

David Mandell:

Thank you for joining. This David Mandell, host of the podcast. Today, I'm very excited to have as my guest Dr. Isador Lieberman. Izzy and I have known each other for five, maybe seven, years. I've always been impressed not only with his clinical practice but the things he does outside of practice, which you'll hear about today.

David Mandell:

He's got a really impressive bio, and I'm going to pick out the key areas. We'll link to his full bio. Here it goes...

Dr. Isador Lieberman is an orthopedic and spine surgeon and president of the Texas Back Institute in Plano, Texas. He completed medical school and his residency at University of Toronto, and spine surgery and trauma surgical fellowships at the Toronto Hospital in Canada, and at the Queen's Medical Center in Nottingham, England. He practiced for a number of years at the Cleveland Clinic as a staff surgeon, professor, and became professor of surgery at the Cleveland Clinic Lerner College of Medicine.

While at the Cleveland Clinic, Dr. Lieberman received his master's degree in business administration, MBA, which we will talk about, from Cleveland State University. In 2007, he transitioned his clinical and administrative duties to Cleveland Clinic Florida, down here in South Florida where I live, where he was appointed chairman of The Spine Institute.

In addition to his clinical work, Dr. Lieberman serves on a variety of scientific advisory boards for prominent medical device manufacturers and startup spine companies. In 2005, he founded the implant development company, Merlot OrthopediX. In 2017, he founded a second medical device company, AGADA Medical Technologies. We'll talk about that as well.

Finally, I want to end with this. Along with all his clinical and development activities, Dr. Lieberman established the Uganda Spine Surgery Mission, which for the past 14 years has been providing services to the less fortunate in Uganda who are afflicted with spinal ailments, including tuberculosis and scoliosis. During this time span, he and his team have been able to raise over \$1 million in donations, medications and supplies. With a dedicated team of over 100 volunteers, have operated on over 300 patients. That's just a terrific thing, and we'll certainly talk about that as well. With all that, Izzy, welcome to the program.

Isador Lieberman:

David, thank you for having me. I'm honored. I'm flattered that you would include me in your podcast.

David Mandell:

Excellent. You've got a lot of elements to discuss in addition to being terrific clinical practice and career that I think a lot of our listeners are interested in. Some have already jumped into the areas that you've done, and some probably have aspirations to do so. I think we'll get some ideas coming out of here today.

Why don't we start at the beginning? Where are you from? I know this. But, for the listeners, where you're from. And, what made you become a physician and a spine surgeon?

Isador Lieberman:

I grew up in Toronto, Canada. That's where I was born. My father, who was a holocaust survivor, came to Canada in 1952. In '57, he went to Israel for a wedding. One of his best friends was getting married,

obviously. My father was one of the groomsmen there. At that wedding, he met my mother. Three weeks later, they got married and moved to Canada about a month after that. And then, I was born. That's where it all started. My parents came from relatively simple backgrounds. My father was in the retail business. He was a carpenter by profession, but got into the clothing sales side when he got to Canada. My mother was a seamstress. We had a very, very, close family friend that was a physician. I always joked that, with my father being a carpenter, my mother being a seamstress, and another physician nearby, I must had to be an orthopedic surgeon. It just made sense.

David Mandell:

That's so funny that you say that. I was just writing that down. I was writing "carpenter and seamstress," so you knew you had genetics for good hands. I was also writing down the fact that your parents got married three weeks later, means you make quick decisions. That's good for a surgeon too, be able to think on the fly and commit to something.

Isador Lieberman:

I'm not sure it's a quick decision. It's being able to figure out the puzzle and make the right decision. My father clearly did that. He was able to do that all his life. That was an impressive trait that my dad had.

David Mandell:

That's great. And so, as you went into medicine, and this will be a question I come back to throughout the timeline... What was your exposure or interest, or not, in anything financial, finance, investing, business? Or is that something that came on as an interest later? We'll get back to that when you got your MBA.

