

**Archival & Historical Committee
Saturday, March 20, 2010
Las Vegas, Nevada**

**Interview with
Kirk H. Herrick, DO, FACOFP
ACOFP President – 1980-1982**

Committee Chair: Dr. Herrick, Welcome! We appreciate you being here today and would like you to start by perhaps telling us a little bit about your tenure and involvement with the ACOFP.

Dr. Herrick: My involvement did not start with (American College of Osteopathic Family Physicians (ACOFP), it started being involved in the Michigan Osteopathic Association (MOA). I sat in a dining room in the hospital and delegates were needed to go to the Michigan Association of Osteopathic Physicians and Surgeons (MAOPS [now MOA]) Annual Convention. They had four and they needed five, and I said "OK, I'll go". I didn't know I'd have any interest in it at all. However, at that meeting, I sat with Roy Harvey* and he began talking to me. I guess he was president of the AOA or he was about to be president of the AOA. He said, "The way you get into this, if you're interested, is you got to start small. You have to build up, but start doing things." Well at the same time, the Michigan Osteopathic Family Practice Association (MAOFP) was developing, but it just seemed stall, having brakes put on periodically and didn't move forward. We had one individual at MAOFP who wanted to take the organization by the reins and he worked hard. We found, however, that most of his interests were his personal interests and not anything to do with osteopathic family practice. The individual was P. John Muscari*. I don't know if you remember that name. He would do everything the opposite of what his board and everybody would ask him to do. He did as he pleased. In turn, he disenfranchised the ACGP Michigan group from the national college. I think this occurred while I was

president of the Michigan Osteopathic Association. MAOFP was established after the turmoil and has become a beautiful group today. I think it's absolutely great.

From that turmoil I started being interested. I came to meetings and thought: "Oh, I'd like to work with this group." People who pushed me to become involved were people like Frank McDevitt. He said, "You're working hard here, maybe you should go this way." It seemed everybody on the Michigan board wanted to become president of the AOA and they wanted to be on the AOA Board. Well I changed my mind and I said, "No, I think there's another direction to take and that's family practice. I would rather be there." And I said, "I don't think you should do both, but I would rather never do it as a dual project. I felt I belonged to the ACGP. That's where you worked hard-and you can get a lot more out of it. I can't even tell you when I finally got elected on the board of the ACOFP, but that is how my service started. However, earlier I heard the name Jack Hank mentioned. I was on several committees and he came to me one day and said, "If you'd like to be on the board, you got to stick with me," and all of sudden that made me feel bad. Here's a non-tradition telling me that as long as I stuck with him, I could get on the board. I thought that just doesn't make sense. I remember we were in Hawaii, maybe some of you will remember this, the entire financial report of the ACGP was given from a match book cover.

Committee Member: Yes, I remember that.

Dr. Herrick: And that started me in anger, and I said, "No way."

Committee Member: I think I entered into that picture very seriously.

Dr. Herrick: And I was very proud that the people that weren't accepting a budget of this type. My suspicions were true. Jack Hank was running ACGP as a non-physician. Everything we did was dictated by him. If we wanted to do something above and beyond Mr. Hank's" ideals", his comment was always involved. We might even decide something

we didn't think could happen, and it just made me feel that somewhere something was fishy because I thought he served us. We didn't serve him, but I had a feeling it was the other way around.

It was difficult to battle when I felt so badly about Jack Hank. I think that in his time maybe he did lots of good things. My biggest battle, however, was with my uncle, Kirk Hilliard, who thought Jack Hank was the greatest thing that ever lived. My uncle said that I was absolutely wrong to be upset with him and tried repeatedly to point that out to me. I couldn't talk to my uncle. He and I were as close as could be and if we had an argument, we went out. When it was over, he was still my uncle; I was still his nephew. If anyone influenced me in family practice, it was my uncle because I grew up in the town where he lived. He was my doctor and I just saw everything that he did for people. The thing he never got over until he finally finished practices he could not stand a patient dying. He would go into depression anytime a patient just died. You'd know what happened, if you'd go to his house. I talked to my aunt and she would say "Yes, somebody died this morning." In his later years she said, "He just never learned how to let go.

Committee Chair: How old were you when you entered into leadership, Michigan first and perhaps national?"

Dr. Herrick: Thirty-six/thirty-seven, and probably 42 when I went on the board at ACOFP. I had been in the house and worked on several committees.

