Resurgence:

The Rebirth of Osteopathic Medicine in California

First licensing exam of DOs after state Supreme Court justly returned the powers to the state os-teopathic board of examiners to license new DOs after a 12 year hiatus, Sacramento, May, 1974. In the center of the first row are then OPSC president Viola Frymann, DO and past president Ethan Allen, DO, and fourth person from the left of Dr. Allen is Richard Eby, DO, founder of OPSC. The first row in this photo is OPSC leaders and members, and state osteopathic board examiners. This photo demonstrates the successful, heroic efforts of

by

Michael A. Seffinger, DO
Sibylle Reinsch, PhD
Olivia Solis, MA, MLIS
Julia Melvin-McCann, BA
This book is dedicated to the amazing osteopathic physicians & the members of the public in California and out of state whose dedicated & courageous efforts to revive the osteopathic profession from the edge of oblivion must never be forgotten.
Acknowledgements

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“Love for one’s profession can be one of the greatest sources of happiness.”

(Robert Muller, 1985)
Overview

California was one of the earliest states in the U.S. to provide opportunities for the establishment of osteopathic medicine; it was also where the osteopathic profession suffered the worst blow to its growth. Since the “merger” between the California Osteopathic Association and the California Medical Association in 1962, the California osteopathic profession had been reduced from a physician force of more than 2,000 DOs to less than 400. They had lost their highly respected college, their real estate properties and other assets. Most important, California’s Board of Osteopathic Examiners lost the right to license new DOs. This book describes the undaunted effort to restore the osteopathic profession in California to its full rights and privileges. Since 1961, Osteopathic Physicians and Surgeons of California (OPSC) has provided the vision and persevering leadership for the resurgence and firm reestablishment of osteopathic medicine. This book tells the OPSC story.

In 1961, OPSC was accepted as the new state association to represent the AOA in California. The founders, including Richard E. Eby, DO as founding president, Viola Frymann, DO, Ethan R. Allen, DO and Donald Dilworth, DO, collected documents about their resurgence efforts that provide the building blocks for this book. Historical documents, housed at the Harriet and Philip Pumerantz Library at Western University of Health Science have been valuable to describe the financial and logistic challenges to build a new college of osteopathic medicine as a center of excellence in education and research.

The introduction recalls the unique contributions by Andrew Taylor Still to the healing arts in America. Chapter 1 shifts the focus to osteopathic medicine in California, from the 19th century to the thriving profession in the 1950s, ending with the near demise of osteopathic medicine in 1962 because of the merger.

Chapter 2 describes the early days of the newly founded Osteopathic Physicians and Surgeons of California as a dissident group. Their conviction of the potency of osteopathic approaches to patient care, and their patients’ rights to
access it, continues to inspire the profession today. Chapter 2 documents the strategies to prevent the loss of the licensing board with intelligent and passionate messages to the public as gleaned from newspaper clippings. Finally, OPSC’s protracted legal battle to re-establish the licensing power of the Board of Osteopathic Examiners culminated in victory when on March 19, 1974 the California Supreme Court upheld their case.

Chapter 3 describes the next step that OPSC mastered, building a new college as an independent and innovative center of osteopathic medicine for the western states. In 1977, the college was registered under its current name, the College of Osteopathic Medicine of the Pacific, COMP. To re-build the profession, funds were of critical importance to cover legal fees, college real estate and buildings, teaching equipment, adjustments to meet accreditation requirements, and initial salaries.

Chapter 4 shows how the Arcade Hospital Foundation, comprising largely former DOs, was the first organization to provide a major grant as a challenge to California DOs to raise $100,000 in matching funds and to make the commitment of assuring the continuity of osteopathic education and distinctly osteopathic patient care, including osteopathic manipulative treatment. Grateful patients and the Californians in Support of Osteopathy (CSO) provided the necessary lay support to obtain the matching funds. Thus, in 1978, OPSC reached its second milestone when the College of Osteopathic Medicine of the Pacific welcomed the inaugural class of 36 aspiring DOs. Since then, the college is thriving under the leadership of Founding President Philip Pumerantz, Ph.D.

Chapter 5 pays homage to the 50 presidents of OPSC. Their respective vision, as gleaned from their presidential messages and other documents are quoted in this chapter and their biographies are summarized in Appendix A. Their legacy affects the continued growth and service of OPSC. Providing executive leadership for OPSC has always been a demanding role, especially because of the constant vigilance needed to fend off discrimination.

Chapter 5 and Appendix B provide detailed information about the
numerous anti-discrimination laws that have been achieved. Since the founding days, OPSC presidents and executive directors worked closely together to promote connection and communication among DOs practicing often quite isolated in rural and underserved areas. Nationwide engagement has once again placed California’s DOs in leadership positions as well.

Looking back 50 years later, one is deeply moved by the belief and faith among the founding OPSC members in their profession to survive. Chapter 6 describes their many ways to stay connected with their colleagues throughout the nation and to contribute to communication and education with their professional journal and newsletters. Community involvement to protect and promote people’s well-being locally and abroad, were important commitments among OPSC members.

Advancement and expansion of OPSC last but not least depends on each DO who serves as mentor, role model, caring and dedicated doctor, and loyal supporter of OPSC. Chapter 7 gives voice to the individual DO, in a leadership role or as aspiring osteopathic physician, expressing pride and dedication to the osteopathic profession.
Introduction

“I have seen this profession grow from a handful of tiny hospitals to a nationwide network of thousands of beds; from a group of no certified doctors to an association of 14 specialty colleges; from makeshift college buildings to multimillion dollar campuses; from public obscurity to national recognition; from academic adolescence to present day maturity.”

Richard E. Eby, DO, 1972, (at the graduation ceremony of the Kirksville College of Osteopathic Medicine)
Osteopathic Medicine in America: A distinct profession of physicians and surgeons

Osteopathic medicine represents a truly original American approach to health care. It was developed shortly after the Civil War (1861-1865) in Kansas and Missouri by an MD physician during the pioneer movement towards the west. The history of the profession is clouded with rumors, political innuendos and misinterpretations of facts. It is the goal of the authors to provide a clear, concise and accurate history of osteopathic medicine in California. In particular, this book focuses on the resurgence of the profession from near devastation in 1962. Osteopathic medicine was reborn thanks to the heroic efforts of a small group of dedicated people both in and outside the state of California who believed that osteopathic medicine should survive and have a dignified place on the American health care scene. As an introduction to this intriguing history, it will be helpful to the reader to know the following basic factual information as an orientation to the osteopathic profession. This background information is derived from the standard medical textbook **Foundations of Osteopathic Medicine**, A. G. Chila, executive editor, Philadelphia: Lippincott, Williams and Wilkins, 2011. The story of the California osteopathic profession is painted upon this background canvas.

The philosophy and science of osteopathic medicine was first conceived in 1874 by Andrew Taylor Still, MD (1828-1917). Dr. Still trained as a physician primarily as an apprentice to his father, an itinerant frontier physician and minister in Kansas and Missouri. He practiced as a licensed MD from the early 1850s. Literature has been confused as to what Dr. Still’s practice of osteopathy actually entailed. He was a master of anatomy, utilized history taking and physical examination of his patients, including palpation with his hands, to diagnose and treat what he determined to be the cause of illnesses. Most of the patients he wrote about as examples of the application of his new approach to patient care had a history of musculoskeletal derangements or dysfunctions that were identifiable by palpation, and amenable to his manual treatments. He documented the improvement from these illnesses after his manual
interventions. However, manual diagnosis and treatment were not the only aspects of his practice. Dr. Still prescribed the commonly used drugs of his day up until the late 1870s, at which time he found that manipulation of the body with his hands achieved comparable or better results for the bulk of his patient’s problems. Thereafter, Dr. Still was not a proponent of using drugs as remedial agents for illnesses that had no accurate diagnosis. But, he did use medications for specific pathological conditions. He used medicines to expel parasites from the body, for example. He used anesthetics and narcotics and practiced surgery, obstetrics and dentistry. He also educated his patients on the benefits of nutrition, abstinence from alcohol and addictive drugs, and decreasing the stress response from financial worries and social relationships. He opened a sanatorium for mentally ill patients as well.

In 1892, Dr. Still founded the first osteopathic medical college, the American School of Osteopathy in Kirksville, Missouri. The curriculum included extensive training in surgery, the administration and uses of anesthetics and narcotics, intensive anatomy courses, and manual diagnosis and treatment as a part of its teaching of the practice and principles of osteopathy. Since he based his new approach on the anatomical structure of the body, he coined the term “osteopathy” to describe it. The term “osteopathy” was not in the dictionary at the time, so he derived it from the words “osteon” meaning bone, and “pathos”, or “pathine”, meaning “to suffer”. He reasoned that the bone was the starting point from which he was to ascertain the cause of pathological conditions. His goal in establishing a new school of medicine was, in his own words: “…to improve upon the present systems of surgery, midwifery and treatment of general diseases.”

*(Autobiography of Andrew T. Still, 1908)*

Andrew Taylor Still, MD, who was experienced in providing emergency care to soldiers in the Civil War, conceived osteopathic medicine as an improvement of healthcare provided during his time. Historical documents that have been available since 1903 and updated in 1924 (e.g., see Booth ER. *History of Osteopathy and Twentieth Century Medical Practice*. Cincinnati, OH, Caxton Press, 1924) contain a series of detailed accounts of just about every day
of Dr. Still’s life, as witnessed by family, friends, and students. One of Dr. Still’s sons, C. E. Still, DO, for example, provided to the American Osteopathic Association (AOA) in 1940 an affidavit of his recollections while training and working with his father during the early days of osteopathy.

In an accompanying letter to Dr. Ray G. Hulburt at the AOA, C. E. Still recalled that

“...Father stated that it [osteopathy] was an improvement on the present system of surgery, midwifery, and general practice. Father was always in favor of surgery, but not needless surgery, and objected very much to some of the operations that had come under his observation. As he said, they were unnecessary in many cases. When we lived in Kansas, at Baldwin, my father did a lot of surgery, but it was not of the abdominal nature. My Uncle James Still was a graduate of Rush Medical College, and had a little place that he fitted up for operations in the little town in which he lived. That was in Eudora, Douglas County, Kansas, and as Uncle James had fitted himself for that line of work, Father referred the necessary cases to him. I might say, by the way, that James M. Still, MD, was a grandfather of George A. Still, MD.

“Now, as far back as I can remember, and that will carry me back to when we lived in Kansas, when I was 10 years old, Father was doing surgical work in the way of breaks and dislocations. He also did dental surgery for which he had as fine a set of dental instruments as anybody in the country. A number of years ago when things were divided up, the instruments were given to different members of the family. As I have said before, Father would object to some of the country doctors operating on everything that came in to see them. Father’s slogan was ‘the man who can save a limb is better than the man who cuts it off’. In the beginning of his practice here he received many mangled bodies to work on.

“How, in reference to what I said in the affidavit that in 1885 I became interested as an assistant, I will say that I had for a number of years been
a helper, but in and about that time, I made some visiting trips and saw
and treated by myself patients that Father didn’t have a chance to see.”

As an after-thought, C. E. Still added:

“When Father lived in Kansas he was about the only dentist anywhere
near, and he pulled teeth and made false teeth. That was sort of a side-line
however. In other words he was what you might call a real country
doctor”.

C. E. Still reported on his father’s determination that surgery and medicine were
an important part of osteopathic medicine. In his affidavit, deposed on
September 4, 1940, C. E. Still, DO stated:

1. That he is a son of Dr. Andrew Taylor Still, late of Kirksville, Missouri,
and was born in January 7, 1865.

2. That from an early age he was acquainted with the osteopathic
practice of his father, the said Andrew Taylor Still; that he was associated
with his said father in the practice of osteopathy and was taught
osteopathy by precept and by example by his father; that he assisted his
father, Andrew Taylor Still, in the organization of the American School of
Osteopathy in 1892; that he was active in the administration of the said
college from its origin and was instrumental in organizing its curriculum
and in formulating the policies of the osteopathic education of the college,
all of which was done under the guidance and supervision of and in full
and complete cooperation with said Andrew Taylor Still, in pursuance of
the plan and design of the said Andrew Taylor Still, to teach the principles
and practice of the osteopathic school of the healing art.

3. That from 1885 until the death of his father, the said Andrew Taylor
Still, in 1917, your affiant was closely associated with said Andrew Taylor
Still in the development and practice of osteopathy and in the
administration of the American School of Osteopathy which was devoted
to the teaching of the principles of the osteopathic school of the healing art.
4. That his father, the said Andrew Taylor Still, from the time when he first enunciated and applied the principles and practice of osteopathy always considered surgery and the administration of anaesthetics and narcotics in connection therewith to be a part of the practice of osteopathy.

5. That he personally witnessed his father, the said Andrew Taylor Still, personally perform a large number of surgical operations and administer anaesthetics and narcotics in connection therewith, all of which the said Andrew Taylor Still believed to be and expressed to be an integral part of the practice of osteopathy.

6. That immediately upon the original organization of the American School of Osteopathy in 1892 there was taught therein the principles and practice of osteopathy as developed and practiced by said Andrew Taylor Still and that the curriculum of the said college included careful and extensive training in surgery and in the administration and uses of anaesthetics and narcotics in connection therewith as a part of its teaching of the practice and principles of osteopathy.

7. That this affidavit is made for the purpose of establishing that Andrew Taylor Still, as evidenced by his expressions and acts, considered surgery and the use of anaesthetics and narcotics in connection therewith to be a part of the practice and principles of the osteopathic school of the healing art.”

The American School of Osteopathy was chartered to provide the MD degree, but Dr. Still decided instead to create a new degree to distinguish his graduates from the standard medical doctor that did not use his principles and practices. Dr. Still’s school initially granted the Diplomate of Osteopathy degree, but within a decade changed it to the Doctor of Osteopathy degree. Dr. Still received an honorary Doctor of Osteopathy degree from his school in 1901 and became the first licensed doctor of osteopathy in the state of Missouri upon the establishment of that state’s osteopathic practice act.
The Doctor, as opposed to Diplomate, of Osteopathy degree was first conferred upon the graduates of the Pacific School of Osteopathy in Los Angeles, California in 1898. After 1901, the degree granted to all graduates of American accredited osteopathic colleges was “Doctor of Osteopathy”. In the first half of the 19th century, Dr. Still’s students who travelled abroad and started schools of osteopathy in foreign countries continued the practice of conferring the degree Diplomate of Osteopathy to their graduates, as they were unable to obtain privileges to teach and practice as physicians and surgeons. Osteopaths with that degree are not physicians or surgeons and practice a limited scope of medical practice devoid of the use of pharmaceuticals and surgical procedures. There are some countries in which medical doctors and surgeons do indeed practice osteopathic medicine as it is practiced in the United States. The London College of Osteopathy, founded in 1946, is an example of a foreign post-medical school graduate osteopathic school for physicians and surgeons. Germany and Russia also have osteopathic schools for physicians and surgeons.

Currently, graduates of accredited American osteopathic colleges hold the DO (Doctor of Osteopathic Medicine) degree and are licensed as Physicians and Surgeons in all 50 United States. There are no laws governing the limited practice of osteopathy as taught in foreign colleges in the United States. However, those graduates of foreign osteopathic schools that are not physicians and surgeons are practicing in America, including in California, under the license of other physicians and surgeons as their assistants, or as another licensed professional, such as massage or physical therapist. To distinguish between the two types of osteopathic practitioners, the American Osteopathic Association designates the American graduates as “osteopathic physicians” and the limited scope of practice (manipulation only) osteopathic practitioner from abroad as “osteopath”. The former uses “Osteopathic Manipulative Treatment (OMT)”, which entails a physician’s determination of a medical diagnosis and designing a comprehensive treatment plan, whereas the latter uses osteopathic manipulative therapy, as the limited training and scope of practice of these practitioners does not allow them to make or treat a medical diagnosis outside their scope of practice.
Osteopathic medicine is founded upon a philosophy that is health-oriented and patient centered, and promotes rational, scientific, evidence based evaluation and treatment methods. It utilizes all of the contemporary diagnosis and treatment methods available, and provides comprehensive medical and surgical approaches for patients of all ages all across America.

A unique and very visible aspect of osteopathic medicine is its utilization of manual diagnosis and treatments in conjunction with conventional medical and surgical practices. Osteopathic manipulative treatment (OMT) is used by osteopathic physicians as part of a comprehensive patient management plan. OMT procedures are designed to safely and effectively improve the efficiency of posture and joint motion, respiration, circulation, metabolic processes of all types throughout the body, relieve pain, balance autonomic nervous system activity, and help patients increase healthy activities. An osteopathic approach to health care is also characterized by advice to choose a nutritious diet, decrease stress response and tension, and develop a supportive social network. These approaches combine to formulate what some term as a “holistic” approach to patient care, since it entails assessing and caring for the whole person. But to the osteopathic profession, it is simply “what every osteopathic physician should do”, i.e., practice osteopathic patient care.

Although all DOs are trained to perform OMT during medical school, OMT is utilized to varying degrees in clinical practice depending on the medical or surgical specialty each DO chooses for post graduate training. DOs who choose to utilize OMT as a primary modality for patient care can do a post graduate residency in neuromusculoskeletal medicine/osteopathic manipulative medicine. Many DOs specializing in Physical Medicine and Rehabilitation or Family Medicine and OMT tend to utilize OMT in their practices as well. Osteopathic specialists who do not themselves use OMT may refer their patients to DOs who practice OMT regularly if they determine it is indicated based on the diagnosis and the patient’s condition.

Licensing of osteopathic physicians and surgeons in California began after the first DOs graduated from the state’s inaugural osteopathic college, which
opened its doors in 1896. The California state osteopathic association was created in 1901, along with the first osteopathic practice act and the osteopathic licensing board. In California, DOs have had full unrestricted medical and surgical practice privileges since 1907 upon the creation of a composite state medical licensing board consisting of both MD and DO physicians. The composite licensing board lasted for only 15 years as tension developed between the two professions. A 1922 voter approved ballot proposition established a separate licensing board for osteopathic physicians and surgeons. The licensing board was comprised solely of osteopathic physicians until 1991, at which time two public positions were added. In 2010, naturopathic doctors were briefly awarded two seats on the licensing board by action of the Governor, but the positions were eliminated by the state legislature less than a year later in response to an uproar from the osteopathic community.

Until 1940, DOs and MDs had a choice of obtaining a full unlimited physician and surgeon’s license, a physician’s (but not surgeon’s) license, or a drugless practitioner license. In the case of the osteopathic drugless practitioner, this meant a manipulation only practice. Thereafter, DOs who obtained the drugless practitioner license prior to 1940 could continue to practice under that license until they retired, but the osteopathic licensing board granted no further new drugless osteopathic practitioner licenses. In 1923 there were 284 osteopathic physicians and surgeons, 529 osteopathic physicians who did not perform surgery, and 116 osteopathic drugless practitioners. By 1958, there were 2,343 osteopathic physicians and surgeons, 47 osteopathic physicians only, and 102 drugless practitioners. There are no longer any DOs practicing with drugless practitioner licenses or osteopathic physician (but not surgeon) licenses in the State of California.

In part to relieve the inter-professional tensions between the MDs and DOs in California, in a watershed series of events from 1960-1962, described in detail in *The Merger: M.D.s and D.O.s in California* (Reinsch S, Seffinger M and Tobis J, Xlibris Press, 2009), the California Osteopathic Association “merged” with the California Medical Association, decimating the osteopathic
profession in the state. In anticipation of the impending merger, a new professional society - the Osteopathic Physicians & Surgeons of California (OPSC) - was formed in 1960 by osteopathic physicians determined to save the profession. Although the merger was not pre-empted by OPSC’s efforts, OPSC was successful at reviving the osteopathic profession and has led a resurgence, growth and expansion unparalleled in history. Exactly fifty years after its formation, OPSC purchased a historic colonial style mansion in downtown Sacramento to serve as its headquarters as the organization continues to represent a thriving osteopathic profession.

Celebrating the profession in San Francisco: Then and Now

C.E. Still, DO, was 75 when he provided to the AOA his first-hand knowledge of the birth of osteopathic medicine. Thus, he most likely did not witness thirty years later in 1972 the profession proudly celebrating its 75th birthday in San Francisco, California (the American Osteopathic Association was founded in 1897). At that point in the profession’s steady growth, there were 13,604 DOs in the U.S. About 60% were general practitioners and 1,214 DOs were certified specialists. Six osteopathic colleges annually graduated 432 DOs. The profession had established 251 osteopathic hospitals. Most importantly, in 1970 DOs had unlimited licensure status in 46 states and the District of Columbia.

In 1972, the AOA chose to gather for this special birthday celebration in San Francisco, possibly to show its admiration and loyalty to Californian DOs. Since the controversial “merger” between the California Osteopathic Association (COA) and the California Medical Association (CMA) in 1961, the California osteopathic profession had been reduced from a physician force of more than 2,000 DOs to less than 400. They had lost their highly respected college, their real estate properties and other assets. Most important, and most urgent to be dealt with, was the loss of the California Board of Osteopathic Examiners (BOE)’s right to license new DOs. This book describes the undaunted effort to restore the osteopathic profession in California to its full rights and privileges.
In November 2010, the AOA gathered once again in San Francisco, to celebrate the 113th year since its inception. California’s DOs made important contributions, providing lectures and workshops, attending leadership meetings and several were recognized for their accomplishments at award ceremonies (e.g., Donald Krpan, DO from Yorba Linda for lifetime achievement, Steven Kamajian, DO, from Glendale for community service and Michael Seffinger, DO from Pomona for excellence in manuscript review and editing for the Journal of the American Osteopathic Association). Ashlynn Gordon, a student at the College of Osteopathic Medicine of the Pacific (COMP) at Western University of Health Sciences in Pomona, won first prize in the student scientific poster competition for her study on the effect of osteopathic manual treatment on balance in patients with chronic dizziness (vertigo). Two DOs serve on the AOA Board of Trustees, Norman E. Vinn, DO and resident Andrew Nelson, DO. California DOs also celebrated as their state once again regained its separate licensing board after a year spent sharing their board with naturopathic doctors. Two California osteopathic medical schools have been training a significant number of osteopathic physicians, one in Southern California since 1978 and the other in Northern California since 1997. There are thriving osteopathic residencies at community hospitals, regional medical centers and large county hospitals. Over 6,000 DOs hold California licenses, with about 4,500 actively practicing in the state. The osteopathic profession is alive and well in California, thanks in large part to the diligent efforts of the Osteopathic Physicians and Surgeons of California, which provided the requisite leadership for the resurgence and firm re-establishment of osteopathic medicine. This book tells the OPSC story.
2015 H Street, Sacramento, CA is the new home of Osteopathic Physicians and Surgeons of California.
ONE

Osteopathic Medicine in California

“If we osteopaths have the vision of mind and the strength of character, we shall dominate the development of the healing art and render humanity an incalculable service.”

Louis Chandler, DO, president of the College of Osteopathic Physicians and Surgeons in Los Angeles, 1922-24

California was one of the earliest states in the U.S. to provide opportunities for the establishment of osteopathic medicine. The development of osteopathic medicine in California began in the 19th century. The following is a brief summary of the highlights of this storied history leading up to the founding of the Osteopathic Physicians and Surgeons of California (OPSC) in 1960 and including the first decade of OPSC, which was colored by national policy changes within the American Medical Association (AMA) and the U.S. Military. A more detailed account of this time period can be found in The Merger: MDs and DOs in California, 2009, Xlibris Press and at the web site http://www.lib.uci.edu/themerger.

• In 1896, Aubrey C. Moore, DO, an early graduate of the osteopathic college founded in Kirksville, Missouri by A.T. Still, MD, established the first osteopathic school outside of Missouri in Anaheim, California, along with B.W. Scheurer, MD.

• By 1905, there were three osteopathic colleges in California; one was discontinued in 1912 (in San Francisco) and two (in Los Angeles) combined in 1914 to form the College of Osteopathic
Physicians and Surgeons (COP&S).

- In 1901, Dane Tasker, DO created the state osteopathic medical society, later named the California Osteopathic Association, championed an osteopathic practice act and formulated the California osteopathic licensing board. The practice act and licensing board continued until 1907, at which time the first composite licensing board in California was created, with members representing the regular MDs, the eclectic MDs, the homeopathic MDs, the DOs, the D.C.s (Doctors of Chiropractic) and in 1909, the N.D.s (Naturopathic Doctors).

- In 1913, the new Medical Practice Act delineated two types of physician licensure in California: 1) an unlimited physician and surgeon license; and 2) a drugless practitioner license. Only MDs and DOs were qualified to apply for either of the two. During World War I (1914-1918), DOs were not allowed to volunteer for medical service in the military due to explicit protest by the American Medical Association (AMA). Nevertheless, in 1916, due to America’s involvement in the War effort, many MDs left their private practices to serve as military medical officers, leaving the L.A. County Hospital wanting for physicians to care for the county’s indigent patients. Thus, DO graduates of the COP&S were the first DOs to be accepted as interns and resident physicians at a county hospital, which in this case was the Los Angeles County Hospital.

- Discrimination by the organized medical profession against DOs began in full force in 1918. This led to a lawsuit filed by COP&S against the composite state licensing board that refused to either accredit COP&S or allow its graduates to sit for the physician and surgeon licensing exam. COP&S prevailed; their action was sustained and the licensing board was forced to examine COP&S graduates. But discrimination continued.
• In 1919, MDs returned to their practices from the War, and found some DOs took their place caring for their patients during their absence. Because 10 of the 31 interns at the L.A. County Hospital were DOs, and some DOs were even teaching MD physicians there, the American Medical Association and the American College of Surgeons threatened to revoke accreditation of the L.A. County Hospital, and its educational programs, if further professional affiliations with DOs persisted. As a result, the DOs were kicked out of the L.A. County Hospital and segregated from practicing alongside of the MDs in Los Angeles County for the next 40 years.

• In 1922, the AMA House of Delegates declared it unethical for MDs to associate with DOs on any professional level, including sharing patients or teaching in their institutions. They upheld this ban on MDs professionally associating with DOs until 1968.

• Due to this blatant discrimination and segregation on the national, state and county levels, in 1922 the COA and COP&S made an appeal to the public to vote for formation of a separate Board of Osteopathic Examiners. This was called the Osteopathic Initiative Act and approved by public vote. The chiropractic profession also created a similar initiative and on the same ballot was able to get approval for its own licensing board. The state composite licensing board was left with just MDs and NDs until the naturopathic doctors were expelled in 1948. Nevertheless, for 46 subsequent years, from 1922-1968, although DOs had full unlimited practice rights, they were segregated from the MDs and their hospitals and institutions.

• In 1928, California osteopathic physicians and surgeons were provided with their own segregated county hospital in Los Angeles by the L.A. County Board of Supervisors.
• In 1943, COA board members, led by Forest Grunigen, DO (COP&S 1931), began merger negotiations with the California Medical Association (CMA).

In 1950, there were a few private and one state supported hospital (Mark Twain Hospital in San Andreas) that allowed DOs to work alongside MDs and refer patients to MD specialists. Although there were some DO specialists, mostly internists, radiologists, obstetricians, surgeons or pediatricians, and a new neurosurgical residency that opened up at the L.A. County Osteopathic Hospital, most DOs at that time were general practitioners. For the most part, DOs had to practice in their own hospitals, of which there were 63 throughout the state. DOs were barred from admitting patients to MD owned or politically controlled hospitals. However, government supported hospitals had to allow hospital admitting privileges to DOs. A dramatic historical depiction of the deleterious and possibly lethal effect of the combined racial and professional discrimination of a Chinese osteopathic physician in 1950 in northern California can be found at http://www.alisonsatake.com/?p=364 accessed 1/17/11; see the complete thesis of journalist Alison Satake “At the Door of American Medicine: My Grandfather’s Story of Becoming a Doctor.” The thesis call number at U. C. Berkeley is AS36 C3 A135 2009. Here is a link to the record in catalog:
http://oskicat.berkeley.edu/record=b18310543~S1.

**Osteopathy in California in the 1950s – Precursor to the Merger**

The turbulent 1950s set the stage for the founding of OPSC. From 1951-59, the California DOs in the COA and the California MDs in the CMA became leaders in the national medical organizations, the American Osteopathic Association (AOA) and the American Medical Association (AMA) in order to effect a national merger of DOs and MDs and their respective institutions to end the segregation and discrimination against DOs once and for all time. After several meetings between the AMA and the AOA, the AMA insisted that the AOA become a specialty society within the AMA and adhere to its standards. The AOA reaffirmed its position to remain separate and distinct from the AMA. Thus,
amalgamation efforts at the national level failed.

By 1959, the AMA judicial council, after researching the AOA and its institutions and acknowledging that the practice of osteopathic medicine no longer could be categorized under the definition of cultism, considered a resolution to accept the AOA as separate and equal to the AMA. A CMA delegate to the AMA House, Warren Bostick, MD, proposed an amendment to the resolution so that the CMA would not lose any leverage to bargain with the DOs in California for their state association and college if the AMA accepted the DOs unconditionally. He recommended that MDs should be allowed to teach osteopathic college students only if their college was in the process of being converted into an approved medical school. He proposed that MDs should only associate with those DOs who practiced under the same scientific principles as MDs and had unlimited licensure. Dr. Bostick’s amendment was accepted and the resolution passed. For its part, the COA rebuked the AOA policy on the matter and removed language from its bylaws that stated, “We are a separate, complete and distinctive school of practice” and eliminated the tenets of Andrew Taylor Still and their accompanying affirmation phrase “[the] things that we follow forever.”

Thus, the California merger was sanctioned by the AMA, which provided whatever assistance necessary, including financial, to help the CMA in its endeavor to rid the state of osteopathic medicine. The AMA hoped that the success of California’s merger would spread to other states and result in complete annihilation of osteopathic medicine. The AOA was adamantly against the merger, but had neither the money nor the resources to aid the handful of DOs in the state of California who wanted to resist the COA – CMA merger proceedings. Additionally, the AOA was chartered as an educational membership non-profit organization and was not able to assist in funding political campaigns amongst its membership.

The COA decided to merge with the CMA, even if it meant that its members would give up their DO degrees and the lone osteopathic college in the state, which would be transformed into an accredited MD college. The COA
bargained that in return, DOs would be granted the MD degree without any further training, education or fees; be allowed to associate with MDs and their institutions; and that the new MD accredited institution would perform scientific research on the mechanisms and efficacy of musculoskeletal manipulation that was used and promoted by DOs since the inception of the osteopathic profession.

The COA had an ace in the hole, so to speak, in being able to carry off the merger in California. That was in the form of a rather tall and imposing figure of a man, Stephen Teale, DO (1912-1997; later MD from 1962), the only osteopathic physician state senator in California history. Senator Teale maintained his seat from 1953-1972. He represented COA interests from 1953-1962, and CMA interests from 1962-68. He is credited with increasing osteopathic physician access to California hospitals, and even helped to develop and pass a Los Angeles County $10 million bond measure to build a state of the art 500 bed Los Angeles County Osteopathic Hospital, which opened its doors in 1959 next door to the MD run L.A. County Hospital. But as much as he helped the DOs before 1960, from 1960-1968 he was all for the merger and its success. In fact, he adamantly opposed the efforts of OPSC and the AOA after the COA decided to merge with the CMA in 1960.

According to recollections of Counselor Seth Hufstedler who represented the COA in the merger negotiations, Senator Teale was instrumental in getting the merger deal completed:

“We had, I think 8 legislative measures that had to be passed, a couple of constitutional amendments, [and] we had an initiative measure, and then we had several statutory measures. Steve took on the responsibility of dealing with all the folks you needed to, to get the matters organized so it [the merger] could go through. Eventually they all went through by a large majority...He was a great believer in osteopathy and he thought this was good for the profession.”
In November 1960, the COA House of Delegates voted to move forward with merger negotiations with the CMA in spite of threats from the AOA that if they did so, their charter would be rescinded, as would the AOA’s specialty certifications of the California DOs. The Osteopathic Physicians and Surgeons of California (OPSC) was created in December 1960 with Richard E. Eby, DO elected as its founding president, to replace the COA as the AOA’s state osteopathic society. The COA expelled Dr. Eby and his officers for this action. In January 1961, the AOA officially accepted OPSC as its state representative and revoked the charter of the COA. Merger negotiations between the COA and CMA thus proceeded with rapid pace:

- In May 1961, the COA and the CMA consummated the merger agreement between the two organizations. The COA became known as the 41st Medical Society. In November 1961, COP&S changed its name to the California College of
Medicine (CCM).

- In February 1962, CCM was accredited by the Liaison Council for Medical Education of the AMA and the American Association of Medical Colleges. It granted its first MD degree to the dean, Grace Bell, DO, who became the first female dean of a co-ed American Medical School. (She was already the first female dean of an osteopathic medical school since 1956).

- By July 15, 1962, CCM granted 2,696 MD degrees to DOs by reciprocity; no further examinations or fees were required. A $65 application processing fee was charged by the 41st Medical Society for reviewing the applications of the DOs to cover the costs of hiring someone to check the credentials of the applicants and submit the pre-screened applications to the state medical licensing board for approval for licensure. There was no charge for the degree itself, though it seemed to the DOs at the time that they “paid $65 for the degree”.

- In November 1962, the people of California (proposition 22) amended the Osteopathic Initiative Act of 1922 as follows: The osteopathic licensing board could no longer administer new licenses to DOs and only oversee those already granted, until the number of DOs licensed in the state dwindled to less than 40. At that time, the medical board would absorb the osteopathic board. In order for this to occur, the legislature would have to merge the two licensing boards. So, proposition 22 also enabled the legislature to make further amendments to the Act without a people’s vote.

Nationally, in 1960, the American Hospital Association, bending to the confusion of having DOs on staff at government supported hospitals, and their contradictory policy of not listing those hospitals as members of their association if there were DOs on staff that held admitting privileges, changed its policies to
state that they would accept hospitals with DOs on staff if they “submit evidence of regular care of the patient by the attending physician and of general supervision of the clinical work by doctors of medicine.” The Joint Commission on Accreditation of Hospitals (JCAH) changed its policy to permit a hospital that had osteopathic physicians on its staff to apply for inspection for accreditation, provided it was listed by the American Hospital Association and provided further that it met other eligibility requirements of the JCAH. [American Medical Association House of Delegates special report of the judicial council referred to the Reference Committee on Constitutional Bylaws, 6-25-61; Hospitals J.A.H.A., Aug 1, 1961, Vol. 35, part 1, pp. 47-48; accessed at the AOA Archives]

These actions, combined with the merger of the COA and CMA on May 17, 1961, put pressure on the AMA House of Delegates to make a resolution regarding whether their MD members could collaborate on patient care with DOs without retribution. The policy of the AMA, section 3 of the Principles of Medical Ethics reaffirmed in 1954 and still in effect at the time stated: “A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.” It further stipulated that “a cultist, as applied to medicine, is one who in his practice follows a tenet or principle based on the authority of its promulgator to the exclusion of demonstration and scientific experience. Osteopathy is currently considered by the AMA to be a cult practice of medicine. Voluntary professional associations between members of the AMA and doctors of osteopathy are unethical.” However, by the end of deliberations at its House of Delegates in 1961, the AMA shifted its policy to: “Policy should now be applied individually at state level according to the facts as they exist....the test now should be: Does the individual doctor of osteopathy practice osteopathy, or does he in fact practice a method of healing founded on a scientific basis? If he practices a cult system of healing then all voluntary professional associations with him are unethical. If he bases his practice on the same scientific principles as those adhered to by members of the AMA, voluntary professional relationships with him should not be deemed unethical.” [American Medical Association House of Delegates special report of the judicial council referred to
This shift in policy prompted MDs in 15 other states to take initiative and allow voluntary association with osteopathic physicians and made the possibility of osteopathic and medical association in other states as feasible as it was in California. States that adopted this new AMA policy by 1966 included: Colorado, Delaware, Iowa, Kansas, Kentucky, Michigan, Missouri, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota and Tennessee. [Report of the Board of Trustees of the American Medical Association L (A-66) July 1966; accessed at the AOA archives]. However, none voted to effect a merger, but rather they agreed to allow for two separate, equal and distinct medical professions to co-exist under separate governance: the AMA for MDs and the AOA for DOs. Furthermore, the legislature of each state determines whether DOs should have their own licensing board, or share a composite board with the MDs. Most states chose to use the composite board model. Only 13 states still have a separate osteopathic medical licensing board, California being one of those.

The 60th annual presentation of licensure statistics by the Council on Medical Education and Hospitals of the American Medical Association (re-published in JAMA 2010, Vol. 180, No. 10) listed 17,163 new physician and surgeon licenses issued in 1961. Of these, the greatest number were issued in California (2,848), compared to New York (1,756) and around 500 in the other states. DO physician and surgeon licenses were included in these statistics. California had the largest number of licentiates who were additions to the medical profession. The CMA likely figured by adding the roughly 2,300 California DOs to their society, plus a new school in the state to generate new licentiates, they would have the second (to New York) highest population of MDs of any state association and increase their numbers of delegates to the AMA House. They would also increase their hospitals by absorbing the osteopathic hospitals. Certainly, decreasing the competition posed by the DOs, though relatively few in number compared to the MD population, was an appealing reason enough for merging the two professions. In 1962, prior to the addition of
the former DOs who became MDs in California, there were 263,698 MDs in America compared to 14,656 DOs. In California, there were over 22,000 MDs. Although California had the largest population of DOs prior to the merger, the ratio of MDs to DOs in California had always been about 10:1.

The merger was not as successful as it was hoped to be. From 1962-1966, the CMA and its component 41st Medical Society members that were former DOs, led by Forest Grunigen, now MD, tried to convince the DOs and MDs in the five states that had DO colleges to merge their respective state associations to annihilate the osteopathic profession and end segregation of the two physician and surgeon medical professions. These efforts failed. The other states did not find the California merger experiment to be in everyone’s best interest. Although some states, such as Pennsylvania, honored the MD degree provided to former DOs by the newly established California College of Medicine, most states refused to recognize this “unearned” MD degree. Furthermore, the DO specialists who became MDs lost their specialty certification from the AOA and the medical specialty societies for the most part did not honor their previous training within the AOA, so they were unable to successfully apply for hospital privileges. They either had to pass the specialty board examination in their respective field of expertise, or take another residency under MD auspices. Due to the hardship created by the merger agreement, the CMA, moved by the recommendation and support from their new former-DO now MD membership, agreed to provide them with a unique certificate of approval of their specialty status for the sake of obtaining hospital privileges. However, they were not allowed membership in national MD specialty societies merely because the CMA had provided them with acknowledgment of their specialty certification under AOA auspices.

Possibly because of this crisis in interprofessional relations between DOs and MDs in California that rippled throughout the nation, the government stepped up its role in resolving the issue of desegregation of DOs. In 1963, the first DO was admitted to the Civil Service as a medical officer. In 1966, the first DO was promoted to medical officer in the Armed Forces. In 1967, the first DO was conscripted as medical officer into the Armed Forces.
After 5 years of deliberations, in 1968, the AMA House of Delegates embarked on a new tactic towards amalgamation of the osteopathic profession: absorb the DOs like they had done with the homeopathic profession earlier in the century. They voted to encourage state and county medical societies to allow DOs into their organizations if they practiced “scientific medicine and not osteopathy”. Recall that the AMA had determined as early as 1922 that osteopathy was a “cultist” movement that adhered to dogmatic tenets proposed by A.T. Still, MD, DO, even though the AMA Cline Committee investigated the osteopathic colleges in 1955 and reported there was no evidence of cultist education going on in these institutions. In 1960, the AOA House of Delegates, to counter the AMA attack on the term “osteopathy”, who linked it to “cultist” practices, changed the name of its profession from “osteopathy” to “osteopathic medicine” and called its DO constituents “osteopathic physicians and surgeons” instead of “osteopaths”. By 1968, most of the osteopathic colleges changed their names and degrees, eliminating the term “osteopathy” and substituting instead, “osteopathic medicine”. In California, OPSC filed a lawsuit challenging the Attorney General of the State of California and the medical and osteopathic licensing boards on their illegal restriction of trade of osteopathic medicine. See chapter 2 for further details of the D’Amico et al lawsuit.

In 1969, the AMA allowed DOs to become members of the AMA and encouraged MD post-graduate residency programs to accept DO applicants. The AMA reasoned that if DOs were trained under MD auspices in their post graduate residency programs, the DOs would be assured to be practicing “scientific medicine” and not “osteopathy”, as they defined it. These specialists would easily be admitted to MD controlled specialty societies and state and county medical associations, as well as obtain admitting privileges in MD controlled hospitals. The AMA enlisted the American Medical Student Association to obtain AMA members from students at the osteopathic colleges. The AMA felt that if they gave the DO students and physicians a choice, they would select the AMA over the AOA and subsequently the AOA would go bankrupt and cease to exist as competition to the AMA. MDs were allowed to affiliate with DOs that “practiced scientifically and adhered to the ethics as prescribed by the AMA”. The DOs
retaliated by opening up a new school in Michigan with state support, the first new osteopathic college in nearly half a century. In the ensuing 40 years, the osteopathic profession opened 25 more campuses across the country, including two in California. Although the AOA had osteopathic residency slots available for its DO graduates, after the 1980s, more and more DO graduates began selecting MD post-graduate residency positions, just as the AMA had planned. Approximately 50% of osteopathic medical college graduates now enter MD (Accreditation Council for Graduate Education -ACGME accredited) residency programs.

Reasons for this migration of DOs into ACGME residencies are likely multifold. The AOA residency programs may not be in regions or cities appealing to osteopathic medical graduates. The AOA programs may not be perceived as prestigious or rigorous as the ACGME programs. The osteopathic emphasis on primary care and rural medicine may not appeal to students as much as it used to, possibly because of the seemingly insurmountable debt incurred for medical education and the perceived higher salaries of non-primary care specialists. The number of osteopathic medical schools has expanded exponentially since the 1970s, and the AOA does not have enough post graduate residency slots, or the variety of residencies, to accommodate the demands of all of the DO graduates. However, currently, the AOA approved residency slots are not all filled each year, which lends support to the belief that DO graduates are not satisfied with the AOA residency options and prefer the ACGME approved programs. From another perspective, an incentive for MD residencies that increased their interest in selecting a DO graduate into their program was that Medicare funding for post graduate education was equivalent for MDs and DOs but less for foreign medical graduates. So, selecting a DO over a foreign medical graduate brought more funds to the residency program. In essence, DOs were replacing foreign medical graduates in these residencies. Foreign medical schools have recently purchased residency slots for their graduates at some major metropolitan medical centers to avert such competition. The California osteopathic medical schools are continually working in partnership with OPSC to increase post graduate residency training opportunities for their graduates.
It was within this political milieu that OPSC was born, grew and developed, literally from the ashes, rising like the mythical bird, the phoenix. The integrity and policies of OPSC were forged by the fires of battle from opposing entities desirous of continued segregation and discrimination, or annihilation by amalgamation. The years from 1960 – 2010, the fifty years since the establishment of OPSC, will be detailed in the ensuing chapters.
The following report of the profession’s situation in 1961 was disseminated by OPSC and the AOA to DOs across the country.

“Behind the ... story reporting national recognition of a new osteopathic society in California lies [lays] a sequence of events which deserves brief summary.

As many of you know, one of every 10 physicians in California is a doctor of osteopathy. As such, he is a representative of the smaller of two complete schools of the healing arts. California has some 2,300 DOs and about 22,000 MDs. Over the years, a satisfactory working relationship between the professions has been prevented by the insistence of the American Medical Association that osteopathy constitutes “cultist healing.” The AMA has maintained this position in contradiction to state law, federal rulings and even reports of its own investigating committees. Despite meetings between the AMA and the American Osteopathic Association in recent years, the AMA still regards any voluntary
professional association between MDs and DOs as unethical for the MD By weight of numbers, the medical profession’s opposition has kept DOs out of many health education programs and public institutions. The problem has been the same across the country.

“California has the largest number of DOs. It contains one of the six osteopathic colleges, the College of Osteopathic Physicians and Surgeons at Los Angeles, and more than 60 osteopathic hospitals including a new unit of Los Angeles County General Hospital. This is what is at stake in the current struggle over whether California DOs will become MDs.

“The struggle is based upon dissent in the profession in California about its future as a separate and distinct school of healing arts. The AOA House of Delegates has voted repeatedly to maintain its independence from organized medicine and has established a policy which prohibits discussions of merger by state societies with state medical groups.

“Despite this policy, some members of the former California Osteopathic Association have conducted such negotiations. The records show statements as early as 1943 in which California MDs stated that they would take over the osteopathic profession and its institutions in the state, and this with the cooperation of DO leaders. In 1959 and again in 1960, representatives of the COA were asked to explain their defiance and warned that their continuation of these talks would risk expulsion. For a small group representing a state society to act in this manner posed a severe threat to the future of osteopathy in California, and indeed to the whole profession....”

Fortunately, several dedicated and loyal DOs responded to the urgent need of trying to prevent the imminent annihilation of the osteopathic profession in California. When the COA charter was revoked in 1960 because of its politics with the CMA, Dr. Eby and a small group of DOs formed a new association for those
DOs who resolved not to change their degree or join the CMA.

**Osteopathic Physicians and Surgeons of California (OPSC)**

“OPSC was conceived on one of the darkest nights in the life of the osteopathic profession. Its birth was the culmination of a long, painful and difficult labor...” (Viola Frymann, DO, FAAO).

In 1961, OPSC was accepted as the new state association to represent the AOA in California. OPSC took on the roles and responsibilities that had been withdrawn from the COA. The early leaders of OPSC included Richard E. Eby, DO as founding president, Viola Frymann, DO, Ethan R. Allen, DO, David Dobreer, DO, Edna Lay, DO and Donald Dilworth, DO. Their collected documents, including newspaper clips and correspondence, now preserved and cataloged at the Western University of Health Sciences library archives in Pomona, CA, provided the building blocks for this book to recount their history from dissidents to founders of a newly inspired osteopathic profession in California. Their initiative to save the profession from extinction in California made the headlines in newspapers in December 1960:

» “AOA revokes California Charter” (Osteopathic News, Dec 1960): “The American Osteopathic Association announced that it has revoked the charter of its California society for ‘acting in a manner detrimental to the entire profession’.

... The revocation resulted from defiance by the California group of a warning to stop negotiations with the CMA for unification of the two professions in that state.

“‘Our move was necessary’, said Dr. Roy J. Harvey, AOA president, ‘to protect those doctors who want to remain osteopathic physicians and to preserve osteopathic institutions in California. We expect shortly to recognize a new state osteopathic society in California ... A considerable majority of the state’s 2,300 doctors of osteopathy support their
profession’s position of maintaining a separate and distinct school of practice.”

> “Osteopaths Form New Association” (Mirror News, Los Angeles, Calif., Dec 9, 1960): “A new organization of osteopaths to replace the California Osteopathic Assn., recently expelled from the American Osteopathic Assn., will be formed at once, it was announced here today. Temporary chairman of the group is Dr. Richard E. Eby, of Pomona. Thirty-five physicians who are charter members of the new organization include three former presidents of the COA – Dr. J. Gordon Hatfield, Los Angeles; Dr. W.F. Neugebauer, Pasadena; and Dr. William T. Barrows, Ontario. Also active in forming the organization are Dr. A.J. Schramm, Los Angeles, executive secretary of the American College of General Practitioners in Osteopathic Medicine and Surgery, and Dr. Thomas Meyers, Los Angeles, chairman of the AOA advisory board on specialists.”

> “Osteopaths Form New Society in State Row, Second Association to Win Endorsement From National Group, Battle for Members” (Los Angeles Times, 9 Dec 1960): “California’s osteopathic profession, already deeply split over the question whether to form an alliance with the state’s medical association, broke into warring factions Thursday. The formal break came with the announcement that a recent osteopathic society had been formed in California ...”

> “Membership Fight for 2,300 State Osteopaths Looms” (Examiner, Los Angeles Calif., Dec 9 1960): “...The new group, it was made clear by both doctors [Dr. Richard Eby, temporary president, and Dr. David Dobreer, temporary sec...

...The existence of two complete healing professions provides a freedom of choice for patients which will be lost if osteopathy is
lost’, Dr. Eby said.”

» “State Osteopaths seek to regain Lost Standing” (Telegram, San Bernardino Calif., Dec 9 1960): “... Dr. Dorothy Marsh, president of the 2,000 member COA, said she was sure her group would ‘continue to represent the majority of osteopaths in California.’ ‘And’, she added ‘the COA has a mandate from its House to continue to explore the possibility of unification with the CMA.’

“Dr. Eby said his group objects to the CMA-COA negotiations because ‘the terms of surrender would mean exchanging our hard earned status as DOs for a dubious second-hand medical degree, obtained by admitting inferiority by taking a make-up course to qualify us for practice rights we have had 50 years as DOs.’ ...”

Newspaper reporters appeared to like the image of a “split” within the osteopathic profession:

» “Osteopaths Split on Merger Widens” ([illegible word] and Express, 9 Dec 1960): “... The split among the state’s 2,300 osteopaths over whether to form an alliance with the CMA widened into an open membership fight yesterday. It was announced at a press conference at the Statler Hilton that a second osteopathic society has been formed to compete against the California Osteopathic Association. The new group, headed by Dr. Richard Eby of Pomona, calls itself the Osteopathic Physicians and Surgeons of California.

“It obviously has been given the blessings of the American Osteopathic Association ... The break from the COA carries nationwide implications ... According to Dr. Eby and Dr. Eveleth, California will suffer irreparable damage if it allows itself to be swallowed up by the medical profession’”.

The split within the osteopathic profession was reported all over California:

- “Osteopaths split over alliance” (Tribune, Redwood City Calif., Dec 9
“Osteopaths Split over Medicine” (Sentinel, Santa Cruz Calif., Dec 9, 1960);

“Osteopaths Split on Union with Medics” (Herald & Express, Los Angeles Calif., Dec 9, 1960);

“Osteopaths Split into Two Groups” (Star-Free Press, Ventura Calif., Dec 9, 1960).

“Osteopaths split, form two groups” (Times, Palo Alto Calif., Dec 9 1960);

“Osteopaths split over merger plan” (Gazette, Beaumont Calif., Dec 10, 1960);

“Osteopaths Split over Alliance with Medics” (Enterprise-Record, Chico Calif., Dec 9, 1960);

“Osteopaths Form Splinter Group in Merger Row” (California Bee, Fresno Calif., Dec 9 1960).

Several reporters escalated the imagery to fight and feud:

“Unity Feud: Osteopaths Form New State Group” (Tribune, West Covina Calif., Dec 9, 1960);

“State’s Osteopaths Fight over Alliance” (News, Whittier Calif., Dec 9, 1960);


Birth of OPSC

Few reporters focused on OPSC’s constructive efforts of preserving the osteopathic profession:
“Pomona heads new Osteopathic Society” (Progress-Bulletin, Pomona California., Dec 9, 1960): “...A second osteopathic society was announced in Los Angeles Thursday, to be called the Osteopathic Physicians and Surgeons of California.... ‘The main purpose of the new group is to provide a recognized divisional society to California which can maintain the necessary credentials to keep our osteopathic hospital accredited and maintain our specialty college and certifies memberships’, Dr. Eby said.

“On the board of directors for the Osteopathic Physicians and Surgeons of California are Dr. William G. Stahl, Dr. Howard K. Gifford and Dr. H. Kay Dooley of Pomona. Dr. Ellen Carter of Pomona also is among the 35 charter members.

“Dr. Eby said today a letter will go out to 2,000 members of the old California Osteopathic Association, soliciting their membership in the new organization ‘as soon as the machinery can be set in motion’.”


“... ‘We have already made application for recognition to the AOA’, Dr. Eby said. ‘We felt the people of California have given our profession a mandate which will not be served by giving up to another group. By voting an initiative law and, in Los Angeles County, a public hospital, we feel Californians have shown they want osteopathic care.’”


“Osteopaths Form New Organization” (damaged newspaper clipping ...Express, Los Angeles Calif., Dec 9, 1960).

“New Osteopath Unit Forms in Split over Affiliation” (Tribune, Oakland Calif., Dec 9, 1960).
Even out-of-state newspapers reported the upheaval, though the following two newspapers published in Texas reported the same article under different headings:

» “Feuding Osteopaths Form New Society” (Times, Corpus Christi, Texas, Dec 9 1960) and “California Osteopaths Split on Alliance Idea” (Times-Herald, Dallas, Texas, Dec 9 1960). Both papers reported that “…Drs. Eveleth and Eby … said the American Osteopathic Association regards osteopathy as a ‘separate and distinct school of medicine’ which utilizes medicine but continues to attach greater importance to the manipulative arts. … Dr. Dorothy Marsh … said distinctions between osteopathy and medicine have all but vanished.”

