

The Continuing History of

**The American College of
O s t e o p a t h i c
Family Physicians**

acofp | American College of
O s t e o p a t h i c
Family Physicians

Advocacy • Education • Leadership

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Dedication

In grateful appreciation of our founders, this book is dedicated to the most important people in the history of the American College of Osteopathic Family Physicians, our members.

Acknowledgments

This history is the culmination of years of work by the ACOFP Archival and Historical Committee. The Committee members at the time of its publication are:

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FOREWORD

It is a well-known fact that California is the trendsetter for the nation. From film productions to palimony, Silicon Valley to silicone implants, California has been a force in shaping America's thoughts, actions, and customs for many years. It seems only natural that this land of "dream makers" would produce a group of foresighted osteopathic general practitioners with the vision and courage to start a national movement. The major thrust of that movement would be to advance the standards of general practice in the field of osteopathic medicine and surgery, and to use any legal means to preserve and secure all rights, privileges, and immunities enjoyed by other branches of the healing arts.

The American College of Osteopathic Family Physicians was born February 11, 1950, meaning that if it lasted fifty years, the anniversary would be celebrated at the dawn of the new millennium. Millennial celebrations are a time when all nations and people set about reviewing their accomplishments and remembering their roots. This spirit touched the College's archivist as well, and work was started on the production of a concise history that could be attached to the front of the ACOFP's Membership Directory. The final draft was slated to appear during the year 2000 as part of a 50-year remembrance. As we compiled what data we had, more questions than answers arose. We knew this would be a much bigger undertaking than just one small article.

Earlier archival committees recognized that many of the leaders were advancing in age and began to interview them on tape. Those tapes contained many recollections, but fitting recollections together into a firm timeline was more difficult than we thought. Records of the ACOFP Congress of Delegates were available for the official record, but they lacked the human side of history that is so interesting to all of us. The College had existed in five separate locations ranging from an opulent penthouse office to private homes. Each move exacted a toll on records and resources that equated to the loss of many key pieces of information.

An attempt had been made to compile a formal history of the American College of General Practitioners in Osteopathic Medicine and Surgery around 1960, the tenth year of its formal organization, but the archivist charged with the task ascended to the big GP in the sky, and his family unknowingly disposed of the records. Fortunately, some members still have at least a partial recollection of the events of those days.

When records and resources ran short we turned to our membership who stepped in and filled in many of the historical gaps required to complete the ACOFP history. It became abundantly clear in compiling this history that the secret of our association's success was not just the leadership, but also you, the veteran members. It was the corps of hardworking, dedicated members that had made our College such a success, and many of those same physicians came to the aid of the Archival Committee with panache.

Twice in ACOFP's history, circumstances left us with no home, no revenue, and a crippled leadership structure. Stresses of this type would have reduced many organizations twice our size to a pile of ashes. It was the spirit, dedication, and loyalty of our membership that allowed this great College to rise like the mythical phoenix of old from the ashes of hardship. Like that mythical bird, the ACOFP emerged, each time, more vibrant and impressive than before. Those trials taught us many lessons and forged strong leaders that positioned us on a solid foundation to endure the economic stresses of the century. History, roots, trials, tribulations, and A. T. Still, MD, DO, tie the bond of the loyal, committed family.

Fifty seems to be the number that denotes maturity of an individual as well as an organization. The ACOFP fits that mold and definition. Established in 1950, it is now more than fifty years old. The first work on the published history was begun with the fifty-year anniversary and will be presented to the membership by the fiftieth President, who was also born in the land of "dream makers" in 1950. Also it is remarkable that it has been fifty years since the far west, California, has been represented at the highest leadership level.

We recognize that this is a work in progress and many more editions are yet to come because the American College of Osteopathic Family Physicians is dynamic and will remain a protector of osteopathic family practice for many years to come. May she nurture, grow, be ever vibrant and lead the profession to new heights.

A handwritten signature in black ink, appearing to read "M. Jay Porcelli". The signature is fluid and cursive, with a small circle at the end of the last name.

M. Jay Porcelli, DO, MHPE, FACOFP, FAOASM
2003-2004 ACOFP President

PREFACE

The American College of Osteopathic Family Physicians' history is told in the voices of its members through recollections and osteopathic professional publications. Rather than presenting a strict historical timetable of events, we have chosen to present the history of the College in much the same fashion as A. T. Still, MD, DO presented his autobiography.

Dr. Still opens his book by stating:

"I will inform the reader at the outset that this book is written to state facts, without being confined to exact dates and figures. Events that have made lasting impressions on my mind, stated as correctly as possibly from memory, are narrated here without regards to the rules of fine writing. I never kept any notes of my life; therefore, the stories may appear disconnected. When I tell you of an event it will be the truth as I remember it, regardless of how it may look in print. I want to avoid 'biography' as I write, for the reason that 'biographies' are so nicely worded that the reader often has to ask whom the narrator 'is giving a write up.' Not with standing I am often told that I ought to get a professional 'biographer' to take my life, I have concluded to reserve it for myself. When I read about the battles of the rebellion, 'how Major A. T. Still' charged on rebels with uplifted saber urging his men to victory, I begin to doubt the history, for I know that there was not a saber drawn nor any yelling during a hard fight of two hours duration between thirty five thousand combatants on a side. I remember also the reporters of the 60's who never tried to write the truth, and could not if they wanted to, because five to ten miles was as near as they ever got to bullets; and I think they are sometimes just as afraid of the truth today as they then were of lead. I will say to the reader if you wish to read my story, please read as I write it, and not the garbled account of some newspaper misrepresentative."

Andrew Taylor Still, MD, DO, Kirksville, Missouri, June 15, 1897

In the style of A. T. Still, we are proud to present a historical examination of the ACOFP.

CHAPTER 1

THE FOUNDING AND EARLY YEARS

What's in a name?

Through its history, the ACOFP has had three different names. When first founded, the organization was incorporated as the American College of General Practitioners in Osteopathic Medicine and Surgery (ACGPOMS). This was quickly, but unofficially, shortened to the American College of Osteopathic General Practitioners. Interestingly, this name was often abbreviated ACGP, omitting the “O” of Osteopathic.

In 1993, the College’s name was officially changed to the American College of Osteopathic Family Physicians. Considerable debate took place regarding the prominence of the word “Osteopathic” in the College’s name. Ultimately it was decided that as an organization of osteopathic family physicians, all forms of the College’s name, including its abbreviation, should fully reflect the osteopathic nature of its members. Thus the word “Osteopathic” was given equal status in both the College’s name and its abbreviation. For more information about the name change see the section in Chapter 3 titled *A New Home Gets a New Name*.

To avoid confusion in this publication, the name American College of Osteopathic Family Physicians, and the abbreviation ACOFP, will be used throughout regardless of the name of the College at the time of the events being discussed. The one exception to this will be when quoting directly from official documents. Fellows of the College will be recognized by the designation “FACOFPP.”

Incorporation

In early 1950, with the interest and influence of John V. Fiore, DO, FACOFPP, Bruce S. Collins, DO, and their friends, the essential canons were laid out for the establishment of a new organization to be known as the American College of General Practitioners in Osteopathic Medicine and Surgery. As a result, the ACOFP was founded on February 11, 1950 in the County of Los Angeles, in the State of California.

Our Founders and Early Leaders

Of the original eight founding physicians, five would go on to serve as ACOFP president and one, Alfred J. Schramm, DO, would serve as the first executive secretary.

The first fourteen years of the ACOFP's history would see eleven presidents. A star is placed after the names of the five founding physicians who served as ACOFP president during these early years.

1950-1953	Wesley M. Barrett, Jr., DO*
1953-1954	Bruce S. Collins, DO*
1954-1955	Frank York Lee, DO*
1955-1956	H. Wayne Wagon seller, DO*
1956-1957	John V. Fiore, DO, FACOFP
1957-1958	Herman Schlessberg, DO*
1958-1959	W. Clemens "Tiny" Andreen, DO, FACOFP
1959-1961	Richard Brennan, DO, FACOFP
1961-1962	George Elanjian, DO
1962-1963	O. Keith Pauley, DO, FACOFP
1963-1964	George Cozma, DO

The Board of Governors, originally consisting of the eight founders, eventually became a formal structure consisting of eight offices:

- President
- President-Elect
- Executive Secretary
- Treasurer
- Vice-President Pacific Region
- Vice-President Western Region
- Vice-President Central Region
- Vice-President Atlantic Region

ARTICLES OF INCORPORATION

KNOW ALL BY THOSE PRESENT:

THAT WE, the undersigned, all of whom are residents of the State of California, have this day voluntarily associated ourselves together for the purpose of forming a corporation under the laws of the State of California, and we do hereby create a body corporate and certify:

FIRST: That the name of said corporation is and shall be the American College of General Practitioners in Osteopathic Medicine and Surgery.

SECOND: That the purposes for which said corporation is formed are as follows:

1. To advance the standards of general practice in the field of osteopathic medicine and surgery by establishing and maintaining a board of general practitioners for examination and certification of qualified candidates; and by establishing new educational opportunities for the training of general practitioners; and improving existing opportunities.
2. By any lawful means to obtain for its membership rights, privileges, and immunities in the use of hospital facilities commensurate with those enjoyed by members of other branches of the healing arts.
3. To promote a unity of action to protect the Federal and State professional licensing rights of its members to the full extent of the laws.
4. To promote a general understanding of the scope of the services rendered by the general practitioner in osteopathic medicine and surgery.
5. To contribute to the interests of the osteopathic profession by affiliating and cooperating with the American Osteopathic Association
6. To do each and everything necessary, appropriate, or adapted to carry into effect any and all of the foregoing purposes and powers or to attain any one or more of the objectives herein enumerated or which shall at anytime appear conducive to or expedient for the benefit and protection of said corporation, and generally to do any act and transact any business in connection with the said purposes and power which a co-partner or natural person could do or exercise and which now or hereafter may be authorized by law.