Committee Chair: You mentioned Jack Hank; do you have any other stories or insights about him?

Dr. Herrick: Just that from the time that I realized that things weren't running well, members on the board started thinking the same. A few members of the board, I hate to say, he had bought, were against everything we were doing. But as the board changed, we got to the point that, yes, we had to get rid of this person.

Committee Chair: Who were the main players in taking back the organization?

Dr. Herrick: I think Bob Haman was a real big player. I just know that he probably wasn't as outspoken as some of us, but his decisions were very final. He could say in a couple words what other people said in a long dissertation.

Committee Chair: Was Bob Haman president near when you were?

Dr. Herrick: Before me.

Committee Chair: Just before you?

Dr. Herrick: Right. I think it was immediately before.

Committee Chair: Tell us a little bit about Bob Haman please.

Dr. Herrick: We sat in a room once after I served my board term and he said, "I'll give you some advice." He wasn't president, but he said, "Lots of things happened back in Michigan, lots of things happened back in Texas, but when you have a good idea that comes from Michigan that we might use, don't say it's from Michigan, just like I won't say, 'This is what we do in Texas' You could say, 'I think this would work better.' But don't say, 'This is from Michigan.'" He said, "There's just too much competition between states that even though your buddy's here. I feel that was solid advice on how to present issues. And for the most part, I look at him as being just straightforward, straight shooter and he spoke as things were.

Committee Chair: What about John Sevastos?

Dr. Herrick: I had a problem with John being on 19 committees and I thought if there's anything I've promoted, even back in Michigan, was to bring in the little guy. We traveled all over the country as president-elect and as president. You met people and you thought: this guy might make it. Why don't we put him on a committee? I don't mean the most important committee in the world, let's give him a small committee and see if he's willing to take that and go. Roy Harvey told me this way back when I first got involved. I appointed and suggested many people when I was on the board that I had met out in a small area. I did that when I was in Michigan. I just tried to find people

out in the middle of nowhere and I'm happy to say that lots of people that I suggested went on to be presidents of both AOA and ACOFP. It's just because someone got them started. Maybe they wouldn't even accomplish anything if I hadn't given them a committee position. But you get their name on a committee and all of sudden they want to go forward and they will do it. I just think that you have to look for the little guy. The other thing that I did and people have asked me: Why did you disappear from ACOFP? I really didn't disappear. My feeling was that I should leave the profession to those who follow. For example, this occurred when I went to a specific state and attended a board meeting and looked around to note there were 11 people on the board and 9 past presidents. I thought that is something I never want to see happen anywhere. I think we need new blood, new people to promote our profession. I just felt that we had to bring these people all on. Because number one, I don't care how many committees I had served on after my presidency. I don't care how many committees John was on I knew he would do a good job. But continued with that philosophy, we would die eventually because we wouldn't have anyone that we could promote.

Committee Member: I said it's like being inbred.

Committee Member: They do follow that philosophy, once the president is done, he's done.

Dr. Herrick: If the president is good at a specific thing, yes, keep him involved in that. But you can't keep him involved in 19 different committees, maybe chair of most. John had a problem with me because of that and till the day he died, he never spoke to me. Every place I went, I'd always say hello to him. I wouldn't say anything negative because he was good person who worked hard, but I felt sometimes that John worked for John and not as strongly for others

Committee Member: I appreciate that. Did you ever know much about Dr. Haman's continuous certification? He was talking about that. He was accredited at least in the record as

developing CCME, continuous medical education, and that was probably about all we knew was that it was sort of a way to remain certified.

Dr. Herrick: Yes, just because of him talking, he promoted that very, very strongly. What committee did we form way back then?

Committee Member: It may have been even CCME or what we now have CEE Committee.

Dr. Herrick: That's right, yes. Once that committee was created the people that were involved were absolutely good educators. Yes, you need a few politicians, but for the most part, it was run very strongly by people who were involved in education and knew the importance of educational development. I can remember sitting in a meeting and people saying, "What's this all about?" Well we found out eventually. Bob was very, very strong in that. He may have been the reason that it got started and got moving. First time he mentioned it, I didn't know what he was talking about and then he explained what it was going to be.

Committee Member: Can you tell us a little bit how you got started in osteopathic medicine? What was the background?

