

History
of the
American
Association of
Clinical Urologists, Inc.
1968 - 2001



by
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Dedicated to Russ Carson

Co-Founder and long-time mentor to dozens of officers and members.

He is a friend to many of us in the organization even now when he is in his nineties.

It's obvious by his correspondence that he retains a very strong interest in the activities of the group.

It's sort of as if he's our conscience, watching over us.

Thank you for so very much, Russ. God bless you.



History of the American Association of Clinical Urologists, Inc.

I. Foreplay, Fertilization, and Gestation

The birth of the American Association of Clinical Urologists in 1968 was preceded by a gestation period of several decades of growing concern by American urologists. To understand its relationship to the AUA and to appreciate its origin and subsequent development, one needs to know a bit about the socio-economic and political atmosphere of the period that preceded 1968. In developing this history the Historian, in addition to his personal records and memories, relied heavily on written recollections of the Past-Presidents of the AACU as well as the minutes of meetings preserved by the various previous Historians.

The labor union movement in the United States had at the turn of the century challenged traditional capitalism, and after some bloody conflicts and multiple strikes had emerged as a force to be reckoned with by the time of the Second World War. President Franklin D. Roosevelt, taking office in the depths of the Great Depression, had initiated social programs of wide-ranging natures that profoundly affected our society. Social Security itself was born on August 14, 1935, as a “temporary” support for those in financial need, and later as support for retirees. Although “group life insurance” for industrial workers began in the 1920’s and was growing, the large insurance companies looked on health insurance policies as “loss leaders” that they would prefer not to write. So in the Thirties with physicians’ backing and their financial support Blue Cross and Blue Shield health insurance plans came into being.

During World War II the U.S. government had prohibited monetary salary increases so industry, faced with labor union strikes in key industries, found it necessary to offer nonmonetary inducements to workers instead. One of those benefits was the provision of health insurance. Workers in many fields soon became used to having medical bills paid for by insurance companies and liked it. Throughout this period Congress kept adding benefits to the basic Social Security programs. Presidents Roosevelt and Truman both sought to enact national health insurance coverage programs but couldn’t generate enough popular support during their terms of office. (Many U.S. citizens were truly afraid of worldwide Communism and Socialism, and the idea of medicine being under the control of central government bureaucrats was scary, however much physicians and others may have embraced the general concept of health coverage for all.)

Under the leadership of President Eisenhower from 1952 to 1960 there was prosperity and no great public clamor for a universal health coverage. Ike, of course, had throughout his career in the Army received his medical care courtesy of the Federal Government, and moreover supported a “free market”. Congress did pass the Kerr-Mills Medical Assistance to the Aged Act in 1958, but, although it worked well in States that implemented it, this voluntary plan was only adopted slowly by others. In 1960 in his Inauguration Address President Kennedy said his famous, “Ask not what your country can do for you, ask what you can do for your country.” Physicians were not overly worried about “socialized medicine” of the type that the United Kingdom and other nations had endorsed after World War II.

When former Senate Majority Leader and then Vice-President Lyndon Johnson succeeded President Kennedy in 1963, things began to change. He started implementation of his “Great Society” program, which included a national health initiative. The AMA countered his proposal with its “Eldercare” plan, the Herlong-Curtis Bill, which competed in Congress with Johnson’s King-Anderson Bill. But Johnson was a master of congres-

sional arm-twisting and he prevailed. Congress passed King-Anderson as the Medicare Bill in 1965. Johnson signed it into law on July 30, 1965, as “Title XVIII” of Social Security. It gave basic medical care to those over age 65. A year later “Title XIX” was made into law as Medicaid, to cover those “in poverty”. The Federal Government was now heavily “involved” in medical care. To the participants Medicare cost \$3 a month taken out of their Social Security check. They hardly missed it.

Some physicians, especially those in rural areas where collection rates seldom exceeded 67%, were quite happy to find the Feds paying their older patients’ bills. Others were becoming concerned with the growing involvement of the government but weren’t in a position to do much about it. There were, however, some physician leaders who were concerned and who could do “something about it”. Two urologists, Charles Hoffman {Fig. 1} (“Carl” to everyone) of West Virginia and Russell Carson {Fig. 2} of Florida, had both been active in national Blue Shield affairs during the Fifties and Sixties, and were among those physicians who were displeased about the implications of political incursions into medical practice. They were both well over six feet tall and physically imposing. Hoffman had also been Secretary-Treasurer of the Mid-Atlantic Section of the AUA from 1953 to 1957 and then President of it in 1959. As he then progressed in the hierarchy of the AUA he became more and more aware of how little the AUA could actually do to protect the practicing physician.



Charles A. Hoffman, M.D.
{Fig. 1}



Russell B. Carson, M.D.
{Fig. 2}

Carl Hoffman became President of the AUA in 1967 and had “his” meeting scheduled in Miami in the spring of 1968. He chose as his Arrangements Chairman his good friend from their National Blue Shield days, Russell Carson. In their many conversations about the upcoming AUA meeting they each expressed their worries about advancing legislative actions affecting doctors. Over the weekend of December 8, 1967, they again met to plan the Miami AUA meeting. But this weekend they also decided something had to be done about the government’s plans for physicians. That discussion topic grew in importance the more they talked. They realized that there was no suitable organization to which urologists could turn that was interested in or capable of influencing legislative affairs. The AUA was a 501 c.3 organization and was thus prohibited by Federal laws from engaging in political activities. When AUA President Simon Beisler in 1961 appointed an AUA committee to look into socio-economic issues, its members found that they couldn’t do much at all. So they didn’t do anything. At all. For years. In fact, some of those who have contributed data for this history recall that an interest in socioeconomic affairs was considered “unbecoming a physician”, denoted inferior intellect, and meant the doctor didn’t have a very good practice. Tsk, tsk, tsk.

Regardless, Hoffman and Carson invited the AUA Section Presidents and some others who had similar concerns to a breakfast gathering to be held during the AUA 1968 Miami Meeting. The purpose was to explore the founding of the American Association of Clinical Urologists. The concept was a 501 c.6 organization whose mission would be to provide information about issues affecting socioeconomic and political spheres of our profession, and to influence directly the resolutions of those issues by providing one-on-one communication between urologist and legislator in order to assist in the development of suitable legislation in the best interests of private clinical patient care. The socio-economic and political purpose always was to complement the AUA, not to compete with it.

The answer was as simple as a basic logic syllogism: if A is related to B, and B is related to C, then A is also related to C. There was a “Need” for urologists to be active

politically, political action required a special 501.c.6 organization separate from the AUA, therefore there was a “Need” for urologists to have a specialized (501.c.6) organization.

Thus, on Tuesday, May 14, 1968, there was a breakfast meeting at the AUA Annual Meeting to which some of the other concerned urologists were invited. Attending along with Dr. Hoffman and Dr. Carson were Doctors William A. Barrett, Jr, Simon A. Beisler, Richard W. Corbitt, John W. Dorsey, A. Keller Doss, Harlan English, Edward E. Ferguson, William E. Forsythe, William B. Garlick, David E. Goddard, Edwin C. Graf, Sam D. Graham, Harold B. Herman, Donald J. Jaffar, David W. Kline, Adolph Kutzmann, Howard B. Mays, Thomas R. Montgomery, W. Vincent Pierce, Russell B. Roth, and Paul J. Schildt. It was a sterling group of medical leaders, many of whom became President of the AACU and several who became President of the AUA. They each anted up \$25 for “postage money”. Hoffman was elected Chair, Carson elected Secretary-Treasurer, and Bill Barrett was elected ByLaws Chairman. The next meeting was planned for the following spring to be held immediately preceding the AUA Annual Meeting in San Francisco.

II. The Birthing and Early Years

That first formal AACU meeting was thus held Sunday, May 9, 1969, in San Francisco the day before the start of the AUA meeting. Russ Carson’s newsletters in the year preceding resulted in nearly fifty urologists coming to the meeting. Also during that first year two or three AACU members every six weeks attended the regular AMA half-day



William A. Barrett, Jr., M.D.
{Fig. 3}

briefings held in Washington, D.C., and took the opportunity to visit their Congressmen at the same time, developing relationships that were extremely valuable to the AACU. The ByLaws prepared by Bill Barrett {Fig. 3} were adopted as written, as was the Constitution he’d composed. Prime concerns were that the AUA members joining the AACU be members of the AMA as well and that they agree to take an active part in the new organization, not just be “joiners”. At this first formal meeting Hoffman was elected President, Barrett President-Elect, and Carson Secretary-Treasurer. The Executive Committee elected was composed of Drs. Tom Nesbitt, Simon Beisler, John Dorsey, and William Forsythe.

In a Round Table discussion led by Dr. Hoffman opinions were expressed about the purpose and activities of the AACU. Dr. Goddard from Daytona Beach, FL., said it well when he remarked, “The AUA is not in a position to do our job in politics, and we must do it for urology.”

On that first formal program attendees heard from a number of high-powered speakers. There was a report from the Federal Department of Health, Education, and Welfare by Dr. Theodore Bidwell who spoke about “Medicare” and answered a number of questions from the floor. Then there was a summary of Legislation in Progress by Dr. Richard Corbitt of West Virginia, a presentation by Bernard D. Hirsh, the Director of the Legal Department of the AMA, on the subject “Corporate Practice and Partnership”, followed by William J. Burke, CPA, speaking on “Establishment of Professional Associations”, Mr. Einaro Mohn of the Western Conference of Teamsters Union on “Labor’s Medical Needs and Requests for Comprehensive Medical Care”, Malcomb Todd, M.D., President of the California Medical Society, speaking on “Developing A Relative Value Schedule in California”, and finishing with Dr. Russell B. Roth who discussed the “Medicredit” Plan of the AMA. At the conclusion of these talks everyone repaired for a much-needed “Rehabilitation Hour” before going to dinner, where the “very stimulating” after-dinner speaker was Dwight L. Wilbur, M.D., President of the American Medical Association. It was a fruitful, promising, and exciting first meeting of this new organization. The AACU was off and running.

Dr. Hoffman presided at the Second Annual Meeting, held May 8, 1970, in Phila-

delphia at the Sylvania Hotel the day before the start of the AUA Annual Meeting. Membership had grown over the year to 117 paid members. Eaton Laboratories and Bard, Inc., had given additional support for the meeting. Dues were set at \$50 a year. The AMA formally chartered the AACU as “an organization of medical interest”, which meant that the AACU was regularly briefed by the AMA on Congressional activities, a courtesy not extended to the AUA. An official seal was adopted at the suggestion of Russ Carson. As Bill Barrett moved up to President at the end of this meeting, Tom Nesbitt became President-Elect, and Robert Bradley and William Garlick were elected to the Executive Committee. Consistent with its stated goals, the AACU Program had presentations on “Peer Review and Current Procedural Terminology” by Mr. Rowland of the AMA, “Computer Use (in medicine)” by an IBM official, “Use of (Congressional Bill) HR-10” by an insurance executive, “The Interspecialty Committee of the AMA National Council for Urology” by Dr. Rubin Flocks, and “A Discussion of Title XIX” by Dr. Kerr from HEW. After lunch discussions continued with “Medical Professional Liability”, “Cause of Malpractice Suits”, “Capricious Use of the Legal Process”, and then a review of “Present Status of Legislation Pertinent to Medicine” by the AMA Washington office, and “How Present Legislation Can Affect the Physician in Private Practice” by Russell Roth. It concluded with Victor Marshall speaking on “How Present Legislation Will Affect Teaching Programs” and Dr. William Barkley of the AMA on “Transfusions and Tissue Transplants”. Bert Howard, Executive V-P of the AMA, spoke after dinner on “The Coming Decade in Medicine”. Obviously, the topics presented were timely and forward-thinking while directed somewhat differently from those presented at the AUA Annual Meetings.

By the time of the next meeting, May 14-15, 1971, at the Palmer House in Chicago, the paid membership had grown to 318! During the year President Barrett, Sec-Treas. Carson, and Dr. Ed Ferguson of Washington attended the various AMA orientation meetings held for the specialty societies. They each considered the briefings extremely informative. The organization was formally incorporated in the State of Florida that year, and it notified the IRS that it was seeking exemption as a non-profit medical organization.

This was a time when the government, perceiving a shortage of physicians, was giving medical schools generous grants of money in return for increased enrollment. This turned out to be a real wolf in sheep's clothing, for increased numbers of doctors ultimately meant decreased importance of any one physician, a key to managed care success in the 1990's. A plethora of physicians didn't necessarily equate to improved care, we found out.

Again, the Annual Program in 1971 dealt with socio-economic matters with occasional scientific presentations. The AMA was well represented on the program, with Dr. Wesley Hall, the President-Elect of the AMA, speaking the first morning and others on his staff also presenting. The Vice-President of the National Association of Blue Shield Plans spoke on “The Outlook for Prepaid Medical Care”. Among the other sections of the Program were two Panel Discussions, one on “Peer Review” moderated by Dr. Bill Barrett, and another moderated by Dr. Tom Nesbitt on “Continuing Medical Education...and its Relationship to Re-Licensure and/or Re-Certification”. Participants of the latter Panel were Drs. William Parry of Oklahoma City, William Boyce of North Carolina, and Rubin Flocks of Iowa City. Like earlier programs, this one was surprisingly prescient in its choice of subject matter for discussion, likely because the planners were well aware of what was coming down the road. How to deal with the changes coming was the challenge.

