOs in your specific area and statewide?

Dr. Radnothy: Well, Michigan of course was one of the most populous states for DOs.
Osteopathic medicine was very well accepted in Michigan. We had a number
of large hospitals. Detroit Osteopathic Hospital actually had set some type of

135 record in, I think it was, the number of deliveries that they had done without a
136 maternal loss. It seems to me it was close to 10,000 deliveries, they never lost a
137 momma and so it was a very commendable thing. Detroit Osteopathic of
138 course is no longer in existence at this point, but it was probably well over 500
139 beds right there in the Detroit area. It was one of the finest places for resident
140 to train. They had wonderful residency programs, and Garden City is about 30
141 miles from downtown Detroit. It was far enough away to be in a relatively
142 small city, a suburb, but not in the hubbub that goes along in the big city.

143 Committee Chair: Was there much friction between the MDs and the D.O.s in the state?

144 Dr. Radnothy: When I first moved to Michigan, I could not take any graduate courses at the
145 University of Michigan. We could not attend any allopathic programs unless
146 you put MD beside your name. We were just not welcome in any of their
147 graduate programs or lectures or anything. We used to sneak in over at
148 University of Michigan once in awhile and go sit in on lectures. We just put
149 "Dr." up there when we signed in and there was never any question or
150 anything. Obviously our good friends, the allopaths, found out that there was
151 money in those there boys and so they opened up to us over the years quite a
152 bit. Actually when I went to DO school in Des Moines, DOs were still
153 considered cultists by the allopathic profession and it wasn't until after the
154 school in California left the profession and merged with the MDs out there that
155 they changed that policy or whatever you want to call it about DOs being
156 cultists Then the door began to open at that point. It wasn't too many years
157 after that when the MDs began to welcome to DOs into their residency
158 programs and so forth.

159 Committee Chair: You said that you came to Florida and became involved, was that with the state
160 ACOFP society?

157 Dr. Radnothy: Yes.

158 Committee Chair: Were we still calling ourselves "GPs"?

159 Committee Chair: I think it was GP then as a matter of fact.

160 Committee Member: It was still the ACGP back then.

161 Committee Chair: When did you get involved the national association?

162 Dr. Radnothy: I was a member of ACGP in my early practice years up in Michigan, but there
163 was a lot of chaos going on at that time, particularly in Michigan. The idea of
164 certification came up and we had a rebellious crew in Michigan who felt that
165 certification was a bunch of "stuff". They argued that we didn't need it and
166 they were strongly against certifying general practitioners. There was a pretty
167 clear division. It was almost like North Michigan versus the South Michigan.
168 The people around the Detroit Wing County area [south] were pro certification
169 and the people that lived up in the northern region and the smaller communities
170 didn't feel that that was a necessary thing. Some of those members even tried to
171 set up a different certification process for DOs and over the years, that did not
172 succeed. I'm trying to remember the guy from Michigan who was associated
173 with Detroit Osteopathic Hospital. It begins with an A, Andrews or something
174 like that. I can find out his name for you, but he was the leading person. But
175 even though a lot of GPs at that time weren't keen on the idea, they sort of
176 joined the bandwagon anyway, as I did, and took a certifying board. I'm not
177 sure when I took my first certifying board, but it was probably in the early '70s.

178 Committee Chair: Was that through the national ACGP?

179 Dr. Radnothy: I'm sorry, I did not take that certifying board because we were grandfathered
180 in. You had to be in practice I believe for five years and had to have like 200
181 CME hours or something like that and be a member of a state society and your
182 local DO organization.

Committee Chair: Was there a certifying test of any sort?

Dr. Radnothy: Eventually there was, yes, but not initially for the grandpas. We just presented our educational requirements that were set up for the organization at the time.

Committee Chair: I'm not sure if we have heard of that pathway before. Have we? So that's interesting.

Dr. Radnothy: Well there were a lot of doctors like that on our hospital staff; we probably had 90 family practice docs. I was one of the younger physicians, but I had been practice, at that time, probably 10 years.

Committee Chair: And who were you certified through, ACGP?

Dr. Radnothy: Yes, the ACGP.

Committee Member: The AAFP did the same thing at the time. They offered for me to grandfather into the AAFP about the same time as well. You just had to be a family doctor pays dues and get a magazine basically.

Dr. Radnothy: Yeah, the credentials were essentially the same because I did get my certification for AAFP, grandfathered in, and then I took the AAFP board, I don't know, a number of years later, I ended up taking that, I think, three times. And after the third time, I decided I wasn't going to pursue it any longer. One board was enough and I became diplomat of AAFP and all we had to do for that was just to pass the test. So anybody who passed the test could become a diplomat of AAFP.

Committee Chair: Interesting. Tell us a little bit about the historical times? What was your patient load? What was your neighborhood like? What were the people like?