THIRD: That this corporation is organized pursuant to the General Nonprofit Corporation Law, and does not contemplate the distribution of gains, profits or dividends to the members thereof.

FOURTH: That the principal office for the transaction of the business of the corporation is located in the County of Los Angeles, State of California.

FIFTH: That the number of directors of said corporation shall be eight, and the names and addresses of the directors who are hereby appointed are as follows:

H. W. Wagonceller
1230 Wiltshire Boulevard, Los Angeles
Herman H. Schlessberg
450? South Cloverdale, Los Angeles
Bruce S. Collins
337 Euclid Street, Santa Monica
Wesley M. Barrett, Jr.
1948 Westbrook Avenue, Los Angeles
Frank G. Nolan
419 North Bundy Drive, Los Angeles
Frank York Lee
1931 Canyon Drive, Los Angeles
Alfred J. Schramm
5889 San Vincente Boulevard, Los Angeles
Rex Dodds
1020 North Sierra Bonita, Los Angeles

The directors so named will serve for a period of five or more years. On the 1st day of May 1955, the first two named directors will retire; on the 1st day of May 1956, the second two named directors will retire; on the 1st day of May 1958, the last two named directors will retire. All vacancies on the Board of Directors, whether created by retirement of a director or otherwise, will be filled as set forth in the bylaws. Directors will be eligible to succeed themselves. Two directors will be placed upon the board annually, from 1955 and thereafter.

SIXTH: That these articles of incorporation may be amended in the manner prescribed by law.

IN WITNESS WHEREOF, said incorporators have hereunto set their hands on this eleventh day of February.

H. W. Wagonceller
Herman H. Schlessberg
Bruce S. Collins
Wesley M. Barrett, Jr.
Frank G. Nolan
Frank York Lee
Alfred J. Schramm
Rex Dodds

In addition to the officers, there were also four “at large” members on the Board bringing the total number of Board members to twelve.

A review of the committees from the early years gives significant insight into the priorities of the founding members. The committees listed at this time were:

- Hospital Committee
- Membership Committee
- Educational Committee
- Public Relations Committee
- Credentials Committee
- Editorial Committee
- Publications Committee
- Awards Committee

A Young College Receives Recognition

In the March 1953 issue of the *Journal of the American Osteopathic Association (JAOA)*, the ACOFP was formally recognized as “the youngest professional organization in osteopathic medicine.” The article opened by noting, “The tremendous expansion of medical knowledge has necessitated the trend toward specialization. Specialization is accomplished through the formation of specialty colleges. These colleges serve the dual purposes of education and organization. It is through graduate education programs that a college can refine and communicate its expertise. Through organization, the college produces the status necessary to forward their work both among their colleagues and the public.” The article concludes by saying, “This new group is one of the most important to arise in our profession’s history.” (JAOA, Vol. 52, No. 7, pp. 379-380)

The recognition of general practice as a specialty was not without controversy. In fact, specialization in general was of great concern to many in the profession. This concern, often heralded in osteopathic literature, was predicated upon the belief that “specialization tends to make man an appendage to the doctor’s particular specialty. Thus, the patient is not being treated as an integrated whole and as such is receiving seriously flawed medical treatment.”

But some saw the general practitioner as the solution to this problem. The general practitioner, whose skills encompassed all the specialties, could treat the whole patient.

The Early Days

As with any new organization, the ACOFP’s early days were humble ones. The California organization was first operated from offices of the founding physicians, using their existing office personnel in a dual roll.

Members of prominence during these early years were:

- Frank York Lee, DO
- W. Rowland Young, DO
- J. Mancil Fish, DO, FACOFP
- John Burnett, DO, FACOFP
- Mary Burnett, DO, FACOFP
- Eli Stark, DO, FACOFP
- T. Robert Sharp, DO, FACOFP

As the ACOFP grew and added more state chapters to the membership, the management burden outstripped the resources of an average physician’s office. To maintain correspondence and coordinate educational events, a full time executive secretary was desperately needed.

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

On this eleventh day of February 1950, before me, a notary public in and for said county, residing therein, duly commissioned and sworn, personally appeared H. W. Wagonseller, Herman H. Schlessberg, Bruce S. Collins, Wesley M. Barrett, Jr., Frank G. Nolan, Frank York Lee, Alfred J. Schramm, and Rex Dodds, known to me to be the persons whose names are subscribed in the within instrument, and acknowledged that executed the same.

In witness whereof I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

KATHRYN A. BRADY
Notary Public in and for the County of Los Angeles,
State of California

My commission expires December 4, 1955.

Alfred J. Schramm, DO, one of the original eight founders and most senior of that group, became the ACOFP's first executive director. He is the only osteopathic physician ever to run the ACOFP's day-to-day operations. Dr. Schramm resided at 5889 San Vicente Boulevard in Los Angeles, California, and his office became the official address of the ACOFP for a number of years. Dr. Schramm was nearing retirement age and, therefore, had the time and resources to perform his duties. He began full-time ACOFP employment in 1960, ten years after the ACOFP's formal organization. Dr. Schramm would serve until 1962, when, at the annual meeting in Detroit, the criticism and suspicion that arose out of the "California Merger" forced him to resign. Though Dr. Schramm would return to California following his resignation, he never accepted the MD degree and retired from medicine completely. Dr. Schramm's office was later razed to make way for a hospital. See the section *The California Merger Challenges a Young College* for more information regarding the acceptance of the "md" degree by DOs.

5889 San Vicente Boulevard, Los Angeles, CA, 1960-1970



Signs of Growth

In the summer of 1958, the first official ACOFP medical education meeting was recorded in Des Moines, Iowa. Meetings had been held earlier in California, but those records have been lost for reasons that will be made clear later. The Iowa meeting was divided into three parts: medical topics, osteopathic manipulative medicine (OMM), and hypnosis.

The ACOFP's regional meeting philosophy was evidenced by the different venues chosen for meeting sites. While the first meeting was held in Des Moines, later gatherings were held in Sequoyah State Park, Western Hills Resort, Oklahoma. Later still, the meeting was held in Detroit, Michigan. Usually, the group met over the July 4th holiday so that the physicians could bring their families.

The early meeting attendees came from all corners of the United States and several times the large number of members descending on small communities caused sell-out conditions at local hotels.

These mid-year conferences were well attended and attracted an average of 150 participants at every function. (*Forum*, December 1957, p. 22) The success of these national conferences prompted many ACOFP divisional societies to sponsor their own educational conferences. The state conferences also began to be well attended. The ACOFP marked this development as a substantial success with regard to its educational aims (*Forum*, September 1958, p.27).

The California Merger Challenges a Young College

The 1960s were a tumultuous era for both the country and the profession. Early in the decade, a very traumatic, far-reaching incident occurred in ACOFP history. It would come to be known as "The California Merger," and it had some unexpected and potent consequences. A professional "wake-up call" was how it was described in an article written in June 2001 by Michael M. Patterson, PhD, *JAOA* associate editor.

The roots of the California merger had been growing since the late 1930s. Covert moves toward amalgamation of the California Osteopathic Association with the California Medical Association in the 1940s had been rebuffed. However, by 1961, the efforts toward amalgamation of the professions had become more overt. The groundwork had been laid. The decision was made to turn the College of Physicians and Surgeons, the osteopathic college in California, into the California College of Medicine and plans were in place for awarding an md degree to osteopathic physicians.

In July 1961, the American Osteopathic Association (AOA) voted to fight amalgamation in California and other states where it was becoming an issue. The late George W. Northup, DO, FACOFP, renowned editor for the *Journal of The American Osteopathic Association*, exposed the conspiracy for the destruction of the osteopathic medical profession. He put the question quite bluntly: “*Will the osteopathic profession survive or will it be destroyed?*” The battle for the existence of the osteopathic medical profession had begun. Emotions were evident during the AOA House of Delegates meeting that same year. The House confronted the California representatives regarding their concerns in Kansas City, Missouri, at the Meuhlbach Hotel. The California delegation responded by exiting in disgust.

By May 1962, serious concerns were being raised about what was actually going to happen with the exchange of degrees. The American Medical Association (AMA) had decreed that only those graduates of the converted college who graduated after February 1962 would be deemed to have graduated from an accredited medical school. Prior graduates would not have an acceptable degree. Meanwhile, the AOA determined that any DO who accepted an unearned degree would most likely not be eligible for AOA membership. What would be the fate of those accepting the exchange? This question would go unanswered for more than a year.

In a series of articles in the *JAOA*, Dr. Northup pointed out that organized medicine had in fact legitimized the DO degree in the degree exchange. He pointed out that they had essentially said that rather than being inferior, the DO degree represented training that was at least equivalent to that represented by the “MD” degree. The situation revealed an interesting and ironic twist of fate for a profession split over its very existence.

In August 1962, Dr. Northup penned an editorial that was especially sharp. The California amalgamation was a complex affair. It was motivated by many factors, one of which was a feeling of inferior social status among some osteopathic physicians. In the wake of a poll of DOs outside of California that showed a surprisingly strong sentiment to retain the profession’s identity, Dr. Northup pointed out that the profession “*...has expressed its desire to bring increasing prestige to the DO degree rather than to accept an identification created by others.*” This statement is as relevant today as it was more than 40 years ago.

The California media conducted a survey of Californians on the fate of DOs in the state. The results indicated that most Californians were not happy with the elimination of the DO profession. Despite these poll results, Proposition 22 on osteopathic licensure was placed on the California ballot and passed by the voters November 6, 1962. With the payment of a \$65 fee, nearly 2,400 DOs were awarded “little md” degrees. The measure also prohibited the California Board of Osteopathic Examiners from issuing any new licenses and would disband the Board when 40 or fewer DOs were under its authority. As Dr. Northup had predicted, the practice of a majority of California DOs had convinced the public that there was no difference between the professions, hence, no need for two degrees.

