

**Archival & Historical Committee
Tuesday, October 17, 2006
Las Vegas, Nevada**

**Interview with
Royce K. Keilers, DO, FACOFP *dist.*
President 1989-1990**

Committee Member: This is the meeting of the Archival & Historical Committee on Tuesday, October 17, 2006 in Las Vegas, Nevada interviewing Royce K. Keilers, DO, FACOFP *dist.* We are happy to have you with us today, Dr. Keilers, and the Archival & Historical Committee is interested in what you would like to tell us about your ACGP presidency and other memories that you might want to share.

Dr. Keilers: Thank you. I graduated from Kansas City College in 1965 and then moved to Arlington, Texas where, I had known for many years that I was going to eventually practice. Before I even went to school, I knew I was coming back there. In fact, I was building a clinic while I was in my internship and almost got fired a time or two because I was gone so often. The boys called me the “traveling intern” and traveling has continued ever since, throughout my presidency and it still continues today.

When I was setting up my general practice, one of the organizations I joined was the ACGP and it was not a very functional organization at that time. Bob Sharp, whom most of you know as “Dr. Bow-tie”, is the most colorful character I have known in my profession who affected my life. Texas ACGP used to have an annual meeting in Arlington, Texas and that’s where our business meeting was held. It had just about dwindled to nothing. Bob came to me and said, “, Since you are in Arlington, I want you to be the program chairman and get that meeting started again.” So, with Bob Sharp’s guidance and direction we restarted “that meeting”, which is still today our annual meeting in Texas. It became very successful over the years. All of those things we got started with Bob Sharp, right there in Arlington. He has been a great mentor to me.

Committee Member: What year was that?

Dr. Keilers: That was in the late ‘60s. Through that activity I met Robert Haman, who some of you may have known.

He was a dynamic individual, and a very forward thinker and very instrumental in the earlier days of ACGP. In fact that's probably how I became known to the board, through him and John Burnett. I do have a little humorous story here that kind of tells you how fate allows you to go in one direction. Joe Namey and John Burnett were the two power kings, as we know, early in the ACGP. John did imbibe a little bit at times and especially at social events. There was a certain person on the Board in Texas, a doctor from the Dallas area, whose wife took a picture of John when he was not wanting a picture taken. Very interestingly, that person was dropped from the board the next election and that created an opening for me. So that's how I got into the ACGP. About the biggest ACGP story I have to tell is the "Rags to Riches" story that happened at about the same time that I was coming onto the Board. At that time, the ACGP moved out of rented office space into much smaller rented office space. It was in the Arlington Heights area, in Chicago. We were on a very limited budget because they just had very few funds. Joe Namey then appointed Ray Saloom as the controller of the funds and the budget and gave him free reign to take the association out of near-bankruptcy, and get it on a sound financial footing. Well the first thing that Ray told us at that time, he said, "You can't have any big committee meetings. Membership is going to be one of the committees, Conventions is going to be another and Grants was going to be the third." Ron Goldberg was put in charge of grants, Harold Thomas was put in charge of conventions, and I was put in charge of membership. We were the three musketeers, as they called us, and we continued to work very independently with minimum meetings. We basically had free rein to do whatever we wanted in those areas with budget approval. The three of us continued on and then eventually were back-to-back presidents. We always said, "We had a three-year presidency" when the three of us were presidents. During that period of time we determined that we needed to work with the students in membership. We decided that all those "old" doctors had been asked many times to join the ACGP and we didn't feel that it was cost effective to just keep sending them more dues statements and spending time on them. So we decided the future of our profession was in the students, interns and residents. That's where we made our biggest effort and it was during that time that we developed the student chapters. Also during that time is when we had the first students come to our national convention. Ron Goldberg was in charge of a 5K run that Glaxo sponsored, if I remember correctly. I got the idea one early morning that if we could get one pharmaceutical company to sponsor one student from each of our schools, there were seven schools at that time, that we could bring them to the national convention. The person from the pharmaceutical company sponsoring the run was there and he said, "Well how much is that going to cost?" And I told him, "At least \$5,000." And he said, "I'll do it." So those were our first students to come and what pride we have now!

Committee Member: What year was that?