Dr. Radnothy: Well that's interesting because when I was first in practice, there was little or no usage of emergency rooms and I made a ton of house calls. In fact, all of the older physicians who didn't want to make house calls anymore would call me on the phone and say, "Louis, would you go over and see this lady or this kid

or whatever?" And I made five bucks for the house call and a dollar or two for a shot of penicillin or whatever I gave them. In our area, we were absolutely amazed when we heard that they were charging \$10 for an office visit in California. Can you believe that?

Committee Chair: Inflation!

Dr. Radnothy: Things have changed quite a bit since then! So the practice was a little slow in coming and I was able to pay all of my bills, although my wife continued to work. She got a job at our local health department, a secretarial type of job with Wayne County, which was the county health department for the Detroit area. We were in that area. She had to continue to work for probably the first three years that I was in practice and then at the end of the three years, I made sufficient money. It was a big thing because there were some doctors on our staff that we were grossing \$100,000 and we were just absolutely amazed at that. I think my first year, I grossed like \$22,000 and then eventually it went up over a period of years and I became very, very busy. I used to do everything, deliver babies and scrub on surgeries and I had office hours in the morning. I would go to the hospital as early as I was done at the hospital and then I would go to the office at 9:00, work all morning and afternoon. I even had evening hours three days a week.

Committee Chair: And how many people did you care for in the hospital?

Dr. Radnothy: I used to have a fairly big hospital practice too, probably five to ten patients in at a time consistently, and we were able to do most of what was needed. It was interesting, in Michigan, we had a couple of internists who had control. When we finally did have ICUs and CCUs, we were not allowed to manage our patients there. Now we did have surgical privileges. I did tonsillectomies and

DNCs and deliveries and episiotomies and we did low forceps deliveries and set bones and did just about everything. Tom [Told] you remember that

Committee Member: Yeah exactly.

Dr. Radnothy: My first year, malpractice insurance was about \$330 and eventually it went up over the years.

Committee Member: What year did you start practice?

Dr. Radnothy: 1958. I opened my office in August of '58. I interned from '57 to '58.

Committee Member: So in 1962, you were making \$22,000, right? I'm trying to get a timeframe.

Dr. Radnothy: The first year in practice from 1958 to '59, I made \$22,000, and it just about doubled every year until I hit that magic mark.

Committee Member: How many patients were you seeing a day?

Dr. Radnothy: Probably 50 to 60 eventually. There were days through the wintertime when I myself, solo practice, no PA or nurse practitioner, used to see over a hundred patients in a day's time.

Committee Member: That's usually one shot of penicillin right?

Committee Member: Yeah, you didn't have all the stuff we have today.

Committee Chair: What did your records look like?

Dr. Radnothy: This card right here, we would write the date and the patient's name was at the top and their vital signs and sore throat, tonsillitis, 2cc of penicillin, and that was it.

Committee Chair: That was considered a good note and sufficient?

Dr. Radnothy: At that time, absolutely.

Committee Member: Were there other differences in '58 through '65 compared to after '65 when Medicare and Medicaid came into being?

Dr. Radnothy: Well of course being a suburb of Detroit, the great majority of our patients had Blue Cross Blue Shield Insurance. I had very, very few Medicaid patients. As a

matter of fact, I have had a number of babies that should be mine today because the check for the delivery went to the patient and the patient never turned the check over to us and never paid the bill. Of course we got smart after that. Actually another interesting thing is that when I first opened in Michigan, the state Medicaid did not send payment directly to DOs. They sent the payment to the patient. To combat that, we had the patients fill out forms that assigned us the benefits so that Michigan Blue Cross and Blue Shield got inundated with literally thousands of pieces of paper that they now had to handle and then write us a check. They got smart and finally changed their policy so that the payments would come directly to us without the patient's signature as long as we submitted an appropriate bill.

Committee Chair: Was there a problem with getting paid as a DO at the beginning of Medicare?

Dr. Radnothy: Well first of all, yes, they did not want to send payments to the DO. They sent the payment to the patient and then we had to trust the patient to pay the \$75 for the delivery and such. No, maybe it was \$75 for a T and A [tonsillectomy and adenoidectomy] and a delivery was maybe \$100.

Committee Chair: But was there any additional layer of hassle that the DOs had to go through versus the MDs?

Dr. Radnothy: Well, with other insurance companies, we often had a hassle with them. They did not want to pay us at all. Even when we would get a consent form for the check to be sent us, many times they did not do it, and it was a real hassle.. The collections back then, particularly with people who didn't have insurance, were always very, very difficult. I don't know how much money I had left in Michigan, but it was considerable over the 25 years that I spent there. I think we've all experienced that.

Committee Member: I do have a quick question, speaking about reimbursement. Did they even have codes for osteopathic manipulation?

Dr. Radnothy: No, there's no such thing as coding. There was no codes issued.

Committee Member: So how did you bill for it?

Committee Chair: How did you bill for that, how did you fill that into a form?

Dr. Radnothy: Basically if it were a hospitalization, they paid us - - it was relatively low. It was like \$7 or \$8 a day, something like that and we just put eight days hospitalization, put the date in, and submitted to them.

Committee Chair: With the diagnosis?