» “California’s Osteopaths in Open Break” (Evening Star-Telegram, Fort Worth, Texas, Dec 9 1960).


These newspaper clippings from early December 1960 document that:

- The newly formed group, the Osteopathic Physicians and Surgeons of California (OPSC), was under the leadership of Richard E. Eby, DO, temporary president, David Dobreer, DO, temporary secretary, and comprised 35 charter members, including three former COA presidents and DOs in leadership positions at the AOA;

- OPSC had the support by the AOA and was about to be formally recognized as a divisional society of the AOA.

- The objectives of the OPSC included:
  1. To preserve the identity and practice rights of the osteopathic profession in California to provide people with the freedom of choice for their physician;
2. To prevent a domino effect of AMA societies in other states absorbing and negating the osteopathic profession;

3. To save the profession’s esteemed college, the College of Osteopathic Physicians & Surgeons in Los Angeles, the 520-bed public osteopathic hospital in Los Angeles, the post-graduate programs approved by the AOA and the 63 osteopathic hospitals in California.

Strategies to preserve the osteopathic profession in California

In January 1961, the Osteopathic Physicians & Surgeons of California received official recognition as the new divisional society of the American Osteopathic Association. They obtained an office on 2999 West 6th Street in Los Angeles.

They distributed to OPSC members their “NEWS” letter to keep members informed and supportive of OPSC’s strategies to prevent the loss of the BOE licensing power and thus the annihilation of the osteopathic profession.

In 1961, “NEWS” reported to OPSC members that their delegates had traveled to the AOA convention in Chicago on their own time and money to bring about several actions of the House of Delegates. Their personal contact facilitated a collective re-dedication to a national professional solidarity. The following statements and resolution was adopted unanimously:

“WHEREAS: OPSC, a divisional society of the American Osteopathic Association, deeply appreciates the extensive support, both in money and in personnel, provided by the American Osteopathic Association in carrying out the order of the 1961 Miami House of Delegates to use ‘any and all means’ to meet the threat to Osteopathy everywhere, posed by the California situation; and,

“WHEREAS: A critical situation continues to exist in California, threatening to establish precedents that are designed to destroy our profession nationally; and,

“WHEREAS: The continuing struggle to preserve the professional beach-
head presently existing in California is in the national as well as the local professional interest; therefore, 

“BE IT RESOLVED: That national support of the California battle go forward undiminished and that the Board of Trustees of the American Osteopathic Association be directed to continue to use any and all reasonable means to combat the efforts to destroy the Osteopathic profession in the State of California and elsewhere.”

Thus strengthened by national professional support, the OPSC board resumed action.

**Seeking DOs to join OPSC**

Countless letters sought to increase membership in OPSC and to obtain funds through membership fees and donations. Out-of-state DOs were offered an Associate membership, as they could have a strong interest in keeping the power of California’s licensing board in operation. California needed doctors urgently and the California public welcomed osteopathic physicians. Thus, many an out-of-state DO considered moving to California. However, setting up practice required a California license - an impossibility if Proposition #22, which would prevent any new licensing of DOs in California, would pass.

Dr. Dobreer advised using personal and political networking to obtain members. In July 1961 he distributed a letter saying:

“A survey made of nine of the larger component societies of the COA, representing a total membership of 749, indicates that 59.37% of the members who attended the meeting at which the delegates to the COA Convention were collected, voted for merger candidates, and a total of 40.73% of them voted against merger candidates to the Convention. You will note that this is approximately the same 60-40 split as occurred when the matter was discussed at the November 1959 special meeting of the House.
“Please note also that this represents (if these percentages can be extended thru the profession-at-large in California), in excess of 1,000 members of the profession who do not approve of the merger plan, and we assume that a fairly large portion of these will remain DOs and not elect to be licensed by the Board of Medical Examiners.

“All of these doctors are potential members of O.P.S.C., and it becomes incumbent upon each and every member to go out and secure one or more members for O.P.S.C., if for no other reason than to have a truthful representation in the membership of O.P.S.C. of those who are opposed to the merger plan, so that a proper representation may be made to the Legislature.”

Dr. Dobreer also recommended “... to develop an interest among your patients and among your lay friends in speaking forth in opposition to such measures before the Legislature meets, so that each of the Senators and Assemblymen will be aware of a growing opposition in the State of California to this merger plan.”

Mr. Rodgers, in charge of monitoring the legislative picture, advised that “... all O.P.S.C. members must cultivate their Assemblymen and Senators. Those of you who have a speaking acquaintance, or more, with any legislators are urged to send this information to the O.P.S.C. office NOW. Continued contact with these men must be made to educate them concerning the full picture of the merger—and its implications, so that they may better understand the three measures that will be presented to the Legislature in February, 1962”.

Letters by DOs expressing their disapproval of a merger exist from 1961. Otto Grua, DO from Hollywood wrote:

“Dear Sirs:

This is to inform you that I am definitely opposed to the merger proposed
by the officers of the COA.

I have a large practice and I have canvassed each and every one of my patients, and find that they too are definitely opposed to the scuttling of the Osteopathic profession in California.

I have been approached by many of the men in the Clubs of which I am a member or a guest, and find that they too, consider it the most asinine move that any organization could make. Even my Allopathic friends have expressed the same opinion.”

Dr. Thomas Bone from Oroville in California wrote:

“...I am an A. O. A. member and have been since my graduation from the Kirksville school in 1955. I would like to go on record as being in opposition to any change in the present “Osteopathic Practice Act”, and likewise, to any merger between DOs and MDs

I intend to inform my Assemblyman and Senator that I am opposed to Bills #1189 and #1190...”

Arthur Moore, DO from Bakersfield wrote to Dr. Marsh who played a key role in the merger plans:

“Dear Dr. Marsh,

Today in the mail, I received a letter from Dr. William G. Stahl. I suppose you have seen a copy of it. In it, Dr. Stahl tells about Senate Bill #1189 and #1190 which will change the Business and Professional Code of California. I am not familiar with the content of the bills.

It seems that in this case, there is much haste in doing something that affects the laws under which we practice. In fact, I fail to see the reason for the urgency. The entire merger has not been completely decided upon yet, by either profession. There has not been adequate complete information disseminated to the profession so that an equitable decision can be made.

By return mail, I should like an answer from you as to why you are a
proponent of such legislation (if you are). If you are against such changes in the law, then who in our COA is pushing it (if anyone is)? If COA is not in favor of it, then I think that you should get out another bulletin of information and asking each of us to take steps to get it stopped. Fraternally Yours ...”

L.W. Cliff, DO from Pasadena wrote:

“To whom it may concern:

I, Lloyd William Cliff, have been practicing for the past twenty-four years as a specialist in Osteopathic Manipulation and believe that our profession has a service to render the public which is not available from the allopathic profession.

I am violently opposed to the merger of the DOs and MDs, which in my opinion is being negotiated for the sole purpose of destroying Osteopathy. Many of my patients have expressed concern about not being able to have osteopathic manipulation therapy because they know how much benefit they derive from it. I sincerely believe that this contract which seeks to take our school, our County Hospital and our licensing board away from us and give nothing in return, is an illegal, fraudulent document.”

John Haywood Lovelace II, A.B., DO from San Jose wrote:

“Gentlemen:

My first letter to you is one of gratefulness for keeping me informed of the present status of the osteopathic profession in California.

This consideration was one which a morally defunct COA has not given.

I had to drop from the COA several years ago because of continually harassment that unless dues were raised we were in danger of losing the status of osteopathy. My demise occurred at the $300.00 per year mark. It seems now that the thief was pointing his finger at someone else. Now that
the kiss of death has been given, the Judas stands naked to view.

Due to obligations that haven’t cleared themselves as yet, I cannot give any financial support, but do voice my affirmation of your stand. At the first opportunity I will affirm my active participation with membership.

Fraternally yours,...”

Crichton C. Brigham, DO from Los Angeles wrote in 1961 (probably not imagining that several years later he would be elected president of OPSC):

“Dear Sirs:

Enclosed find a check for $100.00 from Mrs. Klara J. Webster. She read in the paper yesterday that there appeared to be a lawsuit in the offing and she felt that there would be a need for finances. She is the widow of the late George V. Webster who was president of the AOA back in the 1920s. This is her contribution to the fight.

You will also find a smaller check of mine to be a small assist.

Incidentally, that was a masterful editorial in the Los Angeles Times yesterday. That has brought comment from several patients. Keep up the good fight....”

Dr. George W. Northup, AOA Editor, reminded DOs nationwide that “There is a way!"

“... In contrast to the California conspiracy, both prior action in Kansas and late action in New Jersey demonstrate forcefully that there is a way whereby physicians and surgeons, MD, and physicians and surgeons, DO, can live and work together, each respecting the autonomy of the other.

“Public interest and the honor of and respect for two professions have been well served by this advanced type of medical statesmanship. This is positive statesmanship. It constructs rather than destroys. It makes possible a new world of interprofessional understanding.
“Contrary to the predictions of its critics, the firm policy of the American Osteopathic Association to fight any program of destruction and to support any reasonable program of true co-operation with organized medicine is now demonstrating its effectiveness.

THERE IS A WAY!”

Yet, in May 1961, the merger agreement was signed by Dorothy Marsh, DO and Warren Bostick, MD. Looking back, Dr. Bartosh in his “History of Osteopathy in California” in 1978 surmised that “… At the C.O.A. Convention in San Diego that year, the membership voted 90% for the merger. From there on it was clear sailing for the adversary ...”.

The merger agreement required the implementation of three conditions:

- COP&S would have to become an allopathic medical school
- The BOE would be stripped of its right to license new osteopathic physicians and surgeons
- COA would be closed down

The survival of the osteopathic profession in California required that the rights of the BOE remained complete. Saving COP&S from becoming an MD institution was also critical, as the CMA negotiators would lose interest in a merger if they could not win this highly valuable college and its training facilities. If osteopathic medicine did not survive in California, healthcare would be delivered by an allopathic monopoly rather than a choice of two different healing approaches.

**Efforts to prevent a medical monopoly**

In 1961, a Citizens Committee against Medical Monopoly was formed. The committee comprised “those who are concerned with the survival of the medicine-plus profession of osteopathy, those who are concerned with the preservation of freedom of choice in health care and those who believe that the
rights of minorities should be recognized, respected and defended “. In a letter to its members, Dr. Eby explained “... to defeat PROPOSITION #22 will require a NO vote by a majority of voters in California. We believe that victory can be ours if each citizens committee member will assume certain responsibilities and work diligently to carry them out....

“To reach a minimum of 3 million voters we must conduct an extensive public information campaign throughout the state utilizing printed materials, word-of-mouth, the telephone and all modern methods of communication—newspapers, radio and television ...”

The public information campaign included informing California’s voters about the implications if they were to pass Prop. 22. Radio presentations, flyers, and presentations at public organizations provided concise facts about the consequences to tax payers and consequences for personal health care in a manner that could be grasped quickly and convincingly.

Robert Klobnak, press representative of OPSC, wrote articles for immediate press release. He quoted Dr. Eby in a piece to appear on Sunday of April 23 (no year is provided, though it was most likely 1961): “If the osteopathic Initiative Act is abolished [by Proposition 22] it would mean that no out-of-state DO could come to California to practice. It would also mean that no California resident graduating from one of the 5 other osteopathic colleges could return to his home state to practice. To limit the state’s supply of doctors at a time when there is a shortage is ridiculous.”

OPSC planned to obtain help from the California Courts to remove Prop. 22 from the ballot. If that could not be done, the next step would be to have the proposition rewritten with factual information. There was also a legal potential to argue against an allopathic monopoly.

Alas, “... the California Supreme Court declined Wednesday to ban Proposition 22, which would merge osteopaths with medical doctors, from the November ballot. The Osteopathic Physicians and Surgeons of California, a
non-profit corporation, had complained that the description of the proposition as planned for the ballot was misleading. It asked that the court order the proposition removed or the description rewritten.” (Los Angeles Times, Thursday 8-30-1962) (Img_0054). Proposition 22, as it appeared on the November ballot, can be seen on page 23.

OPSC tried their second approach to prevent the merger: “Although denied a suit asking an injunction against the merger, OPSC now has on file a complaint against the CMA, COPS and the college’s board, setting forth the proposed merger is ‘illegal because it offers to barter medical degrees and violates antitrust laws, as it sets up a medical monopoly in the healing arts ...’.” (Osteopaths Move to Block Merger, Los Angeles Herald and Express, Monday Oct. 2, 1961).

As president of OPSC, Dr. Dobreer appealed to President John F. Kennedy and senators in July 1962 to conduct a congressional investigation whether the CMA-COA activities could lead to a medical monopoly:

“Mister President:

I am writing this with a sense of the greatest urgency, to bring to your attention a certain program of the American Medical Association, designed by that organization to give it a monopolistic stranglehold on health care in the United States. This program, if successful, will make it possible for the A.M.A. to seriously obstruct, if not actually to nullify, any attempt by Congress and other governmen
tal agencies to extend health services to segments of our population which sorely need them. Its immediate objective, of course, is to prevent passage of the King-Anderson Bill — or, failing that, to render the Bill ineffectual.

“The program to which I refer is intended to absorb, control, and finally destroy the Osteopathic profession in this country. The

Osteopathic profession is an independent and complete school of the
healing arts, providing the people of this country with 14,000 fully
licensed physicians and surgeons, 500 hospitals, and many other facilities
for health care. Its colleges have produced over 500 new
doctors every year. This profession has served our country well for 75
years, and has provided the only professional check and balance against
the A.M.A.

“The pilot phase of this program, which will set the pattern for the rest of
the country is nearing completion in California. To adequately describe for you what is happening in California, I am appending
hereto the text of a brief speech which I delivered before the
Commonwealth Club of California in San Francisco on Nov. 24. I urge you
to read it carefully and with sympathy. If a medical monopoly is to be
prevented and the public interest served, the full force of a Congressional
Investigation must be brought to bear on these activities of the A.M.A. and
C.M.A. in California. I hope you will find it possible to initiate such an
investigation without delay.

“My Association and I stand ready to assist you at any time. You will find
our files a valuable source of documentation.

Sincerely,

David Dobreer, DO

President”

OPSC tried to help voters to make an informed decision by explaining the
implications of voting “yes” on Proposition No. 22. They would lose their freedom
to choose the kind of medicine that could be most beneficial, and their tax money
would have to be used to compensate for the loss of osteopathic physicians in the
near future.
"No. 22 would kill off licensing of osteopaths", a headline in the Modesto Bee warned on October 25, 1962. According to the article, Dr Dobreer explained that "an entire profession in time would be legislated out of existence in California. Claims that the passage of Proposition No.22 would lead to 'improved health', as some of its proponents insist, are specious and misleading. Thousands prefer osteopathy; they should not be denied this choice."

The 1962 ballot measure, proposition 22, passed by a majority vote of the people of the state of California, effectively limited the powers of the state osteopathic board of examiners so that no new osteopathic licenses could be given. It also provided that the California legislature could amend the osteopathic practice act which previously required a vote of the people to do so.

"Passage of Prop #22 will cost California tax payers $240,000,000!"

This document, undated, though prepared before Nov 6, 1962, explained the financial loss that would occur if Prop 22 would pass and no more DOs from out-of-state could come to practice in California and no new DO could be licensed. The new medical college, the former COPS, was expected to graduate a yearly average of 64 MDs, compared to the yearly average of 147 DOs that used to graduate from COPS. The resultant loss of 83 doctors per year would come at a time when 200 new medical student places had to be created to provide at least basic healthcare to the increasing California population. The Governor’s Committee on Health Care in California anticipated that by 1975 seven hundred
additional medical student places would have to be created in medical colleges that yet had to be constructed and operated -all to be paid for with taxpayers money and all totally unnecessary if DOs from other states could continue to come and practice in California and new osteopathic doctors could be licensed. The document concluded “... to continue licensure under the present 40-year old system of two-party medicine in California, and thus retain the right of each patient to choose the kind of physician he wants for his health care, and maintain a competitive school of medicine, simply requires defeat of Proposition #22 by a ‘No’ vote”.

**Nearly All Osteopaths Bid for MD**

COA’s membership increased noticeably after it agreed to unite with the CMA. According to information published in the **Los Angeles Mirror** on July 27, 1961, under the heading “**Nearly All Osteopaths Bid for MD**”, science editor George Getze reported “Only 103 of the 2,086 members of the COA [41st Medical Society of the CMA] have not applied for an MD degree under the terms of an agreement approved in May by the COA and the CMA. According to Dr. J. R. Hughes, San Diego osteopath, who is president of the COA [41st Medical Society], 1,983 members have applied for an MD, and the number is growing. Membership in the COA [41st Medical Society] has grown since the unification agreement was approved, and the number of applications from new osteopaths and from osteopaths out-of-state is the highest it has been since the COA was organized 60 years ago.

“A POLL recently completed of both, MDs and DOs, showed a majority of both professions favoring going ahead with plans for unification. The questionnaire was mailed to 23,868 MDs and to 2,511 DOs. Slightly less than a third of the MDs and slightly more than a third of the osteopaths replied. Fifty-three percent of the medical doctors who answered favored granting the MD degree to California osteopaths, 56% believed the public would be benefit by the merger, and 55% favored giving osteopaths staff privileges in all California hospitals."
“Of the 1,000 osteopaths in the state who replied to the questionnaire, 51.5% thought the merger would benefit the public and almost 54% favored changing the COP&S to a medical school.

“The poll was paid for by the AOA which opposes the merger and has ousted the COA.”

From the view point of OPSC, the poll results indicated that about half of the profession did not think that a merger would benefit the public nor did they want to lose their college.

**Appeals to retain the College of Osteopathic Physicians and Surgeons as an osteopathic institution**

Bestowing an MD degree to DOs required an allopathic institution willing to do so. The Board of Trustees of the College of Osteopathic Physicians and Surgeons (COP&S) was urged by allopathy to forsake its osteopathic identity. When COP&S in the late 1930s had for the first time a president who was not an osteopathic physician but a lawyer, some observers felt that the unique attributes of osteopathic medicine, including manipulation, were no longer taught:

“In 1939 a layman, for the first time, was elected by the college board to the presidency of C.O.P.S. — W. Ballentine Henley, a lawyer, educator and a brilliant speaker from U.S.C.... The College curriculum began to change with less osteopathic manipulative instruction; then in 1957 the last and only instructor in manipulative technique was phased out. A new instructor filling the vacancy put great emphasis on physiotherapy, thus the word osteopathy was less and less in evidence.” (Louis Bartosh, DO)

Since most members of the board of trustees were not DOs, it was feared that they would cave in to pressure exerted by those who wanted to proceed with the plan to merge. OPSC members organized a strong letter writing campaign to members of the board. Personal letters expressed pleas for board members to vote for preserving the college as an osteopathic institution.
Dr. Gordon Hatfield explained the political context of efforts to turn COP&S into an allopathic medical school in a letter to each member of the board of trustees of COP&S:

“There is a determined effort being made to destroy the Osteopathic Profession, not only in the State of California, but throughout the United States. This effort is the culmination of insidious activity which is coming from within our profession, now aided and abetted by organized medicine which admittedly in its contract with the California Osteopathic Association seeks to do three things:

» Convert the College of Osteopathic Physicians and Surgeons to a medical school;

» Secure control of all our Osteopathic Hospitals including the Los Angeles County Osteopathic Hospital, without any guarantee that we may, in the future, care for our patients in those hospitals;

» Enact legislation which will permit no further licensing of Osteopathic Physicians and Surgeons in California.

As an honored citizen of the State of California, in whom a great trust has been placed, may I urge you to use your influence to preserve the College for the Osteopathic Profession?

... The people of California have consistently supported our profession. They deserve a free choice of physician and the right to specify an ‘Osteopathic Physician’. Very truly yours,

J. Gordon Hatfield, DO

Past President, California Osteopathic Association

Past President, American College of Osteopathic Surgeons

Senior Surgeon, Los Angeles County Osteopathic Hospital
Similarly and with passion, Bernice Harker, DO, psychiatrist in Hollywood, explained the power politics of medicine to the Board of Trustees of COP&S in April 1961:

“Dear Members of the Board:

“The public has loyally carried the flag of freedom for our profession at the polls, at least two major times in this generation. Now they are about to be outdone by sinister power politics, boring from within, in the manner that long-range strategy is carried on by all subversive ideologies.

“The Board of Trustees of our college has been entrusted with the greatest treasure that we have, our hall of learning, and is now being pressured to give way to demands to turn this treasure over to those who have always resented us, and now want to murder us completely.

“Those who want the college given to them, have their eyes on it as their central objective, because it is what makes possible the graduation of more competitors in our field. If the college holds firm as an Osteopathic institution of learning, they will not be interested in carrying through the merger.

“As members of the Board, you doubtless feel deep responsibility about this, for you would not have accepted your positions, if you had not believed in the basic philosophy of our branch of the healing arts.

“We trust you to hold firm in this severe test of your loyalty in guarding our affairs. If the merger goes through, it will be one more step toward dictatorship, which our country is now facing at every turn.”

Dr. Lay wrote to the members of the Board of Trustees of COP&S “... in an appeal to retain the College as an osteopathic institution. Please consider the issues very carefully before exchanging an 80 million dollar institution for 2,000
MD degrees.

“A number of patients have approached me in the past week with alarm at the possibility of the osteopathic profession amalgamating with the medical profession in California. They do not want allopathic medicine. They want osteopathic care as they have had in the past in this and other states.

“As a practicing physician, ... I do not know all the problems that confront the Board of Trustees in their task of operating the College. But I feel compelled to appeal to you to retain the College as an osteopathic institution and to strengthen the departments that have made us unique as a profession. In the past year other osteopathic colleges have received one-half million dollars from the Rockefeller family ‘for the support of a professorship in osteopathic theory and practice’. It is obvious that they feel that osteopathic colleges have

something to offer in the education of young physicians which allopathic colleges do not offer…”

Dr. Samuel G. Biddle, Eye, Ear, Nose and Throat specialist in Los Angeles, emphasized in his letter to Mr. Gordon Anderson on the Board of Trustees of COPS that many members of the COA do not agree with its medical politics:

“... Many members of COA do not like this any more than I do but feel they have no choice except to go along with the leaders as that organization is a directorship handled by a small group of the leaders. The vote will not be by the members but by hand picked delegate ...”.

In the short available interval of a few weeks, OPSC members wrote nearly 100 letters of appeal to save COP&S from allopathy, alas to no avail. COPS became the AMA-accredited California College of Medicine in February 1962.

But the loss of COP&S did not mean the osteopathic profession was terminated in California. The second condition of the merger agreement, i.e. BOE
losing its licensing power, was to be prevented from implementation by the public voting “No” on Proposition No. 22. David Rodgers, executive secretary of OPSC in 1962, explained: “Defeating Proposition 22 does not mean CMA and COA cannot merge ... It is not the intention of the loyal Osteopathic profession to prevent DOs who wish to do so from obtaining an MD degree. They only wish to keep them from giving the Osteopathic profession as a price for such degree.”

Dr. Dobreer clarified further the situation of the profession in 1961/1962:

“1. Has the merger exterminated osteopathy in California? NO, only a vote of the citizens can determine ... Prop 22 must be defeated.

“2. Can the voters be persuaded to support the continuation of osteopathic licensure in this state? YES, ... an informed electorate would vote 62% in favor of retaining osteopathic licensure ... A campaign to reach half of the 7 million voters, $400,000 will be necessary to wage a successful campaign.

“3. Is the AOA treasury in a position to provide all the necessary funds to conduct voters education? NO. The Board of Trustees has authorized a sizeable budget to spend under the direction of Mr. Klobnak ... but it is only a quarter of the money needed. The loyal profession tries to raise the remainder from itself, family, friends, patients, other professionals and DOs nationwide.

“4. Will the special $75 assessment, voted at the 1961 House of Delegates, provide the needed funds? NO, ... the assessment is to be reconsidered ... because of tax and other problems, thus removing this as a possible source of funds.”

Lack of money to conduct a campaign against passing Proposition 22 was a problem. A budget report from May 1961 listed $6,500 spent on printing, $300 each on publication ads and postage, $600 on contingencies, and $100 on phone costs. There was no money spent on TV and radio spots (budgeted for $29,700 and $8,550 respectively) and nothing on newspaper, possibly because the
required funds were not available.

Given this small budget and AOA not coming forth with anticipated funding, an effective campaign on healthcare choices across the large state of California required further funds. Thus, the OPSC team recruited members nationwide and asked for contributions. As the first letter writing campaign did not result in the hoped for number of members, especially not from other states, Dr. Dobreer, president of OPSC in 1961, sent a second letter (undated) to clarify potential misconceptions or misunderstandings about the situation. He again requested the doctors’ membership and financial contribution.

Dr. Dobreer asked his colleagues to “personally enter the fight in California by joining OPSC as an Associate member.” By way of bringing into their awareness the success that their profession had achieved, he attached to his letter two editorials from Michigan and New Mexico, two states from which large numbers of DOs had responded to the membership appeal.

In one of the editorials of the Bulletin of the Oakland County Medical Society, Michigan, undated, Rodman C. Jacobi, MD pointed out that an amalgamation of osteopathy with his profession was not a given fact. “Since they are doing well now, why should they join us and assume a position at the bottom of the totem pole? … The plain fact is, we need them more than they need us, whether we want to accept it or not. …”

Further on in his editorial Dr. Jacobi asked “Why has the public taken to the osteopath in such large numbers? … His availability and alacrity in responding to the patient’s need have won many friends …”

Dr. Jacobi concluded “that the DO has achieved a stature we must recognize and deal with intelligently. To do this we must first adopt the premise that good care is our mutual aim and proceed from there.”

**Combat with the juggernaut**

By 1962, the survival of osteopathic medicine in California depended on
the public’s vote on Proposition 22, which in turn depended on the information that impacted voters the most. With the small budget available for campaigning, Dr. Frymann described how the OPSC team tried to achieve a NO vote:

“...We had to try to devise ways in which we could combat which, you might say, “the juggernaut” of the CMA. They got the money, and they got radio, television, billboard advertisement for ‘improved healthcare’ that was always their favorite phrase, you know, and we were reduced to things like putting announcements on peoples cars in parking lots. We walked miles doing that and considering the fact that the COA spent about 3 million dollars, which in those days was a considerable amount of money, that we got as far as we did.

We didn’t win the ballot in 1962 but we got about one third of the votes, which was quite significant considering the opposition that existed.”

Looking back 50 years later, one is deeply moved by the belief and faith among the founding OPSC members to survive professionally. We know now they were right –after they suffered, though, deep disappointment and seeming ruin.

Their campaign was impressive with its highly intelligent, fair and ethical approach. Always respectful and courteous, yet passionate, mostly at own expenses of time and money, OPSC fought against the odds of their small numbers compared to the large numbers of their opponents. Simply with better financial support, they most likely would have saved the public great losses.

Half a century later, members of the Board of OPSC reflected on lessons learned from their founders:

“... The efforts to ensure our equality and licensure required a coalition of dedicated, bright and articulate DOs and it is upon their accomplishments that we now enjoy our ability to practice and respect as physicians and surgeons.”

“Freedom is fragile. We must be diligent in protecting our rights to
practice. The founders sacrificed much. The next generation must do the same.”

“How important the unique aspects of osteopathic profession are, the importance of fighting for what you believe in and how proud I should be to call myself a (future) Osteopathic Physician.”

“... Their work empowers me to continue to fight for our profession and to move it forward.”

“From their struggle I learned that I should not take anything for granted and that I need to think about things before I act upon them. There will always be wolves in sheep’s clothing when there is a lot of money involved and so it is up to me to make sure I am aware to see them coming.”

“We’re lucky to be here and owe a HUGE debt of gratitude to them.”

“To rescue the profession, the founders had two challenges, to re-establish the BOE licensing power and to build a new college as a center of excellence in the west.”

The legal battle to regain the licensing power in California

OPSC leaders immediately set out to regain the complete licensing rights of their Board of Osteopathic Examiners, a vital requisite to keep osteopathy alive in California. Dr. Allen recalled:

“...and we tried to get some bills through the legislature to try and correct this thing and get new DOs licensed. Well, Dr. Stephen Teale [who was a state senator from northern California and a DO until he changed to MD in 1962, was a prominent man in state politics] so any bill in the legislature that had anything to do with health or the health professions, it was by his position that he could say ‘aye’ or ‘nay’ on it and so when our small group were up there lobbying trying to get some reversal of this merger, they would say ‘what’s Dr. Teale’s position on this?’ well, Dr. Teale’s position was ‘oppose’ and so we never got anywhere. We could
hardly get into offices to talk about anything that was right, just, and so on, as far as our profession was considered. So in 1967 we were able to get the legislature to recommend a study about the osteopathic profession and so [legal counsel Alexander] Tobin was kind of the one to help engineer that and so the next year we put together a plan to really take it to Superior Court. Members of the profession outside the state had been sending in requests to get a license in California and so it got to the Board of Osteopathic Examiners. The Board of Osteopathic Examiners answered them and said they couldn’t do anything about getting them a license because of Proposition 22 in 1962 and the medical board would write them back and say ‘you’re a DO, there’s no way to get a license either from the medical board or the osteopathic board.’ And so we selected 7 people who were representatives of DOs who had grown up out of state but gone to an osteopathic college. The court case was known as “D’Amico et al” and the et al included 6 other DOs who were representatives of each of the colleges because once we lost the California college we were down to five osteopathic colleges in the U.S. and so we had their representation. They were residents who had grown up in California, residents who been outside of California and would like to move to California and also each of the armed services were represented in those 7 people. And it was put into the courts as a “class action suit” so that when you won you covered the other arena of osteopathic doctors to be representatives of one of the schools, to be representatives of the armed services, to be representatives of California residents and non-California residents. So it was truly a “class action suit”. And at this time in the history of the United States, class action suits were en vogue. So the courts case was filed in 1968 and it proceeded in the courts up until 1974. The CMA was fighting us every step of the way; they would put in a needless brief in opposition. An associate of Mr. Tobin, Mr. Gasner, I think, was really the brains behind the progress of the suit. Tobin was the front man that did the arguing in court. So anyway, we went from Superior Court, we were defeated there, so we appealed the Appellate Court and we lost there, and so we appealed to the
Supreme Court. The Supreme Court said you got a good case but there’s not enough evidence, and sent it back down to Superior Court. So, the next time we went to Superior Court, we won. Then I think it went to the Appellate Court by the other side; we won again; and then it finally went to the Supreme Court for a second time for a hearing.

Do you understand why it [Proposition 22] was unconstitutional? Well, mainly, it was on the class action suit that a person that has a legitimate profession should have the right to be licensed in California and so this was a denial of civil rights. That was the main argument, the basic gist of it. And finally on March 19, 1974 the Supreme Court said action sustained, which meant we had won.”

Dr. Allen’s recollections are corroborated in the published “History of Osteopathy in California” (Bartosh, 1978):

“Our first order of business was to contact the legislature in Sacramento to find ways and means to reestablish osteopathy to its rightful place in the state. Our attempts were fruitless, probably because of the strong CMA lobby system.”

Dr. Bartosh continued: “Mr. Alexander Tobin was assigned to the case and took it to the state superior court. The attorney general represented the Board of Medical Examiners.” (The Journal of Osteopathic Physicians & Surgeons in California, 1978, 5(5)).

Dr. Lay had met Attorney Alexander Tobin per chance and persuaded him to take on the cause of OPSC. Dr. Frymann recalled how Edna Lay joined their group in the mid 1960s:

“Dr. Lay could not get a license in California. That was how she came into the picture. And because she couldn’t get a license, she started on the program of doing everything she could to see how this could get changed.” [Actually, Dr. Lay did get a license in California prior to the merger and practiced in Ojai. Soon after, she was asked if she wanted the MD degree.
She thought the question very odd and decided to join the fight against the merger (see www.lib.uci.edu/themerger/ ).

Edna M. Lay, DO served as legal and legislative chair of the respective OPSC committee for several years, travelling frequently to Sacramento, Upland and Los Angeles, usually on her own expense. She also worked hard to raise money to cover the necessary legal fees and expenses.

Dr. Frymann recalled her first meeting with the attorney in the mid-1960s:

“He was coming at it from a totally different point of view from what is the usually idea of what an attorney does because he was so knowledgeable about the law of the state of California and he very quickly recognized that this was a matter of discrimination. And so that the phrase that he coined so well was, that ‘This was not a matter of the color of the skin but it is a matter of the color of the degree!’

And we said, “well, there’s nothing you could do; the record is already clear.”

“Well,” he said, “just let me just sit in the back, maybe there might be a question I might counsel on.” He was, of course, Alex Tobin, and I was president [of OPSC] at that time.”

The Sacramento Bee reported on March 16, 1968:

“8 Osteopaths Challenge Constitutionality of 1962 Medical Merger Ballot”

“A suit filed in the Superior Court of Sacramento County March 16 charged the state boards of medical and osteopathic examiners with denying qualified osteopathic physicians their civil rights by not having a mechanism for them to take the licensing examination.

“The suit, filed by eight osteopathic physicians, alleges that passage of Proposition 22 on the 1962 ballot was unconstitutional and is responsible
for creating a situation whereby California is the only state where osteopathic physicians cannot be licensed to practice.

The petitioners, four of whom are medical officers in the Armed Forces, claim the ‘State Board of Osteopathic Examiners cannot examine them and the State Board of Medical Examiners will not examine them’.

“They are asking the court to order either board to let them stand examination and be licensed if found competent, and are further asking that the present law preventing the boards from licensing qualified osteopathic physicians be declared unconstitutional.


Ethan Allen, DO explained in his editorial: “The constitutionality of that portion of Proposition 22 that removed from the Board of Osteopathic Examiners the ability to examine and license new DOs, without establishing an alternative method of examination and licensure, is in question. It is the allegation of the plaintiffs that they have been found competent in other states, that the Federal government has found them competent, but that California does not provide a mechanism through which they can prove their competency and thus prove their eligibility for licensure. This despite the fact that several of the plaintiffs are native sons of California and are thus prevented from returning to their home state to practice their chosen profession.”

After fruitless efforts to reopen licensure of DOs in California through the legislature, eight doctors petitioned the Board of Medical Examiners, through the
court, for their constitutional rights. This suit is known as D’Amico et al. V. Board of Medical Examiners. The following is the chronology of the court case was presented by Alexander Tobin in Osteopathic Horizons, October issue 1970 (Volume 9, No. 1):

- March 1968: suit filed in Superior Court, Sacramento
- May 10, 1968: Hearing before Judge Goldberg
- May 29, 1968: Ruling that power be restored to Medical Board in 1962 to license DOs
- July 1969: Appeal filed by petitioners in Appellate Court
- December 1969: Appeal heard
- March 17, 1970: Decision that 1962 law unconstitutional unless it was determined by a full trial that difference in competence between allopathic and osteopathic physicians justified different licensure laws.
- July 1970: Appeal by Board of Medical Examiners to Supreme Court.
- July 1970: Supreme Court refused to hear, thus upholding Appellate Court.
- Present [October 1970]: Case being prepared for trial in Supreme Court, Sacramento.

Tobin reported that the Court of Appeal upheld the Tobin position and reversed the trial court on every significant issue in this case. The Court of Appeal reversed how the trial court had interpreted the California Initiative Act of 1962. In lay language: the trial court was wrong in concluding that the BME had been given power to license petitioners, also that denying reciprocity licensure to DOs while allowing it to MDs was based on insufficient examination of circumstances; and that all issues must now be put on trial.

Dr. Allen in his editorial expressed the frustration felt among DOs in
California: “Since 1968, when the suit of D'Amico et al. was filed against the BME and BOE, stating that constitutional rights have been abridged by Proposition 22 in 1962, the court decisions have partially and then totally supported the osteopathic view. Three years now the constitutional rights and privileges by skilled physicians have been suppressed by the medical monopoly.” (Horizons, 1971, 9(3)).

Hoping to obtain legal rights soon, several DOs inquired about obtaining a license in California. Dr. Lay, in her president’s message reported: “The OPSC office and the office of the BOE have received inquiries from DOs interested in getting a California license that we have prepared this message for them ... a summary judgment has been granted by the Superior Court in our favor and for the first time since 1962. DOs may soon be licensed in this state. In the meantime the BOE is willing to receive requests for application for California licensure.” (Osteopathic Horizons, 1971, 9 (9)

As DOs were waiting for good news from the court, a situation arose in California that aided OPSC’s argument for the benefits of restoring DOs to a fully licensed profession.

**The 1970s health care crisis**

As California’s population grew, changes in the provision of healthcare made it increasingly difficult for many Californians to access care. Many waited to seek help for their symptoms until they felt to qualify for emergency care, when earlier access to a family physician might have saved them much suffering and reduced healthcare costs. Osteopathic physicians recognized the urgency to restore the BOE licensing power to meet the need for family practitioners in California.

In 1970, only 2% of [alopathic] medical graduates entered general practice, while 60 to 70% of osteopathic graduates became family physicians. This meant that in the early 1970s five osteopathic colleges produced more general practitioners every year than 94 [alopathic] medical schools (Horizons,
When eight years later osteopathic medicine in California had once again obtained its rights and already enrolled the first students at its new college, the Los Angeles Times published an article about osteopathic medicine’s “long road to acceptance”. The New York based science writer pointed out: “What has stood osteopathy in good stead with the public is that 75% of DOs become general practitioners, a vanishing breed of physician in this age of medical specialization. Most DOs settle in rural areas or small towns, where the need for doctors is greatest. (The situation is nearly the reverse for MDs. About 75% specialize and the majority practice in urban and suburban areas.).”

Back in 1971, the vital contribution to the nation’s health made by osteopathic medicine was recognized by an unlikely advocate for the profession, Senator Stephen Teale.

**Senator Teale changed his mind**

The former osteopathic physician who took the MD degree in 1962 stated in an interview that DOs would improve health care in California if their licensing right would be restored. The AOA News Review (November 1971, volume 14, no.11) quoted:

“Author of California’s “No DOs” law changes mind; now favors state licensing of osteopathic physicians.

“In 1962, California State Senator Stephen P. Teale (D.-West Point) had a referendum proposal added to the electoral ballot that later was to effectively strip the osteopathic examining board of its powers to examine and license applicants. On election day, California voters approved the ‘no more DOs’ proposition. The senator then drafted legislation implementing the vote, thereby halting any further licensing of DOs who wished to practice in the state.”

In an interview reported in the Los Angeles Times on October 1 by Times
medical writer Harry Nelson, the senator was quoted as saying that keeping osteopathic physicians “out of California is an expensive luxury which we can’t afford today.” According to the newspaper account, the California lawmaker was convinced that practicing DOs from other states could help relieve some of the acute doctor shortages now suffered in various areas of the state.

Senator Teale told the Times reporter that his change of mind about DO licensure was also influenced by the August 4 ruling of Superior Court Judge Frank G. Finnegan, who granted summary judgment in the case of D’Amico v. Board of Medical Examiners. Briefly Judge Finnegan ruled that Californians have a constitutional right to be treated by osteopathic physicians and surgeons if they so desire. The Times reported that Senator Teale predicted that the appeals court would uphold Judge Finnegan’s decision.

Mr. Nelson also interviewed Howard Hassard, legal counsel for the California Medical Association. He reported that Mr. Hassard expressed surprise that Senator Teale now accepts the idea of opening the way to licensing new DOs in the state, adding that “this case has a long, long way to go yet before anything will be decided.”

The Times story reported that CMA Counsel Hassard estimated that perhaps as many as 1,000 out-of-state DOs would come to California. Senator Teale, on the other hand, figured that about 50 to 60 osteopathic physicians would apply for state licensing.

About half a year later, in March 1972, Senator Teale announced his retirement from public office (The Sacramento Union, 3/2/1972). After his death in 1997, eulogies usually did not mention his career as osteopathic physician, his subsequent strong role in political medicine to eliminate osteopathic medicine in California, nor his change to become an MD.

“DOs win California case”

In September 1971, the AOA “News Review” featured as cover story: “DOs win California case”. On August 4, 1971, Judge Frank G. Finnegan ruled that “the
state of California is unable to show that graduates of allopathic medical schools are superior to those graduating from osteopathic medical schools, and that the state in response to a series of interrogatories has admitted it cannot support its contentions. Judge Finnegan, therefore, granted summary judgement in the case of ‘D’Amico v. the Board of Medical Examiners’.

The article explained that the Assistant Attorney General had the right to appeal to the California Supreme Court Judge Finnegan’s final order to the Court of Appeals decision, but the state Supreme Court indicated that it would not hear the case. Thus, the long awaited moment seemed to be coming that the Board of Osteopathic Examiners could discuss procedures for accepting applications from DOs for licensure by examination and reciprocity. Alas, it took until March 19, 1974 that the California Supreme Court upheld the case and the licensing power of the Board of Osteopathic Examiners was re-established.

Dr. Frymann summarized the long legal battle in her interview with Dr. Seffinger:

“All of the plaintiffs in this case ... couldn’t get a license through the MD board, and they couldn’t get a license through the osteopathic board. And the case was heard in the Appellate Court and the Appellate Court ruled in our favor. But they had some questions. Then it went to the Supreme Court. Then they had some questions. Then it went to the Superior Court. It went through the court system twice. And in 1974, we had the unanimous decision, all of the justices on the state’s Supreme Court, which is a very rare phenomenon to have a unanimous decision. And that was in 1974. So, then all of a sudden, all of the DOs in other parts of the country who had their California licenses came to California to give their support to the profession. All of a sudden, these people became members of OPSC, which was overwhelming because OPSC had become a very tight entity ...”

Dr. Bartosh described the victory in his “History of Osteopathy in California”:
“... Then after five years in the courts a final decision was made in March of 1974. The State Supreme Court of seven justices heard the D’Amico Case and ruled unanimously that the merger [actually, just that the component of Proposition 22 that restricted the licensing power of the BOE] was illegal and unconstitutional. The decision, a fifty-page report, covered every aspect of the trials so there was no opportunity for an appeal of the case. The decision became effective immediately. This was really a time for jubilation, but not for long, as there was work to do...”

Dr. Allen in his interview with Dr. Seffinger in 2006 vividly described the moment of victory: “... And finally, on March 19, 1974 the Supreme Court said ‘action sustained’, which meant we had won. I think the documents made a stack about this high (36”) for the 4 or 6 years that this was in the court case, about 3 feet high stack of papers with all the arguments. And the answer was on a postcard that said ‘Action sustained’. So, March 19, 1974 was a red letter day.” In his lectures on the subject, Dr. Allen always states that date is symbolic since it is the day that the swallows annually return to San Juan Capistrano after migrating south for the winter.
In 1974, OPSC, led by Ethan Allen, DO (pictured) and others, was successful at re-storing the powers of the osteopathic board of examiners so that new DOs could be licensed in the state. Newly licensed DOs poured into the state and a new osteopathic college, COMP, was established in 1977, entering its charter class in 1978.
Matt Weyuker served OPSC as its executive director for 20 years (1978-1997). He is seen here in 1989 at an OPSC convention presenting awards to OPSC President Norm Vinn, DO (right) and future OPSC president (1992) Joseph Zammuto, DO, below. While at the helm at OPSC, Executive Director Weyuker authored 40 bills that were introduced into the California state legislature, of which 36 were signed into law by three different governors. He drafted every anti-D.O. discrimination bill that amended the Business and Professions Code of California and enabled osteopathic physicians to enjoy the dignity and respect for which they have longed since the inception of the profession. Upon his retirement OPSC bestowed upon him the honorary title Executive Director Emeritus.
Jane Xenos, DO, the first osteopathic physician in the state of California to be board certified in Osteopathic Manipulative Medicine, shares the spotlight with (future OPSC president) Rolf Knapp, DO at an OPSC convention in 1996.

Dr. Eby and Dr. Frymann share the podium at an OPSC convention in 1996.
“All material resources were spent and the future was dependent on the substance of things hoped for, i.e., faith, when it was resolved ‘to create a college of osteopathic medicine.’”

(Viola Frymann, DO, FAAO, 1978).

Once the way was made clear for the resumption of licensing in California, Osteopathic Physicians and Surgeons of California (OPSC) realized the importance of re-establishing an osteopathic college to fill the void left by the merger.

Several new osteopathic colleges had sprung up around the country in response to the loss of the College of Osteopathic Physicians and Surgeons in Los Angeles, CA. They were, however, state supported schools that restricted their student matriculates primarily to those from their own state. Slots for out of state students were few and tuition was at least twice that of in-state fees. It was apparent that few California students would be accepted at these colleges and thus it was imperative that California teach its own aspiring osteopathic medical students.

At the Executive Committee meeting held on October 26, 1974, the officers discussed the possibility of developing a new college by 1975 (OPSC Executive
Committee Meeting minutes, October 26, 1974, Richard E. Eby Personal Papers). The following day, the Board of Directors met and agreed to go forward with establishing an osteopathic school. The name that would be pursued was the “California Osteopathic College of Family Medicine.” At that time, the Board also proposed that Dr. Frymann, as president of the Board, appoint a College Development Committee to oversee the planning and financing of the new college. Dr. Eby was appointed to Chair the College Development Committee, and he later appointed Drs. Allen, Frymann, Lee, and Moore as committee members.

**Early college development 1976-1977**

“... the new college will be a fitting climax to the ‘California Story’” (Richard E. Eby, DO)

Dr. Frymann recalled the very first beginnings of rebuilding an osteopathic college:

“... the board of OPSC was the board of the school at that time. There was nobody else you see. There weren’t many of us, and it was an action of the OPSC board that started the momentum.”

We also know about the beginnings to build a new college because of Dr. Ethan Allen’s collection of correspondence among the college development committee members Dr. Eby, Dr. Moore, Dr. Frymann, Dr. Lee and Dr. Allen. As the committee envisioned a western center for training osteopathic physicians, their correspondence included letters with osteopathic organizations in other western states and at the national level. Dr. Allen’s collection of documentation about college development further includes minutes of meetings, excerpts from newsletters and newspapers, conference agendas and reports written by committee members. As of 2011, his collection is archived by Olivia Solis, M.S., at the Harriet and Philip Pomerantz Library at Western University of Health Sciences, Pomona, CA. (see Appendix A, Documentation). Personal recollections by the College founders can be accessed at www.lib.uci.edu/themerger/.
College development soon became a major concern for the OPSC Board of Directors. The Board established an OPSC Scholarship Fund that would cover such expenditures as feasibility study costs, consultant fees, travel expenses, and legal and legislative expenses. The Board also enlisted the help of the Californians in Support of Osteopathy (CSO) to assist in fundraising to rebuild the college and to press for legislation. With Ruth Kelley as CSO president, the nonprofit organization dedicated itself to assisting the osteopathic profession in California. Students interested in pursuing a career in osteopathic medicine found it beneficial to join CSO in order to keep informed of the progress of the new osteopathic college.

From the correspondence in 1976 we can glean the steps committee members were taking to make their vision of a center of osteopathic excellence in the western states become reality.

- The first step aimed at arriving at a unified stance to build a unique and innovative institution that would represent the western states as a center of excellence in osteopathic medicine.

- The second step focused on obtaining tangible support, including funding contributions, potential shared resources with other institutions, and assistance from helpful city officials.

- The third step included taking action to build a new and independent college and to speed up the funding process to match a grant by the Arcade Hospital Foundation.

- The fourth step involved action to obtain tax free real estate on the Pomona mall, renovating buildings for teaching and training purposes, and working on meeting the AOA accreditation requirements.

- The fifth step was cause for celebration, as the new college was announced
as Western States College of Osteopathic Medicine (WSCOM) with anticipated opening in September 1978. The committee chose an acting president for 6 months and a college board that was to be expanded in the near future.

Of course these steps overlapped. Debates about the vision and objectives for the college recurred throughout the year and worries about funds were constant. Ascertaining interest among western states to collaborate was a slow process.

Initial endeavors to obtain financial and logistic support

In a letter by Dr. Eby, dated 3-4-1976, to the college development committee members, Dr. Eby reported that he tried to set a meeting date with Dr. Azneer of the College of Osteopathic Medicine and Surgery, Des Moines, Iowa. For the meeting to be productive, he needed a list of potential faculty. He suggested that committee members would indicate to be prepared to serve as faculty. He also recommended an additional list of names and their respective departments. Dr. Eby wanted to be well prepared for the meeting because the Arcade Hospital had expressed sincere interest in the plans for a new college and seemed willing to possibly aid OPSC financially.

Dr. Moore replied on 3-8-76 that the meeting with Dr. Azneer may be one of the most important meetings that year. For the committee to be convincing in their vision and abilities, he strongly recommended “to eliminate from OPSC all noxious ideas and people and a meeting of the Board with unanimity of thought and the direction the osteopathic profession will take, including the direction of the College committee.”

Dr. Eby agreed (on 3-10-76) with Dr. Moore about unresolved issues, for example Dr. Rust’s recent communication [Dr. Rust was president of United States International University, USIU, in San Diego]. Dr. Eby reminded that the next steps for fund raising had to be clarified and a tax-free status for donations to the College fund had to be obtained. Since Dr. Moore resided in Bakersfield, he was to suggest the time and place for a meeting to solve these problems.
The college development committee continued to discuss the goals and objectives for the new college. While certain that the American Association of Colleges of Osteopathic Medicine (AACOM) understood the need of a California college, Dr. Eby wondered why the term family medicine seemed to irritate them. He saw "family medicine as the only reason left to distinguish the osteopathic college end product from allopathic output."

Further steps toward college development included decisions about potential affiliation with educational institutions in southern California or whether to build a new institution. If affiliation was the objective, Dr. Eby was concerned that USIU in San Diego might fold. In that case, he suggested Pacific States University (PSU) as a good backup for potential affiliation. [PSU was founded in 1928. In 1977, PSU's letter head listed study centers in Los Angeles and Norwalk, California, and in London, England].

Given many uncertainties, Dr. Eby suggested a monthly bulletin to be distributed either through the CSO or OPSC office, "to keep our people concerned and informed". Was this bulletin to be in addition to Osteopathic Horizons? Possibly so, as there was a subscription fee associated with "Horizons" while a bulletin would probably be distributed at no charge to OPSC members.

In a letter, dated 7-15-1976, to Dr. Alan Reed and to the members of the Board of Osteopathic Physicians and Surgeons of California, Dr. Frymann reported about her recent visit to Milwaukee and Wisconsin. Dr. Frymann met with Dr. Philip Greenman, an administrator, faculty and specialist in osteopathic manipulative medicine at the Michigan State University College of Osteopathic Medicine, who discussed in depth the "why and how" of the AOA requirements for accreditation. Dr. Greenman explained that due to some unhappy experiences with some of the recently opened colleges, they were becoming stricter and evaluated much more meticulously the preparatory steps of future college development.

Dr. Frymann continued her report by emphasizing that Dr. Greenman was deeply interested in some of the innovative ideas they had discussed. He pointed out,
though, that it was much more difficult to get approval for innovations, compared to traditional ways. Obtaining a faculty of the top teachers in the profession might help to overcome resistance.

Dr. Greenman did not underestimate the importance of sound financial backing, Dr. Frymann wrote. The [required] $500,000 did not have to be in the bank at the day of opening but they had to be guaranteed. The money needed during the year of preparation, exclusive of building costs, varied from one half to one and a half million dollars (the latter at Ohio).

After her first week of meetings and visits, Dr. Frymann mailed to NOF [National Osteopathic Foundation] almost $3,000.00 of unsolicited contributions to the VMF [Viola M. Frymann] Scholarship Fund. These unsolicited donations meant emotional as well as tangible support of Dr. Frymann’s efforts.

Dr. Dilworth recalled: “Viola [Dr. Frymann] particularly took the stronger leadership in terms of helping us to recognize that we needed a strong support from the American Osteopathic Association and that we should find some of the professors as well as the president who were well informed in the total profession. We are very thankful that those people then became available. That was what laid the ground work for the college becoming officially the College of Osteopathic Medicine of the Pacific.”

