

**Archival & Historical Committee  
November 2, 2009  
New Orleans, Louisiana**

**Interview with  
Max E. Helman, DO, FACOFP *dist.*  
ACOFP President – 1998-1999**

Committee Chair: Dr. Helman, welcome!

Dr. Helman: Thanks to the committee for giving me this opportunity. I have to warn you that in my previous life, I wrote 60 second commercials and I was usually right on the dot. I was also yearbook editor at Kirksville for two and one half years. Again, those are nice short edits.

Committee Member: What year did you graduate from Kirksville?

Dr. Helman: 1965.

Committee Chair: We are in beautiful New Orleans on November 2, 2009. We'd like you to tell us a little bit about how you got into osteopathic medicine and proceed to discuss how you got into family practice and the ACGP?

Dr. Helman: I didn't know much about osteopathy and that I was going to be a doctor. My dad was a physiotherapist; and my mom was a Swedish massage therapist. My dad, when I went to NYU, attended the New York College of Chiropractic. I started seeing people coming to my dad, whose office was in the house, getting better and I thought maybe there is something to this physical medicine. That's how the thought occurred. Also, Dr. Harold Schwartz came to our hometown as a DO who graduated from Kirksville and he told me about Kirksville and osteopathic medicine. He said, "You know, with what you're paying at NYU for one semester, you could pay for a whole year with room, board and books."

And so that was interesting to me since money was so tight and I was putting myself through school. That's how it happened. I actually made one application and to no other schools and was accepted.

Committee Chair: What drew you to family practice?

Dr. Helman: Well, I believe in the philosophy that I wanted to help folks. It was in my family. We all had that posture of trying to help people get well and we saw results. I thought it was very gratifying. We had a family doctor who was an MD who would always take the time to sit and talk to me. He was an old time doc in a modern practice, and that kind of stimulated me also. Being a doctor was a great life. You had to work for it though; nothing came easy.

Committee Chair: What brought you into ACGP leadership?

Dr. Helman: My wife and I were at a meeting in Florida, and we were talking and noticing how great an organization ACGP was at that time. I wanted to get involved and give something back because the profession had been so good to me. Harold Thomas was a classmate and involved in ACOFP politics so I mentioned it to him. He was really good friends with Joe Namey, who was an ACOFP catalyst. Joe got things done! I knew Joe from Kirksville and knew that he was a dynamic person. So all of the sudden he came up to me one day and he said, "Hey, we're going to have an opening. You can get approval." So he took me around to a whole bunch of people who interviewed me. Before you know it, I was on the board.

Committee Chair: What boards were you involved with?

Dr. Helman: The Indiana Osteopathic Board committees and the Local District of Indiana President (osteopathic). I was eventually involved in the Indiana ACGP. We didn't have an active ACGP in the state at that time when I was on the national

board, so that came later. The Brink's, Bruce junior and his dad, were very instrumental in setting up the ACGP in Indiana.

Committee Member: Bruce Brink?

Dr. Helman: Yes. So after I got on the ACGP Board, I was admonished. "Don't say anything the first year; just keep your eyes and ears open." I swear they said it just like that. And I said, "You know what; I'm always out for good advice."

Committee Member: So which state was your first practice?

Dr. Helman: Indiana.

Committee Chair: Tell us a little bit about the towns, the times and the people.

Dr. Helman: The reason I choose Mishawaka, Indiana was that I grew up on Long Island and my hometown was about 25,000/30,000 population following the end of the Second World War. After the war, the soldiers came back and wanted to live in the country, or 30 miles from New York. There were lots of potato farms and areas to put up big developments like Levittown. Our city went from this little burb where you could walk down the street knowing everybody, to probably 200,000 in five years. It just exploded. It then had all the problems of a big city. At Kirksville I decided to do OB. I guess that may have been one of the mistakes I made because it was so time consuming. At any rate, with increased traffic, it took so much time to get across town to the hospital. The concern was that a prospective mother might have been in trouble and I couldn't get to her. Big town and big problems were developing in the town. The realization was that South Bend, where I transferred was a safe and excellent place to raise a family. It's still a good place to live.

Committee Chair: How many people a day would you see back then?

Dr. Helman: It varied, but quite a few. But we were getting only \$3.00 per office call. Enough, however to get by!

Committee Chair: You didn't say how many.

Dr. Helman: 40 to 50 a day.

Committee Member: And were those records kept on little index cards?

Dr. Helman: Right, exactly on a 4-by-8 card.

Committee Member: Did you make any house calls?

Dr. Helman: Sure did.

Committee Chair: Often?

Dr. Helman: I tried not to let everybody know that if they have a splinter that I'm going to see them at home but I made plenty of house calls if they were really sick.

Committee Member: What size was the hospital and was it an osteopathic hospital?

Dr. Helman: Yes, it was osteopathic. The joy of getting to South Bend was that it was a new hospital. I did make an application to try and get to a hospital to the East. I'm kind of glad in hindsight that I didn't. But ours was a new hospital. My study partner at Kirksville, Bob Kominanck, was going to South Bend and he said, "come and look at it." And that's how that happened.