Dr. Radnothy: I can't remember whether we had codes or not. I don't think we did.

Committee Member: I don't think you did.

Dr. Radnothy: Not at that point.

Committee Member: Longhand?

Dr. Radnothy: Yes. Rather primitive.

Committee Member: When did HMOs come there?

Dr. Radnothy: Oh golly, a long time after that.

Committee Chair: Did HMOs come into Michigan before you left?

Dr. Radnothy: I think they did, but I don't believe that I had any patients in HMOs at the time. It was not a popular thing. One of the largest things that changed was in 1964, our hospital was one of the first hospitals in the country to get federal money in order to expand the hospital. All of the staff doctors had to contribute \$3,000 to build the hospital and then we went to the federal government and showed him this is what our doctors are doing to get this hospital going, so we'd like you to finance the rest of it. I think our hospital, a hundred bed hospital and it cost a million dollars. And it was a pretty nice hospital.

Committee Chair: Are you talking about Hill-Burton funds?

Dr. Radnothy: Yes, Hill-Burton funds. Yes, and that was the first time that they were allowed to do something like what we were doing. So that was historic.

Committee Chair: Do you think that was the very first time?

Dr. Radnothy: I think it was. Well that's what I led to believe at the time. I don't know whether it was a first hospital in Michigan to receive those funds, but I was led to believe that it was, and I think that was in 1960.

Committee Member: Which hospital?

Dr. Radnothy: Garden City Hospital.

Committee Member: Were there a tremendous number of automotive workers in your practice?

Dr. Radnothy: Oh a tremendous amount, yes. There was a Ford plant, GM Diesel, Chevrolet, and then of course Ford's main assembly plant there in Dearborn, which is like probably ten miles away. When you're in family practice, you'll take care of a kid and then pretty soon mom and dad will come there, even though they live a long way off. DOs attract patients. I think it's the DO personality that attracts patients. We spend time with them. We chat with them. They become part of our family. I almost look upon practices like in David. He was a shepherd who took care of his family and I sort of view a physician in the same way. You take care of your family of patients. There were a couple of things that they tried to tell us when we were in medical school and one was that you never hug a patient. Well I don't hug them anymore. They come in and hug me! It's been that way for years, and I think you all have experienced that. There's a bond that occurs there.

Committee Member: Very special.

Dr. Radnothy: After I moved to Florida, there was an MD that was right across the street from me, he had been practicing there probably 15 or 20 years. He not only didn't like other doctors, he particularly did not like D.O.s. As it turned out, he was

my best referring man because so many patients, once they came over and I examined them, they really liked the way I treated them. I checked a patient's ears one time and he said, "Dr. Holma* never looked in my ears in all the time that I went over to see him, for whatever". I mean he just looked at the patients from across the room and said, "What's wrong with you? Got an earache? Here's a prescription." So anyways, that was the difference and actually within a year's time after moving to Florida, I was doing just as well there as I had been doing in Michigan. It was really surprising. And this little dinky town is only 2,000 people and right now we have over 20,000 charts on patients coming from all over the area.

Committee Member: When you moved to Florida, can you tell us about starting up in Umatilla County? You have watched this town grow into the suburban role that we have now. Can you make a few comments about how it changed with your practice and how area has changed?

Dr. Radnothy: Basically I have to tell you, people ask me how I ended up in Umatilla, and I just say, "Devine guidance." There was a DO practicing in a town fairly close by, Mount Dora, Florida, and he was looking for someone to take over his practice. He was a internist and cardiologist, so he sent up a notification to Garden City Hospital and I saw his name and phone number up there. I called him on the phone because at that time, I had a son-in-law that was just finishing in internal medicine residency and I wanted him to go down there before we moved down there. Of course he didn't want to do that, so I said, "Okay." So I asked this internist if there was any town down there that where they needed a good family practice doc and he said, "Yeah, Umatilla, Florida." About two days later a guy called me from Umatilla, Florida, he's a builder in the area. He said, "Well the next time you come down to Florida, let me know

and I'll show you around." We were down there a month or two later and we gave him a call and went over to see him. At that point we had bought a condo in Port Richey because I was planning on going there. But after I went to Umatilla, and then after I experienced Port Richey with all the elderly people there we really started thinking about Umatilla. There's a Route 19 along Port Richey that if you have ever driven on 19, it is absolutely hazardous because of all these 90-year-old people that start out in the right lane and will just cut across four lanes of traffic. I decided I didn't want that practice. When I visited Umatilla, it had its own high school and it was more like I was accustomed up North; it turned out to be a very wise decision. I called this guy and he gave us a very nice tour of the place and even rented a small plane and flew us around the area and did really a good job. He was builder and he happened to have a corner lot right across from this MD's office that I mentioned. There was an old cracker home there and he sold me the lot for, I think it was \$29,000 and he ended up building my office for me. I've been there ever since.

Committee Member: Is it a home office?

