

# 2009 Distinguished Service Award

**Presentation to R. Lawrence Sullivan, Jr., M.D.,  
by Stephen Jackson, M.D.**

**T**hirty-five years ago the California Society of Anesthesiologists established its highest and most revered recognition, the Distinguished Service Award. This is a most special award because in that interval of time, the DSA has not been conferred each year, but when awarded, those so honored are among the most legendary leaders of this hallowed anesthesiology organization. Indeed, today, for his outstanding and meritorious service to the CSA, we are recognizing one of the most highly respected, long-standing and accomplished of CSA's lineage of DSA recipients, Dr. Larry Sullivan. But in so doing, we also shall be acknowledging Dr. Sullivan's extraordinary service not only to anesthesiology and medical organizations beyond the CSA, but also to his hospital and his community.

But before I share my thoughts about my dear friend, Dr. Sullivan, I would like to take the privilege of welcoming Larry's family and friends whom Larry will introduce during his acceptance remarks. We all know that behind physicians' contributions of extraordinary service to organized medicine stand their beloved army of family and friends providing support, understanding, encouragement, tolerance and facilitation of their good deeds.

Larry was born in San Francisco in 1942. He attended Bellarmine College Preparatory High School in San Jose, and then completed his premedical studies at the University of San Francisco. He obtained his medical degree from the University of California, San Francisco School of Medicine, after which he completed a medical-surgical internship with the George Washington University service at the District of Columbia General Hospital. This was the only year that Larry has dwelled outside California as it was an adventurous opportunity for him and Vicki, as relative newlyweds, to move to a city that was smack dab at the center of hustle and bustle for Larry's favorite activity outside of medicine, yes, you guessed it, politics. And, interestingly, at least for Larry and me, both of us became fathers in District of Columbia-metropolitan hospitals during the time when Washington, D.C., was the seat of urban unrest.

Larry, Vicki and young family then traversed the continent back to California to spend his next two years as a general medical officer (basically outpatient pediatrics and adult medicine, for which Larry readily admits he had little or no training) in the United States Navy Medical Corps, Naval Postgraduate School and Naval Auxiliary Landing Field right here in Monterey, California. While there, he moonlighted at the general hospital for Monterey County in

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Salinas, covering the emergency room, critical care and obstetrics. He decided to enter a UCLA general surgery residency based at the Wadsworth Veterans Hospital, which included rotations at Los Angeles Children and St. Johns Hospitals. These two years led Larry to unearth an interest in perioperative medicine, and he made the brilliant decision to change his training to an anesthesiology residency. Longing to return home, Larry and Vicki were most thrilled when he was accepted into the Stanford anesthesiology residency program.

I had the good fortune of serving as Larry's attending in his first week or so of his anesthesiology residency. A most impressive and imposing figure, even then as a neophyte, Larry displayed the clinical ability, intelligence, judgment and confidence that has served him so well through the years as an extraordinary clinician. Two years later, after I had left Stanford for private practice at the Good Samaritan Hospital in San Jose, Larry came to me in search of a clinical position in the San Jose region. I pointed him to O'Connor Hospital, just down the freeway from my hospital, where, indeed, he joined the medical staff and has continued to practice to this very day. I often regret that there was no position available at that time at my hospital because I know with certainty that Larry would have made great contributions to it and certainly would have overshadowed me in service and leadership. Nonetheless, Good Samaritan's missed opportunity was O'Connor Hospital's gainful bonanza. In fact, it was a perfect fit for Larry because O'Connor is a Catholic hospital run by the Daughters of Charity who, through economic times thick and thin, always have defended and adhered to its mission to caring for the sick and the poor.

At O'Connor Hospital Larry quickly established a reputation for clinical excellence and personal integrity among the medical and nursing staffs. He has held every imaginable office of importance at O'Connor Hospital and its governing board, including chair of the Department of Anesthesiology, president of the medical staff and chair of the medical staff advisory committee, and, importantly, one of the first physicians to become a voting member of the hospital's Board of Directors.