Committee Chair: Did you do OB?

Dr. Helman: Yes.

Committee Chair: What was your volume like?

Dr. Helman: Probably 50/60 a year; and in family practice. That's besides carrying on a full load in the office.

Committee Chair: For historical purposes, describe what an average day was for you - - an average week in the life of a family practitioner.

Dr. Helman: I don't think it's too much different than it is now. You got up in the morning, made rounds. You were always on call. You tried to...

Committee Chair: 24/7 hour call.

Dr. Helman: 24/7 and then eventually we tried several times to get a call group together, but everybody had different ideas. No change from today's thoughts. The person that was the busiest benefited the most from a call group and so they always fell apart. So most of the time, you were on call.

Committee Chair: Did you deliver all of your own babies?

Dr. Helman: Yes, if we got to them. There were times when you just don't get there in time. But for the most part, I delivered almost every one of my patients.

Committee Chair: So about two babies a week?

Dr. Helman: Yes, but things go in spurts. You may have four due at the same time and then none due for a couple of weeks.

Committee Member: How many sets of twins?

Dr. Helman: None. I never delivered twins. I always sent them to the specialist.

Committee Chair: How many hours per day?

Dr. Helman: If it was a good day; it was probably 14/16 hour days.

Committee Member: Five or six days a week?

Dr. Helman: Six days a week.

Committee Member: Six days a week? Wow!

Dr. Helman: But then I got smart.

Committee Chair: After how many years?

Dr. Helman: When I finally could pay the mortgage and pay for the building, it was probably five or six years later that I started working half days on Saturday and half day on Wednesday. That's basically what we do now. My daughter was with us, we still have those same hours, six days a week though.

Committee Chair: You said your daughter?

Dr. Helman: Yes, of my five children, she's the baby. Of course, she came along after I finished doing OB, so she never saw me working those crazy hours and times

when you know you'd go the office and get a call, your OB is ready, and get to the hospital and three or four hours later maybe they'd deliver. So then you call the office and say, "Okay, I'm free. Call the patients back." And there were times when you'd work 1:00 or 2:00 in the morning seeing all the patients.

Committee Chair: Is your daughter a D.O. in family medicine?

Dr. Helman: Yes.

Committee Member: Was Dr. Bashline founder of the hospital?

Dr. Helman: No, it was Al Kull.

Committee Member: Oh Kull, that's right.

Dr. Helman: And a MacGregor (P.J.).

Committee Member: There were about five or six in his group to start that hospital. Originally when they started, and this didn't apply to me, I found out later that what they did was they had a bed tax. So if you had a patient in, you paid a tax out of your earnings for that bed and that's how they got the hospital going.

Committee Chair: Interesting.

Dr. Helman: I guess they were having trouble getting interns and there were four of us in Kirksville that ended up as interns and then Bob Kominanck went on to become a radiologist. By the way, his son is in family practice in Pennsylvania.

Committee Chair: Were you the national ACOFP president?

Dr. Helman: Yes.

Committee Chair: What year was that?

Dr. Helman: It was 1998-1999.

Committee Chair: Can you tell us a little bit about your tenure and your involvement during your presidential year?

Dr. Helman: Sure. Well first, you went from being vice president to president and usually you had some kind of idea what the presidency was going to be like, but unfortunately Terry Nickels had a heart attack, (who was my predecessor), so communication was very little. So instead of really knowing what I was getting into, I kind of stepped in and found out what I had to do quickly. In our board meetings, you never really knew exactly how the office was run. So I was faced with an air conditioner that went down and some sort of leak in the roof and then taxes. The taxes were horrendous there, so we decided that they'd hire a company or an attorney to help advise and take care of things. They still do this I think. The attorney pleads the case and you get a four-year reprieve and then the process repeats itself. In Chicago, I guess that's the way things work.

Committee Member: Yes, that's right.

Dr. Helman: I really didn't have a lot of feeling as to what the organization was as far as administration. Dr. Joseph McNerney was the president-elect, and I said, "Joe, I think we ought to do things together so you know exactly what's going on," and so I kept him in the loop all the time. Actually that June, I think it was, the residency program in Denver started to fall apart because it was a hospital chain and there was problems with AOA legal department concerning the way the residency was managed. They said, "That's fine, we'll just send all these residents out and we'll close the residency," and they closed it down. There were a lot of family docs there. So Joe and I flew out there and with the help of the AOA and ACOFP, we were actually able to place all those residents. We were never able to reestablish that same residency.

Committee Member: We're close again.

Dr. Helman: Again. What was the name of that effort that was...

Committee Member: Maryanne Stein was the one that we were having trouble with and Jeff Dorsey and Health One that actually was... It was HCA, Columbia HCA, but it was Presbyterian St. Luke's Medical Center.

Dr. Helman: It was a great residency. There were a lot of residents there.

Committee Member: 48.