The organization continued to grow over the years, rapidly in some years when there were issues that galvanized physicians, less rapidly when there were no such issues. The Annual Meeting May 19-20, 1972, held in Washington, D.C. afforded members an excellent chance to visit their Congressmen and Congresswomen. Program topics on Friday included computers in medicine and an all-afternoon panel on Health Maintenance Organizations. On Saturday topics dealt with sex counseling, urologic manpower, and the future of graduate medical education. Dr. Nesbitt was followed as President by Dr. Will-

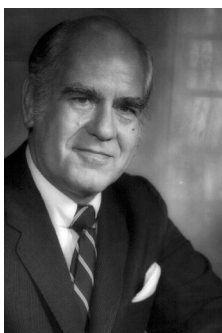
William Forsythe {Fig. 4} in 1972-3 and Dr. Harold Kay {Fig. 5} in 1973-4. An interesting note is that the N.Y.C. Hilton Hotel charged \$2.48 each for breakfast in 1973, \$9.30 per person for the AACU luncheon, and \$21.59 each for the AACU banquet.



William E. Forsythe, M.D.
{Fig. 4}

As the organization grew it more and more often was asked to provide testimony to various Congressional Committees on matters of health care provision, just what the Founders had visualized. At the Executive Committee meeting in the fall of 1972 plans were made to have a program at the next Annual Meeting dealing with "How to Set Up a Urologic Practice", aimed at the residents. It was presented Saturday afternoon, May 12, 1973, moderated by Dr. Paul Schildt. The editorial writer for the New York Times, Harry Schwartz, gave a stirring talk on "The Case for American Medicine" that year and we had found an ally. But PSRO's, the AMA's Medigredit proposal, and HMO's were adding to the alphabet soup diet of the urologist.

In 1973 the American Board of Urology asked the AACU to nominate three names of members to serve on the Board; Dr. J. Tate Mason was selected from those suggested. Also in 1972-3 Dr. Hoffman served as President of the American Medical Association, joining the select group of other urologists who had served or would in the future serve in that capacity: Drs. Herman L. Kreschmer of Chicago in 1944-5, Elmer Hess of Erie, Pa., in 1955-6, Louis M. Orr of Orlando, Florida, in 1959-60, George Feister of Salt Lake City in 1962-3, Russell B. Roth {Fig. 6} of Erie, Pa., in 1973-4, Tom E. Nesbitt of Nashville, Tennessee in 1978-9, and Frank J. Jirka of Barrington Hills, Illinois in 1983-4.



Russell B. Roth, M.D.
{Fig. 6}

For many years thereafter the Annual Meetings were held the day before the AUA Annual Meeting in order to make it easy for AUA members to attend the AACU session as well as the AUA. The Founders had no intention of competing with the AUA. Rather, they saw the AACU as an organization that could do what the AUA could not. They felt we were all one family, just with different focuses.

Membership growth was steadily upward, as the AACU attracted urologists who shared a concern about the Business of Medicine. By 1974 the roster had grown to 450 from the original 23. Speakers at the Annual AACU Meetings included AUA leaders who shared the AACU vision, such as Drs. Rubin Flocks of Iowa, Victor Marshall of Cornell, William Parry of Oklahoma, William Boyce of Bowman Gray, and Charles Robson of Toronto. Congress increasingly invited the AACU to send members to testify before its committees on health care items for there was no other group of urologists for them to look to. Of great value were the many AACU members who had personal relationships with members of Congress. Significant presentations were made, as had been hoped by the Founders.



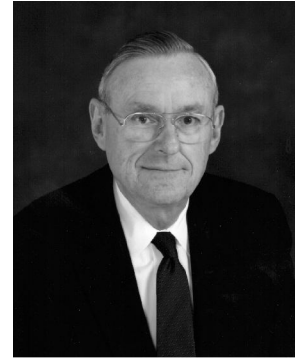
Harold Kay, M.D.
{Fig. 5}



Robert H. Bradley, Jr., M.D.
{Fig. 7}

about PSRO's and HMO's, and Urologic Relicensure were on the Program Friday. Congressman James Symington spoke about "Federal Health Initiatives" on Saturday.

A week later in testimony before the House Ways and Means Committee Dr. Kay, accompanied by Drs. Carson, Snyder, and Bradley, championed catastrophic care coverage for those who need it. It would be provided by our already established private insurance systems. He warned that government intervention in the provision of medical care was disastrously expensive, as evidenced by the experience of foreign countries that had adopted complete socialization of medicine. How right he was!



William H. Cooner, M.D.
{Fig. 8}

Dr. Carson's ascendancy to the Presidency in 1974-5 allowed him to look back with pride on the growth of the AACU from the first conversations with Carl Hoffman to an organization that was growing and flourishing. Membership was up from the original 23 Founders to 450 by the 1975 meeting in the Fontainebleau Hotel in Miami Beach, where it had all started in 1968. Old issues were still before the group, and a Panel on the "Medical Liability Crisis" occupied the Program Friday afternoon. Dr. Carson's Presidential Address was on "Malpractice". Also heard were a panel of visiting physicians from foreign countries who described the outlook for medicine in their homelands. The after-dinner speakers were Malcomb Todd, who was now the President of the AMA, and Charles Robson, the President of the AUA. The close association with the AMA continued, with distribution of their "Legislative Roundup" and/or "AMA Newsletter" to all members and active participation of the officers in the AMA briefings.

In 1975 the National Kidney Foundation asked the AACU to send twelve members to serve on its Advisory Board. Each of these opportunities for AACU representation meant that Urology as a whole was being heard. On the occasions when the AUA was also officially involved, AACU participation effectively doubled the impact of Urology. Unfortunately, the AUA was not often at this time involved, due to IRS rulings still restricting the activities of a 501 c.3 organization.

Relations between the AACU and the AUA were generally cordial, always ultimately reflecting personal ones between individuals. The scheduling of the AACU Annual Meeting at the same time and place as the AUA's made it easy for the AUA Presidents to address the AACU meetings and participate in them. Communication made for friendships, and that made relations good. As the AACU grew in influence, though, some ripples developed in these relationships. Just as "all politics is local", relationships between organizations are dependent upon relationships between the individuals who lead those organizations, their biases, their jealousies, their favorite issues, their affinities, their experiences.

President Perrin Snyder's meeting was at the Las Vegas Hilton on May 14-15, 1976. The membership was now up to 547. AACU influence continued to grow, with twelve members accepted on the Advisory Board of the National Kidney Foundation. Medical Liability continued to be a front-line topic, with a panel of insurance experts on Friday afternoon moderated by Carl Hoffman. Medical Unions, National Health Planning, and National Health Care were all subjects presented during the meeting. Being an election year, there was a discussion of legislative prospects for 1976, and the importance of AMPAC.

The next President was Russell Roth and the President-Elect was Elgin Ware. The meeting was at the Palmer House in Chicago April 22-23, 1977. Jimmy Carter was in the White House, and speakers Wayne Bradley and Whalen Strobhar, both of the AMA staff, on Friday afternoon attempted to give a legislative outlook for the next four years. The U.S. economy was having its problems, interest rates were in double-digits and climb-

ing and inflation was beginning to soar.

President Roth noted in his remarks at the Business Meeting April 22, 1977, that thus far, medicine had been able to mount holding actions rather than score any clear cut victories in the battle for freedom by the American physicians. His list of assaults from many sides included “multiple proposals for National Health Insurance, allegations of fraud, abuse, and unnecessary surgery, programs to monitor the quality of service, intrusions into the rights of the physicians to prescribe for (their) patients, and (even) government usurpations of the responsibilities for the shape and character of medical education at all levels”. He further stated that “our health care industry is at the point of becoming the largest industry in the land.” Could he have been any more correct in his predictions?!

The Saturday Symposium was also timely. It was entitled “Can Health Care Costs be Controlled?”, and was led by Moderator William Kiser, a urologist trained under John Young at the University of Maryland and now CEO of the Cleveland Clinic. The panel featured speakers from General Motors, the American Hospital Association, and the Presidents of National Blue Shield and of National Blue Cross. A true powerhouse of talent!

III. Rumbles

From the beginning the AACU had close relationships with the AMA, but not nearly all urologists belonged to the AMA. Some even heartily disliked it. Some of them, to be sure, mistrusted the AACU because of the close ties with the AMA. The AMA was very helpful to all of us, however. The AMA assisted the AACU greatly by sending at AMA expense to all AACU members the AMA’s “Legislative Roundup” publication and the “AMA Newsletter” on a regular basis, information that was helpful in alerting urologists to the growing influence of government in medicine. The briefings at AMA’s Washington office were extremely valuable to the AACU, also.

While the AACU was growing stronger, its relationships with the AUA leadership were not. It was during Russ Roth’s 1976-7 Presidency that the AACU made a formal proposal to the AUA that the AACU would represent urology in matters of socioeconomic and political importance. This proposal was presented to the AUA Executive Committee that year by Drs. William Cooner, Russell Lavengood, and Joseph B. Dowd {Fig. 9}, with the enthusiastic backing of three (urologist) AMA Past-Presidents, two (urologist) former Speakers of the AMA House of Delegates, and many other urologists active in this arena. At the AUA Executive Committee Meeting there was support from Drs. Lichtwardt, Schildt, and Carlton. However, “in mid-presentation” the opposition led by Drs. Sherer, Evans, Lattimer, and Secretary Brendler carried the day when they introduced and passed a “motion to table” the proposal!! This was at a time when the AACU was able to perform these proposed activities and the AUA was not! How strange!

This outcome had an interesting and long-lasting effect. In a letter to this Historian Dr. Dowd related how he and Russ Lavengood returned home with the determination to become much more active in medical/urological politics. The New England Section chose Joe to be their representative to the AUA Executive Committee four years later in 1981, the same year that he became President of the AACU. Joe went on to win the election to become AUA Treasurer in 1982, and became AUA President in 1988. Russ Lavengood was elected to the AUA Executive Committee from the New York Section in 1982, became President of the AACU in 1983 and at the time of his untimely death in 1988 was the New York Section’s choice to become the AUA President-Elect a month later. Both were exceedingly influential men who contributed enormously to our specialty. They each took the lemon and literally made lemonade!

The Health Care Costs theme carried over into the next Annual Meeting, held on



Joseph B. Dowd, M.D.
{Fig. 9}

May 19-20, 1978, at the Washington Hilton, in Washington, D.C., under the leadership of President Elgin Ware of Dallas. There the major panel discussion led by AUA Immediate Past-President Walter Kerr of Boston was on Cost Containment Opportunities in Urology”, touching on a wide range of topics. A presentation by AUA President Earl Nation of Pasadena strongly endorsed the Golden Purposes of the AACU. He pointed out that although the costs of medical care had doubled in the past decade the costs of the Federal Government had quadrupled!! Still, speakers from the government placed the blame for the rise in medical care costs squarely on the backs of the physicians.

Of the speakers at the 1978 Meeting Mr. Jonathan Gaines, Assistant Director of the Bureau of Competition of the Federal Trade Commission was particularly stimulating. He stated that the FTC would enforce free enterprise and was scrutinizing the actions of professional associations to be sure there was no limitation of free competition, cost-cutting techniques, or innovation. He said further that the FTC was looking closely at certification and accreditation activities, “suspecting that they may establish artificially high entry barriers which stifle competition.” His speech stimulated a great many “challenges from the floor (for the) audience was clearly unhappy with the gist of (his) remarks.”

Dr. Roger Egeberg, Chief Medical Officer of Medicare, who said the Government was moving strongly to crack down on those who overutilize resources, voiced another warning. The responsibility for the health care cost problem was the practicing physicians’, he said, not the Government’s. And Senator Herman Talmadge, Chairman of the Senate Finance Committee, said that “Control of costs is an absolute necessity.” Clearly, these were ominous warnings, however faulty they might be in their reasoning and conclusions. Was anyone listening?!

At that 1978 meeting Secretary-Treasurer Bradley reported that the membership had risen to 705, closer to the magic 1000 that was needed for representation at the AMA House of Delegates. President for the next year was Dr. William Cooner of Mobile, Alabama, President-Elect was Robert Bradley of Philadelphia, and the new Secretary-Treasurer was Dr. Wilfred Watkins of Nampa, Idaho. The Executive Committee was now Drs. Joseph Dowd, Russell Lavengood, Henry Bodner, and basso-profundo William Herbst, III., all dynamic, effective leaders in urology!

The Annual Meeting the next year at the N. Y. C. Hilton attracted sixteen sponsoring companies, help that was greatly appreciated. The dates were May 11-12, 1979, again the Friday and Saturday before the AUA Annual Meeting. Bill Cooner’s welcoming remarks were followed by those of Bill Garlick, now AUA President. A significantly timely panel describing the “Canadian System” of medical care provision was presented Friday afternoon, largely because President Jimmy Carter’s administration was trying to see that system adopted in the U.S. The panel featured Drs. Andrew Bruce of Kingston, Ontario, President-Elect of the Canadian Urological Association, Ian Todd, formerly President of the Ontario Medical Association and now practicing in Mesa, Arizona, and Gerald Caron, Executive Director of the Quebec Medical Association. One thing became clear during this Panel: there was no going back to medical practice in Canada the way it was before. The Canadian Plan had many, many faults for both patient and doctor, but the “good old days” were gone forever. Prominent Canadian physicians were leaving practice there and relocating to the U.S. and elsewhere. The lesson? That U. S. physicians had better become active in the political processes.

