

## Interview Series: The Inspirational Dr. Brian Travers

**Wow, this interview today is very special because it's with an extremely special individual, Dr. Travers. Now we all talk about how we chose to embark on a different journey that what we expected to be on. We made the conscious decision and mindset shift to begin a new career in the non-clinical realm.**

**But...what if we didn't make the conscious decision to leave medicine on our own? What if the decision was made for us, after we had completed training, started practicing, AND didn't plan on transitioning into a non-clinical career?**

**That's exactly what happened to Dr. Travers whose disability changed the course of his life. I won't give anything away because I want you to experience the emotion and feel the powerful story that he shares.**

### *Start interview*

#### **1. Tell me a little about yourself, your journey, and what you do?**

I was born with Osteogenesis Imperfecta (OI), Type 1, a bone disease which is caused by defective genes that make collagen. Collagen provides bones tensile strength and without it, bones are quite fragile and break easy with little or no trauma at all. I broke my first bone (femur) at 6 weeks old just lying in my crib. By the time I was two years old I had suffered 6 fractures and by the time I was ten I had suffered roughly 25 fractures. Growing up I spent a vast amount of time in the hospital emergency room or my orthopedic surgeon's office being treated for a new fracture or current fracture. There were times I actually wore two casts at a time for multiple fractures. As one can imagine, breaking bones is a painful event, especially for children and I was very fortunate to have been a patient of an orthopedic surgeon named Michael Scala, MD. One thing Dr. Scala was gifted at was immediately calming me with his presence, his attentiveness and his "listening". When he would come into see me, he immediately addressed me, said hello to my parents and then turned his attention back to me and wanted to know what had happened. After hearing me out, he would tell me what bone he thought I broke, how he would treat it, and what his expected outcome was. From there I was off for x-rays which usually confirmed what he had suspected. After this he would sit back down with me and answer any questions that I had. Only after our interaction was over, he would sit with my parents to answer any of their questions. As one can imagine, there were many times that Dr. Scala would not be the initial physician who would see me in an emergency room setting. During those times the physicians treating me would never really pay any attention to me. They simply focused on the information provided by my parents, would then come to examine me and let my parents know what was going to happen. Dr. Scala made such an impression on me that I knew that when I grew up I wanted to be an orthopedic surgeon just like

him, not only to take care of people from a medical perspective but an emotional one as well. For my fourth-grade science fair project, I performed an open-heart transplant surgery explaining to the judges how this procedure took place. I had two large cookie sheets with clay models on each sheet of the thoracic cavity contents consisting of the heart, lungs, arteries & veins, rib cage and sternum. With the use of an X-ACTO knife I demonstrated how the donor heart was removed from one chest and placed into the recipient chest. For time consideration, I didn't actually suture the vessels back together but simply "smudged" the clay arteries & veins back together with my finger and closed the sternum in the same manner. Judges were amazed. The following year in fifth grade I chose to do my science fair project on arteriosclerosis. I used two cans: a small Campbell soup can to be used as a healthy heart and a large whole tomato can to be used as a diseased heart. I cut open four chambers in each can to represent the atria and ventricles. I used shoe laces in the small can to represent healthy cardiac vessels that surrounded the heart and dental floss as chordae tendineae inside the chambers. I then used my grandmothers' thick yarn and placed that all around and in the larger "diseased heart" tomato can and represent the consequences of arteriosclerosis.

That was my life growing up. Aside from the bone disease and the limits that placed on me, I had wonderful parents who obviously were very supportive and protective of me but also quite proud of me because they knew that I would grow up to become a physician.



- 2. What was that moment like when you realized you no longer could practice medicine? Did you think about that moment before and planned ahead for alternatives? What were some other careers you were planning on doing in place of clinical medicine?**

Initially I didn't know or even thought of what the impact would be. I literally went to bed one night watching the Tonight Show and being awoken early the following morning with a splitting headache. First thing I noticed was that the TV was on and I could no longer hear the sound coming from the TV. I said a few words out loud and could no longer hear my voice. As I later learned, another sign and/or symptom with Osteogenesis Imperfecta is "hearing loss". There

are three small bones in one's ear responsible for sound conduction. These bones are also defective in patients with OI and at times cannot perform their job.

ENT surgeons attempted a "stapes operation" which I was informed was a "routine" procedure on my right ear to restore my hearing but that wasn't the case. There were complications and I am totally deaf in that ear. It took me some time to have the procedure performed on my left ear and even though there were no complications this time, I only have minimal hearing with the use of a hearing aid. With the hearing aid off I am totally deaf. It was after the surgeries I contacted the medical boards and was informed that with the inability to use a stethoscope, I would not be able to pursue a career in medicine. I had graduated from medical school but still had oral/bedside boards to pass but with not being able to auscultate lung fields, heart sounds, etc. that was it.