Dr. Radnothy: No, he tore the house down. Actually, he had a friend in town that just tore the house down for the wood and the fireplace and everything that was in it, so it didn't cost anything to have it torn down, and then he built the office on that site, and it's about three-quarters of an acre. It's a nice size lot.

Committee Member: And how far did you live from your practice?

Dr. Radnothy: When I was in Michigan, I lived about 18 miles away, so one of my main goals was to live close enough to where my office was located. In Florida I lived less than a half mile from my office.

Committee Member: That's great.

Dr. Radnothy: And I still live that distance, even though we're not in the same home.

Committee Member: Now are you still practicing, Louis?

Dr. Radnothy: Yes. I call it part-time, 40-hours a week.

Committee Member: It's part-time, I would say.

Dr. Radnothy: I hate to tell you how old I am and how long I've been in practice, but I guess you can figure it out. It's been a long time.

Committee Member: Rather than making us investigate, how many years have you been in practice?

Dr. Radnothy: 53 years. Two things I wanted to do - I wanted to stay married for 50 years and I wanted to practice for 50 years, and I've achieved both those goals so...

Committee Chair: Well here/here.

Dr. Radnothy: I'm ready to go. Not really.

Committee Chair: Now you can make the next set of goals, right? Let me ask you about the leadership: how did you transition into national leadership in the ACGP?

Dr. Radnothy: Well when I was in Michigan, I was always active on the staff. I was chairman of the Family Practice Department I think two or three times and chief of staff a couple times and I served on numerous committees. I was sort of used to leading; I guess if you would call it that. So when I moved to Florida, it wasn't a strange shaky, panicky kind of experience. Getting on the ACOFP Board in Florida Society was really just a continuation of that process, although I had no intentions of becoming involved when I moved there. It just worked out that way. The membership in ACOFP back in those days was very, very sparse, but we were able to grow it tremendously.

Committee Chair: And are you talking about the state?

Dr. Radnothy: The State ACOFP.

Committee Chair: Florida?

Dr. Radnothy: And as I mentioned, the first meeting that they had, it was really not a very well - - a very good meeting. It was rather primitive.

Committee Member: You said there about 30 people?

Dr. Radnothy: The lecturers got up and read their presentation, so it was pleasant to see the transition that has happened over the years, the tremendous improvement. There were no slides and it was - - it did begin to change when we began to grow because we knew we needed larger things. The big move that we made with Florida Society was when we moved our meeting to the Grand Cypress Hotel, which at that time... That was built in... Well they started building it in probably 1960. It was finished in 1963, and it formally opened its door in '64 and we met there, what, at least 15 to 17 years in a row.

Committee Member: More than 25!

Dr. Radnothy: Over 25, okay.

Committee Member: Yeah, this is our first year not there other than the one year that they were doing renovations that we were pushed to the Omni. Then we went back and this past year was the first time we left the Grand Cypress in over 25 years.

Dr. Radnothy: And it had grown tremendously. One of the things that I did as a chairman was to suggest that we solicit people from other states to come to our meeting and that really opened it up. Come to Florida during the summer as a family vacation and that's their primary meeting for the year...

Committee Member: We still have probably half of our registration from out of state.

Committee Member: Louis, how did you get involved in national ACGP at that time? From the state organization, how did you make that transition?

Dr. Radnothy: Okay, that's a very interesting point because it brings up the leader that most influenced me as a leader and that was Mike Avallone. When Mike was

441 president, he came down to Florida and I was - - I can't remember, I don't think
442 I was president at that time, but anyways I was the host for him and his wife
443 when they came down here. On a Saturday night, I went to see him... Mike
444 was just sitting there and I went over to talk to him and he said, "Louis, you
445 have a blood pressure cuff?" And I looked at him and he was a little pale. I
446 said, "Mike, you having any chest pain?" And he said, "No." I said, "You feel
447 okay?" He said, "Yeah, I'm okay." And Bill Silverman [D.O.] was with me at
448 the time, and Bill Silverman came over and said, "Mike, you don't look too
449 good. We better take you over to the hospital." So Bill and I took him and his
450 wife over to Florida East Hospital. Bart Sikenger* who was a DO cardiologist
451 came in and then he transferred him to Florida Hospital and he had a cath there
452 and the next thing you know there was a jet plane headed to Philadelphia. One
453 of his cronies came down. In fact it was a guy that was a head of a big
454 insurance company.

455 Committee Member: HMO. He was on the Board of the... I think it was CIGNA or one of those....

456 Committee Member: Yeah, it was Aetna. Was it Leonard Abrahamson...

457 Dr. Radnothy: Yes Lenny Abrahamson.

458 Committee Member: ...with Aetna?

459 Dr. Radnothy: Yeah, that was his name. That was the one that flew Mike Avallone home.

460 Committee Member: Aetna.

461 Dr. Radnothy: Anyways, this guy Lenny Abrahamson flew him up to Philadelphia and
462 Avallone had open heart surgery! I had not been appointed to the national
463 Board yet and I really wasn't expecting to be. Now the Board had a couple
464 people that they were looking at, but the Florida Society recommended that I
465 be promoted to the Board of Governors. And about that time, Avallone said,

"Louis, you're the man," He went to talk to Joe Namey about it and, of course, up to that point there were no appointments to the Board that were not approved by Joe Namey. So he went to talk to Joe about it and Joe said, "Well we'll have to get somebody." He said, "I already have somebody. I have Louis Radnothy on the Board." He said, "Oh, okay." So that was my start. Mike was indeed a character that is one of those unforgettable persons.