Dr. Northup’s December 1962 editorial recapped that year’s events and offered an analysis. He predicted that 1963 would be the beginning of a new era in the osteopathic medical profession. The repair of the profession would begin.

As early as July 1963, it was becoming clear that many former osteopathic specialists were being limited in their practices and shunned by their new society. The wisdom of the merger was very quickly coming into question.

In his last editorial written in 1964, Dr. Northup notes the first steps at overturning the defeat of Proposition 22 were becoming evident, with court battles being joined by many physicians. A small group of DOs had begun to seek ways to regain recognition in the state. Their efforts were not immediately rewarded, but ultimately prevailed. The California Supreme Court reactivated the Board of Osteopathic Examiners on March 19, 1974, after a long and often frustrating battle. Coincidentally this date also represents the day the swallows returned to San Juan Capistrano.

But the California Merger was not totally the result of external forces. Dr. Northup pointed out this fact in his December 1962 editorial and it remains true today: *“The osteopathic profession cannot be destroyed without its own participation in the destruction.”* Now, as then, the real threat to the profession is a loss of identity, a loss of belief in the special and unique nature of osteopathic medicine. Without that identity, the profession cannot survive. With it, the potential is unlimited.

The Merger's Impact on the ACOFP

The California merger had a serious impact. The ACOFP lost many of its members in California, which at the time was the largest of the divisional societies. California was also the site of the original headquarters and the secretary-treasurer's office. Sadly, all the funds that belonged to the ACOFP were turned over to the California Medical Society. All records and archives located at the College of Physicians and Surgeons were moved to the University of California at Irvine and were not available to members outside of the state.

Research has not identified Dr. Schramm's position on Proposition 22, but what was discovered is that he transferred many records to O. Keith Pauley, DO, FACOFP, (ACOFPPresident, 1962-1963) for safe keeping of ACOFP's history. Dr. Pauley then gave much of that information to J. R. Forbes, DO, FACOFP, (ACOFPPresident, 1968-1969) to prepare a history. But when Dr. Forbes died, the records in his possession were inadvertently lost or destroyed by his family. The ACOFP's assets were never transferred to the organization that would start again outside California. Due to the merger's stress, relations between former friends deteriorated and the governing structure was dealt a severe blow.

Wounded by the loss of some its founders in California, the ACOFP sought refuge among faithful members of the American heartland. A decade of existence had produced many great leaders throughout the country, ensuring the ACOFP's survival.

The loss of vital data and assets dictated that the organization go back to working out of the offices of whomever was the president or the secretary at the time. But the leadership realized that, by this time, the ACOFP had come of age and could not be effective with that style of organizational management. The ACOFP needed a full time executive secretary and its own office close to the AOA in Chicago.

The remaining ACOFP Board members exhibited substantial fortitude in the face of such pressing organizational problems. The national leadership would set out immediately to get the ACOFP's affairs in order. They moved the national offices to Chicago, and set about regaining financial stability. The near loss of the organization energized the ACOFP

and the profession with a newfound dedication, and a resolution to never allow such a loss to occur in the future.

Chicago Bound

The details of the decision to move to Chicago are murky at best. The first recorded executive secretary after the organization relocated there was Jack Hank. Following his 1955 discharge from the military, Mr. Hank began employment with the AOA public relations department. He left the AOA in 1960 to become the public relations director of Lions International. Sometime in the early 1960s, W. Clemens “Tiny” Andreen, DO, FACOFP, and four Board members met with Mr. Hank in a downtown hotel and offered him the job of part-time executive secretary. The position’s part-time nature allowed Mr. Hank time to pursue his other business affairs, including those of his company Allied Appraisals, a consortium of other business ventures not restricted to medical organization management. He and his company would be linked with ACOFP for almost two decades. Mr. Hank provided the organizational skills and financial background needed to put the ACOFP in a place of prominence.

The Board Members who hired and worked with him considered Mr. Hank a charismatic leader who demanded nothing but the best for the ACOFP. He traveled first-class and demanded that those in his organization would do the same. Tireless in his efforts to elevate the ACOFP’s stature, he produced educational seminars that were the envy of the profession. His work with the AOA helped him become adept in the profession’s politics.

The first ACOFP office was in Jack Hank’s basement at his home located at 7926 S. Campbell Avenue in Chicago. The business operations, address, and all employees were the sole property of Jack Hank’s business, Allied Appraisal. Recent research has also discovered correspondence to the ACOFP addressed to 8415 S. Winchester Avenue, Chicago, Illinois. The Archival and Historical Committee believes that Mr. Hank may have operated out of two offices for the ACOFP during the Chicago transfer. Allied dealt with property management, and through personal family ties Mr. Hank had connections with the Teamsters. Finances, ACOFP correspondence, and Mr. Hank’s various enterprises were co-mingled, and all the organizations functioned virtually as one.



***7926 South Campbell Avenue
Chicago, IL, Early 1960s-1970***



***8415 South Winchester Avenue
Chicago, IL, 1970-1978***

As the ACOFP grew, operations became too complex for one person and Mr. Hanks' business partner, Robert Napoli, began to manage the extra duties. Later, Mr. Napoli would serve as the executive secretary to the American Osteopathic Board of General Practitioners (AOBGP). Mr. Hank established the ACOFP as a driving entity within the profession. Membership increased and the banquets were beautiful, well attended, and entertaining. In 1973, there were 500 attendees at the ACOFP banquet, compared to 60 attendees in 1967. Both the ACOFP and Allied became successful, expanding enterprises, and it was not long before the operations needed more space and a boost in visibility.

Prosperity and the extra work, spawned primarily by the association with Mr. Hank, meant the organization could afford a downtown office. Jack Hank was instrumental in moving the organization's operations to the penthouse at 111 West Washington Street in downtown Chicago.



***111 West Washington Street,
Chicago, Il. 1978-1982***

The building identified the new ACOFP stature with a 26-floor, granite columned building complete with flags, a doorman, and a gold-plated revolving door. The building and the ACOFP were indeed first class. But Mr. Hank still did not function full time as the ACOFP's director and the office was not really ACOFP's. The College rented 800 square feet of space and a fireproof drawer in the offices of Allied enterprises and had use of the common space for meetings.

For more than 12 years, the new address would be the center of ACOFP planning and operations. But many felt from the outset, that to co-mingle the operations of the two organizations would be a formula for trouble. Differences of opinions were raised over accounting practices and the assignment of assets in the intertwined corporations. The lack of formal records and the reporting of financial data to the 1971 Congress of Delegates from the back of a matchbook cover caused some Board members to resign in protest. Newer leaders grew disenchanted with Mr. Hank's style of operations, but Past Presidents James L. Rowland, DO, FACOFP, (1964-1965) and O. Keith Pauley, DO, FACOFP, (1962-1963) stood in strong support of Mr. Hank. As a result of this support, Mr. Hank's association with ACOFP would continue.

While attending the fall 1977 AOA Annual Meeting, the ACOFP Board met in executive session. During this closed meeting at the Fairmont Hotel in San Francisco, the Board decided to hire a full-time executive director. Mr. Hank would be given first right of refusal and plans called for the nominee to be presented at the winter board meeting scheduled to be held in San Francisco the following February. Though the board meeting was held in secret, Mr. Hank somehow discovered the plans before the meeting had been adjourned, a fact that has baffled Board members to the present time.

Dr. John Sevastos relates:

"We were just trying to get back what belonged to us including the records and equipment of the College. I dare say it was without the blessing of Jack Hank.

Larry Koplovitz and I were assigned to pick up the accounting books from a man who worked in the Chicago stockyards and who supposedly had a computer. I remember we approached a cab driver to take us to the stockyards and he looked at us very quizzically and said, 'Are you fellows sure you want to go to the stockyards, we don't take people out there.' We said, 'this is where we are going and we have an address and we've got to go see a man.' So, reluctantly the cab driver took Larry and I out to the stockyards.

We waded our way through very smelly corridors, up a back stairway, and finally down a dimly lit corridor where we came across this gentleman who supposedly had our records on his computer. We received some semblance of documents but certainly nothing like we had expected.

From there we left and went to the bank. Larry and I walked in and asked for the president of the bank. We introduced ourselves and told him that we were there to close the ACOFP account and pick up whatever documents were available to us. He was rather taken aback and said I first had to get permission from our executive director. We said that wouldn't be necessary as our executive director was terminated and we needed to go on with our organization.

We were in shock to find out that not only did we not have any office equipment, but that after twenty-five years of existence we had very little money.

This was a devastating shock to Larry, Joe Guzik, Del Maddox, Bob Hayman, and me. We had arrived in Chicago to go with the truck that the executive director had hired to pick up the belongings of the ACOFP. This semi moving van could not enter the streets of downtown Chicago until after six p.m., so Maddox, Guzik, and Hayman ended up going in the dark to meet the big van. When they got there they went to the offices and were shown a stack of boxes that probably could have been put in a pick-up truck rather than a huge van."

The Board's records appeared to reflect its apprehension with the continued association with Allied Appraisals. Possibly sensing this unified concern for the first time, Mr. Hank doubled the efforts of his organization to collect dues and in December 1977, he reported to the Board that he had collected \$79,385 in dues for 1978.

The March 1978 ACOFP Board minutes reflected that the executive secretary proposed that his salary as a full-time Director would rise to \$5,000 per month with a \$500 bonus for increases in membership above a set point. Further, Mr. Napoli would be paid \$50 per hour for his contributions to the AOBGP.

With the prospect of a good financial bottom line, many on the Board saw an opportunity to break with Allied Appraisals. The Board of Governors rejected Mr. Hank's proposal, and plans were formulated to separate the two organizations. When the ACOFP Board would not reconsider its decision, Hank and Napoli resigned. Mr. Hank informed the Board that he would evict the ACOFP from his offices and have the Teamsters haul everything the ACOFP owned out of his office by the end of the business day.