I had such a narrow focus growing up of simply wanting to become a physician, nothing else ever entered my mind. Subsequently I had no alternatives in place. I had bills to pay like everyone else but unlike most people I also had a substantial student loan obligation that I was required to pay. I simply took the first minimum wage job position I could obtain, and things only worsened financially from there.

**3. If you didn't have the disease that took away your hearing, do you think you would have you have eventually started your business or a business in general? How different would your life have been?**

I have no doubt I would have had a successful career in medicine. I was fortunate to excel in medical school, especially my clinical training 3<sup>rd</sup> and 4<sup>th</sup> years. My preceptors were impressed with my knowledge, technique and bedside manner. Nurses are on the frontline in medicine having direct contact with a variety of physicians on a daily basis. They were invaluable in my training and to be acknowledged by them early on in my career only fueled my focus.

My life would have been dramatically different from a financial standpoint had I been able to continue my career as a physician. Having the financial obligations of a physician, especially student loans, and not being financially compensated as one was a slow and systematic down fall. My student loan obligation was \$80,000 at the time, small by today's standards. My monthly payment was \$890.00 which I could not afford. I had my loans put into "forbearance" with a reduced monthly payment of roughly \$200.00. What I didn't realize was that there was still a daily interest accrual, meaning that \$619.82 was being ADDED to the principal EACH MONTH. Over a 5-year period of NEVER MISSING a forbearance payment my student loan principal GREW from \$80,000 to \$117,189.40. Student loans ARE NOT dischargeable in bankruptcy and I had no solution for my situation. I ultimately "defaulted" on my student loans.

Eventually I lost my home, surrendered my car and had to move in with a friend and obtained a bus pass for transportation. I literally was homeless.

#### 4. What was your motivation for creating BlueScleradi.com?

My motivation for creating BlueScleraDi came in a roundabout way.

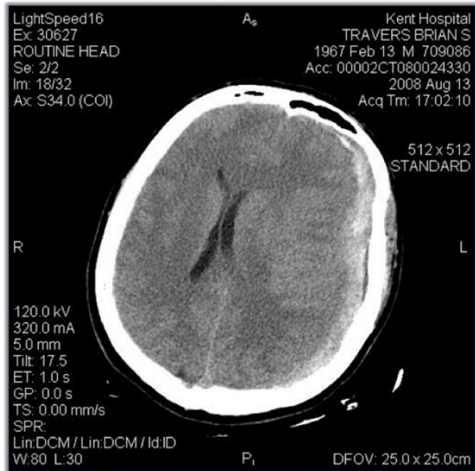


As I learned from experience, getting that word “default” on one’s credit report is a death sentence for your credit history. At the time, my situation was very dire as I was depressed and homeless, but I knew I had to do something to change my situation. First thing I tried to do was get a better higher paying job. Earlier, I had pharmaceutical companies tripping over themselves trying to get me onboard as a sales rep for their company, but I had no interest at that time. Who better to detail a company’s pharmaceutical product to a physician than another physician. One thing I had and will always have is the designation after my name: MD. That is an immediate door opener. I had saved contact info from the big pharmaceutical companies that were pursuing me earlier and I started calling them back (actually “calling” them, computers were in their infancy, “Google” just started and “social media” was not relevant). They were all excited to hear from me, I went and met with executives at local offices close to where I was living, and things were looking promising to the point I had the pick of the lot. Unfortunately, I was not offered one position with any company. I was denied employment simply because of my “credit report”. As part of a universal application process in all industries, all candidates have their credit report reviewed. In my case my “credit score” fell below hiring guidelines. I remained positive and chose to motivate myself to press on and I was able to get another job. I received a position at Rhode Island Hospital which is affiliated with the Brown University School of Medicine that has numerous residency training programs. Part of the interview process meant I had to get approval from the department program director. When I met with him I was straight forward with that my credit report was “flawed” and I went on to tell him my story and he was quite understanding, and he literally hired me on the spot. I found myself working alongside medical students and residents on a daily basis when one day one of the residents approached me and indicated they had heard what happened to me. She and her colleagues wanted to know if I had “disability insurance” at the time of my hearing loss and I had indicated I never heard of such a thing. From there I researched what “disability insurance” was and eventually realized that if I did have coverage, I would not have suffered financially and be in the current predicament I was in. The residents that were training in that department were there for a year, but the medical students were rotating in and out of this department every six weeks. For the

