

**Archival & Historical Committee
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**Interview with
Thomas N. Told, DO, FACOFP *dist.*
President 2006-2007**

Dr. Froelich: It is very nice to have you here today. We would like to conduct this interview that tells us about your year as the ACOFP President and yourself, and if you would like to start the interview with any comments that you have about how your year as President went.

Dr. Told: I will give my state of the ACOFP message to Congress tomorrow. I think we had a very productive year. It was a very busy year. A year that went very quickly, and a year that was packed from start to finish with many different problems. As I said in my article, it was definitely a ride of a lifetime. Mollie and I really appreciated it and when I think back over some of the great experiences we have had, I think it's super. It was made very easy this year, as I said in my Opening Session speech, by one of the most cohesive and hard working boards any ACOFP President has had the privilege to lead. You know that part of it was great. A little bit of trepidation and sadness about bringing it to a close. It's like you are rushing with the speed of a farmer trying to get in his pumpkins before the season's first frost destroys them, and you realize there's going to be some that have to be left in the field. Some of that trepidation goes along with that.

Committee Member: Tom, could you tell us a little bit about the theme that you had for this year that you introduced at your presidential inauguration and carried through?

Dr. Told: Since I was a westerner and wanted to really point out the other end of the country where osteopathic medicine, in my view, lives and breathes and works at its fullest extent. I thought it would be great to have a theme Ride With The Brand. It happened that I had that inspiration one morning while I was getting ready for work. I just thought, Ride With The Brand seems to represent a special loyalty and camaraderie. In my country when somebody rides with an outfit, they are proud to have their brand on their gate, on their horse, on their dog, on their pickup, everywhere they go they show everybody they are proud to display that brand. I thought that physicians would be proud to show that ACOFP brand.

Our office had decided that they would look at the distinctive things that defined ACOFP. We needed a brand that could show us as different from any other organization and be simple and distinctive that somebody could look at. I went to Chicago around the first of the year before I assumed the presidency, and there you work with the executive director, usually have your video taken for the inaugural speech, get a few of these things setup, and communicate with the staff. During that time, the staff had worked very, very hard about coming up with a brand initiative. Steve Rubin and I really like to have little slogans and jingles, so we were madly sending in all kinds of jingles and slogans, for instance, We Are Your Family's Family. We created all kinds of things about family doctors, and we were going to lobby for our theme. So I went to the ACOFP office, sat in the president's chair, had the senior executive staff around the table, and they were very eager to say what they had come up with. So they said, "We have our brand for the year. It's Advocacy, Education, and Leadership." It was pretty simple and no jingle, but, by golly, it says what we are, and, if I take advocacy, education, and leadership and put them in a triangle, that's a strong geometric form and it's also a pretty dang good brand, because in the west a good brand is one with straight lines, not curvy lines." So you want to have sharp, clear, crisp lines. So I said, "You know what, I think I can make this work. I will go along with education, advocacy, and leadership if you'll put them in a

triangle.” Then I said, “If you go ahead and we put that out that we’re going to Ride With The Brand.” If you like something, you choose to put it on your horse and ride with it, not necessarily for it.” So I thought, “Well that’s even more perfect, we’ll go with Ride With The Brand” using the triangle – Advocacy, Education, and Leadership because it’s alphabetically correct to say it that way. When you develop it, probably education has to be the bigger word because that’s \$389,000 that we spend each month of our budget goes, most of that goes to education. I thought that was unique and I have had a lot of people as I have gone around the country say, “I Ride with the Brand.” In fact, Rob Danoff today said, “You know what; I think next year we need to have t-shirts that we sell to the students or we give to the students that say, ‘Ride With The Brand’ on the back. That’s a great slogan to do.” Not to detract from the next president’s theme, which Dr. Rubin wants to do, The Leader Within, I think we can do that. But I did go ahead and make coats for our board that said, “I Ride With The Brand 2006/7.” Hopefully it’s been a lot of fun. I have a ACOFP horse with the brand on the back of it, ACOFP, at the end of every one of my lectures, and I tell all the students to Ride With The Brand. So hopefully it’s helped a little bit.

Committee Member: What was your biggest challenge, what do you see is the biggest challenge facing the ACOFP next year?