In anticipation of such action, the Board had formed a core group of leaders who stood ready to fly to Chicago and recover the ACOFP's assets. These men were: John P. Sevastos, DO, FACOFP; S. Larry Koplovitz, DO, FACOFP; Robert G. Haman, DO, FACOFP; Joseph W. Stella, DO, FACOFP; Joseph S. Guzik, DO, FACOFP; and Delbert E. Maddox, DO, FACOFP. They responded to the threat by

arriving at 111 Washington Street early in the day to take charge of recovery efforts. Two of the men were driven by an openly concerned cabby to the Chicago Stockyards to locate the bookkeeper who possessed the company's only computer and vital financial records. They went to the bank with these records, only to find that the banker had no knowledge of any ACOFP accounts.

Sadly, just like the move from California, the entire assets acquired by the ACOFP during its time in Chicago were found in a cardboard box. The only other items of value recovered were a filing cabinet that Dr. Joe Guzik had made in his garage and a few Fellows medals. No checkbook existed for ACOFP, and the total cash that the ACOFP could salvage was a little over \$4,800. The mahogany tables and chairs and other office equipment the Board had used were not the ACOFP's property, but that of Allied Appraisals. The only things they were given to fill the box were a few membership records. The ACOFP had arrived with nothing and it would leave with little more.

Packing these meager possessions in a large moving van provided by Mr. Hank's brother, a Teamster, made it clear that ACOFP's future would again rest with the strength of its leadership, and the dedication of its members.

With virtually no financial base, the leaders moved to a hastily rented space at 2450 East Devon in Des Plaines, Illinois. The new facility was located on the approach to a runway at O'Hare Airport near the perimeter fence. The building has since been leveled to become a parking lot for a large office complex outside the airport grounds.



***2450 East Devon Street,
Des Plaines, IL, 1982-1990***

assets of Raymond Saloom, DO, FACOFP who had acquired a small fortune selling coffee to the military, would re-establish ACOFP's solvency. Dr. Saloom used his expertise, as well as much of his capital, to enrich ACOFP's bottom line. In recognition and gratitude for Dr. Saloom's contribution, the ACOFP opens its Annual Convention with the Raymond Saloom Memorial Lecture.

ACOFP leaders hired an assistant named Diane (last name unknown) to help them begin the rebuilding process. With a desk and an orange crate for a chair, she started work a day after the move, answering the phone and administering the correspondence.

The leaders used their personal credit cards and signed personal guarantees of credit at the bank to buy equipment and hire personnel.

These leaders, and the financial wizardry and

CHAPTER TWO

ONWARD AND EVENTUALLY, UPWARD

A Change in Focus

After the move from California to Chicago, the ACOFP went back to work on its educational, representational, and organizational aims. One of the first tasks was the expansion of its educational programs.

In 1958, after numerous ACOFP appeals, the AOA had formally recognized departments of general practice as established hospital departments. This action followed the AOA's formal acceptance of the concept of a general practice department and residency. Following formal recognition of the departments, many inequities remained as family physicians were rarely asked to be directors of departments, and very little was spent on equipment or training material. Severe restrictions were placed on admitting privileges, with surgeons and internists dictating the scope of privileges allowed to general practitioners.

In February 1960, after further lobbying efforts by the ACOFP, the AOA removed these inequities by issuing a dictum that mandated that general practice departments have the same hospital staff levels, regulations, and admitting privileges as any other hospital department. Due to this ruling, new departments of general practice were established throughout the 1960s .

In late 1962, the ACOFP created a panel to accredit educational programs for its members' educational requirements. The hope was to expand the number of educational opportunities beyond the traditional programs sponsored by either the ACOFP or the AOA.

Two years later, the ACOFP decided to expand the nature of its medical education programs by establishing a preceptorship program for its student members.

This month-long preceptorship offered students the opportunity to work with an experienced ACOFP member while in medical school.

During the 1960s, educational conferences on both the state and national level continued to grow in number and were well attended. Programs placed an emphasis on psychiatric and psychological subjects, as well as legal issues. Toward the end of the decade, there was increase in emphasis on manipulative treatment modalities.

In that day, pharmaceutical corporations sponsored many trips for the members. Ciba, Giegy, Boehringer-Ingelheim, Hoffman-LaRoche, Hoescht and others provided trips to Lisbon and Madrid for educational purposes. T. Robert Sharp, DO, FACOFP, remembers a trip to Venezuela where the members met and talked with the first South American physician to install a nuclear pacemaker. The outreach programs were successful, but Dr. Sharp is quick to point out that political entities soon put these programs out of the membership's reach.

Specialists continued to be invited to these conferences to present their expertise to general practitioners. In addition to individual specialists presenting educational seminars at ACOFP conferences, the ACOFP and different specialty colleges held several joint conferences. These meetings, along with the ACOFP's growing credibility, created a stronger bond between the ACOFP and specialists.

Dr. T. Robert Sharp recalls certain requirements to maintain certification:

"It was not unusual then, that the ACOFP would produce post-doctoral ("post-convention") training wherever it was evident that special information might be offered to our AOA and ACOFP membership. I had the opportunity to act as the program chairman. Many similar post-convention trips were sponsored.

One of the first was the extension of the Miami AOA Convention to Puerto Rico, and on to the Virgin Islands. National pharmaceutical interests offered speakers, and sponsored many of the DO specialists who appeared on the program. The next AOA post-convention seminar consisted of three separate trips. One circled the Hawaiian Islands; another discovered the wonders of the Philippine Islands to progress to Hong Kong; and yet another to the Fiji Islands and on to Australia, New Zealand, and Tahiti. All seminars involved were also with a local physician and our own authorities as qualified tutors. This became the cornerstone of professionalism on a world scope."

The ACOFP continued to grow in both membership and the number of divisional societies despite the turmoil caused by the California Merger, the move to Chicago, and the loss of records and assets. In May 1964, the ACOFP Newsletter reported:

The state of Michigan, with 146 active members, leads in the number of DOs who belong to the ACOFP. Ohio is second with 42 members, and Iowa and Missouri, each with 35 members, rank third. With its 63 pre-candidates, however, Missouri has a good chance to jump into second place. Texas has the largest number of ACOFP fellows, 11, with Michigan close behind with its 10. With a grand total of 419 active members, the ACOFP scatters its membership through 29 states. There are also honorary members in one other state, Canada, and Mexico. The ACOFP lists 89 pre-candidates, 12 candidates, 53 fellows, 12 associate members, and 6 honorary members
The DO, July 1964, p. 64.

The ACOFP's growth has been exponential through some tumultuous times. In 1960, 22 states had fewer than 50 DOs each. In 1966, there were 468 active members in 33 states. By 1974 there were 1,640 members in 35 states, and by 1981, there were 2,374 active members in 49 states. The increase in the number of states having members can be directly traced to the establishment of new osteopathic colleges. In general, states with osteopathic colleges, whether new or old, showed the greatest growth.

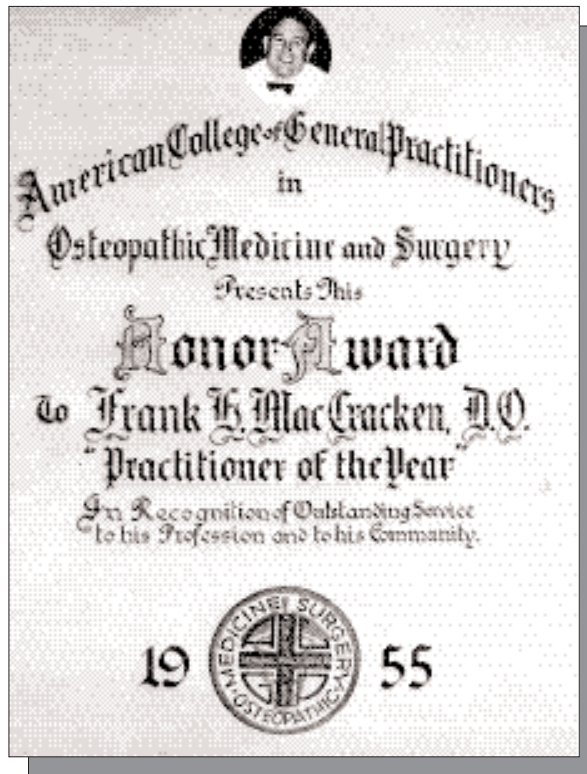
To place these numbers into context, in 1964-65 there were 12,288 DOs in the United States. Thus, the ACOFP membership was about four percent of the total osteopathic profession. However, this was after the loss of the largest state society, California, where 2,395 DOs became an "md". In 2003, the ACOFP had 13,493 DO members representing 27.4 percent of the 49,210 DOs in the United States.

As a result of its growth in membership and stature, the ACOFP helped sustain the establishment of new departments of general practice in hospitals and began publishing its own ACOFP Bulletin, increasing representation and organization through the dissemination of information important to the ACOFP and its members.

General Practitioner of the Year

One of the oldest awards presented by the ACOFP is that of General Practitioner/Family Physician of the Year. Five years after its chartering, the ACOFP recognized its first esteemed physician. The award was deemed the ACOFP's most prestigious honor and was presented annually at the AOA Scientific Convention and Seminar. First awarded in 1955, the award's first recipient was Frank MacCracken, DO. Little is known about him except that he was a physician in his early thirties and was from California. He received the award at the Moulin Rouge Hotel and Resort in Los Angeles.