Dr. Keilers: I can't pinpoint that exactly, but it had been in the early '80s.

Committee Member: 1987.

Dr. Keilers: 1987, were you at that first one?

Committee Member: I was the first president of PCOM.

Dr. Keilers: All right.

Committee Member: ACGP.

Dr. Keilers: Thanks for helping me with the dates. Then we got Marion Laboratories to give \$1,000 a year to each school ACGP chapter, because otherwise they didn't have funds to operate. After that, we finally talked the board into putting it in as a budget item so that we wouldn't be dependent each year on a pharmaceutical company to either sponsor or not sponsor. So through that, what we did was set a pattern. Our conventions got better and bigger under Harold Thomas. Ron Goldberg used to get a limo from his New Jersey home and work in his limo as he would go to meet with all the pharmaceutical companies. Then the ACGP started getting more grants, and we started having better programs and came into riches.

Then we started looking at a building. Ray Pieper was very influential at that time. He was ACGP president in 1988-89 before me. There was a lot of controversy on deciding about the building. Ray Pieper was in real estate, that's where he made his fortune. He found, if I'm correct, a five-acre track just down Algonquin Road in Arlington Heights, Illinois. It was on the other side of where the Marriott Courtyard is now and there was a building on it. Ray and I and a couple of others thought that was the place to be. The others decided that it was better to buy land and build our headquarters where we are now. My feeling still is that we made a big mistake going the way we did because that acreage that is there now would be incredibly valuable because of what real estate has done in that area. It was a big question at the time. That was a battle I lost.

Another big change came in 1989-1990. We felt the national ACGP had been in a mode where things were not growing very well. We also did not have real good relations between the staff and our students. For instance, membership always got the short end of the stick very often in the budget process. We didn't have a membership person even designated at that time. It was just kind of when they got through with the rest of the things that they started bothering with

membership. So we battled for a long time. I used to go up from Texas and sit at our office and have meetings about trying to decide how we could increase membership, but that was all. We really didn't have much staff support at that time. We finally had a regime change in the central office; the staff changed and I think that it helped us. From that time on we had a steady course of improvement of our funds and our operations and we developed membership, staff, etcetera.

Committee Member: Is that when George Nyhart came in?

Dr. Keilers: That's when George came in. He went through the interview processes and all that. As far as political struggles go, that was very interesting to me. I became very involved in it because I was also very active at the AOA with the Committee on Education and the specialty colleges and all that. We found out, very much so, that the ACGP controlled the AOA board through its people. So when you say "controlled", let's say we had a great influence. We didn't necessarily control it but we really stuck together and voted together. The specialty groups, other specialty groups, were battling for position there. So we had a lot of discussions at the board level then. Joe Namey and John Burnett were always the two that controlled the power of appointments, who got on what, who went where and when. When they were challenged by Frank McDevitt, being the great politicians that they were, they took McDevitt in, so those three became the real power people through the AOA and the ACOFP. They basically controlled the process. You didn't get on the board unless it was through their good graces, and of course we know that as time went on, Joe and John were kind of left by the wayside as Frank McDevitt evolved as the sole leading force.

Committee Member: Yeah, that was kind of when three states ruled right, Pennsylvania, Michigan and Texas.

Dr. Keilers: Yes it was. That's right.

Committee Member: Those were the states that had the votes.

Dr. Keilers: I think that perhaps what I'm looking at in the future now, I think that it's much better the way we are now. I think that we still have concentrated power but I see it differently now than in the hands of only one or two or three people making all the decisions.

Committee Member: Would you talk a little bit about your family involvement? Don't you have a very active osteopathic and medical background with your family members?