As Dr. Harold Magoun had established a $100,000 trust to teach Dr. William Garner Sutherland’s concept of osteopathic principles and practices applied to the cranium and sacrum, Dr. Frymann asked him whether he would consider the California college for that honor [of receiving funding from the trust in order to teach Sutherland’s concepts]. Independent of this request, however, Dr. Frymann went on to direct a basic 40 hour course in Sutherland’s concepts and methods in the college’s curriculum for 20 years, and the course has continued annually ever since. Consequently, there are more osteopathic physicians using Sutherland’s osteopathy in the cranial field approach in California than in any other state.
Addressing the OPSC board members, Dr. Frymann raised these questions to be answered “now”:

“Where or how can we raise $150,000 in 60 days? Are we united in our determination to establish a college, the best and most forward looking osteopathic college in the country? The time for decision and action to confirm that decision is now” [underlining by Dr. Frymann].

She made the motions to call a full meeting of the OPSC membership at the G.P. [general practitioners] meeting in Santa Barbara [in August 1976] to adopt measures that supported the development of the college. She recommended that the board of OPSC at its August 8th meeting develop plans to be presented for action at that membership meeting. President Reed could appoint two or three board members to develop tentative plans before the board meeting. She suggested appointment of past-president Moore, president-elect Dilworth, and one other person if needed. Concluding her letter she reminded the board members if they considered first the objective and then the means of its accomplishment, they would progress with greater determination.

Dr. Dilworth recalled:

“When we looked at the colleges that were available, we recognized that in all the nine western states there wasn’t a college. As California was a good place to have one, we decided to see what we could do in terms of having a new college. At first, we decided that we would call it the Western States Osteopathic College and that was enough to get a lot of enthusiasm among the public as well as among some of the other osteopathic doctors in the other parts of the nine states. With this enthusiasm and support we were able to get the foundation for a new college.

“Needless to say, it took a lot of cooperation and this meant that we had to meet the political demands out of the Sacramento State Office. We then had to be able to establish a groundwork for becoming an official college which was very complicated. But with people like Dr. Eby, Dr. Allen and
Dr. Frymann, and laymen who came in like Stephen Kase and Mr. Levin, who was the business advisor, as well as those who were in support of the state, Ruth Kelley with her big organization of Californians in Support of Osteopathy, money became available, so that the groundwork could be laid. And thus, we were able to get the official recognition both from the state and then from the National Osteopathic Association, so that the college could be recognized. We were very fortunate in being able to do a lot of this work in a matter of some four or five years, 1972 to 1977.”

One of the objectives for developing a new center of excellence in osteopathic medicine was to build an independent institution. Thus, the committee decided against a potential affiliation with the United States International University in San Diego, though Dr. Rust and Dr. Edling were among the few who had prepared a plan for the functioning of the new college. Dr. Frymann recalled:

“... We got acquainted with Dr. Rust of the International University. He wanted to have the medical school as part of his campus in San Diego. Well, at that point we were totally green in as far as starting the university. None of us knew anything about what was involved, and although we never had an arrangement that was of value to us, we learned an awful lot through Dr. Rust. He taught us a great deal about what was involved in the process of starting a college. That education was invaluable to us.”

On behalf of the board of directors of the California Osteopathic College of Family Medicine, Dr. Allen thanked Dr. Rust and Dr. Edling in late August 1976 for their time spent to work on plans that might have taken the new osteopathic college to the USIU campus. After a lengthy discussion, the board decision was that they were not in a position to make the commitment that Dr. Rust expected.

**September 1976: official announcement of the new college name**

By the first of September 1976, an important step had been accomplished:
the committee was able to announce officially to OPSC members the college with its new name. In a letter on 9-1-76, Dr. Eby asked Dr. McCabe, Editor of the Journal, to put the following news flash into the newest issue:

New college name chosen: Western States College of Osteopathic Medicine (WSCOM).

At its August 29th reorganization meeting, the Board of the new osteopathic college had adopted the name of Western States College of Osteopathic Medicine (WSCOM).

The initial Board members (to be increased later up to eleven) were elected as follows:

- Chairman: Ethan Allen, DO, Norwalk
- Secretary: Viola Frymann, DO, La Jolla
- Members: Theodore Doll, DO, El Monte,
- Richard Eby, DO, Pomona
- Earl Lyons, DO, Tempe, Arizona

The OPSC Board of Directors, at their February 29, 1976 meeting, agreed that the College Development Committee should have the autonomy to make decisions without Board approval. Discussions followed, and the Board felt that it would be beneficial for the separation of OPSC and the developing college. These discussions eventually led to the conclusion that a separate Board of Directors for the proposed college would be appointed as soon as possible.

How did the Board of Directors come about? Dr. Dilworth recalled:

“The primary credit still goes to Dr. Allen and Dr. Frymann because they were the ones who were setting up the strongest support in terms of that organization ... They recognized that they needed a broader support. That’s when they went to Oregon to bring in somebody from there, that
could be a representative; also somebody from Arizona because we were definitely going to represent the western states. And so the Board of Directors was chosen by way of recommendation of the osteopathic profession in those states. They recommended who would make a good member to the board. It wasn’t so much that we had to make the choice from here, we only asked those states to give us their choice…”.

Thus, Dr. Eby, Dr. Frymann, Dr. Allen and Dr. Dilworth were the primary persons who started the board. The target date for the entering class remained September 1978. Donations to the fund raising campaign were to be made out to the Civil Rights Charitable Trust Fund, c/o OPSC offices, 31582 Coast Hwy, So. Laguna CA 92677.

Exploring institutional collaboration

Dr. Frymann on 9-15-1976 replied to Dr. Eby, cc to Drs. Ethan Allen and Earl K. Lyons. Having received a copy of Dr. Eby’s letter to Morris Thompson [see above], Dr. Frymann questioned by whose authority Stephen Kase became acting college president, certainly not by action of the board of directors. She was concerned about the apparent assumption that WSCOM would be affiliated with PSU. Such decision was not based on board action either.

She warned the board not to become so absorbed with logistics, like location, property and eager faculty, that they would forget the fundamentals, objectives and purpose of the institution they were seeking to initiate. With the exception of Drs. Rust and Ebling [see Dr. Eby’s letter of thanks to Dr. Rust, president of USIU, on 8-31-1976], no one had yet presented a plan and a philosophy of the educational program or the purpose of the proposed school. Eagerness of faculty was not the most important qualification for a faculty member.

She reminded Dr. Eby that he himself had declared not to be in a great hurry but to take time to deliberate. Dr. Kase had not been interviewed for a position of acting college president; he had not presented a plan; finances for a
signing a contract were not available; and most important, no decision to affiliate with PSU had been made. She urged the following major items for consideration: by-laws, detailed alternative plans to compare with those studied already [by Dr. Rust?], and the fund raising program.

Given the shortage of funds, collaboration with the La Verne College was discussed in 1977. Meetings explored a general institutional relationship, the potential use of science facilities, and the undergraduate program at La Verne College with a potential student flow to WSCOM. In June 1977, Dr. Eby reported that La Verne College declined to endorse an affiliation but would welcome discussions concerning contractual agreements for use of laboratories and classrooms. Reverses in their budgeted income were given as explanation.

**Deciding on a college location**

Dr. Eby continued to focus on obtaining a suitable location for the college as an independent institution. In his letter on 9-15-1976 to Dr. Kase, he wrote about his steps taken for the school’s location on the Pomona mall. He was pleased about a conference on the previous day with the director of the chamber of commerce and the editor of the local newspaper, the Progress Bulletin, who functioned also as president of the chamber of commerce. They were enthusiastic and eager to facilitate a meeting with civic authorities regarding establishing a tax-free district, if WSCOM would be built in the depressed area of the mall. Dr. Robert S. Lee recalls an “Unknown story: … When they were looking for a place to house the school, they found a JC Penney building in the downtown mall; it even had a basement. The school couldn’t buy it. So I bought the JC building and leased it to COMP. If I hadn’t done that, they might have not ended up in Pomona.” [Actually, additional financial contributions made the purchase possible as well].

Dr. Frymann remembered the reasons for choosing Pomona:

“…attraction was that it was a place of great need. There was a mixed population, immigrants, and there was very little medical care. And it was
felt this would be an ideal place for a clinic for service to these underprivileged people. That was one thing. Another thing was that Dr. Eby lived there and he had his hospital there. You see, his hospital was still an osteopathic hospital, the only one in the state at that point, I think. And so that was the other thing that attracted us there. And because this realtor was the father of Dr. Eby's son-in-law, it was within the family and we got that Penney building for a ridiculous sum of money. So that was how it came to be there”.

The Pomona area featured advantages that met AOA accreditation requirements, including a large potential clinic population, potentially available hospital training facilities, numerous academic institutions in the area, favorably priced real estate, osteopathic physicians availability for clinical teaching in the area, and community interest in a college for training family physicians. [see “Report of the College Development Committee of OPSC for 1976” by Richard Eby, DO Chair, published in The Journal, 1977, pages 24 and 25].

Progress made toward identifying suitable real estate for the new college might have prompted the Arcade Foundation to issue the grant on 9-13-76 for $100,000 if matching funds could be obtained within one year. Given that only a relatively small amount of funds had been raised so far, tension arose about initiating a speedy process to obtain the remaining required funds. A meeting was scheduled with the Pomona Chamber of Commerce to discuss obtaining real estate in an economically depressed and less expensive part of town, like sections of the Pomona mall.

Dr. Eby and Dr. Rappel interviewed Joe Gorman, Ph.D., former professor at Washington University, research enthusiast in cranial developmental embryology and disc physiology. He was prepared to present his plans for a lab complex in the potential mall location. The lab could accommodate about 100 students.

In addition to teaching facilities, a clinical training site was required as well. The Pomona mall was chosen as the college location in part because of its
close proximity to Park Avenue Hospital, the osteopathic hospital owned by Dr. Eby. He expressed concern that he could barely keep Park Avenue Hospital alive. There was financial strain associated with adjustments toward accreditation and funds were needed urgently. Dr. Eby also sensed tension between DOs and former DOs that added emotional strain.

A list of osteopathic physicians and surgeons who practiced at the Park Avenue Hospital in Pomona [no date] included specialties in anesthesiology, ENT and facial plastic surgery, obstetrics & gynecology, internal medicine & cardiology, general practice & osteopathic manipulation, orthopedic surgery and urological surgery.

Applying for AOA accreditation of WSCOM

In a letter to Dr. Eby on 9-16-1976, Philip Pumerantz, PhD, Director of the AOA Department of Education outlined the procedures that a new college of osteopathic medicine would have to follow to obtain AOA accreditation:

- Step 1: Complete a questionnaire of the Council on Osteopathic Educational Development.
- Step 2: Plan and launch an institutional self-study and its feasibility component, understood as a blue-print of the type of educational program in osteopathic education that the group would ultimately develop.

Step 2 required specific responses to 10 items, including existing osteopathic facilities in the area, existing undergraduate and graduate institutions, number of osteopathic physicians in the state and in the chosen area, the need for additional physicians in the area, and method of financing. Self-study also included mission, goals and objectives; curriculum design, specifying on-campus preclinical opportunities and off-campus clinical programs in hospitals and ambulatory care; faculty recruitment; administrative organization; a projected 5-year budget; and commitment of funds for at least 4 years.

After the committee's review and acceptance of the self-study and
feasibility information, the site would be visited and an official pre-accreditation may be granted which would allow the institution to receive federal funds and to accept an entering class.

Dr. Eby and the college development committee set to work immediately to formally comply with the accreditation requirements. The responses to the questionnaire of the Council on Osteopathic Educational Development were sent to AOA committee members Dr. Rowland, Dr. Pumerantz and Dr. Namey within a few days. The committee focused then on pre-clinical and clinical training on and off campus. They finalized their administrative decisions and corresponded with faculty applicants. Physicians from the western osteopathic institutions who joined WSCOM would also join the faculty at various levels.

By the end of September 1976, the new college increasingly became reality: the location around the JC Penney’s building on the Pomona mall was chosen as the college site. Dr. Gordon provided a plan with sketches for the basic science clinical labs as suggestion for further planning. Dr. Eby asked Dr. McCabe to provide an opportunity in the Journal to request book donations for the college library; such donations could be stored at Park Avenue Hospital until they could be housed in the college library. Dr. Kase offered his Norwalk office as possible data center for the college input and output.

An AOA consultant for accreditation inspected Park Avenue Hospital to ready it for an AOA inspection, and Dr. Allen was preparing a draft of by-laws and articles [for the College board of directors]. At the board of directors meeting on 9-25-1976, Dr. Kase was appointed acting president for 6 months and Dr. Robert Rappel clinical dean for 6 months. A decision about an academic dean was not yet made [O. J. Bailes, DO was appointed Dean of Academic Affairs in 1979]. Frank Carr of Pomona’s United California Bank was nominated as board member. According to Dr. Eby, Frank Carr was renowned as one of the state’s top “P.R.” men. Board membership also included Theodore Doll, DO, Richard Eby, DO and Earl Lyons, DO

Dr. Frymann recollected the initial AOA visit at COMP:
“And I remember that day when the AOA was going to make their initial visit, we had this large painted building on the mall. We had not had any architectural plans made, but Dr. Eby knew a student in the school of architecture and invited him to see it and put some plans together. ... This architectural student showed us the plans that he worked out for this Penney building. When the AOA delegation came, they were most impressed. They complimented us on the way in which we had moved everything on to it. It was absolutely incredible, and so that was really how it began.”

**Motivating the western states to come forth with their contributions to WSCOM membership**

On 9-22-1976, Dr. Frymann addressed a letter to colleagues in osteopathic medicine societies of the following western states: Washington, Oregon, Idaho, Utah, Nebraska, Arizona, New Mexico, Hawaii, Nevada, and Montana. Drawing awareness to the continuous challenges that the western states osteopathic societies had to face, including obtaining seats in established schools for osteopathic state residents, the need to replenish the local profession and to expand the osteopathic impact, Dr. Frymann suggested their collaboration with the WSCOM project.

A free-standing, independent school, as WSCOM was envisioned, had practical and philosophical advantages, especially avoiding susceptibility to adverse political trends that could undermine the unique nature of osteopathic medicine.

In her usual well-organized and focused approach to tasks, Dr. Frymann listed the main points of the WSCOM proposal:

- The campus would be located in California where several locations were under close consideration;

- All the western states would unite in support of this college on a pro-rated basis related to their respective professional population;
• These western states thereby would receive a guaranteed proportionate number of student seats;

• The AOA-approved clinical facilities of these states would become part of the clinical teaching program; in some states it might be necessary to unite several small hospitals into one teaching unit in order to qualify for AOA approval;

• The physicians thus incorporated would become associate faculty of the college;

• Preceptorships would be offered in private practices, thus encouraging the new DOs to appreciate the practice opportunities in their home states.

Regarding financial needs, Dr. Frymann explained the required funds to obtain the Arcade Foundation matching grant of $100,000. She listed the respective funds to be raised per western state. She provided estimates for the organizational operation of the college and suggestions for the long-range financing to maintain the ongoing program.

Concluding her proposal, Dr. Frymann suggested a meeting at the November 1976 AOA convention in San Francisco and attached a brief questionnaire about interest, contact person, and availability to meet.

**Insights obtained at the AOA convention 1976**

While no further historical documentation about the western states meeting at the convention in San Francisco is available, two hand-written articles by Dr. Dilworth exist in the archival collections at the Pumerantz Library at Western University that conveyed his observations and thoughts at the AOA’s House of Delegates meeting at the convention in 1976. Still impacted by the shock of near annihilation of the profession in California, Dr. Dilworth, like Dr. Frymann, advocated teaching and clinical training by osteopathic physicians in osteopathic facilities, rather than specialty training in allopathic settings. Dr. Dilworth wrote:

> “On the national scene there is the development of a dichotomy of
emphasis which will take careful and extensive planning to balance. On the one hand, we pride ourselves, as a profession, on the ability to produce a large percentage of general practitioners in osteopathic medicine. On the other hand we establish more schools to turn out more graduates who will be required to intern in hospitals where the heads of departments are to be specialists. I believe this is precisely the reason the majority of resolutions to the House of Delegates pertained to the possibility of graduate study, residencies, and internships being approved for allopathic institutions. Yet one is immediately aware of the danger of assimilation or amalgamation. This places a greater importance on the establishment of excellent family practice departments in all our hospitals, as well as incorporating the concepts into the entire curriculum of the colleges. Therefore the college of general practitioners must be a strong force throughout the profession. Come and join us!”

“House of Delegates:

To listen to the reports, deliberations and resolutions of the democratic process of our association is to see and feel the fulfillment of the words spoken by Dr. Still in 1886, ‘I came here tonight to tell you that the science of osteopathy, as little as is known of it now, bids fair in a few years to penetrate the minds of the philosophers of the whole earth’.

“By the action of the House there was recognition of a divisional society from the Armed Services which literally covers the world. There was the plea for the profession to encourage specialty study in political medicine. And the widening scope of foreign students into the colleges was encouraged. With the increase of our doctors in missionary services, the prophecy of Dr. Still is in process.

“We can only be proud of the profession’s constant struggle against complete government control and the better recognition for us among public agencies. In our local individual practice area, it appears we pay our natural dues with few benefits, but the activities and accomplishments
of our dedicated national leaders through the Board of Trustees and House of Delegates reflects back to all of us”.

As the year 1976 came to a close, Dr. Frymann expressed her concern that OPSC had not done enough to set the fund raising program in motion. She suggested, if every OPSC member made a commitment to raise $1,000 by 12-31-1976, fund-raising activity would be well on its way. In a note by Dr. Frymann on 12-20-1976 to Dr. Eby, she warned not to make any real estate agreement until they had a financial plan and some assurance of meeting the obligation.

Dr. Frymann boldly suggested that each member of the board take responsibility for obtaining a $25,000 loan. That would have been a huge financial burden on the board members. But as luck would have it, a Los Angeles promoter had a cashier’s check in hand in time for the escrow papers to be signed. Dr. Eby had made some inquiries to determine how much it would cost to redesign the interior of the building. The figure given was $1 million dollars, and once again luck stepped in. A contractor by the name of Weinberg contacted Dr. Eby with a proposition. He was looking for a project to showcase his work, and on his own, had surveyed the building and now offered to do the work of redesigning the interior for under $300,000.

Opportunities such as these continued to appear as they were needed, such as obtaining laboratory equipment. Two young men, just out of military service, offered to build the equipment for the laboratories at cost if the blueprints were provided. A dean from Miami had recently prepared such blueprints and offered to deliver them at that very moment. As Dr. Eby put it, the college was “a miracle school.” Thus, the college development committee proceeded confidently into 1977. (See Dr. Richard R. Eby, “We Refused to Die...,” The Journal of Osteopathic Physicians and Surgeons of California, 7, (3), Summer 1981: 16-18).

College Development in 1977

In a letter, dated 1-7-1977, to Drs. Kase and Allen, Dr. Eby expressed concern regarding a 2-day visit by Dr. Hix, scheduled for mid-January 1977. In
November 1976, Dr. Elliott Hix at the Kirksville College of Osteopathic Medicine had agreed to undertake the organization and direction of a department of physiology at the new WSCOM. Board members were interested in recruiting Dr. Hix as dean of basic sciences.

Dr. Eby suggested to impress Dr. Hix favorably by showing that progress had been made with fund raising, outlining a basic science faculty and contracts needed, office staff planned, lab and library materials available, and efforts made to comply with accreditation requirements. Dr. Eby seemed concerned that they might evidence “uncertainties and unpreparedness that could ruin their pitch in San Francisco to the other states”.

Dr. Eby clarified that the college development program of OPSC had to be assumed by WSCOM to separate money and effort, though a close liaison of the college and OPSC was essential. Each office had to have its own identity, officers and bylaws.

“Osteopathic Training Center to be the only one in 13 western states”

The Pomona local newspaper “Progress Bulletin” on March 11, 1977 featured the headline “Osteopathic Training Center to be only one in 13 western states”. The press release quoted Dr. Eby: “After 15 years of effort to restore osteopathic education to California, founders of the new four-year osteopathic medical college have selected Pomona as the most feasible site. At the onset, over $1 million is being spent on the acquisition of buildings and remodeling, and another $1.5 is earmarked for faculty during the first year”.

“As word of the founding of the Western States College of Osteopathic Medicine has spread, we already have 1,500 applicants for admission ... The eventual capacity will be 250 [students] per class or a total enrollment of 800.”

Dr. Eby said that while the school would probably seek Federal funds when it would be qualified to do so, present support was coming from foundations, physicians and the public. The Journal listed over 30 DOs on the Founders List, as well as one MD, the Auxiliary to OPSC, and an anonymous
donation of $5,000. Founders had contributed $1,000 or more (The Journal of Osteopathic Physicians and Surgeons, 1977, page 25).

College of Osteopathic Medicine of the Pacific (COMP)

The name was enough to arouse enthusiasm and support; however, it had been adopted and used only for six months and was subsequently changed by the Board of Directors. Due to a delay in filing with the Secretary of State, the WSCOM name was being used by another entity and no longer available. Thus, a few months after the proud announcement of WSCOM in Pomona, the name of the college was changed to the College of Osteopathic Medicine of the Pacific
(COMP). In May 1977, Dr. Allen, as chairman of the board of directors, explained to the OPSC physicians in a “Dear Doctor” letter:

“The name Western States College of Osteopathic Medicine which had been adopted and used for 6 months for the Pomona development was stealthfully stolen from us on December 31, 1976 by the ‘other group’.”

The “other group” referred to former displaced faculty at the defunct COP&S that also wanted to start a college.

Dr. Allen continued that a new official name was registered on April 19, 1977 with the Secretary of State. The new name, College of Osteopathic Medicine of the Pacific, had been favorably accepted so far by all who heard it.

The administration of COMP in June 1977 listed Ethan R. Allen as chairman of the Board, Frank Carr, Donald R. Dilworth, DO, Richard E. Eby, DO, Viola Frymann DO, F.A.A.O., and Stephen B. Kase, D.B.A. as directors of the Board. Members of the Board included Dr. Rappell, Dr. Reiss, Dr. Boudette, Dr. Ostwinkle, and Dr. Stan Schultz. Dr. Dilworth recalled:
“I guess I would put a lot of emphasis on the good cooperation between those who were making up a part of this directorship and so forth. I just came in to follow along with Dr. Allen, Dr. Eby, and Dr. Viola Frymann. In the process they had gotten a good evaluation from business people and from others who were sympathetic to the profession and were putting on the finances in order to establish the school.

“I will often repeat the name of Stephen Kase because he was the president of the Pacific College which gave us some good information in terms of the legalities and the many regulations that the State implied. “

This group had to resume the never-ending task of fund raising, as the time allocated to obtain the matching funds for the Arcade challenge grant was running out. In a fund raising letter Dr. Allen described the worthy cause for funding such:

“The College of Osteopathic Medicine of the Pacific was conceived as a regional osteopathic center for the 13 western states, the only such school west of the Rockies. Located on the mall of Pomona, the purchase of a library building was in escrow. The mall would provide the physical plant of the new school. The college was expected to open its doors to students in September 1978. Osteopathic books and journals arrived regularly in Pomona.”

In another letter for the purpose to raise funds, Dr. Allen described the “Seed Money” goal of $100,000 for the 13 western states. Regarding the issue of representation of the thirteen western states to be part of COMP, the “seed money” goal of $100,000 had been proportioned to the 13 western states according to their respective AOA membership, at $100 per member. Arizona, for example, had been asked to contribute $35,000. A letter by Dr. Allen explained Arizona’s representation on the board of COMP as a privilege because of an expected financial commitment in the fund-raising effort [see the letter by Dr. Allen on 6-23-1977 to Dr. Richard Reilly, Tucson, Arizona].
The New Mexico Osteopathic Medical Association at an emergency board meeting voted $8,000 to be sent to COMP. The representative to the board of COMP was to be their executive director (letter by Dr. Allen on 6-25-1977 to the Board of Directors and Dr. Rappel).

**Choosing a college president**

Dr. Dilworth remembers recruiting Dr. Pumerantz:

“Our connection with the first president with the professional background occurred when we were introduced to him through the official AOA office in Chicago. They had spoken highly about what he had done in Connecticut and all, so it was my privilege to go back [to Chicago] and interview him about the possibility that he would be interested in helping to get a college started.

“In that afternoon’s meeting there was just enough [time] to get acquainted with the fact and to try to let him know that there was really a very serious movement in California. But I guess we have to admit that we didn’t have a lot of financial backing yet. So, that had discouraged a lot of people. But we didn’t come away discouraged. We just knew that we were started in the right direction as we talked with other people around the Chicago office of the AOA. So then when we came back, we were able to start to lay better groundwork for the establishment of it until Ethan [Allen] and I were able to go back then and persuade him that it really was a good opportunity, and that he would accept it.”

What might have been one of the reasons for Dr. Pumerantz’s hesitation? Dr. Frymann:

“I would probably have to say that there was still in the east a pretty strong feeling about the fact that we had sold the profession down stream when we did allow the makeover. They weren’t entirely convinced yet that it might not extend further and provide more trouble. So, they were going to play things a little slowly, until they could see for sure that the
profession was going to come out on the top.

“That meant that we had to have a stronger establishment of the profession in California and especially from the recognition out of the Sacramento office [to get] political status in order for the state to become well established on that firm foundation which would have been the real leadership of the osteopathic group. Once we recognized that we were getting the support not only from the public, but also the support from the legislature, then it was enough to convince the AOA office in general and then they would all go along with it.

“We tried to get the support with the legislature for receiving all of the requirements for setting up a college in the state. That is where OPSC Executive Director Matt Weyuker had to go to work with a lot of the legislators up in Sacramento. There was a lot of lobbying to try to convince them; fortunately, we did have good support out of them.”

Though some funds came in, any mention of further money needed caused stress. In a letter by Dr. Allen on June 6, 1977 to “Dear Board Members”, he wrote:

“This note is being written after several days of considering the contract requests of Dr. Pumerantz ... [Initially Dr. Allen felt shocked about his salary request] “... but the 8 items are pretty much what he told us earlier.”

“However, a contract has two sides to it; and we need spelled out the expectations or responsibilities of the President to the College and to the Board. Part of the responsibilities should be getting funds, so in effect he must be doing that which will insure his salary.”

In July 1977, several board members met with professional fund raisers in Pomona and toured the J. C. Penney and Nash buildings and the civic center of Pomona to estimate the funds to be raised. Within 5 years, the required estimate of $2.5 million, over and above the donation of the two buildings with necessary remodeling, might be received in tuition from 1978 to 1982. Meeting local leaders
of business were thought to raise funds as well.

Grateful patients provided significant contributions. Dr. Dilworth recalls:

“And in fact, one of my patients, a very interesting lady by the name of Joyce Malcalm who had been a donator to the college, Phil was nice enough to put her on the Board at my recommendation. We were looking pretty hard for other patients to help build the college in some way. We had printed folders that were announcing the college. We handed them out to all our patients, and fortunately, I had three families who took a special interest in supporting the college.

“The Oberhausers were the ones that were there for the longest period of time, and then the Wymans who were from Rancho Bernardo. He was very loyal to the profession and so he’s the one who set up his family trust in favor of the college, because they didn’t have any children they were very generous to the college. And there was Mr. Lein. He was a real businessman, having retired out here from Chicago. He had known the profession back there and that is the reason why he was loyal here. He became a very interesting businessman and as a patient of mine was very helpful both here and at the college. There is a tribute to these people at school in the famous Walk of Tribute in the Health Sciences [Center building on the campus of Western University].”

**Philip Pumerantz, Ph.D.: Founding President of COMP**

Dr. Allen urged that in spite of the financial difficulties, the decision had to be made to proceed with hiring Dr. Pumerantz, even if borrowing money was necessary. The board must have agreed, as in a letter on 7-21-1977 Dr. Allen wrote to a DO in Colorado: “Dr. Philip Pumerantz has been retained as our college President, and he will be starting his job September 1st [1977]. We feel most fortunate in having obtained as our President, a man so highly regarded throughout the nation for osteopathic medical educational leadership and capacity. It will ensure our expected opening date of September 1978.”
Dr. Frymann recalled finding office space for the president:

“He [a real estate agent for the JC Penney building] said, ‘Well, I’ll let you have this little store on the opposite side of the street, and I’ll furnish it, so the president will have somewhere to sit to begin.’ And so he did. He put down a nice carpet, and he put down a nice big table and nice chairs and it looked like quite a professional office. And we were getting that, I think, for a dollar a month or something. So that was how we began.”

Dr. Allen’s collection of documentation for the “College Development” includes a copy of the “Contract for administrative services” [no date]. The contract agreed on the term being for 5 years, commencing Sept. 1st, 1977. The duties as President of the College were outlined in an attachment [not included]. The contract listed salary, expenses covered, insurance, vacation, and subject for termination.

Dr. Frymann recalled:

“Dr. Pumerantz, he was amazing. The second time we had a meeting with him, which must have been probably about three or four weeks after he arrived, all around this room he had got signs of what we were going to do this month, this month, this month. He had got the whole year worked out so that we were going to open doors in 1978, and there was so much to be done. It was an incredible amount of work that had to be done, and there had to be a feasibility study, and some other studies that had to be done ...”
1978: The second milestone of the profession’s resurgence

When in 1974 OPSC had accomplished its goal of reestablishing the licensing power of the BOE, the first critical milestone had been reached for the revival of the profession in California. 1978 evolved as another memorable year, as the second goal was accomplished to reestablish a college of osteopathic medicine as a center of excellence to educate and train osteopathic physicians and surgeons.

A curriculum for osteopathic medical education, including osteopathic
principles and practices and osteopathic manipulative treatment, was developed with the assistance of Drs. Al Jacobs, Phil Greenman, Bob Ward, and I. M. Korr. Of course it would be refined once the faculty was recruited and developed the teaching program. The first Curriculum Committee meeting took place on May 2, 1978 in the Dean’s Office at the Academic Center. Members present included: Earl Gabriel, DO, Drs. Nadir Khan, Lloyd Chapman, Joseph Fischer, Charles Gordon, Robert Orlando, Gerald Slattery, and Alex Rene. Robert Rappel, Dean of Academic Affairs, and President Pumerantz sat in on the meeting as guests.

The four-year curriculum would be ready for the fall of 1978 and reflect a humanistic approach. The first two years would be spent on campus and divided into trimesters. In designing the new curriculum, the basis sciences would be emphasized in the first year with the third trimester exposing the students to osteopathic principles and practices, clinical correlations, and patient contact; skills necessary for the family practitioner. The final two years would consist of clinical clerkships in hospitals and clinical facilities in California and the western states.

The curriculum was finalized and COMP became affiliated with the Pacific Hospital in Long Beach as a clinical training site. Affiliation agreements were in progress also with hospitals in California: Park Avenue Hospital, Pomona; Esperanza Inter-community Hospital, Yorba Linda; Ontario Community Hospital, Ontario. In Arizona: Mesa General Hospital; Community Hospital of Phoenix; Phoenix General Hospital; and Scottsdale Community Hospital. In New Mexico: University Heights Hospital, Albuquerque. In Washington: Standring Memorial Hospital, Seattle; Waldo General Hospital, Seattle; and Sunnyside General Hospital, Sunnyside. In Oregon: Eastmoreland Osteopathic Hospital, Portland. In Colorado: Rocky Mountain Hospital, Denver.

The Pacific Family Practice Clinic became the COMP out-patient clinic II in early 1978. Located in Long Beach, the clinic joined the Orange Grove Avenue Clinic in Pomona in providing full services to area residents needing a physician or unable to obtain private medical care. The clinic, adjacent to the Pacific Hospital of Long Beach and accredited by the American Osteopathic Association,
had all laboratory, X-ray and inpatient services available to its patients. An extern program was planned for COMP students.

COMP received pre-accreditation status by the AOA Bureau of Professional Education in January and provisional accreditation in July 1978. The first faculty members joined COMP in August 1978. Philip Pumerantz, Ph.D. was inaugurated as the founding president of COMP at a ceremony held at a festive location in Century City on October 8, 1978. He described the goal of the college: “to develop in osteopathic physicians a blend between the technical and the human skills required of a physician.”

October 8, 1978 was a momentous occasion. Over 700 fellow educators, physicians, and friends gathered at the Century Plaza Hotel in Los Angeles. The inaugural procession consisted of members from the academic community, representing several universities and dignitaries from the osteopathic profession. That evening, honorary degrees were conferred upon three individuals: Ethan Allen, DO, founding member of the COMP Board of Directors, received the honorary degree of Doctor of Science in Osteopathic Medicine for his contributions to the establishment of the College and his devotion to maintaining the osteopathic profession in California. Richard Eby, DO, also a COMP Founding Board member, received the honorary degree of Doctor of Philosophy in Osteopathic Education for his dedication to the osteopathic profession in California and his devotion and hard work to the establishment of COMP. Donald Merrifield, S.J., President of Loyola Marymount University received the honorary degree of Doctor of Humane Letters. The keynote speech was given by Donald Siehl, DO, president of the American Osteopathic Association.

The “COMPletter”, the bi-monthly report of the college, proudly described how the charter class of 36 students was welcomed for orientation week, beginning on September 25, 1978. President Dr. Pumerantz and Dr. Saul Bernat, chairman of the COMP Board of Directors, greeted the students, followed by the mayor and the city administrator of the city of Pomona, the president of the Pomona Chamber of Commerce, the president of the auxiliary, Mrs. Alice Allen, and the president of the COMP alumni association. The students spent the
remainder of the week touring hospitals and learning about the history of osteopathic medicine.

Most of the students came prepared with a B.S. degree. Fourteen of the 36 students were California residents and thirteen came from the western states. Others came from Michigan, Pennsylvania and New Jersey.

Instructions began on October 2, 1978, with the mission to “train the finest primary care physicians and to instill in each student and the medical community a sense of pride in the profession and in the College” (Dr. Pumerantz, 1978).

Dr. Frymann:

“And so between the starting of school, which I think was October, until January, there was no OMM [osteopathic manipulative medicine] taught at all. And the president would come to me from time to time and say, “you have to come here and teach it.” And I said, “Well, I have a practice here in La Jolla. I can’t just come up here and teach it.”

“So, in January, he finally put the pressure on and I said, ‘alright, I will come up here and teach all day Monday. I will work Saturdays at home and drive up on Saturday evening to Pomona. I would spend all day Sunday preparing my schedule for Monday’s lesson, and teach on Monday.’ And if we hadn’t had, I think, two public holidays in the course of those eight weeks, I don’t think I’d ever have survived, because, you see, I was it. I had no helpers, and at the end of the year they had to have final exams, practical exams. I had to do the whole thing and there were 36 students at that time. This was a voluntary service to the college.”
Today, the tradition continues as seen below with photos taken in the OMM (Osteopathic Manipulative Medicine) lab at Western University of Health Sciences - College of Osteopathic Medicine of the Pacific.

**Teaching osteopathic manipulative medicine**

Dr. Frymann:

“The osteopathic curriculum that I developed was not strictly based upon regions of manipulation. For instance, when we talked about motion, flexion, extension, rotation, etc, we put in the head on the top there so they had very early on recognition that there was a cranial mechanism that
functioned in these various patterns of motion. When we talked about the thoracic area, we incorporated that with respiration and that was incorporated with cranial motion so that the teaching of the osteopathic manipulative skills were tied in, loosely, yes, but tied in with other clinical manifestations.

“Dr. Gabriel was teaching family medicine, and he of course was osteopathically oriented. I don’t remember all the other people that were teaching ... Dr. O. J. Bailes, he was dean at that time. He was thoroughly osteopathic in his thinking. He was a wonderful man and he was great, not only with what he taught them medically, but what he taught them about becoming a physician. What sort of a man or woman you should be, this sort of thing. He was a tremendous asset. We were all very disappointed when he left but it was because of illness and his wife’s family that he had to go back.

“The other thing we did was we had elective programs on Monday evening. We had half the group come at 6 to 8 PM, the other half would come from 8 to 10 PM, and then we would cover all kinds of things, usually derived from the problems that the students themselves had and so that as they were diagnosed they were treated.”

It became evident that it was due time to honor the Founders of the college, those who had helped to establish the college, and the charter class. A program was scheduled to dedicate the new Academic Center and Founder’s Wall. Festivities began Friday night, April 19, 1979, with a banquet and musical program to honor the more than 220 founders who had contributed $1,000 or more to the college. Two hundred fifty guests from fourteen western states attend the dinner that evening.

The first Founder’s Day convocation was held in the college plaza the following day, Saturday, April 20, 1979. The ceremony began with a procession in academic regalia of the Board of Directors, faculty, and visiting dignitaries, followed by a convocation speaker and the presentation of honorary degrees and
distinguished service awards. Both Frank Carr, founding Board of Director, and President Pumerantz were presented with honorary degrees of Doctor of Humane Letters. Honorary degrees were also awarded to two other founding board members: Dr. Saul Bernat, chairman of the Board, and Dr. Viola Frymann, secretary. Distinguished Service Awards were presented to Dr. Floyd Swift, Dr. Robert Lee, Meyer Galov, Jack Booth, and Rodney Wineber.

October 1978, the Board of Directors appointed O. Jerry Bailes, DO, as the new Dean of Academic Affairs. Dr. Bailes had served as Associate Professor in the Department of Family Medicine and on staff of the Family Medicine Clinic of Ohio University’s College of Osteopathic Medicine. He also was a leader in organizing the West Virginia osteopathic profession and in starting an osteopathic college there from the 1960s-1970s. These and other prior positions in the private sector, state government and professional organizations made Dr. Bailes highly qualified for the position. He was instrumental in the development and implementation of the philosophy of osteopathic medicine into the instructional programs.

**The growth of COMP**

With each coming year, COMP continued to expand. Enrollment in 1980 had increased to 162 students and full time faculty to over 28. A third building on the mall was leased. This single-story facility was remodeled to house the medical library, bookstore, and media resources center all of which had previously been located in the Academic Center. This freed up substantial space to increase the size of the anatomy laboratory, create a lecture hall, and accommodate faculty research space.

Also in 1980, the first legislation in the state, authorizing COMP to operate health care clinics and to offer medical services, was signed by California Governor Jerry Brown. The bill, SB 1461, authored by Senator Ruben S. Ayala (D-Chino), further allowed COMP to charge for services rendered by the physicians and surgeons to the public (see Chapter 5 on Legislation).
As the first commencement neared, COMP had grown to 5 buildings, 33 full-time faculty members, 269 adjunct faculty, and 233 students. The administration and support staff totaled 40, and the school was affiliated with 26 hospitals.

COMP became fully accredited by the Bureau of Professional Education of the American Osteopathic Association (AOA). This action officially recognized and affirmed the college a degree-granting institution. Continuing approval had also been granted by the Board of Osteopathic Examiners of California. Commitment to high standards in education and leadership had made this all possible.

Under the direction of G. Stanton Selby, the Pomona concert signaled the processional by playing “Coronation March” and “Marche et Cortege.” Thirty-one graduates received their diplomas and their hoods on June 13, 1982, marking the first time in 20 years that the degree of doctor of osteopathy had been conferred in the State of California. More than 1000 guests attended the commencement ceremony held at the Bridges Auditorium in Claremont. The invocation was given by Rabbi Maurice Pitchon of Temple Shalom in Ontario. President Pumerantz welcomed the audience - distinguished guests, families, friends, and students - to COMP’s first commencement. Saul Bernat, Ph.D., chairman of the Board of Trustees, was introduced and greeted the graduates as well.

Dixon Arnett, deputy regional director for the U.S. Department of Health and Human Services, spoke on “The Celebration of Achievement.” His remarks centered on the cost of health care and informed the audience that the new osteopathic physicians would not only be filling a void as primary care physicians in areas such as the nation’s smallest communities or in the inner cities, but they were anticipated to lower health care costs. Following Arnett’s remarks, the honorary degree of Doctor of Humane Letters was conferred upon Mr. Arnett.

Dr. Bailes presented the graduating class of 28 men and 3 women for the conferring of the DO degree. Members of the graduating class received their hoods from members of their families or from Dr. Gabriel, Associate Dean of
Clinical Affairs, and Richard Eby, member of the Board of Directors. The senior class speaker, Linda Foshagen, presented her address entitled, “Who Will Heal?”

Dr. A. Archie Feinstein, president-elect of the American Osteopathic Association administered the osteopathic oath. The combined voices of the graduating class repeated those words to the Osteopathic Oath. The Rev. Joseph Gregorek, of St. George’s Church in Ontario, gave the benediction.

Empowered with faith and enthusiasm, COMP has been educating cohorts of successful aspiring DOs:

“I am proud to be a first year DO student. I hope to be an OMM fellow and share the knowledge and passion with future students.”

“Being a Pre-doctoral Teaching Fellow makes me proud, as well as receiving an award at COMP for excellence in osteopathic care.”

“Attending COMP and becoming a Pre-doctoral Teaching Fellow helped. Dr. Allen, Dr. Frymann, Dr. Dick, Dr. Hruby, and Dr. Seffinger are just a few people that inspired me to be a better DO and to promote the profession.”

To the left, Ray Hruby, DO, FAAO demonstrates OMT during 2010 Annual Convention.
1977 COMP Founding Board of Directors and President Philip Pumerantz, PhD. From left, Saul Bernat, PhD, Donald Dilworth, DO, Viola Frymann, DO, Dr. Pumerantz, Richard Eby, DO and Ethan Allen, DO. Board member Frank Carr is not in photo.

Charter graduating class at the College of Osteopathic Medicine of the Pacific 1982
Viola Frymann, DO, FAAO, was president of OPSC three times, taught seminars in osteopathic principles and practices including osteopathic manipulative treatment at OPSC conventions from the 1960s through the 1990s. In 1977 she co-founded the College of Osteopathic Medicine of the Pacific, and in 1978 became the founding chair of the Department of Osteopathic Principles and Practices.
OPSC in the Light of Expansion and Progress

“…We are well on our way in the sixteenth year since the founding of O.P.S.C., twelve years in the dark and four years in the light of expansion and progress.”

(Louis Bartosh, DO, 1978)

As Dr. Bartosh started his presidency of OPSC in 1978, he confidently described the status of OPSC: “Twenty-five new DO’s have joined our ranks, strengthening the association and giving more power to do the ‘impossible’.”

Though the center of the osteopathic population was in Pomona, OPSC’s central office was moving to Sacramento, the center of legislation and politics, because legislative matters were most urgent at that time to strengthen the profession. Office space has been secured two blocks from the Capitol building.

Fund raising

To rebuild the profession, funds were of critical importance to cover legal fees, college real estate and buildings, teaching equipment, adjustments to meet accreditation requirements, and initial salaries. Dr. Allen recalled how their group got their very first funding:

“Dr. and Mrs. Stotenberg are the ones who started a college campaign fund and so we began to move on this as quickly as we could to get a new school started because that’s the birthright of your profession is to have a school ... I started raising some money for the new school and so I was strongly involved in that and Dr. Rappel came out to help, he was one of the early ones that came out and got their licenses.”
But in 1965, the osteopathic profession in California had lost all its assets as part of the merger agreement, including “… a fully accredited osteopathic college in 1961 with a student body of 400 students, having five buildings fully equipped, and the described real estate which had a value of $3,000,000 or more…” (Ethan Allen, DO, 1977).

As Dr. Frymann recalls “… they [OPSC] reached a point where they had no money. We only had one person in the office, and by the end of 1974 we reached a point where there wasn’t even enough money in the treasury to pay the secretary’s salary…”

Former DOs were among the first to come forward with the offer to provide a major grant as a challenge.

**The matching grant offer by the Arcade Foundation**

Dr. Eby on 9-2-1976 announced to board members of the Western States College of Osteopathic Medicine that a “phone call to Dr. Stillman Wells of Arcade Foundation confirmed the $100,000 check to be placed in escrow if we match it by Sept. 1977, and if we affiliate with a University, and if we assure them that osteopathic education will not be abandoned by the WSCOM.”

Dwight S. James, executive director of OPSC wrote a letter of thanks on 9-13-1976 to C. Stillman Wells, MD, president, Arcade General Hospital Foundation, Sacramento CA.

On behalf of the official family [OPSC?], Mr. James extended its deepest thanks and appreciation for the most generous offer to tangibly assist in re-establishing a college of osteopathic medicine in California. He thought that obtaining the matching funds should not be too difficult to accomplish within the required time frame.

The Arcade General Hospital Foundation included former DOs. Frequently in the history of the osteopathic medicine resurgence, former DOs made important contributions to its success. Noteworthy is The Arcade
Foundation’s stipulation to “assure them that osteopathic education will not be abandoned by the WSCOM”.

Dr. Allen explained the circumstances of the Arcade Foundation:

“A group in Sacramento, or just outside, I forgot their exact location, had an osteopathic hospital. When they sold the hospital, they put about $400,000 into a fund that was to promote osteopathic institutions. During the years, some of the out-of-state schools applied and got funds. But when they became aware [of OPSC efforts to build an osteopathic college], and I think it was mainly Dr. Rappel that got a line on this, they would put up $100,000. If the profession would match it, then they would turn over the $100,000 to help the fund get started. So I figured, well, this is how we’re going to work it. We’ll raise half of it in the state of California. So I began writing letters to the former DOs, asking them to be participants in the new college and we would honor them by putting them on the founders’ board.”

On behalf of the fund raising campaign, Dr. Eby wrote to Dr. Morris Thompson, director of NOF [National Osteopathic Foundation], on 9-13-1976. Apparently Dr. Morris had expressed his willingness to assist with the fund raising efforts. Dr. Eby reported that initial attempts at fund raising through CSO and OPSC members resulted in about $10,000 in cash, $26,000 in pledges, and $100,000 in escrow from the Arcade Foundation, pending matching funds. All preliminary work on college development was done for free by volunteering members.

Dr. Allen explained the fund raising strategies in the west:

“We had decided that we needed all the western states to be a part of it. That meant $50,000 had to be raised. There were about 500 DOs in all of western states. I used the formula that if each of the states would raise $100 for each of the DOs in their state, this would come up to the other $50,000 that we needed to match the $100,000. Also, if the larger states,
Washington, Oregon, New Mexico, and Arizona, would come forth with the funds in that amount, we would include a member of that state on our college board; we would have to be a regional school because we had no teaching facilities here.

“In Oregon, Washington, New Mexico were still the osteopathic hospitals that we could have [as] training sites. Arizona never came through. They had about 350 members and I expected $35,000 from them. New Mexico came through in a minute, they had about 90 members, $9,000 came from them. Nevada came through quickly. Oregon and Washington came through. So we had representative from Oregon, Washington, New Mexico and we still needed Arizona.

“But it was interesting, Arizona had a divided state between Tucson and Phoenix. Tucson looked to Kirksville, and Phoenix was looking west to California. But their director would never challenge the bipartisanship over there to try and raise money to give to California. So we said, ‘we’ll need your hospitals over there, too; we’ll accept a member from Arizona to be a representative on our board of directors’. So we raised the $100,000, and we got the other $100,000 in escrow.

“Then we applied to the federal government for funds for starting the new college. There were funds available to start new osteopathic colleges. We wrote the grant and it was accepted, we got about $1.5 million from the federal government on this grant. They liked two things about our college that put our grant ahead of some of the others. One, we were a regional school, we had representatives on our boards from Arizona, New Mexico, Oregon, and Washington besides California. Second, we turned out mainly family doctors. So those two things put us ahead of some others on getting the grants. So we got $1.5 million of start up money from the federal government so we were on our way.”

Dr. Eby visualized a ground swell of goodwill and support from the ten western states associations which were “un-colleged”. Dr. Frymann traveled to
Washington to discuss opportunities for their cooperation, e.g., they would be guaranteed a certain number of applicants to be accepted (if qualified). The overwhelming need for osteopathic services in these “under-doctored” states would make such a collaborative venture successful.

**Request for repayment by the state of California**

The California story included the fact that prior to the merger the California Osteopathic Association had considerable assets that were not transferred to OPSC. Dr. Allen described these assets in an open letter in 1977 on COMP letterhead with no addressee.

In his capacity as chairman of the board of directors of COMP, he wrote:

“Re: Repayment by the state of California to COMP for property received in 1965.

“The primary asset of the osteopathic profession was the College of Osteopathic Physicians and Surgeons (C.O.P.S.) in Los Angeles, which was graduating each year approximately 100 well qualified physicians and surgeons DO The annual budget of the college in 1962 was $1,000,000.

“With the ‘merger’ the Board of Trustees transformed the identity of COP&S to the name of California College of Medicine (CCM). The school continued to function in Los Angeles on Griffin Avenue for three years. The Board of Trustees of C.C.M. in 1965 transferred the real property and all the assets to the Regent of the University of California, and the College became the California College of Medicine at Irvine.

“There were 5 parcels of real property which belonged in effect to the osteopathic profession as C.O.P.S. A search of the Title Records in Los Angeles County shows the 5 parcels of property were transferred from the C.C.M. Board to the Regents of the University of California in 1965. At some time, one parcel was sold to a Mr. Jassarrand and now has an apartment duplex. The other 4 parcels, in Los Angeles, were transferred
from the Regents of the University of California to the county of Los Angeles in February 1974. Documents of these transactions are available, and none shows any dollar value for the property involved.”

Dr. Allen continued his statement by describing the “rejuvenation” of the profession since 1974. Over 900 DOs had now been licensed, but the full restoration of the profession could not be realized without the reestablishment of a college. Dr. Allen described the development of COMP and selection of the site in Pomona. He continued:

“At this time the Board of Directors of C.O.M.P. are asking your assistance to have the state of California repay to the osteopathic profession a portion of that which was taken away in an unconstitutional act, i.e. a fully accredited osteopathic college in 1961 with

a student body of 400 students, having five buildings fully equipped, and the described real estate which had a value of $3,000,000 or more.

“Today the Board of Directors of C.O.M.P. assure you that by this reparation the state of California will not only give a fair compensation for an injustice but there will be a tremendous gain to the people of California. A non-profit private osteopathic college will accept skilled pre-med students and produce in 5 years the most qualified general practitioners, in the largest number of any medical school in this state.

“Today the osteopathic profession is reemerging in numbers … By tradition the osteopathic profession is skilled and practices as a general practitioner which is the critical need for the people in the state of California. Our expertise fulfills California’s major health need.”

Dr. Allen’s request went unanswered.

**Californians in Support of Osteopathy (CSO)**

CSO was introduced as a lay person’s organization that was conceived in 1967 and incorporated in September 17, 1968. This group, with Ruth Kelley as
president, was of great help in trying to raise funds. The objectives of CSO included assisting the efforts of OPSC to reestablish the unlimited license of the osteopathic profession in California and rebuilding the profession by supporting schools and hospitals later on. Their role was to serve as auxiliary for OPSC and their primary task was to build membership in their lay organization. In 1970, they comprised about 700 educated lay persons, including legislators, nurses and, public educators. Ms. Kelley urged DOs and other professionals to display

CSO literature in their offices. Every patient and every citizen believing in the healing arts of osteopathy mattered to facilitate the profession’s renaissance in California.

Dr. Frymann recalled in her interview with Dr. Seffinger in 2007:

“Ruth Kelly was one of five sisters. She was a teacher of physical medicine with handicaps, and her sister was a matron of the hospital, they all being in some way related to the health profession. Ruth Kelly was a dynamic individual. She was determined that she was going to recruit the patient world to bring about the change. And so it was formed, ‘Californians for Osteopathy’, and she worked so hard for this. She went to meetings of different organizations who might be interested in osteopathy and she was very supportive.

OPSC put on a convention; it was always a little thing but it was always a very osteopathic meeting, I can assure you. And so she worked very hard to get public support for what was going on.”

At her retirement in 1977, Ruth Kelley was honored at a festive banquet. A special tribute was given to her significant role in the resurgence of the osteopathic profession in California. She published the following account in The Journal. It is a remarkable piece of history that she provided about the contributions made by volunteers. Noteworthy is also her effort to involve students in her project, even before a college was developed, and to facilitate OPSC’s liaison with students.
“The Role Of Californians In Support Of Osteopathy” by Ruth J. Kelley, President, 1968-1977

“This organization was formed in March 1968 with three objectives in mind:

- Educate the public.
- Raise funds to support the actions that must be taken.
- Produce an audible voice of public opinion to influence legislators.

“With regard to Objective #1. Remember, no new DO had been allowed to become licensed in California since 1962, and schools, colleges, medical students and the general public had gradually lost sight of the osteopathic physician. To combat this, CSO distributed literature to thousands of people each year, and was responsible for getting DO’s on TV, radio and newspaper interviews, where the people could see, hear and read about osteopathy and what had happened to it.