Dr. Told: I think the biggest challenge which we face is to continue to convince Congress and some of our students that the only way that we’re going to solve the healthcare crisis in America is to provide more primary care physicians. Every step we take towards subspecialization is a step away from access to all Americans. I think as primary care physicians, our challenge will be to get others to really see that vision. I think when the American people finally realize that primary care is the solution to our broken health care system, I think you’ll see a lot of ivy towers go up in smoke. I think the people will abandon the ivory tower and come back and embrace the generalist. I think our challenge is to keep the generalist from being drowned out by the popularity

now in the education system and in the Congress for subspecialization. I think the challenge we have to avoid in our own organization is to try to become too subspecialized even as family physicians. I think we need to really try to impart to our students that being a family doctor means that you can be a nose to toes, wound to tomb family doctor. It's important that you go ahead and prepare yourself for those few situations where a health system fails and you have to stand in and pick it up.

Committee Member: How did you address the problem of membership, especially in the young doctors coming out during this past year?

Dr. Told: I was the first ACOFP president to visit all 21 schools. It was something that seemed like a doable task when I first started it, but it was a job. The chore, not doing it; it was a chore to try to fit in all the schedules. But we did do a lot. I had it all figured out that I could visit Pikeville, Ohio, and VCOM in one swoop, but I couldn't do it that way. I had to visit Ohio and Pikeville, go to Washington, D.C., then double-back and visit VCOM. The schedule was such that we would try to go ahead and get Michigan and West Virginia in at the same time. We tried to do a bunch of those things. We drove a lot of miles. I went to the schools and I imparted the message that family physicians have the earning potential equal to interventional cardiologists and radiologists and all of these other hotrod specialties. I also imparted to them that if they liked ER, family practitioners covered 44% in the suburban areas and probably more like 70% of the ERs in the rural areas of America and that family doctors were the bridge to any gaps in the healthcare system. I think that imparting that feeling to the students, that if you want to make money, medicine is a fairly good job; and if you really want to be a physician, you can do that. But if you want to make a living and really make a difference, being a family physician was the way that it could go. So family practice could adapt to the working mother, to the guy that wanted to do it all, to somebody who's a part-time physician, to somebody who wanted to do academic medicine, to somebody that wants to live in a rural area as opposed to an urban area or

in an urban area, any type, that if you want to live anywhere, go anywhere and always have a job, a family physician is the way to go. So that's essentially what we tried to do and bring that back to the forefront.

Committee Member: How did you get them to join the organization?

Dr. Told: I went to each school and talked to students and residents. For the students, I went and met with the deans of every one of the schools and about five cases I met with the president of the institution. I always met with the department chair of family practice and with the chapter faculty advisor. The reason Dr. Michael Sampson was awarded the Young Physician of the Year, he was at VCOM chapter. They had only about 30 people in their chapter at the beginning of the year. After I came and partnered with Dr. Sampson, we gave our presentation. I think they had almost 80% join the VCOM chapter at that time. That happened also in Oklahoma, in Pikeville, and all those others. Some schools like Pikeville are geared entirely to family practice. LECOM-Bradenton is the same way, geared a lot to family practice where we have strong leadership there. In the schools that were not so strong, we were able to bolster better membership and help the officers do that. So I think having a good message that imparted, yes, you can make a living, yes, you can do what you want, yes, you can be an obstetrician, yes, you can take out tonsils as a family doctor, yes, you can do all these things. You may not be able to do it in the Queens or in the Bronx, but you can certainly do it in middle America – Iowa, the west, even northern Michigan and even northern New York you can do it that way, just where you want to live.

Committee Member: Have you noticed in your travels, particularly in the hospitals that a lot of the students may be swayed into the other subspecialties – Internal Medicine and so forth? Have you any thoughts on this particular trend that may be happening?

Dr. Told: Yes I did, and I reassured them that the Board of Governors and CEE was looking at some sort of certificates of either certification or special proficiency that would maintain hospital privileges in those particular areas. Number one: That shouldn't dissuade you if you're going to Brush, Colorado, or Medicine Bow, Wyoming, or Craig, Colorado, then you don't need all those certificates. You go there and the people accept you. If you can do it, you can do it. But if you're going into larger towns like Paramus, New Jersey, or some of these others, then you maybe needed some verification and that we'd be there to help you.

