



Thanks to the extraordinary commitment and expertise of AHLA leaders, the American Health Lawyers Association continues to thrive and serve as the essential health law resource in the nation. The Association's strong foundation reflects a history that is vibrant, meaningful and worth sharing. Finding a way to preserve AHLA's history was especially relevant in light of the Association's 50th Anniversary, which was celebrated throughout 2017.

This transcript reflects a conversation between AHLA leaders that was conducted via audio interview as part of the Association's History Project. More than 60 of AHLA's Fellows and Past Presidents were interviewed. A video documentary was also prepared and debuted on June 26 during AHLA's 2017 Annual Meeting in San Francisco, CA.

February 23, 2017

Tom Fox interviewing Dennis Purtell:

Tom: The date is February 23, my name is Tom Fox, I'm a past-president of the American Health Lawyers Association. I have the pleasure of interviewing Dennis this morning. Dennis, by all accounts, was a pioneer in the development of health law. He was active in the American Society of Hospital Attorneys both as a president and Board Member. Subjects I wish to explore in this interview along with many others reflecting the exceptional career of Dennis.

So Dennis I want to thank you for taking the time to share your recollection and thoughts with us today.

First question is, for pioneers such as you, when did you first become involved in health law?

Dennis: Well, a lot of it could be considered to be very personally boring, Tom, in some respects. I began practicing in '65 when I graduated from Minnesota in '65 and practiced with my uncle in Milwaukee, Wisconsin. I was the fifth man in a five-man law firm. Which six months after I joined it I was the second man in a two-man law firm because the three intermediaries between my uncle and myself left the practice in one form or another.

But he was, my health-care practice really relates back to my uncle. He was the legal counsel for the Wisconsin Conference of Catholic Hospitals at that time, which was the precursor to the Catholic Health Association. And there were 57 Catholic Hospitals in the State of Wisconsin run by about seven or eight religious orders.

Until '65 but in that middle part of 1960's of course, there had been charitable immunity throughout the entire country that disappeared in Wisconsin in 1963. And it was one of the last states to have it disappear at that point in time. That changed the makeup of an awful lot of the hospitals.

Many of the hospitals prior to that time had been literally owned by the corporation that was the Sisters Congregation. And my uncle and the accountant from Minneapolis-St. Paul really kind of encouraged and led to the separating and incorporating every single hospital. And in that process my uncle, Bob McCormick, basically became the lawyer for an awful lot of those hospitals.

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So even though we had a general practice that I started with. My first exposure to health law was an indication of where health law would go, which was a broad-ranging corporate practice covering a specialized kind of a corporation and practice, a separate corporation.

When I was a clerk the year before, the first thing my uncle gave me to do was to review a Torrens Certificate, which was the Minnesota way of transferring real property. He said, "You've been in Minnesota for seven years now you take care of this." And there was a Minnesota hospital which he did some work for, and he'd never even heard of Torrens, so that was my introduction if you will to health-care law, doing a real-estate transaction for a hospital in Eastern Minnesota.

Tom: Dennis that's a great story, you know I often wonder how it all evolved with the society and the hospital representation. And I'd heard that a number of the organization of a number of the Catholic hospitals.

Dennis: Well [crosstalk 00:06:41][inaudible 00:06:41]

Tom: And the practice was, what, I mean staff bylaws, privileges, corporate work, contracting?

Dennis: Oh yes. It had all of those in one form or another. That was also the beginning of Medicare and Medicaid, the Civil Rights Act of 1967 was passed in there which raised a whole bevy of legal issues. The planning laws came into being early after it turned into the 1970's. The National Labor Relations Board assumed jurisdiction over not-for-profit hospitals in 1974. There was an awful lot of capital financing going on, a lot of the smaller hospitals, the rural hospitals had been funded through, now I'm losing the recall, in 1947 some federal monies were made available for the capital needs of small hospitals and those were all coming due 20 years later, so there was refinancing going on, tax-exempt financing.

Physicians had basically won the hospitals in many respects through their medical staff organizations which needed modifying and changing to fold themselves into the requirements of the Joint Commission on Accreditation of Hospitals. So there was similar medical staff bylaws pulled together.