Isador Lieberman:

It really did come on a lot later. The exposure I had was through my father's business in the retail sales. He did a little bit of real estate investing. He owned a couple properties. I remember going around with him checking on the properties and collecting rent, and going and buying lots of shirts, and ties, and suits for the store. It wasn't too much. It was really after medical school that I realized there was another whole area of life, and living, and figuring out how the world works that I had to become familiar with.

David Mandell:

That makes sense. You can only have so much space in your head, and trying to do well in school, and get into medical school, and focus on all of the clinical areas. I think that's probably true of most folks. I want to fast forward through training in Canada and then over in England. And then, tell me how you took your first job out of fellowship and any financial elements then, now you're going to start to make money. What kind of decision making process did you go through, if any, on the financial side of it, in addition to a good clinical opportunity?

Isador Lieberman:

As I finished training at the University of Toronto, my mentor, at that point, was John Kostuik. He organized the fellowship for me in Nottingham, England. I started my first fellowship at the University of Toronto, and then went to England for a year, and then came back. I was meant to be joining him as a junior partner at the time. While I was away in England, he was recruited by Hopkins, so I came back

essentially to an empty nest, really. There wasn't anyone there at the university, at least at the Toronto Western Hospital, doing spine surgery. That year, Paul Salo and myself came back and we joined one of the senior spine surgeons from one of the other hospitals, Tom Wright. We became the spine group at the Toronto Western Hospital for the first five years. That's where I started the practice.

During that time, there wasn't a financial decision to take that job. I was pretty narrow-minded then. I thought the world revolved around Toronto, around the University of Toronto, and I had to be an academic spine surgeon. I didn't think there was anything else out there anywhere. Going to England, that showed me that, yeah, there is other things to experience.

I encourage everybody to broaden their horizons and go out. The current fellows and residents that I interact with, they keep asking, "Where should I go get training?" I say, "Think about going overseas. Go visit Japan, Australia, Asia, South America. Go learn other things and then come back." That's what I encourage others to do.

And then, I got back to Toronto. Again, I followed my father's footsteps. The very first financial decision that we made was to buy a house as soon as we got back from fellowship. My dad just said, "Listen, you plant yourself. Get a place, and just start building your base." That's what we ended up doing. We bought our first house there. We were house poor for about two and a bit years. It all worked out after that though. We learned what to do.

David Mandell:

You mentioned five years. Were you there five years and then went to Cleveland, to Cleveland Clinic? That was the next step. Obviously, international reputation there. Tell us about the transition, how you made that decision, and then what you learned from transitioning at that time.

Isador Lieberman:

One of my mentors at the University of Toronto made the jump to the Cleveland Clinic a number of years before. That was Peter Brooks. I remember him. He'd be calling me, he'd be saying, "Come. Why don't you join us? This is great. We need another trauma and spine guy down here." Things were going very, very well for me at the University of Toronto. I really wasn't interested in leaving at that point in time. They had two other spine guys there as well already.

I interviewed once. This is my second year at the University of Toronto at the Toronto Western Hospital. I interviewed in Cleveland. This is funny. I took my wife down to interview. This was in the middle of February. We land at Cleveland Hopkins Airport, and blizzard snow storm. They have a limo picking us up. The limo driver says, "We're not going to take the highway. I'm just going to take the side roads to the downtown, to Cleveland." I go, "Okay, whatever." We stopped at a stoplight about 10:00 p.m., blizzard, and out of nowhere comes this gang of kids and they started jumping on the car and throwing snowballs at the car.

David Mandell:

Oh my God.

Isador Lieberman:

My wife and I are in the car, and she's yelling.]" I said, "Fine. We're not moving to Cleveland." And that was the end of it.

David Mandell:

The nice Canadians come down, and what do we do as Americans?

Isador Lieberman:

Yeah. But then, three years later, the then chairman, Ken Marks, and Peter Brooks, they just kept the pressure on me. Everything responds to slow gentle pressure.

They made an offer that I just couldn't resist, a whole research facility, the academic potential, the working with The Cleveland Clinic at the time, a great reputation. They really wanted me. They said, "Please come." We went and interviewed the second time, so three years after that first one. I made the strategic decision to go in May, so that the spring for the interview.