Committee Member: Was there a Barry Hapsfeld* or Barry... He was in DO in Southern Florida.

Dr. Radnothy: Barry Alpert.

Committee Member: Alpert, yeah.

Dr. Radnothy: Yes, right.

Committee Member: Is he still practicing and is he still involved with the Florida Board?

Dr. Radnothy: Well, he sold his practice. When a lot of insurance companies were buying practices, he sold his practice and then sort of retired for a while, but then his wife had breast cancer and she died, probably been ten years ago. He has subsequently remarried and is back practicing again in Miami I believe.

Committee Member: Louis, what was the year of your presidency?

Dr. Radnothy: 2001 to 2002,.

Committee Member: 2001 to 2002?

Dr. Radnothy: Yes. President Clinton was president then and some of us had an opportunity to meet the President. He was supporting a bill called "The Patient's Bill of Rights." And on that particular day, they needed a bunch of doctors to stand behind him at the White House with their white jackets on. Were you there at that...

Committee Member: No, I didn't make that one.

Dr. Radnothy: Anyways, I was one of the fortunate ones who got into the White House, and that was interesting experience. One of the funny things is Clinton had a

500 Labrador dog, a brown lab, and just as all of us doctors were walking into the
501 White House, after we went through clearance and everything, the dog came
502 out, and you may not want to put this on the tape, was taking a dump on the
503 White House lawn and I thought that was pretty funny. After all of that they
504 took us to down the Lincoln Memorial...

505 Committee Member: That dog was doing his duty.

506 Dr. Radnothy: Yeah, you're right. We hung in there for a while until they got all organized
507 and we went out to the West Gate or West Garden or whatever it is in the
508 White House and he came back in. He came into the White House and shook
509 all of our hands there and then we followed him out to the yard there and of
510 course all the TV reporters and the TV cameras were there and there were three
511 or four limousines lined up there because he had - - I think the prime minister
512 of India had just came in that day and he was going to the airport to meet him.
513 So he didn't spend a whole lot of time with us. I was very impressed with
514 President Clinton. I mean he was dressed just to the tee; I mean everything. His
515 cuff links were out just right. His tie was perfect. His hair was perfect. His suit
516 was just absolutely perfect. He's pretty tall. I didn't realize he's probably at least
517 6'2" and there was a speaker, an MD that was there also that spoke right before
518 him and on their lectern out front. They have a little thing that you pull out for
519 short guys like this other speaker and I would have to use it to just above the
520 lectern and when Clinton walked up there, he just took his foot and kicked that
521 thing in because he didn't need that to stand tall enough. But he was very
522 sociable, very friendly. I mean you could almost sit there and talk with him.

523 Committee Member: What were some of the key issues, if I may ask, during your presidency? What
524 was your theme as President?

Dr. Radnothy: The main thing that we were concerned about was that the government had just started to come down pretty hard on big Pharma., That that was when they first started to disallow so many of the things that some of the pharmaceutical companies were doing with doctors. You know, taking them on trips and doing all types of things. And now, as you know, they can't even give you pens in the office.

Committee Member: Right, ridiculous.

Dr. Radnothy: Even though the politicians, lawyers, Chiropractors, businesses and pretty much everyone except physicians, are allowed to do that, physicians suddenly were not. During that transition, with all the changes in Pharma demanded by government, it created an environment of survival. We were used to budgeting for significant operating money expected from the large pharmaceutical companies. We would ask for money to pay for a dinner or a lunch for several hundred people and they could just write us a check. It was a big part of our convention income. Because that source of income abruptly stopped, that was probably the first year where we began to have a budget crunch. The ACOFP was receiving substantial funding that way. That's when we figured out that we had not raised our dues for, I don't know, maybe at least ten years. That was the first time that our funding was beginning to go down. Suddenly, a big issue was the fact that the ACOFP Board would take our annual Board retreat in the summers. We would go to some pretty nice places and the membership started complaining that we were spending too much money for the sort of thing. At one time, I had thought: Boy, it would be fun to go to Paris. And I researched it out and Paris would have been cheaper than going to some of the places here in the U.S. But just the fact of going overseas, the membership was not real excited about that. Those sort of things were no problem when our income was

high but we were struggling with a new way that we had to do business. So I was the guy that got to tell the Board that we were not going to Paris, France due to budgetary restraints and the perception of the members. We ended up going to Vermont and we had a wonderful time.

Committee Member: Yes, we did.

Committee Member: Oh, it was probably, I have to say as a Board member, it probably one of the best ever of our Board meetings, the Board retreat to Vermont.

