

**Archival & Historical Committee
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**Interview with
Robert G. Maul, DO, FACOFP
ACOFP President 1995-1996**

Committee Chair: We welcome Dr. Robert Maul here today to the ACOFP Archival & Historical Committee and we are glad you are here to share your experiences and historical perspective. We are here at the ACOFP National Convention in San Antonio, Texas. To start off things, we would like for you to tell us where you grew up and how you got into osteopathic family medicine.

Dr. Maul: I grew up in West Virginia. How I got into medicine was an accident, so to speak. I went to West Virginia University and had an opportunity to go to the D.T. Watson School of Physiatrics in Pittsburgh, which was a school of physical therapy. So that's where I started, and I graduated from West Virginia University and went to the D.T. Watson School of Physiatrics in Pennsylvania, near Pittsburgh. I finished my year there, and at that time, physical therapy was just becoming into its own discipline and profession. Poliomyelitis was just getting really prevalent and the epidemics were hitting all over the country. The physical therapists were scarce in those days and they usually did most of the work on polio patients - most of them had some form of paralysis and some paresis. There were job openings all over the United States. So I accidentally got a job offer in Port Arthur, Texas. I had never been to Texas. (Oh, I had been in Texas in the Navy because we went to Warren, Texas, during training, but I had never spent much time there.) I went to Texas and started working

with the Port Arthur Society for Crippled Children. I directed a clinic for crippled children who were mostly victims of polio. My neighbor, Horace Emery, down the street was a DO, so he and I went on vacation together with the families and he had a good practice in Lubbock, Texas. I had moved from Port Arthur, Texas, to Lubbock, Texas, at that time.

Dr. Maul: So Horace Emery and I got to be good friends and for some reason he thought I might be a good doctor. He said, "Why don't you go to D.O. school?" Of course, he told me about D.O.s at that time. So I said, "Well in the first place, I'm too old. The second place, I haven't got enough money," which is of course the usual standard answer.

I was 38 at that time, had three children. I said, "I'd like to go, but I can't." He said, "Yes, you can. I'll get you in Kirksville if you'll go." And I thought: Well he doesn't have a chance of getting me in Kirksville. So I said I'd go if he could get me accepted there. So we went through the process. I had a couple courses I had to make up, and I had to go to school. I had to quit my job and go back and pick up organic chemistry, because they wouldn't accept you without organic chemistry in those days. So I took that course and passed it. It was getting along late in the fall and I knew that Kirksville had already picked their class; or at least I thought they had. So I told Dr. Emery one day, "I'm not going to get into Kirksville apparently because I haven't been notified about it." He said, "Well I thought that they would." So he said, "You give me a few days and we'll see." So it was about three days and they called me and said, "You have been chosen to go to Kirksville." So that put a hole in my pocket because we didn't think we'd get to go. I had three kids and had to quit my job, but we packed everything up and went to Kirksville. That's how that happened. I graduated at 45 in 1946.

I started up there 1965. There were a lot of people, who had to uproot their families just like me. It was quite a job getting there. My wife was a teacher, so she had to find a job. We couldn't find a place to live in Kirksville because everything was taken by that time. So we had to move her to Memphis, Missouri, where she had a teaching job with the kids. To make a long story short, I had to get a room in Kirksville and go to school there and that was about 40 miles from where the kids and my wife were. So it was a communication thing, about every two weeks that I got to see them. Oh it wasn't exactly the way that I wanted it, but that's the way it was. So that's how I got started into medicine, through Dr. Horace Emery, who was a great DO, a great communicator, a great supporter of mine, and a wonderful man. I had no idea that by just getting to know him, just down the street and due to the kids, that something so wonderful and life-changing would happen. I have a lot to thank him for.

Committee Chair: When you left medical school, did you go straight back to Lubbock? What was your course then?