David Mandell:

Always wise.

Isador Lieberman:

It was much nicer, and we decided to take the job.

David Mandell:

That's awesome.

Isador Lieberman:

I went down there and joined Peter Brooks. And then, Tony Miniaci followed me. And then, Peter Evans followed him. And then, Doug Orr followed him. We had our own University of Toronto club down there.

David Mandell:

Nice.

Isador Lieberman:

It was really nice for 13 years.

David Mandell:

That's amazing. And so, you were there, obviously, busy, clinical, research, the whole thing. What was the motivation to get the MBA? Not that you were busy enough -- I haven't asked, and I should probably ask you at one point if you sleep at all, because obviously you do so much it's hard to keep up. You decided to get an MBA. Tell me about that. You said, "I'm not busy enough and I want to learn something else." What was the motivation there first? What inspired you?

Isador Lieberman:

When we got to the Cleveland Clinic, I realized that it was a large organization. I was cast into some of the administrative roles right off the bat. It was a whole different language. It was a different way of thinking. A different language. As I mentioned earlier, you should always be broadening your horizon and figuring things out. So, I thought, now is an opportunity to figure out how the business works, and particularly the business of healthcare. Because, things were really changing rapidly, and they're still

changing course. Every time you think you've learned the rules, someone tells you the rules have just changed. You've got to be familiar with that language.

Now, at the Cleveland Clinic, it was very easy. As a member of the various administrative facets of the clinic, they sponsored the MBA, which was nice. Cleveland Clinic and Cleveland State University had an academic arrangement. The classes were actually at the Cleveland Clinic. In the building.

David Mandell:

Oh, very nice.

Isador Lieberman:

Right. Every Thursday and every Saturday for two years... Well, it was every Thursday evening and every Saturday all day for two years I worked on my MBA at the Cleveland Clinic. So, I operated all day Thursday. I'd go down and sit in class for three hours at the end of the day. Then, Saturdays go sit in class for six, eight hours, whatever it was. Sunday, do all the work, and then get on. It took two years, but it was very valuable for me. It really set me up. It taught me how to speak the language. That's really what it was. There's a lot of volume, as you know. There's a lot to learn. But none of it is difficult to understand. It's just parceling it and figuring out how to communicate with the business mind.

David Mandell:

That's great. I know we talked about this -- and I certainly talk about with a lot of physicians-- is the unfortunate reality that there's not even a day or a mini-MBA in typical medical training. I think there should be. That's what I hear from a lot of doc clients. In fact, we've tried at OJM to do that. We've done it a number of times. I think there's a real interest.

Like my partner, Carole, speaking on "understanding your practice financial statements". Because, for a lot of docs, premed in college, then into medicine, they never even looked at a balance sheet before. Not even sure what that term means, 'balance sheet', and what's on it. It's the language. It's not rocket science. It's not neuro surgery.

Isador Lieberman:

Hey, orthopedic surgery.

David Mandell:

Yeah, there you go. It's not orthopedic surgery.

The point is that, if you don't have the basics, you might shy away from getting involved in the practice and understanding the finances, because you're not comfortable with it. That's unfortunate. Especially if you're going to have your own practice. We will talk about your being the president of your large practice now.

I'm even talking small, a dermatologist who has a couple of employees. They're entrepreneurs. They're CEOs of their own small practice. You want to hire the right people, but you should be able to evaluate and have that knowledge. Not everybody's going to do that MBA, but getting some education is crucial... I think that's why people maybe tuning into this podcast and reading our books and what have you.

As you think back, now, in your position as a president, also an entrepreneur, (that we're going to talk about that in a couple minutes) are there two, or one, or a number of things that you, in your mind, go back to the MBA pretty often? You say, "Hey, this is something that stayed with me as a lesson," or, "This is something that I'm really glad that I learned then, because it seems to come up all the time."

Isador Lieberman:

Yeah. There are two things that come up. But before I mention those two things, the one thing I do want to say is, at Texas Back, what we do for our current fellows is we have initiated a seminar series for them on how to set up their practice, how to do the billing and coding. What we are missing, though, is more the finances, like you discussed.