Committee Member: That wasn't where I was going with the question. Perhaps those students may go in thinking family medicine, then they're exposed to all the pitfalls of family medicine.

Dr. Told: The comments from trainers are that you're too smart to be a family physician. My challenge to the students was: I doubt that you're smart enough to be a family physician. I went ahead and showed them a chart where the knowledge base based in breadth was probably larger than the subspecialists' knowledge was in-depth. But at the bottom of that chart, when the subspecialist had run out of all the things to do to their patient, they all had one statement, "See your family physician." So I told them after all these miracles happen in the hospital, it's still the family doctor that is the ultimate authority, whether it be on disposition within the hospital with that patient or if the hospital runs out of things to do. Ultimately they send you back to the family doctor to figure out where to go with those people afterwards. Not necessarily always end of life, but just when people are dissatisfied they always go back to their family doctor. I hope that I imparted to them the role of the family, the alpha and omega role of the family physician, the beginning of the system, the end of the system and in some systems even providing those gaps where services don't exist.

Committee Member: That's a good correlation of how you do that. I tell a lot of my students and interns that come to see me that family physicians have to know 85% of every specialty. The other 15% we send off somewhere else.

Dr. Told: Right, exactly.

Committee Member: Tell us some of your favorite moments that you had when you traveled to meetings across the United States this year.

Dr. Told: Well I think my wife and I enjoyed the most sitting in the president's box at the Virginia Tech/Cincinnati game. It was the first time that I had ever had a skybox experience with a president of a university who had all the amenities. My wife tolerates football, but that day she loved football. We had just about every beckon thing that you want. I can see why these owners in the NFL sit in the skybox. They even arranged for a B1 Bomber to do a barrel roll down the middle of this field and the roar of the crowd and all that, to me that was an incredible experience. Also, seeing the rural country in West Virginia, staying in this old hotel in Lewisburg that had been in business since 1796, sleeping just with a few of the modern amenities in an old bed and breakfast was a great experience as well. The thing that I enjoyed a lot was each one of the students had something unique about their state, whether it was eating lobster on the shores of Portland Bay in Maine or going ahead and standing on the side of the Golden Gate Bridge when we went to Touro up on the hill on the clearest that I had ever seen in San Francisco where I could see clear back down into almost San Jose from the top of the Golden Gate Bridge. Standing there with the officers of Touro was a great experience.

Committee Member: Tom, this has been a wonderful year for you. You've had a lot of accomplishments. Out of all of the accomplishments, what do you think is really the accomplishment that's going to set you aside from all the other presidents?

Dr. Told: Well I think without even thinking about that, the greatest accomplishment that I think that I did was to bring all the specialty colleges together, 100% of them in solidarity. We were able to pull all of the subspecialties together to where we weren't working against each other. Prior to this time, we would have social meetings with the surgeons, the internists, and the obstetricians. Now all of our executive directors work very closely together. We've taken that to another level where we're going to even maybe meet together. The academy has come to the table and asked to be involved with us when we have been apart for many, many years. I have to say that my board was very helpful in that. We are using our key networking with the AOA boards, working with all the specialty colleges. We had an issue that was of particular interest to our college and we petitioned the other colleges to come to our aid and it involved one of the bureaus of the AOA with a lot of clout. It was sort of a standalone ivory tower bureau that had not really taken much advice from anyone and that they thought that they would railroad their rules and regulations over the protestation of the ACOFP. I thought the greatest moment that I ever had was when the president of the ACOS, the president of the ACOI, the executive director of ACOOG, the orthopedists all stood in defense and said, "You cannot do this to family practice. If you do that to family practice, you do that to all of us." So it was sort of a NATO thing, an attack on one is an attack on all. To me I thought that that was... In fact I had an AOA board member say, "I have never in my life seen the specialty colleges work together." I honestly believe that the AOA was a little bit intimidated whenever they would make a decision and then they saw that the presidents of all of those organizations met in the back and then walked out and said, "We can live with that" or "We can't live with that." I think that was a tremendous thrill in my life. It was great. I came to many of these neat things that happen in life. I realized that as specialty colleges, we realized we had newfound freedom and newfound power and I really do believe it was the family doctors that went ahead and did it. Now we've had other societies come to us

and say, “We’d like to join in and let’s communicate.” I think that that’s what we have done. A long answer, I’m sorry, to a short question.