Dr. Maul: After completing my degree, Dr. Emery had told me that they needed D.O.s in Lubbock. The only one request he had was that I came back and tried to practice there and see if I liked it, and I told him that I would. And so when I got out of school and finished my internship at Davenport Osteopathic Hospital, I went back. There was an empty office about 100 feet from Dr. Emery's office so that's where I started in Lubbock, Texas. It turned out to be a great place, right there close to Dr. Emery, so I started practicing there. It was work, work, work because anybody here knows that building a practice takes dedication and time, a lot of time. It was a lot of work and long hours, but I had those three kids that I had to feed. Lubbock was a nice place and so

like any other young doctor, I took all the scut work I could take at the hospital, worked the emergency room and we had that little hospital down there. You may have heard about it, and it was a nice osteopathic hospital, called Lubbock Osteopathic Hospital, and they were anxious for young D.O.s to work the emergency room and take call and do the menial work and the histories and physicals and everything else, so that's what I did the first year.

The MDs would come over there occasionally and consult, but we had the D.O.s who consulted there as well. It was a nice family-oriented hospital, so it was nice, nice place to get more experience and education. Being there, you would get plenty of work to do, so you were busy all the time.

D.O.s were treated as second rate doctors at least by the MD's. They thought we were second class, but it bothered them, I think, to know how well our hospital was doing and how well every DO in town was doing in their practice. My practice built up really fast, and it was a good one, but the atmosphere in Lubbock was one of prejudice. There was quite a bit of prejudice in 1995, not as nice as it is now. But every DO that came out there at my age knows how much prejudice there was towards D.O.s at that time, but we were too busy to worry about that, so we didn't. We kept to ourselves more or less, we just did our jobs well and people made us successful. The MD's were friendly. As far as to answer your question, we kept our hospital where it was. We delivered lots of babies; we did everything there. We had surgeons and so on, we all worked together there. When you're a group of good guys, good D.O.s, you help each other, and that's the way it was.

Committee Member: Did the hospital remain an osteopathic hospital over the years or has it changed since then?

Dr. Maul: Up to a point. because we were so small, reached a point where we couldn't continue to meet all of the federal standards, so we had to close it. All the small hospitals had to close; they couldn't make it. And of course, as time went on, we lost some of the "old guys". Some died, some left town, and so on. But the hospital lasted about 10 years and then we had to close it because we couldn't keep functioning like it was because the federal requirements for a hospital to receive reimbursements were going up and we couldn't keep up with them, so it closed.

Committee Member: Who owned the hospital?

Dr. Maul: A group of doctors that started the hospital. Dr. Emery was one of them. He owned the hospital; he and others put up the money to start it. They never got their money back. When they sold the hospital, none of the doctors got their money back. They put the money into an organization and let a managed group handle it and they took the money from the sale of the hospital, the profits of that investment and interest of the money and provided scholarships to the osteopathic students. That fund is still in existence. I'm on the committee of the organization. We told students that if they would come back to Lubbock, we would forgive all that money that we gave them. We'd support them all the way through school if they come back to Lubbock and work the four years. Well we had two to take us up on that, but we put probably a million dollars in scholarships and loans, little low interest loans, to the osteopathic students and other places that we wanted it to go. That organization still exists.

Committee Chair: What do you call that organization? What's the name of it?

Dr. Maul: The Lubbock Osteopathic Foundation.

Committee Chair: You made a statement that all the D.O.s in your area are doing very well in an environment of bias and discrimination. Why do you think that all of the D.O.s were doing so well?

Dr. Maul: They were good practicing physicians. They gave the public what they wanted. People don't stay with physicians that don't know what they're doing, who aren't friendly toward them, who don't practice what they preach; and they came to our hospital and they never went to other hospitals because they liked ours. To answer your question, it was the D.O.s and the way the D.O.s practiced, the way we practiced medicine.

Committee Chair: How'd you get into ACGP and ACGP leadership?