David Mandell:

We can talk about that offline at some point.

Isador Lieberman:

Yeah. Yeah, we should. The two things that I frequently go back to with my MBA, one of them is the value of organizational structure, understanding the C-suite and the positions, and what everything should be doing. What does a CEO do? What does a chief operating officer do? What does the finance person do? What about your marketing person, and oh, your human resources person? Those were things that were just foreign concepts to me. One of the lessons I learned in the MBA was why I'm an orthopedic surgeon. Because, I just could not stand the accounting. Now I know I've got a chief financial officer that takes care of the accounting and knows what to do, knows what the finances are, and we can manage it.

The second really valuable lesson that I really never appreciated until I got through the MBA was the time value of money. That is just critical. People don't understand that. That's something that's stuck with me in my personal life and our business life. TBI is a very entrepreneurial organization. We do have multiple different investments and joint ventures. A number of my colleagues have started up their own enterprises and companies. Thinking about the time value of money in every aspect of that is so important, and we keep going back to it.

David Mandell:

I'm going to bring up two examples of that. The orthopedic surgeon who came on our first episode, a younger, a millennial, who was co-author of our book, and he and I write a column every month in Orthopedics Today. One of the things we wrote on early, because he thought it was so important that he help some of his friends with, is basic financial modeling

You can use it to compare two jobs or compare renting vs owning. It comes up in so many ways. You have a set of cash flows either going out or going in with some kind of money factor, some kind of hurdle rate, or rate of return, or whatever you want to call it, and then figuring out what the present value is. That's really crucial.

We also talk about with young docs and I've written this in a number of articles, and it's in our book, the idea that a surgeon will come out with a lot of debt, and they feel like they're broke. But in fact, they have a net present value asset which is all their future earnings. They have to think of it that way. Hopefully, it makes them feel better when they have that debt.

It also means things like disability insurance to protect that asset, because of the 1,500 physicians we work with, some have become disabled. If they have to use their hands to do their work, well what a

shame if they didn't think about that and insure against it. It comes up in a lot of contexts, that present value of money, business and personal.

Isador Lieberman:

Yeah.

David Mandell:

You mentioned the story of moving from Toronto to Cleveland, cold. Maybe it was your wife, but somehow you ended up in sunny South Florida. I've been to your house a number of times, right down the road from me. Tell me how that happened.

Isador Lieberman:

I sat on the board of governors of the Cleveland Clinic. The Cleveland Clinic has a facility in Weston, Florida. Quite frankly, the facility was struggling for many years, particularly the department of orthopedics. I forget the exact number, but they had something like in five years 15 different orthopedics were hired and left, hired and left, hired and left. They just couldn't figure it out. The board of governors dispatched me down there to do some fact findings. Go down, figure out why orthopedics isn't going to work.

I went down, spent some time, spoke to people, this, that, and the other. I put together a business plan. I came back to the board of governors. I said, "This is why it's not working. This is what we should do." They said, "Brilliant. Now, go do it." "No, no, no. Wait a minute, wait a minute. I'm happy here in Cleveland. I really don't want to go to Florida."

The first year it was actually a commute. It was one month Cleveland, one month Florida, one month Cleveland. That was not a good idea. That was not a good idea personally. It was not a good idea for the family. It was not a good idea for my clinical practice or for building something in Florida.

That was the year my youngest daughter moved out to Syracuse to go to university. We ended up having an empty nest. My wife and I, in November, looked out the window in Cleveland. It was gray. It was dingy. We said, "You know what? Why don't we just go down there and I'll just do full time for two years."

David Mandell:

Give it a shot.

Isador Lieberman:

It was great. We moved down there. We loved the move. The program turned around very well. We were thriving. You can see what they're doing down there now. They're doing very, very, well. That's how the move ended up into Florida for the three years that I was down there.

David Mandell:

Like so many Canadians, you now have a place in South Florida. They're all around us. It's beautiful. So now, let's get up to the present.