Committee Member: Yeah, it was beautiful.

Dr. Radnothy: It was great. But nevertheless, we had to start making changes at that point and become more prudent in the way we spend money. What was Betty's last name who was...

Committee Member: Warner, Betty Warner.

Dr. Radnothy: Yes, Betty Warner, she had just come in a year or two prior to that and it wasn't too long after that that she was no longer the executive director for the ACOFP. So those were some of the things that were brewing from that point of view.

Committee Chair: What about Jack Hank, did you work with him?

Dr. Radnothy: No. Who was the other gentleman that was our Executive?

Committee Member: George Nyhart.

Dr. Radnothy: George Nyhart, yes, he was the Executive Director when I came onboard and I think he was there for about three years after that.

Committee Chair: Tell us anything about him, your general take on him?

Dr. Radnothy: I found him to be a good executive director. He pretty much did what the Board wanted him to do. He was not an idea man. He was not anybody that came up with a lot of exciting things. He had made some connections, fortunately, with some of the pharmaceutical companies prior to coming on

with us. That was probably his strong point, but apparently there was enough feeling on the Board that he had been there probably I'm sure at least 10 or 12 years by the time that he was asked to resign from the ACGP.

Committee Chair: About what year did you go on to the Board? Do you remember?

Dr. Radnothy: I think it was '91.

Committee Chair: '91, and you were president in '01, ten years later.

Dr. Radnothy: Ten years, yes.

Committee Chair: So the incidents when you met President Clinton, for clarification, that was before you became president?

Dr. Radnothy: Yes.

Committee Chair: Was it at some other gathering in Washington?

Dr. Radnothy: Yes.

Committee Chair: Because President Bush would have been President during your presidency, did you happen to run into any of the Bush group during your presidency?

Dr. Radnothy: No, never had that opportunity.

Committee Chair: How did 9/11 fit in? Tell us about your experience?

Dr. Radnothy: One of the duties and responsibilities of the President is to travel around to different schools and state societies. My wife and I were scheduled to visit the West Virginia school and, prior to that visit we were scheduled for a meeting in Washington, DC; we were scheduled to fly to Washington, DC. I believe it was on a Wednesday, the Wednesday after 9/11 Tuesday. I was in my office about 10:00 on that Tuesday morning when one of the girls flashed that there had been a plane crash into the Twin Towers in New York City. Of course we flipped it on right away and saw what was going on. Our flight and all travel was canceled for the next few days. Now that Saturday, following 9/11, was the Saturday that we flew up to West Virginia. When we went to the airport,

the airport was totally deserted. We probably saw two people out where we drove up to get on the plane. There were six people on the plane.

Committee Chair: What airport?

Dr. Radnothy: Orlando Regional, and when we arrived, they went very, very carefully through our luggage at Orlando. Then, when we left West Virginia to come back, there were only probably another five or six people at the airport and they took everything out of our suitcases. It was unbelievable, and there was nobody at the airport to speak of, but I guess the law had come through at that point that you really have to check absolutely everything. So that was a historic thing. Despite all of that, we had a wonderful time in West Virginia. The state people were very hospitable. I enjoyed going around to the state societies. One of the top societies that we enjoyed going to was Oklahoma. The reception there was fantastic. I went to Michigan, to my former home state and Pennsylvania and the reception was really wonderful there too. I really appreciated that.

Committee Member: After 9/11 with all the new challenges with travel, did that affect our annual meeting as far as attendance and logistics? Did you notice anything like that?

Committee Member: I think it was a very small turnout that year, that October.

Committee Member: ...San Diego at the time, yes.

Dr. Radnothy: The Florida Society, I think probably still had a fairly decent turnout. Or are you talking about the national meeting?

Committee Member: Well I'm talking more about the national meetings, but I think the states took a little bump up as far as attendance because people started driving; they were afraid to fly. Did we have to, as an organization, make any big changes or adjustments because of 9-11?

Dr. Radnothy: Actually we did not get hit as hard as you would think. I mean I think it was maybe 100 down or something, but it was still a point where we made a little bit of money as far as the ACOFP was concerned.

Committee Member: San Diego was not a bad turnout that year.

Committee Member: Yeah, but it was much less than they anticipated. I remember that. I remember some of the people from my area that were going to go but did not.

Committee Member: Any colorful characters that you can remember along your presidency?

Committee Chair: Besides Mike Avallone?

Dr. Radnothy: Besides Mike, not many. He's probably one of those that...

Committee Member: Sticks out.

Dr. Radnothy: Well not only that, but I don't think there's any match for him. I mean he absolutely had his own unique flair

Committee Member: Talking about that, did you have a lot to do with Frank McDevitt when you were in Michigan?

Committee Member: Tell us your Frank McDevitt stories.