But let's get on to the CSA, where Larry entered with a unique "fire in his belly," by which I mean that he always commanded a deeply committed dedication to serve his specialty and a powerful passion to advocate for the highest standards of clinical care. He has been an outspoken defender of anesthesiologists from the multitude of forces that have laid the siege under which our specialty long has suffered. Larry has served as a delegate to the CSA from District 4, Assistant Treasurer, Treasurer, President, and Alternate Director and Director to the ASA Board of Directors, the latter for six years. This, of course, all is in addition to a myriad of committees, such as the

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Committees on Legislation, Finance and Administration, Executive Director Search, Standards, Long Range Planning, and Public and Professional Communications. He also has served on our Division of Professional Economics and Governmental Affairs, and has fulfilled numerous other appointments and tasks for the CSA. Moreover, for a decade, Larry represented the CSA as a member of the California Medical Association's Specialty Delegation.

What made Larry exceptional in all of these venues was his understanding of his position and his appreciation of his responsibility to his constituents, that is, the members of the CSA. Larry always, and I mean always, is fully prepared to execute his responsibilities and to influence the direction he believes his organization should take. To this very day Larry inevitably reads *every* single word of information provided to him, and this trait has enabled him to serve as a knowledgeable, sage, credible and influential spokesperson for our specialty. Larry was so dedicated to his medical organizations that Vicki wisely extended their family's annual summer vacation in Tahoe by a week because Larry inevitably would spend much of his initial week reading his medical organizations' information. And, as you well know, Larry is no shrinking flower when it comes to offering his opinion on just about any matter, and his opinions always are factually based, well thought out and well delivered in an articulate, authoritative and, one may say, quasi-academic manner. In truth, he never has been one to be hesitant or reserved in offering his thoughts in private or public settings, and this fact applies to just about any matter—just ask not only his colleagues, but also his family!

But whether you agree or disagree with Larry, you always know exactly where he stands on any given issue, and also that he is armed with a wealth of facts and reasons to support his views. We all know that we are going to be witness to an authoritative lecture when, with papers in hand, Larry steps up to the microphone and takes off his glasses in preparation for a speech. Larry is a born leader, one who leads with sagacity, reasoning and example, and he inevitably gains the respect of his colleagues, whether or not they agree with him. Many of us believed that he would have made an exceptional president of the ASA, but he thoughtfully rejected that pathway when the opportunity presented itself.

And, speaking of the ASA, as I had mentioned earlier, Larry had served for a decade as the Director from California to the House of Delegates and director of our delegation. Furthermore, Larry has served on numerous ASA committees with energetic involvement and great distinction, particularly as the long-standing chair of the Committee on Communications, the Committee on the *ASA Newsletter* (of which he had been an associate editor), and the Committees

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on Bylaws, Economics, Governmental Affairs and Strategic Public Outreach. Last but not least, Larry served as an innovative and creative chair of the Western Caucus to the ASA, strengthening it immeasurably by altering its focus, functions, operations and responsibilities.

Now I would be remiss and my presentation would be incomplete if I did not also talk of Larry's passion to serve his community. In particular, he has devoted two decades to youth activities. The first was with the American Youth Soccer Organization of Palo Alto, during which time he was both referee and coach—and, if I may add, a very successful coach whose teams won the Palo Alto city championship on three different occasions. That is until the steroid scandal! Just kidding. The second was with the Boy Scouts of America, Troop 57, Stanford Area Council, initially as a parent volunteer, and then as scoutmaster for four years.

Yet, this community service doesn't stop here. And now I want to invoke also the name of Larry's wife, Victoria, known to all as Vicki. A most extraordinary couple, as well as individually, Larry and Vicki have served numerous economically and socially deprived youth in need of various kinds of personal support, some by actually taking them into their home, housing and feeding them, and sustaining and supporting them through times of crises. Their selfless philosophy has been to live not by creed alone, but by deed, good deeds that have brought strength, well being and survival to many needy children.