Dr. Maul: We had a state osteopathic association district, TOMA District 10, there in Lubbock and I went to District 10 meetings. There was a guy there that was on the TOMA board in Texas named Gene Brown*, and you probably know him, and Gene Brown drug me to an ACGP meeting. He said, "You got to go down to a meeting with me." But it wasn't long before they got me in as a state secretary or something and that got me interested and got me involved. So Gene, when one of the meetings came up, he wanted me to go to one of his ACGP board meetings with him, so I did. I got interested and there was an opportunity that came up, a board open position and they put me up for that position and I got it; that is how I started getting involved in our profession.

Committee Chair: Who were some of the Texas ACGP Board members when you started on it?

Dr. Maul: T.R. Sharp of course.

Committee Chair: Were the Burnetts in Texas yet?

Dr. Maul: Yes, and they practiced right in the Dallas area, so I got to know them. As I got more and more involved, I got to know those kinds of people and eventually became an officer, first the secretary and so on, then over a period

of years bigger things were trusted to me. That's pretty much how I got involved with Texas politics and ACGP.

Committee Chair: Then how'd your transition to national involvement?

Dr. Maul: There was an opportunity at national. I became state president of the ACGP and then I become president of TOMA. A position came up on the national ACGP Board, and my name was put up there and I got that position.

Committee Chair: Who were the leaders that influenced you most to be on the national board?

Dr. Maul: Oh I suppose Gene Zachary was one of them. Zachary was the Speaker of the House, both AOA and the national ACGP Congress of delegates. He and I became good friends and Zachary knew all the business that was going on in the national organization so he kept us posted pretty well. The Burnett's were there in the national scene also. They were from Texas at that point, so basically those were very influential people that I knew at the national level.

Committee Member: Had Texas gotten the osteopathic college going by that time?

Dr. Maul: Yeah, they started the school; it was about 1970. It literally started in a bowling alley and an old hotel across from the Fort Worth Osteopathic Hospital. I can remember that school started and nobody around Fort Worth except the D.O.s thought it would make it. That's just another one of the things that the D.O.s made them eat their words. It's amazing how much they stuck together and really built that school. It's just amazing what they did and amazing what they're doing yet.

Committee Member: How'd they get the state involved in that?

Dr. Maul: I don't know exactly how they got the state involved, but there were two or three doctors down in Fort Worth that were instrumental in working night and day and devoting their time and effort and money, so it was wonderful how that school evolved.

Committee Chair: When you were on the ACGP Board and then during your presidency, what were some of the tougher situations, the tougher issues that your board had to deal with?

Dr. Maul: Well managed care was starting to come in '95 and managed care was a little bit prejudice on who they hired and who they paid, so they used that to keep a lot of the D.O.s out of positions. One of the reasons they would give to block us was that D.O.s were not certified, they said. So when I was president, we really pushed certification. We wanted all D.O.s to become certified and not all D.O.s wanted to be certified. It takes time and money and effort and study. everybody here knows what it takes, so not all of them wanted to certify. But we were starting to get into a competition where the MDs thought they had the corner there on the jobs and when managed care came into control, the people in those positions who hired the doctors were kind of prejudicial about D.O.s. So the old prejudice acted up again and they used everything in the books to keep us out of positions and off of the hospital boards. So when I was President, I tried to push the effort that all of us needed to be certified. We saw that, in the future, we were going to have to be certified to get positions and that's another step up in quality, supposedly, in our field. I don't believe that anyone can really argue that what we did was necessary and helped D.O FPs keep up with the trends. I'm proud to be certified; now we even have to recertify. But still at that time, that was a new thing. And with any new thing, people object to quite a bit, especially if it takes time, effort, and money. When I was President, we pushed that quite a bit. We tried to educate our members why it was important to certify and what it meant to be certified. That was one of the big issues I faced.

The certification issue was a big deal. It took a lot of effort over a long time because you had to educate the entire membership and get them to realize that eventually it was going to be essential. We would tell the people at every meeting, as much as we could, why it was important and push certification and then get everything set up to get the certification board organized and efficient. Organizing it took quite awhile, but that was what I was mainly interested in when I was the President.

Committee Chair: Was the state organization pretty strong in Texas?