Dr. Herrick: Actually the background for osteopathic medicine was my uncle who was a DO. I was named after him, my mother's brother. I actually didn't know, now I feel stupid with this, there was any difference between an MD and a DO except a degree. It wasn't until probably I was in college and people were applying to medical schools that it made me realize there was a huge difference. That's what got me started. What got me in Michigan? I had no intention of staying in Michigan. My parents were from Pennsylvania and I had gone to school there. I was raised in New Jersey and I was going back east. April of the year of my internship a GP came up to me and said, "What the heck is this I hear about you going back east? We need good general practitioners." This was in Saginaw. He said, "I've got a deal you can't refuse." I said, "I'd like to hear this." He Reached in his pocket, takes out a key he says, "Kirk, this is

the key to my office. On July 1st, I'm going into an anesthesia residency. I want you to have my office. Just pay the rent. The equipment's yours, the patient records are yours, if they want to be your patient, just pay the rent and the place is yours." The office was totally equipped. I think maybe I borrowed \$1,500. That's all I needed to get into practice. In those days probably it was 10,000 or 15,000 that people had to spend, not like they would do today. But anyway, that was a free practice. And within six months, I needed a partner. The practice was strong from the day I started.

Committee Member: As president, did you have any initiatives? It seems you're sandwiched between two big names, Ray Saloom after you and you have Bob Haman before you. Did you have any issues that you tried to champion as the president?

Dr. Herrick: The first year was a tough one and that was to raise the dues. We needed it and many people were in support. Those individuals asked me to make a presentation at the house. I think that was probably the first presentation I made. The first person to shoot me down was the guy who backed me, Joe Namey. He goes on and he quizzes me and quizzes me and quizzes me. Joe and I, by the way, had many battles. He usually won, but he always shook hands and said, "You win some, you lose some. Don't worry about this." That was Joe. I loved him dearly. But anyway, he got up and did that and I thought: What's this all about? We voted for it because we had enough people supporting. The vote was probably the one of the toughest things that I ran into at that time.

Committee Member: A dues increase.

Dr. Herrick: Yes, right.

Committee Member: What year was that?

Dr. Herrick: '80 or '81. I was in '80 to '82.

Committee Member: How much of a dues increase did you...

Dr. Herrick: I can't really remember it. It could have been \$500.

Committee Member: What were the dues back then?

Dr. Herrick: They may have been a \$100 before that and they went to \$150, and it could've been \$75 to \$125.

Committee Member: I think it's \$75 to \$125.

Dr. Herrick: My first malpractice insurance bill was \$75, and was I mad when it went to \$125 three or four years later.

Committee Member: I started at \$125.

Dr. Herrick: Fond memories of Ray. I think Ray, if I got something out of him was how to influence politicians. He was very, very good at it and he was upset that more DOs weren't involved with their politician. Ray felt that was where we could get more done by being involved with them both on the local and national arena to help our profession. I cried when Ray got killed. They called me from the national office and told me he got killed the night before. I also cried when Bob Haman died. I was very shaken.

Committee Member: Bob and I were very close.

Committee Member: You had discussed briefly about the State Society of Michigan and how involved were you with that in your days before the ACGP?

Dr. Herrick: I believe that at one time, before we were an official organization, I was president of it; I shouldn't say president, a leader of the group that was going to get involved. I, also promoted another, John McSarion* in as president at that time. Then when the real group was created Eugene Sikorski and I were active in making sure that this ran. I don't think I ever was officially president. I ran the Michigan Society until we finally had the election and got all our papers in order. I have honestly seen it grow into a class organization from what it was.

I can just add something, seeing how this committee is working today compared to what it was when I was on the board, I see nowhere near the depth that you've gone into and what you have said today. I'm very proud to hear things like this. I'm very serious about that.

Committee Chair: You mentioned about Dr. Sevastos just in too many committees and now that the committees are perhaps working more now, do you think you had the volunteers, the workforce to man those committees?

Dr. Herrick: Do you mean positions?

Committee Chair: Yes.

Dr. Herrick: Yes, we did. I think that very seldom did we have people who would not show up or wouldn't do what they were asked. For the most part, people did want to be involved. I think that just as anybody's president, if you appoint somebody to something, you really want them to do a good job. I had other motives that I wanted to bring people in that really had never been tested and to see what they could do.