Committee Member: Do you have any other occurrences you’d like to tell us about?

Dr. Told: I think another crowning moment would be Steve Rubin, Peter Schmelzer and I were invited to the AAFP’s Foundation meeting. Now you understand the AAFP has a foundation which is probably, and it was at the Washington Press Club where President Bush goes and talks to all of the Washington insiders. . . At that meal were the CEOs from all of the major pharmaceutical companies. There were national and international medical leaders there, and everyone was there for the evening just socializing, because that’s how AAFP solidifies the \$8-or \$10-million they get in grants every year from the pharmaceutical industry. As we sat down to eat, Larry Fields got up to speak and he said, “Ladies and gentlemen, we have some very special guests.” We thought that perhaps that would be somebody of importance from Congress or something like that. He said, “I would like to introduce to you the president and the president-elect of the American College of Osteopathic Family Physicians.” A lot of those drug companies that had said, “You’re not big enough. You’re not that type of an organization.” He said, “I want you to meet them because they are our strong allies in what we want to accomplish.” So we were the first introduced there. We were treated just as equals by that particular body and even to this day when their president is here, we really have a great working relationship with that body. So I think, you ask Steve Rubin next year, he’ll probably tell you that he thought that was a crowning moment. The AAFP officers had IBM and all the whole works and yet they said, “We want you to meet people that are very special in our life.” And had us stand.... That was great.

Committee Member: Let’s talk about membership and how has the membership grown, give us an idea of the basic numbers before last year and now.

Dr. Told: I would really like to say for my legacy that our numbers increased wildly and everything. Actually our numbers this year are pretty much stable, maybe down about 1%. Regular organizations vary 1% to 3%. I would like to say that we've had a wild growth. I think that we have instituted a very aggressive membership campaign, more inspired by, and that's another occurrence we might see, more inspired by the visit of the Canadian past president or the past president of the College of Family Physicians of Canada. Alan Pavilinus came to our meeting in Las Vegas. I had met him the year before at the AAFP meeting. We wanted to know why and how Canada could get 70% to 80% of their graduates going into family medicine, which they do. They have about an 80% rate of their graduates in Canada entering into family practice. Being a family physician in Canada seems to be the thing to do. So I said, "How do you accomplish that?" He said, "Well I would advise you to start with the students. Our officers are in all seven medical schools all the time and we're trying to keep up with them, letting them know what family practice does." So we really hope that this initiative of visiting all 21 schools, as I went ahead and did, will go ahead and pay some dividends. It may not be in my term this year, but maybe Steve Rubin, Ronnie Martin, or some of these others, that we hopefully we can turn this tide around and visit the students often..... visit them at least once or twice during a year with this positive message: You can be successful and you can have a good lifestyle as a family physician. But most of all, you can make more difference as a family physician more than anything else. I'll put that into my record. The thing that was most startling this year, if your doctor is a family doctor, your care will cost you 33% less, but your chances of dying are 19% less than any other system in the world. Now you can't tell me that that's not making a difference when you can do that. That's the latest statistics in 2005 that were made, that came to light in 2006 during my presidency and that was the defining moment to me to say that. We have to really get out this message that family medicine is indeed the solution to our broken healthcare system.

Committee Member: Tagging on with that same line of thinking, there's a projected need for a mark increase in family physicians over the next decade.

Dr. Told: 39%.

Committee Member: But some people in the government and insurance companies want to put physician extenders in our place. I know you have addressed that this year. Can you comment on that?

Dr. Told: Yes, I will. The Commonwealth Fund Study Data, which I just quoted to you, and I've done a fair amount of study on that, takes into account of physician extenders and subspecialists is what the other alternative system is. We are 33% less costly than that particular system. Lawmakers are driven by cost. They are obviously, if they can save money, everything has to be level cost. That's what we're fighting with for the SGR. If you give a raise here, you got to take it away from somebody else. We're all eating off a loaf of bread. If you happen to get a bigger slice that means the guy down the table is probably just going to get the heel, that particular thing. There's only one loaf of bread.. So if you take a bigger slice, somebody's going to get a littler slice. The thing is that when we interject extenders into that, it becomes more costly. But the thing that is the most important about our healthcare system is that there has to be a team leader. You do not have three pilots on an airplane. You have one pilot, one captain. You do have a first officer, you do have stewardesses, but everybody has a job to do. We don't mind physician extenders as long as the physician sits in there as the captain of the ship. So I think that's what we have to say. Sure, physician extenders will be fine. But I also take heart in the fact that physician extenders are having a rough time recruiting other physician extenders and they too cannot solve America's healthcare system. So I think less expensive, safer care by having a physician as the team leader, particularly a family physician is a good thing.