One of the first transactions that I know that I did when I began my active practice with my uncle was to have a transfer agreement between a hospital and a nursing home which was required under Medicare if the nursing home was to be paid for by the hospital, there had to be in place a transfer agreement.

So he assigned me the task of drafting the transfer agreement. Well, there were no models to work from, when you're drafting a transfer agreement between a hospital and a nursing home, so that four or five page document was put together and used by the Catholic Hospitals that we were representing, and lo and behold about seven years later I saw it coming back at me as a model that had been the model for transfer agreements. So, it was all, in many respects, Tom, off the top of the head. There was no governing board in today's structure that existed in a lot of those hospitals, the board was made up of five Sisters who were normally the lead people in the religious congregation.

They may have had a lay advisory board, but that's literally what it was. Some people from the community who offered some advice, but they were not boards of directors. That transformed in the early '70's. Slowly, but gaining speed, and now there are very few if any hospitals that

have that original model that was effectively governed through governance of the Board of Directors of Sisters.

And so a lot of these things were out-of-the-book, there were no models for how you dealt with all of those, [crosstalk 00:09:36]

Tom: [crosstalk 00:09:38][inaudible 00:09:38] your practice with Medicare and Medicaid in '67 did you start to gravitate into the what we then called the "reimbursement issues?" Was that

Dennis: Oh yes. And the reimburse[crosstalk 00:09:52]

Tom: Well tell us a little bit about that.

Dennis: Well, the reimbursement was at that point in time cost-based, so if you were running a hospital and your costs were a hundred you turned the bill into Medicare and they gave you a hundred dollars.

Tom: Wonderful times.

Dennis: You know, that's - yeah - that's changed. That changed in 1983. But certainly for the first 20 years or so of the Medicare payment system it was, no matter what the hospital costs were, if you were a Medicare patient the 100 cents on the dollar got paid for by the Medicare. Which included, fortunately, administrative expenses which included legal fees. Which in the first two decades of, at least the practice that I had, the legal fees were comparatively nominal, but they were there, and they were 100 cents on the dollar, so there was a, not a rush to, but certainly a basis for an awful lot of lawyers becoming a little bit more actively involved in the running of the hospitals.

And the lawyers, likewise, were given a certain degree of credibility and credence that has eroded, if I can use that term, a little bit because an awful lot of the people who were running the hospitals knew nothing of law, and knew nothing of anything that might even be specialized in the area of health law. And so there was a great degree of reliance on outside counsel for a lot of the hospitals, in fact for almost all hospitals.

Wisconsin was a little atypical, but we did not have a rise in in-house counsel in Wisconsin until almost 2000.

Tom: Oh my.

Dennis: Almost all of the legal work was being done by outside law firms in one form or another. [crosstalk 00:11:35] Which is there

Tom: Your firm, then, so you're the second man in the firm, I assume the firm then starts to grow as well?

Dennis: Yes, it did. It grew somewhat slowly, in 1976 we were about six lawyers. And at that time almost all of the legal work for our firm was one form or another tied into the healthcare field. Even though I had started out as, what I would call a General Practitioner, I was doing volunteer defender work in criminal law, and doing a little bit of bankruptcy, and fortunately a very little

bit of divorce law, and probate and things of that nature. That basically disappeared in many respects, personally for my part.

And the lawyers who I practiced with in partnership likewise they became more knowledgeable in some sense of the healthcare law, we had one guy who's total practice was reimbursement. Another guy who was ERISA, which still is around there, and scared the devil out of me when I saw the regulations came out and I gave it to Jack and said, "Here. Learn it."

So it was in that fashion, the sub-specialization of health care began in the '70s and worked gradually through the '80's and '90's to the point now where, as you know, there's sub-specialties going on in health care law right now.

And the firm grew, and we grew by adding some lawyers and eventually we merged in the middle '80's with another firm and went from 13 lawyers to 40. And, by the time I left the practice I was with a different firm, but with the firm I started with we grew to about a 65 attorney firm. Major portions of which were related to healthcare. We were one of the boutique firms to a certain extent, but we also had other at that point in time, when we had our second major merger.

We evolved much more into just a business law firm, with a heavy emphasis in health law.