Two significant events occurred during Bill Cooner’s AACU Presidency year of 1978-9. The first was that the hoped-for tripartite unified cooperation of the AUA, AACU, and AMA was met with somewhat less than enthusiasm at the AUA level. This was coincident with the beginnings of a stronger AUA Socio-economic activity as a result of the relaxation of the IRS rules governing such efforts by 501 c.3 organizations. Now these latter groups could spend a strictly limited percentage of their budget on such activities and the AUA leadership chose to do so rather than utilize the AACU expertise.

The second event was the establishment of an annual named lecture in honor of

Dr. Charles A. Hoffman at the Annual AACU Meeting. The first of these Hoffman Lectures was given by Dr. Tom E. Nesbitt at the next AACU Annual Meeting May 15-16, 1980, in San Francisco. Cooperation between the AACU and the AUA had glimpses of success when in 1981 the AACU Hoffman Lecture was given during the regular program of the AUA. It has been so ever since.

On the 1979 program AUA President Sam Graham gave his remarks of welcome and then Friday morning was given to "AUA Section Potpourri" with each Section represented in turn. The interest in malpractice continued with notorious San Francisco malpractice lawyer Melvin Belli speaking on Friday afternoon. No record exists of the response of the audience to Mr. Belli's comments.

At President Bradley's Business Meeting in 1980 some members gave consideration to relaxing the requirement that an AACU applicant be an AMA member in hopes of increasing membership. It was recognized that some physicians felt the AMA was not representing us appropriately, that it was too geared to the family practitioner. But President-Elect Joe Dowd spoke vigorously and persuasively in favor of continuing the requirement, feeling that the aims were similar and the AMA had been a great help to us in the past. He prevailed by a narrow margin. Also, a consideration of changing the time and place of future meetings was offered, removing the venue from that of the AUA Annual Meeting site. The Board, however, voted to continue the long established practice at least for the next three years in hopes of strengthening the obviously weakened relationship with the AUA.

IV. Teenage Tribulations

In 1981 President Joseph Dowd, noting that the AACU was now "a teenager", fully expected there might be some challenges ahead. Again held just before the Annual Meeting of the A.U.A., the AACU met in Boston on May 8-9, 1981. There was continued expression at the meeting of a desire to be a companion to the AUA and not a competitor, indicating the concern about the relationship. Issues were shifting slightly. Dr. James Todd, a general surgeon from Ridgewood, N. J., and a Trustee of the AMA, spoke on the "Challenges of the 80's", and Harry Schwartz, Ph.D., of the New York Times again addressed the luncheon group on the "Economic Outlook for American Urology". The Panel Discussion was on "Rationing Medical Care", led by ethicist Dr. Edmund Pellegrino of Georgetown, with panelists Arnold Relman, Editor of the New England Journal of Medicine, Dr. Mark Roberts, Chair of Health Policy and Management of Harvard, Dr. Marvin Wool, Medical Director of Lahey Clinic, and Dr. Russell Roth, member of the Joint Commission for Accreditation of Hospitals and Past-President of both AMA and AACU. Agreed upon by the Panel was that spiraling costs of health care were due to 1) double-digit inflation, 2) governmental spending excesses, 3) governmental regulations, 4) new (and expensive) technology, and 5) public demand.

The AMA also helped the AACU launch a "legislative meeting" in Washington, D.C., March 27-9, 1982, coordinated with the AMA Washington office, to encourage members to learn about pending legislation and visit their Congressmen and women.. There the AACU's concern with the lack of funding for urologic research, and the lack of any AUA input, led to a joint meeting of the AACU with the Council on Urology of the NIH that spring where the NIH's Drs. Nancy Cummings and Gladys Hirschman were in prominent attendance.

Now a certified teenager, the AACU at its 14th Annual Meeting, May 17-9, 1982, in Kansas City instituted a new format, a new administrative secretary, and a new Washington "presence". President Henry Bodner and President-Elect Russell Lavengood convened the Program at lunch on Monday and followed the afternoon discussions with a dinner meeting that evening. The second session, the Business Meeting, was held on Wednes-

day morning while the AUA was in recess. Sadly, during the year our Founder, Dr. Charles Hoffman, had died December 17, 1981, after several months of a progressive illness. Dr. Russell Carson gave a beautiful eulogy during the Business Meeting. Happily, Dr. Roth announced that Dr. Frank Jirka, a member in good standing of the AACU and the AUA, had been elected President-Elect of the AMA.

Administratively, the firm of DeSantis & Co. from California was chosen by Dr. Bodner to handle the task of Executive Secretary in place of the Brent Farber Associates firm that just hadn't worked out in their brief trial. Dr. John Grupenhoff, a political scientist-Ph. D. with close ties to the NIH, was selected as the "Washington presence" for the AACU to help increase research funding for urology proposals.

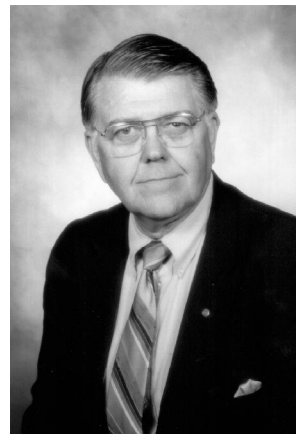
At that meeting Dr. Russell Roth, as our Delegate to the AMA, raised the problem of excessive inflow of foreign medical graduates to the U.S. and how to regulate it. At the AMA meeting the Delegates had tried to find ways to respond to (1) claims by outsiders that physicians are the main reason for health care cost escalation, and (2) the heavy pressure to force physicians into prepaid practices with negotiated fee schedules and FTC controls upon professional ethics. Russ felt the AMA was the best-organized and most effective group to help physicians resist such pressures. Russ was obviously a force in organized medicine for many years. Among the listed speakers on the program for the AACU meeting were Senator Robert Dole from Kansas, Dr. William Walsh of Project Hope, and Dr. Frank Jirka. There was also a panel discussion on Risk Management led by Dr. William Melick featuring Drs. Herbert Sohn and Saul Boyarsky, both M.D.-J.D.'s, Attorney T.J. Harlen, and Judge O.W. Richardson. The Hoffman Lecture at the AUA that year was given by Willard Gaylin of the Hastings Center in New York.

Another "Washington Update" was held March 27-29, 1983, again with the strong assistance of the AMA Washington Office. Their staff gave us a briefing on pending issues in Congress and then the Washington office of the American College of Surgeons gave their views. Another visit was made to the N.I.H. because we were still concerned about the lack of sufficient funding for urologic research. The last day of the meeting was spent making visits to the various offices in Congress.

The Annual Meeting, April 17-20, 1983, was presided over by Russ Lavengood of New York City in Las Vegas. The spectre of "Diagnostic Related Groups", D.R.G.s, as a basis for hospital payment had been pronounced a success in New Jersey by the Federal Government. It was now scheduled for nationwide implementation in the Fall in an attempt to control Medicare costs. But as Frank Jirka said in his address to the AACU, "If the quality of care suffers, no matter what else might result, then the idea is a bad one." Other important issues at this time were urologic manpower estimates and the influx into the country of FMGs.

Largely at the urging of Dr. Wil Watkins the AACU launched in 1983 the "Key Man Program", thus formalizing the heretofore informal relationships of AACU members with important legislators. The Founders had known the value of physicians' personal friendships with members of Congress and the "Key Man Program" reinforced that concept. It also was this year that AUA President Schildt in Las Vegas initiated a fund-raising affair featuring headline singers Sandler and Young to raise money for urologic research, which was the beginning of what ultimately became the American Foundation for Urologic Diseases. When John Gislason became AACU President that spring, Dr. Wil Watkins {Fig. 10} became President-Elect and Dr. W. Lamar Weems the new Secretary-Treasurer.

Health care costs continued to rise to the concern of all. In 1983-4 AACU President John Gislason {Fig. 11} of Abington, Pa., ruminated in his Fall Newsletter on



Wilfred E. Watkins, M.D.

{Fig. 10}

the changes from 1969 to 1983, using the theme, “Soaring Health Care Costs Must Be Contained”. He was remarkably foresighted, saying, “In 1969 very little was happening and very little mattered; now much is happening and it all matters”, and concluding, “The future isn’t what it used to be.” Throughout the year he directed his efforts toward improving the relations between the AUA and the AACU, for, he wrote, the AUA “considered us a nuisance”. He was successful for at 1984 Annual Meeting held at the Hilton in New Orleans May 6-9 the AUA agreed to share the costs of Dr. Gruppenhoff, our “Washington Presence”. Gruppenhoff had begun to be effective in increasing the urologic research funding at the NIH and so his contract was renewed in 1984 for two more years. Both the AUA and the AACU were anxious at this time to develop more of a presence in the NIH biomedical research programs.



G. John Gislason, M.D.
{Fig. 11}

At that meeting we were again treated to some remarkably accurate prophesies. Dr. James F. Glenn, having left the Deanship at Emory to become President and CEO of Mt. Sinai Medical Center in NYC, gave the Hoffman Lecture. Typically, he entitled it, “It’s 1984 Already: Where Are You, George Orwell, Now That We Need You?” Jim was at his usual entertaining best, mixing humor and wisdom, but his address was right on target in its message: Big Brother was indeed watching over us all! Russ Roth, now AACU Government Relations Committee Chair, again shared his wisdom in his annual report to the Board of Directors, saying that internal competition was resulting from an increase in physician numbers far outstripping the general population growth in the U.S. (vide supra 1971). He posited that the external forces of increased HMO and PPO together with pressure from business coalitions to do away with fee-for-service medicine would lead to major revisions in patterns of urologists’ compensation. His crystal ball was still in excellent condition!

The AACU was concerned about urology research moneys. However, the AMA was concerned, along with the AACU, the AUA, and twenty-three other organizations, about Congress’s decision via Title II of HR-4080 to give to the HEW Secretary “unprecedented power to ration the delivery of services to all Medicare recipients”. Specifically, it gave to the Secretary power to decide namely who would be eligible, where the service could be provided, and the conditions under which service could be provided. A busy time was coming!

President Ronald Reagan was re-elected in November 1984, after passage by a Democrat-dominated Congress of the Deficit Reduction Act of 1984 in July. This Act froze Medicare reimbursement levels for a year, and created classes of physicians who were “participating” or “nonparticipating”, with incentives and disincentives for each group. The Act also mandated restrictive fee schedules for clinical laboratories serving Medicare patients. All of this made the AMA quite unhappy.

Newsletters from the AACU to its members continued to keep them informed about these developments and the actions of the AACU. The Washington Update was held on April 20-21, 1985, with the Board meeting held a week before in Alexandria, Va. . Meanwhile, the Key Man effort was proceeding very well under Dr. Watkins’ leadership and well-utilized by our Washington lobbyists. It was in this period that the Board meetings were enlivened by Dr. Herbert Sohn of Chicago who delighted in tape recording the entire meetings and taking numerous candid photographs of the participants. His enthusiasm and energy was contagious and his presence on the Board was notable for many years. His upbeat outlook was evident even when he was earning his J.D. in law school while carrying on a busy clinical urology practice and running multiple times for Congress as a Republican in a heavily Democratic district in Chicago. He was indomitable!

V. Nobody Said It Would Be Easy

But there was significant concern expressed by the AACU and its President, Dr. Watkins, about the overlap developing between the AUA and the AACU in their various efforts. For years it had been generally accepted that the AACU role was in the socio-economic political arena and that of the AUA was in the scientific one. There was an uneasy feeling developing that the AUA was now overshadowing AACU efforts and duplicating some of what the AACU was doing. This was explored by a formal discussion during that Board Meeting on “The Future Role of AACU and AUA in State, National, and Political Legislative Activity”. AACU Board member Dr. John McGovern of New York City, a member of the AUA Executive Committee, agreed to take this issue to the next meeting of the latter group with the recommendation that the AUA support the AACU’s role and responsibilities in the socio-economic political arena (shades of 1976-7!). Specifically, the AACU felt it should continue its role in Government Relations while taking on the issue of reimbursement for urologists for lithotripsy treatments. The response of the AUA Board is not known.

At this time also, the Board decided to hold only its Board of Directors Meeting and the Hoffman Lecture at the time of the upcoming AUA Annual Meeting, May 12-15, 1985, with other actions being held at the Washington Update Meetings. In an action that strengthened the AACU the AMA granted it status as a Unified Organization, (which required AMA membership), meaning that the AMA would refund 10% of the AMA dues back to members each year, and offer other special assistance as well. Many of the AACU members generously sent that 10% refund directly to the AACU.