“With regard to Objective #2. Within the first six months of its existence, CSO was able to send in $3,000 to help support the legal fees required for the court battle. Since the formation of the O.P.S.C. Civil Rights Charitable Trust in 1969, CSO has raised and turned over more than $17,000 to that Trust.

“Then, in January 1976, CSO took on the huge task of sending the ‘McDowell Fund Drive’ letter to over 14,000 DO’s throughout the United States and to 1500 former DO’s in California. Although funded by O.P.S.C., the work of organizing this project and getting volunteers was done entirely by the CSO office.

Added to this was the responsibility of raising enough money to support CSO efforts; namely, an office, correspondence, conventions and conferences. Almost half of the necessary dollars have come from DO’s.
“With regard to Objective #3. Between 1968 and March 1974, there were many bills which came before the legislators and necessitated letters either pro or con from our members. CSO and its members can be justly proud of the part they have played in returning licensing to California. The majority of CSO members are in an older age group and although their monetary contributions are, of necessity, limited, they have given largely of their time and interest.

“They have believed in osteopathy and in you the osteopathic physician, even though many have not received an osteopathic treatment in years.

“With the ever increasing requests from medical students and health advisors for osteopathic literature, films, speakers and participation in college programs, CSO is rapidly becoming involved with educational programs.

“Students referred to CSO by DO’s in the state are asking for information on the college. They want to know the names of DO’s who will take the time for interviews, and they would like to have meetings whereby they could meet and become acquainted with a number of DO’s.

“For two years, CSO has had a pre-osteopathic medical student on its board for liaison purposes. CSO has sent notices of meetings to students, such as licensing sessions and workshops where they can watch and learn or help at the information tables. Such students helped at the recent licensing session and other conventions and attended the O.P.S.C. convention, and have indicated their willingness to help in any way possible. They have demonstrated vital interest in reintroducing books on osteopathic medicine into their libraries and obtaining literature on osteopathy for their colleges. A newsletter giving facts on osteopathy and news about the College of Osteopathic Medicine of the Pacific is also of interest...”

Clinical training

As Park Avenue Hospital in Pomona had acquired AOA accreditation in
1977, it served as one of the college-affiliated training centers utilized by COMP students. An outpatient clinic and physical therapy center of the college were in operation on hospital grounds as well. Since the merger, Park Avenue Hospital was the only AOA accredited hospital in California. With this goal achieved, Dr. Eby was ready to retire.

He had co-founded the hospital in 1943 with Dr. William Greenburg. Dr. Eby and Dr. Greenburg had been classmates in osteopathic medicine college. Dr. Greenburg died suddenly in 1957. Until the merger in 1961, the hospital assisted C.O.P.S. as a clinical training site. In 1978, the hospital was acquired by the Michael Medical Enterprises, Inc., owned by Robert S. Lee, DO, obstetrician and gynecologist, who had worked at the hospital under Dr. Eby's leadership for two years.

In his retirement, Dr. Eby served as a trustee emeritus of Western University of Health Sciences. Having recovered from a serious accident, Dr. Eby became an author and a featured guest speaker at many events. OPSC established the Richard E. Eby Humanitarian Award in his name. Dr. Eby addressed OPSC members at the annual convention in 1990 for the last time. He died at the age of 90 in 2003. He gave OPSC and COMP a rich legacy of leadership and moral fortitude that continues to inspire us today. His portrait is displayed proudly in the osteopathic manipulation laboratory and outside of the clinical skills training laboratory at the college he founded.

**The COMP Clinics**

In 1977, the College of Osteopathic Medicine of the Pacific provided opportunities for clinical training at the COMP Clinics. Dr. Lee was appointed as acting director of COMP Clinics, assisting the dean in planning, development, and coordination of COMP Clinics. Dr. Lee scheduled the physicians for the clinics; supervised and monitored health care services of the physicians in the clinics; and he supervised and managed the support staff. He also developed a liaison between the administration and staff of the Park Avenue Hospital and the College of Osteopathic Medicine of the Pacific.
About clinical training opportunities for the first generation of students, Dr. Allen recalled:

“When our early students got into their rotations, the 1st rotations were through former DOs. A lot of the former DOs, even though they took the MD degree, still did osteopathic type practice and believed in the osteopathic profession.

“Some of the students would go out of state to osteopathic hospitals in Arizona, New Mexico, Colorado and Washington and Oregon. We depended on the strength of those osteopathic hospitals to be teaching sites for our schools until we gradually began to get some of our own hospitals.

“The first hospitals to come on board were the ones that had been former osteopathic hospitals on the periphery. We never touched downtown County [hospital], but Long Beach Pacific Hospital came on board early as a teaching site. There still was a good representation of former DOs on that staff. Rio Hondo hospital came in fairly early to re-institute their intern and resident training program. And again there were still a number of osteopathic doctors there that had taken the MD degree. Of course, I helped both Downey and Rio Hondo hospital. La Mirada hospital is no longer; well, it had never got into having residents or interns or students.”

Dr. Stuart Chesky developed the clinical training opportunity at Long Beach at the Pacific Hospital.

He recalled:

“The Pacific Hospital of Long Beach was a former osteopathic hospital, and after the merger it became a mixed staff hospital, with approximately 200 beds. The hospital itself had a rather limited informal educational program for some American medical students that were doing training in Guadalajara and some of the other offshore or foreign medical schools, who needed to do a student clerkship.
“When I arrived at Pacific Hospital, I had the most academic experience and training as a DO than any other staff members and I was made the Acting Director of Medical Education. We continued to pursue getting students into the program.

“The College of Osteopathic Medicine of the Pacific had started a couple of years before that. The first class of students needed clinical experience. It was just a natural segue for those students to come to the Pacific Hospital, as clinical clerks (externs), where a DO was in charge of the training program; that in of itself started the resurgence of the post-doctoral training program, DO students coming from the College of Osteopathic Medicine of the Pacific.

“I realized the COMP students would be graduating in a short period. I campaigned to develop an internship program at the Pacific Hospital. I presented my ideas to the Board of Directors and the powers-that-be at the hospital and I was able to convince the majority of the physicians that a reactivation of the DO post-doctoral training program might be in the best interest to the hospital. It certainly would give credibility to a small community hospital if it had a formal training program. The public would look at that in a very favorable way. If the hospital had a training program, it must be a good place to receive healthcare. My presentation was accepted. The executive committee of the medical staff assigned the responsibility to me of completing the application for the internship and to comply with all of the regulations of the American Osteopathic Association.

“I was also active in the curriculum development at the College of Osteopathic Medicine of the Pacific. One of the problems that we had early on was trying to have uniformity in the clinical experience of the students. Since the college did not have its own hospital, the students were farmed out all over the country. We at Pacific Hospital...were approved for, I believe 20 perhaps 30 students, but that
left a short fall so students went to other various hospitals. There was a
great deal of activity to try to establish some sort of standard for the
clinical experience. I was involved in those meetings to try to determine a
rotational experience that would be at least reproducible in some aspects.”

**The Board of Osteopathic Examiners**

Dr. Allen recalled:

“As soon as the state was open [to license in-coming DOs] we had over a
hundred applicants that had been pending to come to California and take
their tests. On Memorial Day holiday of 1974, the BOE examined about 125
new DOs. Their picture is somewhere on the walls in the buildings here in
COMP as the 1st group of new licensees on the State Capital grounds,
because the examinations were held in Sacramento...From then on, about
every three or four months they had a licensing session because the
applicants were coming.”

Dr. Dilworth recalled:

“Our Board of Examiners went over to where we were simply struggling
to maintain the quality of the profession within the state. We had to figure
out how to determine quality and the California Licensing Board decided
that everybody who came into the state had to take a written exam and do
a practical exam, plus, demonstrate skill in using osteopathic
manipulation. We had established a rather strong criterion by which we
were going to recognize these DOs that were coming in from out-of-state.
We were also going to be rather persistent that they were going to have a
strong emphasis on the osteopathic side of its manipulative therapy; and
so we were a bit strict in terms of the examinations that we were extending
to them just to see that we could maintain the quality of the profession.”

Dr. Viola Frymann expressed similar experience serving on the BOE.
In May 1978, executive director Dwight S. James retired. The executive committee of OPSC reviewed five applications for the position. Matthew L. Weyuker, formerly of Sacramento, was selected as the new Associate Executive Director, assuming the duties of Executive Director effective September 1, 1978. Dr. Bartosh, president of OPSC in 1978, described Mr. Weyuker as “... a man of superior abilities and broad experience who will guide the profession to greater progress and success.”

Dr. Dilworth recalled: “It was during the time I was president that we were able to hire Matt Weyuker, becoming our executive director. He was a big help in terms of getting along with the lawyers who had to get us recognized on a state level as being an official organization again within the state.”

Dr. Chesky: “My perception of OPSC was, they were really the first line of public relations of the osteopathic profession in the state. We were well recognized in the legislature. That’s because we had a very good lobbyist that worked for us, Matt Weyuker. He had an osteopathic background and experience. He was not a physician but he was very supportive of the osteopathic profession. He knew his way around the hill in Sacramento, and he had good rapport with the people that were supporting the California Medical Association. So we had a very good contact. He was well respected and well received. I believe that really helped us as a political-educational-social organization. We were small, and yet politicians came to us for support.”

Dr. Allen:

“OPSC as a state association began to grow, and right then in the early days Matt Weyuker was one of the persons that came on board. He was absolutely fantastic. He had a lot of experience in Sacramento and working things through the legislature.”

As executive director, Matt Weyuker oversaw the multifaceted activities of the OPSC central office. At the state Capitol, he was the profession’s lobbyist,
monitoring governmental activities and testifying before the state Legislature regarding bills of importance to OPSC and its members. Many years later, he still felt amazed about the victories he achieved for the osteopathic profession:

“I must have been out of my mind when I took on seven full-time lobbyists of the California Medical Association and two of their contract lobbyists, at least five different HMO lobbyists, and four full-time California Hospital Association lobbyists - when I was only a part-time lobbyists! I was successful in spite of the fact that I had a very limited amount of PAC dollars, especially when you compared it with the many thousands of dollars that the California Medical Association, the California Hospital Association, and the giant HMO corporations, like Kaiser Permanente, had donated as political contributions. It was flat out miraculous!”

In 1978 the California Medical Association had sponsored AB 2691. The bill, if passed, would have disrupted the functions of the Osteopathic Examining Board. Dr. Allen recalled the wording of a crucial bill:

“Immediately when the Supreme Court decision was made [to restore the licensing power of the BOE], we had access to more legislative benefits. One of the cardinal bills that was passed was the anti-discrimination bill. The preamble to that bill is as beautiful as the preamble to the Constitution of the United States. It reads that ‘it is the policy of the state of California that there should be no discrimination between physician and surgeon DO and physician and surgeon MD’. And in essence that all of the efforts will be supported by the state to make sure that discrimination does not happen. But actually the DOs are named first in the preamble, as compared to the MDs. We’ve used this legislative enactment to help in instances where there has been discrimination.”

Dr. Ryan expressed subtly the discrimination he continued to experience in his career, once legislature had made it possible for him to become the first osteopathic physician and surgeon in the Navy and the first DO accepted to work for Kaiser Permanente:
“One of my challenges was proving that I was a competent physician in the presence of medical personnel who were not accustomed to working with DOs.

“I was unable to become a partner with Kaiser until 1985, as their by-laws at the time restricted partnership to MDs.”

Dr. Allen described the never-ending efforts by the OPSC administration to guard against absorbing their profession:

“Down through the years, more and more armor plate has been put on the legislative strength and protection of the profession. One of them was the bill in 1982 which indicated that osteopathic graduates can only be licensed by the osteopathic board. [see Chapter 5 on Legislative Battles] This was put on to ensure that an osteopathic doctor trying to apply to the board of medical examiners to get his license could not do it. There were some rumors that the medical board was going to accept osteopathic doctors and license them. This would be another route they could use to get the designation MD after their name, and so our bill was enacted by the legislature and there was no real big fight about it either.”

The strong stance of OPSC led to expansion and progress in the healthcare for Californians. As OPSC membership was increasing steadily and COMP was becoming recognized as an excellent training site in the western states, the wide range of needs and expectations for assistance among OPSC members had to be met with a multitude of services. A typical day for office staff included answering requests for OPSC member physicians in regions around the state, reviewing membership applications, facilitating physician placement opportunities, and helping with medical malpractice concerns. By the end of the 1990s, rising administrative costs began to threaten the existence of OPSC.


In the fall of 1997, the association faced significant financial distress. Upon the resignation of long-time Executive Director Matt Weyuker, the Board of
Directors requested that Gary Gramm, DO assume the position of Executive Director of OPSC. Among his many qualifications, Dr. Gramm was chosen for this executive position because of his experience with Board leadership and direct involvement with the Budget and Finance Committee. Dr. Gramm was acutely aware of the impending potential bankruptcy of OPSC. The causes were multiple: high administrative/payroll costs, high-end prominent central office rent, stagnant membership growth and poor profitability from the CME programs.

Because of his commitments to his full-time family practice Dr. Gramm began the transition in late 1997 on a part-time basis. Soon, payroll expenses were dramatically reduced, the office was moved to a less expensive location and reduced in staff. Lobbying costs were cut in half, former in-office accounting was out sourced and CME programs were reviewed for content, value and profitability.

Throughout this process the Board offered complete and continuous support. Over the next two years OPSC was able to resume operative profitability, slowly gain on membership, sponsor successful programs, develop the first web site and establish OPSC’s first formal “Day at the Capitol” legislative event.

From 1999 to 2001, Dr. Gramm also served as advisor to the Relative Value Committee. Dr. Gramm represented the osteopathic profession on this committee that has been established for physician reimbursement. The committee is responsible for valuing physician work for new and revised CPT codes.

At this time a search was instituted for a new full-time Executive Director. Mr. Kenneth Young was hired and served in this position until resigning in February of 2001, at which time OPSC was again virtually bankrupt. The Board of Directors requested Dr. Gramm’s return, again part-time, as Executive Director. Fortunately, with changes in direction and the enormous commitment, both financial and administratively, by Mr. John Crosby, Executive Director of the AOA, the financial picture rapidly improved, membership began to climb and CME programs blossomed into serious, profitable events, due to attractive and
convenient location, course content and promotion.

Again, the Board authorized an executive search committee. After exhaustive interviews of multiple candidates Ms Kathleen Creason was hired in July of 2004 as the fifth Executive Director of OPSC. With Ms Creason administering the association since 2003, OPSC has developed as a strong, financially independent, respected organization, committed to and capable of representing the profession and the osteopathic physicians of California. (Dr. Gary A. Gramm, DO kindly prepared the report above in 2010 upon request by the authors).

**Executive Office leadership since 2003**

When Kathleen Creason was hired as OPSC Executive Director in 2003, the organization was just clawing its way out of near bankruptcy again. She was selected for the position primarily because of her financial aptitude and MBA training, but also due to her background in medical association management and her understanding of the pharmaceutical industry.

When Ms. Creason arrived at OPSC, the organization had a significant outstanding loan that had been provided by the AOA to keep OPSC afloat. By 2005, the loan had been completely paid off and in 2010 OPSC had developed such financial strength that the Board of Directors chose to purchase a headquarters building in downtown Sacramento. Once again, the organization had risen from near destruction, and is now in the throes of resurgence.

OPSC has also gained strength organizationally over the past eight years. The committee structure is more formalized, offering a good path for leadership development. Early warning system procedures have been implemented to identify potential areas of concern so they can be addressed before they become devastating. A competent, stable staff helps ensure that member benefit programs are developed and conducted in the best interest of the profession.

While the organization and profession are thriving in California, there are occasional bumps in the road. Periodically, there are calls from members
complaining of discrimination against DOs. The issue is usually a lack of education about osteopathic medicine on the part of the individual or organization; a letter or phone call with a reference to the state code prohibiting discrimination against DOs usually resolves the issue.
OPSC leadership has also become aware of the need for more targeted lobbying efforts, as evidenced by the addition of the naturopathic doctor positions to the Osteopathic Medical Board of California in 2009. This stunning legislative sleight of hand caused the entire osteopathic profession in California and throughout the United States to band together. The OPSC Board of Directors, under the lead of President Jeff Bloom, DO followed by President Susan Mackintosh, DO, appointed the Osteopathic to Autonomy Task Force chaired by William Henning, DO to correct this grievous misstep. Thanks to a plan with a laser focus, OPSC sponsored legislation shepherded by legislative advocate Tom Riley that successfully eliminated the naturopathic positions from the OMBC just one year later.

There are times when decision makers simply forget about the osteopathic profession. An example of this is the Steven M. Thompson Physician Corps Loan Repayment Program, which was developed to attract physicians to rural and underserved areas. Unfortunately, the program was initially only open to MDs, until OPSC sponsored legislation in 2009 to make it accessible to DOs as well. Osteopathic physicians were also excluded from the State’s healthcare workforce analysis until OPSC sponsored 2009 legislation enabling the OMBC to gather similar data on DOs. OPSC continues to protect and promote the osteopathic profession, a task made easier thanks to the strength of predecessors who paved the way.

The purchase of the historic headquarters building at 2015 H Street in Sacramento is a testament to the fortitude of the osteopathic profession. After many years of fluctuating fortunes, the stately monument appropriately represents the stability, dignity and history of the osteopathic profession.

Ms. Creason gives credit to the dedication and support of OPSC volunteer leadership, staff, and the AOA. OPSC has evolved into an association that is very stable from an organizational, membership and financial perspective.

Each of the five OPSC executive directors has brought his or her unique talents to the organization, helping contribute to the success of the profession. Upon request by the authors, Ms. Creason kindly prepared this report in 2010.
She closed by expressing to feel “honored and humbled to serve in this role as OPSC celebrates 50 years of professionalism.”

**Presidential leadership**

The festive edition of *The Journal of OPSC* in 1990 (vol. 8, number 3) celebrated the 30th anniversary of OPSC under the leadership of its past presidents (*A brief biography of the presidents is provided in Appendix B*):

1961  Richard E. Eby DO  
1962  David Dobreer, DO  
1963  David Dobreer, DO  
1964  L. Arthur Moore, DO  
1965  Joseph P. Linden, Jr., DO  
1966  Viola M. Frymann, DO  
1967  Viola M. Frymann, DO  
1968  Ethan R. Allen, DO  
1969  Charles W. Aby, DO  
1970  Chrichton C. Brigham, DO  
1971  Edna M. Lay, DO  
1972  Ethan R. Allen, DO  
1973  Richard E. Eby, DO  
1974  Viola M. Frymann, DO  
1975  L. Arthur Moore, DO  
1976  D. Alan Reed, DO  
1977  Donald R. Dilworth, DO  
1978  Louis H. Bartosh, DO  
1979  Donald Lee McCabe, DO  
1980  Robert S. Lee, DO  
1981  Ethan R. Allen, DO  
1982  Donald J. Krpan, DO  
1983  Gerald J. Leuty, DO  
1984  Joseph R. Brueckmann, DO  
1985  Earl A. Gabriel, DO  
1986  R. Steven Pulverman, DO  
1987  Gilbert Roth, DO  
1988  Donald J. Krpan, DO  
1989  Norman E. Vinn, DO  
1990  Stuart Chesky, DO  
1991  Michael Feinstein, DO  
1992  Joseph A. Zammuto, DO  
1993  M. J. Porcelli, DO  
1994  Gary A. Gramm, DO
1995 James B. Roth, DO  
1996 Cynthia R. Amelon, DO  
1997 Bradley C. Grant, DO  
1998 Marc Braunstein, DO  
1999 Kevin M. Jenkins, DO  
2000 Rolf D. Knapp, DO  
2001 Paul E. Wakim, DO  
2002 Harold W. Jackson, DO  
2003 Lionel B. Katchem, DO  
2004 Mark E. Eastman, DO  
2005 James M. Lally, DO  
2006 Geraldine T. O'Shea, DO  
2007 Mark Schneider, DO  
2008 Brooke Alexander, DO  
2009 Jeff Bloom, DO  
2010 Susan Mackintosh, DO

The founding OPSC team took turns serving as president. Dr. Frymann remembered Dr. Eby joking that usually people ran for office but in regards to OPSC they ran from it. It was a frustrating job, filled with rejection and sacrifice of personal funds and time.

Yet, OPSC members with leadership abilities continued to be of service to their professional organization. When OPSC celebrates the 50th Anniversary in San Diego, CA February 9-13, 2011, the following presidents and their accomplishments from the previous 20 years will also be honored. Their biographies are provided in Appendix B as well.

Politicians recognized the important role that osteopathic medicine played in providing healthcare in California. Dr. Chesky remembered his presidency in 1990:

"When I migrated to California, not only did I become active in academics, I became active in the osteopathic political structure and became a board member of the Osteopathic Physicians and Surgeons of California, the OPSC. Actually I became president of that organization. It was a gubernatorial election year, 1990, and what was interesting, candidates
on both sides wanted our support and they all came to talk to us with hands extended, not for a handshake, but to have money cross their palms. We supported the candidates the best we could. It was a very interesting experience to be involved in ‘political medicine’ at that particular time.

“So, there was some recognition that we were a force to be acknowledged. We did represent a handful of voters in the state, osteopathic physicians. Politicians wanted all the support they could get and they acknowledged us as a political body that could shift elections one way or another. Of course, everybody wanted contributions. In any type of organization, politicians believe the coffers are unlimited. We had to very carefully decide whom we were going to support. We tried to support everybody as equably as possible.”

With the change of tasks and challenges for the profession, the board of OPSC changed also. Dr. Chesky described:

“I remained on the board for a good number of years … until the time that I left California. I saw a growth of that Board. I saw a change in the demographics of that board, in the human demographics, from some of the older physicians who did not take the MD degree at the time of the merger. The Board became increasingly seeded with contemporary DOs who changed the nature and complexion and the thrust of the organization. One of the things that physicians in my generation wanted to do was attempt to be gender equal. We really wanted to have female representation on the Board because we saw the handwriting on the wall and there was growth in the profession from the gender differentials. We thought we should have representation that would be sensitive to that. I saw that change. I cannot say that I was unilaterally responsible for that, but certainly involved in helping that decision to be made, to become more sensitive to those issues.”
OPSC conventions bring colleagues together in the evenings and allow for a cordial meeting of the minds and good spirits, social networking and reunion with old friends. During the day, osteopathic physicians attend continuing medical education courses in classrooms to keep up to date with the latest advances in medical and surgical practices. Spouses and family members also work in auxiliary organizations to support the osteopathic profession.
The Auxiliary to OPSC provided tremendous support of osteopathic profession through thick and thin times. Pictured from left to right: Beth Dilworth, Alice Allen, Jane Wood, Maybelle Eby, Alice Stotenbur, Carolyn Curry-Allen, Mildred Moore.
Mrs. Harriet Pumerantz received an award from OPSC in 1994 in appreciation of exemplary service to the profession.
Legislative Battles

Against Discrimination

“It is the policy of the state of California that there should be no discrimination between physician and surgeon DO and physician and surgeon MD”

(Ethan Allen, DO, 2007)

Legislative triumphs from 1975-1992 to end discrimination

With COMP established and graduating new DOs in California, the profession again became vulnerable to suppression and discrimination. To combat these efforts that once again tried to monopolize the health care system, OPSC in the past quarter century has sponsored over 25 pieces of legislation to recognize and protect osteopathic physicians. This legislature included state laws that made it illegal to discriminate against DOs in any professional or medical manner. In all, OPSC has prevented over 250 measures from becoming law because they would have seriously affected osteopathic physicians’ ability to practice.

One of the first DOs to be re-licensed in California recalls:

“I was among the earliest group to get drafted into the military (1971) and to do a military Residency (at Walter Reed 1973-76). Military acceptance of DOs in my opinion was the beginning of our acceptance as equals by
other medical professionals. I am American Board of Radiology Certified and was AOBR eligible. I was in the first relicensing group in California. Even with my qualifications, I experienced a lot of discrimination in looking for a civilian job. That doesn’t exist anymore. I was the first DO on our hospital staff and Medical Director of Diagnostic Imaging. I hired MD partners and opened our hospital staff to other DOs.”

A past member and president of both the Osteopathic Medical Board of California and of the American Association of Osteopathic Medical Boards recalls:

“... I was first licensed [in California] in 1974 and was involved in the early days of our resurgence. I was involved in assisting to kill a bill that would have combined our board with the allopathic board and doomed our profession once again. We actually had to personally pay money (cash) to the governor’s aides to have the bill ‘mysteriously’ die. When I went to school at KCOM I wasn’t sure if I’d ever be able to come home to practice in California. I’m very appreciative. In the early days there was much distrust between OPSC and the Osteopathic Medical Board of California. Glad that’s over.”

The following section identifies salient legislation to gain and protect the rights of the profession since 1981. Relevant bills from 1975 are provided verbatim in Appendix C “Legislative Battles”. “AB” stands for Assembly Bill, and “SB” stands for Senate Bill.

In 1985-1986, SB 587 revised the definition of physician and surgeon in the Labor Code to include DOs.

» SB 306 is an earlier version of SB 2491 (see below). As the first step, it was not nearly as all encompassing. Signed into law in 1987.

» SB 2491 (Montoya) prohibits and clarifies the extent to which a health facility, healthcare plan, insurance policy, self insured plan and/or various public entities, are prohibited from discrimination against physicians and
surgeons, whether MD or DO. The bill also prohibited allopathic medical or osteopathic medical associations from requiring membership as a prerequisite for a physician to obtain staff privileges, employment, or contract for services. Signed into law in 1988.

» AB 1249 (Bader) provides that no medical school or clinical training program in California can deny access to elective clerkships or preceptorship to DOs. Signed into law in 1989.

» AB 2193 (Frizzelle) further broadened the anti-discrimination statutes previously codified in SB 306 and SB 2491. It strengthened DO board certification and added HMOs, managed care, and/or risk-based care entities, regarding DO board certification/acceptance, on the par with MD board certification. Signed into law in 1992.

» AB 268 (Matthews) clarified that the Osteopathic Medical Board of California has the same authority as the Medical Board of California in instances requiring notification to a licensing board relative to the reporting of a felony, negligence or incompetence, a court charge, etc. Signed into law in 2005.

» Senate Bill 606 (Ducheny) made osteopathic physicians and surgeons eligible for the Steven M. Thompson Physician Loan Repayment Program that encourages physicians to serve in rural and underserved areas of the state; previously accessible only to MDs. Signed into law in 2009.

» Senate Bill 620 (Wiggins) allowed the Osteopathic Medical Board of California to collect information on the practice characteristics of its licensees to ensure that DOs are included in health workforce planning. Signed into law in 2009.

**Licensure**

» SB 18 codified that as of this date (July 7, 1982) a graduate of an osteopathic medical school must apply to the Board of Osteopathic
Examiners for a physician and surgeon’s license in California. This measure was aimed at stopping certain attempts made by DOs to obtain licensure from the California Medical Board. Signed into law in 1982.

» AB 1050 added a DO appointment to the Health Manpower Policy Commission—a position held by Ethan Allen, DO since that time. Signed into law in 1984.

» AB 1021 (Felando) codified the written examination and its procedures for both a first time licentiate and one applying for licensure under osteopathic reciprocity provisions. Signed into law in 1984.

» AB 2089 (Leslie) provided for the establishment of a birth date renewal program for DOs by the Board of Osteopathic Examiners. The measure also lowered the fictitious name permit fee the Board of Osteopathic Examiners could levy. Signed into law in 1987.

» AB 4622 (Bader) permitted the Board of Osteopathic Examiners to require the licentiate applicant to successfully complete a special examination in osteopathic principles and practice and general medicine as prepared by the National Board of Osteopathic Medical Examiners and/or the Board of Osteopathic Examiner. This in the event the state written examination (or the applicant had not taken and passed the National Board of Osteopathic Medical Examiners) would enable the board to have the licentiate pass an approved written examination. Signed into law in 1988.

» AB 1180 (Leslie) reduced the maximum licensing fee in California from $400 to $200. Signed into law in September 1989.

» AB 437 (Frizzelle) required an applicant for licensure to successfully complete a written examination prepared by the National Board of Osteopathic Examiners or the Board of Osteopathic Examiners. The reciprocity provisions were changed to require the licentiate applicant to hold an unlimited license as opposed to an unrestricted license. Signed into law in 1991.
» AB 1987 deleted the December 31, 1983 limitation on the ability of the Osteopathic Medical Board of California to use an examination for licensure as prepared by the Federation of State Medical Boards. Signed into law in 1993.

The name change of the Board of Osteopathic Examiners

» AB 1332 changed the name of the licensing board to the Osteopathic Medical Board of California and changed the language in the Business and Professions Code (Medical Practice Act), Education Code, Government Code, Health and Safety Code. In other places where the term “osteopath” or “osteopathy” was used, the language was changed to read physician and surgeon/DO, or osteopathic physician and surgeon, or osteopathic medicine. Signed into law in 1991.

Student and Post Graduate Education

» AB 3449 deals with student financial aid and requires the Health Manpower Policy Commission to establish standards for postgraduate osteopathic medical programs in family practice. It also allowed DOs to define family practice for these purposes to include DO general practice (at the time, the American College of Osteopathic General Practitioners had not made the move to change its name to the American College of Osteopathic Family Physicians). Signed into law in 1982.

» AB 2944 (Brulte) enabled the Health Manpower Policy Commission in its establishment of standards for DO family practice training programs to review and make recommendations to the Office of Statewide Health Planning and Development concerning the funding of these programs. Signed into law in 1982.

» SB 476 (Watson) created the minority health professional education foundation, increasing the participation of under-represented minorities in the health professions, and established programs in conjunction with medical schools including the College of Osteopathic Medicine of the
Pacific.

» AB 3943 (Bader) directed the Health Manpower Policy Commission and the Office of Statewide Health Planning and Development to conduct a special study on the overall needs for special state funding for osteopathic medical residency programs for family physicians to be eligible to compete for funding under the state’s family physician training program. Signed into law in 1984.

» SB 1571 (Watson) dealt with anti-discrimination practices at the University of California medical schools in their treatment of DO students. Signed into law in 1984.

» SB 1144 (Ayala) permitted the use of state competitive graduate fellowship funds to be competed for by students of College of Osteopathic Medicine of the Pacific. Signed into law in 1981.
In addition, victories to end discrimination were achieved often by the individual practicing DO. One of the respondents of the OPSC 2010 survey among its leadership and members recalls:

“I was in one of the first licensure periods -1975-when DOs were readmitted to practice in the State of California. I feel as if I had pioneered our profession and help our reputation become established as a competent Physician. I was the first DO in 1975 in the San Francisco Public Health Dept. I had the charter changed from ‘must be a licensed MD’ to ‘must be a licensed physician (MD or DO)’. I was the first DO in Fairfield Medical Group in 1984 and was told ‘we’ll give a DO a try’. Now they have at least 10 DOs, one who is president of their Medical Board. I also was one of the first DOs in the local hospital staffs of North Bay Medical Center and Vaca Valley. The hospital staff now has DOs in all specialties, hospitalists, and a training program with Touro. I have been fortunate to help our profession by my practice of Osteopathic Medicine and I am grateful that there is no hint of discrimination for DOs in California.”

Possibly bearing in mind these individuals fighting for respect and recognition of their profession, Executive Director, Matt Weyuker, 13 years ago explained in eloquent terms the importance of understanding historical legislative battles. He opened the argument with an account of early giants of medicine—country doctors selflessly devoted to caring for sick families. He closed with these words:

“As I see it, the answer to our problem lies in basic areas. The first is for there to be men and women raised up and involved in delivering health care who are as committed as the pioneer giants of the past. The second is that it is imperative we have a government which cares enough about the people in this country to permit these dedicated men and women the freedom to exercise their highly trained skills in the principles and practices they have been taught ... Perhaps it is time for all of us to slow down and take a look at where we’ve been and where we are going—and to do our part, even if it’s only a small part, to bring back the spirit of the old
"giants."

All individual enthusiasm has to be infused, though, with a constant vigilance to note insults to the profession’s integrity. Recently, in 2009, such insult occurred literally overnight, when the naturopathic profession challenged the autonomy of the osteopathic profession.

The Naturopath challenge to the autonomy of the osteopathic medicine profession

The following section is excerpted from the OPSC web site, accessed November 28, 2010:

Governor Schwarzenegger on August 17th 2010 signed into law SB 1050, legislation sponsored by the Osteopathic Physicians & Surgeons of California to remove the two naturopathic doctor positions from the Osteopathic Medical Board of California and to separate the functions of the Naturopathic Medicine Committee from those of the Osteopathic Medical Board of California.

OPSC is extremely pleased with the outcome of this more than year-long intensive effort on behalf of SB 1050. In addition to removing the two naturopathic doctor positions, the bill adds two public members to the Osteopathic Medical Board of California and clarifies that the Naturopathic Medicine Committee is solely responsible for the licensure and oversight of naturopathic doctors. The legislation goes into effect January 1, 2011. Full bill language may be found at http://leginfo.ca.gov/pub/09-10/bill/sen/sb_1001-1050/sb_1050_bill_20100817_chaptered.html and in Appendix C of this book.
In California, Naturopaths were licensed under the composite medical licensing board in 1909. In 1948, the medical licensing board outlawed naturopaths in the state of California. In 2003, California began licensing Naturopathic Doctors (NDs) again. Under state law, NDs must undergo four years of medical training at one of seven accredited naturopathic schools, with a heavy focus on natural remedies. NDs do not perform residencies. They have limited authority to participate in childbirth; they can prescribe Schedule III-V medications only under protocols developed and approved by the supervising physician and surgeon, the naturopathic doctor, and, where applicable, the
facility administrator or his or her designee.

Adding to the confusion, a similar type of “practitioner”, called naturopath, retains the ability to practice in California. Naturopaths who may obtain their “credentials” from any entity (including Internet sites) offering a diploma in this area, are not licensed or regulated. Naturopathic Doctors are licensed in 15 states in the US, and in three states N.D.s may call themselves physicians. Further information on Naturopathic Doctors may be found on the state or national association web sites (www.calnd.org or www.naturopathic.org).

How was the governor able to change the membership and duties of the osteopathic licensing board? The answer lies in the political intent of the 1962 ballot measure, Proposition 22 that served the California Osteopathic Association and California Medical Association merger negotiations. In that measure, designed to eliminate the osteopathic profession in California, written by none other than the osteopathic physician Senator Stephen Teale, former DO who became an MD earlier that year in July in a ceremony at the newly named California College of Medicine. The osteopathic licensing board was established via a people’s initiative on the state ballot in 1922. In order for it to be altered, another people's initiative had to be passed in 1962. The merger entailed ridding the state of DOs by not allowing any more new licenses for DOs to be administered by either the osteopathic or the medical licensing boards of the state. The osteopathic licensing board would continue to renew the licenses of the 400 DOs left that did not switch to the MD degree. Then, when there were less than 40 licensed DOs overseen by the osteopathic licensing board, the legislature needed to have the ability to move those DOs under the auspices of the medical licensing board and dissolve the osteopathic licensing board. Thus, the carefully worded proposition stated, “Continues Board of Osteopathic Examiners with power to enforce certain provisions of the Medical Practice Act as to osteopaths. Provides that qualified osteopaths who elect to designate themselves ‘MD’ will be subject to the jurisdiction of the Board of Medical Examiners. Grants Legislature power to amend the Osteopathic Initiative Act of 1922 and repeal that act and transfer functions to Board of Medical Examiners when there are 40 or less licensed osteopaths.” (boldface added for
emphasis) Thus, the legislature, or the governor, can amend the osteopathic act, and the nature of the osteopathic licensing board, at will.

OPSC argued that there were significant long term consequences associated with the action of joining the two licensing entities. It would blur the distinction between partially licensed practitioners and unlimited licensure osteopathic physicians, creating confusion among the legislature, public and patients. Allowing board members who have competing philosophies about patient care to sit in judgment of osteopathic physicians could result in dangerous decisions being made. The state’s dearth of primary care physicians would be exacerbated as osteopathic physicians, residents and students become reluctant to move into a state where the validity of the license is in question. Naturopaths would likely seek authority to expand their scope of practice outside of their educational qualifications.

What did OPSC do?

OPSC developed legislation and met with key decision makers as part of the “full court press” concerted plan developed by the OPSC Board of Directors to reverse the joining of the boards. A Lobby Day was scheduled at the California State Capitol on Thursday, February 4, 2010. Osteopathic physicians and students joined their allopathic colleagues and descended upon Sacramento in a sea of white coats to push for the passage of the reversing legislation. A letter writing campaign to Governor Schwarzenegger ensured that the administration understood the vehemence of the osteopathic profession. OPSC also continued to build coalitions in support of the cause, working with groups such as the California Medical Association, the American Osteopathic Association, specialty societies, consumer groups, and medical boards from other states. Senator Yee, D-San Francisco, sponsored the bill to remove naturopathic doctors from the OMBC, and saw it pass through the state assembly and senate to the governor, who signed it on August 17, 2010.

The membership of OPSC is well aware of their organization’s efforts to guard their rights:
“There remains a need to be proactive and support the osteopathic profession in California and US at large. The whims of legislators can change overnight (or over a weekend if it is the “big 5”) and immediately threaten our existence and privilege to practice. This can never be taken for granted! The efforts to ensure our equality and licensure required a coalition of dedicated, bright and articulate DOs and it is upon their accomplishments that we now enjoy our ability to practice and respect as physicians and surgeons.”

James Huang, DO: “Freedom is fragile. We must be diligent in protecting our rights to practice. The founders sacrificed much. The next generation must do the same.”

James M. Lally, DO reinforced these sentiments in the Fall 2010 issue of the California DO, “Every single osteopathic physician in California should get to know his or her state legislators” insisted Dr. Lally.

“I make sure I take the time to introduce myself to my Assembly member and Senator, invite them to tour my facilities, and I call them periodically to talk about important issues.”

“I also make sure I contribute to legislators who are supportive of the osteopathic profession.”

Prior to his efforts to merge the osteopathic with the naturopathic licensing boards, Governor Arnold Schwarzenegger considered merging the osteopathic and medical licensing boards. Fortunately, thanks to a 1999 resolution by the California Medical Association to work with OPSC on issues of mutual interest, the California Medical Association sided with OPSC and both resolved to oppose this action. With both osteopathic and medical associations in concert opposing the merging of their respective licensing boards, the Governor allowed them to remain separate. For its part, the Osteopathic Medical Board decided to obtain an Occupational Analysis to demonstrate the appropriateness and need to protect its autonomy. The following section describes the significance
of the Occupational Analysis and the results.

**Occupational Analysis of Osteopathic Physicians and Surgeons in California**

Osteopathic physicians and surgeons hold an unlimited license to practice medicine and surgery in all 50 United States.

This unlimited scope of practice has been offered to qualified DOs in California since 1907 and is, in fact, available to only MDs and DOs. Both of these physician types graduate from accredited colleges that are within accredited universities, then attend accredited internships and residencies, and pass national written, oral and practical competency exams before being eligible for this license. They also are scrutinized for professional conduct during medical school training, as well as post graduate training, and throughout their careers as physicians and surgeons. Upon demonstration of the requisite skills and conduct of a physician and surgeon, MDs and DOs can apply for and be granted a license to practice as a physician and surgeon in California. Thus, DOs practice as family physicians, pediatricians, internists, general surgeons, obstetricians and gynecologists, neurologists, neurosurgeons, and many other specialty branches of medicine and surgery.

There are also some DOs that specialize in manual practice called osteopathic manipulative medicine or neuromusculoskeletal medicine. The osteopathic profession offers post-graduate residencies in osteopathic manipulative medicine and neuromusculoskeletal medicine for those DOs that either want to specialize solely in this field, or add this specialty onto another field that they already specialize in, i.e., Family Medicine, Internal Medicine, or Physical Medicine and Rehabilitation. Many primary care DOs, including pediatricians, utilize osteopathic manipulative treatment to some extent as a component of their clinical practice. Certainly, when compared to DOs between 1896-1907, when all DOs in the state practiced manual treatments as their primary approach to patient care, there is a significantly fewer percentage of
current DOs who base their clinical practice solely on manual approaches, estimated in the realm of 4% (200/5,000).

The unlimited physician and surgeon license, its supportive legislative statutes and business and profession codes, does not distinguish between the MD or DO degree, as both are equivalent degrees in this respect. However, in legal cases brought before a judge, the laws stipulate that DOs are entitled to have another DO testify for or against him or her, as expert witness, instead of being forced to have only MDs perform as an expert witness. This is to acknowledge that there are certain aspects of osteopathic practice that are unique to DOs, namely, the application of the osteopathic philosophy and principles, including osteopathic manipulative treatment, in patient care decisions. Just how important and how much DOs in California utilize osteopathic philosophy and its principles, and Osteopathic Manipulative Treatment, was assessed in a statewide survey of practicing DOs in California to fulfill the requirements for an occupational analysis.

Government Code Section 12944 (a) requires all licensing boards, programs, bureaus, and divisions to “establish job-relatedness of examinations.” As a licensing agency, the Osteopathic Medical Board of California is required by the California Legislature (Assembly Bill 1105, Chapter 67) to maintain an occupational analysis on record. This occupational analysis defines the practice of DOs in terms of the common tasks performed and the knowledge base that form the necessary foundation for the practice of osteopathic medicine. Additionally, the Osteopathic Medical Board of California, as well as the Medical Board of California, is under the jurisdiction of the California Department of Consumer Affairs. According to Examination Validation Policy, published by the Department of Consumer Affairs on September 30, 1999, and revised as of January 21, 2000, “[e]ach board, program, bureau, and division under the jurisdiction of the California Department of Consumer Affairs should ensure that the content of its licensing examination(s) is validated by basing the content of its examination upon the results of a current occupational analysis specific to its licensees” (p. 2). An occupational analysis, therefore, would provide the
osteopathic profession with the occupation related foundation necessary for the development, use, and/or revision of any unique occupational licensing examination.

Thus, with great foresight, in July of 2003, the Osteopathic Medical Board of California entered into an Interagency Agreement with the Test Validation and Construction Unit of the California State Personnel Board to conduct an Occupational Analysis of Doctors of Osteopathic Medicine, in conformance with the procedures for content validation as set forth in the Uniform Guidelines on Employee Selection Procedures in the Federal Register, Vol. 43, No. 166, August, 1978, Section 15C (Uniform Guidelines), the Civil Rights Act, California Government Code, the Americans with Disabilities Act, the Department of Consumer Affairs Policy, and professionally accepted standards of psychometric evaluations as determined by the American Psychological Association. The Occupational Analysis conducted was designed to identify the critical, essential tasks (work behaviors) of the DO occupation and the important base of knowledge required to perform those critical and essential occupational tasks. The Occupational Analysis was completed in November 2004. It is accurate, complete, thorough and legally valid.

The purposes for conducting this landmark Occupational Analysis extended beyond legal mandate. First, after considerable research, no other Occupational Analysis for DOs could be located either at the state or national level. It was, therefore, important to document the core and critical tasks and knowledge base of DOs for examination and recording purposes. In addition, at that time, one of Governor Arnold Schwarzenegger’s political agendas was to merge various boards and departments within the State of California to cut expenditures, so, the Osteopathic Medical Board of California felt it necessary to obtain such Occupational Analysis data and documentation as support for preserving the autonomy of the Osteopathic Medical Board of California within the California Department of Consumer Affairs. Thus, another crucial purpose of this Occupational Analysis was to identify the unique and beneficial aspects of osteopathic medicine that distinguish it from allopathic medicine. Attempts at
locating an Occupational Analysis on file for the

MD profession in California came up empty, though one was apparently done several years ago. Even though a comparison document is not currently accessible, the complete results of the Occupational Analysis for DOs in California can be obtained for a small processing fee from the Osteopathic Medical Board of California.

Some of the pertinent results of this analysis are as follows:

- All of the 2,623 DOs licensed and residing in California were sent questionnaires, of which 536 (20%) returned correctly completed and useable forms for data analysis, which is a scientifically acceptable response rate and qualifies as a valid sample size of the population being studied.

- A comparison between the demographics of this 536 sample population to national demographic statistics (provided by the American Osteopathic Association) proved very similar with respect to representation in gender, ethnic background, and age. Thus, the results of this Occupational Analysis might very well pertain to all DOs nationwide.

- The task and knowledge scales developed and used on this Occupational Analysis questionnaire were determined by statistical analysis to be reliable, further lending credibility to the results.

- After much research and interviewing of various DOs within the state, the Test Validation and Construction Unit delineated 97 essential tasks that are required by DOs in the practice of osteopathic medicine. As a validation of the Test Validation and Construction Unit’s process and ability to develop such a list, all 97 tasks were indeed ranked by respondents as being important functions of their occupation.

- The majority of respondents to the questionnaire came from: the four specializations of family/general practice (43%), internal medicine
(8.39%), emergency medicine (6.97%) and osteopathic manipulative medicine (6.07%); southern CA (59.9%), owners of their practices (41.1%); metropolitan areas (87.4%).

• The main tasks identified as essential are similar to any physician and surgeon, and include medical chart and data analysis, doctor-patient communication skills, and utilization of technology. The knowledge required to perform the essential tasks of osteopathic clinical practice included: understanding the legal aspects of medical practice; application of basic sciences, i.e., anatomy, physiology, biochemistry and pharmacology.

• Several of the tasks, including the incorporation of Osteopathic Manipulative Medicine, and the requisite underlying knowledge, are based on osteopathic principles and represent the uniqueness of the development, training, and practice of osteopathic physicians. The average importance rating for the knowledge of osteopathic principles in relation to an osteopathic physician’s practice was between moderate to high importance.

• The average relevancy ratings were moderate to high for tasks related to the application of osteopathic principles, with family physicians rating these tasks as being of higher relevancy to their practice than Internal Medicine or Emergency Room DOs.

• A majority (62.3%) of DOs incorporate Osteopathic Manipulative Medicine in their practice.

• A majority (86.6%) of DOs expressed that initial exposure to osteopathic principles during medical school has had a moderate (25.9% of respondents), or significant to crucial (60.7% of respondents) impact on the way that they currently practice medicine; only 11.4% of DOs indicated that osteopathic principles have no or an insignificant impact on the way they currently practice medicine.
Summary

As demonstrated by this historic Occupational Analysis, it appears that the majority of California DOs is impacted by osteopathic principles and practices and utilizes Osteopathic Manual Medicine. Furthermore, the results of this Occupational Analysis may be used as support to implement a variety of Osteopathic Medical Board of California’s functions and responsibilities, including developing new and/or validating existing licensing examinations, determining appropriate Continuing Medical Education activities in support of renewing licensure, and lay the supporting foundation for advocating the unique and beneficial functions of the practice of osteopathic medicine. It also validates the emphasis on the knowledge and skills related to the application of osteopathic principles and practices, including instruction and skill development in Osteopathic Manipulative Medicine by the two osteopathic medical schools in the state and in the Continuing Medical Education programs sponsored by OPSC.
Richard E. Eby, DO was the founding president of OPSC in 1960. He later co-founded the College of Osteopathic Medicine of the Pacific in 1977. He was an inspirational leader and speaker at many OPSC conventions. He received numerous awards for his humanitarian services. He is seen below, right, receiving an award from then OPSC Executive Director Matt Weyuker.
Visibility of Osteopathic Medicine in California

“As we, the survivors of a monopolistic steam roller, sift through the ashes of ruin we find a burning ember which fires up our spirit to fight back for Osteopathy”

(Louis Bartosh, DO, 1978)

Dr. Bartosh’s inspiring image of OPSC provides a fine example of the passionate writing that was scripted on behalf of osteopathic medicine in California. The ability to communicate has been one of the great strengths of OPSC. Communication was vital for the survival of the profession. Two major venues for communication were the newsletter Osteopathic Horizons and the professional journal, the Journal of Osteopathic Physicians and Surgeons of California, renamed in 1991 as the California DO.

Osteopathic Horizons, OPSC’s newsletter

Osteopathic Horizons was published periodically by the Osteopathic Physicians and Surgeons of California, Gualala California 95445, a divisional affiliate of the American Osteopathic Association. Ethan R. Allen, DO was Editor. Dr. Allen’s collection of historic documentation includes issues of Horizons (as the newsletter usually was referred to in brief) from 1968 to 1971. Horizons was established in 1961 upon the creation of OPSC (see California DO, spring 2007, via link on the www.opsc.org web site).

Horizons served a social and professional function by keeping DOs, who at
the “merger” had remained faithful to their profession, connected and informed about common concerns and events pertaining to their profession. Horizons also maintained a connection with DOs outside of California, as their support was vital to the survival of the profession in California. For instance, Horizons reminded DOs who were licensed in California but practiced in other states to renew their license because the merger entailed the closure of the BOE if fewer than 40 California-licensed DOs remained. Thus, every licensee counted, regardless of the location of practice. During these trying years of battling for the licensure rights, Horizons recognized the support of colleagues and friends and announced opportunities for education and camaraderie.

“The convention of the Southwest Osteopathic Association was moved to the South Shore of Lake Tahoe this year [1968] to draw more of the California group to the meeting and as evidence of the support of the New Mexico, Utah and Nevada associations for the efforts of the California group.

“The Los Angeles and Bay Area Academies of Applied Osteopathy will hold their annual meetings on Monday, June 10. Dr. Richard Eby, Dr. T. J. Ruddy, and Dr. J. Dudley Chapman will be featured speakers during the Convention. The general theme of the convention will be office gynecology, with special emphasis on psychological counseling that can be performed by the general practitioner and the gynecologist.” (Osteopathic Horizons, 1968, 6(3)).

Camaraderie and shared feelings of worry and concern also were noted at the 7th annual OPSC meeting in 1968 in Sacramento. The atmosphere was enthusiastic “because of the spirit of reunion of the members in attendance …, but there was a somber note too, with the recognition of the fact that concerted legislative effort, with concomitant heavy financial expenses in 1967, had not yet won re-licensure for DOs in California. Careful attention was given to Mr. Alexander R. Tobin, attorney, in his description of the legislative activity and the forecast for this year. The anticipated heavy financial obligation was seen to require sacrifice on the part of all of the profession.” (Osteopathic Horizons, 160
Crichton C. Brigham, DO in his presidential message at the 9th Annual Meeting of OPSC in Upland reminded OPSC members that “...we must continue this loyalty in our group and extend our leadership to those who will join us from other states so that never again will be the conditions which made [a] merger attractive.” He encouraged the group that “...we will be embarking on a renaissance of the profession in California”. (Osteopathic Horizons, 1970, 8, (3).

Dr. Eby expressed similar vision of leadership when he said that he had “the unbelievable privilege of belonging to a minority medical group which offers both the opportunity and capability of providing some forward thinking in medicine”. He urged DOs to become involved in professional, civic and religious activities. He said: “The best part of osteopathic medicine is yet to come; the part that will preserve this unique way of thinking about people’s sick bodies, and then be able to do something special about it; the part that provides the health care leadership of the future.”

The importance of healthcare leadership is still on the forefront of tasks to be accomplished among the 2010 OPSC board members. In a survey that included the question about challenges in the next decade, James Huang, DO, identified these priorities:

1) To establish prominence as a group that cares and advocates for our patients and profession;

2) To have more DOs in California government influencing health policy and regulation;

3) To provide stronger opportunities in education, training, and leadership for DOs in California ... [and] to make OPSC as a training grounds for exceptional leaders.”

Horizons was a helpful venue for fund-raising and potential recruitment of faculty as well. Yet, with all these tasks involved, the newsletter had to be brief.
and attractive to read, requiring a quite different style of communication than clinical and research articles that scholars and teachers, like Dr. Allen, were used to writing. Dr. Allen collected newsletters from other states and saved the following information for newsletter editors:

“A Guide for Newsletter Editors” by Tex Roberts, CAE [no date, typed] mentioned that newsletters could help to hold organizations together. Dr. Allen’s efforts to function as the editor of the newsletter Osteopathic Horizons served the purpose to keep OPSC members informed and motivated to fight for the resurgence of the profession in California. The guide suggested gathering a wide variety of potentially interesting published materials and other newsletters. Dr. Allen collected in his folder “Clippings for Horizons” documents that now serve as valuable historic information.

In addition to the newsletter, OPSC also maintained a professional journal, The Journal of Osteopathic Physicians and Surgeons of California. Dr. McCabe was editor in the years of the college development. The archives at the Harriett and Philip Pumerantz library at Western University of the Health Sciences carries about 16 issues from 1977 (volume 3(2)) to 1990 (volume 8(2)).