Tom: Dennis, one of the things we're trying to do here is sort of capture that early history, so let me ask you just to, some of the other, I call it or I would say, early pioneers in the healthcare field. I know a number of people are deceased, but maybe if you could just talk about, I think Jim Ludlam for example was one of the early pioneers, is that right?

Dennis: Yes, he was Tom. In many respects the whole area of what the ASHA as well as the NHLA, to a very real degree, owe their histories to Jim. Back and, I didn't know him very honestly at all, until I got on the board in 1970. But Jim had been practicing health law in California for 30 years by that time.

And he was a friend of Dr. Crosby, who was the head of the American Hospital Association. And Dr. Crosby was a Physician, and his love of, his non-love I should say, of lawyers was well-known by everybody. And Jim Ludlam was probably the only lawyer who he could have a civil conversation with.

Tom: [crosstalk 00:14:47][inaudible 00:14:47]

Dennis: Didn't know Dr. Crosby but for two meetings, but he apparently had no liking or love for it. And Jim in cohort with Art Bernstein, who was the in-house general counsel for the American Hospital Association back in the middle '60's, prevailed upon Dr. Crosby to set up the American Society of Hospital Attorneys as a subset of AHA. There were subsets for central supply, and for nursing, and for pharmaceuticals, there were little internal trade associations which were directly related to the AHA.

And the law basically got there in the middle of it. Hold on, [00:15:31], one second, that's not for me but it's going to ring here a couple more times.

And he prevailed upon Dr. Crosby, in one form or another, allowed for the creation of this organization. The AHA had been putting on what were called "Law Institutes" back in the early

'60's. They were aimed at administrative staff people of AHA and their hospitals. And they were attended by lawyers and some of them were presented by lawyers. My uncle, in fact, went to one which was kind of the precursor to my getting involved.

My uncle died two years after I began practicing with him, so I inherited his practice.

Tom: Mm-hmm (affirmative)

Dennis: And somewhere along the line I got this brochure of the first meeting of the, the first formal meeting of the American Society of Hospital Attorneys. There had been, I think, an informal meeting of the leaders. And Ludlam was the leader of the leaders at that point in time. In '67 to set up the annual meeting in '68, which is the first one that I attended, in Chicago.

But Jim, he truly was a pioneer. He had 100% of his practice was related to healthcare in one form or another, he was counsel for the California Hospital Association. And a true inspiring leader. Even as he did that leadership he wasn't the first president. The first president of the Society was Karle Holderle who was a lawyer from St. Louis. He was one of the ones who would mess Jim and some of the others from the initial board at these AHA health institutes from previous years. Karle served an 18-month term, followed by Don Bierle, who was a lawyer from Yankton, South Dakota, who I had incidentally met at a dinner meeting when he was invited to address the Wisconsin Conference of Catholic Hospitals by my uncle, and had the good pleasure of sitting down next to Don Bierle as an 18-month lawyer at that point in time, and getting to know him a little bit.

And lo and behold, I show up at that meeting, who do I meet almost walking in the door, that first meeting of the AHSA, but Don Bierle. And so we became reacquainted, and Don was very instrumental in my getting appointed to the board to succeed him in 1970.

There were other leaders at that time, Jay Hedgepeth succeeded Art Bernstein as in-house counsel for the AHA. Ed McEachen, a lawyer from Omaha, Nebraska was the initial board [crosstalk 00:18:06]

Tom: I recognize the last name, okay, good. Yeah.

Dennis: Yeah. And, who else was [inaudible 00:18:11][crosstalk 00:18:11]

Tom: Now was Jack Wood involved at that point, was this.

Dennis: Now Jack wasn't one of the original founders, if you want to call them that. He was not one. He met at that age with Crosby to at least put the planks on the place. But he attended the first meeting as I did in '68. When Jack, as history has shown, and it's been an anecdote that's reveled through the history of the organization for years. As soon as the meeting was called to order, at that point in time by Karle Holderle, Jack stood up and made a point of order that there was no organizational structure here, how do these people get elected, where are the bylaws, and quite simply raised a little bit of procedural hell at the first meeting, to the point where the board didn't know what the heck to do.

And they adjourned the meeting and came back and lo and behold Jack was on the board.

Tom: Wonderful.