Committee Member: What do you see as the biggest challenge for the ACOFP in the upcoming year?

Dr. Told: The biggest challenge, I think, this year is to figure out how we can continue to deliver this massive education budget that we have based on more pressures with advocacy. In other words, as we have a 10.1% cut in Medicare coming up and I think that's what we did. We really do believe that we can probably head that off, but that's going to take some resources, which is going to take it away from education. So the big thing is: How can we partner with our industry people to continue to have grants flow into the college and not flow away into other institutions. We feel that we're in a bad shape because nobody's coming to our conventions. However, the AAFP president-elect just told me they have the same problem in the AAFP. It's magnified three times on their side than it is on yours, but the dwindling is still that way. How do we really go ahead and fund an education budget with the loss of outside funding? So that's essentially, I think that's the biggest challenge we have is how to continue to deliver CME that way, I believe that's our biggest challenge.

Committee Member: With the physician shortage and the need to bring more physicians into our community faster, there's been talk of changing residency program requirements, surgeons having less procedures and quicker residency turnarounds and even family practice being coupled together with the colleges to bring out like the program in Florida is now considering a three-year degree. Do you have any comments on that?

Dr. Told: You mean as far as the medical school three-year?

Committee Member: Right, and perception of our profession in doing something.

Dr. Told: Right, accelerated time to family practice. You refer to the scholars program at LECOM-Bradenton?

Committee Member: You bet.

Dr. Told: I might say that under our administration we went ahead and did a survey as to whether or not you would spend extra time to get extra training and 85% of all the respondents said that they would be happy to add an extra year on if it meant extra training. I think this is a pilot. We're interested in doing that. I think the physicians felt that a shorter pathway to practice would be open to kids. Our members were saying, they would take a longer pathway to practice. I think as long as you have the basic standards and the core knowledge base in those three years, it'll probably work out okay. But it's still a pilot and I think everybody's interested in that pilot.

Committee Member: Can you talk in public perceptions that people will envision that can be an issue.

Dr. Told: Right. I think the public who really sees somebody who has had only two years of PA and think there as much as a doctor are probably oblivious to whether or not it's two years, three years, four years as to what it is. I think the challenge comes to our organization to make sure that the educational quality of the physician comes out of that is every bit as equal as somebody that comes through this other than there.

Committee Member: Any idea if going to a less expensive venue, would it increase the attendance to CMEs at the conventions?

Dr. Told: Yes, the board is looking at less expensive venues. If we have, again, less expensive venues probably are not as good accommodations. I think what we would look at is adding a wide variety of choices, maybe more, three or four or five different choices in an area or go to areas such as Orlando, Philadelphia, Las Vegas that have a wide range of, make some core sites, three core sites followed by maybe some other sites in between that would be less expensive. Kansas City you can get \$169 a night rooms, but then we found that people actually come where they can do a lot more things.

Yes, I think that the board is very sensitive to cutting down the venue and it is, \$275 a night when you're a starting physician with three little kids and you're not going to get paid the week after you get home is a tough decision to make. You bet.

Committee Member: Along those lines, how did your presidency affect your practice?

Dr. Told: I made a commitment to do whatever this cost. Obviously the stipend of the president probably would make it up. I have asked Rich to go ahead and do the final numbers on that and I could certainly give that to you what my stipend was for this. I figured that I probably spent 200 days out of my office. It was of considering everything that was there, I've had some estimates of upwards \$100,000 that it probably cost me. I don't really plan to look at how much it cost me because it was well worth what I was going to pay for it. I did have to hire another doctor to take my position. I hired an MD so that we wouldn't be fighting over going to the same meeting and when I'm not there she works and when I'm there she can take off time and ski. But it was a financial commitment. Sometimes I think the membership looks at that and says, "Well the president has all these perks." But I think that there is a financial cost that goes along with that aside from what this society goes ahead and gives you. Just thinking about it, I think I would have done it even if I had to pay the whole thing myself, It would still be worth it. I really do. It was a great experience.