The Southeastern Section this winter and spring was agitating for increased representation in AUA governance. So, at the end of his term as AUA President in 1985, Tate Mason was appointed Chair of a “Commission to Study AUA Organization Structure and Proportional Representation”. This Commission met several times and reported in May of 1986 to the AUA Executive Committee. There were many other recommendations of the Commission but one of significance to the AACU was the recommendation for “the development of a strong socio-economic committee for the AUA” and the “delegation of some activities formerly the province of the AACU, i.e., Congressional contacts, testimony to Senate and House Committees, and the Keyman Contact Network.” It’s not clear whether or not the AACU was apprised of these recommendations before they became public.

At the January 1987 AUA Executive Committee Meeting virtually ALL of the recommendations were VOTED DOWN! Except for the ones affecting socioeconomics. So began a revitalization of the AUA interest with the appointment of Sam Ambrose of Atlanta as first Chair of the Socio-economic Committee and the gradual erosion of what the AACU had considered “its territory”.

The Administration of President William W. L. Butler, III, {Fig. 12} of Roanoke, VA., President-Elect W. Lamar Weems of Jackson, Mississippi, and the new Secretary-Treasurer Edward L. Johnson of Albuquerque, N. M., was challenged from the very start of their 1985-6 year. There was reason for concern. They found that the administrative costs under DeSantis & Co, the management company hired by President Henry Bodner in 1982, had skyrocketed, management expenses rising from \$3449 in 1976 to \$31,598 in 1985. Newsletter expenses in 1977 were \$7002 but had dropped to \$917 by 1985 because no newsletters had been listed as sent for several years, and the yearly roster that cost \$2332 in 1977 had not been updated between 1981 and 1985. In fact, the final 1985



William W. L. Butler, III, M.D.
{Fig. 12}

budget was \$1929 in the red! And although the stated total membership was higher than ever, 1341 in November of 1986, the then-Historian noted that there were only 942 dues-paying members of whom only 715 had actually paid dues! Young urologists didn't seem concerned about the socioeconomics of medicine and membership growth was flat or dropping. Something had to be done. The Board deliberated long and hard about what exactly to do as these data began to surface during the year. It finally decided that it could do the job better itself, at least temporarily, so DeSantis' contract was not renewed.

It was President Bill Butler who, when asked for an AACU member's name to serve on the newly-formed Hsaio Commission, nominated Bob Wickham of N.Y.C. That Hsaio Study began as a quiet attempt at Harvard University to measure the "work" that a doctor performed every day and was funded by the Government. It resulted in the RBRVS, the Resource Based Relative Value Study, which the Federal Government has used ever since, with modifications, as its Gold Standard for "work" involved in treating patients. Flawed, but still in use.

(Sadly, many years later when this Historian asked Bill to jot down his memories of his time with the AACU and particularly his Presidency Year, Bill promised to do it right after he returned from a January ski trip out west. Unfortunately, he suffered a heart attack on his return, died, and never got to put on paper his recollections. He and they were a great loss to all of us.)

In the face of this inner turmoil the Washington Update was held at the Capitol Hill Club in Washington on April 21, 1986, and Bill Butler's Annual AACU Meeting was held in New York City on May 18-20, 1986, again just prior to the AUA Annual Meeting that began on the 19th. After the Invocation, welcoming remarks, and special presentations by the AUA on Monday, the 19th, the AACU program began at 9:30 with an AUA/AACU Guest Lecture on "Socioeconomic Affairs" by Otis R. Bowen, Secretary of Health and Human Services in Washington, D.C., and on Tuesday morning the Hoffman Lecture was given by Robert C. Loomis of Eugene, OR, Secretary of the American Medical Political Action Committee.

But as the last presentation on Monday morning, after reports from the AUA Lithotripsy Committee and the Lithotripsy Center Approval Committee, Dr. Gruppenhoff's Annual AUA-AACU Socioeconomic Update had an unusual and disturbing reception. His update report, as usual, was devoted to issues of interest at the NIH and in Congress. Even before he started to speak, though, there was a mass exodus of young doctors. They left in droves, paying no attention at all to what he had to tell them. They apparently just weren't worried about their business future or what the Federal Government was planning for their medical practice. Ironically, it was primarily the one hundred or so gray-beards who stayed to listen, and their own remaining time in practice was much shorter than those who had left.

A subsequent long letter by Historian and Founder Russell Carson to the new Chair of the AUA Socioeconomic Committee, Josiah F. Reed, gives clear signs of the concern for the relationship of the two organizations. It was evidently in reply to Dr. Reed's letter to someone which questioned the future role of the AACU, its "lack of leadership", and small attendance at its Business Meeting. Dr. Carson's letter strongly supported the AACU and took a conciliatory approach while listing nine separate valid areas for AACU action.

The AACU officers would have liked to have larger turnouts at its business meetings but felt that those who did attend were the ones really interested. It was evident elsewhere in organized urology that most urologists had very little interest in socio-economic issues. That was clear from the evacuation of the auditorium when Gruppenhoff began to speak that spring. As Randy Fenninger later wrote in a letter to the Historian, "in the early days very few physicians paid much attention to the issues, and it was hard to fill a tea cup with attendance at a socio-economic meeting." But the issues and concerns remained and the AUA elected to go its own way more and more.



W. Lamar Weems, M.D.
{Fig. 13}

With an honest concern over the relationship, a letter dated August 27, 1986, was sent by then-AACU President Weems {Fig. 13} to the AUA on the future of the AACU. It stimulated significant pro and con emotions among AACU members when they learned of it. Founder Dr. Bill Barrett wrote a long letter of response dated December 1, 1986, in which Bill challenged Lamar's implication that "(he could or might) preside over the demise of the AACU" and went on vigorously to defend the organization. The Board of Directors next met December 7, 1986, in Las Vegas where the AMA was meeting. At that meeting the Directors addressed Dr. Weems' concerns but ultimately agreed that it might be wise to move the AACU office to Baltimore where the AUA was said to be willing to give space and a secretary. A transition team of Bill Butler, Harry Miller, Greg Slachta, and Bob Boughton was appointed to oversee the transfer. A monkey wrench was tossed into the cog wheel, though, when the AUA

Executive Committee at its meeting in January of 1987 voted, 12 to 1, to drop all association with the AACU and so opposed the move! The sole dissenting vote was cast by Ed Johnson, AUA South Central Section Representative and AACU Secretary-Treasurer.

However, by dint of enterprising lobbying over the next several months Ed Johnson was able to sway enough people on the AUA Executive Committee that at their next meeting, at the AUA Annual Meeting in Anaheim in May, 1987, the AUA Executive Committee reversed itself and renewed the offer to work together with the AACU, restore the close relationships between the two groups, and promised not to duplicate each other's efforts. That included the proposed move to Baltimore!

The Annual Meeting of the AACU was May 18-21, 1987, in Anaheim, California, with W. Lamar Weems presiding as President, Anthony Passaretti {Fig. 14} as President-Elect, and Ed Johnson continuing as Secretary-Treasurer. It was the Nineteenth Annual Meeting, the last of the "teen years", and membership had dropped to around 500. That year the program was incorporated into the AUA Annual Meeting with the Hoffman Lecture given Monday morning at 9:50 A.M. by Gerald Sullivan on "Medical Liability—The Present and the Future". It was followed by a legal panel for the rest of the morning on "Physician's Medical Law Letter: Malpractice Seminar", with two lawyers from NYC, the VP of Medical Liability Mutual Insurance Co., and Eliot Leiter, Past-President of the N. Y. Section all participating.



Anthony V. Passaretti, M.D.
{Fig. 14}

VI. Welcome Progress!

Dr. Weems' challenging "report" resulted in a vigorous response by the new 1987-8 officers of the AACU. Dr. Passaretti took office in May 1987. A great deal happened in his term. The AACU Board of Directors decided to move the "Washington Update" to September, 1987, in an attempt to influence bills that were then being marked-up by Congress for passage. It was also decided to induct new officers at the Washington Update Meetings, so Tony and President-Elect John McGovern served until September, 1988, becoming the longest-serving officers of the AACU.

Secretary-Treasurer Johnson persuaded Miles Pharmaceutical to support a new publication, "Clinical Urology Forum", to be produced bi-monthly and sent to all AACU members at a cost of \$18,000 a year borne by Miles. Randy Fenninger, again in the letter to the Historian, writes "Obviously the efforts by Ed Johnson to promote these (socio-economic) issues in the newsletter, along with the effort of others over the time, have

helped raise the understanding of American urologists about issues that affect the pocket book.” There is no question that the newsletter was a good thing. In the first issue there was a brief history of the AACU birth by Historian Russell Carson, and a strong statement of purpose by President Passaretti. In that statement Tony quoted the AUA President Joe Dowd who called the AACU “the Marine Corps of Urology” and who also said “If the AACU had not been organized years ago, medicine has now reached the point where it would have to be invented today”. High praise, indeed.

The Update Meeting held September 17, 1987, featured talks by House Health Subcommittee Majority and Minority Staff members, Majority Staff from the Senate Finance Committee, and an address at lunch by Congressman Robert Matsui (D-CA) of the House Ways and Means Committee. That was followed by discussion by a staff member of the Physician Payment Review Commission, and a panel dealing with Professional Liability and Federal Legislation. Consistent interests, hopefully new approaches. The next day, Tuesday, was spent making visits on the Hill presenting our points of view.

At that Update Dr. Johnson happily told the group that the AUA Executive Committee had reversed itself earlier that month and had given its blessing to the AACU move to Baltimore. Rapidly this was accomplished with very few glitches. A new Executive Secretary was selected who had worked at Johns Hopkins for several years and seemed well-suited for the job. Space was provided by the AUA at its headquarters on North Charles Street. Membership had slipped a few years before but with Dr. Johnson’s Swedish charm and aggressive salesmanship by September 1987 it had rebounded back to around 1200. All seemed well and getting better.

At the June 4, 1988, Annual Meeting, held in Boston with the AUA, during the formal AUA Program the Hoffman Lecture was given by Congressman John Porter (R-IL) of Chicago, longtime supporter of medicine and longtime personal friend of Dr. Herb

Sohn. After his address on “Legislative Prospectives of Urologic Research and Patient Care” Congressman Porter was given the AUA Service Recognition Award for his long years of help to medicine.

John Gruppenhoff and his company knew the NIH research issues very well but it was apparent that urologic lobbying in Washington, D.C., needed a new focus. Legislative proposals in Congress were affecting the practicing physician in ways never anticipated before. As important as research funding was, these new bills before Congress took precedence in many eyes. So the AUA and the AACU joined together to hire a new “Washington Presence,” Mr. Randolph Fenninger {Fig. 15}.



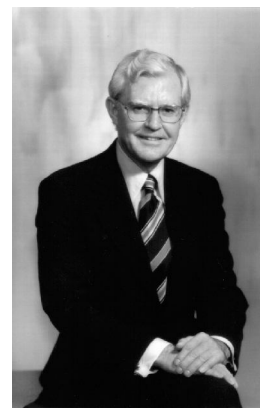
Randolph Fenninger
“Washington Presence” of AACU and AUA, at AACU’s
regular “Washington Update” in 1988 {Fig. 15}

Randy Fenninger’s expertise was legislative lobbying on Capitol Hill. Actually, Randy had been with the AMA earlier and left them around 1985 to join Gruppenhoff’s firm. A lawyer, his experience was first largely with Medicare reimbursement and he had worked with the AACU on the DRG for ESWL. Fortunately, Randy saw the need for the shift also and earlier in the year had left Gruppenhoff’s firm to join MARC Associates, which was more allied with what he knew best.

Randy, in his letter to the Historian, noted that at this time “it was clear that AACU was driving the socio-economic issues, but membership was a real concern.” Changes in organizations rarely occur suddenly, and the drift downward in membership was not readily apparent. As we shall see, the new AACU Executive Secretary in Baltimore wasn’t doing her job. As a consequence of a partial vacuum, the AUA began to be more aggressive in socio-economic matters.

The next AACU Washington Update was held September 16-20, 1988. To emphasize their common purposes the AUA Socioeconomics Committee Meeting, now chaired by Greg Slachta, was held on Saturday, September 18, at the same hotel. The Capitol Hill Club at 300 First St. S.E. was used for the Business Meetings, and was very convenient, with breakfast, briefings, and addresses by Congressmen before AACU members went to the “Hill” for their visits. Through the years generous support by Miles, Norwich Eaton, and Bard had assisted the AACU in its activities, for which the organization was very grateful. Happily also, the very successful “Clinical Urology Forum” began its second year fully sponsored by Miles Labs.

When John McGovern {Fig. 16} took the AACU Presidency in September, 1988, the Board felt that the September Update Meeting was too late in the legislative cycle to have the proper effect on legislation. Dr. McGovern was especially busy, since he had suddenly become the President-Elect of the AUA when nominee-designate Russell Lavengood had a fatal heart attack at his desk in NYC on May 11, 1988. In an attempt to make the “Update” more effective, and to attract more members to Washington, that meeting was scheduled for late July in 1989. New officers would be inducted then.



John H. McGovern, M.D.
{Fig. 16}

The Hoffman Lecture was given on May 8, 1989, during the Annual AUA Meeting in Dallas by Randolph Fenninger on the “Newest Issues on Capitol Hill”. He proved his worth by effectively and clearly covering complicated legislation. A “believer”, Dr. McGovern vigorously championed the AACU’s “Key Man” concept during his AACU Presidency. In a letter to the Historian for this publication Dr. McGovern’s recollection was that there was during his term no hostility between the AUA and the AACU. Rather, as both AACU President and AUA President-Elect he felt that they both needed each other very much. He held a unique position, or really two of them, figuratively riding two horses at once.