- Dennis: Well, that's how we gathered in that first session in Chicago. And it was kind of fun to watch, because you know, I didn't know anybody and most of the other people didn't know anybody.
- Tom: Mm-hmm (affirmative)
- Dennis: And there were only, I think, about 75 of us at that first meeting. But Jack was, he was critical to the organization, a classic individual. I liked him, smoked a big cigar, he was almost the inventor of Hospital Law Marketing.
- Tom: Yeah, in those days, yes I experienced that. I had heard the story that when Jack gave a presentation and people came up afterwards with a question that Jack would pass his card out.
- Dennis: Oh yeah, oh yeah, Jack basically would, especially on a lot of the reimbursement stuff which very few of us knew much of the details.
- Tom: Yeah.
- Dennis: But Jack did a lot of this, and he was very good at giving the audience about 85% of what they needed to know, and then when they came and asked the question about the other 15%, he'd say, "Give me a call."
- Tom: Yeah.
- Dennis: And, it was professionally done, but well done by Jack. He had, there were a lot of cards in his pocket.
- But, that was the founding of it, it also relates to the National Health Lawyers too, Tom. The first director, David Greenburg, of the National Health Lawyers was also the first director of the American Society of Hospital Attorneys.
- Tom: Okay. Oh, I'm glad you're going into, because I saw that connection. Go ahead, please proceed, fill that space for us.
- Dennis: Well Dave was an AHA employee based in Washington D.C. at the time that the organization was founded. And, I don't know how, it preceded me by a couple of years, in one form or another, but I don't know how he attained the position of Initial Director of, the Staff Director of the American Society of Hospital Attorneys. But he did. And he operated in that capacity, I think for about a year, and he was not only encouraged, he was directed by AHA that if he was to continue the position, he was going to have to relocate to Chicago where the AHA was based. D.C. was an outpost for the AHA, they had an office in D.C., and that's where Dave worked.
- And he refused flat out to do it, there was some degree of pushing and pulling, I think between AHA and Dave Greenburg, and Jim Ludlam, about is he going to come back to Chicago and if he's not we've got to find somebody else. And Dave just decided at that point in time to retire and start his own organization. Which he did. And he did it out of a shoebox. Did it well. Ran it very informally for a couple of years until it got it's own footings, and then became a strong counterpart to the American Society of Hospital Attorneys. To be, as a little bit of a backdrop on that, Tom, to be a member of the American Society of Hospital Attorneys, you had to represent as legal counsel, and only legal counsel could join. You had to represent a member of the American Hospital Association, a hospital. And so it was kind of a closed society.

Tom: Yeah.

Dennis: And, the National Health Lawyers didn't have that as a requirement. So if you were just interested in health law, or if you were a malpractice defense or malpractice plaintiff lawyer, there was room for you in the National Health Lawyers. So it was a differing membership even though there were a lot of us who belonged to both. I joined the National Health Lawyers back in the early '70's I think. I was president in '72-'73, and I think I was at that point in time a member of both organizations. And so I got to know Dave a little bit, but he always considered me to be, a part of his history and, there was no real deep love I don't think by Dave Greenburg for the American Society of Hospital Attorneys.

So we went on similar tracks, the two organizations grew in a similar fashion, as I said the first meeting there were 75 people at it, I think the meeting I ran in New Orleans in 1973 there were about 125 by that time at that meeting. And the early meetings were somewhat similar to what we do now, but what else is some real major changes, they were smaller for one thing. And the sessions were all plenary for about the first seven or eight years, there were very few if any breakout sessions.

In fact I don't think there were any in the rooms, I know there were none. Those didn't occur until the middle '70's where you had a choice between going to session A or session B.

We were all, to a degree, teaching. The whole thrust and purpose of the American Society was really to co-educate ourselves. And that was the mission of the organization and Ludlam, I still remember him giving a very wonderful fireside kind of a talk in Washington D.C. when we had our meeting out there in year three of the organization. In which he called upon us to become the architects of change for the future in healthcare law. And that phrase, very honestly, became a mantra, Tom, and wandered through my head for the rest of my professional career. Architects of change in health care.

Tom: But Dennis I want[crosstalk 00:24:40] to go back and try to fill in something else. Now then the, you had the development of the for-profit hospitals, and the name there was Carl Weisberg.

Dennis: Right.