This is not a surprising accomplishment for Vicki, who has taught poor and underprivileged children for four decades, specializing in English as a Second Language, for which she was awarded the Readers Digest's rarified national award as a Hero in Education. This distinction is awarded for extraordinary teaching that brings out the best in children and, in Vicki's case, children who came from the extremes of disadvantage.

Vicki may well have been the first in the nation to bring computers into English as a Second Language and writing classrooms. And, amazingly, Vicki was able to do so by raising almost a quarter of a million dollars for these computers and reading material by writing grants and with food fundraisers. This reminds me of one of the more memorable experiences of Suzanne's and my life, one that took place after having dinner at the Sullivan's. We went into the kitchen to say farewell and thanks, and to our surprise, saw Larry and Vicki cutting up an enormous number of bagels, (which later were to be smeared with cream cheese). I asked why the huge collection of bagels? Vicki's response was that they were for fundraising for her classroom computers and reading material. She explained that she would bring those bagels to school and sell them to the more affluent students as mid-morning snacks. Of course,

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what she failed to mention is that many of those bagels also fed those under-privileged students in her classes. All the while, Vicki also has served as the assistant coaches of the girls' basketball team at Menlo-Atherton High School for 20 years.

Folks, I believe that tells it all. And, although I don't have an award for Vicki, let me say to you, Vicki and Larry, that I am in awe of your kindness, generosity and caring, of your dedication to make this world a better place for all its inhabitants.

But now, ladies and gentlemen, it is time—and my distinct privilege and pleasure—to present the 2009 Distinguished Service Award of the California Society of Anesthesiologists to Dr. Larry Sullivan.

### **Acceptance Speech by R. Lawrence Sullivan, Jr., M.D.**

First and foremost, I want to thank Steve Jackson for his most eloquent comments. Steve has been a dear friend and colleague of mine since my first week as a resident in anesthesiology at Stanford. While we have never practiced together, over the years we have collaborated to bring the anesthesia community together in Santa Clara County, so that CSA professional colleagues, though sometimes competitors, would know each other better, and so that we all could better appreciate the external and political issues which affect all anesthesiologists, no matter what their mode of practice might be.

I want to thank the CSA House of Delegates for this prestigious recognition, as well as the members of the Committee on the Distinguished Service Award and my colleague, Dr. Christine Doyle, whom I suspect originally nominated me. As I reflect on many of the previous recipients of this award—individuals such as Kent Garman, Tom Cromwell, Norm Levin, Ben Shwachman, Jack Moore, Caryl Guth, Tom Joas, Art McGowan, John Haddox, Peter McDermott (one of ASA's and CSA's greatest presidents ever) and of course the indefatigable Steve Jackson—I am humbled to be included among these giants of the CSA. It is with great pride that I accept this award.

Being involved in the activities of a professional organization takes time—time away from home and family. I want to thank my wife, Vicki, and my children for their tolerance and understanding that allowed me to pursue my political aspirations and my commitment to the CSA and the ASA. Despite the many days, nights, weekends, conference calls, writing reports, attending political fundraisers, Vicki and my children have always been supportive of my organizational endeavors, but they also have been and will always be the number one priority in my life.

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Serving as an officer in this organization has been an indescribable pleasure. At the end of my presidential year in the spring of 2000, had someone asked me to serve another year, I would have said “yes” in a heartbeat. My involvement with the CSA has allowed me to meet and work with many outstanding anesthesiologists, both practitioners and academicians, not only in California but also across the country. Involvement in the CSA has also offered me the opportunity to speak on your behalf on issues affecting our patients and our practices. I thank you for this opportunity.

I also want to thank my colleagues at O'Connor Hospital who patiently accommodated my political activities for so many years. Our practice group is not a large one by today's standards, so my absence from the hospital often created challenges for them.