Dr. Keilers: Sure. Well first of all, most of you know, my wife is a DO also. I graduated in 1965; she graduated in 1966. Elva is certified in family practice and also did an anesthesiology residency. My daughter, Dawn, decided to go the psychology route. She is a LPC, a Master's in psychology. Dawn was a page for the house of delegates for ten years so she got to know everybody in the profession. Then we used to have great, great conventions, when they were extremely small. We went to Quebec, New York City and to the Broadmoor in Colorado Springs and had wonderful, wonderful times. My daughter grew up through those ages with us and was always accepted into the ACGP family. In fact, when I went onto the board, my one stipulation was that, "I'll go and I'll do but my daughter and my wife are part of it all the time". The board always accepted Dawn. Dawn would be sitting in the back a lot of times when I would need to take care of her because Elva was practicing. She would go to meetings with me and just play and read. Another little interesting side story on Dawn: we were at one of the conventions and Dawn was watching *The Little House on the Prairie* on television. She was lying back in bed. For some reason the doctor that was on the program was drinking too much and refused to see a patient and she had tears going down her face and she says, "That's just like those MDs." So, as you can imagine, she was always a true blue osteopathic girl, true blue all the way. She would always say, "I can go anywhere in the United States and I know a DO that will take care of me no matter what." That's what she learned in her years as a page just being with all of you guys.

Committee Member: Didn't Dawn spend some time also working for the AOA?

Dr. Keilers: She did. She was with the small states for the Southeastern region. She was the small states director there, so she did that for three years. John Crosby, has tried to hire her back many, many times.

Committee Member: Were you involved in the name change from ACGP to ACFP?

Dr. Keilers: Yes, and I'm trying to remember when that was.

Committee Member: 1993.

Dr. Keilers: 1993?

Committee Member: I think 1992 or 1993.

Dr. Keilers: It was after my presidency so I was already out of that. But through the membership committee we had discussed name change many times. That would always come up through the committee and it culminated during that period of time.

Committee Member: What was the controversy?

Dr. Keilers: All federal grants and programs were written using family physicians and family practice as the terminology. “GP” was listed at the bottom. GP was underneath family practice, giving it a lesser status. We’re now equated with family practice which is the allopathic counterpart. Then, the controversy was— Are we ACGP, ACFP or ACOFP? That was the big controversy. Where do you put “osteopathic”? I’ll have to say that I thought it should’ve been ACFP, as we had ACGP, with Osteopathic written underneath. That was one of the logos proposed....

Committee Member: That’s the way it ended up with the osteopathic underneath.

Dr. Keilers: But actually all of our correspondence, everything we do now is ACOFP, right.

Committee Member: But the logo....

Dr. Keilers: Yes, the logo is still the same. I guess that was kind of the compromise.

Committee Member: Well I thought it involved students quite a bit too.

Dr. Keilers: In our specialty, the internship was not being equated with PGY1 and that was the problem. All the grants for the specialty programs and everything said family practice and they had “PGY1” rather than “intern”. That actually came about after I was president, so I didn’t have much influence on that.

Committee Member: But it was evolving.

Dr. Keilers: Yes, it was definitely evolving through that whole time.

Committee Member Royce, can I add something?

Dr. Keilers: Please do.

Committee Member: During the debate in the Congress of Delegates when that was finally adopted to change the name, the debate was: Are we trying to mimic the MD?

Dr. Keilers: Oh yes. That's right.

Committee Member: That's why there was a very firm say let's have it FP, the American College of Osteopathic Family Physicians instead...

Dr. Keilers: Yes.

Committee Member: But it was so the government would understand and the reimbursement was there. That was a big issue.

Committee Member: Royce, was anyone from ACGP involved in the first osteopathic stamp that came out in 1972?

Committee Member: The A. T. Still stamp you mean?

Dr. Keilers: I think that was all the AOA.

Committee Member: That's AOA?

Dr. Keilers: Yes, I don't remember that ever coming up when I was there.

Committee Member: Were you involved in the first certification?

Dr. Keilers: Robert Haman had a dream. We knew we were going to have to be retested or re-certified, so he had a dream of certified CME. Certified CME is where, every three years, we go through a cycle and cover every subject that was on the test. Everybody would take a pre-test and a post-test. Every lecture would have basic science for the first few minutes, then lectures relating to all the updates, every three years there would be an update from the previous three years and then there would be an osteopathic portion. We always had a DO that would do the manipulative portion after that and all of it would become part of a book. This was all filmed. We even did this for two or three years before it financially broke the system. All this was filmed so that people that were not there could watch the films, take the tests. That would become a continual re-certification process. I think it was an idea way beyond its time. It was a wonderful idea. I was actually program chairman twice, once in Hawaii and once in Las Vegas for that and that was his dream that never became fulfilled because the environment became pretty hostile. The one in Las Vegas