Tom: During your time, I mean obviously, did that evolve during the period of time that we're talking about here?

Dennis: Oh, it did, it evolved, it began in the late '70's heavily. I think there had been some for-profit hospitals, but most of them, for-profit hospitals, you're probably aware, were created as not-for-profit organizations, and they got their tax-exempt status, which was, to me, one of the major moves that occurred in the healthcare field, and that occurred in 1969 with a ruling from the Internal Revenue Service. Said doing charity makes you tax-exempt.

But the for-profits grew parallel in some states. We have never had any in Wisconsin, for instance, had for-profit hospitals. And you can still now have a for-profit hospital in Wisconsin but you have to go through a series of rings and hoops to get it done. A lot of the southern states, I think, the growth of the for-profit hospitals. And then they expanded. And the attorneys for them, not uniformly, but significantly were in-house counsel. They had their own small trade association of healthcare lawyers I believe. The Federation of American Hospitals was I think the main for the for-profit hospital group. And I think that they had at least meetings of subsets of

those groups who were lawyers, who represented, not exclusively, but certainly represented a lot of the for-profit hospital field.

That developed on kind of a separate trail. They really went from state to state, they were different. The midwest I don't think had anywhere near as many for-profit hospitals as there were in the southern states and the western states.

Tom: So California then was the big source of the, I guess, the for-profits, and that explains Weisberg and the [crosstalk 00:26:49]connection there.

Dennis: Right. And Carl did, I think 100% of his work was in healthcare at one point in time. I had very little interaction. He belonged, I think, to the American Health Lawyers Association, eventually, I don't think he was there on the ground, though, at the beginning.

Tom: Mm-hmm (affirmative) I interviewed Jack Schroeder the other day, and Jack told me about the Society, and the, I guess the annual program, and the dinner dance, maybe just spend a moment on that, it sounded like a wonderful way, probably something that we could never do again, but it sounded like such a good way to develop relationships, both professionally and personally among the members.

Dennis: Well, and I think that's true, Tom. My wife, for instance, did not go to the meetings I was the president of, which she has reminded me now for 45 years about that fact.

Tom: Would not go, or you would not allow her to go?

Dennis: Well, it just wasn't the program at that time. There were very few spouses there, in fact there were very few women. At the first half-dozen or so of the meetings, because, Sister Salisteen McCarthy was the first member of the American Society. I think she came on the board in about 1972. She was a Sister who was also a lawyer out of Emmitsburg, Maryland.

But there weren't more than a half-dozen women lawyers at the first meetings, almost no African-Americans, or for that matter, anybody of diverse color at the meetings for years. That has changed significantly, but certainly in the early days it was an all-white male club. A couple of guys brought their wives along, and the wives basically sat around and talked with each other while we were in the meetings, and they are the ones who kind of encouraged other lawyers to bring their wives to subsequent meetings.

And that evolved into what was, for a long time, the highlight of the annual meetings beginning, I think, in '73 or thereabouts in Phoenix. Where we had a dinner-dance to conclude the meeting. It was a very comfortable way of socializing, of getting to know an awful lot of people. The year, either right after that, or maybe two years after that, we also then went to the Broadmoor in Colorado. And that was really the kind of the bonding, gluing kind of meeting for the American Society of Hospital Attorneys.

The membership had grown significantly, I'm going to claim a little bit of minor credit for that, because I helped, in fact I drafted a letter to go out from the American Hospital Association to it's members introducing and giving a brochure about the American Society of Hospital Attorneys from AHA and encouraging AHA members to consider having their lawyers join the organization, and even putting in there that a number of hospitals paid the \$125 annual dues for

their lawyers to join which was a little bit of incentive. So our membership went from 300 to 900 in one year.

We went with that kind of approach of the AHA. But we did get to socialize and maintain contact with each other. Keep in mind again the primary mission being so heavily in the idea that we were teaching each other what we knew. And I can remember my first presentation to the group was in 1970 in Washington D.C., perhaps the first public speech I ever gave to anybody. And I had the assignment to talk about a case called "Cunningham vs. MacNeal Memorial Hospital." in Illinois.

Tom: You've got to help me on that one.