You're president of the Texas Back Institute. First, I want to hear about that transition. And then, spend a little bit of time chatting about what it's like as president of a large specialty organization --the things that you use on an MBA basis, and what you would tell other folks who are running smaller practices

that advice you'd take away. First, tell me about the transition. And then, let's talk about the current role.

Isador Lieberman:

In 1992, when I first started my practice, I went down to the Texas Back Institute for one of their sessions on laparoscopic spine surgery. That's when I met Rick Guyer, Steve Hochschuler. At the time John Regan was there. We just got to know each other. Over the years, we kept in touch, did some projects together, kept in touch. Then, in 2009, they were looking for a spine surgeon to do deformity work. They contacted me and said, "Why don't you move? Why don't you leave the Cleveland Clinic, come join Texas Back?" Again, I went, "Nah, I'm not really interested," this, that, the other. "It's not good."

They kept sweetening the deal. In fact, what happened, they were very strategic about it. They got two hospitals in a bidding war against each other to recruit me. I thought to myself, "Wow, these people really, really, do want me." Anyway, I'm like the chairman here. I'm good here. I like Florida. It's nice. I like the ocean.

David Mandell:

Yeah, palm trees, no state income taxes. Oh, in Texas, you don't either. So, that's a wash.

Isador Lieberman:

Right. What really sealed the deal was Shelly Guyer, Rick Guyer's wife, the then president of TBI, and Wendy Zigler, Jack Zigler's wife, the two women got together with my wife, and that was it. It was over. I had no choice.

David Mandell:

They did the heavy recruiting.

Isador Lieberman:

Yeah. We were moving to Texas.

David Mandell:

There it is.

Isador Lieberman:

That's what happened. Again, I didn't want to move, but there was a new challenge. It was something to look forward to. It was a big jump for me going from essentially a salaried organization academic physician, to a private practice academic physician. There's a little bit of anxiety in that. I didn't know what to expect. But the MBA training really did help me. It situated me. It allowed me to settle in there to figure out the business of medicine there very quickly. Because, academic medicine, the business of academic medicine, is very different than the business of private practice medicine.

We got in. We settled. The clinical practice grew instantaneously, because there was a need for the deformity work. So I didn't have to worry about that at all. Over the first three years, got to know TBI. Then, moved into the administrative role. Now, I'm the president of the organization. We've been building and growing.

When I came on board, I was the eighth surgeon in the group. We're now up to 21 surgeons. We've got three medical physicians. We've got over 200 employees, 13 different offices. We service seven different hospitals right now. We can treat everything there is in the spine, right from the base of the skull to the tip of the tailbone, trauma, degenerative, deformity, tumors. We've got a very diverse group. We've got a fellowship program that, with my biased opinion, is one of the strongest in the country. We can stand toe to toe with any one of the other academic fellowships. We get five fellows a year.

Our fellows are going out, some into private practice, some into academic positions. We're still very prominent at all the society meetings, The Academy, the Scoliosis Research Society, the Society for Minimally Invasive Spine Surgery. We've got new junior partners that are building their academic reputation. So, I'm very proud of what we've been able to do.

The MBA has helped me get through that, helped frame the structure that we needed for this. We've got a great CEO, Trish Bowling, who she's an accountant by trade. Remember what I said before? I hate accounting. I am an orthopedist.

David Mandell:

Yeah. You want to have those around you. You don't want to have to do it yourself.

Isador Lieberman:

When it comes to the accounting, the finance, Trish is on top of that. We've got a really solid team in a very competitive market, in a very difficult business environment right now. We're healthy. Irrespective of the current pandemic, we are still doing very, very, well right now.

David Mandell:

We were talking about that offline before we jumped on. I heard you say to me before, one of your challenges in being president of an organization, often, is just dealing with people and getting them to get on the same page. Not everybody thinks the same way as the leader does. I think one of the challenges in running an organization, whether it's OJM with 15 people or TBI with many more than that, is trying to get people on the same page. Wouldn't you say that's one of your large challenges?

Isador Lieberman:

Absolutely. That is the biggest single challenge right now. You can imagine, 21 surgeons, each one of them thinks they're the smartest person in the world. They know the most about everything. It's their way or no way. Yeah, I'm guilty of that too.