broke us because of the union; they tried to set up the camera on a Sunday, all union labor, and the setup had to be plugged into the wall and they had to call a person out from their home to come in, walk in, take the plug and plug it in! I think it cost \$250 or something like that just for that. All the tests were all on carbons. They were NCR and so there was a lot of cost to the whole operation. But the idea was just absolutely right. Today when we have the computers the way we have them and everything, it would be a very realistic thing to do and just the fact of staying up all the time and he felt that this would bring people to the conventions. This was going to really build the conventions, build loyalty and establish a re-certification process.

Committee Member: The past format is still really a good format for osteopathic lectures.

Dr. Keilers: The fun thing was having the basic science first for about ten minutes. If you had a cardiology lecture, you had the basic science and then you had the newest things that happened in cardiology. It wasn't just somebody talking about their interest. It was what we want: what is the current standard way to do things? What is new? What are the new tests? What are the new treatments? Then right following that was a ten minute presentation on manipulation. We had several specialists who do manipulations come in and it was really good. They tied it all together.

Committee Member: The certificate on added qualifications in pediatrics, geriatrics, and sports medicine - were you involved with that?

Dr. Keilers: I was involved as I was on the board. I was not involved in getting it done. I was only involved in the vote process that we needed to get it done... It was definitely the arena that we needed to delve into.

Committee Member: Can you review the process and how that came about?

Dr. Keilers: How we decided to do that?

Committee Member: What the thinking was; how did that evolve?

Dr. Keilers: The thinking was that all of those areas that you just listed are what family practice encompasses. That's what we do. So we didn't need separate residencies in those areas. We just need added qualifications. We need to be certified as specialists in areas that we practice in but we remain family physicians first, with some added qualifications in those areas. So that was the thinking. In other words, we could then certify people, through a testing process, when they met certain standards.

Committee Member: But wasn't there was also the fact that we didn't want to fracture the organization?

Dr. Keilers: That's correct. We didn't want our family physicians fracturing off. That's very much so. We didn't want to see them leaving. This is still the matter.

Committee Member: Royce, when you were starting on the board, family practice residencies came into being around the mid 1970s. Any comments about how that happened or why it happened?

Dr. Keilers: Why it happened is because there was just a demand from our students and other people. They were going to allopathic programs back then. That is what I recall was the greatest emphasis at that time and that we knew that the future was going to be in specializing and creating the family practice specialty.

Committee Member: I guess that was also a controversial time because I think it was always felt that when the osteopathic physician graduated from medical school and after his one-year internship, he was ready to go out to the world.

Dr. Keilers: Ready for life, that's right. That's exactly right. That's when the grandfather certification came in and the first testing was done. I was part of that process.

Committee Member: In the past, family practice, as you mentioned, had a lot of influence on the AOA. Today our students may be in the hospitals being fractured into other subspecialties, internal medicine, etcetera. Do you have any thoughts on this change in our growth?

Dr. Keilers: In our ACOFP growth?

Committee Member: Yes, within family practice, among family physicians? And then comment about membership a little bit.

Dr. Keilers: Absolutely. I think certainly that specialization, well... We are on a decline. There's no question about it. In my opinion we are on a decline and we're going to continue on a decline for awhile. And the reason for that is we lose half of our people immediately to the allopathic profession and they don't come back even with all we've tried to at the AOA level. They go into allopathic residencies they're gone basically, very few come back. Then they specialize. You make more money as a specialist than you do as a family physician and a lot of people are looking at that when they come out with large education debts. I think the economics of the situation is just