Old-timer but still active Bill Barrett
educates youngster Harry Miller in 1989
{Fig. 17}

The July 28-31, 1989, Update went along well, with the usual briefings on current issues, addresses by Congressional staff, and a luncheon talk by Congressman Madigan, who was Ranking Minority Member of the Subcommittee on Health of the House Committee on Energy and Commerce. Again during the AACU Update the AUA Socioeconomic Committee met. This was considered a worthwhile collaboration. Miles Labs generously underwrote the expenses of each AACU State representative for the meeting and two nights’ stay in Washington this year, thanks again to Ed Johnson’s gift of gab! In addition,

Ed had arranged sponsorship for audio-digest tapes of the entire AACU meeting to be distributed to the members for their leisure time review. In his final Secretary’s annual report to the Historian, Ed stated that the Key Man Program was working well and that Randy Fenninger was using it to good effect in selectively lobbying Congress.

If you get the impression that Ed Johnson had a lot of energy, you’re correct. One of his several nonmedical enterprises was ownership of the “Albuquerque Six Guns”, a professional hockey team! He was indeed a man ahead of his time in many ways who thoroughly enjoys life. And why not?

VII. Irregularities and Their Consequences

The new officers for 1989-90 installed at the conclusion of the “Update” on July 31, 1989, were Drs. Hebert Sohn {Fig. 18}, President, Edward L. Johnson {Fig. 19}, President-Elect, and Harry C. Miller of Washington, D.C., Secretary-Treasurer. Shortly after taking office, they detected some “irregularities” in the financial books in the Baltimore AACU office. (Dick Hannigan, long-time AUA Executive, had recently become suspicious of the AACU person in charge there and had alerted the new officers that they should look carefully at the books and the operations.) The new officers went to Baltimore and did “examine the books” carefully. That conscientious on-site examination confirmed the suspicions. No charges were placed but, euphemistically, “the AACU Executive Secretary was immediately dismissed (without any protest from her) and new administrative support was sought”.



Herbert Sohn, M.D.
{Fig. 18}

Dr. Sohn had had earlier discussions with a dynamic young lady with administrative training at a large firm in Chicago who was looking at a new career. Actually, they met when he observed her buying discount airline tickets at O’Hare and admired her ingenuity. Now when a new executive director was needed his suggestion of Wendy Weiser {Fig. 20} was duly considered. She was interviewed. The officers realized that she was literally “just what the doctor ordered” and the Board hired her. She has proved to be a real jewel!!! Her only stipulation was that she be allowed to run the operation from her base in the Chicago area; she did not want to relocate to Baltimore! The Board agreed to her request and the AACU office was moved to her location in Schaumburg, Illinois, near O’Hare Airport. It was a magnificent choice. She and her firm, for now she’s added a staff, have proven to be totally reliable, hard-working, honest, and devoted to doing a wonderful job. A new era began. Just in time, as we shall see.



Edward L. Johnson, M.D.
{Fig. 19}

Dr. Sohn, his co-officers, and Ms. Weiser made a dynamic team! Wendy worked hard to make her new opportunity a success. With Wendy’s business background the finances became stabilized and predictable. Past dues collections improved greatly. New members paid their dues and came aboard. Questions from members were answered promptly and correctly. Information to members increased dramatically, especially with Ed’s “Clinical Forum”. Liaison with the AMA staff in Chicago was much better. What a change!



Wendy Weiser
Executive Director
{Fig. 20}

Herb brought his boundless enthusiasm to the Presidency, along with several new ideas. He arranged for the interim Board Meeting to be held in conjunction with the AMA Leadership Conference, February 26, 1990, in Phoenix, Arizona. It was a very successful collaboration. He invited Glenwood Springs, Colorado, urologist and AACU member Dr. Ray Painter to present a pilot project to help urologists correctly code for billing their urologic procedures. After the presentation the Board voted Ray significant support and has continued to do so. He has since become the country’s expert on surgical codings in all disciplines, and his coding booklet has become an office bible. The seminars that he and Dr. William Gee of Lexington, KY, have given since have been sold out each time. Also at the Board Meeting Dr. Greg Slachta reported on the actions of his AUA Socioeconomic

Committee and its future plans, which included assumption of the Key Man Program (!) and consideration of the “over-priced procedures” the Federal Government had identified. The AACU took solace in the fact that they themselves had initiated the Key Man Program but raised no fuss about Slachta’s takeover.

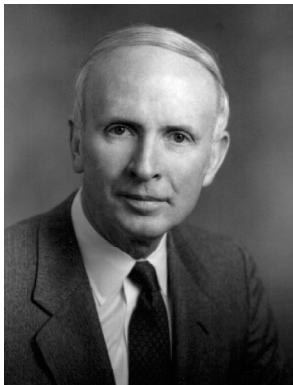
At the 1990 AUA Annual Meeting the Charles Hoffman AACU Lecturer was Michael F. Mangano, Deputy Inspector General of the Department of Health and Human Services in Washington, DC. His chosen topic was “The Impact of Crack Babies on the U.S. Medical Care System”, the enormous drain those children and their addicted mothers place upon the entire Public Health Service. He estimated the medical care costs for these children from prenatal care (the few times they get any) on through their first five years to be nearly \$1.5 billion. It was an unusual topic but very timely.

The next Board meeting was held with the “Washington Update” July 22-3, 1990. The historic Willard Hotel in Washington was the host hotel and remains so, a marvelous old landmark on Pennsylvania Avenue with a long history in Washington society. Plenary sessions were held there, and the final morning’s briefings were held at the Capitol Hill Club. The Capitol Hill Club was exceedingly convenient in that regard; it was across the street from the Metro subway and literally on Capitol Hill. Edward L. Johnson assumed the Presidency, with Dr. Anthony Middleton becoming President-Elect. It was particularly nice for Ed and Alice Johnson to see Russ Carson there, for they were close friends. Ed and Alice were gracious hosts to everyone and set a tone for our meetings that became a standard for others to strive for. A satisfying increase in AACU membership was reported at that meeting. Randy Fenninger reported on the issue of the day, CLIA legislation, which was designed to control medical laboratories. We had particular interest in this issue since urologists did many appropriate lab tests in their own offices. After briefing by Congressional staff the attendees walked the short distances to Congressional offices to present their views to their Representatives and Senators. At the conclusion of the fiscal year on December 31, 1990, Dr. Johnson and the new Executive Director were delighted to report that there had been a 76% increase in the bank balance, an active membership of 1448 with 1157 paid by that date, and a positive bottom line of some \$68,000. Quite a change! The move from the AUA building in Baltimore to the office in Schaumburg was worth it all! Lemon and lemonade once again.

The new President, Dr. Johnson, kept the newsletter flourishing, although with a new name, “AACU News”, and with new sponsorship. Sent to all urologists, AACU members or not, it was very popular. Communication was excellent. The AUA Annual Meeting June 2-6, 1991, was held in Toronto, a change because the scheduled Las Vegas commitment was cancelled by the city the winter before; the AUA assumed that they must have had a bigger opportunity or something). Unfortunately, Ed Johnson’s old friend Senator Manny Lujan who was scheduled to give the Hoffman Lecture had a sudden conflict in his schedule and couldn’t attend. However, not wanting to disappoint Ed, the Senator prevailed upon one of his own old friends, Senator Conrad Burns of Montana, to take his place as the Hoffman Lecturer. Senator Burns did a fine job and spoke on the topic “Water, the Life Line of Urology.” It was a very appropriate talk, indeed, for a urology meeting.

Herb Sohn continued to work hard for the organization after he became the unanimous choice for Past-President. He organized and moderated the first “Career Pathways in Urology: An Introduction to Practice Management”, presented just before the AUA Annual Meeting June 2, 1991. This was a seminar sponsored by the AACU and supported by Miles Laboratories but it was entirely the brainchild of Herb Sohn who saw its “Need”. The seminar, directed at senior urology residents, was held on the two days prior to the AUA Annual Meeting. Chief Residents were invited to come and learn the intricacies of starting a successful urology practice. At Herb’s urging Miles Laboratories agreed to pay for their travel and hotel expenses, and Bayer, when it later purchased Miles, has continued to underwrite the expenses each year to the delight of all who have attended. It has

been wildly successful and remains an AACU-sponsored seminar in spite of some attempts at usurpation. It has become a fixture eagerly anticipated by Chief Residents as a highlight of the AUA Annual Meeting week, still sponsored by the AACU, still with Herb Sohn on the faculty.



Anthony W. Middleton, Jr., M.D.
{Fig. 21}

VIII. A Maturation Process

The “Washington Update” was held in July of 1991. Dr. Anthony W. Middleton, Jr., {Fig. 21} of Salt Lake City became the President of the AACU, Dr. Robert D. Wickham, {Fig. 22} the President-Elect, and Dr. Miller continued at Secretary-Treasurer. In concert with the AMA and at Tony’s behest the AACU that year created a recruitment video. This professional presentation was then both featured in the booth at the AUA Annual Meeting the next spring and also sent to each urologist by the AMA office. It accomplished its mission: more members. The AMA also underwrote the expenses of a telemarketing campaign at the same time. The “unified membership” status of the AACU was thus again rewarded.

By this time Wil Watkins and Herb Sohn had become our Delegates to the AMA House of Delegates. They made a great pair and it’s doubtful that the House ever before had such a hard-working set of delegates. It was about this time that Herb also began his campaigns for a seat in the U.S. House of Representatives. He’d already earned his J.D. law degree at night. Unfortunately, he ran as the Republican candidate from a district in Chicago that was heavily Democratic. The results were inevitable. But he gave it his all. He ran at least three times. At this time also a facet of Wil Watkins’ personality surfaced and became known to his colleagues in the AACU. We knew he was an avid and excellent fisherman. We didn’t know he was a frequent participant in Karaoke Singing in his off-hours! He was very, very good also!! Not the least bit shy, he needed only a small amount of prompting to perform whenever there was music. We should all be so uninhibited. He enjoyed it and so did we.



Robert D. Wickham, M.D.
{Fig. 22}

At its July 1991 meeting the Board endorsed a proposal by Dr. Miller for the underwriting of a Socioeconomic Speaker at each of the eight AUA Section Meetings each year to the tune of \$3000 each. The Sections would choose whomever they wanted to give a socioeconomic talk. The AACU regional Board Member would introduce the speaker. The AACU would bear the cost. The sharing of resources and the visibility given the AACU by these Speakers has been extremely worthwhile, an evidence to all urologists that the AACU is working hard for everyone.

The Board this year, though, decided to move the Washington Update back even further, to early March at the suggestion of Randy Fenninger. He wanted us to be able to present Representatives and Senators with our ideas and proposals early enough in the legislative year to see more chance for their success. Consequently, in 1992 the Update scheduled for late winter in D.C. when there was a nonpartisan but equal chance of snow or spring.

President Middleton conceived also of a rapid communication system for the AACU by means of the growingly popular fax machine. So he floated the concept to the Board of Directors at that July 1991 meeting and was pleased to hear the unanimous expression of support. It took only a short time to implement the idea, and even shorter time to get vital information out to all urologists with a fax machine. AACU-FAX, under

the Editorship of Dr. Middleton has proven to be quick, accurate, factual, action-oriented, popular, and inexpensive. In short, a success.

The Founders of the AACU had envisioned active participation in the political process by the members. The AACU Board Meeting that winter was held in conjunction with the February, 1992, AMA Leadership Meeting. The AUA had arrogated the AACU Key Man effort. However, at the Board Meeting Dr. Middleton proposed to the AACU



Russell B. Carson, M.D.
{Fig. 23}

officers that we form a Political Action Committee and outlined concepts that he had been mulling over for several months. He considered that a PAC was as a logical child of the AACU. Many, if not most, fields of endeavor had formed PACs and it was time that urology form theirs. The AUA as a 501 c.3 was still restricted in political activity so it seemed for many reasons that the AACU should take the lead. When he offered this idea, the response of the other officers was uniformly in favor of it as an idea whose time had indeed come. The name “UROPAC” was adopted and the process began. Obviously, there were details to work out that would take some adroit maneuvering and superb diplomacy but Tony was up to the task. He had done his homework. He’d consulted already with his good friend Senator Orrin Hatch of Utah and several other people knowledgeable about

PACs, including our “Washington Presence” Randy Fenninger. With the Board’s support Tony began by discussing the proposed PAC with the AUA President Gillenwater. He learned that the AUA leadership was not really interested in forming a PAC at this time.

Striving for more grass roots representation, the AACU House of Delegates, championed by Russell Carson {Fig. 23} and Edward Johnson for years and researched by Bob Wickham, was also endorsed at that February Board meeting. With representatives from each state being invited, the HOD forum was designed to give each member an opportunity to raise in person his or her own concern about socio-economic-political matters and be heard. It was another attempt to bring all urologists into the political process. It finally came into being at the AUA Annual Meeting in May, 1992. Appropriately, it was chaired by Drs. Johnson and Watkins. Each year of its existence several of the proposals offered at the HOD became action items of the Board of Directors Meeting.