Dr. Helman: We were able to get them all placed. With that, then it actually acted as a stimulus to get people to research new residency possibilities in Colorado. With what it would take to set up new residencies; and as a result of that, new ones developed. The Rocky Mountain Osteopathic Foundation also started a new teaching opportunity when the Denver osteopathic hospital closed the same month.

Committee Member: Right. They went into a foundation; went back into the same foundation.

Dr. Helman: The money went into a foundation and that's how they started this new school.

Committee Member: Well it was some of that money, but most of it came from one benefactor.

Dr. Helman: So while it was a bad thing, it actually turned out to be good for the profession. At this time, the ACOFP was thriving. We were growing every year and the money was in the bank. It was good times. We weren't actually worried about cost cutting at that time. My theme was to bring the organization to the modern computer age. It was my thought, also, to get all our DOs to start speaking with one voice. It's tough. Three DOs in a room, you got three different opinions with no agreement.

Committee Member: That's human nature.

Dr. Helman: So at any rate, we started a Web page and the board then got laptops right at about the same time AOA was getting laptops.

Committee Chair: What year was that?

Dr. Helman: 1998-1999. So then the Board members started to communicate with some of the AOA people on the computer, and that was a good thing. Oh, we were all neophytes and at that time the laptops were twice as big, weighed about 12-15 pounds and were slow.. But it was a good start. My other daughter was working for a company that developed Web sites. She was a Web designer, so I suggested, "Well, I can get my daughter at a pretty inexpensive rate to get this thing started." I think it was like 500 dollars. They said, "Well, we'll look at that," and then the board said "okay."

Committee Member: Max, who were some of the most colorful characters that you encountered in ACGP?

Dr. Helman: Let's see, I actually listed everybody you knew. Besides the ACOFP Boards, there were Joe Namey, the Burnett's, Frank McDevitt, Marcy Oliva, the Thomas', the Sevastos, Sikorski, Hill, Neer. Neer, he's kind of quiet, but he's been a driver.

Committee Member: Was there any dissention among the ranks?

D. Helman: No, I think we had a pretty good board, actually. I enjoyed the board. We gave everyone responsibilities and they all did it. No one ever balked.

Committee Member: What was your biggest disappointment?

Dr. Helman: My biggest disappointment. Well as I mentioned, it's really hard to get a group of doctors to agree when it comes to policy. I mean they'll really fight when it comes to policy. But that's part of the reason that we have such a good organization today. It does worry me though that we have such good people and yet we're not growing. We don't seem to pass on the osteopathic spirit to our kids. My daughter really enjoys being an osteopathic physician, and has a good practice. And I don't know what the answer is. The ACOFP and the AOA have tried all kinds of different public relations things and we've had

some really good people do things with the students but it seems like we are still having trouble passing that spirit on to the next generation.

Committee Chair: Dr. Helman, what is your advice to young physicians and students?

Dr. Helman: Well let's backtrack. Thinking about what we could do to make family practice more attractive; unfortunately it's a reimbursement issue. And for the amount of time that we spend with patients, I mean we're just not looking at throats. We're taking care of patients and families and there should be some way to code to increase reimbursement as opposed to nurse practitioners. So a few years ago I said, "Well, we should teach more procedures," and we did start this procedural college to teach colonoscopies, etc. It's kind of slowed down hasn't it?

Committee Member: It's what the CAQs have tried to do...to have it advanced prudentially.

Dr. Helman: And the problem, as I understand it, is they say that they're going to have computers doing their stuff anyway, so it's not going to be all these GI guys that are doing so well now by doing colonoscopies. The specialists may be sitting by the wayside looking for other things to do.

Committee Chair: And what do you envision as the future for the ACOFP?

Dr. Helman: Again, we must continue to upgrade our curriculum. With the help or the hindrance of the government, we're computerizing the whole business of medicine. I started doing that years ago. In 1995 I actually started a computerized office. They were so slow then that you just couldn't... You had to see patients and you just couldn't spend all your time on the computer. So over the years, we bought lots of different computers and tried to get this thing going faster. I guess now, it's better because we have a system that we're getting that's on the Internet and it's on real fast transmission lines. The system is secure, which was always a worry. Of course, the government helped out

with the HIPAA laws because if you tap into a physician's information on a patient, then you're violating federal law. How far that goes, I don't know because I'm sure someone's going to hack into medical information someday.

Committee Chair: Any advice for leadership?

Dr. Helman: I think, really I am not an expert, I think we need to always speak with one voice and stand right in front.

Committee Chair: Any other questions?

Committee Member: I think a unified goal is to get the young physicians involved in the organization with fish hooks, tackle, whatever it takes.

Dr. Helman: These kids are knowledgeable. They get on the computer and they have all this information right at their fingertips. They really don't even have to go to a physician's office to start learning about what's going on, so it's a different world. It's the information age now.

Committee Chair: Very good. We appreciate your comments and your service to the organization and the profession. Thank you so much.

Dr. Helman: Thank you all.