Committee Member: Besides the financial part, the question is more: How did you hold it all together? How did your patients fare? How did it personally affect the family?

Dr. Told: As my granddaughter said, I was president of all the doctors, and that I need to be on the road and they forgave me and some still forgive me. I don't know how long... I think that if I had to go two years, I doubt that many of them would have forgiven me. Some people felt it best to go. I've lost some patients from doing this. But then those were the people I think that put their needs above what the needs of everyone in

America and I just figured that they'll come back. One thing about my town, they're only your patients when they're in your office and when I'm back in town, I'm sure they'll be right back with us again too.

Committee Member: Let me follow-up with that one. Let's go back 10, 15, 20 years; what made you decide to become active in ACOFP, in the committees, the board? How can that relate to the newer members and the rest of us?

Dr. Told: I think this a very good point, and I talk privately at dinners with people. I was the only DO in the community and my partner was an MD and I became a very successful doctor. There was one doctor in town who was an internist and I would send my patients to him and then he would send them back to the MDs in town. He would do an in consultation. So I quit sending him patients and he promptly started to starve to death and so they decided that they would run me out of town, which didn't happen, of course, because the town sort of rose up in arms. But in the course of that MD/DO fight, which thank goodness none of our new members know about these days, the old members did, during the course of that fight, I realized that I was in a town with MDs, have not really associated with my state organization. My partner, who was the president of the Colorado Medical Society, had gotten me involved in their side of the family, but when things got to be sort of testy, the MDs were great to say, "You have your organization to take care of you." My organization says, "Who are you?" And then I decided, "You know what, I've got to get involved in this." I was able to work through this myself, but the only people that came to my aid during that DO/MD fight were the DOs, even though some of my best friends were some of the highest echelon people in the MD society. They all said, "We'll pull away." I also had cussed a little bit when we were doing surgery with my partner, and he says, "You know, Tom, you cannot complain about others unless you are involved. So unless you're involved in an organization and trying to do something about it, then you have no right to complain. So I went ahead and came to the ACOFP meeting on a local level. Robert

Campbell, who we gave a distinguished service award to here a few years ago, talked to me into being involved in the state. That led to the national. Bob Brethouwer, National President, got involved with me. I'm always a guy that has never ever done anything half way and so I figured if I'm involved in this, I started bringing hats that said ACOFP and then I was noticed by the leadership, kind of worked my way up through all the committees. Mike Avallone tells a funny story that in the days when we used to broker who was going on the board among the presidents, Jim Thomas was supposed to come on the board before I was, but Mike Avallone had a battery problem with his hearing aids when they were voting in the caucus and so he heard Thomas when they said Thomas Told and voted for me instead of Jim Thomas, so that's why I came on the board first and Jim Thomas came on after me. Since that time, luckily I guess it worked out well because Jim Thomas since has resigned from the board for family reasons, so I guess good things happen for a reason. But Mike Avallone always told me that it was his hearing aids that resulted in my quirk of being placed on the board. So now that I'm going to quit the presidency, you guys can know all that so you won't think that I was just here by a quirk of faith it was a battery problem.

Committee Member: I'd like to close this out with the last question and the last question is: What wisdom and advice would you like to leave behind for the future of our organization?

Dr. Told: My best advice is that there is nothing that you can't do in the United States with your osteopathic degree. There's nothing an MD can do that you can't. There's no need to seek training elsewhere. There's no need to really go outside the system which we have. There's no need to really look for others outside this system. This system is more than adequate to fit the needs of the general membership. When I have residents and students ask me, "Should they double board?" I tell them, "Why?, only if you want to pay double dues." There's not really any reason why we need to be in any other organization other than ACOFP, because ACOFP will take care of just about

everything that you need. I've done that because in my neck of the woods, there was a time when osteopathic medicine was like it was in Louisiana. But that's not the case anymore. It's not that way, that you can do everything and more. It's like Ronnie Martin said, "We're not here because we're needed. We're here because America wants us." In fact, the American Healthcare system sometimes would wish we would go away and we are here because we are needed. We are wanted. We are not necessarily needed.

Committee Member: Tom, how can we convince some of our graduates they can get just as good or not better training in our system that they can outside of it?