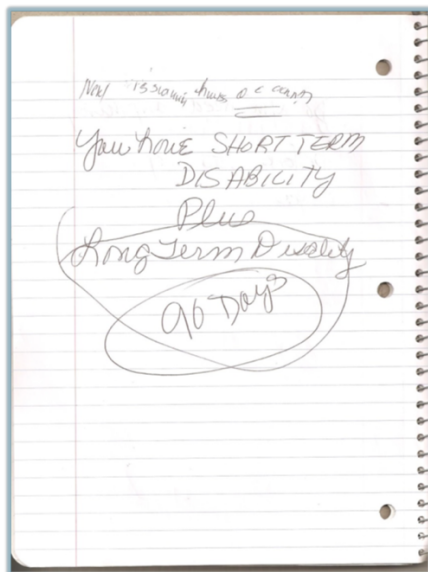
next five years, I would have an opportunity to address the residents at least once a year and new medical students every six weeks about what happened to me and how important disability insurance is. One day I approached a few of the new students and introduced myself when one of the students indicated they had heard about me. She stated the previous students said I would be talking to them and they should listen to what I have to say. After I told them my story she said something that changed my life forever: “this is your calling, you should do this, why can’t we get this coverage through you?”. Later that night when I returned home I got on the computer to find insurance companies that offer disability insurance, emailed a few companies and had my first interview a few days later. I would ultimately obtain my insurance license and return to lecturing to the residency training programs at the hospital where I once worked. At the end of each lecture I would tell them that it would be a few years before I would be allowed to open up my own office. I explained to them my training was similar to that in medicine and I was starting at a “career agency” called MW Financial. I planned on remaining affiliated with that firm, using their name for two years but after that I had plans on calling my business “Blue Sclera Disability Insurance” to be run out of their office. The bone disease I have, Osteogenesis Imperfecta, has a pathognomonic finding found in the sclera of one’s eyes. Individuals usually have “white” sclera, because the white is actually made up of collagen. People with Osteogenesis Imperfecta are devoid of collagen in their bodies therefore they don’t have white sclera, their sclera has a blue tinge. When a doctor is presented with a patient that has OI the first thing they do is examine the sclera. I would ask residents for their feedback at the end of my lecture about my plans of calling my business Blue Sclera and they thought it was perfect. Anytime they would know of someone that was looking for Disability Insurance they would remember to direct them to me at BlueScleraDi. The power of first impressions and imprinting just as when I was growing up during those impressionable years and the imprinting Dr. Scala had on me. I thought I could use this to my benefit as a marketing tool.

At the time, my focus was simply scheduling lectures. I knew that my real-life experience was a factor in obtaining clients and growing my business. **I also was able to secure disability insurance for myself never thinking I was ever going to need it, but I was wrong.** Blue Sclera Disability Insurance itself was a few years away and for the time being I was simply a representative with MW Financial.

On August 12<sup>th</sup>, 2008 I was lecturing down in New York to a residency training program and I was scheduled to lecture back up in Boston at UMass / Harvard on Friday August 14<sup>th</sup>, 2008. Thursday August 13<sup>th</sup>, 2008, my day off found my arriving at the pool to meet my wife and two young daughters, Madison age 5 and Rylee age 2 in the afternoon. Upon arriving there I collapsed in front of them after suffering a Spontaneous Sub-Dural Hematoma. I would remain on a life-support enduring 3 life-saving brain surgeries during that time that failed to find the source of the bleed.



As I lay there with half my skull inserted into my abdomen for “safe keeping”, my wife began to consider follow through with my wishes of organ donation. She arrived at the ICU one morning to find my entire family already there, crying. She immediately remembered her phone was off and she then thought I had passed during the night. However, she was approached by uncle to hear two words she thought she would never hear: “he’s awake!”. She came into the room and we made eye contact and I never fell back into the coma. A few days passed, and my wife and mother arrived at the ICU one morning. The doctors indicated that I was doing well but I was repeating the numbers “675” and I kept rubbing my thumb and fingers together. My wife stated that my hearing aid battery model is 675 and I was letting them know it needed to be replaced. She went on to inform them that I was rubbing my fingers because I was probably worried about money and I wanted to make sure my family was okay. My mother wrote down what my wife was saying, and an image of that exact page is located below.



Here I am now, ten years later getting “Blue Sclera Disability Insurance” up and running with the support of my wife and daughters. The motivation has never left, and I am grateful to have a

second chance at life. The interesting thing is a few years ago I told my wife I wanted to explore getting back into lecturing and she could handle the business end which she agreed to. Last year I was referred to a physician and during our initial consultation he learned about my story and background with disability insurance. His eyes lit up as he informed me he didn't know about the disability coverage he had in-force at the time. My wife and I reviewed it and determined that his representative set him up with life insurance from one company (Northwest Mutual), the company the representative was contracted with, but his disability coverage was with another company (Guardian). This physician is in private practice and the representative obtained base coverage for him with "resident limits" without any future insurance or inflation coverage that wouldn't require future medical underwriting. Meaning he needed more coverage but would now have to submit to another physical and be at risk for limits to his coverage with higher premiums. This is the **motivation** we had to move forward with Blue Sclera Disability Insurance.