The Journal

For OPSC the 1970s and ‘80s were a period of pride and confidence, while still aware of the profession’s near annihilation. The spring issue of The Journal, 1979, published Dr. McCabe’s inaugural address, delivered at the OPSC convention in Monterrey, February 24, 1979. Dr. McCabe reminded the audience that “before 1974 there were only about 136 active osteopathic physicians in the state. They worked hard with their time and money to re-establish the profession in California.”

Louis Bartosh published his “History of Osteopathy in California” in The Journal, 1978, 5, (5). He eloquently painted a picture of the profession’s ordeal in the prior decade:

“As we, the survivors of a monopolistic steam roller, sift through the ashes
of ruin we find a burning ember which fires up our spirit to fight back for Osteopathy. First a new state association was established and charted by the A.O.A. The name is ‘Osteopathic Physicians and Surgeons of California’. A group of DO’s met in a building on Sixth Street near Vermont Avenue in Los Angeles. Dr. Richard E. Eby was appointed as charter president and he, in turn, selected his board members. The presidents of the association to follow — and not in true order: Drs. Dobreer, Aby, Brigham, Frymann, Lay, Allen, Reed and Dilworth. The first order of business was to contact the legislature in Sacramento to find ways and means to re-establish osteopathy to its rightful place in the state. Our attempts were fruitless…”

Presidential summaries documented the accomplishments of OPSC and the variety of services provided to OPSC members. Political action to guard against infringements of the profession and attempts to discriminate never ended. Matt Weyuker, executive director from 1978 to 1998, provided regularly reports of OSTEO-PAC’s (Political Action Committee) efforts in The Journal. In 1991, The Journal was renamed California DO. As of 2010, the California DO is published three times per year and available on-line, including recent issues, going back several years (see link to the California DO on the OPSC web site at www.opsc.org).

**Presentations and professional activities**

Other important venues for communication were professional organizations and conferences. In 1972, the California-Los Angeles Academy of Osteopathy was re-certified as a Component Society of the American Academy of Osteopathy by action of the Board of Trustees. Dr. Ethan R. Allen served as president of the California-Los Angeles Component Academy.

In 1969, nine DOs residing in southern California participated as students or teachers in instruction on Cranial Osteopathy. Four DOs came from Arizona. Dr. Eby must have organized the class, as he distributed a list of class attendants/instructors. He “found the course most refreshing in its presentation of
new material ...”. He anticipated that the class would “stimulate additional thought processes as I ponder each patient’s predicaments.”

At the National Health Federation convention in San Diego, Dr. Frymann presented before an audience of 500. Dr. Allen presented at the Federation’s convention in San Francisco.

Drs. Viola Frymann, Edna Lay, Ethan Allen, and Herbert Templeman were OPSC representatives in attendance at the annual forum of the National Health Council in Los Angeles in 1968. At that time, the National Health Council was an organization of 72 member agencies devoted to working together to solve national health problems. In the annual forum a particular element of national health was analyzed, studied and discussed by top quality selected governmental and private health care persons. The theme of the 1968 forum was “Quality in Health Care.”

Dr. Allen reported in Osteopathic Horizons (1968, 6 (2)): “The conclusions were that the quality was too low—too expensive for many—and structured by a system which was unsystematic. It was generally agreed that the consumer (previously almost ignored) should help in the design of a system of health care. The AMA was unable to see all of this, saying it was only their knowledge and experience that could assess quality. AOA observers concurred with the majority thinking that health professionals should be part of a team along with third party and consumer representatives.”

Dr. Allen reported from the 76th Annual AOA Convention in Honolulu that a question frequently asked was “How’s it going in California?” OPSC conference attendants reported the news about the November 1 [1971] decision by Judge Finnegan regarding the California suit.

In 1969, Dr. Eby went to Kirksville for 3 years to teach at their College of Osteopathic Medicine. For his distinguished contributions to osteopathic education Dr. Eby received the honorary degree, Doctor of Education, at the Kirksville graduation ceremony in 1972. In citing him for the honorary degree,
Dr. E. A. Ohler noted, “For the past three years, at considerable personal sacrifice, Dr. Eby has returned to the campus of the KCOM to provide instructions to third year students. He is truly an outstanding educator, brilliant scholar, and compassionate physician.” (Osteopathic Horizons, 1972, May issue)

Teaching and practicing osteopathic manipulative treatment was important to California DOs in the 1970s and 1980s.

“Just how is manipulative treatment used?”

A New York based science writer reported in the Los Angeles Times, 1975, about osteopathic medicine:

“Today, the nation’s 16,000 osteopathic physicians—a small number compared with the country’s nearly 400,000 MDs—are licensed in all 50 states and use manipulative therapy in combination with all other accepted diagnostic and therapeutic practices. Just how is manipulative therapy used? Dr. Ben C. Scharf, executive director of Massapequa General Hospital, Long Island’s only osteopathic hospital, gives this example:

‘Say a patient has bacterial pneumonia. We treat it with antibiotics. But we know from experience that if you also apply manipulative techniques to the chest every four hours —just like giving the patient an antibiotic—you find the patient responds better. . . . What are we doing? We’re helping the circulatory system remove inflammatory exudates (fluids that have collected in the lungs), helping him cough them up faster. We are really pumping the lungs and helping the patient breathe.’

Scharf adds that manipulative theory is most often applied for disorders related to the back and spinal column. ‘But’, he said, ‘it can also be helpful for such things as headaches, sprains, hastening ambulation after surgery, easing bursitis pain, relieving herniated disks and relaxing the body to stimulate blood flow’.”
Thirty-five years later, the use of osteopathic manipulation continues to excite different views among the leadership of OPSC. In a survey conducted in 2010, OPSC board members were asked about their thoughts on the role of osteopathic manipulation. Anonymous replies included:

“I use osteopathic manipulation daily, it reminds me of why I choose to become an osteopath and enlightens my patients on the difference.”

“As a neurologist with certification in rehabilitation, ‘manipulation’ is a large part of our identify, but should not define osteopathic medicine. The education integrates knowledge of the musculoskeletal system which is unparalleled in the allopathic education. While I rarely perform manipulation any longer, I still rely on my ‘hands’ and powers of observation that derived from excellent education.”

“Palpatory skills, musculoskeletal and spine knowledge, somatic dysfunction and an understanding of this physiology make me distinct from my MD colleagues (neurologists). I would like to see greater emphasis on the diagnostic power of the osteopathic skills, which of course includes manipulation, but not exclusively.”

“As a family doc, it is a unique useful tool. Without it we would lose not only a skill set, but also the hands on patient contact that makes us better. It is not just that we do OMT, it is that we have a philosophy that is out of the allopathic box.”

“I believe it is essential if taught as a field of medical practice as any other. Manipulation works, alone and in combination with other medical practice. It won’t, as far as I know, cure blindness and deafness, but it works. And I don’t practice it, although after years of practice I realize what I missed. I blamed it on teachers who were poorly equipped to teach or practice medicine. Again it wasn’t them I should blame; it was my closed young mind.”

“As a DO, we have an advantage with OMM. Whether a DO uses it or not
depends on the individual’s idea of how they will practice medicine. I use OMM because it is another modality in which I offer my patients. I also believe that we should teach OMM to everyone. The philosophy must be highly reinforced because without the philosophy and knowledge, anyone can do manipulation.” -James Huang, DO.

“I agree that it is essential to our identity and am disheartened by time issues that may prevent those doctors who would like to practice OMM but are not able to because of demands administrators may place on them.”

“We need to renew the faith of healing with our hands.”

“Indispensable! This is who we are. This is what makes us distinct. This is also what makes us more than our colleagues. It’s not just the Manipulation but the philosophy that sets the tone for all we do.”

“We need more research to confirm the benefits of OMM. We also need more CME on the direct impact of OMM on common disease process we see daily.”

The desire and need for research on OMM are expressed also in this comment: “I am a strong proponent of OMM and am proud to be a part of this tradition. It is exciting to see where OMM will lead. I hope to participate in research to see how OMM can be used in different practices. The journal club last week on the CABG [coronary artery bypass graft] article presented by Drs. Seffinger and Redding was very interesting and ignites interest in OMM.

We need to put a halt on non-osteopaths being able to practice cranial-sacral osteopathy…. and have a collective effort in trying to offer osteopathy as part of our practice, even if we don’t do it personally... it is crucial.”

“Vital for our profession and for the health of our patients.”

“As I tell my patients, colleagues, and coworkers (a number of whom come
to me for OMT), ‘don’t think I’m curing cancer, renal failure, or DM w/ this, but there isn’t too much ELSE we do in modern medicine that has potential to make you feel better BY THE END OF THE DOCTOR VISIT’. For non-surgical, musculo-skeletal problems, it’s a nice extra tool to have in the bag.”

“I believe that a skilled DO can incorporate OMT into a busy practice, albeit quite difficult at times. During my tenure as a DO, I have observed that OMT has evolved with many new techniques that can be used. However, I also believe our distinctiveness as a profession is also defined by our behavior as clinicians. That is, we incorporate all of our senses when treating our patients. We understand the importance of mind-body connection as well as the critical importance of palpatory findings. This has been inculcated since we were students and certainly sets us apart from our MD colleagues whom I work with each day.”

“Osteopathic manipulation engages the physician with the patient. The power of hands on healthcare is the highest level of care a physician can give a patient. It provides a UNIQUE healing process that fully integrates ALL ASPECTS OF MEDICINE.”

Many more views on the importance of OMM were expressed which can be found in the Appendix. Here is one more humorous comment:

“OMM is critical to our identity as DOs (otherwise we’re just doctors who went to schools no one has ever heard of with letters behind our name no one understands).”

**Resuming the profession’s rightful status**

Returning to the challenges that OPSC was facing in the 1970s, and 1980s, Dr. Chesky described those years of re-establishing the former status of osteopathic medicine in California. OPSC had developed into a revitalized organization, with a firm political and educational organizational visibility.
“I remember my experience and perception of the osteopathic profession in California in 1977-78, which was only several years after the re-institution of the osteopathic licensing board. It was at that point, for all intents and purposes, a young profession.

“There was only a handful of traditional DOs that did not take the MD, or if they did, they didn’t utilize it. So there was a lot of opportunity for growth, but there was also a lot of opportunity to give guidance and direction, if one had that interest, skill and of course wanted to do that.

“Some of the things were just totally mind-boggling. A former DO/MD said he couldn’t refer patients to me although he recognized my credentials and my skill as an OB-GYN surgeon. His reason was, it would be too difficult to explain to my patient what a DO is. I was so floored by this attitude. Then I said, ‘Well this is probably part and parcel of some of the attitudes why those former DOs took the MD degree, so they didn’t have to explain the difference.’

“When I was presenting the curriculum for the training program, many of the physicians were so surprised that we had such an in-depth sophisticated format to follow because things up until that time were running pretty loose. It was a wonderful experience for me because I had an opportunity not only to educate, but to educate some seasoned physicians in the osteopathic training program.”

Community involvement

Dr. Edna Lay in her presidential address at the 10th Annual Meeting of OPSC in 1970 suggested a stay-well plan for communities. Thus, Dr. Allen wrote a letter 1971 to community members of Whittier regarding drug problems everywhere. While some people felt that nothing could be done about this massive problem, he wrote, the Whittier Council of Churches was starting a new approach involving youth and adults, somewhat similar to directions that had been found worthwhile in Phoenix, Arizona. As chairman of this new program in Whittier,
Dr. Allen invited persons with civic and student leadership to a meeting to plan a similar intervention in their community.

OPSC members recognized that osteopathic innovations could also be useful in obstetrics, especially in the treatment of newborns. Dr. Frymann pioneered osteopathic applications for the prevention of childhood disability, retardation and sensory-motor deprivation. She invited optometrists, dentists and interested MDs to acquaint themselves with her program and reached out to the public via television with talks on topics like “Osteopathy and the emotionally involved child” (Osteopathic Horizons, 1971, 9 (3)).

**Osteopathy’s Promise to Children**

In the late 1970s, Dr. Frymann began to envision an osteopathic center for children. As one of the founding members of OPSC she was aware that one of the next steps for the profession to take was to establish a center to diagnose and treat children and to provide directions for a fuller and healthier life. In an undated document, illustrated with drawings of children’s faces by artist Joan Tayler, Dr. Frymann described her plans for a children center:

“As OPSC comes of age, let me share with you a vision for this profession in California. It is called Osteopathy’s Promise to Children. Picture in your mind’s eye a warm and friendly building with the gentle welcoming characteristics of a home rather than the cold, sterile, frightening formality of a medical building. It is surrounded by a beautiful garden of flowering shrubs and trees, space to run and climb without danger. We cross the threshold in to an attractive, friendly community center where children are playing, building with blocks or reading while their parents can share with other parents or transact the necessary formalities with an understanding receptionist. Those who work in this region have been carefully selected and trained that they may express the love and patience -and intuition -to relate to children of all ages and all degrees of fear or apprehension that may have grown out of earlier traumatic medical experiences...
The physicians who are attracted here to be an integral part of the team will also be original, exceptional, creative people — whole physicians who are concerned with whole patients. They will be steeped in the osteopathic philosophy, concepts and practice as established by Still and Sutherland. They will be skilled in palpatory diagnosis and treatment of all kinds of children including the newborn, the hyperactive whirlwinds, the loving and mischievous mongoloids, the sad and discouraged dyslexics, the anxious allergic patients, the evasive and challenging behavior manifestations as well as the whole range of common ailments such as recurrent infections, malnutrition, malocclusion and trauma. This is not a center for specific diseases or problems, it is a center for children where their present diseased or disabled course may become a road to health and a full productive life.” (“Looking to the Future” by Viola M. Frymann, DO, FAAO, Chair, Department of Osteopathic Principles and Practice College of Osteopathic Medicine of the Pacific).
Dr. Frymann presented an original paper at a hearing of the Office of Statewide Health Planning and Development held in 1980 at the Modesto Scenic General Hospital. The purpose of the meeting was to inform this important state agency about the practice of Osteopathic medicine and how it is taught in California, at the College of Osteopathic Medicine of the Pacific. There was still misconception of osteopathic medicine, if not outright prejudice. Dr. Chesky recalled:

“There were areas of prejudice and animosity on a grass root level from various MD organizations and MD facilities that did not want DOs, although DOs were fully licensed and accredited in the state of California.

The DOs were still having trouble getting on the staffs of various hospitals. It was not primarily a state legal issue, it was a legal issue of discrimination -very much like the fact that DOs couldn’t get licensed in California before the Supreme Court reversed the original law. It really became a restriction of trade issue on a local level. The OPSC did what they could, as far as writing letters to administrators and chairman’s of boards, in trying to enlighten them in what the new law was and how they should look at that when a DO who was qualified would apply for privileges.”

Dr. Frymann opened her presentation by emphasizing that Osteopathy not only recognizes but also utilizes “… the supremely sensitive and delicate interrelationship between all the systems of the body—the circulatory, respiratory, neurological, etc.—and the musculoskeletal system. Disturbances of the musculoskeletal system resulting from all degrees of trauma from the stresses imposed on the infant during birth, the common falls and accidents of childhood to the whole range of accidental injuries are significant causative and treatable factors in the whole range of visceral disease and dysfunction.

“The osteopathic physician ... is trained to diagnose by skillful palpitation those more subtle disturbances of the musculoskeletal system. ...Intimate
interrelationships exist between the function of the musculoskeletal system and the organs of the body by complex reflex pathways of the nervous system. ... The recognition and treatment of the disturbances of the musculoskeletal system which are accessible to the trained osteopathic physician provide indispensible modalities of the treatment of the sick and the prevention of, as yet, unmanifested disease. This is the distinctly different part of the care rendered by an osteopathic physician ...”

Dr. Frymann has always paid special attention to trauma during childbirth. Thus she continued to explain:

“... an injury to the back of the head during birth, detectable only by an osteopathic physician trained in such specific palpatory techniques, may be the direct cause of vomiting of the newborn; an impairment of motion of the bone that contains the structures of the ear, the temporal bone, may be the factor that perpetuates ear infections in childhood; restriction of physiologic motion of the left upper ribs may be causative of disturbed rhythm of the heart.

“In addition, fixation of the mother’s sacrum following a difficult delivery may be a causative factor in the [mother's] mental depression that follows childbirth. Structural stress on the infant during birth may be an underlying cause of learning difficulties and behavior problems and allergic manifestations during childhood...”
Ethan Allen, DO was president of OPSC three times, OPSC representative to the AOA House of Delegates for 50 years and led the charge to restore the licensing power of the board of osteopathic examiners from 1963 to 1974. He is a founding board member of the College of Osteopathic Medicine of the Pacific and is on the board of directors of Western University of Health Sciences.
Enjoying and Advancing a Thriving Profession

“You guys have done a lot of work for us and we are a growing profession. We are moving up…”

(Evan Tobin, OM student II, 2007)

“I am an old man with an old art, hoping that somewhere at some point some student will come and learn what I have been taught.”

(OPSC 2010 survey respondent)

Osteopathic medical students: how to inspire osteopathic uniqueness

Stuart B. Chesky, DO, in his inaugural presentation as OPSC president, 1990-91, focused on osteopathic medical students and their clinical training in an MD dominated healthcare system:

“OPSC’s future and perhaps the future of the entire osteopathic profession rests with the students who are currently or will be enrolled in osteopathic medical school. For they are the future!

“... We, the professionals, the teachers and the administrators must instill in the students a sense of obligation and pride in their profession—their roots, if you will. This is even more important now that post-doctoral educational programs in the allopathic profession are readily available. In some cases, DO students and post graduates are encouraged and invited to take these
Dr. Chesky hoped “… to give DO students a sense of pride by giving the DO physicians visibility, the status they deserve.” He was convinced “… that if OPSC and DO physicians emanate a sense of pride in the osteopathic profession, the students will pick this up spontaneously.”

Dr. Chesky’s goal for OPSC included taking a stand on political issues that could erode the profession’s uniqueness, such as government review of DOs by non DO physicians. Dr. Chesky also recommended requiring approved osteopathic internships to qualify a DO physician for licensure.

Similarly, Donald Krpan, DO was concerned about maintaining the unique osteopathic identity, given that an unprecedented growth had occurred since the BOE had regained the licensing power. With 1,000 licensed practicing DOs in 1989, California ranked tenth among the states’ numbers of osteopathic physicians. The recognition and acceptance by the public, by government agencies, by other medical providers, and by third party intermediaries represented an acknowledgement of the excellence of the osteopathic identity and the efforts of the profession’s political strategies. Dr. Krpan was convinced that “… this growth can be attributed to the cohesive character of the members and … their desire to maintain an identity unique in medical circles.”

How could that identity be maintained? Dr. Dilworth in his presidential message in 1977 emphasized the importance of COMP and osteopathic medical colleges nation-wide to “… lead the way in our primary goal of preventing illness and maintaining a healthy human. We in the profession must be at the forefront of demonstrating this to the public. We cannot do this by joining all the groups of the medical doctors who now want us. We can cooperate in community development, social betterment and civic improvement; but the supreme challenge is to be innovative and take the lead in daily primary care …”.

Recognizing the difficulty in teaching osteopathic medicine’s unique
Donald Krpan, DO served as president of OPSC twice and be-came the first OPSC presi-
dent to also serve as president of the American Osteopathic Association. He also was dean of
COMP, provost of Western University of Health Sciences, president, and is currently
executive director, of the Osteopathic Medical Board of California.
identity, Dr. Krpan felt that one approach was to imbue in students an osteopathic philosophy during the first two years of their training and to reinforce the philosophical tenets prior to hospital rotations. Dr. Ryan emphasized for students to take responsibility for their decision to become a DO and to hold firm to their choice of osteopathic rather than allopathic medicine. They should set their goals and stay with them.

Dr. O’Shea, OPSC President 2006-2007, values mentorship to aspiring osteopathic physicians. Though recognized for her many leadership accomplishments, she herself gave her establishment of the mentorship program first place on her agenda:

“I founded the mentorship program in 2003; was OPSC President in 2006-’07; AOA House of Delegates rep from 1998 on; Legislative Committee Chair; multiple times Public Relations Chair; OMBC Member appointed in 2004 and President since 2005; maintaining Osteopathic dignity and autonomy of purpose throughout the adversity of the naturopathic ‘merger’.”

Similarly, Dr. Krpan reminded educators, preceptors, and practicing physicians to set an example and thus to create role models for emulation. He also recommended to institute more innovative training programs at AOA approved hospitals and to create the legislation if necessary.

An example of mentorship, Mark Schneider, DO, OPSC President in 2007, feels proud “... to have been part of our growth in the educational renaissance of California DOs.” He explained:

“Back in 1972, I was admitted to KCOM, along with my twin brother Gary. We originally came from Ohio, but moved to California in 1964. Our family doc was a DO, and our uncle is a DO. We were thrilled to be accepted to practice as DOs, no matter what happened in California. Fortunately, the law was changed and both of us were licensed in 1978. I came back and became the best physician I could. I was the first DO on
staff at Downey Regional Medical Center, and at St. Francis Medical Center. I won the respect of my colleagues and became Chief of Family Medicine at both institutions. In 1993, I led the establishment of a high quality family medicine residency program at Downey Regional Medical Center and continue to be the residency director today. We now have over 30 board-certified DOs in several specialties on staff at Downey. In addition we now have the NMM/OMM [residency] program. In 2001 I was elected to a 2 year term as president of the medical staff. I believe my greatest achievement is to help educate and produce highly trained colleagues. I take great pride when I meet old residents of mine who are now successful. When I came back to practice in 1980, none of these residencies existed.”

As training programs were often conducted at MD operated facilities, students were likely to meet allopathic physicians who might claim that they too take care of their patients as a whole person. In Dr. Chesky’s view, osteopathic manipulation was key to the uniqueness of osteopathic medicine. Dr. Chesky in his interview with Dr. Seffinger in 2005 explained:

“Clearly the philosophy about the body [being] in proper alignment, and the whole patient concept, is unique to osteopathic physicians, but not entirely, because other physicians will share that that is allopathic. Nevertheless, the physical manifestation of the difference, in my opinion, is that of manipulative medicine. I utilized that as an adjunct to what I did as a specialist, as an OB-GYN specialist, so I have seen it work. I have seen it work as a therapy, in and of itself, without other medication and I can wholeheartedly speak that it does have a place in healthcare delivery system”.

**Student membership in OPSC**

Students absorb the values and goals of their chosen profession as they participate in OPSC activities. Thus, OPSC seeks to facilitate student membership. Of concern for many years has been that students don’t seem eager
to join OPSC and, instead, frequently join their allopathic organization. Matt Weyuker, OPSC executive director, had noticed discouraging statistics about student membership in 1987. In reply, Richard Thurmer, Jr. Student Council President in 1987 assured Mr. Weyuker that “...while recruitment on campus is not really the function of the college, COMP does in fact facilitate membership drives in every way possible and I do not see what more the school itself can do.”

Statistics in 1987 regarding the issue of students joining OPSC indicated that 79 COMP students belonged to the Los Angeles chapter of the CMA, 35 of these also belonged to OPSC, while 44 did not.

“We have to keep in mind two major points. First, these 44 students represent only 11% of COMP’s student body while OPSC has 162 student members from COMP, over 40% of the student body, and 24 student members from other osteopathic colleges. Second, roughly 50% of COMP’s student body comes from states other than California and most of these students do not feel the necessity to join OPSC as evidenced by the fact that only 16 non-Californians, 4% of the student body, now belong to OPSC.

These figures will be changing over the next few months. One of the 44 LACMA members has already joined OPSC and another has told me he will not be paying dues to LACMA next year as he sees no benefit in it. I have obtained a list of the students comprising the 43 LACMA members and I will be personally speaking to as many of them as possible to encourage their participation in our association.

The new Student Council President, the student members of the Membership Committee, and I are currently working on some ideas to help OPSC increase its student membership. I am attaching a list of some preliminary ideas. I am confident that by working together

OPSC will continue to grow and prosper.

The student council president suggested several projects for OPSC to
pursue to boost student membership, including two information packets, one aimed at California residents and the other designed to capture the interest among out-of-state students. Membership should be made easy and point out opportunities in the various OPSC committees. The creation of a student caucus with Delegate and House privileges was suggested. This may seem threatening, but actually the handful of students participating are inevitably going to be the association leaders of tomorrow and should be included now in the procedures and politics of OPSC.

The students also recommended offering an OPSC certificate much as LACMA and AMA did. This would show the student that “OPSC is proud to have student members and that the student should be proud to be an OPSC member. It also serves as a constant reminder that the student is a member”.

Since students usually could not attend OPSC conventions due to test schedules and attendance policy on campus, scheduling a free day for attendants was suggested.

These suggestions were valuable and many have been instituted since. For the past several years, OPSC has provided entering DO students at both schools (COMP and TUCOM, the latter in Vallejo, CA) with white coats with the OPSC insignia on it. The student council might not have been aware, though, that their greatest influence lay in the fact that their professional organization took pride in them and valued their participation.

Dr. Chesky:

“Our graduates are very smart. Our graduates are very good physicians. The allopathic physicians are seeing that. Many of these students are getting job offers from MDs. They are getting faculty positions at allopathic institutions. Are these people going to come back to us or are we losing that resource? Well hopefully, they will come back. I think a student
has to be out a number of years before he or she realizes, when the maturity factor clicks in, that they wouldn’t be where they are today if it wasn’t for the osteopathic training they received as students. Hopefully they will realize that. I feel very strongly and passionately about that.

“The osteopathic profession has been very good to me personally and I share that with other students. One of the things I was very, very disappointed about when I came to Ohio and affiliated myself with the institutions, there was no formal educational program. I really felt something was lacking in my professional career. And for that reason, I really felt bad about leaving California. I loved being with the students. I thought it was invigorating, inspiring and it challenged me on a daily basis. I think it forces you to be a better physician when you interact with the students.”

COMP in Pomona has educated DOs for 31 years, with a total of 3,417 DOs having graduated since 1982. Dating back to OPSC plans for a Western States College of Osteopathic Medicine, COMP has pursued its commitment to provide opportunities for graduate education in the Pacific Northwest. In 2010, Western University of the Health Sciences in Pomona has approved a new campus in Lebanon, Oregon. The COMP Northwest osteopathic medical college will begin its first class of 100 students in August 2011.

Since 1997, OPSC welcomes opportunities to assist with education and student activities at the newly opened Touro University College of Osteopathic Medicine (TUCOM) in northern California. Gary Gramm, DO, OPSC executive director in 2003, announced the newly established Touro University College of Osteopathic Medicine. To promote a close liaison between the osteopathic colleges, OPSC student clubs have been established at both institutions.

TUCOM was established by Touro University, New York, and enrolled its first students in California in 1997. Times-Herald staff writer Jason Hoppin described the creation of the new college with the catching heading “Touro
“Around the bend at the end of Cedar Avenue on Mare Island, a blue and white sign is held up by two four-by-fours pounded into the earth in front of a pedestal once mounted by an intercontinental ballistic missile. The missile is gone. The sign reads ‘Touro University’.

“Taking over a vast and historical complex of buildings, including not only the combat institute but the former Base C Quarters and Farragut Inn, classes began Monday, August 1999 at Touro University with 250 hopeful doctors...

“The man behind the school is Dr. Bernard Zeliger, the dean who spent the summer building a university, pounding swords into stethoscopes. Zeliger relocated to the palm tree-lined campus, with buildings dating back to Abraham Lincoln’s era, from a tiny urban campus in San Francisco. Zeliger calls his students the cream of the crop. “We had 4,000 applications for 100 openings,” he touts. “You should see the students at our school—as diverse as you can get.”

The student population shows a relatively wide range of age (from 25 to 47), ethnic and cultural backgrounds. About one third of the class of 2011 at TUCOM in Vallejo indicated to be Asian or Asian Indian, 7% as Hispanic and 6 % as African American (www.tucom.edu, visited 9-11-2010).

**TOURO University -College of Osteopathic Medicine -History and Present state**

It is rare in today’s world of education – indeed in any public arena – that one man’s vision comes to fruition within his lifetime. Yet Bernard Lander, Ph.D., was a visionary with the capacity to turn his dream of repairing the world through education and health care into reality. Dr. Lander founded Touro College in New York City in 1970 with the goal of enriching the Jewish heritage while also serving the larger American community.
Over time Dr Lander expanded his vision beyond the east coast, culminating with the establishment of Touro University College of Osteopathic Medicine. The College opened its doors in the fall of 1997 initially as the San Francisco College of Osteopathic Medicine (SFCOM) and accepted its first class in fall 1997. Founding Dean Bernard Zeliger, DO, led the campus through its first years, sharing a building with the California College of Podiatric Medicine (CCPM) in San Francisco. CCPM was one of seven podiatric medical schools at the time and was the only one in the western United States. CCPM had an excellent academic reputation and a curriculum that included all the basic medical sciences. Its courses were taught by a resident faculty and by faculty from the University of California San Francisco.

For the first two years, podiatric and osteopathic medical students took basic science classes together and were taught by faculty by these two San Francisco institutions. SFCOM subsequently created three academic departments with Barbara Kriz, Ph.D., serving as the Chair and Associate Dean for Basic Sciences, Robert Clark, D.O., as Chair of Osteopathic Manipulative Medicine, and Paula Maas, D.O., as Chair of Primary Care Department. Additional faculty members were then hired by Touro to teach the clinical courses, develop clinical rotations, and staff was hired to support student services and other institutional functions.

SFCOM began growing, and more space was needed than what was available at the San Francisco location. Touro administrators investigated several potential places to relocate, including a number of military bases that had been designated for decommissioning. They received a particularly welcoming reception from the city of Vallejo and ultimately selected 44 acres on the former U.S. Naval Shipyard on Mare Island as their home. The historic Mare Island naval base was founded in 1854 as the first U.S. Naval Shipyard on the west coast. Renovations to ready the new campus for the next entering class took place in the summer of 1999. The campus opened its doors as the Touro University College of Osteopathic Medicine (TUCOM)
in the fall semester 1999. In June of 2001, TUCOM graduated its first class of 64 students.

TUCOM remains part of the Touro College system established by Dr. Lander. Today the Touro College system has approximately 18,000 students. It has branch campuses, locations and instructional sites in the New York area, as well as branch campuses and programs in Berlin, Paris, Jerusalem, Moscow, and Florida. Touro University California and its Nevada branch campus, as well as Touro College Los Angeles, are separately accredited institutions governed in common by the same Board of Trustees as Touro College.

Touro University California has expanded academically to include a College of Pharmacy, College of Health Sciences with Master of Science in Physician’s Assistant Studies and Master of Public Health programs, and a College of Education. Touro University California also offers a Master of Science in Medical Health Sciences (MSMHS). The student body of TUCOM has expanded to 540 and, with the graduation of 135 TUCOM students in 2010, the alumni now total 1,125. About 16% are practicing in California.

Jesus Mena Director of External Relations Touro University, California

Primary care mission at TOURO

The 2010 U.S. News and World Report national ranking of medical schools placed Touro University’s College of Osteopathic Medicine tenth in the nation for percentage of medical students who are going into primary care residencies. The prestigious national rankings determined that, after averaging graduating classes of 2007, 2008 and 2009, 56 percent of Touro University’s College of Osteopathic Medicine graduates were accepted into primary care residencies. The high percentage produced by Touro University counters the national trend, which indicates that the majority of medical students are choosing specialty care residencies. The decline in medical students choosing a primary care career is posing a serious crisis for the health care system. The need for primary health care providers will be further exacerbated as the nation
transitions into a more inclusive health care system coupled with the dramatic rise in aging “baby boomers.”

A survey of medical students conducted in 2008 by a professor at the University of California at San Francisco showed that only 2 percent of medical students planned to go into primary care. In a similar survey conducted in 1990 showed that 9 percent were going into primary care. Dean of Touro’s College of Osteopathic Medicine Michael Clearfield, DO, said he was proud that from its inception Touro University College of Osteopathic Medicine has consistently outperformed the national average in producing high quality primary care providers.

Dr. Clearfield:

“The Touro College of Osteopathic Medicine will continue to assiduously address this looming crisis by maintaining its focus on producing primary care providers to help meet the health care needs for this new millennium.”

Provost and Chief Operating Officer Marilyn Hopkins added that Touro University’s emphasis on primary care providers was a reflection of the university’s commitment to public service.

“Touro’s mission is anchored in service to humanity,” said Dr. Hopkins. “Our focus on producing substantial numbers of graduates who choose to dedicate themselves to family practice and other primary care specialties is a service to the nation.”

Opportunities for patient-centered and culture-sensitive care

In California, the osteopathic medical profession continues to provide patient-centered and culture-sensitive care. Diagnosis and treatment at the Osteopathic Center for Children and Families in San Diego are patient and family-centered. At a peaceful location on top of a La Mesa hillside in San Diego, Dr. Frymann and staff treat recurrent infections, asthma, consequences of birth trauma, Down’s syndrome, delays in physical and intellectual development, visual disturbances, headaches and seizures. Under her direction, “...courses are
offered for DOs, MDs, DDs and medical students. Participants learn to develop a heightened sense of perceptive palpation for diagnosis and effective manipulation techniques for treatment, in accordance with the teaching of A.T. Still and W.G. Sutherland. (www.osteopathiccenter.org, visited July 2010).

From 1983-2003, the Osteopathic Center for Children and Families was an important and integral part of the College of Osteopathic Medicine of the Pacific. It has become an internationally recognized treatment center for exceptional children whose developmental difficulties prevent enjoyment of full and active lives. The Center continues to train COMP students in osteopathic manipulative treatment approaches in a wide range of pediatric and adult clinical problems.

As the work of the Center, under the inspired leadership of Viola M. Frymann, DO, F.A.A.O., became widely acclaimed and sought after, its facilities and services had to be expanded, so, the Center moved from a small office overlooking the peaceful ocean in La Jolla to a hilltop overlooking the city of San Diego in La Mesa, near San Diego State University campus. Dr. Frymann recalled:

“I didn’t start out to establish a center for children, it just grew. We had our little yellow house in La Jolla, which was certainly adequate for what we were doing. Little by little, the number of patients grew. Then, it was in 1982, when the college was desperately trying to find places to put its students that I offered to make the practice available as a place for student rotations. And that was how the Osteopathic Center for Children came to be named.

“This center is a demonstration of the vital importance of osteopathic principles and practice to the solution of so many of the health problems we encounter today.

We have students who come here for rotations most of the time; the students who come here come from all over the world!”

Dr. Pumerantz, before the establishment of Western University, when he
was president of COMP, expressed his appreciation and admiration: “For 30 years, Dr. Frymann’s philosophy has been demonstrated in her compassionate and gentle work with these special children. She has sought to provide an encouraging and enjoyable experience in which fear is replaced by the security of knowing that in time and under her guiding hands, they will achieve a quality of life better than previously thought possible.

“I think you [supporters of COMP] will agree with me that this approach to health care is what the public is seeking. And it is what osteopathic medicine is all about: excellence in medicine through a caring approach.”

**Social mission at COMP**

Osteopathic graduates tend to put into action their desire to be of service to the underprivileged and to promote the well-being of communities. A recent study of medical schools in the United States ranked COMP among the top medical schools in social mission. The study, published in the Annals of Internal Medicine, calculated a composite social mission score by combining the percent of an institution’s graduates who practice primary care, work in areas that are short in the number of healthcare providers and are under-represented minorities. Data were collected with graduates between 1999 and 2001. Graduates had completed several types of residency training and national service obligations, including the National Health Service Corps and the Military Health Profession scholarship program that involved up to four years of service. Based on this composite social mission score, COMP received the highest ranking of any medical school in California, 21st ranking in the nation, and highest ranking for a U.S. osteopathic medical school.

**OPSC goals and objectives**

Historically, the livelihood of osteopathic medicine in California was constantly being challenged by the CMA. However, in 1999, the CMA passed resolution 609-99:

“Resolved: That the CMA take a position of joint cooperation with the
Osteopathic Physicians and Surgeons of California (OPSC) on issues of common concern of physicians in California; and be it further Resolved: That the CMA actively encourage and promote membership and participation by osteopathic physicians in the CMA.”

Indeed, there are many DOs and DO students now involved with the CMA, even in leadership positions, while continuing their involvement and leadership in OPSC. Even the lobbyists for OPSC work very closely with those for the CMA.

Although there are areas of mutual interest and challenges in associating, there is a mutual recognition of clear cut boundaries in working together. In response to the Sunset Review Committee recommendation for the Governor to consider consolidating the DO and MD state licensing boards, OPSC and CMA banded together and agreed to oppose this recommendation. In 2005, the CMA passed Resolution 616-05 regarding “Separate MD and DO Licensing Boards”:

“Resolved: That CMA strongly oppose the consolidation of the Medical Board of California (MBC) with the Osteopathic Medical Board of California (OMBC); and be it further Resolved: That CMA strongly oppose the elimination of both the MBC and the OMBC; and be it further

Resolved: That CMA strongly oppose the transfer of the MBC’s and OMBC’s licensing authorities and disciplinary functions directly to the Department of Consumer Affairs.”

Interestingly, Osteopathic physicians and students in October 2010 successfully lobbied within the CMA to pass a resolution in support of reimbursement for osteopathic manipulative treatment services by all insurers. In legislative activities, OPSC looks to support issues and candidates that respect OPSC members and their needs. OPSC associates with coalitions, committees, assembly members, senators and representatives that support the interests of osteopathic physicians and surgeons in California.

Public Affairs and Legislative Committees, for example, continually monitor activities within the state and nationally that can impact the interests
and practices of California DOs. They pass that information on to OPSC members. This is one of the critical values of membership and participation in OPSC. Members are given timely and accurate information, and their feedback is encouraged. Such open communication is vital to OPSC’s mission. (Michael Seffinger, DO, editorial, California DO, 2005).

A vision for the future of the profession as doctors with a distinct approach to healing required stepping stones to implement that vision. Previous accomplishments provided a basis for these stepping stones, as measured in 5-year plans. As Executive Director Matt Weyuker saw it, “... one of the important aspects of these five-year plans is that it helps us to take stock, gives us a sense of the need for renewal, and restores our energies to create opportunities for valuable change.”

When OPSC was about to celebrate its 30 year anniversary, the association could be justifiably proud of the goals attained, such as membership growth and major victories in the State Legislature, developing and administering a successful association-sponsored medical malpractice program, and increasing the number of OPSC regional affiliates. The physician placement service had been expanded and two DOs were added to the California State Industrial Medical Council.

In developing a next 5-year plan, a reminder of the profession’s vision is helpful and to ask, what can be done to make those vision statements a reality. Matt Weyuker summarized OPSC’s vision statement by quoting portions of the Purposes and Objectives of the OPSC Articles of Incorporation (Article II, Paragraphs 1-4):

“To publicly register and record the ‘system, method or science of osteopathic medicine’ as a ‘school of medicine’ and/or the practice of same, to be known and designated as osteopathic medicine ... and to advance the science of osteopathic medicine as an independent, scientific and complete system and/or school of ‘medicine and/or healing art’ for the restoration and preservation of health. . . .
“To carry on programs of education and information for the benefit of all members of the osteopathic medical profession and to stimulate and maintain high morale and pride in all persons engaged in the practice of osteopathic medicine with the end in view of contributing towards the efficiency and service to the public of doctors engaged in the practice of that branch of the healing arts known as osteopathic medicine and those aspiring to become so engaged ... and to develop, stimulate and encourage the fraternal and social relations and goodwill among the members of the profession.”

With that vision in mind, Matt Weyuker continued his work as OPSC’s executive director for 7 more years. When he retired in December 1997 after 20 years of service, together with his wife, administrative services director Marlene Weyuker, their efforts were praised as having helped OPSC to grow into a strong and effective association. To honor his contribution to the profession’s status as a unique medical profession, the board of directors authorized initial funding of a newly created OPSC Matthew L. Weyuker Scholarship Fund.

As students were aided by scholarships to focus on their studies at COMP, they were forming their vision for their profession under the tutelage of COMP’s faculty and president, Dr. Philip Pumerantz. He expressed these thoughts for the future of osteopathic medicine in a speech he delivered to the Osteopathic Physicians and Surgeons of California in Monterey, CA. in March 1986:

“We don’t need to be superior in numbers to be leaders in society. Numbers alone don’t necessarily lead to domination, but rather the strength of the contribution. After all, history reminds us that great ideas don’t start with an army of supporters ... 

“Osteopathic medicine will lead the way and a system will emerge out of the morass in health care today that will be revolution proof. Once it is put into place, it may be modified as time goes by, but it will never be revolutionized as the old system was. In fact, history will record this new system as the ‘golden years of medicine’...
Dr. Pumerantz reminded his audience of a poem by Robert Frost, *The Road Not Taken*.

‘I shall be telling this with a sigh, somewhere ages and ages hence; two roads diverged in a wood and I— I took the one less traveled by, and that has made all the difference’.

Dr. Pumerantz suggested this image as a major theme for the osteopathic profession. “A DO takes the “path less traveled by.” It has enriched lives and has given meaning to those who have chosen to be osteopathic physicians. Also, to the countless patients who have been treated by DOs, it has brought healing and has improved the quality of their lives...

“I want to suggest to students that there is hope in the field of osteopathic medicine, and this hope is rooted in the practice of osteopathic medicine itself ... people are crying out for a new style of doctor. This style is reflected in the osteopathic physician—the one who is educated to be both a humane physician and a skilled diagnostician.”

“Go DOs”

“I just say to all the DOs out there, and thank goodness we are into the thousands that are out there now, ‘Go DOs!’... maintain your osteopathic manipulative medicine principles and practices, and demonstrate your skills in OMM. No matter what specialty you are in, there are applications...” (Mitch Kasovac, DO)

Responses to a survey among OPSC leaders and members in 2010 resulted in a coherent picture of their goals: first and foremost they emphasized their desire to provide the best patient care, leading into their second objective to teach and to mentor students to carry on the passion for osteopathic medicine. Preceptorship and clinical training led to the third goal of conducting and publishing research.

Here is a sample of goals that were expressed:
“Keeping alive the joys of medical practice.”

“Developing future osteopathic physicians who are truly hands-on diagnosticians and practitioners of osteopathic principles.”

“I would like to grow old taking great care of my patients ...”

“I would like to be a simple county doctor...”

“To become the best doctor I can be.”

“To train physicians; to practice excellent medicine; to conduct research demonstrating the important role of Osteopathic physicians.”

“1. Continue to render quality, compassionate care to my patients. 2. Improve the stability and viability of my present group. 3. Improve the rationality of care to complex pediatric patients, including helping family comfortably accept when aggressive treatment stops being ‘care’”.

“I pray each day to be the best physician for the first and last patient of each day I practice.”

“My professional goals are to excel at patient care and to make sure that the next generation of medical students has the opportunity to care for them as others have.”

“Continue to help educate the Osteopathic students of the future.”

“1. Build a model practice to integrate DO OMT and DO philosophy into medical subspecialty 2. Using DO teaching to select a right treatment plan for the patient.”

“To provide the best care that I can in a compassionate way.”

“To be the best osteopathic physician I can be.”

“1. Family medicine 2. Osteopathic Manipulative Medicine 3. building an integrated center of health that incorporates the above with specialty DOs in
San Diego.”

» “To heal one person, one body and one soul at a time, and let that ripple thru the community.”

OPSC student members similarly expressed their goals to become an OMM practicing family physician, to participate in research, and to become culturally competent:

» “As of now, I plan on becoming a family practitioner.”

» “To participate in a research project as a student. To complete a rotation abroad and develop global cultural competency. To embrace leadership roles and actively participate in the improvement of our medical system. To practice primary care and utilize osteopathic manipulative medicine in a family practice setting.”

» “To become a family physician who integrates OMM into my practice when it is indicated for both musculoskeletal issues and otherwise. I am concerned slightly that this will be hard with the under-served populations I wish to work with.”

» “To become a family physician with an osteopathic practice in the Asian American community.”

Robert S. Lee, DO, in 2010 fondly recalls his “outcomes” of lifelong passionate patient care: “I have been fortunate enough to deliver 15,000 babies in Pomona. I have delivered approximately 100 children of young ladies and men that I delivered when they were born. I know because always ask my patients how they found out about me, and many of them said they came to me to deliver their child because I delivered them. Once, when I asked a young lady why she came to me and she told me that I had delivered her, her husband went home and asked his own parents who delivered him. Sure enough, I delivered both the young lady and the young man who were coming to me to deliver their child.”
Go DOs -into the future!

In a 1967 case study of the merger and its outcomes, entitled “Doctors of Medicine and Doctors of Osteopathy in California”, the authors Arnold Kisch, MD and Arthur Viseltear, Ph.D. explained the purpose of their historical documentation to present the facts and to consider the milieu, the time, and the motivations. The present text was written with the same objectives. In addition, Kisch & Viseltear saw their case study to have a “future-oriented function of teaching medical care administrators to handle well the situations that they are likely to encounter in their future jobs.” It is hoped that OPSC leaders and members found this book instructive in recognizing signs of danger to their profession and to take pro-active steps.

On that note, one of the OPSC founders, Ethan E. Allen, DO, advised:

“You need to stay in touch with the leadership that you have and realize that our right to practice is going to last only as long as the legislature sees us as having a purpose to serve and a place to serve. So you need to be supportive of your state association and the national association because they are watching how the health care dollars are being spent and to whom they are to be given. I still think that we have a unique place in the overall management of patients and health care, and a unique philosophy of the management and approach to wellness.”

“Now, for the future, well, I still believe that the osteopathic profession understands the musculo-skeletal system and the autonomic system, as it is related to the spine, superior to what any other profession out there does, particularly the [MD] medical schools. ... I think our philosophy and our approach to the whole person is still a necessity for providing the best health care to people. And I think on down the road it may actually come to the front ...”.

Kisch & Viseltear in their merger case study gave credit to OPSC and their
ability to have thrown off balance the merger negotiations, such that at the 1961 convocation for about 2,000 DOs to receive the MD degree, “The mood was subdued, owing to the mixed feelings of many of the degree recipients. The candidates wore dark suits or dresses ...” which must have added a further somber note (Kisch & Viseltear, 1967, pg 36). It is hoped that in the future, DOs will not have to feel foisted into similar situations of compromising their values and beliefs.

Kisch & Viseltear also emphasized how “bitterly” OPSC fought against Proposition 22 “in an extremely active but under-financed ... campaign”. Again, the present text hopefully brought out the importance of supporting OPSC financially to empower the organization’s efforts to protect the profession.

**Epilogue**

Andrew Taylor Still, DO:

“Our school is young, but the laws that govern life are as old as the hours of all ages. We may find much that has never been written nor practiced before, but all such discoveries are truths born with the birth of eternity, old as God and as true as life.”

*(Osteopathic Horizons, 1971, 9 (3)).*
1961 & 1973: Richard E. Eby, DO

1912 Pittsfield, MA - 2002

Dr. Richard E. Eby was a passionate OB-GYN whose commitment towards Osteopathy led him to become the founding president of Osteopathic Physicians and Surgeons of California (OPSC.) After completing all of his prerequisites in two years, Dr. Eby attended Los Angeles College of Osteopathic Physicians and Surgeons (COP&S) where he received his doctorate in Osteopathy in 1937. After graduation, he completed his internship and residency in obstetrics and gynecology at the Los Angeles County Osteopathic Hospital in 1939. In 1942 Dr. Eby co-founded the Park Avenue Hospital in Pomona, where he practiced until 1962. During this twenty year period in his career, Dr. Eby served as a clinical professor at COP&S as well as a professor and chairman of the Department of Obstetrics and Gynecology. He became a fellow and was president of the American College of Osteopathic Obstetricians and Gynecologists from 1957-1958.

Dr. Eby’s opposition to the COA-CMA merger of 1961 led him to become the founding president of OPSC. Dr. Eby was instrumental in the overturn of Proposition 22, a referendum passed by California voters in 1962 that prohibited the licensure of DOs. His leadership in OPSC was subsequently recognized at a national level as he was appointed to the American Osteopathic Association (AOA) Board of Trustees and then as assistant executive director of AOA from 1962-1963.

Dr. Eby worked in other states for a few years before returning to California. He served a short term as president of the Kansas City College of Osteopathic Medicine form 1963-1965, Then he became a professor and chairman of the department of Obstetrics and Gynecology at the Kirksville College of Osteopathy and Surgery from 1966 to 1967. When he returned to the golden state, he
resumed practicing at Park avenue Hospital in Pomona and once again became president of OPSC in 1973. His leadership helped OPSC battle to restore the licensing power of the Osteopathic Licensing board, which was done, unanimously by the California Supreme court in 1974. Dr. Eby then was part of a group of osteopathic physicians that cofounded the College of Osteopathic Medicine of the Pacific in 1977.

His miraculous healing after a near death experience in 1972 led Dr. Eby to eventually retire from medical practice and devote his life to a full-time ministry. He traveled the world as an evangelist through the 1980s and 1990s and authored four best seller Christian books.

Sources: Western University of the Health Sciences Philip & Harriet Pumerantz Library, Richard E. Eby Finding Aid; The Merger: M.D.s and D.O.s in California, Xlibris 2009, p 242

1962 & 1963 David Dobreer, DO

1919-2010

A native of Washington, D.C., Dr Dobreer earned a doctorate of Osteopathic Medicine from the College of Osteopathic Physicians and Surgeons of Los Angeles. He later received an MD degree from the California College of Medicine. A decorated veteran of World War II, Dr. Dobreer served as a lieutenant in the Army, as a navigator on a B-24 bomber. He flew 34 missions over Europe and won the Air Medal with Oak Leaf Clusters for meritorious service.

Dr. Dobreer had his own medical practice in Alhambra CA. Dr. Dobreer led “great books” seminars at Hollywood High School, in his home, and various other locations in the Los Angeles area for more than 40 years.

Source:
http://www.stjohnscollege.edu/resources/magazines/thecollege_2010_spr.pdf
1964 & 1975: L. Arthur Moore, DO

no biographical information available

1965: Joseph P. Linden, Jr., DO

no biographical information available

1966, 67 & 1974: Viola M. Frymann, DO, FAAO, FCA

Viola Frymann, founder and current director of the Osteopathic Center for Children and Families in San Diego, is internationally recognized for her specialization in Osteopathic Manipulative Treatment, treating children with brain-damage and severe disabilities. Dr. Frymann obtained the equivalent to the MD degree in 1945 in London and then moved to California to study at the Los Angeles College of Osteopathic Physicians and Surgeons. She obtained her doctorate in Osteopathy in 1949 and spent many years afterword studying Osteopathy. Dr. Frymann conducted an osteopathic family practice in La Jolla for many years. In 1982 she founded the OCC which specializes in preventing sub optimal health in all children as well as helping children with complex problems reach the optimum of their potential.

OCC was affiliated with COMP for its first 20 years and it provides continuing education courses on Osteopathy.

After the MD-DO merger Dr. Frymann became politically active and worked tirelessly to rescue the profession that she traveled across the world to pursue. While working in her La Jolla Practice, she was president of OPSC three times, founding secretary of the Board of Trustees, and founding chair of the department of Osteopathic Manipulative Medicine at COMP. She has taught osteopathy at many of the colleges of osteopathic medicine in the US as well as...
colleges, universities and institutes throughout the world. She has also authored many journal articles.

Dr. Frymann has received many awards and is considered a living legend of osteopathic medical leadership by her peers. Awards have included: Andrew Taylor Still Meallion of Honor, the highest honor of the American Academy of Osteopathy; the William G. Sutherland Award of the Cranial Academy; Honorary Doctorate of Science in Osteopathic Medicine from the College of Osteopathic Medicine of the Pacific; Osteopathic Physician of the Year from the Osteopathic Physicians and Surgeons of California; the Philip Pumerantz Medal for “Distinguished Service and Extraordinary Commitment to the College of Osteopathic Medicine of the Pacific and the Osteopathic Medical Profession” and life membership in OPSC for “the sacrifices and labor of love in bringing the osteopathic profession back from extinction.”

Sources: Western University of the Health Sciences Philip & Harriet Pumerantz Library, Viola M. Frymann Finding Aid; The Merger: M.D.s and D.O.s in California, Xlibris 2009, p 243; www.osteopathiccenter.org


Born 1923, North Dakota

Dr. Allen was an engineer who was interested in combining his expertise in engineering with medicine. After serving in the Navy for a year he entered COP & S, graduating in 1951. He practiced in Norwalk and performed home deliveries for 13 years.