Dr. MacCracken's award announcement



The head table at the 1955 banquet honoring Dr. MacCracken as General Practitioner of the Year



From L to R: Frank York Lee, DO; Robert Gardner, DO; Herman Schlessberg, DO; Frank MacCracken, DO; Alfred J Schramm, DO; Unknown

General Practitioner/Family Physician of the Year 1955-2003

Frank MacCracken	1955	J. R. Forbes	1971	Joseph S. Guzik	1987
Claude B. Root	1956	T. R. Sharp	1972	Eugene Zachary	1988
John E. Baker	1957	John H. Burnett &		Plato E. Varidin	1989
Chester Swope	1958	Mary M. Burnett	1973	Donald E. Kotoske	1990
E. E. Dunlap	1959	John P. Sevastos	1974	Harold Thomas	1991
Whitlaw M. Show	1960	S. L. Koplovitz	1975	Eugene R. DeLucia	1992
Frank York Lee	1961	Eli H. Stark	1976	Ronald Goldberg	1993
W. Clemens Andreen	1962	Joseph J. Narney	1977	Michael F. Avallone	1994
Loren R. Rohr	1963 (Jan.)	Frank J. McDevitt	1978	Glenn Hoberg	1995
L Dale Chesmore	1963 (Oct)	Joseph W. Stella	1979	Jerry M. Alexander	1996
Kenneth E. Warren	1964	Milton Snow	1980	Thomas N. Told	1997
Charles L Naylor	1965	Delbert E. Maddox	1981	Frank A. Bonifacio	1998
C. E. Dickey	1966	Ray E. Piper	1982	Wilbur T. Hill	1999
Roy W. Eshenaur	1967	Robert G. Haman	1983	Lewis J. Radnothy	2000
Ben S. Jolly	1968	Raymond J. Saloom	1984	Rodney M. Wiseman	2001
Lester A. Nowlin	1969	Eugene J. Sikorski	1985	Paul W. Herr	2002
L W. Morcy	1970	Dale Dodson	1986	Ida C. Schmidt	2003

Many records were lost in the move from California, but the list of recipients was preserved and remains complete from 1955 to the present. On January 30, 1957, Awards Committee Chair, Frank York Lee, DO, wrote a letter from the ACOFP office at 5880 San Vincent Boulevard in Los Angeles, California, to all Divisional Societies of the AOA, and all state presidents. In that letter, he asked for assistance in the nomination of a national candidate for General Practitioner of the Year. He pointed out that the second recipient of the award was Claude B. Root, DO, who was honored at the July 1956 AOA Convention in New York City. Dr. Lee then outlined the process for selecting the honoree:

“Obviously, there should not be stringent conditions to govern the selection of such a highly esteemed Physician. However, we do prefer that he be a member of the society. Nominations from your divisional society of the AOA or your state society of the G.P. College are welcome. Please include a biography of the nominee and send it to this Committee on or before May 1, 1957. Our method of selection is somewhat similar to that of the American Medical Association. With the exception of the Chairman, the members of the Award Committee are secret.”

Today, the ACOFP has instituted several more rules governing the selection of the Family Physician of the Year. In addition, the Award Ceremony has been moved to the ACOFP Annual Convention held each Spring.

Conclave of Fellows

Early in the ACOFP’s history, the award of Fellow was used to recognize those who had made a significant contribution to the ACOFP. There were no formal criteria for the award; several recipients were not even ACOFP members.

In 1962, then President-elect James Rowland, DO, FACOFP, declared the establishment of the Conclave of Fellows and outlined the requirements for obtaining this honor. During this period, the ACOFP was receiving little respect or voice among other divisions of the osteopathic profession. Dr. Rowland knew the ACOFP was in need of a move to lift its image and morale. In his mind, those who obtained the honor of Fellow would be the

foundation of ACOFP leadership. He believed that this should be an honor equal to professorships of universities or other academic degrees.

Dr. Rowland believed that recipients should wear caps and gowns to set the award apart from any award given by the ACOFP in the future. He turned to the Peterson Company in Kansas City for advice on designing the ACOFP's robes and hoods. It was determined that all recipients would wear the doctoral robe trimmed with green, the color traditionally denoting a degree in medicine.

As the colors of the ACOFP flag were gold, green, and white, these colors were chosen as the official colors of the ACOFP and incorporated into the hood. This information was properly registered with the officials overseeing academic institutions at the time. President-elect Dr. Rowland printed an explanation of the meaning of the gown and hood as well as the rank and colors of academia on a card that was given to each recipient. To this day, his explanation of the significance of the elements of the Fellow's Processional is printed on the back of the program that is issued to every guest attending the Fellow's ceremony.

The following year, on September 20, 1965, the first meeting was held for the newly-organized Conclave of Fellows. President Dr. James Rowland presided over the 24 members who were present. He gave introductory remarks on the Conclave's function and the service the new Fellows could render to the ACOFP. Election of officers saw J. Myron Auld, Jr., DO, FACOFP of Kansas City, Missouri elected as the first chair of the Conclave of Fellows. Jean LeRoque, DO, FACOFP, from Des Moines, Iowa, was elected Secretary and J. Pellosie, DO, FACOFP was elected as a Board member of the Conclave.

After much discussion by those in attendance, it was concluded that: "The Conclave of Fellows should function as a group to aid the American College of General Practice in its work; to give or suggest constructive criticism to the College and any other action which by its own membership could help improve the stature of the College of General Practice."

Minutes of that meeting also show that the Conclave members discussed promoting student ACOFP organizations, and placing general practitioners on AOA hospital inspection teams. The group also formulated a resolution for submission to the AOA, stating that a Department of General Practice should be required in every hospital under AOA direction. They also agreed to establish dues to cover the cost of the induction ceremony and gowns.

The Fellow Degree was issued in the State of Illinois as a full academic degree. It was later decided that the designation of “Fellow” should be an honorary title awarded by the College.

Fellows Traditions

The Fellows Processional did not exist at first, but was the inspiration of John P. Sevastos, DO, FACOFP. He envisioned the idea after attending a fellowship processional by the College of Surgeons. Dr. Sevastos recalls:

“I was president in 1976, and at the same time Dr. Donald Siehl, a surgeon from Dayton, Ohio was president of the American Osteopathic Association. He invited me to the annual meeting of the American College of Osteopathic Surgeons. This was a historic event, as this was the very first time that an ACOFP president was invited to the College of Surgeons meeting. It was a wonderful event. My wife and I were treated extremely well by the membership and were shown every courtesy and consideration. It was at that time that I witnessed a processional for their Conclave of Fellows that was what I deemed the correct and appropriate type of a processional for a professional organization. I was so impressed that I came back and began to run this by my dear friend and confidant, Larry Koplovitz.”

The ACOFP was struggling to gain recognition on the Councils and Boards of the American Osteopathic Association. Larry Koplovitz, DO, felt that more pomp and ceremony might engender more respect. The idea of developing a Fellows Processional was a good one, but during those troubled times money was tight.

Dr. Sevastos and Dr. Koplovitz became aware that Squibb Pharmaceuticals would grant money to organizations for projects of this type. They petitioned Squibb, and met with the company's President, Don Giavani. Talks at first were not productive, but it soon became apparent that Mr. Giavani and Dr. Koplovitz shared a love of opera. This bond warmed the heart of the executive and he eventually agreed to provide the funding for whatever ACOFP felt was fitting and proper.



The official regalia of the ACOFP Fellow Designation.

The leaders used the company's generosity to purchase a hand-tooled mace and a banner bearing ACOFP's name and colors. These articles would be carried at the front of each processional. The mace's handle was fashioned to contain a hollow space that would hold a parchment scroll containing the name of every ACOFP president. This tradition continues today, and every year a new president's name is added to the list. Carolyn Haman, wife of Robert G. Haman, DO, FACOFP, found and recorded the "*War March of the Priests*" by Felix Mendelssohn. This regal tune was to be played as the Fellows processed. All of these traditions are repeated yearly at the fall AOA meeting during the Processional of the Conclave.

The Road to Family Practice Certification Begins

The Conclave of Fellows was intended to be more than just an honorary society. Conclave members and several past presidents would eventually play a major role in establishing the American Osteopathic Board of General Practice (AOBGP).

ACOFP leaders sat on the National Board of Osteopathic Examiners, but only to certify specialists. These leaders could see first-hand the value of certification, and they desired to have a certifying Board of General Practice.

To begin the certification process, the ACOFP sought a seat on the Advisory Board to Osteopathic Specialist (ABOS), the forerunner to the AOA Council on Postdoctoral Training. This Council was in charge of issuing certification to the various specialty colleges in the osteopathic profession. But the general practitioner was not regarded as a specialist and was therefore excluded from participation and certification. Thus, the idea of granting ACOFP a seat was controversial at best.

It was vital to hold a position of prominence on this Council if certification of family physicians was ever to be a reality. Many hours of political maneuvering were required to gain an invitation to join the Council. After much negotiation, the ACOFP was allowed to occupy a seat to give advice, but was not allowed to vote.

ACOFP past president James Rowland, DO, FACOFP, (1964-1965) worked in Kansas City and happened to be a friend of the Secretary to the American Academy of Family Physicians (AAFP). The allopathic organization had encountered similar problems with its parent organization, the AMA, and had chosen to implement an independent certification process.

The AAFP secretary understood the ACOFP's plight, so he gave Dr. Rowland the contacts at the Department of Education in Washington, DC that were needed to begin a petition for an independent certifying board. Dr. Rowland and J. R. Forbes, DO, FACOFP, of Arizona went to Washington to meet with members of the education commission in hopes of starting the National Board of Examiners for General Practice. In the nation's Capitol, they formulated a powerful position paper, and gained many influential friends.

A Detour in the Road - Reconciling with the AOA

As the ACOFP progressed toward independent certification, some members believed the process would be in direct conflict to one of the basic tenants on which the ACOFP was founded. The ACOFP Articles of Incorporation stated that one of the purposes of the College was, “To contribute to the interests of the Osteopathic profession by affiliating and cooperating with the American Osteopathic Association.” Unwilling to poison or dissolve relations, leadership felt they were obligated to try to reach a consensus with the AOA.