Committee Member: ACOFP, just this last Congress of Delegates, looked at changing the government structure of the board, eliminating a governor, which was defeated, but do you remember the board makeup under your presidency? Was that a regional board or was that more like whoever was appointed by the board? Do you remember how board members were selected to be say governors at large? It hadn't gotten to the point where it was a coronation by Joe Namey or any of that stuff prior to that time. I mean was there some sort of system during that time?

Dr. Herrick: At that time Pennsylvania could have three, Michigan could have three people, Texas could have two or three, depending upon the numbers.

Committee Member: So it was regional.

Dr. Herrick: It wasn't regional, but it was size.

Committee Member: Size of the membership.

Dr. Herrick: Size of the membership, yes. And then every once in awhile, we could talk Joe into giving up the Pennsylvania person to bring somebody in from California, which was an evolving state at the time. It had been dead and now it was coming back. We also thought that Michigan could give up a seat so that some place from maybe Florida, which was growing big at that time, have somebody on the board. That was kind of the way we talked these things over. I hate to say, but ahead of time we pretty much knew who was going to come on the board.

Committee Member: We sort of struggled with this, and I think that's why I think when you struggle with things, it's good to go back in history and learn how it was done and see if there's some way that we don't repeat ourselves and do things may not have worked in the past.

Committee Chair: So what you're saying is, we haven't learned.

Committee Member: We haven't quite... No.

Committee Member: Kirk, today we have a well organized system. We're trying to deal with the federal government and all the political things that affect us. What kind of system was then and was there much attention paid to that?

Dr. Herrick: If we think that the end is here because what's happening now, I think my time was the beginning of the end because we were starting to get more and more involvements. Committees and hospitals were kicking people out of the hospital. It started back in those times and that was country-wide. It wasn't just Michigan where I was from.

Committee Member: General practitioners?

Dr. Herrick: Yes, and it was also the beginning of PAs. My feeling about that that was a way of getting cheap physicians. I hate to say it. And people that become PAs have no interest in the depth that a physician has. Even to this day when I talk with those that I have worked with, some are good, but I'm just saying most of them do not have that deep down inside care about a person. They learn: Oh let's see, here's what you do for blood pressure. That's what I learned and that's what everybody gets for blood

pressure. They don't think about individual patients. I think that if anybody can - young physicians especially can come out in mind that they do have individual patients, and every patient isn't going to be treated the same. For example, they're 75 years old and I don't think we'll treat prostate disease for anybody that's 75 years or older because they're 75. I can remember in my office... Actually I was working urgent care, a man came in who was 92 years old and I asked, "How you doing?" He said, "Fine." I said, "How long have you been retired?" He said, "I'm not retired. I spend eight hours a day in my office." I said, "What do you?" He said, "Sell insurance." This is the sharpest guy at 92 I've ever seen. But as you look at your practice, you do find people that are sharp at that age and they shouldn't be cut off from health care. Way back when I was involved and I was president there were inklings that people would say things, but we figured: Ah that will never happen. If I can say anything to young students is to remember that you are the physicians and that you should control medicine and how your patient is treated. Don't let some medical do-gooder run your practice life because that does happen and I've seen students come out. They're perfectly happy with what is happening today

Committee Member: Could you talk a little bit about your time in West Virginia and the school?

Dr. Herrick: I went to undergraduate college in West Virginia and I picked up the DO one day and I saw they were looking for a dean at West Virginia Osteopathic College. I thought I don't want to do it but I'm going down for an interview because I'd like to know what colleges look for in a dean. I've been in medical education for five/six/seven years and running an internship and a residency program, so I thought maybe I'll go down and interview. I interviewed for it, thought I did very well and the president came out and he says, as I was leaving, he said, "You're going to be one of the finalists." I said, "May I ask who the other two were?" He said, "Yeah. One knew nothing about education, didn't even belong in the interview, and the other one unfortunately used

too much alcohol. I went home and I told my wife, I said, "I think I'm going to get this job." And it was a few weeks later, they called me for another interview. They said they were bringing all the finalists in. Well I was the finalist. They didn't bring anybody else in, and that was it.

Committee Member: The school had been up and running for how long?

Dr. Herrick: Probably ten years. My ambition was to get the school to run small clinics by us, the faculty, and then have students rotate through them. And if they loved them, they could take those clients over themselves. We did that a few times. It didn't work as big it should have, but that's a big ambition.

Committee Member: Your position at West Virginia was the...

Dr. Herrick: I was the academic dean.