As the president of the organization, I lead that vision, the growth, the quality, what we want to do. It's really just being persistent. You've got to be persistent with what the goal is and things eventually fall into place. A lot of my colleagues were very, very, anxious about my growth aspirations for our organization. Every time I bring up, we've got to add here. There's a market here, there's people here, there's people there. They say, "Well, they're going to take business away from me." I go, "No, they're not."

This round of recruiting, I put together a chart of the last 10 years with each one of the recruits. Every year that we've recruited, we've had between 10% and 15% incremental growth in our volume, yet not a single one of the TBI physicians lost any of their business. They were always plus or minus 5% year, over year, over year. I showed them, I showed them numbers. I said, "Look, you guys have not budged

at all. We went from eight, nine, surgeons when I came on to 21 now, and everyone is still doing the exact same thing that they were doing before. The new guys are all ramping up within 18 months.

That's because we're bringing in thoroughbred players into a, yes, over-saturated market, but we're providing quality care as opposed to what others in the market are providing right now. That's why we're being successful." I'm persistent with that message. Eventually, year after year they get it. They've relaxed this anxiety over the cannibalism of their own practices.

David Mandell:

Two thoughts that come out of that. One is, you mentioned before on your own recruiting you and have you move to these great places, that "persistent pressure." I don't know if that was a surgeon thing you were saying there, because you smiled as you said it. It sounds like you're learning that as president, putting consistent pressure on the different people in your organization with the vision. Eventually, they capitulate or jump on.

The other thing that you tapped into there, which I think has a really broad application, in fact, is trying to get folks, and we do this sometimes with clients in terms of investments and other things we push them to consider, is going from a zero sum mindset to a growth or the pie expanding mindset.

Meaning, sometimes you have to spend to make. You got to spend money to grow. Sometimes, it's got to come out of the budget. You mentioned marketing before, one of the things that I'm really interested and passionate about. But you've got to sometimes take a chance, say, "Line up, triangulate, do as much research as you can, but I think we do this, new project, new joint venture, new book. It's going to take time. It's going to take money, but I think it will give us an ROI over time." People are always looking at the cost side, but not the benefit. If you've got a couple of those on your team, you got to push them and let them see the vision. It sounds like that's part of your day-to-day.

Isador Lieberman:

Yep. That's absolutely part of it. Every day.

David Mandell:

Every day, exactly.

Two more topics I want to get to before we wrap. One is your work in the medical technology as an entrepreneur, mentor, etc. A lot of my clients, and I think folks listening to this, are doing that or want to be doing that.

Maybe they don't have an idea yet, but they're open to the idea. There's a tremendous intersection between technology, and industry, and medicine. Obviously, you're a surgeon in orthopedics, but this could apply to different specialties.

What got you interested in that? What have you done? You can talk a little bit about the companies. And then, what lessons would you give to somebody who is younger and saying, "I'd like part of my path to be entrepreneurial outside of clinician." And so, talk about that for a minute.

Isador Lieberman:

It's been a wonderful ride, and the ride's not over yet.

David Mandell:

Right.

Isador Lieberman:

Physicians, by nature, are very analytic, but also very creative. They see a problem, they figure out the solution for the problem. The solutions are what you want to capitalize on. That's where the opportunity exists. When you have that solution, you got to figure out how to do it. Right now, as physicians, we're in a very privileged position, because there's all this technology that's out there that the field of medicine has not really yet assimilated. We haven't taken advantage of it.

Isador Lieberman:

One of the big examples of that is the robotics in spine surgery. I was very involved with robotics very, very, early on. This was the work that was done with Mazor Robotics. Myself and professor Moshe Shoham wrote the very first grant for robotic spine surgery in 2002. That's where Mazor Robotics came from. It was an idea, at the time, where technology was presented to me, and I went, "Well gee, what if we did this with that?" It just took off. If there is that idea, that solution to a problem, you will find the right people, and you make it happen.