The ACOFP leadership attended the February 1968 AOA Board meeting in Hot Springs, Arkansas, to inform the AOA of their intention to form an independent certifying board. The springs in that small Arkansas town were not the only hot places that wintry day as intense debate over the future of certification of ACOFP members ensured emotions remained elevated on all sides. In the end, a consensus was reached and a majority of attending AOA Board members voted to allow the certification of general practitioners and the formation of general practice residency programs. Although the AOA agreed to certification in 1968, it took until February 4, 1972 for it to become a reality.

Back on the Road to Family Practice Certification

The plan for certification was laid out by Dr. James Rowland who would use officers and past presidents as the foundation for the specialty board of general practice. But to be qualified to oversee the certification of general practitioners, the ACOFP officers and past presidents would first have to be certified. To accomplish this certification, the future members of the general practice specialty board would be given an examination developed by the National Board of Osteopathic Examiners. Upon passing that examination, they would then become eligible to form the American Osteopathic Board of General Practitioners.

This was a bold move considering the future Board members were agreeing to take a test designed by the very people who had opposed the formation of a general practice examining board. Records show that some general practitioners who sat on the National Board of Examiners wrote questions for the exam. Mary Burnett, DO, FACOFP, future

secretary of the American Osteopathic Board of General Practitioners, reports that this historic examination took place aboard a jumbo jet in route to an AOA meeting in Hawaii.

As a result of this examination, on February 4, 1972, seventeen physicians were awarded certification in general practice. They were:

Name/City	Certification Number
T. Robert Sharp, DO, FACOFP*, Mesquite, Texas	1
J. R. Forbes, DO, FACOFP*, Phoenix, Arizona	2
Eli H. Stark, DO, FACOFP*, North Bellmore, NY	3
Gerald J. Roderick, DO, FACOFP*, Kansas City, Missouri	4
M.T. Pritchard, DO, FACOFP*, West Plains, Missouri	5
J. Mancil Fish, DO, FACOFP*, Tulsa, Oklahoma	6
James Rowland, DO, FACOFP*, Kansas City, Missouri	7
William J. Mauer, DO, FACOFP*, Deerfield, Illinois	8
Mary Burnett, DO, FACOFP*, Dallas, Texas	9
Jean LeRoque, DO, FACOFP, Des Moines Iowa	10
John R. Sevastos, DO, FACOFP, Cleveland, Ohio	11
Donald Lee McCabe, DO, FACOFP, Harrisburg, Pennsylvania	12
Robert W. England, DO, FACOFP, Huntingdon Valley, Pennsylvania	13
Vernon J. Sloan, DO, FACOFP, Quasqueton, Iowa	14
John H. Burnett, DO, FACOFP, Dallas, Texas	15
James Gazdagh, DO, FACOFP, Maybee, Michigan	16
Lester A. Nowlin, DO, FACOFP, Phoenix, Arizona	17

* Nine of these seventeen newly certified general practitioners would become the founding members of the American Osteopathic Board of General Practitioners.

ARTICLE I NAME

The name of this organization shall be the American Osteopathic Board of Family Physicians, (hereinafter also referred to as the Board). (7/93)

ARTICLE II PURPOSES

Section I

The purposes of this Board are to:

Define the qualifications to be required of osteopathic physicians for certification in the field of family practice and of any other field that may be assigned to the Board.

Determine the qualifications of osteopathic physicians for certification in the field of family practice and any other field that may be assigned to it.

Conduct examinations in conformity with the Bylaws of this Board.

Issue certificates, subject to the approval of the Bureau of Osteopathic Specialists, hereinafter referred to as the Bureau, of the American Osteopathic Association, to those physicians qualified.

Recommend revocation of certificates for cause.

Use every means possible to maintain a high standard of family practice within the osteopathic profession.

Offer a re-certification process, as approved by the Bureau and the AOA Board of Trustees, no later than January 1, 1995. Certificates will be issued, subject to the approval of the Bureau, of re-certification to candidates who successfully complete the re-certification process.

Section II

The certification actions of the Board are subject to the approval of the Bureau. Policy actions of the Board are subject to the recommendations of the Bureau and the approval of the Board of Trustees of the American Osteopathic Association. (2/94)

The American Osteopathic Board of General Practitioners Constitution

The American Osteopathic Board of Family Physicians was established in 1972 as the American Osteopathic Board of General Practitioners upon approval of its Constitution and Bylaws by the AOA Board of Trustees. The Board's name was changed in 1993.

The certificate language has changed respectively with the Board name. Certificates prior to July 1993 were titled "general practice". From July 1993 until July 1999 they were titled "family practice," and after July 1999, they were titled "family practice and osteopathic manipulative treatment".

This Board's function is to recognize AOA-eligible practicing family physicians for examination to become certified by the American Osteopathic Board in Family Practice and Osteopathic Manipulative Treatment. The examination measures the knowledge, skills, and abilities required of a family physician in order to make competent judgments in the care of patients. The areas of knowledge include, but are not limited to allergy/immunology, cardiology, dermatology, endocrinology, gastroenterology, geriatrics, nephrology or urology, neurology, osteopathic principles and manipulative treatment, pulmonology, hematology, pediatrics, ophthalmology, otolaryngology, medical jurisprudence, general surgery, obstetrics/gynecology, psychiatry, orthopedics, preventative medicine, adolescent medicine, sports medicine, addiction medicine, and women's health. The family physician must be knowledgeable and skilled in these areas for patient

care from the first stage of history taking and physical examination to the diagnostic phase and patient management.

Past President J. Mancil Fish, DO, FACOFP, (1969-1970), was the first Chair of the American Osteopathic Board of General Practitioners (AOBGP). He later resigned in protest because Jack Hank would not present a documented treasurer's report. The ACOFP always had a treasurer, but Jack Hank instructed this individual on what to report to the Congress of Delegates.

ARTICLE III DEFINITION

For the purpose of the operation of this Board, the division of practice is defined as follows:

A family physician in osteopathic medicine is a legally qualified Doctor of Osteopathy (D.O.) who does not limit his/her practice to any particular field of osteopathic medicine and surgery.

ARTICLE IV ORGANIZATION

Section 1

Membership:

- a. The American Osteopathic Board of General Practitioners shall consist of nine (9) members nominated by and from the Certified Members of the American College of General Practitioners in Osteopathic Medicine and Surgery at an annual meeting and shall be elected by the Board of Trustees of the American Osteopathic Association.
- b. Members shall be elected for a term of three (3) years (except that at the first election of members to this Board, three members shall be elected for a term of three (3) years; three shall be elected for a term of two (2) years and three for a term of one (1) year.) Thereafter three members shall be elected annually for the full three (3) years.

In case of death or resignation of any Board members, the President of the American College of General Practitioners in Osteopathic Medicine and Surgery shall appoint an individual from the Certified Members of the American College of General Practitioners in Osteopathic Medicine and Surgery to fill the unexpired portions of the terms thus vacated.

- c. Members shall continue to serve until their successors are elected.

Section 2 Officers:

a. The officers of the Board shall be:

1. Chairman
2. Vice-Chairman
3. Secretary
4. Treasurer

At its annual meeting, this Board shall elect these Officers for a term of one (1) year. Officers shall continue to hold office until their successors are elected.

Section 3 Committees:

There shall be three (3) standing committees of this Board and such other committees as may from time to time be authorized. The Chairman shall appoint all committees unless it is otherwise provided.

Standing committees shall be:

- Credentials Committee
- Examination Committee
- Review Committee
- Advisory Board Representative and Alternate: There shall be representative and alternate representative to the Advisory Board of Osteopathic Specialists.

The first examination by the AOBGP was given in 1972 at the Century Plaza Hotel near Los Angeles under the auspices of Mr. Carl Cohoon, Executive Director of the National Board of Osteopathic Medical Examiners. AOA President Marion Coy, DO, FACOFP and other AOA Board members attended to witness the examination. Two hundred physicians completed the examination, marking a monumental point in ACOFP's history. The certification examination has been given two times per year since 1972.

Initially, Board certificates carried no expiration date. In contrast, certifications issued by the AAFP were valid for a seven-year period. As a result of pressure from insurance and managed care companies, the AOBFP instituted a recertification process that began January 1, 1995. All certifications issued after that date are valid for ten years. Physicians certified prior to 1995 were encouraged to recertify, but no requirements were recommended. Those physicians were still able to retain their original, non-expiring certifications.

Ms. Carol Thoma has been with the National Board since its inception. She became Executive Director for AOBGP in 1985. Both Ms. Thoma and Ms. Pat McDonough, her assistant, who began with Ms. Thoma, have a wealth of knowledge regarding the certification requirements and process.

Birth of the General Practice Residency

In the late 1960s, many students, interns, and some practicing physicians were asking for residency programs. The ACOFP had none, and action was needed. The profession of medicine was becoming extremely technical and complex and as a result, specialty residencies were developing at a fast pace.

In 1967, several ACOFP Board members met in Dallas, Texas, in the home of Drs. John and Mary Burnett, with the hope of rectifying the problem. Also, present were Dr. James T. Rowland, Dr. T. Robert Sharp, Dr. Robert Nobels, and a consultant from the AOA's Office of Education, Mr. Bill McKillop.

The group spent grueling hours formulating the Constitution, Bylaws, and guidelines for residency training in General Practice. Once in place, the Board members needed to present their ideas to the AOA. However, the ACOFP had no representation on the Council on

Postdoctoral Training (COPT), or on the Advisory Board of Osteopathic Specialists (ABOS). But the tireless physicians still were confident and presented their documents to the COPT.

The AOA Executive Director at the time, Edward Crowell, DO, an osteopathic internist, spoke strongly on many occasions, opposing residency training and certification for general practitioners. According to Eli Stark, DO, FACOFP, there was a meeting of the AOA and the ACOFP Board in Denver, Colorado in 1971. Presentations were made by key members with the support of the ACOFP Board and they were met with strong opposition from the AOA Board. All COPT members, except for the rehabilitation medicine representative, opposed the ACOFP's proposal. The Council firmly believed in AOA documents that stated, "The trainer of any residency program shall be certified." The Advisory Board did not believe a general practitioner should be certified. However, the ACOFP prevailed and the AOA Board approved the ACOFP certification.