Committee Member: And then you were for how long?

Dr. Herrick: Five years.

Committee Member: The next phase of your life after that, where did you go, back to Michigan?

Dr. Herrick: I went back to Michigan and became associate dean for academic affairs at MSU. During my tenure I realized why I left West Virginia. Academic administration was not for me. It was too political and I could not stand everybody scratching, climbing over everybody's back. I thought: That's not the way I learned. I don't really like that and I unfortunately had a president there that told me that students were none of my business. He would take care of the students.

Committee Member: And you're the academic dean?

Dr. Herrick: Yes. "Why do you say your door's always open?" I said, "Because it is and it's just not medical problems that come up. These kids have personal problems. They need somebody to talk to." I said, "I'll talk to them." People that have gone very far in medicine, I'm very happy that students come in ready to quit medical school and I talked them out of it. A woman, for example, who was very upset because a boyfriend

had left here and I said, "You're such a great person, you're probably the best student I have here. Why would you even think of quitting medical school because some jerk left you?" I said, "Go home, change the locks on your apartment and don't let him in. Throw his stuff out on the porch and he'll get the answer." I guess that's what happened because she never saw him again. She was an absolutely great student and I just liked her. I had another who was 38 years old and had a heart attack and he was going to quit medical school. He said, "With a bad heart like this, I don't think I can stay in medicine." I said, "Well you haven't learned anything in your three years here." I said, "I'm going to tell you something, come here," and I have a big mirror in my office. I said, "Look in the mirror," I said, "You're nothing but a fat slob." I said, "When you start living right, your heart will straighten out and you'll be in good shape." During this next year, I'd like to see you lose 50 pounds. Work on it, and all you have to do is eat properly and exercise and you will do okay. Just stay away from the junk. You know what it is." He probably lost 80 pounds that year, felt healthy as could be. I see him at every convention. I saw him at this one and he's slim trim. He looks great. He's had a great life. He said, "Boy, I just can't believe that I was going to quit medical school." These are things that just make me happy when I see what happened. We had another person who quit school and then because they have a property right, the judge said that we had to talk them back right where they left off. I went to him and I said, "Look, you were having trouble when you left, would you do me a favor? I'm not going to charge you anything. You may audit courses for the balance of this year and start again in the fall." I said, "We don't tell the judge; we don't tell anybody, but you can come because I want you to do well. You're going to end up getting grades for this." So he came in and did just absolutely great. That little time off that he had just squared him away and made a good student. He's practicing

in Michigan somewhere today and just very happy that I got involved with him. Yeah, academic deans can be involved with students.

Committee Member: I see that you were one year with the New York College.

Dr. Herrick: Actually five years.

Committee Member: Five years.

Dr. Herrick: Yes.

Committee Member: It just lists 1980.

Dr. Herrick: Yeah, I left Michigan State and went to New York to St. Barnabas Hospital in the Bronx to try to start a residency program at St. Barnabas Hospital, which was a big allopathic hospital. Within a year, I got them accredited as an AOA accredited hospital and felt that that was a good model of what I would love to see allopathic hospitals do. The hospital had one MD Internal Medicine residency and I think while I was there I started 11 different osteopathic residencies.

Committee Member: So did they hire you on to do this?

Dr. Herrick: Yes. Mark Cummings from MSU who had gone out there had known me and known what I had done in Saginaw and in West Virginia. The only reason I left was that New York was too big for me. I had a five year contract and when completed I just said, "No, I'm going back to Michigan." I picked up a paper. They were looking for a family practitioner in Frankenmuth, Michigan. I called the people who was my interviewer. The person that answered the phone was someone who used to work at Saginaw Osteopathic Hospital before it closed. They said, "You don't have to come back for an interview, when do you want to start?"

Committee Chair: Did you encounter much discrimination against DOs?

Dr. Herrick: Not as much as some other people did. I was trained in Pennsylvania, which they knew what a DO was. I did my internship at Michigan where they knew what DOs were, so I really didn't run into a lot. I saw more of it when I went from state-to-state.

Some states that I thought were very strong were having troubles with discrimination against DOs that just hadn't been seen by others. Probably one of the nicest things that happened to me was in Norristown, Pennsylvania. I was as a senior medical student and a camp doctor at the Boy Scout Camp at Point Pleasant just north of Norristown. I worked under an MD at the camp, but he wanted me to do everything. I did suture, placement of casts and many other procedures. It was so crazy at the end of the summer. He had billed for all and then sent me a check for everything that I did. He said, "I didn't do it. You deserve the money." He was just a nice person. I wish I remembered his name but... I think he came to my graduation. It was just a real nice experience.