It didn’t snow in March of 1992, but the “Washington Update” was held anyway, with the AUA Socioeconomic Committee gathering for an afternoon at the same time and place. The “Update” was now more popular than ever, drawing new young urologists concerned about their future as well as older ones who’d already been burned by regulations. Everyone who came was aware of the importance of the spectre of more Federal Government inroads into physicians’ practices.

In an otherwise fairly quiet AUA Socioeconomic Committee Meeting a temporary hurdle to the development of a PAC was thrown up when, to the surprise of the AACU leadership, a rump group suggested that a totally separate organization be formed to handle the Political Action Committee. Fortunately, that was quickly voted down as too unwieldy and the process of forming a PAC continued. If that idea had been implemented, the AACU would have suffered immensely.

Two months later at the AUA Annual Meeting the AUA and AACU leaderships met for their usual friendly luncheon conference. The paramount issue was the PAC. The AUA’s President Jay Gillenwater and President-Elect Logan Holtgrewe clearly supported the AACU’s position as the most appropriate organization to sponsor such an effort. So after cordial discussion the two organizations announced that they officially endorsed the formation of an AACU PAC called “UROPAC”.

It was no surprise that at that 1992 AUA Annual Meeting the Hoffman Lecturer chosen by Tony Middleton was Senator Orrin G. Hatch of Utah. Drawing on his long experience in Congress and knowing of plans that were still behind closed committee

doors, Senator Hatch spoke on “Health Care in the 1990’s and Beyond”, obviously and necessarily a socio-economic and political discussion. In Tony’s introduction and in Senator Hatch’s initial remarks, it was clear that these were two old friends who respected each other greatly.

UROPAC then burst upon the scene. The AACU Board of Directors elected Tony Middleton as UROPAC President, Harry Miller as the Treasurer, and Randy Fenninger as Executive Director. With the way now clear, Tony embarked on a vigorous campaign to make UROPAC effective. Quickly, letters soliciting funds were sent out. Responses poured in with checks. Significant contributions were collected over the summer and early fall, so that donations could be made in the Fall 1992 elections to carefully selected candidates. With such a positive response it was clear that urologists had been eagerly awaiting a mechanism whereby they could make their political clout felt. Particularly generous donors were suitably honored.

The criteria for distributing funds to candidates were similar to all other PACs: help the friendly incumbent, then help the unfriendly incumbent who could help us, then help the friendly candidate who if elected would help us, and if there were a physician who had a chance of winning and would help us he was placed pretty near the top of the list. Its growth since founding has been extraordinary, initially under the deft leadership of Drs. Middleton and Miller, and then later under Drs. Pellegrino Tozzo of New Rochelle, N. Y., who succeeded Tony, and William Gates of Columbus, MS, who followed Harry, and current Secretary-Treasurer Datta Wagle, who followed Bill Gates. Randy Fenninger still serves as its Executive Director and, importantly, each year astutely submits a list of possible beneficiaries. Its influence continues to grow. The policy of endorsing candidates in a calculated fashion has resulted in an impressively successful election rate, with winners backed from both major parties. As a policy, whenever possible the donation check is personally presented to the candidate by an AACU member and Mr. Fenninger.

In 1991-2 there was also wide ferment about the American Board of Urology’s Recertification process. Rank and file urologists seemed quite upset by the system, and our supposed AACU representative to the ABU was of no help to us. On two occasions over the preceding six years, when the AACU was asked to send in ten names from which the ABU would select our next representative to the Board, the AACU sent a list of prominent academic Chairs and community urologists who were AACU members. The American Board each time sent back word that “none of these men are qualified to be on the American Board of Urology”! And the ABU then selected someone else. Changes did occur later on in the Recertification process, due in part certainly to the expressed concern by a multitude of practicing urologists, both university and community centered. In 1993, the ABU, seemingly in an attempt to smooth over some of the complaints, offered a seat on the Board to Logan Holtgrewe, the immediate Past-President of the AUA, a long-time community-based urologist from Annapolis, MD.

It would seem that 1991-2 was a watershed term, in which a lot happened and a lot was begun. That is exactly correct. But also a lot had been brewing that began to bear fruit during that period. As it turned out, it couldn’t all have happened at a better time, for urology and medicine would soon need all the help that could be mustered.

IX. Clintons ‘Crisis’ and the AACU Responses

Dr. Wickham took over in July 1992, with Dr. Miller becoming President-Elect, and William Gee from Lexington, Kentucky, the new Secretary-Treasurer. Armed with a calm demeanor, a great deal of wisdom, and a notebook-computer full of funny stories and jokes that he’d inherited from a kind patient (When he and Ed Johnson began with Swedish jokes at the Update Banquet, the evening was legendary!), Bob was challenged as AACU leader by the election in November 1992. In that election, winning with less than a majority of the votes cast, William Jefferson Clinton became President of the United

States. Brand new issues then began to surface in Washington, D.C. But Bob didn't waver from his appointed tasks. He'd served as one of the three urologists on the Hsaio Commission in the mid-1980's and thus knew something about government maneuvering. He'd also had years before that much more trying personal experiences.

Not many urologists know that NYC's dapper, distinguished, debonair Bob Wickham was an infantryman in World War II in Patton's 3rd Army. His unit, the 101st Infantry Regiment, was one of the ones that rushed back to relieve the pressure on the troops caught up in the Battle of the Bulge. His story is that General McAuliffe didn't say "Nuts!" to the Germans, he said, "F... You!" Bob has certainly earned his place at the Metropolitan Opera Ball, for which the invitation reads "white tie and medals". He has them both.

During Bob's year the PAC grew enormously. Relations with the AUA continued to improve as their leadership saw the value of the AACU more clearly. Urology in general was exceedingly fortunate that the AACU existed, was invigorated, and was increasingly active in the socio-economic political arena by this time, for there would not have been enough time to create it if it hadn't existed. Without it the subsequent scenario for urology might have quite different. For the election of Bill Clinton, former Governor of Arkansas, brought also the appearance on the national scene of his formidable wife, like him a lawyer, Hillary Rodham Clinton.

President Clinton promised he would do something about the nation's "Health Care Crisis". (Rule #1 for politicians: when unsure what to do, declare a "crisis!") Health costs had risen to occupy some 13% of the GDP, from 6-7% twenty years before. (Vide supra 1981 Panel.) With Medicare growing steadily the costs to the Federal Government had grown also. (Vide supra 1978.) Patients were demanding more care. Scientific technical advances were making miracles possible. Most of the expense was NOT due to physicians' bills, but physicians bore the brunt of the blame and were expected to pay for the "solution".

Clinton appointed his wife, Hillary, to head a Task Force on Health Care Reform. Of the five hundred persons on the Task Force there were NO practicing physicians! There were four persons with medical degrees on it but they were "thinkers", not practicing physicians.

Hillary Clinton's plans for health care reform posed entirely different types of challenges to the AACU and to medicine. Activated soon after the Inauguration, the Task Force promised a "Plan" in one hundred days. That deadline of May was pushed back to June, then July, then into the fall. No concrete proposals ever came out of the group although rumors were rampant. Suggestions were heard, about managed care, HMO's, alli-



Harry C. Miller, Jr., M.D.
{Fig. 24}

ances, regional conglomerates, review boards, penalties, prison terms, hospital closures, etc. All this time the whole health industry wondered what would happen next. The AACU-FAX kept urologists throughout the country, whether AACU members or not, abreast of the emerging developments repeatedly, helping to mobilize the country's urologists as they had never been mobilized before. It was hard to find "facts", however.

At the AUA Annual Meeting Bob Wickham's choice for the Hoffman Lecturer was most appropriate. Nancy Dickey, AMA Vice-President spoke on "The Future of Medicine—Today". The AMA was right in the middle of the discussions about health care provision. It was a sobering Hoffman Lecture.

When Dr. Miller {Fig. 24} assumed the AACU Presidency in May of 1993 at the end of the AUA San Antonio meeting, the country was still awaiting the conclusions of the Task Force. Over the summer the AUA Socioeconomic Committee's staff under Ms. Stephanie Mensh was trying as hard as we were to find out details. Bill Gee was also the Vice-Chair of that committee so the AACU and the AUA were joining forces.

Herb Sohn of Chicago was now active in the Illinois Bar as well as a practicing urologist, a close friend of Congressman Porter, and was a great source for information and judgment. He was using all his charms to learn what the Task Force thought. But no one knew for sure, probably not even the Task Force.

As a courtesy Dr. Datta Wagle of Buffalo, President of the New York State Urological Society, asked Dr. Miller to speak at their meeting in September. He got more than he bargained for. Dr. Miller gave a “stump-splitter” of a speech in ten minutes urging urologists to become much more active in talking medical politics with their patients in order to urge them to write to Congress. A similar invitation from President Myron Walzak to come to the New England Section Meeting in October gave an opportunity for a similar presentation, this time entitled “Nine Months with Hillary, or Not All those Screams Are Labor Pains, Dear”. Again, doctors were urged to talk politics with their patients. And a third talk in the same vein was delivered to the MidWest Clinical Society in Omaha in January.

At the Buffalo meeting in September a practicing urologist mentioned at lunch that he had produced newsletters on medical subjects for his patients that he put in his office. Dr. Miller adapted that and began producing one-page newsletters about Hillary’s Health Care Reform and what it meant to patients. He then put these newsletters in his waiting room magazine rack. He was concerned with patients’ responses but the newsletters were amazingly well received. (There was one complaint in two years!) So he sent copies to the AACU HQ where they were distributed to the Officers and BOD all across the country. Some of these doctors in turn put them in their own offices and many passed them on to other urologists. All fifty or so newsletters, after discussing a topic, ended by urging the patients to contact their own Congresspersons to give the patient’s own views on the planned “Reform”. It was crucial for patients to write Congress, for Congress looked at doctors’ letters as self-serving, biased, representing vested interests, even though the most knowledgeable. Some of them must have done so, because in October, 1994, HHS Secretary Donna Shalala announced that President Clinton had withdrawn his proposals for Health Care Reform! Congress does listen to patients! Patients just need to know what is happening. Physicians may have to tell them.

The Washington Update held at the Capitol Hill Club in Washington March 20-22, 1994, was the largest ever. Dr. Michael Naslund, faculty urologist of the University of Maryland who had earned an MBA from The Wharton School after his residency, spoke about the economics of the “reform” and captured everyone’s attention. It was wonderful to have an M.D. with an M.B.A explaining the economic implications of government actions on the health industry. He presented a stimulating perspective. Marching up to the Hill the next day the AACU members were primed to give their Congresspersons exceedingly good information. The After-Dinner Speaker at the Update was Time magazine columnist Hugh Sidey, who gave his reminiscences about the U.S. Presidents whom he’d known. He commented that the Clinton White House seemed to be “run by fear!” That was before anyone knew of Monica. It was a delightful talk!

At the AUA meeting in San Francisco in May the House of Delegates again gave the Board issues to consider. “Health Care Reform” had awakened nearly all urologists to the “crisis”. The Hoffman Lecturer for 1994 chosen by Harry Miller was Dr. James Todd, Executive Director of the AMA, Dr. Miller’s good friend from his hometown and a friend of urology. His talk was titled, “Uncertainty is Awful!” It reflected the overall frustration of the health providers everywhere with the bungling of the Government planners. Meanwhile, managed care had grown massively and insurance companies had increased their grip on medical practice. The profit for health insurance carriers was astronomical, as they ratcheted down payments to physicians everywhere, denied coverage to patients, and still gathered in the usual, or higher, premiums! And compensated their officers with enormous incomes!

The AACU continued to grow, partly by offering FREE six-month memberships

to all urologists and found that many of them continued as paying members after the six-month grace period. UROPAC could only solicit from AACU members, so this growth was crucial to the growth of UROPAC. And it did grow!



Roger V. Haglund, M.D.
{Fig. 25}

Finally, to thank those who had served as Presidents in the past a medallion was designed and produced for each of them. It was a replica of the one the sitting President wears at official functions. Responses from the recipients were as expected, graciously appreciative of being remembered.

Dr. Roger Haglund {Fig. 25} of Tulsa took over for the term 1994-5 as President in Washington after the “Update”. His vigorous efforts helped dissuade Congress both about Hillary’s Plan and also about Representative Pete Stark’s Plan to reform U.S. health care. The interim election for Congress in 1994 surprisingly put the Republicans in control in both the House and in the Senate for the first time in decades. The AACU’s UROPAC certainly was recognized by at least some of the winners as help. The Republicans didn’t have an overwhelming mandate, but they had more than a simple majority in both houses. Bob Dole became the Senate Majority Leader and Newt Gingrich the House Leader. That fall Roger felt the AACU needed a session on strategic planning in these hectic times. So he held the AACU Board meeting in the Schaumburg, Illinois, offices where Russell Coile, professional facilitator, led a spirited discussion on what was coming and what the AACU might do. No one was sure what the new Congress would do but there were high hopes that maybe something good would happen.