For more information about the battle for certification, see the preceding sections titled *The Road to Family Practice Certification Begins* and *Back on the Road to Family Practice Certification*.

Having certified 17 physicians, formed an examining board and developed the standards for residency training, the first AOA-approved general practice residency programs opened.

The first residencies were authorized in three places:

- Brentwood Hospital near Cleveland, Ohio, Norman Jankowski, DO, FACOFP, Residency Director
- Lancaster, Pennsylvania, Paul Herr, DO, FACOFP, Residency Director
- Chicago Osteopathic Hospital, Chicago, IL, Howard Hunt, DO, FACOFP Residency Director

Dr. Mary Burnett recalls that the first resident to complete the program was from Cleveland, Ohio. Norman Jankowski reported that his first resident at Brentwood was James B. Donahue, DO, who completed the program in 1974 and is currently practicing in Freeport, Maine.

Of further interest, Dr. Howard Hunt had his first resident in Chicago in 1976-77, and Dr. Paul Herr had his first resident in Lancaster, Pennsylvania in 1975-76.

There were many misconceptions about the roll that Family Practice would play in the world of specialists. Dr. Herr recalls attending a Program Directors meeting at the O'Hare Hyatt Regency Hotel in about 1974 and again in 1976. One speaker at the 1976 meeting was a DO specialist who made the following statement. "It takes approximately ten years for a reasonable, normal human to become comfortable with the kinds of decisions needed in the care of other humans. The time spent in residency has the effect of bringing the person within three years of completing this 10-year span (medical school= 4 years + 1 year internship + 2 year residency = 7 years; 10 years – 7 years = 3 years)." Interaction and informative training was shared at these and other ACOFP meetings during that time.

No mention of the evolution of osteopathic general practice residencies would be complete without mentioning Joseph Namey, DO, FACOFP and John Burnett, DO, FACOFP. Drs. Namey and Burnett were among the first general practitioners to be certified. They had a clear vision of the course that the ACOFP should follow, and remained dedicated to making sure family practice remained equal in stature with other allopathic and osteopathic specialties.

It took strong leadership and focused vision to forge a path through the traditional bias of the day. Like so many times through out the ACOFP's history, the right leaders came at the right time to get the job done. The Burnett-Namey team was truly right for the ACOFP. Wise on financial matters, yet tough and pragmatic in dealing with the opposition they were able to react quickly to problems.

Though presidents would come and go, these two established the mold and set the long-range strategy for many years. They were formidable foes to those who stood in the way of the ACOFP's progress. They were generous protectors to those who shared their vision.

Whether friend or foe, everyone agreed that Dr. Burnett's and Dr. Namey's philosophy and leadership were very effective, and they brought the ACOFP to where it is today.

Discrimination: the Driving Force for Expanding Certification

The development of certification examinations and subsequent residencies was pushed by government and third-party discrimination between specialists (certified and residency trained physicians) and non-specialists (generalists and non-residency trained physicians).

The discrimination occurred primarily in the matter of higher fees for certified physicians, but non-certified physicians were experiencing other subtle pressures. This was especially apparent in the area of hospital privileges. Non-certified physicians had less access to facilities and equipment needed to perform procedures and provide care for their patients.

The change from general practitioner to family practitioner occurred about the same time because governmental agencies offered better reimbursement levels for Family Practice, which was now a recognized specialty.

The idea of certifying the general membership was first proposed by Robert G. Haman, DO, FACOFP. Dr. Haman developed a method of certifying continuing medical education known as Continuous Certification of Medical Education (CCME). Dr. Haman partnered with several pharmaceutical corporations to create a concept in medical education new to American medicine.

Using his plan, the member would be given a pre-test at the beginning of a series of educational lectures and a post-test at the end. Passing the test would validate proficiency in that subject and that proficiency would be recorded. A member could accumulate certification gradually, one subject at a time, rather than sitting for one large certifying exam. This idea never caught on, but it was instrumental in guiding the thinking of policy makers to develop the Clinical Pathway to Certification that existed for many years.

The Clinical Pathway to Certification allowed a physician who entered practice before the availability of residencies to become certified. Physicians who graduated prior to 1995, completed six years of practice, and 600 hours of continuing education could sit for the certification examination. Physicians eligible under the clinical pathway had until the end of 2001 to successfully complete the certification examination. This process recognized the value of clinical experience and provided a method for thousands of physicians to become certified.

CHAPTER THREE

INFRASTRUCTURE

Osteopathic Medical Colleges

Prior to 1962, the osteopathic medical profession had been stagnant. New osteopathic colleges had not formed for many years and the postwar student boom was over.

The California situation was a true turning point. One path for the profession was to certain oblivion, the other toward renewed vitality. The profession surged forward along the latter path when the first of 15 new osteopathic colleges opened in Michigan in 1969. With the opening of this college came a renewed sense of spirit and identity for osteopathic physicians and the profession. This spirit served the profession well, resulting in osteopathic colleges that are now university-affiliated; an increased awareness of the necessity for research; and a sense of equal partnership with the allopathic medical profession. As a result, new osteopathic colleges continued to be established despite the overall trend of decreasing numbers of allopathic medical colleges.

Osteopathic Medical School	Year Established	First Deans of Schools
Kirkville College of Osteopathic Medicine (KCOM)	1892 1897	Founder: Andrew Taylor Still, DO First Dean - C. M. T. Hulett, DO
Des Moines University - College of Osteopathic Medicine and Surgery (DMU-OMC)	1898	Wilfred L. Riggs, DO, Dean and Professor of Physiology and of Theory of Osteopathy
Philadelphia College of Osteopathic Medicine (PCOM)	1899	James E. Burt, MD, DO
Chicago College of Osteopathic Medicine/Midwestern University (CCOM)	1900	Ernst R. Proctor, DO
The University of Health Sciences, College of Osteopathic Medicine (UHS-COM)	1916	J.W. Parker, DO

Osteopathic Medical School	Year Established	First Deans of Schools
Michigan State University, College of Osteopathic Medicine (MSU-COM)	1969	Myron Magen, DO
University of North Texas Health Science Center at Fort Worth, TX, College of Osteopathic Medicine (UNTHS-COM)	1970	Oscar J. Bailes, DO
West Virginia School of Osteopathic Medicine (WVCOM)	1972	Harry Kornhiser, DO
Ohio University, College of Osteopathic Medicine (OU-COM)	1975	Jerry Faverman, PhD
University of Medicine & Dentistry of New Jersey School of Osteopathic Medicine (UMDNJ-COM)	1976	Benjamin Cohen, DO
Oklahoma State University Center for Health Sciences/College of Osteopathic Medicine (OSU-COM)	1972	John Barson, EDD
Western University of Health Sciences College of Osteo Medicine of the Pacific (WUHS-COM)	1977	Robert Rappel, DO
New York College of Osteopathic Medicine/New York Institute of Technology (NYCOM)	1977	Philip F. Fleisher, DO
University of New England, College of Osteopathic Medicine (UNE-COM)	1978	William B. Strong, DO
Nova Southeastern University, College of Osteopathic Medicine (NSU-COM)	1980	Arnold Melnick, DO
Lake Erie College of Osteopathic Medicine (LECOM)	1992	Silvia M. Ferretti, DO
Arizona College of Osteopathic Medicine (ACOM)	1995	James W. Cole, DO
Pikeville College School of Osteopathic Medicine (PCCOM)	1995	John Strosnider, DO
Touro University College of Osteopathic Medicine	1995	Bernard I. Zeliger, DO
Edward Via Virginia College of Osteopathic Medicine	2003	Dixie Tooke-Rawlins, DO, FACOFP

Developing State Chapters

As members joined the ACOFP, they experienced the organization's value and began forming local chapters across the country. These chapters were small, but the spirit of volunteerism caused many to prosper.

John P. Sevastos, DO, FACOFP recalls becoming associated with ACOFP in the first years of his practice. His experience is typical of the pragmatic way the state chapters were managed in the early years of osteopathic general practice. (see sidebar)

The embryo of the ACOFP Pennsylvania Chapter was formed over lunch at The Lincoln Hotel in Reading, Pennsylvania on a beautiful spring day in 1960 or 1961. The three founding members were Earl Gabriel, DO, FACOFP, George Essayian, DO, FACOFP and Paul Herr, DO, FACOFP. These three served as officers for several years and their work was soon augmented and carried on very ably by Larry Koplovitz, DO and Joseph Stella, DO, FACOFP. The Pennsylvania Chapter has grown to be one of the largest in the ACOFP and has produced many ACOFP leaders over the years. This pragmatic approach to government has been a part of the formation of most of the state organizations since the 1950s.

Dr. Sevastos recalls:

"Dr. George Cozma, Past President of ACOFP (1963-64), practiced in Cleveland and became a very dear and close friend of mine. He took me under his wing as I came back to Cleveland to start my practice. For some reason, I think he saw something in me that I personally did not recognize; he insisted that I take over as president of the Ohio Society of General Practitioners.

The group of physicians was small with a total membership of 40 or 50 at the most. They had a small treasury consisting of approximately \$155.

At one of our Ohio Osteopathic Association meetings, George took me by the arm and said we were going to the Ohio Society of General Practice Board meeting. When we walked into the room there were four individuals already present, the president, vice-president, secretary and one other member.

With the six of us present, the meeting commenced with the reading of the minutes after which they handed me the gavel and George Cozma informed me that I was now the president. What an interesting beginning for a little country doctor to find himself as President of the Ohio Society of General Practitioners.