Committee Member: Obviously there were some growing pains as we tried to become a specialty probably more under John Burnett, Mary Burnett and Bob Sharp. How were the relationships during your presidency with the AOA leadership?

Dr. Herrick: Well I think that those people that you mentioned fought a good battle for us at the AOA level. I think that we did very well and I think that if they used anything to help us was they pointed out numbers. We did have the numbers over any other profession that may have been trying to shoot us down, and I loved Mary dearly. I just thought when I went on the board she was one person who was a big help because I loved her for her honesty. That was just one thing that I thought always stood out by her; she was just there and you could turn to for advice.

Committee Chair: Were there any particular highlights of your presidential years, specific to your presidential year, what was a major battle or major issue?

Dr. Herrick: As I said earlier, the major issue was the dues and getting that through. We changed our annual meeting, and that's why I ended up being there almost two years rather than one because of the change of the...

Committee Member: And was that from July to April or, changing our annual meeting?

Dr. Herrick: Yes, from...

Committee Member: Was it 4th of July, around that week of the 4th of July?

Committee Member: Back in the middle of July wasn't it? Anyway, we used to have our annual meetings in July.

Dr. Herrick: They decided to change it to the fall the major meeting². Okay, that's what they did. So I had gone through part of the year and so that gave me another year to serve. That's why I was in for two years. I wasn't gutty enough to say I wanted to stick it out for two years, it just happened.

Committee Chair: What was the year? What was that year?

Dr. Herrick: '80 to '82 that I was in, so it was probably in '80 or '81 that this happened, yes, '81 probably was when that change took place.

Committee Member: There was family orientation around the summer meeting. Did that change when you changed the meetings?

Dr. Herrick: No, it didn't.

Committee Member: It was just the time of the year, but there's still orientation...

Dr. Herrick: Yes, there was.

Committee Member: It became more scientific, sophisticated, less family oriented.

Dr. Herrick: Yes.

Committee Chair: Could you then make a comment of how was it prior to the change? The campouts, I've not heard of that.

Dr. Herrick: I can't remember all the reasons for it, but possibly was to be in conjunction when the majority of the colleges were meeting. The conference change actually brought us together for our big annual meeting so that we could do the things that we talked about through the AOA.

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

Dr. Herrick: I look at it as being strong mainly because we have a much stronger organization. We have, again, things like this committee, and other committees I'm sure are stronger than they really were. I think that something that maybe we tried to shoot down at one time is bringing students, interns, and residents into our midst that we do this, and I think it's important because we find a lot of good leaders from that group. It's even better than my plan of giving a job to somebody just to see what they would do. We have a way of identifying these people. I've just seen so many of them that have just blossomed.

Dr. Herrick: When I started practice, I had people walk out of my office because I was too young. I started when I was 25. I was one of these people who got into medical school after three years of undergraduate school and started college I think when I was 17. The craziest thing that happened to me one day, a patient stated, "Boy, you can't take care of me. You're too young. You can take care of my kids though." I thought: "What does this mean? I think my kids would be more important to me."

Committee Chair: We're certainly in a lot of upheaval right now, but what is your vision or prediction of the future of family medicine?

Dr. Herrick: I think as long as we stay strong and fight for what we believe, I think we'll get it, and I think we'll get where we want to be. It's like when any of us started in practice, we said, "Oh man, you guys really have it tough compared to what we had way back when. Somehow we adjusted and did very, very well. I think that's what's happening and that's what will happen. So if medicine survives, we'll survive.

Committee Chair: You have any advice for young physicians and students?

Dr. Herrick: Believe what you believe in. Why did you come into medicine? You're there for the people. Treat people, not laws.

Committee Member: Are you in practice now?

Dr. Herrick: Yes, I am.

Committee Chair: Do you mind telling us how old you are and then tell us about your practice?

Dr. Herrick: 75 years old for another two months. My practice is composed of senior citizens and some of their kids that were patients of mine over the years. When I retired many of those patients would hit me on the streets and say, "When are you going to open your office again?" Finally I just said, "There were so many people that approached me, I did." The practice is limited. I'm in only in the office two days a week. Of course that doesn't mean that I don't take phone calls and not in practice 24 hours a day, because you always are when you're in practice. My practice was one in the days when I used to see a hundred patients a day.