In January 1975, having just finished my residency at Stanford, I was invited to join one of the two competing anesthesia groups at O'Connor Hospital. At that time, scheduling of surgical anesthesia was determined on a surgeon's request basis. There had been no one trained in anesthesiology within ten years of me, and with an emerging cardiac surgery program, it provided me with a great professional opportunity. The cost of my malpractice insurance was \$6,000 per year. In April of that same year, I was notified by my carrier, the Travelers Insurance Co., that my premiums would increase to \$28,000 per year, a reflection of the escalating malpractice crisis in California. In May of 1975, anesthesiologists across California joined a work stoppage, refusing to provide surgical anesthesia except for urgent and emergent cases. Hundreds of us gathered in Sacramento to express our outrage and to demand malpractice liability reform. Leading the charge were leaders of the CSA. Bill Barnaby has since told me that what we did probably was illegal, and that the legislature was not thrilled with our actions. While CMA did not initially support our militant approach, the governor and the legislature heard our message. We also received immense respect from other physicians and physician organizations in California for our willingness to take action. After three weeks, Governor Jerry Brown agreed to call a special session of the legislature from whence MICRA was born. Anesthesiologists in California and the CSA have thus always been linked to the adoption of malpractice tort reform as a model for other states. We stand proud on this achievement.

This event was my first real involvement in political activism. More importantly, it made me realize what a unique organization CSA was and continues to be. The key element of its success was, first, the appreciation by CSA leaders of the magnitude of the malpractice insurance problem and, second, their ability to motivate its members to take action, not just for themselves, but for their patients. CSA has continued to tackle other difficult, and sometimes unpopular,

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issues. We helped develop accreditation criteria for outpatient surgery facilities in California as well as guidelines for pediatric anesthesia. We addressed the access and appropriate payment for Medi-Cal patients needing labor epidurals, as well as the inappropriate use of propofol for sedation by non-anesthesia trained individuals, pay for performance strategies, the inappropriate involvement of anesthesiologists in legal executions, payment of professional fees for the emergency care of HMO patients by non-contracted physicians, and much more.

Historically, the CSA, like many physician organizations, could attribute much of its success to its full-time staff. When I first joined CSA, Norm Catron was its first Executive Director and referred to by many as the “Father of the CSA.” Following Norm, Adrienne Lang left ASA’s Washington office to become Executive Director in 1993. When Adrienne left for the M.D. Anderson Hospital in Houston, I was charged with finding a replacement. Luckily, I discovered Barbara Baldwin at the CMA and convinced her that her expertise in medical economic issues and her familiarity with the medical political scene in CMA and in Sacramento would be a perfect fit at CSA. With her staff, both past and present, she has ensured that CSA continues to be the consummate physician specialty organization in California.

Many of you here today are members of CSA’s House of Delegates. But my parting message is to all of you. We are part of a unique specialty that will always face challenges in defining our role and our value in health care. These challenges are usually economically driven, and often involve other practitioners who think that they are qualified to do what now requires four years of anesthesiology residency for which to qualify. We are also on the brink of the evolution of a new paradigm in health care delivery as the Congress attempts to find ways to improve access to care for all Americans while also reducing costs. While universal access to care is something that we should all embrace, it is critical that we protect our role in the perioperative management of the surgical patient as well as in obstetrics, critical care and pain management. We, as anesthesiologists, have a rich history in patient safety, and we must preserve that role. To do this means our willingness to take the time and make the effort to speak out on patient care issues. Advocacy is an essential activity that all of you should embrace whether it be directed toward elected officials and governmental agencies, within your medical staffs, or to patient-focused support groups. There are no CPT or RVG codes for this activity. Perhaps we can just call it community service. We are not here to protect our pocketbooks; we are here to ensure the well-being of the patients we care for everyday. As former ASA President Roger Litwiller said: “It is all about the patient; because there is no other reason to exist.”

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Over 50 years ago, General Douglas MacArthur claimed that “old soldiers never die, they just fade away.” Well, I still consider myself young, I still have some fire in my belly, and I have no immediate plans to fade away. I cannot say thank you enough, so I will simply say thank you, CSA, for this magnificent honor.



*Drs. Garman, Sullivan, Tirrell, Mason, Cromwell, Fogdall, Champeau, Cole and Jackson  
at the 2009 CSA Past Presidents Lunch*

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