Although he had little to do with organized Osteopathy before 1961, after the merger Dr. Allen became very active in advocating to restore the osteopathic profession. He helped form OPSC and has served as president of that organization.
three times. He was very active in the battle to overturn Proposition 22, which was achieved in 1974. Then he became focused on founding a new osteopathic medical school in California. He was part of the founding board of COMP that completed a feasibility study, incorporation papers for COMP and recruitment of Dr. Pumerantz as president of COMP. Dr. Allen is the only founding member of the Board of Trustees still serving on the Board and he continues to teach osteopathic principles and osteopathic manipulative treatment at COMP. The Ethan Allen, DO Memorial Park was named after him on the Campus of Western University in 2006. Dr. Allen is a fellow, founding president, and director emeritus of the California Society of the American College of Osteopathic Family Physicians. In 2007, he received the ACOFP’s lifetime achievement award for “establishing legal precedent for licensure of osteopathic family physicians in California and nationwide.” In 1999, he received the AOA’s highest honor, the Distinguished Service Certificate.

1969: Charles W. Aby, DO

no biographical information available

1970: Crichton C. Brigham, DO

1912 South Pasadena, CA-1980 Gualala, CA

Dr. Brigham practiced in California his entire career, in Los Angeles until 1969 and in Gualala near point Arena until his death. His father, Dr. W. Curtis Brigham, and his uncle, Dr. Harry Brigham were DOs, his sister, Dr. Fleda M. Brigham of Seal Beach, is also a DO “Crite” obtained his doctorate in Osteopathy from the College of Osteopathic Physicians and Surgeons in Los Angeles in 1936, and interned at L.A. County Osteopathic Hospital. He became affiliated with Monte Sano Hospital in Burbank and served as chief of staff there. He taught minor surgery and athletic injuries at COPS in 1939-1940.
A leader in the California Osteopathic profession, Dr. Brigham was OPSC president in 1970 and was active on the association’s board of directors until 1975. By the time he was president of OPSC in 1970, Dr. Brigham had built his own office in the small coastal town of Gualala where his wife Barbara served as his secretary. They developed a friendly practice, and managed the OPSC office for several years in Gualala. He was a member of the board of Osteopathic examiners for 13 years and served a term as BOE president.

*Source: OPSC The Journal, 1980, 6, (2), p 12*

**1971: Edna M. Lay, DO, FAAO, FCA**

Dr. Edna Lay is a highly regarded teacher and author of Osteopathic Manipulation. She earned her Doctor of Osteopathy degree from the Kirksville College of Osteopathic Medicine in 1946. She completed an internship at Doctors Hospital in Columbus, Ohio. Dr. Lay joined the faculty at KCOM in 1973 and remained there until her retirement in 1985. In 1960, Dr. Lay became licensed as a DO in California and moved to Ojai where she set up a practice. She was one of the last physicians to be licensed as a DO before the merger.

During her career as an osteopathic physician, she held the position of president of OPSC and served on its Board of Directors. She has served the American Academy of Osteopathy as a member of its board of governors, board of trustees and as an examiner of the AAO Board on Fellowship. Because of this service the AAO has honored her as a lifetime member. She was appointed as a fellow of the cranial academy in 1995 and she later served as the Academy’s president. She is a trustee of the Sutherland Cranial Teaching Foundation, a consultant of the National Board of Osteopathic examiners, and a president of the National Osteopathic Women Physicians Association. Dr. Lay has authored many articles related to Osteopathic Manipulative Treatment including a chapter in the textbook Foundations for Osteopathic Medicine. Dr. Lay has been the recipient of several awards throughout her career including the highest award given by the American Academy of Osteopathy, the A.T. Still Medallion of Honor, in 1994. Dr.
Lay is currently the Vice President of the Sutherland Cranial Teaching Foundation.

*Source: 22nd Northrup Lecture, AAO Journal, 1998*

**1972: Ethan R. Allen, DO, FACOFP**

*see above*

**1973: Richard E. Eby, DO**

*see above*

**1974: Viola Frymann, DO, FAAO, FCA**

*see above*

**1975: L. Arthur Moore, DO**

*no biographical information available*

**1976: D. Alan Reed, DO**

*no biographical information available*
1977 Donald R. Dilworth, DO

Born 1919 in Hemet, CA

Dr. Donald R. Dilworth, a founding board member of COMP, received his DO degree in 1944 from the College of Osteopathic Physicians and Surgeons in Los Angeles. Upon graduation he obtained an internship at Magnolia Hospital in Long Beach, California. Dr. Dilworth later attended Princeton Theological Seminary while practicing in New Jersey. After receiving a B.D. degree, he and his family spent the next 15 years living among the Quichua Indians in Ecuador while serving a medical mission. During this time he helped to establish three clinics and two radio stations.

Upon his return to the United States, Dr. Dilworth began his family practice in Escondido, California. He was certified by the American College of General Practitioners in Osteopathic Medicine and Surgery and was a member of the California Board of Osteopathic Examiners. He was also a member of the Board of Directors of the Osteopathic Physicians and Surgeons of California, serving as president during in 1977. He was interested re-establishing an osteopathic college in California and joined the Board of Directors to build COMP. It was Dr. Dilworth who interviewed Dr. Pumerantz in Chicago for the position of president of COMP. He served on the board of Directors of COMP from its inception in 1977 to 1985. In 1984, he was appointed to the Board of Osteopathic Examiners. He resigned from the Board of the new college to prevent a conflict of interest. He worked full time in his Escondido practice throughout his political involvement. He sold his practice to a colleague around 2004.

Sources: Western University of the Health Sciences Philip & Harriet Pumerantz Library, Donald R. Dilworth Finding Aid; The Merger: M.D.s and D.O.s in California, Xlibris 2009, p 240;
1978: Louis H. Bartosh, DO

no biographical information available

1979: Donald Lee McCabe, DO, FACOFP

Dr. McCabe is a fellow of the American College of osteopathic family Physicians. In 1972 Dr. McCabe was awarded a certification in general practice by the National Board of Osteopathic Examiners and became one of the fellows of ACOFP that was involved in the establishment a separate certifying board of general practice.

He has lived in Harrisburg, Pennsylvania.

1980: Robert S. Lee, DO

Born 1940 in Los Angeles, CA, Dr. Lee is a second generation DO who obtained his doctorate in Osteopathic Medicine at what is now called Kansas City University of Medicine and Biosciences. He completed his internship at Sun Coast Hospital in Largo Florida and his three year residency at Mt. Clemens hospital in Mount Clemens Michigan. After the California Supreme Court restored licensing power of the osteopathic licensing board in 1974, Dr. Lee was one of the first to be re-licensed as Osteopathic physician in California. In 1975, he moved to Pomona and opened a practice. Within the first year he had a referral network of 30 to 40 MDs, many of whom were ex-DOs that were disillusioned with how they were being treated and wanted to support a young DO.

He was excited about the opportunity to reintroduce Doctors of Osteopathy to the medical community and the general public, and quickly became involved in OPSC. First as a member of the board and in 1980, five years after he moved back
to California, Dr. Lee was President of OPSC. Dr. Lee is still active in his practice in Pomona, although he is looking forward to slowly retiring. Since 1975, Dr. Lee has delivered 15,000 babies in Pomona, many of whom are children of young people that he delivered a few decades earlier. In one instance, he had delivered both the mother and father of a baby he delivered.

In addition to running his successful clinic, Dr. Lee has been the Chair of obstetrics and gynecology at Pomona Valley Hospital Medical Center and Ontario Community Hospital. At the College of Osteopathic Medicine of the Pacific, he was the Chair of ob-gyn department and long time medical director of the outpatient clinic. Additionally, he helped buy the JC Penny building and leased it to COMP to help them during their first years.

1982, 1988: Donald Krpan, DO, FACOFP

Born in 1936 in Rocks Springs, WY, Dr. Donald Krpan, a family practitioner, Provost of COMP, and long time advocate of improving the education of young DOs, grew up in California. His childhood struggle with migraines introduced him to the benefits of Osteopathic Medicine and he was committed to studying it at an early age. In 1963 he achieved his doctorate in Osteopathic Medicine at what is now Kansas City University of Medicine and Biosciences. He completed a rotating internship at Phoenix General Hospital in 1964. He practiced in hospitals in Texas and subsequently in Phoenix until 1976. In a short time he was able to transform Phoenix Community Hospital, where he was working as the only doctor on the night shift, into a thriving hospital that was running at capacity.

He became licensed to practice in California in 1975 and he was recruited to work at a hospital in Yorba Linda which he similarly built up between 1976 and 1987. While working at the hospital in Yorba Linda, he was recruited to help develop post-doctoral programs at COMP and soon was working full time at the Osteopathic College.
During the 16 years he was Dean, Provost and Chief Academic Officer at COMP and president of the Osteopathic Associations at the state and national level, Dr. Krpan dedicated his time and leadership to improve the quality of clinical training for students and post-doctoral training for graduates. He recognized the risk of having many more DO graduates than the availability of post-graduate training programs. While working at COMP he established affiliations and then formal post-doctoral programs in many county hospitals throughout Arizona and California that provided care to an underserved patient population. Similarly, when he was president of the AOA in 2001, he committed his year to interns and residents and set up committees that canvassed 400 hospitals to set up many new post-doctorate training programs.

As president of OPSC in 1982 and 1988, Dr. Krpan improved the scope of practice for DOs in California by, most notably, introducing and passing legislation that mandated Kaiser to hire qualified DOs and allow them to participate in their profit sharing and ownership plans. He is responsible for six hospitals being accredited by the AOA as well as establishing many more formal clerkship, internship, and residency programs for DOs. Currently Dr. Krpan is the Medical Director of the Osteopathic Medical Board of California, a position he has held since 2006.

Sources: *The Merger: M.D.s and D.O.s in California*, Xlibris 2009, p 251; http://www.do-online.org/flv/flowplayer/krpan_history.html

**1983: Gerald J. Leuty, DO**

**July 23, 1919** Des Moines Iowa—**June 2, 2010** Santa Rosa, California.

Dr. Gerald J. Leuty, who had a family practice in Santa Rosa, received his doctorate in Osteopathic medicine from what is now called Des Moines University. He was a life member of the American Osteopathic Association (AOA).
1984: Joseph R Brueckmann, DO

Born 1943 in Chicago, IL

Dr. Joseph Brueckmann, a family doctor with a practice in La Mirada, graduated with a doctorate in Osteopathy from the Chicago College of Osteopathic Medicine in 1970. He completed his rotating internship at Chicago Osteopathic Hospital in 1971 and went straight into practice in New Berlin, WI. He maintained this private practice until 1977 when he set up a practice in Norwalk, CA. After moving to California, he became involved in teaching at COMP and becoming active in OPSC. Between 1978 and 1984 he was adjunct professor of medicine and, between 1984 and 1991, he was clinical associate professor of family medicine at COMP. He was chairman of OPSC’s ethics committee from 1980-1982, president elect in 1983, and OPSC president in 1984. In 1988 he was elected vice chief of staff at the Medical Center of La Mirada. In 1995 Dr. Brueckmann opened his own practice in La Mirada where he continues to work in both family practice and pediatrics.

Source: CV, received 11-29-2010

1985: Earl Gabriel, DO

1925 – 1999

Dr. Earl Gabriel was a family practice physician living in Claremont and directing medical education at Arrowhead regional Medical Center. After graduating with his doctorate in osteopathy, Dr. Gabriel had a private family practice in Allentown, PA between 1955-78. During this time, he founded the Pennsylvania chapter of the American College of Osteopathic Family Practitioners, became a fellow of that organization, and was the 1975 president of the American Osteopathic Association (AOA). When he moved to California he helped start COMP, now Western University of Health Sciences, where he was an associate dean of clinical affairs until 1988 and an emeritus professor of family
medicine. In 1985, he became president of OPSC. He was member of the advisory board of “Family Practice News” for a long time. Retiring shortly before his passing, Dr. Gabriel was the director of medical education at Arrowhead Regional Medical Center from 1994-1999.

1986: R. Steven Pulverman, DO

Born 1940

Dr. Steven Pulverman practices family medicine in Montclair, California. Dr. Pulverman graduated with a doctorate in Osteopathy 32 years ago. He is affiliated with Montclair Hospital Medical Center and Pomona Valley Hospital Medical Center. For his leadership as a mentor of young Osteopathic doctors and students he has been awarded to the ilearn AOA mentor hall of fame. Dr Pulverman is also an assistant clinical professor at Loma Linda University.

1987: Gilbert Roth, DO

Born 1925 in Detroit, MI

Dr. Gilbert Roth is a retired Certified Pediatrician and General Practitioner who graduated from Chicago College of Osteopathic Medicine in 1955. He completed his internship at Zieger Osteopathic Hospital in Detroit, Michigan and a pediatric residency at the Osteopathic Hospital in Des Moines, Iowa. Dr Roth practiced at Zieger Osteopathic Hospital and Bosford General Hospital from 1957 until 1973. He served as Chair of Pediatrics at both hospitals and Director of Medical Education. Dr. Roth was the head of the Intern/Residency Training Committee. Dr. Roth moved with his family to Colorado Springs, Colorado in 1973 where he practiced as a Civilian Physician in General Pediatrics at Fort Carson Army Base for two years. He then practiced General Medicine and Pediatrics at Peterson Air Force Base for two years.

In 1977 Dr. Roth and his family moved to Clovis / Fresno, California where he and his oldest son James Roth, DO (OPSC President in 1995) opened a Family
Practice. Dr. Roth retired from the office practice and became Medical Director of a Free Clinic, for St. Agnes Hospital in Fresno, California for the next 9 years. Dr. Roth was also employed by the Federal Government in Fresno to perform physical exams on government employees, such as DEA, ATF, and Federal Marshals etc. Three of Dr Roth’s sons and his brother-in-law are currently practicing Osteopathic Physicians.

Dr. Roth traveled around the country as an AKC licensed Obedience Judge and owned a dog training school. He has trained dogs for more than thirty years. He was an evaluator for Therapy Dogs International, organization that takes dogs into hospitals and long-term care facilities to bring cheer to patients. He was licensed by the DEA as a Narcotic Detector Dog Trainer. Two of his own dogs were certified as Drug Detection Dogs and together they helped Law Enforcement conduct searches. Dr. Roth had a business utilizing his detector dogs for the private sector.

Source: phone interview 11-17-2010

**1988: Donald Krpan, DO, FACOFP**

See above.

**1989: Norman Vinn, DO**

Born 1949 Houston, TX

Dr. Norman Vinn, a pioneer of Residentialist Medicine in Orange, CA, obtained his doctorate in Osteopathy from Philadelphia College of Osteopathic Medicine in 1977. He completed his internship at Botsford Hospital in Farmington Hills, MI and came out to Long Beach, CA and set up a solo practice. Between 1978 and 1998, Dr. Vinn led and founded different large Independent Physician Associations (IPA).
Dr. Vinn was president of OPSC in 1989 and became Emeritus Member in 1998. He began his involvement with OPSC while representing Pacific Hospital at Osteopathic licensing sessions in Sacramento. He first served on the legislative committee and then was asked to join the board of OPSC. In 1988, the year before he became president of OPSC, Dr. Vinn attended the House of Delegates of the AOA. Dr. Vinn was later elected to the Board of Trustees of the AOA for two terms. He developed a Managed Care Task Force in 1993 which became a permanent committee renamed to “The Committee on Socioeconomic Affairs”. He is currently Chair of the Department of Educational Affairs and the Strategic Planning Committee. He is also Clinical Associate Professor of Family Medicine, Western University of Health Sciences, Pomona, CA.

After being involved in managed care, Dr. Vinn became interested in returning healthcare to its roots, including personal service, customer service, and unhurried physician/patient interaction. He developed a specialty practice called “Residentialist Medicine” and now manages a team of doctors in house-call program that caters to frail and end of life patients in Orange County, CA.

Source: *The Merger: M.D.s and D.O.s in California*, Xlibris 2009, p 265; CV in source files

1990: **Dr. Stuart B. Chesky, DO, JD**

Born 1943 Chicago, Il

Dr. Chesky, the first osteopathic Director of Medical Education in California after the merger, earned his doctorate in Osteopathic Medicine from the Chicago College of Osteopathic Medicine in 1968. He completed a one year internship at Chicago Osteopathic Medical Center in 1969. He completed a four year residency in obstetrics and gynecological surgery at the Chicago Osteopathic Hospital in 1973. He remained in the Chicago area, first as an OB-GYN specialist at the Chicago Osteopathic hospital and as a member of the faculty at his alma mater. Then he went into private practice in
For much of his career, Dr. Chesky was a certified obstetrician and gynecologist practicing in Long Beach, CA. He moved out to California to be the OB-GYN at Pacific hospital, at which point he became the first DO get full privileges to do his deliveries at Long Beach Memorial Medical Center a nearby 2,000 bed hospital that had an obstetrical department. He served as Director of Medical Education at Pacific Hospital of Long Beach for many years during which time he developed their internship and residency programs. He was also a professor and Chair of the Department of Obstetrics and Gynecology at the College of Osteopathic Medicine of the Pacific until 1993.

His active participation in the profession has awarded him the Mead Johnson award, Phillips Rosane Scholarship, a position as Diplomat of the national Board of Examiners for Osteopathic Physicians and Surgeon and the OPSC Physician of the Year Award. In 1990, he became the president of OPSC. In 1993, he relocated to Ohio and built his practice there. After a few years, a medical disability forced him to change careers. He is now an active attorney in Vermillion, Ohio.

Sources: *JOPSC, 1990,7 (1). The Merger: M.D.s and DOs in California, Xlibris 2009, p 240*

**1991: Michael J. Feinstein, DO**

Dr. Michael Feinstein, a family practitioner in San Diego, received his Doctorate in Osteopathy from the Philadelphia College of Osteopathic Medicine in 1974. He completed his training at the College Hospital, becoming chief intern and then chief Family Practice resident. He practiced in Oakdale, PA for two years and then moved to San Diego where he has had a thriving family practice since 1978. Dr. Feinstein is a Fellow of the American College of Osteopathic Family Practitioners, and was honored as Family Physician of the year in 1992.
Dr. Feinstein is on the faculty of Osteopathic medical schools across the country and often teaches students in his office. Additionally, he has chaired the Committee on Continuing Medical Education of the American Osteopathic Association since 1996. Currently he is serving as president of the Osteopathic Medical Board of California whose function is to license and police physicians in the state.

Source: http://www.center4family.com/feinstein.html

1992: Dr. Joseph Zammuto, DO

Born 1956, Rockfort IL

Dr. Joseph Zammuto, a family practitioner in Freemont, received his doctorate from Chicago College Of Osteopathic Medicine (now Midwestern University) in 1983. He completed his internship in 1984 at Pacific Hospital in Long Beach and then started his own practice. He graduated from Osteopathic Medical School just a year after COMP graduated its first class in 1982. Since then, he has witnessed the tremendous growth of the profession, including the opening of a second osteopathic school, TUCOM), and an expanded scope of practice. He was involved in the constant work of educating insurance companies and public agencies, like the DMV, about DOs to facilitate the recognition of the Osteopathic medicine profession. During his time as OPSC president in 1992, his work related to the implementation of anti-discrimination laws that were passed a few years before he took office.

Currently, Dr. Zammuto has a private practice specializing in family and pediatric medicine in Fremont, CA. He has been a member of the House of Delegates of the American Osteopathic Association since 1986 and was instrumental in establishing the Bay Area Osteopathic Association. He is a preceptor for third and fourth year medical students, whom he encourages to work hard for their own success and maintain a healthy intellectual curiosity.
1993: M. Jay Porcelli, DO, FACOFP

Dr. Porcelli is a graduate of Chicago College of Osteopathic Medicine who has a private practice in Pomona. He practice specializes in Sports Medicine, Addictions, OMT, Neuromuscular disorders, and gender issues. He completed his internship at Tucson General Osteopathic Hospital in Arizona and his residency at the Doctors Hospital in Montclair/Ontario Community Hospital. He has a master’s degree in healthcare profession education and is a Ph.D. candidate in Business Management. He was voted the California Family Physician of the year in 2001. He was the national president of the American College of Osteopathic Family Physicians in 2003-2004. He was designated as America’s Top Family Doctors by Consumers’ Research Council of America, Washington D.C. in 2004. In addition to working at his private practice in Pomona, Dr. Porcelli is professor of family medicine at Western University, College of Osteopathic Medicine of the Pacific in Pomona, and Touro University, College of Osteopathic Medicine, Vallejo.

Issues during his tenure as OPSC president included the nonpayment of DO’s in California, insurance issues, obtaining privileges at hospitals, especially Kaiser Permanente, and acceptance with Blue Cross/Blue Shield groups. He worked with Matt Weyuker and looked out for laws that were germane and would directly affect the practice of Osteopathic Medicine here in California. He worked with Dr. Ethan Allen for his legislative skills, background, and-expertise in contacting Sacramento Legislatures. The primary issues with legislation were managed care, development of the Department of Managed Care, and re-educating Workers’ Compensation carriers on DO’s, their practice rights, and the equality we have developed with MD’s. OPSC finally developed a legislative DO equals MD in the Civil Codes.
of the State of California. One dream was a statewide IPA; however, local power structures aborted this issue.

Source: http://drjayporcelli.com/about.html

1994: Gary A. Gramm, DO

Dr. Gary A. Gramm, the director and family medicine doctor at Loomis Medical Clinic, graduated with his doctorate in Osteopathic Medicine from the Chicago College of Osteopathic Medicine in 1972. After graduation he completed his residency at Botsford General Hospital-MSUCOM. He is board certified in both emergency medicine and family practice. After his residency he founded a specialty group that practiced emergency medicine. He worked with that emergency medicine group for seven years and then focused on family practice. In 1993 and 2001, he was awarded the Physician of the Year by OPSC and in 1994 became president of that same organization.

Source: http://www.drgarygramm.com/garyGramm.html

1995: James B. Roth, DO

Born 1-30-1950 in Detroit, MI

Dr. James Roth, family practitioner and assistant surgeon in Fresno, earned his doctorate in Osteopathy from Kirksville College of Osteopathic Medicine in 1975. Dr. Roth comes from a family of Osteopaths. His father, Gilbert Roth (1987 OPSC president), two brothers, and an uncle are DOs. After graduation, he completed his internship at Rocky Mountain Osteopathic Hospital in Denver, CO in 1976. As family practice residencies were not common at that time, he went straight into his own practice. He had a successful family practice in Clovis, CA for 25 years, between 1976-2001. Since 2001 he has been surgery assisting in various hospitals in the San Joaquin Valley. During his time on the board and as president of OPSC in 1995, Dr. Roth was active in promoting the first independent audit which
helped solidify the financial position of OPSC. He is currently the chairman for the ethics and peer review committee of OPSC. He has helped to start both California Osteopathic Colleges, helping TUCOM to get a foothold in California, and contributing to the development of COMP.

*Source: informal phone interview on 11-17-2010, no transcript*

### 1996: Cynthia Rae Amelon, DO

Dr. Amelon specializes in Physical Medicine & Rehabilitation in San Francisco. She obtained her doctorate in Osteopathic medicine from the Kirksville College of Osteopathic Medicine, Kirksville Missouri. She completed her Physical Medicine and Rehabilitation residency at Edward Hines Jr Veterans Hospital, and her general surgery residency at Detroit Osteopathic Hospital.

### 1997: Bradley C. Grant, DO

Born in **1964**, Olean, NY

Dr. Bradley C. Grant, the founder of doctoradventure.tv, earned his doctorate in Osteopathy from the Des Moines University College of Osteopathic Medicine and Surgery in 1979. He completed his internship at US Public Health Service Hospital in Staten Island and further post-graduate training at the Denver Osteopathic Center in Aurora, CO. Between 1980 and 1981 Dr. Grant helped found the Peak 9 Medical Center in Breckinridge Colorado. Between 1981 and 1997 he was the owner and president of Lake Elsinore Family Medical Clinic, in California. Between 1997 and 1999 he was a locum doctor around the country and around the world. In 1999, Dr. Grant founded doctoradventure.tv, an adventure travel company. Since 1999, he has been the president of doctoradventure.tv acting as logistician, specialist in adventure medicine, and cinematographer for extreme sports expeditions around the world. During his
1997 presidency of OPSC, Dr. Grant established OPSC societies within COMP and TUCOM as well as student liaisons from each institution that sat on the OPSC board. He improved membership retention and contributed to getting representatives of OPSC onto the California Workers’ Compensation Appeals Board.


1998: Marc Braunstein, DO

No biographical information available

1999: Kevin M. Jenkins, DO

Born 1949

Dr. Jenkins has a private practice that specializes in internal medicine and gastroenterology in Upland. He obtained his doctorate in Osteopathic Medicine from Des Moines University in 1973. He completed his Internal Medicine Residency at the hospital of Washington University School of Medicine in St. Louis, MO. He was OPSC physician of the year in 1998 and president in 1999.

2000: Rolf D. Knapp, DO

Rolf D. Knapp, DO, a 1987 graduate of the College of Osteopathic Medicine of the Pacific (COMP) is a physician in private practice in Orange, California. He served as the president of Western University Alumni Association in 1999-2000. He was COMP Alumni of
the year in 2001. He also has been a well-respected preceptor for COMP students since 1989.

He is active within many professional organizations, including the Osteopathic Physicians and Surgeons of California, serving as president in 2000-2001. Dr. Knapp also is an examiner with the Osteopathic Medical Board of California. He was a member of the American Osteopathic Association’s House of Delegates in 1999 and 2000.

Source:
http://wsprod.westernu.edu/news/nr_detail.jsp?id=238&groupname=AllNews

2001: Paul E. Wakim DO, FAAOOS

Dr. Paul Wakim is an Orthopedic Surgeon at Pacifica Orthopedics in Huntington Beach. He was born in 1945 in Beirut, Lebanon. He obtained his DO degree from the University of Health Sciences, in Kansas City, MO in 1972. Dr. Wakim has fulfilled residencies at St. Francis Hospital, Wesley Regional Medical Center, Shriner’s Hospital for Crippled Children, Veterans Hospital of Wichita Kansas, and Duke University Microsurgical Re-implantation workshop. After his residency in Kansas, Dr. Wakim opened his first Bone & Joint Clinic in Wichita, KS. In 1984 he moved with his family to Corpus Christi, Texas where he became the Director of Medical Education at Corpus Christi Orthopedic Hospital, while continuing his own private orthopedic practice. In 1991 he and his family moved to Huntington Beach, CA where he opened his Pacifica Orthopedics Practice.

When he moved to California he was president of the Orange County Osteopathic Medical Association in 1994-1995 and an exam commissioner for the California Osteopathic Medical board in 1995. He was appointed by Pete Wilson to serve on the Industrial Medical council for the state of California. He also was chairman of the Industrial Medical Committee for OPSC in 1995. Additionally he is a Board Certified Forensic Examiner, Federal Social Security Services Evaluator, State of California EDD Disability Evaluator, among many other achievements. In 2001,
he became the president of OPSC. Between 2006 and 2010, he was a member of the Osteopathic Medical Board of California.


2002: Harold W. Jackson, DO

Dr. Harold Jackson is a 1971 graduate of AT Still University in Kirksville MO. He completed his Family Practice Residency at Riverside General Hospital and practiced for three years on the coast of Oregon. He currently is the president of a family practice in Riverside, CA called Raincross Medical Group Inc. He is board certified in Family Medicine and a former chairman of the Family Practice Department at Riverside Community Hospital. He was president of OPSC in 2002 and president of Riverside County Medical Association in 2009. Currently he is Adjunct Clinical Professor at the College of Osteopathic Medicine of the Pacific in Pomona and has taught more than 30 students in his office. His current project is helping to organize the connection of Electronic Medical Record systems across the county and state.

Source: http://www.raincrossmedicalgroup.net/jackson.html

2003: Lionel B. Katchem, DO

Dr. Lionel Katchem, a family doctor with a practice in Upland that specializes in geriatrics, obtained his doctorate of Osteopathic Medicine from Des Moines University in 1964. He completed his residency at St. John, Oakland Hospital, Madison Heights, MI. He served as the 2003 president of the Osteopathic Physician & Surgeons of California, Chair of the Department of Family Medicine at Ontario
Community Hospital, San Antonio Community Hospital, and KPC Global Medical Center, and Chief of Staff at Ontario Community Hospital in Ontario, California. He was designated as a fellow of the American College of Osteopathic Family Physicians in 2009. Dr. Katchem is also a clinical preceptor for Western University College of the Osteopathic Medicine of the Pacific.

Source:

2004: Mark E. Eastman, DO

Born 1951, Boston, MA

Dr. Mark E. Eastman, the director of Foothills Women’s Medical Center in Jackson CA, earned his doctorate in Osteopathy from the College of Osteopathic Medicine of the Pacific in Pomona, CA in 1993. He completed his internship and OB-GYN residency at Mesa General Hospital Medical Center in Mesa, AZ in 1998. After completing his residency he moved to Jackson, CA and became the director of the Foothills Women’s Medical Center where his thriving OBGYN practice is based.

In 2006, he became the director of Foothills Center for Opioid Dependence. He has been a member of the AOA House of Delegates since 1999 and was the vice chair of the AOA Credentials Committee in 2008. He was a member of the board of directors of OPSC between 2000 and 2008, the chair of the Education Committee between 2006 and 2009 and president of OPSC in 2004.

Source: CV per email, 11-23-2010

2005: James M. Lally, DO, MMM

Dr. James Lally was born in 1954, in Sendai, Japan and grew up in a US army family. In 1972, Dr. Lally enlisted in the
army and then in Special Forces. In his 15 years in the military, Dr. Lally earned over 20 separate badges, commendations, and awards, including the Legion of Merit, the Meritorious Service Medal, and the Army Commendation Medal for heroism. After completing the army’s physician assistant program, he was appointed staff physician to the United States and Caribbean Peacekeeping Forces in 1983 which included over 700 military personnel. He left the military after breaking his back in a parachute jump in 1987 and became a DO at COMP, graduating in 1991. He completed his residency as chief resident at Doctors’ Hospital of Montclair in Montclair California in 1994.

Dr. Lally currently serves as president and chief medical officer of the Chino Valley Medical Center in California and is a consultant for the Osteopathic Medical Board of California. He is the medical director of a clinic in Montclair, California, where he supervises a training program for first-and second-year students from the Western University of Health Sciences College of Osteopathic Medicine of the Pacific in Pomona California. He was honored as COMP alumni of the year in 1994.

He has been the team physician for the United States Shooting Team since 1993 and has participated in the last three Olympic Games, in Atlanta, Sydney, and Athens. He is the current president of USA Shooting, chairs the Medical Commission for the International Shooting Sports Federation (ISSF), and is a member of the International Olympic Committee’s medical committee.

Dr. Lally was part of the Board of directors that returned OPSC to financial stability. His 2005 leadership emphasized fiduciary accountability both amongst the members and personally, as the single highest sustaining financial supporter of OPSC. He continues to be involved in the Political Action Committee and his direct contact with influential legislators was a significant factor that led to the removal of naturopaths from the osteopathic licensing board.

Sources:
https://www.excelsior.edu/Excelsior_College/Alumni_Connection/Alumni_Hall_of_Fame/James_Lally;
2006: Geraldine O’Shea, DO

Born 1956, Ridgewood, NJ

Dr. O’Shea, the director of Foothills Women’s Medical Center in Jackson, earned her doctorate in Osteopathy from the College of Osteopathic Medicine of the Pacific in 1993. She completed her rotating internship and internal medicine residency at Maricopa Medical Center in Phoenix, AZ in 1996. After her residency she moved to Jackson, CA and became the director of the Foothills Women’s Medical Center where she bases her internal medicine practice (both primary and hospital care). She was appointed to the Osteopathic Medical Board of California in 2005 and has been the president of that Board from 2006 until present (2010). She has been appointed to different positions in the AOA including chair of the Bureau of Scientific Affair & Public Health, member of the bureau of State Government Affairs, and Vice-Chair of the Bureau of Federal Health Policy. She has been the chair of the California delegation to the AOA House of Delegates since 2006. At the state level, Dr. O’Shea is very active with OPSC. She was the chair of the Public Relations Committee from 2009-2010, the chair of the legislation committee from 2007-2009, and president in 2006. During this time she initiated the OPSC mentorship program as well as the student program at the OPSC Annual Convention. She also got the DMV to add DO on to the bumper sticker that previously only had M.D. on it.

Source: CV per email, 11-24-2010

2007: Mark D. Schneider, DO, FACOFP

Born 1949 in South Bend, IN

Mark Schneider DO, FACOFP was born June 3, 1949 in South Bend, Indiana and grew up in Los Angeles with his twin brother, Gary Schneider, DO The two brothers went through
school together, including the Kirksville College of Osteopathic Medicine. Dr. Schneider graduated from Kirksville in 1976, having earned the Dean’s list recognition each quarter, and was admitted to Psi Sigma Alpha, the National Osteopathic Scholastic Honor Society, for graduating in the top 10% of his class. He also earned admission to Sigma Sigma Phi, the National Honorary Osteopathic Fraternity. He did his post-doctoral training at Grandview Hospital in Dayton, Ohio. Throughout rotations and residency, his wife Linda accompanied and supported him. They returned to Los Angeles in 1978, and Dr. Schneider started his own family practice in 1980.

Dr. Schneider became the first DO on staff at St. Francis Medical Center in Lynwood, CA, in 1980 and in 1984. He was the first DO admitted to Downey Regional Medical Center. He was Chief of Family Practice at St. Francis in 1986-87. At Downey Regional Medical Center he has held several positions. He was elected to the medical executive committee in 1996, and was elected President of the Medical Staff from 2000-2002. In 2003, he received an Appreciation and Recognition Award from the hospital board and administration. He served as Chief of Family Practice from 2003-2010. He has served as a hospital board member from 2005 to the present. From 1993 to 2000, and from 2006 to the present, he has served as the Program Director for the Family Medicine Residency Program. He has been teaching students, interns, and residents since 1982. He is proud that there have been many board certified DOs on the staff of both hospitals since he began.

His leadership experiences at St. Francis and Downey Regional Medical Center gave him the exposure that motivated him to expand his involvement to the state level. He became a board member of the Osteopathic Physicians and Surgeons of California (OPSC) in 2004 in order to actively participate in the statewide educational development of the profession. He was chair of the Fall Educational Conference in 2005, the year he was selected as most valuable physician and chair of the Annual Conference in 2007, the year he served as president. He is very proud of improving the CME conferences both educationally and subsequently financially, with the support of the conference committee and the
pivotal leadership of Kathleen Creason and her staff. He is also proud of getting the osteopathic residents more involved in OPSC by starting a resident paper contest and having a resident member on the board.

Dr. Schneider spends much of his time clinically training the next generation of DOs. Because of this he was awarded Fellow of the American College of Osteopathic Family Physicians (ACOFP) in 2008. In 2009, he was selected as Physician of the Year by OPSC and Educator of the Year by the California Chapter of the ACOFP. Along with practicing at the Community Medical Group of Downey, he is currently an associate professor of family medicine at Western University of Health Sciences, and adjunct assistant professor of family medicine at Touro University College of Osteopathic Medicine in Vallejo, California and Las Vegas, Nevada.

Source: email, 9-7-2010

**2008: Brooke E. Alexander, DO**

Dr. Brooke Alexander graduated from Western University COMP in 1996. An active OPSC member since 1999, Dr. Alexander has been a member of the OPSC Board of Directors since 2004-2009. She is currently a member of the student club and membership committee for OPSC. She has been co-chair of the OPSC Public Relations Committee and a member of the OPSC Legislative Committee. She has served as a presenter and Chair of the Day at OPSC’s Annual Convention. She was a member of the AOA’s National Women’s Health Advisory Committee for 3 years, and a preceptor for Western University and Touro College of Osteopathic Medicine. She is a volunteer faculty at University of California Irvine, precepting students for the M.D./Ph.D. program. Dr. Alexander was the recipient of the 2001 OPSC Rookie of the Year Award and the 1999 AOA/Bristol Myers National Primary Care Resident of the Year Award. She was 2007-2008 Vice President of OPSC. She was 2008-2009 President of OPSC. She has served as a California delegate AOA House of Delegates since
2002-2008, and as Chair of OPSC’s 2000 Spring Conference. She has served as President of OCOMA (Orange County Osteopathic Medical Association) for ten years and has been a member of ACOFP and LACOMA. Dr. Alexander is a family practice physician in Newport Beach where she owns her solo practice.

Source: Dr. Alexander per OPSC, 8-26-2010

2009: Jeff Bloom, DO

Dr. Jeff Bloom graduated from KCOM (Kirksville College of Osteopathic Medicine) in 1992 and completed a Family Practice residency at Pacific Hospital of Long Beach in 1995. He worked in private practice for Dr. John Koumas DO in West Covina from 1995-1999 before opening up his own practice with two partners in Newport Beach, called Back Bay Medical Group, where he continues to practice. His passion is sports and rehabilitative medicine and hormone replacement medicine, especially for men who have been overlooked for the treatment of “andropause”. He clinically trains 4th year medical students at Western University of Health Sciences, COMP.

During his 2009 presidency, OPSC continued to thrive and grow during the worst economic downturn since the 1930’s. He made sure that OPSC was cautious with the money given in membership dues, and thus maintained the trust of the membership. Additionally, OPSC began the turn-around from the decision to add naturopaths to the Osteopathic medical board (OMBC), setting the stage for the Naturopath’s removal, with the recent bill (SB1050) signed into law by Gov. Schwarzenegger.

Source: emailed responses received October 9th, 2010

2010: Susan Mackintosh, DO

Susan E. Mackintosh is a fourth generation DO who is currently the Director of Interprofessional Education at Western University of Health Sciences. She feels passionate about public health all
hazards preparedness and response. She finds interdisciplinary and integrated healthcare to be an important part of maintaining healthy communities. As such, both in her current role at Western University and as OPSC president for 2010, she is helping present and future DOs to realize their natural role as leaders in an increasingly large team of healthcare provider. Additionally, she was involved in OPSC’s sponsorship of SB1050 which removed naturopaths from the DO licensing board and was signed into law in August of 2010.

She obtained her Doctor of Osteopathy degree from Western University of Health Sciences, College of Osteopathic Medicine of the Pacific in 1992. She completed the southern California Kaiser Family Medicine Residency program in 1995 as assistant chief resident. She began her post residency career serving as a “cradle to grave family medicine” primary care physician with medical groups in Ontario and Chino. She then became the chief physician and director of the campus health center at UC Riverside. In 2002 she began working for Riverside county, first as the Employee Health Medical director and then as the Assistant Public Health Officer until 2006. Her work in public health has focused on disaster preparedness. She got her master’s in Public Health with a concentration in Homeland Security from the American Military University in 2008. Even in her current position at Western University, her responsibilities include disaster preparedness.

Along with public health, Dr. Mackintosh’s career has demonstrated a clear commitment to contribute to the next generation of DOs. She has served as a Proctor for Licensure Examination for the Osteopathic Medical Board of California as well as the clinical proctor at Western University between 2001 and 2003. As the Assistant Public Health Officer of Riverside county, she chaired the continuing medical education committee. In 2006, she was an assistant professor in family medicine, before moving into the office of medical education where she became the curriculum advisor and subsequently the director of Interprofessional Education in 2009. With interprofessional education she sees an opportunity to help students learn about, with, and from one another.

Source: CV and interview conducted October 18th, 2010
The legal battle to fight the Merger agreements

(see www.opsc.org, 2007)

On March 17, 1974, the California Supreme Court ruled unanimously that the 1962 merger was unconstitutional. The 50-page decision, widely known as “The D’Amico Decision,” covered every aspect of the trials, leaving no opportunity for appeal. The ruling was effective immediately.

The odyssey had begun six years earlier—nearly to the day—on March 16, 1968. The D.O.s involved in “D’Amico vs. Board of Medical Examiners” charged that Proposition 22 didn’t affect D.O.s licensed prior to 1962 and wrongfully deprived newer D.O.s of the right to practice medicine in California.

An initial finding held that the eight plaintiffs could be examined and licensed if the California Medical Board approved the schools from which they obtained their degrees. This provided no help, though, because the medical board wouldn’t issue licenses only to graduates of colleges approved by the American Medical Association. The plaintiffs appealed.

In the May 1974 issue of AOA’s The D.O. magazine, Carol Thiessen documented the subsequent legal wrangling: The appeal court examined the 1962 law closely and decided that it had the effect to removing the authority to examine and license D.O.s from both the osteopathic and medical boards. Reversing the first judgment, it sent the issue back to the trial court to determine whether the 1962 law in fact contained grounds to justify discrimination.

The state then appealed, and asked the California Supreme Court for a hearing. The high court denied the request on June 17, 1970, and the case began a new
A big break came in 1971 when the Medical Board responded to an extensive set of interrogatories issued by the plaintiffs. The Medical Board, under intense pressure from the courts, filed the following answers.

Interrogatory 84: Respondent admits that in recent years, the practice of osteopathy has evolved into a complete school of medicine and surgery and that, in those jurisdictions which give full practicing powers to osteopathic physicians and surgeons, said physicians and surgeons generally integrate all accepted methods of treatment of disease and injury including manipulation, drugs, operative surgery and physical therapy as dictated by diagnosis of individual patients.

Interrogatory 86: Respondent admits that in recent years osteopathy has developed into a full school of medicine engaging in all the activities commonly thought of as constituting medical science.

Interrogatory 117: Respondent admits that the people of the State of California can be protected by proper screening of all applicants for licensure as physicians and surgeons.

D’Amico et al moved for summary judgment at that point, believing the Medical Board’s revelations strong enough to close the matter. Judge Frank G. Finnegan granted their motion on August 4, 1971, declaring that there were no facts to be tried and no legal basis for discrimination against D.O.s. He also ordered the BOE to resume its examining and licensing functions.

Upon the Medical Board’s appeal of the ruling, the Court of appeal reversed Judge Finnegan’s decision and ordered a full trial back in Superior Court. The order was set aside, however, when the plaintiffs filed a request for hearing before the California Supreme Court.

The seven members of the California Supreme Court heard D’Amico et al on December 11, 1973. A unanimous decision came on March 19, 1974. The 50-page
judgement held that the trial court was not wrong in its summary judgment for the plaintiffs; the judgment was proper, the findings conclusive and, therefore, “That judgment is affirmed.”

Much is owed to the eight plaintiffs, Doctors Theodore A. D’Amico, R.O. Waiton, Jerry A. Taylor, Harry J. Walter, George Wang, Procop J. Harami, Ronald Rothenberg, and Berkeley Brandt. Their spirit typifies and permeates the profession in California. They were backed by scores of individual physicians prominent in OPSC at the time, and by many friends of the organization.
THEODORE A. D'AMICO et al., Plaintiffs and Appellants, v. BOARD OF MEDICAL EXAMINERS et al., Defendants and Appellants; BOARD OF OSTEOPATHIC EXAMINERS et al., Defendants and Respondents

Sac. No. 7976

Supreme Court of California

11 Cal. 3d 1; 520 P.2d 10; 112 Cal. Rptr. 786; 1974 Cal. LEXIS 276

March 19, 1974

PRIOR HISTORY:

Superior Court of Sacramento County, No. 182624, Frank G. Finnegan, Judge.

DISPOSITION: The judgment is affirmed. Plaintiffs shall recover costs on both appeals.

SUMMARY:

CALIFORNIA OFFICIAL REPORTS SUMMARY

Graduates of out-of-state colleges of osteopathy sought, in mandamus proceedings, to compel the Board of Medical Examiners and the Board of Osteopathic Examiners to license plaintiffs as physicians and surgeons, either in the manner provided for the examination and licensing of "new" physicians, or in the manner provided, as a matter of reciprocity, for the examination and
licensing of out-of-state physicians. Although a writ was issued, it merely directed that application forms be furnished and processed in accordance with provisions of the Medical Practice Act. (Superior Court of Sacramento County, No. 182624, Frank G. Finnegan, Judge.)

On appeals by plaintiffs and the Board of Medical Examiners, the Supreme Court affirmed. However, on the ground that the provisions of the Osteopathic Act of 1962 and Bus. & Prof. Code, § 2310, insofar as they forbid licensure of graduates of osteopathic colleges as physicians and surgeons regardless of individual qualifications, violate equal protection principles, they were held to be void and of no effect. Thus, plaintiffs became entitled to be considered for licensure either as "new" physicians and surgeons, or on the basis of reciprocity, according to the provisions of the Osteopathic and Medical Practice Acts which were applicable immediately prior to the 1962 amendments. (Opinion by Sullivan, J., expressing the unanimous view of the court.)

HEADNOTES:

CALIFORNIA OFFICIAL REPORTS HEADNOTES

Classified to McKinney's Digest

(1a) (1b) Judgments § 8a(6)--Summary Judgments--Procedure--Availability on Remand. --In ordering that, on remand, the basic equal protection issue in mandamus proceedings involving the licensing of osteopathic practitioners be tried in accordance with the views expressed in its opinion, the reviewing court did not intend to foreclose the trial court from permitting the use of established procedures, such as the summary judgment procedure, to eliminate issues concerning which there was no factual dispute, where to ascribe such an intention would be to attribute to the reviewing court an intention to
enjoin on the trial court the conduct of proceedings which, in the light of ultimate developments before it, smacked of futility.

(2a) (2b) (2c) Mandamus § 20--To Public Officers and Boards--Availability of Summary Judgment Procedures. --Granting the necessity to insure that questions imbued with public interest not be decided by means of procedures ill-calculated to provide adequate representation of that interest, it was not error to entertain plaintiff osteopaths' motion for summary judgment to compel the appropriate board to license them as physicians and surgeons, where adequate representation of the public interest was amply provided, and no good purpose would be served by foreclosing the parties from using all procedures normally available to them.

(3) Attorney General § 1--Powers. --The Attorney General, as chief law officer of the state, possesses not only extensive statutory powers, but also broad powers derived from the common law relative to the protection of the public interest. He represents the interest of the people in a matter of public concern and, in the absence of any legislative restriction, has the power to file any civil action or proceeding directly involving the rights and interests of the state, or which he deems necessary for the enforcement of the state's laws, the preservation of order, and protection of public rights and interest. Conversely, he has a duty to defend all cases in which the state or one of its officers is a party.

(4) Attorney General § 1--Powers--As Representative of Public Interest and as Counsel for State Agency or Officer. --Unless the Attorney General asserts the existence of a conflict between the public interest and a position taken by him in a lawsuit as counsel for the state or one of its agencies or officers, his actions and determinations made in such a lawsuit are made both as a representative of the public interest and as counsel for the agency or officer.

(5) Attorney General § 1--Power to Concede "Constitutional Facts." --
The making of concessions relative to "constitutional facts" is within the Attorney General's dual role as representative of the public interest and counsel for the state. Accordingly, in mandamus proceedings involving validity, under equal protection requirements, of provisions governing the licensing of osteopaths, neither judicial policy nor the doctrine of separation of powers precluded acceptance of his concessions of such facts bearing on some of such legislation, where he had not asserted any conflict between his duty to represent and protect the public interest and his duty to the agency he was representing.

(6) Constitutional Law § 164--Equal Protection of Laws--Classification--Court Review--"Rational Relationship" Standard. --Under the conventional standard for reviewing a legislative classification with respect to its validity under equal protection requirements, distinctions drawn must bear some rational relationship to a conceivable legitimate state purpose. The burden of demonstrating invalidity under this standard rests squarely on the party who assails it.

(7) Constitutional Law § 164--Equal Protection of Laws--Classification--Court Review--"Strict Scrutiny" Standard. --In cases involving "suspect classifications" or touching on "fundamental interests," the courts, in determining validity under equal protection concepts, apply the "strict scrutiny" standard. Under this standard, the state bears the burden of establishing not only that it has a compelling interest which justifies the law, but also that the distinctions drawn by the law are necessary to further its purpose.

(8) Physicians and Surgeons § 4(1)--Validity of Osteopathic Act--Equal Protection Standards. --In ruling on plaintiffs' motion for summary judgment in mandamus proceedings, the trial court erred in using the "strict scrutiny," rather than the conventional "rational relationship," test in determining validity of the classification distinction between allopaths and osteopaths effected by the Osteopathic Act of 1962, and Bus. & Prof. Code, § 2310.
(9a) (9b) Physicians and Surgeons § 4(1)--Validity of Osteopathic Act--Equal Protection of Laws. --Provisions of the Osteopathic Act of 1962 and of Bus. & Prof. Code, § 2310, insofar as they forbid licensure of graduate osteopaths as physicians and surgeons and, thereby, deny equal protection of the laws, are void and of no effect. Consequently, plaintiff osteopaths were entitled to be considered for licensure either as "new" physicians and surgeons or on the basis of reciprocity, according to the provisions of the Osteopathic and Medical Practice Acts which were applicable immediately prior to the 1962 amendments.

(10) Appeal § 1407--Determination and Disposition of Cause--Reversal--Where Ruling Correct but Reason Wrong. --A ruling or decision, itself correct in law, will not be disturbed on appeal on the sole ground that it was made for a wrong reason. If right on any theory of the law applicable to the case, the ruling or decision must be sustained on appeal regardless of the considerations which may have moved the trial court to its conclusion.

(11) Constitutional Law § 156(8)--Equal Protection of Laws--Classification--Reasonableness--Burden of Demonstrating Arbitrariness--Osteopathic Act. --On the motion of plaintiff osteopaths to compel the appropriate board to license them as physicians and surgeons, they sustained their burden of demonstrating that the classification established by the Osteopathic Act of 1962 and Bus. & Prof. Code, § 2310, according to which osteopathic graduates are barred from licensure as physicians and surgeons regardless of their individual qualifications although licensure is provided for qualified allopathic graduates, bears no rational relationship to any conceivable public interest, where there was no triable issue of fact which, on being determined favorably to proponents of the classification, would reveal a rational relationship between the classification and the conceivable state interest, and where it was shown, through filed admissions, that osteopathy, like allopathy, is a complete school of medicine and surgery whose practitioners successfully engage in the full range of activities commonly thought of as constituting medical science, and that there exists, in the state examining and licensing boards, the
technical capacity to screen osteopathic applicants for licensure, as allopathic applicants are now screened, so as to insure that the people of the state will be protected from incompetent and unqualified practitioners.

(12) Damages § 49--Attorney's Fees--Exceptions to Statutory Rule. -- The restriction on attorney's fee awards set forth in Code Civ. Proc., § 1021, does not apply where a number of persons are entitled in common to a specific fund and an action brought by a plaintiff or plaintiffs for the benefit of all results in the creation and preservation of that fund. In such a case, the plaintiff or plaintiffs may be awarded attorney's fees out of the fund. Also, where a class action or a corporate derivative action results in the conferral of substantial benefits, whether of a pecuniary or nonpecuniary nature, on defendant, he may, in the exercise of the court's discretion, be required to yield some of those benefits in the form of an award of attorney's fees.

(13) Costs § 32--Attorney's Fees--Award as Sanction. -- Assuming that the trial court had discretion, as asserted by plaintiffs, to award attorney's fees to one party in the particular case as a sanction for vexatious and oppressive conduct by the other party or opposing counsel, plaintiffs were not entitled to complain in the absence of a showing that the court abused its discretion in this respect in determining that a prior monetary sanction, made in connection with discovery procedures, was sufficient in the circumstances.

COUNSEL: Alexander E. Tobin and Tobin & Gassner for Plaintiffs and Appellants.

Evelle J. Younger, Attorney General, Talmadge R. Jones and Joel E. Carey, Deputy Attorneys General, for Defendants and Appellants.

Hassard, Bonnington, Rogers & Huber, Howard Hassard and John I. Jefsen as Amici Curiae on behalf of Defendants and Appellants.
OPINION BY: SULLIVAN

The state Board of Medical Examiners (medical board) and its president appeal from a summary judgment granting a peremptory writ of mandate ordering the state Board of Osteopathic Examiners (osteopathic board) to furnish plaintiff osteopaths and all others of their class with application forms, to process those forms as received, and to examine and license as physicians and surgeons plaintiffs and all others of their class as are found qualified under the provisions of the Osteopathic Act and the Medical Practice Act.