The attempt by the AACU as a “unified organization” to garner a second Delegate to the AMA House of Delegates was supported by the AMA Reference Committee in 1991 but was defeated on the floor of the House that year. However, the AACU persisted because the AMA continued to be the largest group lobbying for medicine. When the AMA in 1994 under Jim Todd’s leadership as Executive Director reorganized into a “Federation of Societies”, the AACU, which had long been a “unified” organization closely allied with the AMA, was given not one but two Delegates to the new House of Delegates. It thus increased its influence in AMA politics and AMA politics being what they are, long-term participation by Delegates is exceedingly helpful in advancing policies and programs.

At the Washington Update in March, 1995, retired cardiologist Dr. David Hess presented the reality of managed care to the AACU members. Speakers that weekend were concerned with anticipated changes in HCFA under the newly-elected Republican Congress. Physicians were caught in the middle, as one party favored social programs that controlled medical care costs and the other party favored business interests that wanted medical care costs controlled. Both parties favored reducing any and all payments for health care, and had the power to do it. Who was speaking for the actual providers of medical care? No one??!

Even though the AACU Presidency changed hands at the late winter Update now, the Hoffman Lecturer for the spring AUA Meeting continued to be chosen by the previous President. This year at the AUA meeting in April in Las Vegas Roger’s AACU Hoffman lecturer was Dr. John Golinski, a former Jesuit priest and consultant to the Oregon plan prioritizing Medicaid patients. He spoke on “Patients, Providers, Payers: the New Ethical Dilemma of Managed Care”. It was an appropriate subject to hear especially in the present political climate.

X. It’s a Brave New World

By the spring of 1995, when Lynn Frary {Fig. 26} of Seattle became President, and Dr. William C. Gates of Columbus, Mississippi, President-Elect, the AUA Socioeconomic Committee was on the way to becoming the AUA Health Policy Council, still under the leadership of Dr. Holtgrewe, with an increasing budget each year. With the growth of the Health Policy Council of the AUA the overlap of interests between AACU and AUA increased. Pleased with the success of UROPAC, the AACU concentrated its efforts on building membership. Under Federal government regulations solicitations for UROPAC could only be made of AACU members. In order to increase the UROPAC corpus of funds to distribute at election time, the AACU needed more members. The AACU membership had grown to nearly 3000, a huge change from ten years before. Urologists were now concerned, obviously. UROPAC had been identified as a major player in elections even though its dollar amounts didn't match those of ophthalmology and other groups. Still, in three years the growth was fantastic!



Lynn R. Frary, M.D.
{Fig. 26}

Seattle is a long way from Washington, D.C., but Lynn, during his term as AACU President in 1995-6, made several trips East to visit his and other Congresspersons in order to lobby for his pet project, Medical Savings Accounts. He must have been effective because Congress passed a bill allowing limited utilization of MSA's in the next session and later expanded MSA coverage.

It was at the Washington Update in March of 1996 that the First Russell B. Carson Lecture was given, by Dr. Edward A. Annis, former AMA President and longtime physician activist as well as longtime friend of Russ. This recognized the amazing contributions of Dr. Carson over many, many years to the AACU and he was there to enjoy it with us. Russ continued to speak his mind as he did decades ago, but now he used e-mail!! His presence at our Updates was always welcome, although now that he is in his nineties travelling from his former home in Michigan or from his present home in Florida has become more difficult. Still, we're grateful to have his wisdom and experience come to us via electronic means. May it continue for many more years. As you might expect, Lynn's Hoffman Lecturer, John C. Goodman, Ph.D., spoke on "Medical Savings Accounts and Patient Power: Lessons for Urologists" at the AUA Annual Meeting in Orlando. It was an idea whose time appeared to have come.

Interestingly, in looking back when asked to recall these times, Lynn Frary identified a crucial persistent weakness in physicians' political activities. He was struck by the apathy of most physicians toward any type of political activism. Try as he might, Lynn found it very difficult to get doctors to do anything to forward their own political interests. And that was in contrast to almost every other segment of our society. We snooze and we lose! Very sad, indeed.

Bill Gates {Fig. 27} was elevated to our Presidency in March, 1996, and Pellegrino "Bill" Tozzo of New Rochelle, N. Y., became President-Elect. The political world became even more complicated in Washington the following fall. Clinton and Gore were easily re-elected over Dole and Kemp, but the Republicans kept the leadership in Congress. They had a margin that didn't allow them to act willy-nilly, but they had a majority. The Senate Majority Leader was Trent Lott from Mississippi, someone whom Bill and his wife, L.L., knew fairly well. At the end of his Presidential term Bill replaced Harry Miller as Sec.-Treas. of the UROPAC. Dr. Miller felt it important to have staggered replacements of the UROPAC officers and so resigned in mid-term. At the AUA Annual Meeting in New Orleans in 1997 Bill's Hoffman Lecture



William C. Gates, Jr., M.D.
{Fig. 27}



Lynn Frary, Wil Watkins, Jack McAninch,
and Bill Turner confer in 1997
{Fig. 28}

newly renamed AUA Health Policy Council at this time. More and more urologists saw the need for the AACU. So its membership continued to grow, and with that grew the UROPAC treasury. With Randy Fenninger's savvy appraisals the success rate of UROPAC in back-



Pellegrino J. Tozzo, M.D.
{Fig. 29}

ing winners rose to above 75%. Thanks to his help with the program development, the AACU Washington Update each March had grown in its influence and popularity also.

This history would not be complete if we didn't recognize and honor the staff that Wendy Weiser has put together in her office. A leader tends to clone himself or herself. Wendy has been wise enough to assemble assistants who, like her, are dedicated to doing a first-rate job, doing it with grace and charm, always cheerful and helpful, and constantly a pleasure for members to contact for answers to their questions. We have been very lucky, but to be honest, "we were due". And we appreciate them all. It's been a wonderful several years and we look forward to many more {Fig. 30}.

When he finished his term as AACU President Bill Tozzo was elected President of UROPAC, replacing Tony Middleton who had come to the end of his term. Tony had shepherded the PAC from the start, carefully nurtured its growth, and done a superb job in putting it on a firm footing. Bill took on his new responsibilities with a hunter's determination, Italian

was given by Russell Coile on "Competition, Capitalization, and Consolidation". The subjects were certainly the current language of the day, and reflected issues facing virtually all physicians hoping to survive.

Fortunately, the leaders of the AACU and of the AUA {Fig. 28} were speaking to each other and communication at the upper levels between the two seemed excellent. They recognized the common antagonist facing them and worked together. Bill Gee, Secretary-Treasurer of the AACU since 1992, was recognized for his knowledge of socioeconomic issues and medical procedure coding and had been the long-time Vice-Chair of the

Bill Tozzo {Fig. 29} took the reins in 1997 and exceedingly effective Sec.-Treas. Bill Gee was promoted to President-Elect. Charles Logan of Little Rock, Arkansas, became Secretary-Treasurer. Bill Tozzo had long had close relationships with his Congresspersons and his State legislators. He worked hard at it, whenever he wasn't practicing urology or stalking African big game. All that came in handy as he attempted to influence their positions on coming bills. Trying to influence Congress was rapidly becoming a full-time activity for the AACU leaders. Reflecting the issues of the day, the Hoffman Lecture in San Diego in June of 1998 was given by Thomas J. Donohue, President and CEO of the United States Chamber of Commerce. He spoke on "Business and Medicine: A Healthy Partnership". He was very impressive, and continued the history of outstanding Hoffman speakers.

Ed Johnson, Executive Director of the Urology Society of America, was the after-dinner speaker at the Washington Update in 1998. Bill Gee, Executive Director Wendy Weiser, and Ed Johnson enjoy the after-dinner speaker at the Washington Update in 1998 {Fig. 30}



Bill Gee, Executive Director Wendy Weiser,
and Ed Johnson enjoy the after-dinner speaker
at the Washington Update in 1998 {Fig. 30}

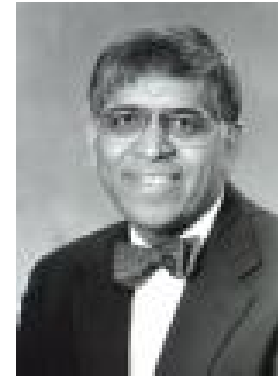


William F. Gee, M.D.
{Fig. 31}

enthusiasm, and innate style.

Bill Gee became President in March of 1998 {Fig. 31}, and Datta Wagle from Buffalo {Fig. 32}, a persistent and effective voice in New York State medical politics, became President-Elect. Bill's association on the AUA Health Policy Council and his experience as Urology's representative to the RUC Committee gave him a unique insight into many of the intricacies of present-day medical business. Growth of the AACU continued. Larry Allen {Fig. 33} of Indiana finished his term on the Board of Directors that spring and thus concluded his job as Membership Chairman with the total now at 4772, including 1288 resident candidate members! This was a tremendous growth curve, and obviously the AACU was filling a "need".

By now the AUA and the AACU were working more closely than ever, thanks to Bill Gee's dual roles. The Washington Update saw many of the AUA officers present, many new young faces, and many old familiar faces {Fig. 34}. Bill Gee's choice for the Hoffman Lecturer in May 1999, was Samuel Wells, the Executive Secretary of the



Datta Wagle, M.D.
{Fig. 32}

American College of Surgeons. The title of his talk was "Issues Facing Medicine and Government: Health Care Policy Today and in the 21st Century." The issues of the past few years continued to plague physicians, obviously. The challenges persisted.



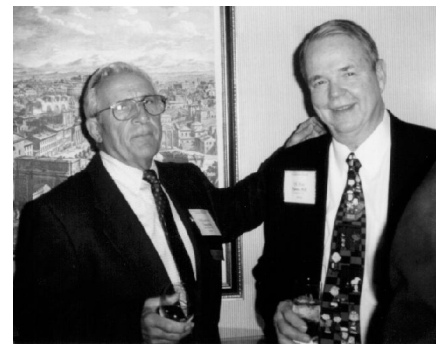
Larry Allen, M.D.
{Fig. 33}

Datta Wagle's year at the helm was no easier than anyone else's before or since. His sincerity and dedication, though, clearly rang through everything he did, as it always has. The challenges to medicine had continued with almost daily changes during

the terms of the Three Bills, Gates (1996-7), Tozzo (1997-8), and Gee (1998-9). The challenges didn't let up during Datta's term either. Most challenges, fortunately, came from outside urology, but some came from within and involved Datta in myriad discussions and conferences. Awareness of the need for an effective socioeconomic and political voice prompted AUA members to join the AACU in greater and greater numbers. Unfortunately, there was some concern among both AACU and AUA leadership that the AUA Health Policy Council budget and sphere was growing too large. Certainly the AACU was worried that the Council was impinging too much on the traditional AACU activities. The ever-increasing budget of the Council worried even the members of the AUA Board of Directors, for significant sums were earmarked for projects that didn't seem exactly "health policy," and the budget one year even exceeded the AUA yearly net income.

The AUA with all its assets had always been the principle actor on the urologic stage, and rightfully so. Its corporate structure, however, prevented it from exercising control over the individual Sections, the American Board of Urology, the American Foundation for Urologic Diseases, and the AACU. Some folks felt it would be better if it did have such control. Most people knew that that would never totally happen.

There was worry expressed in the AUA Headquarters and by their legal counsel that the IRS might someday look too closely at the Health Policy expenditures and chal-



Bill Tozzo and Ray Painter enjoy a moment
at the 1999 Washington Update {Fig. 34}

lenge the AUA's longtime 501 c.3 status. Consequently, on the advice of legal counsel the AUA took action at the Annual Meeting in the spring of 1999 to change its corporate status from 501 c.3 to 501 c.6. This action seemed to threaten in a significant fashion the future of the AACU, although AUA leadership sent assurances that it wouldn't. Lloyd Harrison, the newly installed President of the AUA, repeatedly at each Section he visited and at the AACU Washington Update stated that the AUA had no plans to usurp the activities of either the Sections or the AACU. It was reassuring to hear that, but disturbing to realize that the AUA was committing more and more resources to its Health Policy Council. We don't know how these actions will play out in future years, but it reminds one of the eight hundred pound gorillas looking for a place to sit down. We just have to watch and wait. Maybe prod it to move over just a little bit.



Lawrence W. Jones, M.D.
{Fig. 35}

Larry Jones of Pasadena, CA {Fig. 35} became President at the Washington Update in March of 2000. Charlie Logan of Little Rock became President-Elect, and Tom Fenter of Jackson, MS, became the new Secretary-Treasurer. Larry's Hoffman Lecturer at the AUA Meeting in Atlanta in May was William G. Plested, M.D., Trustee of the American Medical Association, who spoke on "The Federation of Medicine." In Washington, D.C., the Norwood-Dingell Bill, (HR 2723), the "Bipartisan Consensus Managed Care Improvement Act," or Patient Protection Act as it is often called, passed both the House and the Senate in the late 1999. It now is in Conference Committee. Unfortunately, Speaker Hastert appointed twelve of those who voted against the Bill in the House as delegates to the Conference, so it is difficult to predict what will come out of the Committee. We have grave fears that nothing good will emerge.

In the House also, Tom Campbell of California was able to get his own "Health Care Quality Coalition Act" (HR 1304) passed early in 2000 that would permit physicians to gather together with freedom from Federal Trade Commission restrictions to deal with managed care organizations. However, he has been unable to find, at least by May of 2000, any Senators courageous enough to sponsor similar legislation in the Senate! Campbell is giving up his seat in the House and is running for the Senate against Diane Feinstein of San Francisco, a race that will be difficult at best. Larry Jones is one of those who are actively soliciting a Friends of Campbell organization. Lloyd Glover of Clifton, VA, and many other urologists are joining the support group.