Dr. Radnothy: Well Frank was from Michigan. In fact, we practiced in the same city, Livonia, Michigan. I knew him, but I didn't really know him as well until after I got on the Board, and he was probably one of the brightest physicians that I came across as far as the political phases are concerned. He knew which buttons to push to get things done. Up until the point that he died, he was still very active with Blue Cross Blue Shield and he helped the Michigan Osteopathic Association. I think he had a lot of influence that spilled over into other states because what he did with Blue Cross in Michigan, spilled over into Blue Cross affiliations in other states. He was a real pacesetter. He was a hardworking man and was able to get things done at the national level for our organization or for the AOA. I mean if he were still alive, he'd probably still be out there pushing

things you know. He was just a real hardworking man. I have a great admiration for these leaders. We have so many out there. Bob George has been a tremendous asset and all the gentlemen that have served on the ACOFP Board. I know we have a lot of very, very qualified people who could also do a good job on the Board, and of the ones that I have run across, I have not met one that wasn't an incredible doctor and human being.

Committee Member: It may be more of a Florida thing, but you mentioned a little bit your relationship with (inaudible) of Florida or the...

Dr. Radnothy: Yes, oh sure.

Committee Member: Do you want to talk about him a little?

Dr. Radnothy: Oh yeah, he was really the man in Florida as far as we were concerned, His son was killed in a plane crash also going into Kirksville.

Committee Member: He was a classmate of mine, Mark.

Dr. Radnothy: Really? Yeah, Mark, and I don't know if he's recovered from that.

Committee Member: He hasn't been the same, no.

Dr. Radnothy: That was just a terrible tragedy.

Committee Member: What about Marcelino Oliva when you got down to Florida?

Dr. Radnothy: I got to know Marcelino very well and he was a man that, in the state, knew which buttons to push also. I mean he was very, very well liked gentlemen with the politicians in our State of Florida and of course nationally too I think he obviously did a tremendous job, otherwise we wouldn't be naming a building after him. He was truly a fine gentlemen and I have a lot of respect for him and of course Dr. McDevitt. The two were two peas in a pod and they ended up hanging out together quite frequently. I'm sure that they were able to help one another and educate one another because they did the same type of work but in different fields of work.

Committee Member: With looking back on your 53 years of medicine now, with the transition into electronic medical records and all those changes that are occurring now, do you find the electronic medical record difficult?

Dr. Radnothy: Our hospital just converted to hospital medical records and the hospital offered the docs an iPad if they would take this computer course and then pass a test. In order to stay on the staff, you had to do that and a number of physicians are refusing to and have resigned from the staff and a number of them are internists that have been in practice greater than 25 years. It has been just a real -- they're still going through the trauma of learning the system and it's been not well accepted by many. In fact, I'm in the internal medicine department at our hospital and the docs are always upset about that. That's one of their main bones right now, it's just not as easy as it was promised to be.

Committee Member: Do you still maintain an active hospital practice?

Dr. Radnothy: No, we have some hospitalists now that do that. I took the hospital course and got my iPad and passed the test, but I just didn't feel that I wanted to go back to the hospital.

Committee Member: Gotcha. Do you still do home visits?

Dr. Radnothy: You know, I do as a matter of fact. I have a patient that just died about two weeks ago and he was in hospice and I went over to see him before he passed. You get the family tales. I've talked to him about his family and stuff. He had two sons, one of which he's completely had nothing to do with for the past 15 years and the other son lives down in Naples and visits him once or twice a year. He did come over and see him while I was in the hospital, and his wife apparently was an alcoholic in early years and she has four children and have not spoken to them for over 25 years, et cetera, et cetera. You know, you get those kinds of tales along with their medical history and so forth and you

702 become like their family. This gentleman had metastatic prostate cancer that
703 extended widely - lung, brain, and the whole nine yards - and he was in a
704 nursing home and then he wanted to go home and have hospice take care of
705 him. He did that but his wife had terrible COPD and wasn't able to take care of
706 him by herself. So then they transferred him to his house, I went by to check
707 him... But I do go make house calls every now and then. On a lot of the elderly
708 patients, there's no way that they can get into my office without hiring some
709 type of medical care transportation...so I do that still make house calls.

710 Committee Member: Maybe you ought to tell us about your fishing expedition and so on.

711 Dr. Radnothy: I'd rather not go there.

712 Committee Member: Uh-oh.

713 Dr. Radnothy: It was fun. I had a good time in Colorado except for the few falls that I took in
714 this creek and the water got into my boots, those boots that were up to here. Joe
715 McNerney was with us and he took a few falls too.

716 Committee Member: Yeah, Louis and Joe went fishing with us there in Colorado. They had the felt
717 things on the bottom of their boots, but we had to walk through some snow, so
718 when they had balls of snow on their soles, it was like you cut croquette balls
719 in half and put them on the bottom of your shoe. So when we got into the
720 stream, Louis fell down and...

721 Dr. Radnothy: Joe was laughing at me.

722 Committee Member: Joe was laughing and he fell down and, it was like January, wasn't it?

723 Dr. Radnothy: Yeah.

724 Committee Member: So we finally fished him out of the stream and went to the café and had hot
725 breakfast.

726 Dr. Radnothy: After they thawed me out! Yeah, that was great. The receptions that the
727 Presidents receive at the various state organizations are just tremendous...