making people make other choices. Now, with that said, I think that most physicians go into school with a family practice in mind. That's what they want to do. They may become specialists, but in their heart family practice what they really want. And many of them are, quite frankly, very unhappy in where they are when they end up in the specialty fields. I think family medicine is the right thing. Now let me tell you why I say that. I've just been involved in Heart-To-Heart International and I'll be spearheading the AOF Foundation efforts with them. I went to China just a few months ago, and we're going to be sending some of our DOs to China to one of their missions, etcetera. The AAFP has been working with Heart-To-Heart for almost ten years. They have been in the Russian arena*. Well the Russians have found out that their medical specialty system does not work. See, they only have a specialty medical system. They don't have general family practice. They have specialists. Everybody becomes a specialist. Well the care is not there for the masses. They can't do it. So the AAFP is sending teachers over there. Some are taking two and three year sabbaticals over there to teach them family medicine. Now what I found out in China is they have the same problem. China is approaching it different. They tried to have barefoot doctors. Well the barefoot doctors are less than a PA. They couldn't do it. They couldn't handle it. They're not trained. So now they said in four years they want a clinic in every community staffed by the generalists. They have dictated that's what it's going to be. I talked to the Chinese doctor who is in charge of doing it for over 90 million people in just one providence and in four years they will have clinics and they will have a doctor in each clinic. So what that means is retraining their specialists. I don't know what kind of family practice care they're going to get, but that's what's going to happen. So the rest of the world or two major parts of the world have found out that specialty medical care only doesn't work. It doesn't get care to the masses that need it. So I think we are where the action is. We are where it is and I think that as the government and everybody understands that we are taking the leading role in caring for diabetes and heart disease and metabolic syndrome and all those things that are killing all our people, when they see that we're the focus, I think we're going to see a big resurgence of family practice.

Committee Member: That's a good opportunity for osteopathic medicine!

Dr. Keilers: Absolutely. When I was on the committee on colleges and went to New York to their first school there in Long Island and I went into this very famous author's room who was the medical director of this huge hospital... I think his name was Stanley Scheiowitz. He told me, "I love osteopathic students who are rotating here." He said, "First of all, they look like doctors. They dress like doctors. They act like doctors." And he said, "Number two, they're taught to take care of the patient as a whole, not just be technicians." He said, "But what's wrong is that your students come in as trained family physicians and they leave as specialists because they become enamored with all the gadgets, all the catheterizations, and the hospital high tech stuff". They become

enamored with this in their formative years, their third and fourth year in school and that's where we're losing them in my opinion.

Committee Member: Was that Samaritan Hospital?

Dr. Keilers: It's a huge hospital. I don't remember the name. It just made such an impression on me. He says, "You're just losing them." He says,

Committee Member: The largest hospital on Long Island is a Jewish hospital.

Committee Member: Yes, Long Island Jewish.

Committee Member: When I was in Samaritan not too long ago and they just love our students...

Dr. Keilers: Yeah, he said, "They're the best". They are the very best!"

Committee Member: I get the opportunity to go all over the country and I see many of the hospitals where we have joint training, they love to get our graduates because they're prepared to take care of patients.

Dr. Keilers: Yes, they even put hands on them don't they? What a novel idea.

Committee Member: We've had quite a few reviews, for some reason Hawaii was a big deal. Dr. Burnett, Dr. Sevastos both talked about Hawaii. You were the program chairman right?

Dr. Keilers: I was the program chairman that first meeting in Hawaii and was just a wonderful experience, just absolutely great. Everyone had a good time. The one in Honolulu where we were in the Hilton right off the beach, that was the first one for me and that was when I was coming up but was not real involved with politics yet.

Committee Member: I believe the first certification done in a 747 on the way to Hawaii. Is that true?

Committee Member: Yes, that was Mary Burnett.

Dr. Keilers: That was much earlier.

Committee Member: The first certification examination was given to the Board of the ACFP. Then the next large one was in Central Plaza in Los Angeles the next year which was the largest class at that time. I was a member of that class.

Committee Member: In all due respect, I remember Royce as the first dynamic president we had and he really set the pace for everybody else.

Committee Member: I can also say something about Royce. When I was an instructor I met with his class every Monday morning at 8:00, Royce was my projectionist.

Dr. Keilers: I liked that. Yeah, we had some good times.

Committee Member: Would you make some comments about John and Mary Burnett both, what your interaction with them?