This litigation constitutes the latest chapter in the long and bitter history of the efforts of medical practitioners having osteopathic (as opposed to allopathic) training to practice their profession in this state. That history has been amply described in previous appellate opinions and we do not undertake to reiterate it here. (See D'Amico v. Board of Medical Examiners (1970) 6 Cal.App.3d 716, 721-723 [86 Cal.Rptr. 245]; Osteopathic Physicians & Surgeons v. Cal. Medical Assn. (1964) 224 Cal.App.2d 378 [36 Cal.Rptr. 641]; Gamble v. Bd. of Osteopathic Examiners (1942) 21 Cal. 2d 215 [130 P.2d 382].) Instead we turn directly to a consideration of the instant litigation.

Plaintiffs are eight graduates of out-of-state colleges of osteopathy and hold D.O. degrees granted by those colleges. Four are residents of California and all have either been admitted to practice in other states or are practicing on federal enclaves in this state as members of the armed forces. All plaintiffs desire to practice their profession as physicians and surgeons in Califormia but are not
permitted to do so by present law. Their basic claim is that the law which so prevents their consideration for licensure (to wit, the Osteopathic Act of 1962 (1962 Act), n1 together with the 1962 amendment to the Medical Practice Act in section 2310 of the Business and Professions Code) denies them equal protection of the laws in violation of the state and federal Constitutions.

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--- End Footnotes ---

The instant action was commenced in 1968. In their first amended petition plaintiffs prayed, generally speaking, that defendant boards be compelled [*7] to examine and license them as physicians and surgeons -- either in the manner provided for the examination and licensing of "new" physicians or in the manner provided, as a matter of reciprocity, for the examination and licensing of out-of-state physicians. n2

--- Footnotes ---

n2 Apparently the "reciprocity" examination is less rigorous than that given previously unlicensed physicians.
Defendants appeared by separate demurrers. The demurrer of the osteopathic board was sustained without leave to amend. The demurrer of the medical board was sustained without leave to amend as to those counts dealing with reciprocity but was overruled as to those counts dealing with "new" licensing. Leave to answer was denied to defendants and judgment was entered ordering that a peremptory writ of mandate issue directing the medical board "to furnish application forms to each of the petitioners and to process said applications in accordance with provisions of the California Medical Practice Act." However, for reasons which appear below, plaintiffs greeted this "victory" with less than elation, and they appealed.

Plaintiffs' unwillingness to accept the trial court's decision on demurrer, and their subsequent appeal, are best understood through a brief consideration of the two scholarly memorandum opinions filed by that court.

The first question before the court was whether "present law" -- which is the referendum Osteopathic Act of 1962, amending and repealing certain portions of the initiative measure entitled the Osteopathic Act of 1922 -- gave either of defendant boards authority to examine and license plaintiffs as "new" physicians. Apparently the Attorney General and various state administrative officers had taken the position prior to this litigation that such authority no longer resided in either board, and plaintiffs sought to raise an equal protection argument on this basis. However, an amicus curiae brief filed in the trial court by the California Medical Association (C.M.A.) took the opposite position -- possibly in order to avoid plaintiffs' equal protection argument. The C.M.A.'s position was that under the 1962 Act the medical board did have the power to examine and license osteopaths as physicians and surgeons. This "concession" would seem to be illusory, since the medical board has no procedures for inspecting osteopathic
schools and certifies only those schools certified by the American Medical Association (A.M.A.), which presently does not certify osteopathic schools.

Perceiving the advantage to be gained by acceptance of the C.M.A.'s position -- namely, the possible avoidance of plaintiffs' equal protection argument -- the medical board through the Attorney General changed its [*8] former position in the midst of the litigation. To evidence its conversion it offered eight blank application forms to plaintiffs and then proceeded to announce that the matter was moot.

The trial court on demurrer was not deluded by the argument of mootness -- noting that it was the object of plaintiffs to be licensed by the *osteopathic* board, which had procedures for approving their schools. However, it accepted the position of the C.M.A. and the medical board on its merits. Reviewing the pitched battle that has raged between the osteopathic and allopathic professions since the turn of the century -- and the various legislative acts which have littered the field -- the trial court concluded that the 1962 referendum act, by removing from the osteopathic board the power to license osteopaths, had revived a portion of a 1913 act which had placed the power to license osteopaths in the medical board. As to the question of medical board inability or refusal to approve osteopathic schools, the court considered that such matter would best be considered in a later proceeding when it was actually shown that the medical board, although having the power to license osteopaths as physicians, did not do so because it could not or would not approve osteopathic schools. n3

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n3 Section 2174 of the Business and Professions Code provides for a statutory action to compel the medical board to approve a school disapproved by it.
In a supplemental opinion the trial court on demurrer considered the question of *reciprocity* examination and licensing. Here the constitutional question was unavoidable, for the Business and Professions Code (§ 2310, as amended in 1962) expressly provides that only those holding an M.D. degree are eligible for a reciprocity [*16] [*9] certificate. The question was determined by means of judicial notice. Referring almost exclusively to a work written by an M.D. and published after the passage of the 1962 referendum, the court concluded that the differences in the quality of osteopathic education provided a conceivable state of facts which might reasonably justify the legislative conclusion that osteopaths seeking licensure as physicians take the comprehensive examination required of "new" physicians. Thus the court held that there was no denial of equal protection in forbidding reciprocity licenses to osteopaths.

Plaintiffs appealed. The Court of Appeal in *D'Amico v. Board of Medical Examiners*, *supra*, 6 Cal.App.3d 716, reached a result more pleasing to them. Again reviewing the history of internecine conflict between the osteopathic and allopathic schools of medicine in California, the court concluded that the 1962 referendum act indeed had the effect of removing from both the osteopathic board and the medical board authority to examine [*9] and license as physicians and surgeons persons who had received their degree from an osteopathic school. Among the considerations which led it to this conclusion were (1) the fact that a 1961 agreement between the C.M.A. and the California Osteopathic Association contemplated that the subject legislation, which the parties agreed to support, would eliminate the future licensing of osteopaths as physicians in California while providing for the licensure as M.D.'s of graduates from the single osteopathic school in California; (2) the Attorney General's interpretation of the 1962 Act over a period of six years to the effect that it forbade licensure of osteopaths; (3) the similar interpretation of the medical board over that period of time; (4) the fact that no osteopaths had been examined or licensed as physicians and surgeons since 1962; (5) the fact that no osteopathic school had been
approved by the medical board since 1962; (6) the fact that no holder of an osteopathic degree was eligible for appointment to the medical board; and (7) the fact that the ballot argument in favor of the 1962 Act represented that adoption thereof would discontinue the practice of osteopathy in California. The court concluded: "[The] terms of the act, its effect if given the interpretation now urged by defendants, the administrative interpretations given it, the intent of the merger agreement in which it was agreed that the parties thereto would support the initiative or legislation bringing about the complete elimination of new osteopaths, and the interpretation of the act by the Legislature as shown by the statutes adopted in view of the passage of the act, all compel the conclusion that the elimination of the licensure of new osteopaths is the only reasonable result." (6 Cal.App.3d at p. 726.)

Footnotes


This conclusion placed squarely before the Court of Appeal the fundamental constitutional question which plaintiffs sought to raise. However, the court held, that question was not of a nature to be determined by appellate judicial notice. "Insofar as the question of the constitutionality of the 1962 Osteopathic Act is concerned, the question of whether there are facts which would justify a different classification of graduates from medical schools from those from osteopathic schools is one which, under the pleadings in this case, should be decided in the first instance by the superior court; and that court not having determined that question, the case will have to be remanded for that determination. This question should not be determined on demurrer but by a trial. (D'Amico v. Board of
Medical Examiners, supra, at pp. 727-728.) Accordingly, the Court of Appeal reversed the order sustaining the demurrer of the osteopathic board, affirmed the order overruling the demurrer of the medical board, reversed [*10] the judgment in all other respects, [**17][***793] and remanded the cause to the trial court with instructions to permit defendants to answer "and the cause then to be tried in accordance with the views herein expressed." (Id. at p. 728.)

A petition for hearing was denied by this court on June 17, 1970.

At this point a second round of trial court activity began. Soon after the medical board had filed its answer to the petition for mandate, plaintiffs served an extensive set of interrogatories and requests for admissions on the board directed to determining what facts, if any, might justify the distinction made between allopaths and osteopaths in the 1962 enactments. The medical board, through the Attorney General, n5 proceeded to assume a position which might be best described as a failure to accept the major premise underlying the discovery effort. Unfortunately, that major premise was also the law of the case, to wit, that the 1962 Act forbids the issuance of "new" physicians and surgeons licenses to osteopaths. n6 Accordingly, during the ensuing nine months the trial court was required to grant at least three motions to compel further answers. On April 22, 1971, the final motion of this variety was granted. Although refusing to grant summary judgment as a sanction for the medical board's failure to supply discovery, the court in its order noted that the response filed by the board in its third supplemental answers "[showed] a lack of an understanding of the spirit of the discovery rules and procedure or a deliberate attempt to avoid the obligation to answer." A monetary sanction of $750 was assessed against the medical board and its counsel the Attorney General, and the board was again ordered to answer.

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n5 The Attorney General is statutory counsel for the medical board as well as for
the osteopathic board. (Gov. Code, §§ 12511, 12512.) Early in these proceedings, however, the Attorney General determined that there was a possible conflict between the medical and osteopathic boards, and the latter board retained private counsel.

n6 The Attorney General continues to argue before this court that the opinion of the Court of Appeal established only that the 1962 Act forbade the issuance of licenses to practice osteopathy and did not go so far as to establish as the law of the case that the act prevented the issuance of physicians and surgeons licenses to those with osteopathic training. We consider this argument disingenuous. Although under the Medical Practice Act of 1907 the medical board was authorized to issue licenses to practice osteopathy, since 1913 no such license has been authorized. The opinion of the Court of Appeal is pellucid in its holding that the 1962 Osteopathic Act effectively precludes physicians with osteopathic training from obtaining the only authorized license which will permit them to practice their profession in California, to wit, a physicians and surgeons license.

--- End Footnotes ---

On May 3, 1971, in response to the foregoing order, the board filed its final answers. Included among these were the following: "84. Respondent [*11] admits that in recent years, the practice of osteopathy has evolved into a complete school of medicine and surgery and that, in those jurisdictions which give full practicing powers to osteopathic physicians and surgeons, said physicians and surgeons generally integrate all accepted methods of treatment of disease and injury including manipulation, drugs, operative surgery and physical therapy as dictated by diagnosis of individual patients. [para.] 86. Respondent admits that in recent years osteopathy has developed into a full school of medicine engaging in all the activities commonly thought of as constituting medical science. . . . [para.] 117. Respondent admits that the People of the State
of California can be protected by proper screening of all applicants for licensure as physicians and surgeons and believes that the laws now provide for such screening of all such applicants." n7

n7 Other undisputed facts before the trial court on the motion included the following: (1) That California is the only state in the country which bars osteopaths from practice. (2) That osteopaths currently engage in full medical practice in California on federal enclaves. (3) That members of the osteopathic profession participate in a full range of medical specialties, including neurosurgery and psychiatry. (4) That the A.M.A. considers osteopathic background and education the equivalent of allopathic background and education for purposes of membership on its specialty boards.

Upon receiving these answers plaintiffs moved for summary judgment on the merits, which motion was granted. n8 The judgment subsequently entered declared (1) that declaratory relief was proper in the circumstances; (2) that the Osteopathic Act of 1962, without regard to individual qualifications, bars plaintiffs and all other graduates of osteopathic schools who were not licensed at the time of its enactment from general licensure as physicians and surgeons; (3) that the Medical Practice Act as amended [*12] in 1962 (Bus. & Prof. Code, § 2310), without regard to individual qualifications, bars plaintiffs and all other graduates of osteopathic schools who were not licensed at the time of its enactment from reciprocity licensure as physicians and surgeons; (4) "That a principal inducement for the subject enactments was the barring from licensure of all future graduates of schools of osteopathic medicine, along with the continued licensure of future qualified graduates of allopathic
schools of medicine and the continued licensure of previously licensed graduates of osteopathic schools of medicine; [no] justification for such discrimination against [plaintiffs] and their class appearing, that discrimination is here declared to be invidious and unlawful under the equal protection provisions of the Fourteenth Amendment, of the United States Constitution, and under Articles I, XI, and XXI of the California Constitution; [therefore] said amending and repealing enactments (Stats. 1962, 1st Ex. Sess., c. 46 and c. 48 [i.e., the Osteopathic Act of 1962 and the 1962 amendment to the Medical Practice Act in section 2310 of the Business and Professions Code]) are here declared null, void, and of no effect”; (5) that the medical board has no powers with respect to the licensure of osteopaths; and (6) that the osteopathic board has all relevant powers and duties with respect to the licensure of plaintiffs and all other graduates of osteopathic schools as physicians and surgeons in accordance with the terms of the Osteopathic and Medical Practice Acts. n9 Accordingly the court ordered the issuance of a peremptory writ of mandate commanding the osteopathic board to furnish, receive, and process application forms and to examine and license plaintiffs and all others of their class as might be found qualified under the said acts. This appeal followed. n10

n8 A previous motion on the merits, made before the final admissions were obtained, had been denied by the trial court with the observation that plaintiffs, for the purpose of the motion had "assumed the burden of proving a negative" and had not met that burden. The trial court upon granting the second motion, filed the following opinion: "This is the second motion for summary judgment, the last one was denied because the Appellate Court in its decision directed the lower court to take evidence in order to determine whether the graduates of medical allopathic schools were superior to those graduating from osteopathic schools, this was to be a factual determination. However, since the decision on the former motion the State has been required by Court order to answer certain
requests for admissions and these admissions now demonstrate that there are no
longer any material factual contentions, see admissions 56, 84, 86 and 117, and
that the State is unable to meet the burden imposed upon it to justify that the
distinctions are necessary to accomplish a compelling interest to further its
purpose. Westbrook v. Mihaly, 2 Cal. (3rd) 765. [para. ] I was somewhat hesitant
to grant this motion until I read Sail'er Inn, Inc. v. Kirby, 5 Cal. (3rd) 1, but that
case seems to be to put to rest the contention that the State under the decision of
this case by Judge Bray 6 C.A. (3rd) 716 has the burden and duty to show
justification for the classification and this the State admits it cannot do. [para. ]
The Motion for Summary Judgment is Granted."

n9 The power to license osteopaths resided in the osteopathic board prior to the
1962 enactment.

n10 Only the medical board and its president, represented by the Attorney
General, appeal from the judgment. The osteopathic board and its president,
represented by private counsel (see fn. 5, ante), are nominal defendants, but they
eyearly became dismayed by the tactics of the medical board and its counsel
following the first appeal, and since the first motion for summary judgment (see
fn. 8, ante) they have become reluctantly aligned with plaintiffs in seeking
summary judgment; they have not appealed. Counsel for the C.M.A. have filed a
brief amicus curiae supporting the contentions of the medical board.

Plaintiffs have filed a cross-appeal objecting to a portion of the judgment denying
them an award of attorney's fees.
We meet at the outset two interrelated contentions concerning the basic propriety of summary judgment procedures in the circumstances of this case.

(1a) The first relates specifically to whether or not the order made on the first appeal has been complied with by the trial court; because the decision on the first appeal ordered that the basic equal protection issue be "tried in accordance with the views herein expressed," it is urged that any resolution short of a full trial on the merits is inconsistent with that order.

(2a) The second contention is more general and relates to fundamental questions of judicial policy and separation of powers. This contention (or group of contentions) is, as we understand it, comprised of the following propositions. (1) When a challenge to a legislative act involves a determination of "constitutional fact," that determination cannot be made on the basis of concessions by a party to the action, for to do so would be to relegate the public interest to the mercy of litigation tactics. (2) The fact that the Attorney General, the chief law officer of the state concerned with the protection of the public interest, represents the party making such concessions does not alter the fact that the public interest remains unrepresented, for there remains the possibility of conflict between the interest of the represented party and the public interest. (3) Such a determination, in view of the extraordinary power thereby exercised over a coordinate branch of government (i.e., the legislative branch), must be made on the basis of judicial findings on evidence produced before the court by witnesses subject to cross-examination and the other safeguards attendant upon full trial proceedings. (4) In the course of such a proceeding the court itself bears the responsibility of insuring that there are exposed for its consideration the full historic facts underlying the enactment under attack in order that it may properly determine whether there exists a rational basis for the legislative choice.

(1b) Turning to the first contention, we find nothing in the opinion or order
rendered on the first appeal (\textit{D'Amico v. Board of Medical Examiners, supra}, 6 Cal.App.3d 716) which would indicate that the trial court upon remand was to be foreclosed from entertaining and deciding motions designed to eliminate from the proceedings issues not subject to factual dispute. It must be remembered that the Court of Appeal, having determined that the equal protection issue was not to be avoided by a ruling on demurrer to the effect that the 1962 enactments did not prevent new licensure of osteopaths, was then asked to address that fundamental issue on the basis of the limited materials before it on demurrer together with the fruits of judicial notice. This it properly declined to do. Observing that the trial court had not hesitated to undertake the task on that basis with respect to the subsidiary matter of reciprocity licensure, the Court of Appeal held that, in view of the necessity under Evidence Code section [*14] 455 for the parties to have an opportunity to dispute matters to be judicially noticed, a "full scale hearing" on the trial level was the preferable mode of proceeding. However, we do not believe that this indicated an intention to foreclose the trial court at that hearing from permitting the use of established procedures to eliminate issues concerning which there was no factual dispute among the parties. To read the opinion otherwise would be to attribute to the Court of Appeal an intention to enjoin upon the trial court the conduct of proceedings which, in light of ultimate developments before the latter court, smacked [**20] [***796] of futility. We refuse to draw that extreme conclusion in the absence of more specific language.

\textit{(2b)} We thus turn to the second contention or group of contentions, which we summarize for the sake of brevity as follows: That even in the absence of an appellate directive to refrain from summary judgment procedures in the trial of this case, such procedures are inherently inapposite to a proceeding of this nature because they expose to the vagaries of litigation tactics questions of "constitutional fact" whose intimate relation to the public interest, along with proper respect for the legislative branch of government, require that they be determined by the court itself on the basis of actual evidence produced before it.

Granting the necessity to insure that questions imbued with the public interest
not be decided by means of procedures ill-calculated to provide adequate representation of that interest, n11 we are nevertheless of the view that in the circumstances of this case such representation has been amply provided and that therefore no good purpose would be served by foreclosing the parties from using all procedures normally available to them.

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(3) The Attorney General, who has represented the medical board at all stages of this proceeding as well as during all prior proceedings relating to the subject matter (see fn. 5, ante), is the chief law officer of the state (Cal. Const., art. V, § 13). As such he possesses not only extensive statutory powers but also broad powers derived from the common law relative to the protection of the public interest. (See Pierce v. Superior Court (1934) 1 Cal.2d 759, 761-762 [37 P.2d 460, 96 A.L.R. 1020], and cases there cited, especially People v. Stratton (1864) 25 Cal. 242, 246-247.) "[H]e represents the interest of the people in a matter of public concern." ( Savings Bank v. Superior Court (1894) 103 Cal. 27, 32 [36 P. 1015].) Thus, "in the absence of any legislative restriction, [he] has the power to file any civil action or proceeding directly involving the rights and interests of the state, or which he deems necessary for the enforcement of the laws of the ["15] state, the preservation of order, and the protection of public rights and interest." ( Pierce v. Superior Court, supra, at pp. 761-762.) Conversely, he has the duty to defend all cases in which the state or one of its officers is a party. ( Gov. Code, § 12512.) (4) In the course of discharging this duty he is often called upon to make legal determinations both in his capacity as a representative of the public interest
and as statutory counsel for the state or one of its agencies or officers. In the great majority of such cases no conflict will result because in representing the interest of his "client" the Attorney General will take a position consistent with what he deems to be in the public interest. In the exceptional case the Attorney General, recognizing that his paramount duty to represent the public interest cannot be discharged without conflict, may consent to the employment of special counsel by a state agency or officer. (See Gov. Code, § 11040.) However, unless the Attorney General asserts the existence of such a conflict, it must be concluded that the actions and determinations of the Attorney General in such a lawsuit are made both as a representative of the public interest and as counsel for the state agency or officer.

(5) It does not trouble us that the determinations made by the Attorney General in this case led to certain concessions on his part relative to so-called "constitutional facts." Such a result, if not common, is nevertheless clearly within the scope of the Attorney General's dual role as representative of a state agency and guardian of the public interest. In the recent case of Tip Top Foods, Inc. v. Lyng (1972) 28 Cal.App.3d 533 [104 Cal.Rptr. 718], for example, a manufacturer of "products resembling milk products" brought an action against the state Director of Agriculture and other officials in the Department of Agriculture seeking to restrain enforcement of certain sections of the Agricultural Code claimed by plaintiffs to be unconstitutional. Among these sections was one providing in substance that no "products resembling milk products" should be used in charitable or penal institutions receiving state assistance unless milk products were unavailable. The Court of Appeal agreed with the trial court's conclusion that the statute was an invalid exercise of the police power because it bore no rational relationship to a permissible legislative objective. In determining that the statute had no rational relationship to public health the court relied without further inquiry upon the concession of defendants, acting through the Attorney General, that the subject products "are sufficiently nutritious to be sold on the open market." (28 Cal. App.3d at p. 542.) Clearly, in making this concession relative to a "constitutional fact" the Attorney
General was acting both as counsel for defendants and as the representative of the public interest. It is equally clear that the court was correct in accepting this concession rather than insisting in spite of it that the nutritive qualities of the subject products be proved by specific evidence.

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n12 When the constitutionality of an enactment depends upon the presence of certain facts, those facts are known as "constitutional facts." (See generally, Dickenson, Crowell v. Benson: Judicial Review of Administrative Determinations of Questions of "Constitutional Fact" (1932) 80 U.Pa.L.Rev. 1055; Jaffee, Judicial Review: Constitutional and Jurisdictional Fact (1957) 70 Harv.L.Rev. 953.)

n13 The quoted designation is a term of art having a specific statutory definition.

--- End Footnotes ---

By the same token we conclude that in the circumstances of this case the Attorney General had the power to make binding concessions of "constitutional facts" bearing upon the validity of the 1962 enactments under the equal protection clause. In the absence of any declaration by the Attorney General that there was some conflict between his duty as counsel to his "client" agency and his paramount duty to represent and protect the public interest, we must conclude that any concessions made by that officer were made in his dual capacity and with knowledge of the true facts. Accordingly we find no considerations of judicial policy or separation of powers which would prevent the acceptance of those concessions at full value by the trial court.
(2c) For all of the foregoing reasons we hold that the trial court was not in error when it entertained plaintiff's motion for summary judgment in this case. It remains to be determined whether that motion was properly granted.

II

We inquire at the outset whether the trial court employed the proper test in reviewing the legislative classification in question under the equal protection clause. (6) There are two such tests which are applied by the courts of this state and the United States Supreme Court. The first is the basic and conventional standard for reviewing economic and social welfare legislation in which there is a "discrimination" or differentiation of treatment between classes or individuals. It manifests restraint by the judiciary in relation to the discretionary act of a co-equal branch of government; in so doing it invests legislation involving such differentiated treatment with a presumption of constitutionality and "[requires] merely that distinctions drawn by a challenged statute bear some rational relationship to a conceivable legitimate state purpose." (Westbrook v. Mihaly (1970) 2 Cal. 3d. 765, 784 [87 Cal.Rptr. 839, 471 P.2d 487].) "So long as such a classification 'does not permit one to exercise the privilege while refusing it to another of like qualifications, under like conditions and circumstances, it is unobjectionable upon this ground.' (Watson v. Division of Motor Vehicles (1931) 212 Cal. 279, 284 [298 P. 481]; see also Blumenthal [*17] v. Board of Medical Examiners, supra, 57 Cal.2d 228, 233.)" (Whittaker v. Superior Court (1968) 68 Cal.2d 357, 367-368[66 Cal. Rptr. 710, 438 P.2d 358].) Moreover, the burden of demonstrating the invalidity of a classification under this standard rests squarely upon the party who assails it. (Lindsley v. Natural Carbonic Gas Co. (1911) 220 U.S. 61, 78-79 [55 L.Ed. 369, 377-378, 31 S.Ct. 337]; Blumenthal v. Board of Medical Examiners (1962) 57 Cal.2d 228, [***798] 233 [**22] [18 Cal.Rptr. 501, 368 P.2d 101]; see also Developments in the Law -- Equal Protection (1969) 82 Harv.L.Rev. 1065, 1077-1087.)
A more stringent test is applied, however, in cases involving "suspect classifications" or touching on "fundamental interests." Here the courts adopt "an attitude of active and critical analysis, subjecting the classification to strict scrutiny. (See Shapiro v. Thompson, supra, 394 U.S. 618, 638 [22 L.Ed.2d 600, 617, 89 S.Ct. 1322]; Sherbert v. Verner (1963) 374 U.S. 398, 406 [10 L.Ed.2d 965, 971-972, 83 S.Ct. 1790]; Skinner v. Oklahoma, supra, 316 U.S. 535, 541 [86 L.Ed. 1655, 1660, 62 S.Ct. 1110]; see also Developments in the Law -- Equal Protection (1969) 82 Harv.L.Rev. 1065, 1120-1131 [1087-1131].) Under the strict standard applied in such cases, the state bears the burden of establishing not only that it has a compelling interest which justifies the law but that the distinctions drawn by the law are necessary to further its purpose." (Westbrook v. Mihaly, supra, 2 Cal.3d at pp. 784-785.) (Some italics added.)

The conventional "rational relationship" test is traditionally applied in cases involving occupational licensing, including those concerning the practice of the healing arts. (See Williamson v. Lee Optical Co. (1955) 348 U.S. 483, 488-489 [99 L.Ed. 563, 572-573, 75 S.Ct. 461]; Blumenthal v. Board of Medical Examiners, supra, 57 Cal.2d 228, 232-233; Magan Medical Clinic v. Cal. State Bd. of Medical Examiners (1967) 249 Cal.App.2d 124, 131-132 [57 Cal.Rptr. 256].) Nevertheless, in certain cases involving occupational regulation the more stringent "strict scrutiny" test has been employed. (See, e.g., In re Griffiths (1973) 413 U.S. 717, 718-722 [37 L.Ed.2d 910, 913-916, 93 S.Ct. 2851]; Raffaelli v. Committee of Bar Examiners (1972) 7 Cal.3d 288, 291-294 [10 Cal.Rptr. 896, 496 P.2d 1264, 53 A.L.R.3d 1149]; Sail’er Inn, Inc. v. Kirby (1971) 5 Cal.3d 1, 16-20 [95 Cal.Rptr. 329, 485 P.2d 529, 46 A.L.R.3d 351]; Purdy & Fitzpatrick v. State of California (1969) 71 Cal.2d 566, 579-580 [79 Cal.Rptr. 77, 456 P.2d 645, 38 A.L.R.3d 1194].) Those cases, however, have invariably involved a classification drawn along lines which rendered it "suspect" in constitutional terms -- such as national origin or alienage (Griffiths, Raffaelli, and Purdy & Fitzpatrick) or sex (Sail’er Inn). In the instant case, on the other hand, the statutory classification is based upon [*18] the type of medical degree possessed by those who would be licensed as physicians and surgeons -- which in turn
depends upon the type and content of education manifested by the conferral of such degrees. Nor can it be said that the instant case touches upon "fundamental interests" as that term has lately been defined by the United States Supreme Court, for the right to be admitted to a certain profession is not a right "explicitly or implicitly guaranteed by the Constitution." (San Antonio School District v. Rodriguez (1973) 411 U.S. 1, 33-34 [36 L.Ed.2d 16, 43, 93 S.Ct. 1278].)

Plaintiffs rely heavily on the decision of this court in Sail'er Inn, Inc. v. Kirby, supra, 5 Cal.3d 1. It is true that in that case we employed rather broad language in describing why the "strict scrutiny" standard was applicable -- including language which might be fairly read to indicate that the statute in question touched upon a "fundamental interest" within the meaning of the above-discussed cases insofar as it limited the right of a class of persons to pursue a lawful profession. We do not believe, however, that that language compels the application of the more stringent standard of review to this case. Three independent [**23] [***799] reasons support our belief. First, the fundamental thrust of Sail'er Inn is against discrimination on the basis of sex, a classification which is clearly "suspect" and therefore subject on that basis to review under the "strict scrutiny" test. Second, to the extent that Sail'er Inn may be interpreted to find a cognizable "fundamental interest" in the right to pursue employment, it is clearly limited in scope to "the common occupations of the community" and should not be applied to professions whose technical complexity and intimate relationship to the public interest and welfare counsel greater deference to the legislative judgment. Third, and perhaps most significant from the point of view of legal precedent, Sail'er Inn was decided prior to the case of San Antonio School District v. Rodriguez, supra, 411 U.S. 1; the latter case, as we have indicated above, establishes that "fundamental interests" for the purpose of equal protection review are limited to rights which are "explicitly or implicitly guaranteed by the Constitution." (411 U.S. at pp. 33-34 [36 L.Ed.2d at pp. 43-44].) No such interest or right is involved in the instant case.

(8) We have therefore concluded that the trial court, in ruling upon plaintiffs'
second motion for a summary judgment, employed the wrong equal protection standard when, relying upon our *Sail'er Inn* decision, it applied "strict scrutiny" to the classification between allopaths and osteopaths effected by the 1962 enactments. (9a) This, however, does not compel reversal of the judgment. "The fact that the action of the court may have been based upon an erroneous theory of the case, or upon an [*19] improper or unsound course of reasoning, cannot determine the question of its propriety. (10) No rule of decision is better or more firmly established by authority, nor one resting upon a sounder basis of reason and propriety, than that a ruling or decision, itself correct in law, will not be disturbed on appeal merely because given for a wrong reason. If right upon any theory of the law applicable to the case, it must be sustained regardless of the considerations which may have moved the trial court to its conclusion." ( *Davey v. Southern Pacific Co.* (1897) 116 Cal. 325, 329 [48 P. 117].) Accordingly, we now turn to a consideration of whether the trial court’s granting of summary judgment, although premised upon the use of an inappropriate constitutional test, was nevertheless correct. In so doing we address ourselves to the following basic question: Have plaintiffs successfully borne their burden to overcome the presumption of constitutionality inhering in the 1962 enactments by demonstrating, in accordance with rules governing the granting of summary judgment, that the classification between graduates of allopathic schools and graduates of osteopathic schools established by them bears no rational relationship to any conceivable legitimate state purpose?

III

Before turning to a consideration of the affidavits and other materials presented to the trial court on the motion for summary judgment, we think it useful to define in more precise terms the nature of the classification effected by the 1962 enactments. We are not here concerned with a classification whose effect is to make it relatively more difficult for the holder of a **D.O. degree** to obtain licensure as a physician and surgeon than it is for the holder of an M.D. degree. Instead we deal with a classification of a more extreme nature. Whereas the
licensure of holders of M.D. degrees as physicians and surgeons is provided for by the Medical Practice Act and in general involves graduation from a school approved by the medical board and successful completion of an examination administered by the medical board, the licensure of holders of D.O. degrees is barred without respect to the school conferring that degree or the applicant’s ability to pass the examination. n14 This, we think represents a legislative judgment that no graduate of an osteopathic college, whatever his individual qualifications, shall be licensed to practice as a physician and surgeon in this state. It is that judgment, and the classification created by it, which is here subject to constitutional attack, and which, as we have indicated above, must be examined pursuant to the so-called "rational relationship" standard. The specific question to be determined, then, is this: Have plaintiffs overcome the presumption of constitutionality enjoyed by the statutory classification by demonstrating that the barring of osteopathic graduates from licensure as physicians and surgeons bears no rational relationship to any conceivable legitimate state purpose?

Footnotes

n14 That this is the effect of the 1962 enactments is, as we have noted, the law of the case in this matter. (See D'Amico v. Board of Medical Examiners, supra, 6 Cal.App.3d 716, 726.)

End Footnotes

This question, moreover, must be determined in the context of well-established rules governing summary judgment procedure. n15 Summary judgment is proper only if the affidavits in support of the moving party would be sufficient to sustain a judgment in his favor and his opponent does not by affidavit show such facts as may be deemed by the judge hearing the motion sufficient to present a
triable issue. The aim of the procedure is to discover, through the media of affidavits, whether the parties possess evidence requiring the weighing procedures of a trial. In examining the sufficiency of affidavits filed in connection with the motion, the affidavits of the moving party are strictly construed and those of his opponent liberally construed, and doubts as to the propriety of granting the motion should be resolved in favor of the party opposing the motion. Such summary procedure is drastic and should be used with caution so that it does not become a substitute for the open trial method of determining facts.' (Stationers Corp. v. Dun & Bradstreet, Inc. (1965) 62 Cal.2d 412, 417 . . . ; see Joslin v. Marin Mun. Water Dist. (1967) 67 Cal.2d 132, 146-148 . . . .)" (Corwin v. Los Angeles Newspaper Service Bureau, Inc. (1971) 4 Cal.3d 842, 851-852, fn. 6 [94 Cal.Rptr. 785, 484 P.2d 953], setting forth general rules regarding the sufficiency of affidavits, is omitted.) On the other hand this rule of caution should not be allowed to sap the summary judgment procedure of its effectiveness in cases wherein the party against whom the procedure is directed seeks to screen the lack of triable factual issues behind adept pleading. "The question therefore is not whether defendant states a good defense in his answer but whether he can show that the answer is not an attempt 'to use formal pleading as means to delay the recovery of just demands.' (Fidelity & Deposit Co. v. United States, 187 U.S. 315, 320 . . . .)" (Coyne v. Krempels (1950) 36 Cal.2d 257, 262 [223 P.2d 244].)

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N15 It should be noted that the summary judgment in this case was entered prior to the effective date of the 1973 Summary Judgment Act, January 1, 1974. Our review of the judgment therefore proceeds in the context of pre-1974 summary judgment law.

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Footnotes

n16 It is to be observed that the 1973 Summary Judgment Act, which is not applicable to this appeal (see fn. 13, ante), specifically provides for the consideration of the fruits of discovery on a motion for summary judgment.

End Footnotes

Moreover, when discovery has produced an admission or concession on the part
of the party opposing summary judgment which demonstrates that there is no factual issue to be tried, certain of those stern requirements applicable in a normal case are relaxed or altered in their operation. Thus, in *King v. Andersen*, supra, 242 Cal.App.2d 606, the rule providing for liberal construction of counter affidavits was held not to require reversal of a summary judgment for defendants where the plaintiff in an assault case, although having stated in his counter affidavit that unnecessary force was used, nevertheless had stated in a previous deposition that no force was used; refusing to find that a triable issue was thus presented, the court said: "Where, as here, however, there is a clear and unequivocal admission by the plaintiff, himself, in his deposition . . . we are forced to conclude there is no substantial evidence of the existence of a triable issue of fact." (242 Cal.App.2d at p. 610.) And in *Newport v. City of Los Angeles*, supra, 184 Cal.App.2d 229, the sufficiency of the moving party's affidavit was challenged on the basis, inter alia, of the rule requiring that only facts within the personal knowledge of the moving party, as to which he could give competent testimony at trial, be given effect when considering the sufficiency of his affidavits. Affirming the summary judgment, the court held that the affidavit was sufficient where the moving [*22] party incorporated therein verified admissions of the opposing party concerning which he, the moving party, could claim neither personal knowledge nor competency to testify. (184 Cal.App.2d at p. 236; see also *Rader v. Thrasher* (1972) 22 Cal.App.3d 883, 889-890 [99 Cal.Rptr. 670].)

The reasons for this attitude toward the legitimate products of discovery are clear. As the law recognizes in other contexts (see Evid. Code, §§ 1220-1230) admissions against interest have a very high credibility value. This is especially true when, as in this case, the admission is obtained not in the normal course of human activities and affairs but in the context of an established pretrial procedure whose purpose is to elicit facts. Accordingly, when such an admission becomes relevant to the determination, on motion for summary judgment, of whether or not there exist triable issues of fact (as opposed to legal issues) between the parties, it is entitled to and should receive a kind of deference not

IV

**11** With all of the foregoing in mind, we turn to the record. The pivotal question for our determination, restated in light of what we have said above, is this: Have plaintiffs borne the burden of demonstrating that the classification established by the 1962 enactments, according to which classification osteopathic graduates are barred from licensure as physicians and surgeons regardless of their individual qualifications although licensure is provided for qualified allopathic graduates, bears no rational relationship to any conceivable legitimate state interest? We think that they have.

The only legitimate state interest which might conceivably be advanced by the classification in question is that of protecting the public of this state from harm suffered at the hands of poorly trained or incompetent medical practitioners. That interest is undoubtedly a very significant one, and the substantive test which we apply insures that legislative efforts to advance it must be upheld unless the assailant can show those efforts to be intrinsically unrelated to any such advancement. Moreover, in the context of a motion for summary judgment, if it appears that there is a triable issue of fact which, upon being determined favorably to the proponents of the statutory classification, would reveal a rational relationship between the classification and the conceivable state interest, the resolution of that issue -- and of the ultimate outcome of the case -- would have to be deferred to a trial. Thus, for example, if in the instant case the materials before the court on summary judgment should reveal some dispute among the parties concerning the intrinsic ability or inability of osteopathic training to produce competent and qualified physicians, then it would be error to render judgment without a full trial. Further, if some issue should appear concerning the capacity of state examining and licensing boards to adequately screen graduates
of osteopathic schools in order to insure that only those who are competent and qualified should be admitted to practice -- again in such a case summary judgment would be inappropriate. In short, if there were any triable issue of fact which, if resolved in favor of the proponents of the classification, might show any legitimate reason for barring osteopaths as a class from licensure as physicians and surgeons, it would be error to render judgment until that issue was resolved at trial.

In the instant case, however, there is no such issue. Plaintiffs have established through the medium of admissions filed by the Attorney General on behalf of the medical board n17 (1) that osteopathy, like allopathy, is a complete school of medicine and surgery whose practitioners successfully engage in the full range of activities commonly thought of as constituting medical science, including manipulation, treatment by drugs, operative surgery and physical therapy, and (2) that there exists in the state examining and licensing boards the technical capacity to screen osteopathic applicants for licensure, as allopathic applicants are now screened, so as to insure that the people of the state will be protected from incompetent and unqualified practitioners. This showing in our view demonstrates beyond peradventure of a doubt that there exists no rational relationship between the protection of the public health and the exclusion from licensure of all medical practitioners who have received their training in an osteopathic rather than an allopathic college and hold D.O. rather than M.D. degrees.

n17 See text accompanying footnote 7 for the text of the subject admissions.
It has been urged, however, that in spite of the above showing there remains a very significant triable issue of fact which can be resolved only after a full trial hearing. That issue, it is suggested, is simply whether or not osteopathic training is comparable in scope and quality to allopathic training. Underlying this suggestion, of course, is the proposition that if osteopathic training is shown to be in any respect inferior to allopathic training in either scope or quality, a rational basis for the legislative classification will appear. But it is with this proposition that we cannot agree. In the first place it has been conceded that osteopathic training enables its practitioners to perform the full range of activities commonly thought of as constituting medical science -- in other words, the same range of activities performed by doctors with allopathic training. Moreover, it has been conceded that there exists the technical and administrative machinery necessary to insure that incompetent and unqualified graduates with osteopathic training are not loosed upon the public -- just as there exists similar machinery to insure that incompetent and unqualified graduates with allopathic training are not licensed.

Assuming for the purposes of argument that evidence might show differences of emphasis and quality between osteopathic training and allopathic training, would that justify the banning of all osteopathic practitioners regardless of whether their individual qualifications for performing the full range of medical services were sufficient to insure protection of the public? We think not. In short we conclude that such a showing would not, in view of the concessions before us, supply a reasonable basis for the subject classification in light of its supposed purpose. Thus, no relevant issue of fact is presented.

(9b) For the foregoing reasons we hold that the 1962 enactments, insofar as they forbid the licensure of graduates of osteopathic colleges as physicians and surgeons in this state regardless of individual qualifications, deny to plaintiffs the equal protection of the laws guaranteed by our state and federal Constitutions and are therefore to that extent void and of no effect. Accordingly, as the trial court determined, plaintiffs are entitled to be considered for licensure, either as
"new" physicians and surgeons or on the basis of reciprocity, according to the provisions of the Osteopathic and Medical Practice Acts which were applicable immediately prior to the 1962 amendments.

V

We now turn to the matter of plaintiffs' cross-appeal.

As we have indicated (fn. 10, ante), plaintiffs have appealed from the judgment insofar as it omits to make a substantial award of attorneys fees to them. n18 This matter was fully briefed before the trial court at its request, and upon submission the court denied plaintiffs' request in its entirety. n19 Plaintiffs contend that a substantial award of attorneys fees [*25] should have been made by the trial court, and that its notice of order manifests a refusal on the part of that court to exercise its discretion in the matter.

Footnotes

n18 Appended to plaintiffs' opening memorandum before the trial court was a "summation of time expended in litigation efforts" prepared by plaintiffs' attorneys. This "summation" extended in time from January 1968 to the date of the memorandum (September 1971) and indicated that over 1,900 hours had been expended in the preparation for and litigation of the action and that the value of these services was over $69,000.

n19 The notice of order filed by the court provided in relevant part: "I think the only authority I have as to fees would be in the nature of sanctions. I do not feel further sanctions are justified[;] consequently, I have signed the Order as submitted after eliminating the provision for attorney fees."
Section 1021 of the Code of Civil Procedure provides in relevant part: "Except as attorney's fees are specifically provided for by statute, the measure and mode of compensation of attorneys and counselors at law is left to the agreement, express or implied, of the parties . . . ." No state statute provides for the award of attorney's fees in a case of this nature, and there has been no express or implied agreement concerning attorney's fees in this case. However, appellate decisions in this state have created two nonstatutory exceptions to the general rule of section 1021, each of which is based upon inherent equitable powers of the court. The first of these is the well-established "common fund" principle: when a number of persons are entitled in common to a specific fund, and an action brought by a plaintiff or plaintiffs for the benefit of all results in the creation or preservation of that fund, such plaintiff or plaintiffs may be awarded attorney's fees out of the fund. (See, e.g., \[**28\] \[***804\] Estate of Stauffer (1959) 53 Cal.2d 124, 132 [346 P.2d 748]; Estate of Reade (1948) 31 Cal.2d 669, 671-672 [191 P.2d 745]; see generally 4 Witkin, Cal. Procedure (2d ed. 1971) Judgment, §§ 129-133, pp. 3278-3283.) The second principle, of more recent development, is the so-called "substantial benefit" rule: when a class action or corporate derivative action results in the conferral of substantial benefits, whether of a pecuniary or nonpecuniary nature, upon the defendant in such an action, that defendant may, in the exercise of the court's equitable discretion, be required to yield some of those benefits in the form of an award of attorney's fees. (See, e.g., Knoff v. City etc. of San Francisco (1969) 1 Cal.App.3d 184, 203-204 [81 Cal.Rptr. 683]; Fletcher v. A. J. Industries, Inc. (1968) 266 Cal.App.2d 313, 318-325 [72 Cal.Rptr. 146]; see also Sprague v. Ticonic Bank (1939) 307 U.S. 161 [83 L.Ed. 1184, 59 S.Ct. 777]; see generally 4 Witkin, Cal. Procedure, supra, Judgment, § 134, pp. 3283-3284.)

It is clear to us that neither of the aforementioned nonstatutory exceptions to the
rule of section 1021 is applicable to this case. Manifestly there is no "common fund" involved here. Moreover, the "substantial benefit" rule can have no application herein for the simple reason that any "benefit" bestowed as a result of the judgment herein was bestowed on plaintiffs and those similarly situated, not on the medical board or the Attorney General. n20 Thus it appears that any award of attorney's fees to [*26] plaintiffs must be grounded in some equitable nonstatutory principle other than those heretofore recognized in this state.

--- Footnotes ---

n20 Although the Attorney General is not a party to this case, plaintiffs seek an award of attorney's fees against him as well as the medical board.

--- End Footnotes ---

Plaintiffs take refuge in a series of federal cases which, generally speaking, fall into two groups. The first group involves awards of attorney's fees to the prevailing litigant when his opponent has maintained an unfounded action or defense and has done so "in bad faith, vexatiously, wantonly or for oppressive reasons." (6 Moore, Federal Practice (2d ed. 1971) para. 54.77[2], p. 1709, fn. omitted.) This rationale has most recently been applied in school desegregation cases, notably Bell v. School Board (4th Cir. 1963) 321 F.2d 494, 500, and Cato v. Parham (E.D.Ark. 1968) 293 F.Supp. 1375, 1378-1379, affd. (8th Cir. 1968) 403 F.2d 12. n21 Thus, in the former case an award was upheld in light of the school board's "long continued pattern of evasion and obstruction which included not only the defendants' unyielding refusal to take any initiative, thus casting a heavy burden on the children and their parents, but their interposing a variety of administrative obstacles to thwart the valid wishes of the plaintiffs for a desegregated education." (321 F.2d at p. 500.)
n21 To be distinguished from these cases are those which involve the interpretation of federal statutes providing for the award of attorney's fees. (See, for example, *Northcross v. Memphis Board of Education* (1973) 412 U.S. 427 [37 L.Ed.2d 48, 93 S.Ct. 2201]; *Newman v. Piggie Park Enterprises* (1968) 390 U.S. 400 [19 L.Ed.2d 1263, 88 S.Ct. 964].)

Plaintiffs argue that the conduct of the medical board and the Attorney General in the instant case has been equally indefensible n22 and should warrant a substantial award of attorney's fees. What they fail to emphasize, however, is that the trial court was clearly of the view that it did possess the power within its discretion to award attorney's fees as a sanction for vexatious conduct but chose not to award such fees. (13) As the notice of order we have quoted above clearly indicates, this conclusion was reached because a prior monetary sanction of $750 had already been assessed in connection with discovery (see text following fn. 6, * ante*) and the court felt that no further sanctions of this nature would be justified. [*27] Thus, even assuming that a California court in a case of this nature may in its discretion award attorney's fees to one party as a sanction for vexatious and oppressive conduct on the part of another party or its counsel (a matter which we are not required to, and do not, decide today), it appears that the trial court did exercise its discretion on that basis and did determine that a prior monetary sanction was sufficient in the circumstances. We do not believe that plaintiffs have demonstrated an abuse of that discretion in awarding an amount smaller than plaintiffs might have wished. (Cf. *Clark v. Board of Education of Little Rock School Dist.* (8th Cir. 1966) 369 F.2d 661, 670-671.)
In their reply brief plaintiffs stated: "The Board of Medical Examiners has rejected the ruling of the Court of Appeal [on the first appeal] in later response to discovery; it has interposed delay and administrative obstacles. Stalling tactics are apparent on the record. The Attorney General[,] either controlling or supporting the vacillations of that Board[,] has been insincere in argument, continually implying that he need not justify the discrimination ruled to exist by the Court of Appeal. There have been contemptuous miscitings of law, and an obvious political motivation behind the defense supported, as it was shown to be, by the California Medical Association. These abuses require the imposition of a substantial award of attorneys fees against appellant and against the Attorney General (as apparent real-party-in-interest)."

The second group of federal cases upon which plaintiffs rely is comprised of several recent decisions involving the development of the so-called "private attorney general" concept. (See Bradley v. School Board of City of Richmond, Virginia (E.D.Va. 1971) 53 F.R.D. 28, 42, revd. (4th Cir. 1972) 472 F.2d 318, cert. granted, 412 U.S. 937 [37 L.Ed.2d 396, 93 S.Ct. 2773]; Lee v. Southern Home Sites Corp. (5th Cir. 1971) 444 F.2d 143, 148; Wyatt v. Stickney (M.D.Ala. 1972) 344 F.Supp. 387, 408-410; NAACP v. Allen (M.D.Ala. 1972) 340 F.Supp. 703, 708-710; Sims v. Amos (M.D.Ala.1972) 340 F.Supp. 691, 694; La Raza Unida v. Volpe (N.D.Cal. 1972) 57 F.R.D. 94, 98-102.) This concept, as we understand it, seeks to encourage suits effectuating a strong congressional or national policy by awarding substantial attorney's fees, regardless of defendants' conduct, to those who successfully bring such suits and thereby bring about benefits to a broad class of citizens. (See generally, Nussbaum, Attorney's Fees in Public Interest Litigation (1973) 48 N.Y.U.L.Rev. 301; Note: Awarding Attorneys' Fees to the
“Private Attorney General,” Judicial Green Light to Private Litigation in the Public Interest (1973) 24 Hastings L.J. 733.) We note, however, that the doctrine is currently under examination by the United States Supreme Court in the above-cited Bradley case, and, pending an announcement by the high court concerning its limits and contours on the federal level, we decline to consider its possible application in this state.

The judgment is affirmed. Plaintiffs shall recover costs on both appeals.
BOARD OF OSTEOPATHIC EXAMINERS et al., Plaintiffs and Respondents, v. BOARD OF MEDICAL EXAMINERS et al., Defendants and Appellants

Civ. No. 14902

Court of Appeal of California, Third Appellate District

53 Cal. App. 3d 78; 125 Cal. Rptr. 619; 1975 Cal. App. LEXIS 1539

November 18, 1975

SUBSEQUENT HISTORY: [***1]

A Petition for a Rehearing was Denied December 4, 1975, and Respondents’ Petition for a Hearing by the Supreme Court was Denied January 14, 1976.

PRIOR HISTORY:

Superior Court of Sacramento County, No. 242159, Lloyd Allan Phillips, Jr., Judge.

DISPOSITION: The judgment is reversed.

SUMMARY:

CALIFORNIA OFFICIAL REPORTS SUMMARY

The trial court entered summary judgment finding invalid a statute permitting the state Board of Medical Examiners to license out-of-state osteopathic school graduates under specified conditions. The court reasoned that a California Supreme Court decision invalidating the initiative Osteopathic Act of 1962 had resulted in the Osteopathic Act of 1922, which stripped the board of jurisdiction over osteopaths, being the only applicable law on the subject. Since the 1922 act was an initiative measure that did not provide for amendment by the Legislature, the court concluded that legislation authorizing the board to exercise jurisdiction over graduates of osteopathic schools could not be validly enacted. (Superior Court of Sacramento County, No. 242159, Lloyd Allan Phillips, Jr., Judge.)
The Court of Appeal reversed, holding that the 1962 initiative act had been declared unconstitutional only “insofar as” it prohibited licensure of new osteopathic school graduates, and that other portions of the act, including one giving the Legislature the authority to amend or modify it, were not dependent on the invalidated portion and were therefore severable. Thus, the court held that the statute, enacted pursuant to the act’s authority to amend, was valid. (Opinion by Paras, J., with Friedman, Acting P. J., and Janes, J., concurring.)

HEADNOTES:

CALIFORNIA OFFICIAL REPORTS HEADNOTES

Classified to California Digest of Official Reports, 3d Series

https://vpn.nacs.uci.edu/http/0/web.lexis-nexis.com/universe/refpt_CA1a(1a)
https://vpn.nacs.uci.edu/http/0/web.lexis-nexis.com/universe/refpt_CA1b(1b)

Healing Arts and Institutions § 20--Regulation--Licensing--Osteopaths. --The trial court erred in finding invalid a statute permitting the state Board of Medical Examiners to license out-of-state osteopathic school graduates under specified conditions. Though the initiative Osteopathic Act of 1962 was declared unconstitutional “insofar as” it prohibited licensure of new osteopathic school graduates, other provisions of the initiative act are severable, including those giving the Legislature the authority to amend or modify the act, and the statute in question, enacted pursuant to such authority, is therefore valid.

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Constitutional Law § 29--Partially Unconstitutional Statutes. --If constitutional provisions of a statute and unconstitutional provisions are so interdependent that those which are invalid are to be regarded as the condition or consideration on which others were enacted and it is evident that the Legislature would not have enacted the statute except in its entirety, and did not intend that any part should have effect unless the whole could be made operative, the entire statute must be held invalid, but if the different parts of the statute are severable and independent of each other, and the provisions which are within the constitutional
power of the Legislature are capable of being carried into effect after the void part has been eliminated, and it is clear from the statute itself that it was the intent of the Legislature to enact these provisions irrespective of the others, the unconstitutional provisions will be disregarded and the statute read as if such provisions were not there.

https://vpn.nacs.uci.edu/http/o/web.lexis-nexis.com/universe/refpt_CA3(3) Statutes § 10--Title and Subject Matter. --Osteopathy constitutes the practice of medicine, and a statute amending the initiative Osteopathic Act of 1962, and titled “An Act Relating to the Practice of Medicine,” therefore complied with the requirement of Cal. Const., art. IV, § 9, that the subject of a statute shall be expressed in its title.