Dennis: Well Cunningham vs. MacNeal Memorial Hospital was an earth-shaking decision from the Illinois Supreme Court that said "blood was a product." And so, strict liability could be attached [crosstalk 00:30:53] if you sold a product to people that was defective that caused an injury, of course that caused chaos in the blood supply people, as well as the hospitals who were using them. It was eventually over, not overturned, there were statutes that were passed throughout the country that quite simply said that blood is not a product for the purpose of strict liability. But I had to talk about the Cunningham vs. MacNeal Memorial Hospital, and you can look back, Tom, I was five years out of law school. The last time I had heard the words "strict liability" in a sentence were five and a half years earlier.

Tom: Right.

Dennis: So I knew nothing about strict liability. And, so I had to take the podium before, at that time, about 125 people, and most of them were lawyers who had tried strict liability cases, and appealed them, and here I was, a rookie, I was all of 27 years old. And I didn't tremble but I also became very cognizant of the fact that I was on the right side of the podium. They all thought I was an expert.

Tom: Those are the days, right?

Dennis: Oh yeah, and quite simply in the middle of my presentation, Tom, I can tell you I became comfortable with that concept. That because I was doing what I was doing, and I had done some research and everything else, I was at least partially an expert. And it, quite simply, made my thereafter public speaking one whole heck-of-a-lot better. And I did, my main presentations, somewhere in the area of 21 or 22 times, at the annual meetings of the American Health Lawyers, I think once at the National Health Lawyers meeting. But the real highlight of that, and it gets to your issue of the networking.

Right after I became president I got a call from Nathan Hershey, who was the guy who preceded me as the president, and I don't know if you remember Nat,

Tom: I know the name, I know Nathan was from Pittsburgh, right?

Dennis: Yes, he was. And Nathan is still alive, but he's unfortunately gone the road quite a bit.

Tom: Right, I'm sure I met him over the years and I've heard about him, yeah.

Dennis: Yeah. Well, Nathan, John Harty and Eric Springer, those names might also.

Tom: Yeah, they ring a familiar, yeah.

Dennis: Well Harty and Springer had been doing a series of commercial seminars for a company called, Aspen Systems which was in the publishing business. And they got bought out by American Can Company, believe it or not. This little company called Aspen Systems. And the deal on buying them out was they would get off the podium, and the podium would be done by other speakers. Nathan also happened to be a minor shareholder in Aspen Systems. And he knew, they were all from Pittsburgh, he knew both John Harty and Eric Springer.

And so he was assigned by American Can to compose up a faculty for a series of seminars on medical staff law, labor and personnel law, healthcare financing, and Medicare and Medicaid reimbursement, which is still going strong, that one. And he called me out of the clear blue and asked whether or not I would be interested in being co-faculty with Harty and Springer for a year to learn the medical staff law thing. Which I did. Six times that first year, going out and giving two-and-a-half day seminars. Always conveniently at a place that had wonderful golf courses because John Harty and Eric Springer were golfers, and they were the ones running the program so we finished our programs early enough to get out on the tee times.

And that grew, and Nathan joined me after the first year, and he and I did the programs for 22 years around the country. Then I did some on labor and employment law, and one on financing, but basically we did the medical staff law and bylaws. And we did anywhere between three and five of those programs a year. For 20 years until they kind of died under their own weight.

But that's the kind of networking. And that relates it back to one of the points I was making about the Broadmoor. The second time we were at the Broadmoor we had the entire Broadmoor. Every room was part of our group. And so, you couldn't walk two feet without bumping into another healthcare lawyer. And we had a social picnic, the welcome picnic that we had was out at a place around the lake, we had a cookout and then we did have the dinner dance at that meeting. And these became, again, the kind of highlights of it because, especially when you're out west, you know. When you finish a program, even now of the AHLA, if you finish a program out in California, unless you catch a real early plane you can't get home on time.

Tom: Right, yeah.

Dennis: And so, a lot of us quite simply stayed over for the dinner dance, because it didn't make sense to try hurrying back to Milwaukee from San Francisco. An in that process you got to meet people, and there were Ross Stronberg, met early on, Ross.

Tom: Another name that I've heard. Ross yeah.