Committee Member: Wonderful.

Dr. Radnothy: ...and I appreciated them. The word "family" has cropped on numerous occasions but the osteopathic profession is truly a family, for those who want to belong to the family. We have those doctors that do not like families for whatever reason and that's unfortunate because they're missing a lot. We are truly family in this profession.

Committee Chair: What is your vision for the future of family medicine and for the ACOFP?

Dr. Radnothy: I think ACOFP is going to survive because of the leadership that exists right now and the leadership that we are in the process of developing. I think that's a very important steps that we have taken - - that the profession has taken as a whole. We have developed leadership in our students and in our interns and residents, and that's a tremendous thing. I think there is... I would probably call it an "undying spirit" in our profession because there's been no decline obviously in the desire for individuals to enter medicine through the pathway of the osteopathic profession, and I think that's a tremendous thing. So I believe the future bodes well as long as the government doesn't interfere too greatly. I was at the meeting this morning when the two governmental employees were talking and basically, I can't remember the terminology right now, but basically I interpreted it as basically one of the governmental fancy words for taxation. Physicians are going to be taxed by reducing the amount of money that they pay physicians and this is their sort of goal. And they would not admit that just like they would call it "practice enhancement through savings, practice savings enhancement." Where is the savings coming from? They're going to be bundling costs and this is I think going to put some degree of conflict between hospitals and physicians that use hospitals because they're going to pay them one flat fee and then how much out of that flat fee are they

going to pay the orthopedic surgeon and the internist, et cetera, et cetera. I think basically, even though the government would not admit to this, they are trying to put all doctors on the government payroll. That way they can tell you what you can do for your patient and how much money you will be permitted to make and how much it will cost you in order to do this or that. If our government takes that path down the road, medicine certainly not going to be very attractive in the future.

Committee Member: Do you serve as a mentor to students in the office?

Dr. Radnothy: Yes, both for medical students and PA students and occasionally we'll have a nurse practitioner student come in also.

Committee Member: So are you still actively involved in academics as well?

Dr. Radnothy: Right.

Committee Chair: What's your advice for young physicians?

Dr. Radnothy: My advice is to go into a segment of medicine that you enjoy doing. And if you like people, then you should become a primary care physician, particularly a family practice doctor. And if you don't particularly like dealing with people and hearing them complain, become a radiologist or a pathologist or whatever.

Committee Member: Back to electronic medical records, it takes you longer to see the patient, but it does allow upcoding your level. Even though you're seeing fewer patients.

Dr. Radnothy: Well I think the most difficult thing is after you've been practicing a certain way for 30/40/50 years, all of sudden you know you have to understand that you have to go through a tremendous learning curve and it may take a year or may take a couple years, but we didn't become physicians in a year or two either. So if you want to succeed in medicine, you're going to have to do electronic medical record, period.

Committee Member: One more question. Any regrets?

Dr. Radnothy: None at all. I have two sons that are DOs. One's an orthopedic surgeon and one is in the Special Forces in the Army. He's a lieutenant colonel right now, and he's doing something in private that he can't - - he's been in cummincata [*sic*] for six weeks, so I think we'll be able to talk to him next week.

Committee Member: Where? Is he is overseas now?

Dr. Radnothy: He's at Fort Bragg right now.

Committee Member: Oh he's at Fort Bragg?

Dr. Radnothy: Yeah, he's going through some special program. What he's doing right now has not been done by any physician for the last 25 years. He was a Army Ranger and he's going through all of this Ranger stuff again. They started out with 235 guys in his group and now they're down to 130 and he's in the top 10% of the group and he's 50 years old.

Committee Member: God bless him.

Committee Member: But what type of physician is he?

Dr. Radnothy: He's a family practice doc.

Committee Member: He's family practice?

Dr. Radnothy: Yeah, he spent seven months in Afghanistan last year and about 15 of his men got killed and a number of them got wounded. He's very disgusted with the way the government is running the war. Special Forces is sort of a special breed of guys. I've been up there a number of times and met a lot of his colleagues and one of the things, one of the docs is a DO psychiatrist and he was the last DO to interview the guy that killed all the soldiers in Texas.

Committee Member: Oh boy.

Committee Chair: Before or after?

Dr. Radnothy: Yeah. Before, and he had him tapped to be removed from the military six months before that happened, but unfortunately the record disappeared.

Committee Chair: Wow. Any parting words of wisdom?

Dr. Radnothy: Just be happy with where you are in life. I never thought that... When I was in medical school, I used to kid this one DO who was 35 years old as being an old man.

Committee Member: Now were the old men right?

Dr. Radnothy: Right. Well I appreciated the opportunity to share with you all and I wish you all the best and I wish the profession the best. Hopefully can be here for another few years.

Committee Chair: I want to thank you very much for being here today. It has been an honor and a privilege for us. We and thank you very much for sharing so much with us

Dr. Radnothy: Thank you all.