COUNSEL: Evelle J. Younger, Attorney General, Talmadge R. Jones and Joel S. Primes, Deputy Attorneys General, for Defendants and Appellants.

Tobin & Gassner, Alexander R. Tobin and Lawrence M. Gassner for Plaintiffs and Respondents.

JUDGES: Opinion by Paras, J., with Friedman, Acting P. J., and Janes, J., concurring.

OPINION BY: PARAS

OPINION: [*80] [**620] The state Board of Medical Examiners appeals from a summary judgment of the Sacramento Superior Court finding a 1973 statute null and void, and enjoining the board from licensing any person to practice medicine pursuant to said statute.

The statute in question (Stats. 1973, ch. 1132, p. 2316) has not been codified. n1 For convenience, we shall refer to it by its Senate Bill number, “SB 1358.” It was signed by the Governor on October 2, 1973, and became effective January 1, 1974. The issue on appeal is whether the Legislature had the power to enact it.
n1 The statute reads in its entirety as follows:

“The Board of Medical Examiners of the State of California shall issue a physician’s and surgeon’s certificate to anyone who successfully passes a written and clinical examination and who meets all the following requirements:

» (a) Is a resident of California.

» (b) Is a graduate of a four-year college or university.

» (c) Attended an out-of-state osteopathic school of medicine and obtained a doctor of osteopathic degree from such school. » (d) Has performed an internship in a hospital. » (e) Has practiced as an osteopathic physician in another state for at least two years. » (f) Has practiced as an osteopathic physician in the State of California at a federal institution for at least three years.

» (g) Has been licensed as an osteopathic physician and surgeon in at least five states.

» (h) Applies for the physician’s and surgeon’s certificate within 30 days from the effective date of this act.

“Sec. 2. This act shall be operative until December 31, 1975, and after that date shall have no force and effect.” (Italics added.)

A brief historical review, although covered elsewhere (see D’Amico v. Board of Medical Examiners (1970) 6 Cal. App.3d 716, 721-723 [86 Cal.Rptr. 245] -- hereinafter “ [**621] D’Amico I”) is nonetheless appropriate here. The state Board of Medical Examiners (hereinafter “Medical Board”) was established in 1907, composed of nominees of the various [*81] allopathic, n2 homeopathic, n3 osteopathic n4 and eclectic schools of medicine. Apparently under the 1907 act, and certainly under the 1913 act, osteopaths who could qualify were licensed to practice medicine and surgery.
However, by 1919, allopathic physicians had gained control of the Medical Board and it refused to examine any more graduates of osteopathic schools; it also withdrew its approval of the single osteopathic college in this state. The Medical Board’s position was disapproved by the Court of Appeal in College of Osteopathic Physicians & Surgeons v. Board of Medical Examiners (1921) 53 Cal.App. 138, 139 [199 P. 1093], but tensions continued.

In 1922, the osteopaths succeeded in obtaining passage of an initiative measure which established an independent Board of Osteopathic Examiners (hereinafter “Osteopathic Board”). n5 The result was that the Medical Board continued to
issue the physician’s and surgeon’s certificate to graduates of medical schools [***4] with M.D. degrees, and the Osteopathic Board began to issue the identical physician’s and surgeon’s certificate to graduates of osteopathic schools with D.O. degrees, both under identical legislative standards of education and examination.

------------Footnotes----------

n5 Since the Legislature has no power to codify initiative measures, this and later initiative acts modifying it are included in different places by the publishers of the codes. It is included as Appendix II to Deering’s Annotated California Business and Professions Code, and as section 3600-1 et seq. in West’s Annotated California Business and Professions Codes.

------------End Footnotes---------

In 1961, the California Medical Association and the California Osteopathic Association signed an agreement which was intended to unify “the separate organizations which have heretofore existed in [*82] parallel structure . . . .” (Osteopathic Physicians & Surgeons v. Cal. Medical Assn. (1964) 224 Cal.App.2d 378, 397 [36 Cal.Rptr. 641].) For present purposes, it is sufficient to state that in general [***5] the agreement contemplated that all presently licensed D.O.s would become M.D.s subject to the jurisdiction of the Medical Board, in return for which no future D.O.s would be licensed in California, and the Osteopathic Board would ultimately cease to exist. In accordance with this agreement, the parties succeeded in obtaining passage of certain legislation.

First, section 2396 of Business and Professions Code was amended by the Legislature to provide that any licentiate of the Osteopathic Board who obtained a degree of “M.D.” from a California Medical School before September 20, 1962, could elect to use the “M.D.” designation, but thereafter his use of “D.O.” would be unprofessional conduct. To implement this legislation, the agreement provided that arrangements be made for the College of Osteopathic Physicians and Surgeons to issue “[**622] M.D.” degrees to “doctors of Osteopathy presently licensed as physicians and surgeons in the State of California,” and for
the college to change its name to delete the word “osteopathic.” (See Osteopathic Physicians & Surgeons v. Cal. Medical Assn., supra, p. 392.) The osteopathic college, as a consequence, eventually became the [***6] University of California Medical School at Irvine.

Second, the initiative Osteopathic Act of 1962 (Stats. 1963, First Ex. Sess. 1962, ch. 48) was approved by the voters. This chapter amended the Osteopathic Act of 1922 to transfer licensing power over those converting from “D.O.” to “M.D.” to the Medical Board and to bar licensing of new osteopathic physicians and surgeons. Approximately 2,500 California “D.O.s” elected to become “M.D.s” and changed their licensing board pursuant to these provisions; since 1962 they have continued to be under the jurisdiction of the Medical Board.

In 1968, however, Dr. Theodore D’Amico and seven other osteopaths with out-of-state D.O. degrees filed suit against the Medical Board seeking to be licensed as physicians and surgeons. In D’Amico I, we held that the 1962 Osteopathic Act did in fact eliminate the licensure of new osteopaths, and we remanded the case for a factual determination relating to the constitutionality of that elimination. On remand (D’Amico v. Board of Medical Examiners (1974) 11 Cal.3d 1, 23 [112 Cal.Rptr. 786, 520 P.2d 10] --hereinafter D’Amico II), the Board of Medical Examiners stipulated “(1) that osteopathy, [***7] like allopathy, is a complete school of [*83] medicine and surgery whose practitioners successfully engage in the full range of activities commonly thought of as constituting medical science, including manipulation, treatment by drugs, operative surgery and physical therapy, and (2) that there exists in the state examining and licensing boards the technical capacity to screen osteopathic applicants for licensure, as allopathic applicants are now screened, so as to insure that the people of the state will be protected from incompetent and unqualified practitioners.”

Relying upon these admissions, the Supreme Court in D’Amico II stated: “[this] showing in our view demonstrates beyond peradventure of a doubt that there exists no rational relationship between the protection of the public health and the exclusion from licensure of all medical practitioners who have received their training in an osteopathic rather than an allopathic college and hold D.O. rather
than M.D. degrees.

"....

"For the foregoing reasons we hold that the 1962 enactments, insofar as they forbid the licensure of graduates of osteopathic colleges as physicians and surgeons in this state regardless [***8] of individual qualifications, deny to plaintiffs the equal protection of the laws guaranteed by our state and federal Constitutions and are therefore to that extent void and of no effect. Accordingly, as the trial court determined, plaintiffs are entitled to be considered for licensure, either as ‘new’ physicians and surgeons or on the basis of reciprocity, according to the provisions of the Osteopathic and Medical Practice Acts which were applicable immediately prior to the 1962 amendments.” (Italics added.) (D’Amico II, supra, p. 24.)

The Osteopathic Act which was applicable immediately prior to the 1962 amendments was the Osteopathic Act of 1922. And with the filing of the D’Amico II opinion, new osteopaths again began to be licensed by and came under the jurisdiction of the Osteopathic Board.

As is apparent from this chronology, D’Amico II had not been decided at the time that SB 1358 was passed. Dr. Stanley Mertes, an osteopath for whose benefit SB 1358 was passed, was practicing medicine on a federal enclave in California as an employee of the Department of the Navy. Faced with the closure of that federal facility, he had no way to become licensed in [***9] California to practice medicine. So while D’Amico and others sought to [**623] remedy the situation through the courts, Dr. Mertes pursued a legislative solution.

[*84] The trial court ruled SB 1358 null and void because the 1922 Osteopathic Act (considered by the trial court as the only applicable law on the subject after D’Amico II) precluded the Legislature from authorizing the Medical Board to exercise jurisdiction over graduates of osteopathic schools. There is no doubt that this is the effect of the 1922 Osteopathic Act. By its terms it states that the “board of medical examiners of the State of California shall have no further jurisdiction,
duties or functions with respect to graduates of osteopathic schools . . . .” (Deering’s Bus. & Prof. Code, App. II, § 2 [West’s, Bus. & Prof. Code, § 3600-2]), and it was so held in Gamble v. Bd. of Osteopathic Examiners (1942) 21 Cal.2d 215 [130 P.2d 382], and Bartosh v. Bd. of Osteopathic Examiners (1947) 82 Cal.App.2d 486 [186 P.2d 984]. It is equally clear that the 1922 act can only be amended by another initiative measure, because it does not provide for amendment by the Legislature. (See Cal. [***10] Const., art. IV, § 24(c).) n6

https://vpn.nacs.uci.edu/http/o/web. lexis-nexis.com/universe/refpt_CA4a(1a) Since SB 1358 was not an initiative measure, it was validly enacted only if the authority to amend granted to the Legislature by the 1962 act n7 has survived D’Amico II’s holding of unconstitutionality. Has it done so? Resolution of the question depends necessarily upon a determination of what, if anything, remains of the 1962 act after the D’Amico II decision.

--------------Footnotes--------------

n6 “The Legislature may amend or repeal referendum statutes. It may amend or repeal an initiative statute by another statute that becomes effective only when approved by the electors unless the initiative statute permits amendment or repeal without their approval.” (Italics added.)

n7 Section 4 of the 1962 initiative measure reads in pertinent part: “This act, as amended, may be further amended or modified by the Legislature. In addition to such power to amend or modify, the Legislature shall have the power to repeal this act, as amended, in its entirety, and transfer any or all of its functions to the Board of Medical Examiners, in the event that the number of persons who are subject to the jurisdiction of the Board of Osteopathic Examiners reaches 40 or less.”

--------------End Footnotes--------------[***11]

As we read the language of D’Amico II, considering it also in the context of that litigation, the Supreme Court did not rule the entire 1962 act unconstitutional. In stating its holding as set out above, the court ruled that “insofar as” the 1962
enactments forbid licensure of new osteopathic school graduates, such enactments are “to that extent” void. The court was fully aware of the other provisions of the 1962 act, including those which permitted the holders of D.O. degrees to elect to use the term M.D. and thereby to be regulated by the Board of Medical Examiners. Although this subject may not have been expressly argued before the Supreme Court, we do not lightly assume that the Supreme Court intended to cast these doctors into an uncertain limbo without at least a footnote reference to this consequence.

[*85] Respondents argue that the provisions of the 1962 act are not severable, and urge us to examine them in light of the standard tests of severability. (See Leaming v. Municipal Court (1974) 12 Cal.3d 813 [117 Cal.Rptr. 657, 528 P.2d 745], and cases cited.) Indeed we do so. “Whether a statute containing an unconstitutional provision, with others [***12] which are constitutional, will be sustained as to those which are constitutional and held invalid merely as to those which are not, depends upon the nature of the different provisions in view of the evident purpose of the legislature. https://vpn.nacs.uci.edu/http/0/web.lexis-nexis.com/universe/-refpt_CA5(2) If the provisions are so interdependent that those which are invalid are to be regarded as the condition or consideration upon which others were enacted, and it is evident that the legislature would not have enacted the statute except in its entirety, and did not intend that any part should have effect unless the whole could be made operative, the entire stature must be held invalid. On the other hand, if the different parts of the statute are severable and [**624] independent of each other, and the provisions which are within the constitutional power of the legislature are capable of being carried into effect after the void part has been eliminated, and it is clear from the statute itself that it was the intent of the legislature to enact these provisions irrespective of the others, the unconstitutional provisions will be disregarded and the statute read as if these provisions were not there;’ ( Hale v. McGettigan (1896) 114 Cal. 112, 119 [***13] [45 P. 1049]; accord, People v. Barksdale (1972) 8 Cal.3d 320, 333 [105 Cal.Rptr. 1, 503 P.2d 257]; People v. Navarro (1972) supra, 7 Cal.3d at p. 260.)” Severance is not proper if its consequences would be “to accomplish a purpose which the lawmaking power never intended or where the legislative intent is

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Applying the foregoing analysis to the matter before us, we note the interesting manner in which the elimination of future osteopaths was to be accomplished by the 1962 enactments. The initiative measure contains but five dispositive sections. The first simply repeals section 2 of the 1922 act (which authorized the Osteopathic Board to license and supervise graduates of osteopathic schools). The second provides that the Osteopathic Board shall enforce certain portions of the Medical Practice Act (arts. 12, 13 & 14, ch. 5 of div. 2 of the Bus. & Prof. Code, fn. 5, ante p. 81) as to osteopaths (same as before), except that osteopaths who choose to become M.D.s pursuant [***14] to section 2396 of the Business and Professions Code shall thenceforth come under the jurisdiction of the [*86] Medical Board. Sections 3 and 5 deal only with the name of the act. And section 4 provides for amendment or modification by the Legislature.

Section 2396 of the Business and Professions Code referred to in the 1962 initiative was enacted by the Legislature prior to the special election which approved the initiative (signed by the Governor on April 23, 1962). As above noted, it provides for the lawful use of the term “M.D.” by osteopaths who elect to do so before December 31, 1962.

Section 2451.3 of the Business and Professions Code was enacted by the Legislature at the same time as section 2396 and provides for Medical Board renewal of the D.O. certificates of osteopaths who chose to be designated M.D.s under section 2396. This section expressly directs that it will be effective only if the initiative measure of 1962 is approved by the people.

Thus the initiative measure at once dovetailed with and gave efficacy to two previously enacted legislative statutes, neither of which would have been valid without the authority granted by section 4. Irrespective of whatever [***15] else it did, the measure certainly intended to validate sections 2396 and 2451.3; the
voters’ attention was directed to this fact and also to the fact that future amending or modifying legislative statutes might be forthcoming. The grant to the Legislature of this power to amend or modify the Osteopathic Act was a vital segment of the initiative measure.

The 1962 measure in essence had the evident purpose of accomplishing three things. First, it removed from the Osteopathic Board (by repealing former § 2) the power to issue and administer osteopathic licenses, except to existing osteopaths. Second, it placed osteopaths choosing to become M.D.s under the jurisdiction of the Medical Board. Third, it gave the Legislature power to amend or modify the Osteopathic Act. The constitutional defect revealed in D’Amico II nullified only the first of these objectives. In mechanical terms, the defect abrogated the 1962 law’s attempt to repeal section 2 of the 1922 act, thus restoring the latter to full operative vigor. The net effect was a renewal or reaffirmation of the Osteopathic Board’s authority to license new osteopathic graduates. Otherwise the provisions of the 1962 measure [***16] [**625] remained logically operative, particularly as to those former osteopaths who became M.D.s. The three purposes thus are not interdependent upon each other; the people would have enacted the 1962 measure even [*87] without the portion thereof which precluded licensing of new osteopaths; and the severance does not “accomplish a purpose which the lawmaking power never intended.” ( Robert v. Police Court, supra; Hale v. McGettigan, supra.)

We therefore hold that section 4 of the 1962 initiative measure is valid and operative; it follows that SB 1358 is a valid statute, enacted by the Legislature pursuant to its authority. It amended the “Osteopathic Act” (the 1922 act as modified by the 1962 Act) to provide for licensing of new osteopaths under specified conditions.

https://vpn.nacs.uci.edu/http/0/web.lexis-nexis.com/universe/ -refpt_CA6(3) Respondents further argue that SB 1358 is invalid as an amendment to the Osteopathic Act because it was improperly titled. The bill was entitled: “An Act Relating to the Practice of Medicine.” California Constitution, article IV, section 9 provides: “A statute shall embrace but one subject, which shall be expressed in its
title. If a statute embraces a subject not expressed in its title, only [***17] the part not expressed is void. A statute may not be amended by reference to its title. A section of a statute may not be amended unless the section is re-enacted as amended.”

The purpose of this constitutional provision is to prevent legislators and the public from being misled by a mislabeled statute. ( County of Los Angeles v. Hurlbut (1941) 44 Cal.App.2d 88 [111 P.2d 963]; Ex parte Liddell (1892) 93 Cal. 633 [29 P. 251].) Respondents claim that the title was misleading in that it did not convey an attempt to amend the Osteopathic Act. They assert that use of the term “osteopath” in some form was necessary for clarification. We disagree. One of the major accomplishments in the extended litigation outlined herein has been to establish firmly that osteopathy constitutes the practice of medicine. Stating the subject matter of the statute broadly, rather than narrowly, in no way makes the title misleading.

The judgment is reversed.
The state Board of Medical Examiners appeals from a summary judgment of the Sacramento Superior Court finding a 1973 statute null and void, and enjoining the board from licensing any person to practice medicine pursuant to said statute.

The statute in question (Stats. 1973, ch. 1132, p. 2316) has not been codified. fn. 1 For convenience, we shall refer to it by its Senate Bill number, “SB 1358.” It was signed by the Governor on October 2, 1973, and became effective January 1, 1974. The issue on appeal is whether the Legislature had the power to enact it.
A brief historical review, although covered elsewhere (see D’Amico v. Board of Medical Examiners (1970) 6 Cal. App.3d 716, 721-723 [86 Cal.Rptr. 245] -- hereinafter “D’Amico I”) is nonetheless appropriate here. The state Board of Medical Examiners (hereinafter “Medical Board”) was established in 1907, composed of nominees of the various [53 Cal.App.3d 81] allopathic, fn. 2 homeopathic, fn. 3 osteopathic fn. 4 and eclectic schools of medicine. Apparently under the 1907 act, and certainly under the 1913 act, osteopaths who could qualify were licensed to practice medicine and surgery.

However, by 1919, allopathic physicians had gained control of the Medical Board and it refused to examine any more graduates of osteopathic schools; it also withdrew its approval of the single osteopathic college in this state. The Medical Board’s position was disapproved by the Court of Appeal in College of Osteopathic Physicians & Surgeons v. Board of Medical Examiners (1921) 53 Cal.App. 138, 139 [199 P. 1093], but tensions continued.

In 1922, the osteopaths succeeded in obtaining passage of an initiative measure which established an independent Board of Osteopathic Examiners (hereinafter “Osteopathic Board”). fn. 5 The result was that the Medical Board continued to issue the physician’s and surgeon’s certificate to graduates of medical schools with M.D. degrees, and the Osteopathic Board began to issue the identical physician’s and surgeon’s certificate to graduates of osteopathic schools with D.O. degrees, both under identical legislative standards of education and examination.

In 1961, the California Medical Association and the California Osteopathic Association signed an agreement which was intended to unify “the separate organizations which have heretofore existed in [53 Cal.App.3d 82] parallel structure ....” (Osteopathic Physicians & Surgeons v. Cal. Medical Assn. (1964) 224 Cal.App.2d 378, 397 [36 Cal.Rptr. 641].) For present purposes, it is sufficient to state that in general the agreement contemplated that all presently licensed D.O.s would become M.D.s subject to the jurisdiction of the Medical Board, in return for which no future D.O.s would be licensed in California, and the Osteopathic Board would ultimately cease to exist. In accordance with this agree-
ment, the parties succeeded in obtaining passage of certain legislation.

First, section 2396 of Business and Professions Code was amended by the Legislature to provide that any licentiate of the Osteopathic Board who obtained a degree of “M.D.” from a California Medical School before September 20, 1962, could elect to use the “M.D.” designation, but thereafter his use of “D.O.” would be unprofessional conduct. To implement this legislation, the agreement provided that arrangements be made for the College of Osteopathic Physicians and Surgeons to issue “M.D.” degrees to “doctors of Osteopathy presently licensed as physicians and surgeons in the State of California,” and for the college to change its name to delete the word “osteopathic.” (See Osteopathic Physicians & Surgeons v. Cal. Medical Assn., supra, p. 392.) The osteopathic college, as a consequence, eventually became the University of California Medical School at Irvine.

Second, the initiative Osteopathic Act of 1962 (Stats. 1963, First Ex. Sess. 1962, ch. 48) was approved by the voters. This chapter amended the Osteopathic Act of 1922 to transfer licensing power over those converting from “D.O.” to “M.D.” to the Medical Board and to bar licensing of new osteopathic physicians and surgeons. Approximately 2,500 California “D.O.s” elected to become “M.D.s” and changed their licensing board pursuant to these provisions; since 1962 they have continued to be under the jurisdiction of the Medical Board.

In 1968, however, Dr. Theodore D’Amico and seven other osteopaths with out-of-state D.O. degrees filed suit against the Medical Board seeking to be licensed as physicians and surgeons. In D’Amico I, we held that the 1962 Osteopathic Act did in fact eliminate the licensure of new osteopaths, and we remanded the case for a factual determination relating to the constitutionality of that elimination. On remand (D’Amico v. Board of Medical Examiners (1974) 11 Cal.3d 1, 23 [112 Cal.Rptr. 786, 520 P.2d 10] --hereinafter D’Amico II), the Board of Medical Examiners stipulated “(1) that osteopathy, like allopathy, is a complete school of medicine and surgery whose practitioners successfully engage in the full range of activities commonly thought of as constituting medical science, including manipulation, treatment by drugs, operative surgery and
physical therapy, and (2) that there exists in the state examining and licensing boards the technical capacity to screen osteopathic applicants for licensure, as allopathic applicants are now screened, so as to insure that the people of the state will be protected from incompetent and unqualified practitioners.”

Relying upon these admissions, the Supreme Court in D’Amico II stated: “[t]his showing in our view demonstrates beyond peradventure of a doubt that there exists no rational relationship between the protection of the public health and the exclusion from licensure of all medical practitioners who have received their training in an osteopathic rather than an allopathic college and hold D.O. rather than M.D. degrees.

“* * * *

“For the foregoing reasons we hold that the 1962 enactments, insofar as they forbid the licensure of graduates of osteopathic colleges as physicians and surgeons in this state regardless of individual qualifications, deny to plaintiffs the equal protection of the laws guaranteed by our state and federal Constitutions and are therefore to that extent void and of no effect. Accordingly, as the trial court determined, plaintiffs are entitled to be considered for licensure, either as ‘new’ physicians and surgeons or on the basis of reciprocity, according to the provisions of the Osteopathic and Medical Practice Acts which were applicable immediately prior to the 1962 amendments.” (Italics added.) (D’Amico II, supra, p. 24.)

The Osteopathic Act which was applicable immediately prior to the 1962 amendments was the Osteopathic Act of 1922. And with the filing of the D’Amico II opinion, new osteopaths again began to be licensed by and came under the jurisdiction of the Osteopathic Board.

As is apparent from this chronology, D’Amico II had not been decided at the time that SB 1358 was passed. Dr. Stanley Mertes, an osteopath for whose benefit SB 1358 was passed, was practicing medicine on a federal enclave in California as an employee of the Department of the Navy. Faced with the closure of that federal
facility, he had no way to become licensed in California to practice medicine. So while D’Amico and others sought to remedy the situation through the courts, Dr. Mertes pursued a legislative solution. [53 Cal.App.3d 84]

The trial court ruled SB 1358 null and void because the 1922 Osteopathic Act (considered by the trial court as the only applicable law on the subject after D’Amico II) precluded the Legislature from authorizing the Medical Board to exercise jurisdiction over graduates of osteopathic schools. There is no doubt that this is the effect of the 1922 Osteopathic Act. By its terms it states that the “board of medical examiners of the State of California shall have no further jurisdiction, duties or functions with respect to graduates of osteopathic schools ....” (Deering’s Bus. & Prof. Code, App. II, § 2 [West’s, Bus. & Prof. Code, § 3600-2]), and it was so held in Gamble v. Bd. of Osteopathic Examiners (1942) 21 Cal.2d 215 [130 P.2d 382], and Bartosh v. Bd. of Osteopathic Examiners (1947) 82 Cal.App.2d 486 [186 P.2d 984]. It is equally clear that the 1922 act can only be amended by another initiative measure, because it does not provide for amendment by the Legislature. (See Cal. Const., art. IV, § 24(c).) fn. 6 [1a] Since SB 1358 was not an initiative measure, it was validly enacted only if the authority to amend granted to the Legislature by the 1962 act fn. 7 has survived D’Amico II’s holding of unconstitutionality. Has it done so? Resolution of the question depends necessarily upon a determination of what, if anything, remains of the 1962 act after the D’Amico II decision.

As we read the language of D’Amico II, considering it also in the context of that litigation, the Supreme Court did not rule the entire 1962 act unconstitutional. In stating its holding as set out above, the court ruled that “insofar as” the 1962 enactments forbid licensure of new osteopathic school graduates, such enactments are “to that extent” void. The court was fully aware of the other provisions of the 1962 act, including those which permitted the holders of D.O. degrees to elect to use the term M.D. and thereby to be regulated by the Board of Medical Examiners. Although this subject may not have been expressly argued before the Supreme Court, we do not lightly assume that the Supreme Court intended to cast these doctors into an uncertain limbo without at least a footnote.
Respondents argue that the provisions of the 1962 act are not severable, and urge us to examine them in light of the standard tests of severability. (See Leaming v. Municipal Court (1974) 12 Cal.3d 813 [117 Cal.Rptr. 657, 528 P.2d 745], and cases cited.) Indeed we do so. “Whether a statute containing an unconstitutional provision, with others which are constitutional, will be sustained as to those which are constitutional and held invalid merely as to those which are not, depends upon the nature of the different provisions in view of the evident purpose of the legislature. [2] If the provisions are so interdependent that those which are invalid are to be regarded as the condition or consideration upon which others were enacted, and it is evident that the legislature would not have enacted the statute except in its entirety, and did not intend that any part should have effect unless the whole could be made operative, the entire statute must be held invalid. On the other hand, if the different parts of the statute are severable and independent of each other, and the provisions which are within the constitutional power of the legislature are capable of being carried into effect after the void part has been eliminated, and it is clear from the statute itself that it was the intent of the legislature to enact these provisions irrespective of the others, the unconstitutional provisions will be disregarded and the statute read as if these provisions were not there,’ (Hale v. McGettigan (1896) 114 Cal. 112, 119 [45 P. 1049]; accord, People v. Barksdale (1972) 8 Cal.3d 320, 333 [105 Cal.Rptr. 1, 503 P.2d 257]; People v. Navarro (1972) supra, 7 Cal.3d at p. 260.)” Severance is not proper if its consequences would be “‘to accomplish a purpose which the lawmaking power never intended or where the legislative intent is doubtful,’ (Robert v. Police Court (1950) 148 Cal. 131, 135 [82 P. 838]; accord, O’Kane v. Catuira (1963) 212 Cal.App.2d 131, 141 [27 Cal.Rptr. 818, 94 A.L.R.2d 487].)”

[1b] Applying the foregoing analysis to the matter before us, we note the interesting manner in which the elimination of future osteopaths was to be accomplished by the 1962 enactments. The initiative measure contains but five dispositive sections. The first simply repeals section 2 of the 1922 act (which authorized the Osteopathic Board to license and supervise graduates of
osteopathic schools). The second provides that the Osteopathic Board shall enforce certain portions of the Medical Practice Act (arts. 12, 13 & 14, ch. 5 of div. 2 of the Bus. & Prof. Code, fn. 5, ante p. 81) as to osteopaths (same as before), except that osteopaths who choose to become M.D.s pursuant to section 2396 of the Business and Professions Code shall thenceforth come under the jurisdiction of the Medical Board. Sections 3 and 5 deal only with the name of the act. And section 4 provides for amendment or modification by the Legislature.

Section 2396 of the Business and Professions Code referred to in the 1962 initiative was enacted by the Legislature prior to the special election which approved the initiative (signed by the Governor on April 23, 1962). As above noted, it provides for the lawful use of the term “M.D.” by osteopaths who elect to do so before December 31, 1962.

Section 2451.3 of the Business and Professions Code was enacted by the Legislature at the same time as section 2396 and provides for Medical Board renewal of the D.O. certificates of osteopaths who chose to be designated M.D.s under section 2396. This section expressly directs that it will be effective only if the initiative measure of 1962 is approved by the people.

Thus the initiative measure at once dovetailed with and gave efficacy to two previously enacted legislative statutes, neither of which would have been valid without the authority granted by section 4. Irrespective of whatever else it did, the measure certainly intended to validate sections 2396 and 2451.3; the voters’ attention was directed to this fact and also to the fact that future amending or modifying legislative statutes might be forthcoming. The grant to the Legislature of this power to amend or modify the Osteopathic Act was a vital segment of the initiative measure.

The 1962 measure in essence had the evident purpose of accomplishing three things. First, it removed from the Osteopathic Board (by repealing former § 2) the power to issue and administer osteopathic licenses, except to existing osteopaths. Second, it placed osteopaths choosing to become M.D.s under the
jurisdiction of the Medical Board. Third, it gave the Legislature power to amend or modify the Osteopathic Act. The constitutional defect revealed in D’Amico II nullified only the first of these objectives. In mechanical terms, the defect abrogated the 1962 law's attempt to repeal section 2 of the 1922 act, thus restoring the latter to full operative vigor. The net effect was a renewal or reaffirmation of the Osteopathic Board’s authority to license new osteopathic graduates. Otherwise the provisions of the 1962 measure remained logically operative, particularly as to those former osteopaths who became M.D.s. The three purposes thus are not interdependent upon each other; the people would have enacted the 1962 measure even [53 Cal.App.3d 87] without the portion thereof which precluded licensing of new osteopaths; and the severance does not “accomplish a purpose which the lawmaking power never intended.” (Robert v. Police Court, supra; Hale v. McGettigan, supra.)

We therefore hold that section 4 of the 1962 initiative measure is valid and operative; it follows that SB 1358 is a valid statute, enacted by the Legislature pursuant to its authority. It amended the “Osteopathic Act” (the 1922 act as modified by the 1962 Act) to provide for licensing of new osteopaths under specified conditions.

[3] Respondents further argue that SB 1358 is invalid as an amendment to the Osteopathic Act because it was improperly titled. The bill was entitled: “An Act Relating to the Practice of Medicine.” California Constitution, article IV, section 9 provides: “A statute shall embrace but one subject, which shall be expressed in its title. If a statute embraces a subject not expressed in its title, only the part not expressed is void. A statute may not be amended by reference to its title. A section of a statute may not be amended unless the section is re-enacted as amended.”

The purpose of this constitutional provision is to prevent legislators and the public from being misled by a mislabeled statute. (County of Los Angeles v. Hurlbut (1941) 44 Cal.App.2d 88 [111 P.2d 963]; Ex parte Liddell (1892) 93 Cal. 633 [29 P. 251].) Respondents claim that the title was misleading in that it did not convey an attempt to amend the Osteopathic Act. They assert that use of the
term “osteopath” in some form was necessary for clarification. We disagree. One of the major accomplishments in the extended litigation outlined herein has been to establish firmly that osteopathy constitutes the practice of medicine. Stating the subject matter of the statute broadly, rather than narrowly, in no way makes the title misleading.

The judgment is reversed.

Friedman, Acting P. J., and Janes, J., concurred.

FN 1. The statute reads in its entirety as follows:

“The Board of Medical Examiners of the State of California shall issue a physician’s and surgeon’s certificate to anyone who successfully passes a written and clinical examination and who meets all the following requirements:

» (a) Is a resident of California.

» (b) Is a graduate of a four-year college or university.

» (c) Attended an out-of-state osteopathic school of medicine and obtained a doctor of osteopathic degree from such school.

» (d) Has performed an internship in a hospital.

» (e) Has practiced as an osteopathic physician in another state for at least two years.

» (f) Has practiced as an osteopathic physician in the State of California at a federal institution for at least three years.

» (g) Has been licensed as an osteopathic physician and surgeon in at least five states.

» (h) Applies for the physician’s and surgeon’s certificate within 30 days from the effective date of this act.

» Sec. 2. This act shall be operative until December 31, 1975, and after that date
shall have no force and effect.” (Italics added.)

FN 2. “Allopathy is an erroneous designation for the regular system of medicine and surgery. The term really means the curing of diseased action by inducing a different kind of action in the body.” (Dorland, The American Illustrated Medical Dict. (21st ed. 1947) p. 75.)

FN 3. “Homeopathy is a system of therapy developed by Samual Hahnemann on the theory that large doses of a certain drug given to a healthy person will produce certain conditions which, when occurring spontaneously as symptoms of a disease, are relieved by the same drug in small doses. ... a sort of ‘fighting fire with fire’ therapy. ... The real value of homeopathy was to demonstrate the healing powers of nature and the therapeutic value of placebos.” (Stedman’s Medical Dict. (22d ed. 1972) p. 583.)

FN 4. “Osteopathy is a school of medicine based upon the idea that the normal body when in ‘correct adjustment’ is a vital machine capable of making its own remedies against infections and other toxic conditions. Practitioners use the diagnostic and therapeutic measures of ordinary medicine in addition to manipulative measures.” (Id., p. 899.)

FN 5. Since the Legislature has no power to codify initiative measures, this and later initiative acts modifying it are included in different places by the publishers of the codes. It is included as Appendix II to Deering’s Annotated Legislature California Business and Professions Code, and as section 3600-1 et seq. in West’s Annotated California Business and Professions Codes.

FN 6. “The Legislature may amend or repeal referendum statutes. It may amend or repeal an initiative statute by another statute that becomes effective only when approved by the electors unless the initiative statute permits amendment or repeal without their approval.” (Italics added.)

FN 7. Section 4 of the 1962 initiative measure reads in pertinent part: “This act, as amended, may be further amended or modified by the Legislature. In addition
to such power to amend or modify, the Legislature shall have the power to repeal this act, as amended, in its entirety, and transfer any or all of its functions to the Board of Medical Examiners, in the event that the number of persons who are subject to the jurisdiction of the Board of Osteopathic Examiners reaches 40 or less.”
An act to amend Sections 3620, 3621, 3626, and 3663 of, and to add Section 3620.1 to, the Business and Professions Code, and to amend an initiative act entitled “Osteopathic Act” approved by the electors November 7, 1922, as amended and approved by the electors November 6, 1962, by amending Section 1.5 thereof, and by amending and repealing Section 1 thereof, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST

SB 1050, Yee. Osteopathic Medical Board of California:

Naturopathic Medicine Committee.

(1) Existing law, the Osteopathic Act, requires the Governor to appoint 7 licensee members to the Osteopathic Medical Board of California, including 5 osteopathic physicians and surgeons and 2 naturopathic doctors. This provision is repealed on January 1, 2013, at which time the licensee membership of the board will be reduced to 5 osteopathic physicians and surgeons. Existing law also requires the
Governor to appoint 2 public members to the Osteopathic Medical Board of California.

This bill would exclude those naturopathic doctors from the membership of the board, thereby reducing the licensee membership of the board to 5 osteopathic physicians and surgeons. The bill would add 2 additional public members to the board and would require the Senate Committee on Rules and the Speaker of the Assembly to each appoint one public member. The bill would specify that public members are to receive specified per diem and expenses.

(2) Existing law, the Naturopathic Doctors Act, provides for the licensure and regulation of naturopathic doctors by the Naturopathic Medicine Committee within the Osteopathic Medical Board of California. The committee consists of 3 licensed naturopathic doctors, 3 licensed physicians and surgeons, and 3 public members who are appointed by the Governor. Existing law authorizes the committee, with the approval of the board, to appoint an executive officer and authorizes the board to employ other officers and employees as necessary.

This bill would change the membership of the committee to 5 licensed naturopathic doctors, 2 licensed physicians and surgeons, and 2 public members. The bill would authorize the committee to appoint an executive officer and other officers and employees as necessary. The bill would make the committee responsible for reviewing the quality of practice by licensed naturopathic doctors and solely responsible for implementing the Naturopathic Doctors Act. The bill would require protection of the public to be the highest priority for the committee.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 3620 of the Business and Professions Code is amended to read:

3620. The committee shall enforce and administer the provisions of this chapter and shall be solely responsible for the implementation of this chapter.
SEC. 2. Section 3620.1 is added to the Business and Professions Code, to read:

3620.1. Protection of the public shall be the highest priority for the committee in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

SEC. 3. Section 3621 of the Business and Professions Code is amended to read:

3621. (a) The committee shall consist of nine members appointed by the Governor. Members of the committee shall include five members who are California licensed naturopathic doctors, or have met the requirements for licensure pursuant to this chapter, two members who are California licensed physicians and surgeons, and two public members.

(b) A member of the committee shall be appointed for a four-year term. A person shall not serve as a member of the committee for more than two consecutive terms. A member shall hold office until the appointment and qualification of his or her successor, or until one year from the expiration of the term for which the member was appointed, whichever first occurs. Vacancies shall be filled by appointment for unexpired terms.

(c) (1) A public member of the committee shall be a citizen of this state for at least five years preceding his or her appointment.

(2) A person shall not be appointed as a public member if the person or the person’s immediate family in any manner owns an interest in a college, school, or institution engaged in naturopathic education, or the person or the person’s immediate family has an economic interest in naturopathy or has any other conflict of interest. “Immediate family” means the public member’s spouse, parents, children, or his or her children’s spouses.

(d) Each member of the committee shall receive a per diem and expenses as provided in Section 103.

(e) The committee may appoint a person exempt from civil service who shall be
designated as an executive officer and who shall exercise the powers and perform the duties delegated by the committee and vested in him or her by this chapter.

SEC. 4. Section 3626 of the Business and Professions Code is amended to read:

3626. The committee may employ other officers and employees as necessary to discharge the duties of the committee.

SEC. 5. Section 3663 of the Business and Professions Code is amended to read:

3663. (a) The committee shall have the responsibility for reviewing the quality of the practice of naturopathic medicine carried out by persons licensed as naturopathic doctors pursuant to this chapter.

(b) The committee may discipline a naturopathic doctor for unprofessional conduct. After a hearing conducted in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code), The committee may deny, suspend, revoke, or place on probation the license of, or reprimand, censure, or otherwise discipline a naturopathic doctor in accordance with Division 1.5 (commencing with Section 475).

SEC. 6. Section 1 of the act cited in the title, as amended by Section 69 of Chapter 18 of the Fourth Extraordinary Session of the Statutes of 2009, is repealed.

SEC. 7. Section 1 of the act cited in the title, as added by Section 70 of Chapter 18 of the Fourth Extraordinary Session of the Statutes of 2009, is amended to read:

Section 1. A self-sustaining Osteopathic Medical Board of California to consist of five members and to be known as the “Osteopathic Medical Board of California” is hereby created and established. The Governor shall appoint the members of the board, each of whom shall have been a citizen of this state and in active practice for at least five years next preceding his or her appointment. Each of the members shall be appointed from among persons who are graduates of osteopathic schools who hold unrevoked physician’s and surgeon’s D.O. licenses or certificates to practice in this state.
No one residing or practicing outside of this state may be appointed to, or sit as a member of, the board. The Governor shall fill by appointment all vacancies on the board for the unexpired term. The term of office of each member shall be three years; provided, that of the first board appointed, one shall be appointed for one year, two for two years, and two for three years, and that thereafter all appointments shall be for three years, except that appointments to fill vacancies shall be for the unexpired term only. No member shall serve for more than three full consecutive terms. The Governor shall have power to remove from office any member of the board for neglect of duty required by the Osteopathic Act or Medical Practice Act, for no longer complying with the residency or practice requirements of this section, for incompetency, or for unprofessional conduct. Each member of the board shall, before entering upon the duties of his or her office, take the constitutional oath of office. All fees collected on behalf of the Osteopathic Medical Board of California and all receipts of every kind and nature, shall be reported at the beginning of each month for the month preceding, to the Controller and at the same time the entire amount must be paid into the State Treasury and shall be credited to a fund to be known as the Osteopathic Medical Board of California Contingent Fund, which fund is hereby created. The contingent fund shall be for the use of the Osteopathic Medical Board of California and out of it and not otherwise shall be paid all expenses of the board. Each member of the board shall receive a per diem and expenses as provided in Section 103, provided the fees and other receipts of the board are sufficient to meet this expense. The Governor shall appoint the members of the board within 30 days after this act takes effect. The board shall be organized within 60 days after the appointment of its members by the Governor by electing from its number a president, vice president, and a secretary who shall also be the treasurer, who shall hold their respective positions during the pleasure of the board.

The board shall hold one meeting during the first quarter of each calendar year at a time and place designated by the board with power of adjournment from time to time until its business is concluded. Special meetings of the board may be held at such time and place as the board may designate. Notice of each regular or
special meeting shall be given twice a week for two weeks next preceding each meeting in one daily paper published in the City of San Francisco, one published in the City of Sacramento, and one published in the City of Los Angeles which notice shall also specify the time and place of holding the examination of applicants. The secretary of the board upon an authorization from the president of the board, or the chairperson of the committee may call meetings of any duly appointed committee of the board at a specified time and place and it shall not be necessary to advertise those committee meetings. The board shall receive through its secretary applications for certificates to be issued by the board and shall, on or before the first day of January in each year transmit to the Governor a full report of all its proceedings together with a report of its receipts and disbursements. The office of the board shall be in the City of Sacramento. Suboffices may be established in Los Angeles and San Francisco and records as may be necessary may be transferred temporarily to those suboffices. Legal proceedings against the board may be instituted in any one of the three cities.

The board may from time to time adopt rules as may be necessary to enable it to carry into effect the provisions of this act. It shall require the affirmative vote of a majority of the members of the board to carry any motion or resolution, to adopt any rules, pass any measure or to authorize the issuance or the revocation of any certificate. Any member of the board may administer oaths in all matters pertaining to the duties of the board and the board shall have authority to take evidence in any matter cognizable by it. The board shall keep an official record of its proceedings, a part of which record shall consist of a register of all applicants for certificates under this act together with the action of the board upon each application.

The board shall have the power to employ legal counsel to advise and assist it in connection with all matters cognizable by the board or in connection with any litigation or legal proceedings instituted by or against the board and may also employ clerical assistance as it may deem necessary to carry into effect this act. The board may fix the compensation to be paid for those services and may incur other expense as it may deem necessary; provided, however, that all of that
expense shall be payable only from the fund hereinbefore provided for and to be known as the Osteopathic Medical Board of California Contingent Fund.

SEC. 8. Section 1.5 of the act cited in the title is amended to read:

Sec.1.5. In addition to the five members of the Osteopathic Medical Board of California as provided for in Section 1, there shall be four public members on the board. The public members shall not be a licensee of any board in Division 2 (commencing with Section 500) of the Business and Professions Code nor of any initiative act referred to in that division. Two public members shall be appointed by the Governor, and the Senate Committee on Rules and the Speaker of the Assembly shall each appoint one public member. Public members shall be appointed for a term of three years provided that, for the first public member appointed by the Senate Committee on Rules, the term of office shall be two years, and for the first public member appointed by the Speaker of the Assembly, the term of office shall be one year, and thereafter all appointments shall be for three years, except that appointments to fill vacancies shall be for the unexpired term only. No public member shall serve for more than three full consecutive terms. Each public member of the board shall receive a per diem and expenses as provided in Section 103, provided the fees and other receipts of the board are sufficient to meet this expense.
Appendix C

Timelines

History of Osteopathic Medicine in California: A Brief Timeline

1896: First osteopathic medical college established in Anaheim, CA.

1901: Osteopathic Practice Act, state association and licensing board established.

1907: Composite medical licensing board established; DOs eligible to obtain unlimited scope of practice rights as physicians and surgeons.

1914: College of Osteopathic Physicians and Surgeons established by merging of the two osteopathic schools in Los Angeles.

1922: Osteopathic Initiative Act approved by voters in California, granting DOs a separate licensing board from MDs; both DOs and MDs practice under the same medical practice act of 1913 and are designated as physicians and surgeons.

1960: Osteopathic Physicians and Surgeons of California (OPSC) is founded as an alternative to the California Osteopathic Association.

1961: OPSC is formally granted the charter as the AOA affiliate in California, as COA’s appeal is denied. The COA merged with the CMA. The College of Osteopathic Physicians and Surgeons changed its name to the California College of Medicine.

1962: The California College of Medicine was accredited by the American Medical Association and granted the MD degree to its faculty, graduates and any DO licensed in California. California voters supported Proposition 22, which limited the licensing power of the osteopathic licensing board so no new DO licenses could be provided. It also granted the legislature the power to amend the
osteopathic practice act. When the number of DOs licensed in the state dwindled to less than 40, the osteopathic licensing board would be absorbed into the medical licensing board.

1974: Ban on licensing new DOs voided by the California Supreme Court.

1978: College of Osteopathic Medicine of the Pacific in Pomona, CA, seats charter class.


1990: Statutes expanded to ensure equal practice for DOs.

1990-2011: OPSC continues to fight discrimination against DOs, educating legislators and the public about the osteopathic profession.

1997: Touro University in Vallejo, CA, seats College of Osteopathic Medicine charter class.

2010: OPSC celebrates its 50th anniversary.

**Timeline of the osteopathic profession since the founding of OPSC**

*excerpted from the AOA virtual museum web site at http://history.osteopathic.org/timeline.shtml (accessed 1/17/11)*

1962: A California public referendum prohibited the granting of new licenses to DOs in the state. The College of Osteopathic Physicians and Surgeons, Los Angeles, was converted to an allopathic medical college. This institution, upon receipt of $65 per applicant, granted some 2,500 unearned MD degrees to DOs in that state, with the concurrence of the California Medical Association and the California Osteopathic Association. A new group, Osteopathic Physicians and Surgeons of California, was chartered by AOA for DOs who chose to retain their osteopathic degrees and identities. A long court fight was begun, which was resolved in 1974 when the California State Supreme Court ruled that licensing of
DOs in that state must be resumed.

1963: DOs accepted by Civil Service as medical officers. First DO appointed a medical officer. Health Professions Educational Assistance Act passed; provision included for matching construction grants for osteopathic colleges and loans to osteopathic students.

1964: DO appointed by HEW as a member of the National Advisory Council on Education for Health Professions in PHS.

1966: First osteopathic nursing home approved by AOA Committee on Hospitals. Army, navy, and air force directed by Secretary of Defense to accept qualified DOs who volunteer as officers in the medical corps. AOA was designated by the Department of Health, Education and Welfare (now the Department of Health and Human Services) as the official accrediting body for osteopathic hospitals under Medicare. This allowed the osteopathic profession an equal but distinct recognition under the federal healthcare program.

1967: DOs drafted as medical officers in the armed forces. AOA recognized by the National Commission on Accrediting as accrediting agency for all facets of osteopathic education. Osteopathic hospitals approved by National League for Nursing as clinical training facilities for the associate degree in nursing.

1968: Residency deferment program for DOs developed by Department of Defense.

1969: Almost 200 DOs serve in the military as medical officers only three years after the Secretary of Defense accepts qualified DOs who volunteer as officers. First university-affiliated state college of osteopathic medicine established at Michigan State University.

1972: AOA first required continuing medical education as a condition for AOA membership. Profession honored with commemorative U.S. postage stamp observing the AOA’s 75th anniversary.

1973: Full practice rights in all 50 states and the District of Columbia
accomplished, when Mississippi passed law granting full practice rights to DOs.

1974: Ban on licensing new DOs since 1962 voided by California State Supreme Court. 100th year anniversary of osteopathic medical profession celebrated.

1979: More than 1,000 new DOs were graduated from the colleges of osteopathic medicine.

1982: More than 20,000 DOs were in practice.

1983: First DO is established as flag officer in the medical corps of the military service.

1987: Purchase of headquarters building, 142 E. Ontario St., Chicago, IL; occupied on July 13.

1990: First AOA/GME Leadership Conference, held in Chicago, IL, in September.

1991: In recognition of the centennial celebration, the AOA launched the AOA Care-A-Van project to screen medically underserved people across the nation.

1993: Lake Erie College of Osteopathic Medicine becomes the sixteenth accredited college of osteopathic medicine and enrolls its first class.

1995: First DO named to serve on Physician Payment Review Commission (PPRC). The Osteopathic Postdoctoral Training Institution (OPTI) accreditation system for graduate osteopathic medical education was approved. AOA celebrated 100 years of CME by holding its centennial convention and scientific seminar.


2002: Osteopathic medical profession continues to grow, recording 42,210 DOs and 19 osteopathic medical schools.
**Chronology of the growth of COMP**

**1974:** California Supreme Court rules in favor of D’Amico et al, restoring the licensing power of the Board of Osteopathic Examiners to license new DOs. Thus, requirements to re-build the profession in California by establishing a new college are met.

**10/27/1974:** OPSC Executive Committee Meeting votes to “undertake all steps necessary and proceed expeditiously toward the early establishment of a school of osteopathic medicine in the State of California.” (meeting minutes)

**1976:** Duties of the College Development Committee come to a close in the fall of 1976 with the inception of Western States College of Osteopathic Medicine (WSCOM) and a College Board established. Thereafter, OPSC maintains a College Liaison Committee.

**1976:** At a WSCOM Board of Directors meeting in December, Dr. Kase and Dr. Eby are authorized to make an offer on the J.C. Penney building, $105,000 with a deposit of $5,000.

**1977:** The official name is adopted on April 19, 1977: College of Osteopathic Medicine of the Pacific. May 14, 1977, Dr. Frymann, seconded by Dr. Eby, passes the motion that a letter of intent is sent to Dr. Pumerantz, asking him to consider the position of Founding President of COMP. Dr. Pumerantz assumes the position of President on September 1, 1977. A picture is taken of the founding Board of Directors of the College of Osteopathic Medicine of the Pacific: Saul Bernat, PhD, Donald Dilworth, DO, Viola Frymann, DO, Philip Pumerantz, PhD, Richard Eby, DO, and Ethan Allen, DO, chair of the founding board. Not pictured is Frank Carr.

**1977:** COMP’s first outpatient clinic opens on October 19, 1977 on Orange Grove Avenue, approximately a mile and a half from the campus. The clinic is operated jointly by COMP and Park Avenue Hospital. Robert S. Lee, DO, is appointed as Acting Director of the COMP Clinics.
1978: In January, COMP is granted pre-accreditation status from the AOA. The College of Osteopathic Medicine of the Pacific (COMP) opened in Pomona, CA with Philip Pumerantz, PhD as founding president.

1978-1982: Saul Bernat, PhD serves as the second chair of COMP’s board of directors.

1980: The first legislation in the state, authorizing COMP to operate health care clinics and to offer medical services, is signed by California Governor Jerry Brown. The bill, SB1461, authored by Senator Ruben S. Ayala (D-Chino), also allows COMP to charge for services rendered by the physicians and surgeons to the public.

1982: COMP receives full accreditation from AOA in February. Freeway signs, announcing COMP’s presence, are erected on Interstate 10 in Pomona.

1982: COMP graduates its charter class in June, marking the first time in 20 years that the degree of Doctor of Osteopathy is conferred again in the state of California. The first osteopathic residencies and internships in California since 1962 open again. 1983: Warren Lawless, LHD (Hon.), begins serving as chair of COMP’s board of directors in March, a position he has held with distinction ever since.

1984: COMP opens the Mission Osteopathic Medical Center in October at the Hamilton Drug Store in Pomona.

1987: First cadaver memorial service is held during the winter semester to honor those who donated their bodies to science. These prayer services are still held at the beginning and end of the gross anatomy course emphasizing the institution’s philosophy of sensitivity, caring and compassion. The ceremony enables students to form caring perspective about life and death.

1988: many of the students and staff volunteer their time, skills and compassion at a Tijuana Clinic in Mexico.

1989: COMP receives candidacy status from the Accrediting Commission for
Senior Colleges and Universities of the Western Association of Schools and Colleges.

1994: The Pomona Community Health Action Team is established in December by seven local organizations, including COMP, to provide free health services and education to the local community.

1995: The Academic Center for Excellence in the Health Sciences is formed as a partnership with San Bernardino County Medical Center.

1996: COMP becomes part of Western University of Health Sciences in Pomona, CA.

2004: Cynthia Stotts, DO (a 1988 COMP graduate), becomes the first female and the first DO chief of medical staff at the Los Angeles County/USC Hospital in its 158 year history.