Committee Member: How much?

Dr. Herrick: Yes, A hundred patients a day, like sore throats.

Committee Member: Penicillin.

Dr. Herrick: Penicillin. Throat looks bad, looks red, okay boom.

Committee Chair: And that was the whole note.

Dr. Herrick: And the whole note and you put down what you did.

Committee Member: And sometimes didn't you even say? - Laryngitis -penicillin.

Dr. Herrick: That's right.

Committee Member: I've seen records where it says the date and \$5.

Dr. Herrick: That was my partner's records. I made sure that I put down the patient's diagnosis.

Committee Member: How will CAQs make the future of family practice?

Dr. Herrick: I think there's a place for CAQ's. I think because people in practice have always had interests in a specialty of some kind. This process opens the opportunity to them and yet they still remain family practitioners. Personally, I want to complete a CAQ in occupational medicine but I don't know, I keep saying no. I've prepared for it and ready to complete the process by taking all their courses. I still like, however, the thought of it as: Kirk Herrick, D.O., Family Practice.

Committee Member: What is your basic office theme?

Dr. Herrick: You know what, my wife's asleep upstairs and she could tell you because she's my office manager. I'll be very honest, I don't even know. All I do know is that when Medicare and Medicaid came into effect, my office call was around \$5 and within a year it was \$10, within three years it was \$20. And when it kept going up from there, I stayed at \$20 for 20 years because I said, "I'm making a good living. I don't need anything beyond. "This is just baloney." Fees were built in by the government to provide a raise every year regardless of what was costing you to practice or not."

Committee Member: And then your malpractice went up.

Dr. Herrick: Yes, the malpractice fees were increased. Yeah, I remember crying when I gave up the 80s. I delivered 2,008 babies. The 2008th was my own grandson and that was a treat. I was down in Indiana and my daughter was about to have the baby. The obstetrician said, "Kirk, come on in. Your daughter tells me you delivered lots of these and maybe I can use some help in here." "I'll just hand you the baby and you'll hold your grandson. You can be the first person to hold him after me." The baby crowned. The OB stepped back and said, "Grandpa, it's all yours," and let me deliver the baby. The craziest part, my daughter didn't know I delivered the baby. But she saw some pictures one month later that they took in the delivery room, she said, "Dad, you delivered Payton." I said, "I know, I thought you knew."

Even crazier, I delivered my daughter, Hope as well. That was a freak incident because the obstetrician came walking in, with my wife crowning. The OB just looked at me and he said, "You've done it before, you better get it done while I get my hands scrubbed. She's in delivery. He says, "You're cool, Kirk". You can deliver your own wife. Don't worry about. He said, "Besides, you put it in there, you get it out."

Giving up OB was probably tough for me and that was strictly because it was going to cost me.

Committee Chair: Strictly because of...

Dr. Herrick: Of malpractice insurance.

Committee Chair: HMOs came in about the time you were president, tell us about HMOs.

Dr. Herrick: Well I knew at the time was it was a bad name. One of my reasons is that the plans seemed like someone trying to control medicine. That's what I didn't like. I worked ERs and I had a doctor working with me, it was in an HMO and they brought him in with having an apparent heart attack. However, the tests didn't say so, nothing said so, so in order to admit from that HMO, you called them and asked them. They said, "Why don't you send him home and we'll see him in the morning." I said, "the hell with you," ,
"You'll see him in the morning at the hospital because I'm admitting him." And I just walked in and I told him, I said, "Look, I think you're having a heart attack. Your tests don't show it, but you're going to CCU and I am putting you in. Your company says no; but if you don't agree with what I'm doing, you can go home, but I certainly wouldn't do it and I don't think you want your company to control what's happening to you." Two hours later I was called and he had an arrest, but he did survive, but because he was in the hospital.

Committee Member: Because he was in the hospital.

Dr. Herrick: I was one of these ER physicians that didn't stop patient care at the hospital door. I admitted then cared for them in the hospital. That is my family practice background. You can do everything. I never thought I was an ER Physician when I was in the ER. I just couldn't think that way.

Committee Chair: I'd like to thank you for being here this morning. It's been inspiring. We appreciate your service.