I've started two other of my own companies and have been involved with a number of other companies in exactly that same way, where we provide our ingenuity. We show how the existing technologies that are on the shelf can be used. The best is that there's so much technology being used in the military, and in aerospace, and in electrical, and in all the various other construction industries right now that we're not even touching in medicine and we should be implementing. Look for those solutions and grab onto them. This would be the basis of another whole podcast.

David Mandell:

Yeah, I think we will do that.

Isador Lieberman:

Intellectual property and business development. It's a fun world. It broadens your network. You meet very interesting people outside of medicine when you do this. They do become your lifelong friends. I keep in touch, on a regular basis, with a lot of the engineers that I've worked with, with a lot of the CEOs of various companies that I've collaborated with. It is very, very, gratifying. It's just a slight bit less gratifying than the clinical medicine, but it's right there. It's right beside it. It's an important part of medicine right now, especially with the economics of medicine. Because, we have to do better.

David Mandell:

I think it relates to what you were saying before in terms of one of the interpretations I had, which was the mindset. Looking at a technology and saying, "How could we do this differently?" Not, "How could this threaten my day-to-day practice." You mentioned the robotics. Some surgeons might look at it and say, "Oh, that's just a threat to me," versus, "How can we integrate this and actually capitalize and do something creative and entrepreneurial and lead?" That's a key thing. I do like your idea. We certainly will have you back to do a podcast just on the entrepreneur element. How to work with an attorney, and intellectual property, and patents, and things like that. So, let's do that.

I want to end on your charitable work, which I think has made the biggest impact on me, one of the reasons I wanted you on here. And as I said, it's amazing. This guy does so much and then he, on top of all that, he's done something really great for the world. You founded the Uganda Charitable Spine Surgery Mission. We'll put, obviously, the website in the show notes so everybody can link to it. Tell us

about that, how you founded it, what it does, how physicians listening today, and maybe some surgeons, could get involved and help.

Isador Lieberman:

Uganda found me. It is a great story. It is chronicled on our website. In 2000, Mark Kayanja, a young orthopedic surgeon from Uganda showed up on my doorstep at the Cleveland Clinic unannounced. I was busy working in my office. My secretary comes in, says, "Dr. Kayanja's here to talk to you." I said, "Who's Dr. Kayanja? Do I know him? Is he a patient? Is he a colleague? Does he work here? Does he have an appointment?" I remember being annoyed.

David Mandell:

Did Dave Mandell send him here?

Isador Lieberman:

Yeah. I remember being pretty rude. I said, "Send him away. Make an appointment. I'm busy right now." She comes back in about 15 minutes later and she says, "He's not going anywhere. He wants to talk to you." "All right, fine, whatever, send him in." He comes in and within 30 seconds I realized, one, he is much more articulate than me. Two, he's a lot smarter than I am. And three, he really wants to be here. He started telling he's from Uganda. He worked under Norgrove Penny who is a very famous orthopedic surgeon from Canada who I only knew by reputation. He says, "Norgrove Penny sent me to you to learn spine surgery." I went, wow, well, if Norgrove Penny sent him, I better listen. I asked Mark, I said, "Mark, do you have a visa to work here?" "No." "Do you have a medical license?" "No." "Do you have funding?" "No." I said, "Mark, I don't know that I can really help you." He says, "I'll work for free." I went, "If you're going to work for free, you better hold up to it. Because, I will put you to work." He says, "I'll work for free."

So, put him to work in the biomechanics lab that we had at the Cleveland Clinic at the time. Within three years, he got all his visa stuff, got all his licensure stuff, finished his PhD. Four years, he's in our residency program at the Cleveland Clinic, so he can get his credentials. Year five, in the residency program, also the director to the Spine Research Lab at that point. And it just went on, and on, and on. He's just a remarkable, remarkable human being.

On day on, he kept harping on me. "Let's go to Uganda. Let's go to Uganda. Let's go to Uganda." And said, "Yeah, whatever, whatever, whatever." Probably two years into it he said... Again, he was very, very, persistent. Again everything responds to slow gentle pressure.

David Mandell:

That's a theme of this podcast.