**5. Have you had experience in the insurance industry before working as an advisor at MW Financial? How did you get started with the particular group you were working with, versus another insurance group?**

I had no insurance experience, actually no work experience for that matter growing up. I had spent my entire life in a classroom and I had generous parents who allowed me to pursue other things during my summers off from school growing up.

The first insurance company I interviewed with actually paid for my insurance school training and required tests. On the day I arrived at the local satellite office with my test results, I had my young daughter Madison in my arms who wasn't even walking yet. It was at this I was informed that they were not going to hire me because of my "credit score". Again, this motivated me more than ever.

Ultimately, I met with the company that has been in the forefront for disability insurance coverage for physicians, Guardian Berkshire. Their satellite office is called MW Financial owned and operated by Bob Worgaftik located in Connecticut. I was living in Rhode Island and they had just opened an office in Warwick, RI where I was living at the time, so it worked out perfectly. Bob went out of his way to speak on my behalf to the home office and I was secured a position with them and my career had started. My long-term objective was to eventually operate under "Blue Sclera Disability Insurance" but I had no plans to leave that firm.

**6. What do you see are the biggest challenges physicians face when trying to start their own businesses? How can physicians avoid this?**

A big challenge anyone would face when starting a new business is not having a business plan. From my experience, a business plan is a roadmap for success as it outlines your vision and path to become successful. It allows you to look at short term objectives that need to be met right now along with long-term objectives that will allow for continued business growth.

**7. What advice would you give to physicians who don't go into residency and want to immediately start their entrepreneurial journey?**

If you truly passionate about something and you believe you have found a need for your product or service, then perform a test market and go from there.

**8. What if a physician wanted to be an entrepreneur, but have no idea where to start. What's the first step to starting a business?**

Look to see if there are other companies offering your service or product you would like to offer. See who the competitors are and determine why some are more successful than others. What could your business offer in that particular market place that would set you apart from your competitors. If your about to introduce a new service or product that is not currently being offered, then you're one step ahead but make sure you've established there is a need for your product or service. First impressions are very important and in order to hit the ground running, make sure you have a sound business plan.

**9. Do you recommend finding a mentor? Do you have one and how did you find yours?**

Becoming an entrepreneur and finding a mentor should go hand-in-hand. Having the ability to learn from an experienced advisor in your in your field is invaluable. I was fortunate enough early on in my career to get involved with Tom Wong, Regional Individual Disability Manager for The Guardian Life Insurance Company of America. I would not have achieved the level of success I did without his help. As my wife and I get ready to pick up where we left off ten years ago, the first person we called was Tom.

**10. It can be really overwhelming starting something brand new, what's the best advice you can share with physicians thinking about, but feeling scared, about starting their own business?**

Understanding and accepting that in order to succeed, failure may come first, and you can't let that deter you from what your trying to accomplish. Every successful business in operation today no matter how big or small all have a few things in common. They started with humble beginnings and were faced with many obstacles, but all successful businesses also had a business plan guiding them through difficult times.

**11. What's the next step for you?**

Our main focus right now is the completion of our website. Ten years ago, the power of my message was giving my lecture live in-person to an audience. After hearing my story, the business followed, and I am grateful for that. Today with the "social media", I can now leverage



that platform to a larger audience. Rather than having to be physically standing in front of residency training program giving my presentation, I now can record my presentation and post the video on our website to be viewed at any time. At one time I would have to physically drive to a hospital and approach each department requesting an opportunity to give my presentation. Living in Rhode Island at the time, I spent my days traveling up to Boston or down to New York and New Jersey just to arrange presentations. After securing speaking dates, I would then return to present to the residents. Now I can email a program director or chief resident and ask them to have their residents go to our website and watch my video, submit their info to us and generate illustrations. I still prefer to present live-in person which I will still do here locally Florida or wherever the opportunity presents itself but “social media” will allow me to reach out to other programs in other states that I ordinarily would not be able to reach.

Once the website is completed and business is up and running, I plan on determining what avenue to pursue to have my book published. Whether that be submitting it to an actual publisher or self-publishing.

### ***End Interview***

**I feel grateful for knowing Dr. Travers. Dr. Travers didn't let his disability define him, but he let how he responded to the disability define him.**

**I couldn't believe the journey Dr. Travers has gone through. Ah, I learned so much in both business and life.**

**Hien Nguyen  
RenaissancePhysician.com**