Dennis: Ross is now retired from Jones Day. But, he was from California, and he and I and our spouses got to know each other very well, ended up even vacationing together a couple of times with them. And that grew out of these kind of contacts. Ross and I had a competition going. He and I were the two longest, 100% attendees at the annual meetings for the AHLA, until three years ago, when Ross had to miss a meeting. He had a client conflict that would not allow him to come to New York for the annual meeting so that allowed me to claim that I was the longest lived annual meeting attendee at that meeting.

Tom: Dennis, were you involved in the merger with the Society and the NHLA?

Dennis: Well, I was involved, Tom, but I wasn't involved to the extent of being on the board at that time, I was involved as one of the past presidents. The Past President Council was still alive and well at that point in time and we all sat around and listened to the reports as past presidents and gave our comments and critiques. So we knew of it, and encouraged it. Jack Schroeder was much more actively involved. Jack was on both boards. So talk about antitrust if you had to worry about it. But, no, it kind of grew unto itself.

It was quite clear there was little reason to have the intense competition for programs, as well as the leadership of the organization, so it was kind of natural outgrowth. After Dave Greenberg had passed away and was really not potentially a theoretical hindrance to that, I kind of think he was for a long time.

So I'm not sure just exactly who was the real maker of that come to bringing it together, but I wasn't directly involved, it was going on, and we encouraged a few things. Not the least of which, maybe you even benefit from, not sure exactly when you were the president, but one of the things that Nathan Hershey and I insisted on being in the organizational agreements was the past presidents would continue to have their registration fee waived every year. Which we had a AHLA which they did not have AHLA.

Tom: Yeah.

Dennis: And that's a minor little bit of thank-you very honestly [crosstalk 00:38:23]

Tom: Right, yeah, those days are gone. Dennis, let me ask you this. I mean, such a spectacular career, what advice would you give to the, for the young, to the young lawyers today who are looking to get into the practice of health law?

Dennis: Well, the first thing I'd encourage all of them to do is to go to the fundamentals program. Which I think is the first stepping stone on just about anybody getting into healthcare law. Whether it's somebody who graduated from law school a year ago, or somebody who, for the first time, has an assignment or some task coming out of the firm that involves matters of healthcare law. The fundamentals program has always to me been the way that we got our new associates introduced to the healthcare law. Just to simply shorten the learning curve, for one thing.

We had one minor experience, we had a major healthcare system in Milwaukee which did not have in-house counsel until about eight or nine years ago. They had been represented by Foley Lardner Wells for years, and didn't have a need for in-house counsel. Until they did. At that point in time they brought in, they changed the leadership both at Foley as well as at the firm, they brought in in-house counsel from another major Milwaukee law firm called Quarles and Brady.

A very good lawyer came on, but he had really no healthcare law practice, and he went down to the fundamentals program and he'd been practicing 30 years.

So that to me is incredibly important for that. For the other way, there's no better way of course, than latching on to a mentor. Is to find somebody else in the firm that you're practicing with, or for that matter, even if you go immediately into an in-house counsel, to find somebody who you can use as a mentor to give you some degree of training and teaching in that process. I had a little bit of that, for instance, way way back in the middle '60's.

But not much, and I took over and began my practice and drove up to Rhinelander, Wisconsin and met the administrator at the hospital. I'd never met her before, I had no idea who she was, and she didn't know who the heck I was. But my mentor was, at that point in time, [inaudible 00:40:31], who had the great trust of all of these people. But, for the younger lawyers, there's no better way of doing it. Reading excessively about the healthcare field and all of the trade association publications and in even the news. If you you're going to practice healthcare law you better know what's going on even now, with the fight over Obamacare what the impact is going to be.

So reading the, getting the inside knowledge of the healthcare field, which can be attained from a lot of places, but certainly from the membership meetings of the organizations.

Tom: Yeah. Well, Dennis, I've got to tell you this has been an absolutely a pleasure, a learning experience. I think you and I are pretty close in terms of law school graduation and age, but I had the distinction of having to go into the United States Army for three years out of law school and I missed those late 60's, 67-69 and it's just to hear you tell about people that I had heard of, and I will tell you about you.

When we began this project with AHLA, J.D. Epstein was on it, I was on it, I think Len Homer was helping us out. And J.D. kept saying if there was any one person that you've got to talk to, it was you. And so, I've had that pleasure today, I want to thank you.