Dr. Maul: Oh yes, our state organization was good. We had a great group of people. But as with any professional society, we had to keep encouraging people to join and keep giving good programs and good conventions in order to keep people interested. As always, there were young leaders coming up but we had to encourage the young people and it was good because the DO profession was going strong. Of course there was that one thing we were always pushing, educating the public about what we were. It was amazing in 1995 that a lot of patients, a lot of people didn't know what a D.O. was. That seems funny now I guess, but they didn't, and they'd ask you in your office, "What's a D.O.?", and it was your job to educate them on it. If you were their doctor, they didn't care whether you were a DO or MD. But the degree, the D.O., it was kind of annoying, a lot of times, to be asked: What's the difference between a DO and a MD? But we explained it to them; it was kind of an educational problem for the people that we treated and the public. Sometimes still you'll have someone who has known you for a long time ask you "what is a DO?" and you just keep on explaining

Committee Chair: Well what is the difference?

Dr. Maul: There is great deal of difference! It's a philosophy. It's a matter of a philosophy and the way you handle people and the way you treat people and that's the difference in D.O.s. You treat the person as a whole person. You treat them like you would like to be treated and you make friends with them and you get to be a part of their family sometimes; you become part of the neighborhoods and you become part of their family and so that's the difference D.O. makes. You're not standoffish like a lot of MDs are. I could go on with that, but I'm kind of prejudice the other way. It's amazing how a lot of the older D.O.s had to put up with it back then. I look back on that and its just shocking what they had to put up with to survive and exist and the prejudice they met and still took it then went on and made something of themselves. Dr. Emery was one of those DOs. They made it easier on those of us who followed.

Committee Chair: Can you name a couple of the most colorful characters that you came into contact with?

Dr. Maul: I suppose Gene Zachary was most colorful in a way. Gene was helpful and he went from the Speaker of the House down in Texas to the Speaker at national ACGP. He did a lot of work for us at national. He kept us informed of things. He was always there to help you; and if he could help you in any way, he would. Man he was sharp! He did a lot of work behind the scenes for Texas that we didn't always know about. I mean he was a character in a very good way, and he was a real asset to Texas. He was also, I think, one of the best ACGP Speakers ever. So I think that he was one of the more colorful characters and an influential men that I came across.

Committee Chair: What do you envision as the future of ACOFP?

Dr. Maul: I think it's fantastic! I think if we keep on going like we are, the young people coming out now and the young doctors are in great shape and if they never lose

sight of being a D.O., I think it's going to be an incredible time to be a family physician, it's going to be one of the best things that young men and women can be... You know, I started out at 38 and I got out and into practice when I was 43. Being a D.O. and being around D.O.s and learning about osteopathic medicine is very important. Also, never think you're better than anybody else because you're a specialist. There's a lot of smart young D.O.s that I hope will stay true to the D.O. profession and not leave it. We need them and I think that being a D.O. is a privilege; I just hope that the young people realize that. I think that people realize what D.O. stands for nowadays and that's being a doctor for everything, especially family practice. I hope that the profession never loses that and never gets to a point where we start getting so automated. I so hope that we don't recognize that blessing that it is to be very personal with patients and pay attention to our slogan that 'we are treating people, not just symptoms'. You're treating people and that's who's making you the doctor that you are. I think that is the our most important attribute. I think the future for osteopathic family physicians is very bright. Their education is becoming the best available, in any college. We have young, smart doctors coming up. When I look at some of the things that they're doing and how far we have come, it makes me realize that I'm proud of them and that it'd be rough for me to go back and be one of them again because they're smarter than me. They're incredibly educated and that's important. Our future is solid.

Committee Chair: Do you have any advice you would give to young students?

Dr. Maul: Yes: be a D.O. Give them that statement: "be a DO". There is a lot of connotation in that. That means you treat people the way you want to be treated and never lose sight of the fact that you're one of them. That being a doctor doesn't put you above anybody. That treating patients well, kindly and just

being their doctor is what will make you what you are. So I think that's the most important thing, just be a D.O.

Committee Member: Thank you.

(Applause)