Dr. Told: I think that we need to mentor. We go ahead and mentor those kids. We take them to dinner. We tell them the stories. We go ahead and do like Kevin de Regnier did to the students today, give a very personal look at his practice, tell them that we are human, answer their questions honestly and I have to say that. Can I discuss just for a second?

I did an internship in an allopathic institution in the Army. I had come from Kirksville and frankly didn't know what my education was like. I'd only rotated through osteopathic hospitals. My intern class was 39. This was even in 1973, 39 interns. I don't know any of you ever interned in a class as big as that, people from Bowman Gray, Johns Hopkins, Cornell, Stanford, one guy from Kansas City, one guy from Kirksville. We were the two guys that were in there, in this huge intern class. As the year went by, I really have to say that it became very apparent to me that my training was every bit as good if not better because they had had a lot of subspecialty training and I had a lot of generalist training and it made me a far better rotating intern. That was the confidence then that I needed. I could go out and say, "Hey, listen, I'm Tom Told, DO, I know exactly what I'm talking about and I don't have to give way to somebody just because they got a different two letters behind their name." I think that's what we have to impart to those kids is that you do not have to hang your head

and say, “I’m second grade.” We’re not Avis anymore. We’re right up there with Hertz. You bet you we are.

Committee Member: Tom, with the permission of the chairman, I would like to really ask the final question. Your years as president-elect and president, the concept of Toldisms came out and I think that’s a big part of your legacy. I wonder if you could make some comments about Toldisms?

Dr. Told: I was blessed with the inability to understand complex things; and my dad was pretty much the same way. But when you put things in simple terms like compare your body to a car or compare things to look at it in a simple way, it sort of boils things down. My family has always been: “Let’s kind of just bottom line these things out”. I found early in life that your patients identify to that. In other words, they didn’t want to say, “Well you have this syndrome that causes all these things.” It’s much better to say, “Your carburetor’s plugged up and I think we can go ahead and take it. We can get it out without having to go ahead and take it off and boil it out. We can probably slide this little thing down there and get it done.” Or to the farmer, I always tried to figure out something that had to do with the occupation of the person when I explained the disease to them. So to a rancher we would talk about irrigation, tractors, teams of horses, things of that sort. To the housewife I’d try to figure out baking and cleaning things, to the mechanic we’d try to make it the car. I think that that was the key to my success. But secretly it was the way that I had to understand things. I’m just not an abstract guy. I think I really like to go ahead and think of these things and bring things down to a more simple term, makes them easier to remember and I think helps other people understand just exactly what you think about. I think it overcomes a lot of the limitations of our language. Some people use highfalutin vocabulary to overcome some of the barriers of communication. I just took the opposite road, I use lowfalutin vocabulary to try to go ahead and overcome some of the barriers of communication. Long answer to a short question, Paul.

Committee Member: Excellent answer. Do you have any examples of maybe a Toldism that you can think of just so that we can put down in your legacy, your favorite ones?

Dr. Told: We of course skunked on the PLI initiative. I thought we were double-crossed by a few key Senators that didn't show up for the vote for Cloture and certainly derailed by the election when the democrats who are in the pocket of the trial lawyers came back. So everybody decided that we were going to abandon the fight for PLI. My Toldism for that was, you don't throw a good looking pair of shoes away just because you got a rock in it. You dump the rock out and you go on down the road. I will say that is the Toldism that will be in part of Congress, so I will go ahead and give you the latest Toldism. The other Toldism, which I'll put in my address, which I'm sorry to ruin for it is: When it comes to minute clinics, I always tell everybody, "Nobody would buy a parachute in a discount store, so why do you want to trust your life to a discount store?" That's it. Would you buy your parachute in the dollar store? No, I wouldn't buy my parachute in a dollar store. And jump out of an airplane with it? No, I wouldn't do that. Would I go to minute clinic and go ahead and trust my life with that? No, I wouldn't. Some of the other ones... Steve's been writing them down. They just seem, that's my simple way of thinking of things, I think. Thanks.

Committee Member: Tom, I'd like to thank you for taking the time for being with us here today. Personally and everyone in this room knows the college and the profession owe you a huge debt of gratitude for all that you've done for us. Thank you so much.

Dr. Told: I hope I made a difference. It's a sad thing to give up your presidency.