XI. Weather Forecast: Blustery, Unsettled, Continued Stresses, Hopeful For Eventual Clearing

As this is written in May of 2000 it is clear that we can't expect any fewer challenges when Charlie Logan of Little Rock, Arkansas, now waiting in the wings, becomes President after Larry. And probably not even when Tom Fenter, our new Secretary-Treasurer, completes his term and moves up to Presidency. Physicians are still the whipping boys when it comes to placing blame for the overall costs of medical care. Unfortunately, data on expenditures appear only a year or more after the fact. For instance, we are told that the mandatory entitlements in 1997 cost the American taxpayers \$946,000,000,000. Of that, Medicare took 21%, and of that amount only 18% went to pay physician-providers. Doctors are not getting rich on their Medicare payments.

"Rationing" is the buzzword today, but rationing of medical care has been operative for as long as there have been sick people, said our Carson Lecturer at the 1999 Update, Jonathan Lewis. "Cost containment is a bogus issue for who is to say that the cost of medical care is unreasonable", he asked. "If I'm sick, it's not ever unreasonable!" He maintained that it's a societal decision, not a political one. That sentiment is just as true

today as it was in 1999, and will be just as true in 2010 as it is today. We haven't heard much lately about the overall percentage of the Gross Domestic Product that medical care



Senator Bill Bennett of Utah and
Anthony Middleton, Jr., M.D.

{Fig. 36}

represents, although when Hillary began her campaign in 1993 politicians seemed to think that the 13% of GDP for medical care in the U.S. was obscene. Senator Bennett from Utah spoke at the Update in favor of a true deductible for Medical Savings Accounts, perhaps a Merrill Lynch credit card to cover the deductible, and for patient choice in choosing his or her medical plan. But he was not optimistic that patients will be able to exercise such a choice because the employer makes the decision, not the employee. And employers lobby strenuously. He feels patients "Need" to make the choice!

Likewise, we haven't heard much about Medical Savings Accounts, although those whose companies provide them seem to be very happy. Senator Bennett of Utah {Fig.

36} spoke very much in favor of them at the 1999 Washington Update. But he pointed out that unless the employer chose to offer them the employee was very unlikely to see them. He felt that that was wrong, and that the patient should be the one to make the choice. His skepticism arose because the employer and his industry are the ones who lobby Congress, not the employees! Patients need to act!

These issues are naturally different from the ones facing our Founders back in 1967. It's a much different world today. We have the incredible resources on the Internet. We communicate worldwide in an instant with our e-mail. Cellular phones are so common that we have country clubs outlawing them on their golf courses and people are appropriately embarrassed if they forget to put the cellular phone on silent vibration mode when they are at the movies. President Clinton escaped impeachment, but Arkansas efforts to disbar him for lying under oath resulted in his defense that while "his statements under oath last year may have been misleading and evasive (they) were 'not legally false,'" so states the *Washington Post* May 9, 2000, page 2. A hacker in the Philippines disrupted world economy when he sent a "Love Bug" virus out on the Internet. But the F.B.I. found him! Joltin' Joe DiMaggio died last year but the Yankees keep on winning. The Dow-Jones average hit 11400! It is a different world!

We've also come a very long way in the AACU. Candidate members make up twenty-five percent of the group, a far cry from the general stampede of young urologists to leave that occurred when our socio-economic speaker rose to address the audience at the AUA meeting of 1986. That twenty-five percent bodes well for all urologists in the future, whether community-based, commercially based, or university-based. The challenges that we face are ones that affect all of us, not just a few of us. Do you remember Benjamin Franklin's admonition, "If we don't all hang together, it is certain that we shall each hang separately!"? He was right. We need to work together to preserve the quality of medicine that we have enjoyed. The challenges keep coming. There is plenty left for each of us to do.

The AACU is the socio-economic and political arm of urology. We have been blessed by leaders of wisdom and foresight in this field, besides being successful urologic practitioners. One reason for giving details of lecture titles, panel discussions, and the like is to emphasize how accurate the speakers were in identifying issues that were coming forth to plague us. Their expertise was socio-economic and political, whereas that of the AUA was scientific. They had insight of great value to the AACU. But just as a horse won't drink just because you provide it water, physicians and the AACU don't necessarily act just because they hear an expert predict the socioeconomic and political future.

The AACU needs to grow, to remain strong, and to fight for what is right for patient care. Everyone needs to realize that what is right for patients is ultimately what is

right for physicians. The goal of the AACU is membership by 100% of all urologists in order to protect the delivery of optimum medical care to all our patients under whatever system is current. We can't settle for anything less. Physicians now know that there are many ways they can participate in the political process and that they "Need" to be active.


The AACU was formed because the AUA couldn't do what was needed to be done actively in the political and socioeconomic fields. The AUA classically had a scientific and educational thrust. Those boundaries have now become less and less distinct, and are likely to become even more blurred with AUA's reorganization into AUA, Inc. Stresses are quite likely to develop, even though at this writing the relationships between the two organizations are "good." Those stresses must be minimized, for the good of all of us. Urology as a field of endeavor needs the efforts and interests of both organizations. History will indeed judge us by the way that we confront not only the stresses from outside our field but also by the way we handle the interrelationships and stresses within our field.

Practicing urologists, wherever their office is located, increasingly realize the need for a working knowledge of business as well as science in their practice of medicine. They see the value in supporting both organizations. The AMA recognizes both groups as separate representatives of official urology bodies in its House of Delegates. The AACU, because of its "unified" status, enjoys closer ties with the AMA Federation of Medicine than the AUA does. That can work to the advantage of all of us.

We are indeed the same people, the AACU and the AUA. We're all urologists practicing in a currently hostile environment. We need to stand together in facing our problems. We don't need to fight amongst ourselves. That would be foolish. There are enough challenges to keep both organizations very busy. Organizational inter-relationships are people-in-leadership relationships. People in leadership roles have egos. We must be sure that those egos work for, and not against, the good of the whole body of urologists in the country. It will take innovation, energy, understanding, restraint, and tolerance on both sides to see that an internecine war doesn't cripple urology as a whole, as we move into a new millenium and a new century of organized urology in the United States.

*Whoever said it was absolutely correct;
"The price of freedom is eternal vigilance."*

*Harry C. Miller, Jr., M.D.
AACU Historian*



AACU PRESIDENT'S

1968 - 2001

American Association of
Clinical Urologists, Inc.

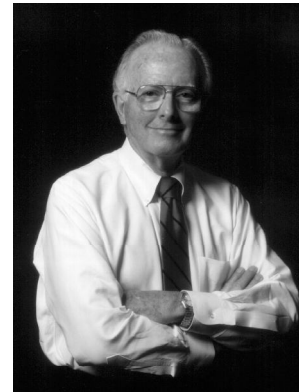
AACU PRESIDENT'S



1969 & 1970
Charles A. Hoffman, M.D.*



1971
William A. Barrett Jr., M.D.*



1972
Tom E. Nesbitt Sr., M.D.



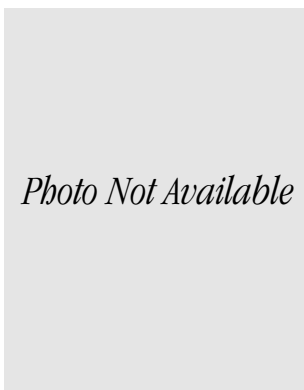
1973
William E. Forsythe, M.D.



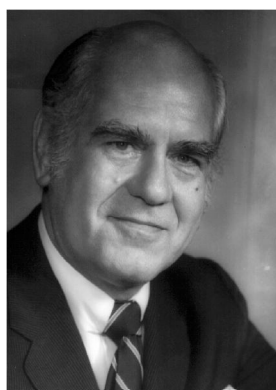
1974
Harold Kay, M.D.*



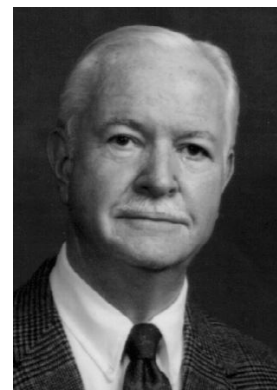
1975
Russell B. Carson, M.D.



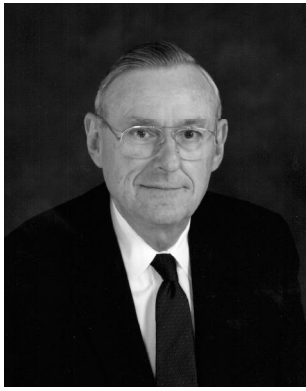
1976
Perrin B. Snyder, M.D.*



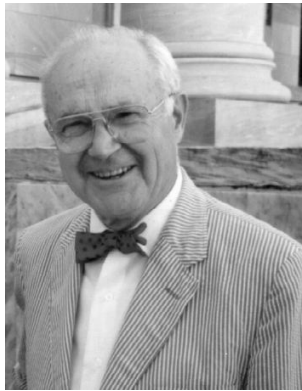
1977
Russell B. Roth, M.D.



1978
Elgin W. Ware Jr., M.D.



1979
William H. Cooner, M.D.*



1980
Robert H. Bradley Jr., M.D.



1981
Joseph Dowd, M.D.*

Photo Not Available

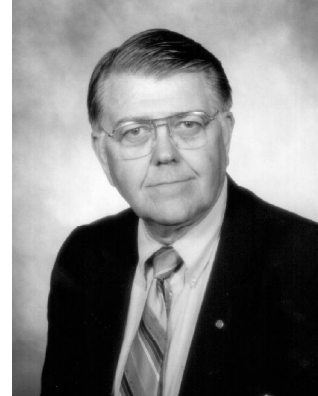
1982
Henry Bodner, M.D.

Photo Not Available

1983
Russell W. Lavengood, M.D.*



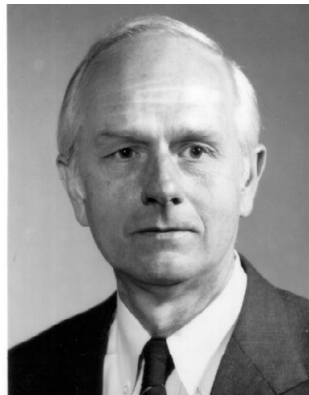
1984
G. John Gislason, M.D.*



1985
Wilfred E. Watkins, M.D.



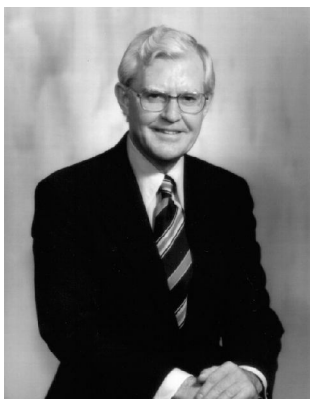
1986
William Wilson Samuel Butler III,
M.D.*



1987
W. Lamar Weems, M.D.



1988
Anthony V. Passaretti, M.D.



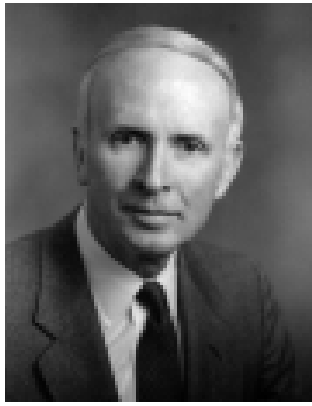
1989
John H. McGovern, M.D.



1990
Herbert Sohn, M.D.



1991
Edward Lee Johnson, M.D.



1992
Anthony W. Middleton Jr., M.D.



1993
Robert D. Wickham, M.D.



1994
Harry C. Miller Jr., M.D.



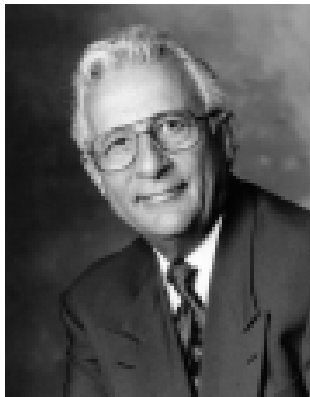
1995
Roger V. Haglund, M.D.



1996
Lynn Reginald Frary, M.D.



1997
William C. Gates, Jr., M.D.



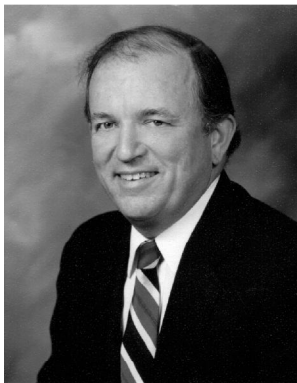
1998
Pellegrino J. Tozzo, M.D.



1999
William F. Gee, M.D.



2000
Datta Wagle, M.D.



2001
Lawrence W. Jones, M.D.

**Deceased*

(If anyone has photos of the Dr.'s listed above "photo not available" please forward them to the AACU office at: 1111 N. Plaza Dr., #550, Schaumburg, IL 60173)