Dr. Keilers: Sure. John was always the leader. Mary came a little later, but John first was definitely a leader there. In Texas you also really didn't do anything without John being your supporter. That's how you would become known nationally. So John was very active at the AOA level as I knew him. I always considered John to be the AOA even though he was ACGP all the way, but that's where his great influence was. So they took me under their wing, both John and Mary. In fact, my decision not to go onto the AOA board was based on Mary going on the AOA board, because either Mary or I were going to go on the AOA board and they were giving me the opportunity and Elva and I decided not to. They were always my mentors. They didn't necessarily always agree with some of the decisions I made in my years, especially as it related to change of the executive director but we made it through those times.

Committee Member: Anybody else?

Committee Member: I had a story that was related to me in Texas. We were interviewing two of the icons of the Texas College of Osteopathic Medicine, Ray and Edna Stokes, who were the first employees of the new college. They told me that there was this "nicest little couple", this young couple that was practicing in Arlington and that, "They were both doctors and every month we would get checks, one check from each of them and the checks were a little more or a little less each month, but we got a check every month. And as those two got more successful, the checks got bigger. But I always remember those two because they always sent in a check every month." The person relating that story that was Edna Stokes and that "young couple" was Royce and Elva Keilers.

Committee Member: The check was written to Texas College of Osteopathic Medicine for the purpose of establishing the school.

Dr. Keilers: I guess one of the questions, what is the greatest thing that I got out of being ACGP. First of all, I have absolutely no regrets. The way my life has gone and most of that was directed by the ACGP and it's now ACOFP. All the people I've met, the friends I've made all over the country, that year as president, I would give anything for it... to go everywhere, to see everybody in their homes, to see how proud they are of what we have. Everybody thinks they have the best. It doesn't make any difference where you go, and they're trying to show you their best. So that was a thrilling, thrilling experience. The thing that I got out of the profession the most is the students. That was my greatest thrill, it built me up every year to go to student meetings and we would have our breakfast and then hear the students from what they do at their various schools as they give their reports, it just energizes me. You come back and you're just ready to go again the next time. Now I go to these and I'm not active with the students anymore, but I still get to go stand in the back of the room and just watch and see those rooms full of students there and what they're doing in all their colleges. That is exciting. That's rewarding.

Committee Member: That's the future.

Committee Member: Anyone else? I guess we have kind of exhausted the interview.

Committee Member: Well we might just as well conclude the interview then. One of the things I was going to comment about was after California began to come back after 1974, the reason why we were so active in starting the small states federation, or at least one of the reasons for the small states federation, was to kind of compete with the triumvirate of Texas, Pennsylvania and Michigan and try to get some of the others balanced politically.

Dr. Keilers: Do you know of my very close association with Dr. Eby?

Committee Member: No.

Dr. Keilers: Dr. Eby was at the Kansas City School. In fact I even helped him lay the tile in his bathroom floor. But we were very, very close and he and I would just get together and talk, to the end, we used to communicate all the way to his passing. His only disappointment in me was that I didn't go on to the AOA board and that's what he wanted me to do. He was drilling me about that, so he was a little disappointed, but what great guy!

Committee Member: Did you ever submit his CV?

Committee Member: Yes.

Committee Member: How do you spell his name?

Dr. Keilers: E-B-Y.

Committee Member: That's what I thought.

Committee Member: E-B-Y.

Dr. Keilers: Richard Eby...a wonderful man.

Committee Member: He was great, great, great DO; a great component of osteopathic medicine.

Dr. Keilers: Absolutely.

Committee Member: Well he was the first president of OPSE and he's the only one that was never sanctioned by the COA, COA when they made the merger with CMA. He was one of the DOs that was set up on COA when he started the OPSE.

Dr. Keilers: When we graduated from school Ken Henderson and his wife, and Elva and I took a cross-country trip to California, stopped in Las Vegas, stayed in the old Rivera down here and we stayed in Dr. Eby's condo out on Lido Island. He had four condos down there and he had us stay. We thought we were king of the world, I will tell you. Thank you so very much for inviting me here today.

Committee Member: Thank you doctor Keilers. We appreciate your sharing your memories and your experiences. The ACOFP owes you a great debt of gratitude. Meeting's adjourned.

Committee Member: Thanks for a great leadership that you've shown all through the years.

Dr. Keilers: Well you know you've been my mentor [to Dr. E. Allen]. I just do what you tell me to do. Thanks again.