Isador Lieberman:

He says, "Let's go to..." I looked at him and said, "Mark, we'll go to Uganda in April of 2005," 2005 or 2006. 2006, April 2006. He was quiet. He didn't say another word for the next four years.

January 2006, I'm elected to the board of governors. I'm busy. I've got committees. I've got everything else. End of March 2006, Mark walks into my office with a stack of x-rays, airline tickets, hotel tickets, this, that, and the other. He goes, "We're leaving on this and this date. We're going to spend four weeks

in Uganda. We're going to operate on this patient, this patient, this patient." I said, "Mark. What are you talking about?" He goes, "Well, you promised. You said April 2006."

I felt almost as bad as when I told my secretary to make him go away at that point in time. I said, "Mark, I just can't. I'm on the board. I can't leave right now." He just looked at me, and I went, "Yeah, I'm not being a very nice person." I said, "Okay, fine. I'm going to shut the practice down. We're going to Uganda."

I went to Uganda with him that first time. I've been back every year since. Now we've got over 100 volunteers. We've got three teams that go consistently every year. I've got some of my former fellows that are colleagues from across the country.

For me, it realigns my universe once a year. It's alt, control, delete that I need every year to remind me why I am an orthopedic surgeon and a physician. It is so different there.

Dealing with people, medicine there, the journey, the preparation, it's become part of me. It's something that I cannot ever let go of. It's my family. That's really it I encourage everybody to participate. Check out [Health Volunteers Overseas](#). That's the organization that we use as our umbrella for the Uganda Spine Mission. I encourage everyone to look into to. It is just a great experience and reminds you why you're a surgeon.

David Mandell:

I'll put that in the show notes too. I mean, you know this, but coming from a family of physicians, I really enjoy the path I've taken, but one of the things I can't do is put my skill to use in that way. I can't just show up in a place in another part of the world and help people that need it that way. I can donate. I can volunteer. But I can't put my skills to work that way, which you guys can. I really encourage people to do it.

Isador Lieberman:

There's always, always, ways to put your skills to work there. We're establishing charitable foundations in other countries now as well. We've got a team of lawyers who are volunteering their time. There's always stuff

David Mandell:

I'll follow up with you on that.

Let's end with the same question I ask every physician who's on this podcast so far and in the future, if you had a time machine and you could go back to young Izzy or one of your fellows today, what is the one piece of advice, from a financial point of view, that you would give? Either something business related or personal finance, what's a nugget that you have learned that you can impart on others?

Isador Lieberman:

No one care for you or your money like you care for you or your money. It's not a spectator sport. You've got to be in the game. Learn about the game. Manage your finances. Understand the future. If the pandemic has taught us anything, it's to be prepared. I know a lot of people were not prepared for this and are struggling now. Don't be a spectator. Get in the game. Learn about your finances and manage your finances. Yes, get education from other sources. Look at all the various resources that are available from the societies and from organizations like OJM has and others. Get in the game. Take care of your finances.

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David Mandell:

I think that is perfect. It's one of the reasons we do focus on the books and the education. I tell people this all the time, we've had probably 25,000 to 30,000 docs get our books over the years, but we have less than 10% of those as clients. It means 90% of those people, hopefully they looked at it and they're working with other folks, but they're getting the education. That's our motto.

You say get in the game. For those of you, and everybody here is listening, but because Izzy's Canadian, I am wearing a hockey t-shirt. You can see there, the Boston Bruins, because I'm a New Englander. People who know me know that. I don't have a Leafs shirt, so I couldn't wear that.

Izzy, thanks so much for being a part of this. It was awesome. I definitely will have you back on as we continue on with this journey, because I think maybe drilling down into the entrepreneurship and some of those issues can certainly justify its own topic. Thanks for being here.

Isador Lieberman:

Awesome. David, this was a pleasure. Hopefully, I will see you in South Florida real soon, all right?

David Mandell:

Absolutely. See you in the neighborhood.

Isador Lieberman:

All right.

David Mandell:

Thank you. For everybody listening, feel free to please subscribe on the various podcast platforms, and we'll look for you on the next episode. Thank you.