I really had no idea where or what was going to come of this Ohio Society. But I was young and was full of confidence so immediately upon my return to Cleveland, I contacted our local Cleveland Academy Executive Director John Robson. I said I am now President of the Ohio Society of General Practitioners. I am going to need some of your help and expertise, and I have got approximately \$150 in the treasury. So we sat down, and I came up with the idea of starting a newsletter to get the word out to the GPs in Ohio. We established dues for the membership, and I contacted pharmaceutical companies and asked them to give financial support to develop the newsletter. We also secured money to pay Mr. Robson for some of the time that he was expending.

From that humble beginning, the Ohio Society of General Practitioners had its first newsletter. I took it upon myself to send the first edition to my dearest friends, Larry Koplovitz and Joe Stella. To my surprise they were not aware that there were ACOFP state chapters. After they read my first newsletter, which I must say was a rather nice production, they took it upon themselves to organize the group in Pennsylvania.

A Home for ACOFP to Call Its Own

The ACOFP had endured many hardships and resided in many homes in the years leading up to the break with Allied Appraisals. The stature of the Washington Street headquarters showed the ACOFP was indeed a first-class operation.

It was only natural that after the quick move from downtown Chicago into the rental office space near O'Hare Airport that many members longed for a home to call their own. Where to put that home and how to finance the building were two of the biggest questions facing the ACOFP leadership.

The harsh reality was that without a bank account of its own, the ACOFP had barely two nickels to rub together and no credit. Larry Koplovitz, DO, complained of this at the annual meeting in Dearborn, Michigan. Joseph Guzik, DO, FACOFP, a member of the Board threw two nickels on the table and said, "There you go." The rest of the Board chipped in and accumulated a few hundred dollars among them.

The Board went to the Congress of Delegates to request money for a building fund and collected several thousand dollars. With a building fund, they could obtain credit and shop for ACOFP's home.

John P. Sevastos, DO, FACOFP, dreamed of a location in Washington, DC to be close to lawmakers and help with the formulation of emerging legislation affecting general practice. Dr. Koplovitz shared Dr. Sevastos' dream of finding a building for ACOFP and they went looking in Washington.

They found a building about five blocks from what is now The Centers for Medicare and Medicaid Services (CMS) at a price of \$450,000. The Board was divided over this cost and offered \$410,000. While the Board negotiated this price, another group bought it for \$650,000, and sold it one year later for \$1 million.

The building fund continued to grow as the search for a permanent home continued over the next few years. While the debate on where to locate a permanent home raged, the ACOFP made do with its rented office space. There were those who wished to place the headquarters in the vacant floors of the newly purchased AOA building. The thought was that the College would be close to the parent organization and that ACOFP could coordinate business with the AOA more effectively. However, the battle for specialty status left some members wary and the idea was abandoned.

Others on the Building Committee argued passionately for a move to a city in the “sunbelt.” Dallas, Texas, with a well-established airport not vulnerable to winter storms, was one suggestion. In the end, it took the strong voice of the team of Joe Namey, DO, FACOFP, and John Burnett, DO, FACOFP, to tip the balance toward building in suburban Chicago on Algonquin Road in Arlington Heights, Illinois.



***330 East Algonquin Road,
Arlington Heights, Il, 1990-present***

The groundbreaking ceremony for the ACOFP’s new home occurred on October 9, 1988. Many who worked so hard to make the event possible gathered to witness history. Past President Dr. Joseph Guzik summarized everyone’s feelings that day when he said, “an aura of serenity and hope permeated the entire affair.” Mother Nature responded with perfect fall weather and a crystal clear day.

Boy Scouts of America Troop 146 of Arlington Heights, Illinois, opened the ceremonies with the posting of the colors. Ronald Goldberg, DO, FACOFP, ACOFP President, delivered the opening remarks and made introductions. Immediate Past President Ray E. Piper, DO, FACOFP delivered the invocation and Arlington Heights Mayor James T. Ryan presented enlightening comments.

Frank McDevitt, DO, FACOFP, Chair of the Building Committee, along with Joseph J. Namey, DO, FACOFP, Chair of the AOBGP, delivered remarks. AOA President Marcelino Oliva, DO, FACOFP, presented the keynote address.

Ronald Goldberg, DO, FACOFP, was present to deliver the closing remarks and toss the first shovel full of soil. Others helping to turn the first soil were Bette Vaught, ACOFP Executive Director, Marcelino Oliva, DO, FACOFP, Mary Burnett, DO, FACOFP, Joseph Namey, DO, FACOFP, and Mayor Ryan. These individuals were issued a gold shovel as mementos. The remainder who were present received silver shovels as a remembrance.



Arlington Heights' ground breaking ceremony.

Pictured from left to right: Bette Vaught, Executive Director, Marcelino Oliva, DO, FACOFP, Mary Burnett, DO, FACOFP, Ronald Goldberg, DO, FACOFP, Joseph Namey, DO, FACOFP, and Mayor Ryan (October 1988)

Ten ACOFP past presidents attended the ceremony. No one assembled felt more pride than those physicians who had seen the total possessions of the ACOFP set out on the street in front of 111 West Washington Street in downtown Chicago eight years earlier. Twice in the ACOFP's history dissolution appeared eminent, and twice the ACOFP had risen like the phoenix to take the form of a more resilient organization. Today, other renowned medical organizations have moved their national headquarters to Arlington

Heights, highlighting the wisdom of Dr. Namey and Drs. John and Mary Burnett in selecting the site of the ACOFP's home. For their contributions, these three physicians are recognized in the lobby of the present permanent home.

Calmer Waters Allow Smoother Sailing

The last two decades of the 20th century brought slightly more settled times for the ACOFP, which enjoyed a gradual steady membership growth. National leaders focused once again on the important roll the osteopathic student played in the ACOFP's overall survival.

The Membership Committee started new efforts to bolster student chapters through financial support and frequent visits from the ACOFP leaders. These contacts identified the need to also focus on residencies and post-graduate training. The ACOFP initiated inspections and unified basic standards so that training programs would remain in the forefront of the move to make certification a requirement for licensure.

Education remained at the heart of the ACOFP's activities. Master educator Raymond Saloom, DO, FACOFP, was asked to address an opening session of the annual spring scientific seminar. This lecture was not only well received, but has been perpetuated to honor his contribution to the ACOFP.

In the early 1980s, the ACOFP struggled financially. Income and membership were at a low ebb. The appointment of Dr. Saloom as treasurer, overseer, and comptroller of meager funds instituted a turnaround. Three specific appointments to major committees proved the key to subsequent success: Ronald Goldberg, DO, FACOFP, grants committee; Harold Thomas, DO, FACOFP, conventions; Royce Keilers, DO, FACOFP, membership. This triad was admonished by Dr. Saloom to do the best job possible with limited funds and very limited committee meetings. The Membership Committee did meet, and strategically decided to focus on students and young DOs for future membership growth, as many older DOs had not responded despite numerous requests to join.

The Membership Committee accomplished the establishment and reactivation of student chapters in the colleges of osteopathic medicine. In 2004, student membership totals 10,000. Overall ACOFP membership has continued to rise steadily, to more than 21,000. A national ACOFP student organization was born and grew rapidly. Many students now attend the ACOFP national meetings, and most boards and committees include student members.

Membership grew, program grants grew, and meeting attendance grew during the mid-1980s under Dr. Saloom's guidance. The ACOFP coffers prospered, allowing for staff expansion including new executive director leadership, new program development, a new headquarters office building, and sound financial structure with reserves. Committees began to meet and function optimally in the new environment. The residency base expanded, and the numbers of certified osteopathic family physicians increased. Benefits from this era continue to accrue today.

Students Play a Part in ACOFP History

In 1957, the first ACOFP student chapter was organized on the Kansas City College of Osteopathic Medicine's campus. This first student chapter was designated as the *Alpha Chapter*, and N. Robert Brethouwer, DO, FACOFP, was elected as its president. During his tenure, he visited other campuses and became instrumental in creating other student chapters. Brethouwer's involvement with the ACOFP would not end with his graduation from the Kansas City College. Dr. Brethouwer would one day serve as ACOFP president and preside over the ACOFP's name change. See the section below titled *A New Home Gets a New Name*.

Osteopathic medical students have played an important part in ACOFP's history. Sometimes they became leaders in reactivating student chapters. Such was the case of a student from Pennsylvania, Alice J. Jal, DO, FACOFP, who was instrumental in reactivating the PCOM Student Chapter. Because of her sincere interest in the reactivation process, she was appointed the first president of the PCOM Student Chapter. From 1987 to the present, the PCOM chapter has been active because one student cared enough to become a leader in student activities.

To ensure that students have a constant voice in the ACOFP, a student sits as a full voting member of the Board of Governors and students are appointed to ACOFP committees.

A New Home Gets a New Name

It has been pointed out previously in this history, that the ACOFP's founders were foresighted in many efforts related to ACOFP's founding. One specific example of their foresight was to register the right to exclusively use *General Practice* in the organization's name.

With the trend toward delivering better reimbursement for specialists who were certified, it was not long before general practitioners in both the allopathic and osteopathic professions were working toward the goal of certification. The general practitioners in the allopathic profession were no different from our founders, as they too wished to start a specialty college.

In 1969, allopathic general practitioners explored names that would include General Practice, but ACOFP had registered that right. This may have been one reason the larger group formulated the name “Family Practice” to designate their specialty. They began calling this new specialty Family Practice, and those who practiced in that specialty, Family Physicians. It was a sweet victory for the ACOFP to have the exclusive rights to the designation of G.P. and it would last for the next 23 years.

Many times, the smaller group of a profession can be swept into the wake of the larger body and be drawn along with it. The ACOFP leaders enjoyed a separate and distinct name as well as a distinct and independent style of practice and training. The AAFP really did not care either, and the distinction between the two professions would be highlighted by their names.

The advent of managed care would again bring crisis to the ACOFP. During 1990, there were heated discussions about the organization’s name. The healthcare financing establishment recognized family practice as a specialty and general practice as those who had not become certified. As a result, the differences in reimbursement levels between family practitioners and general practitioners became considerable.

Though many osteopathic general practitioners were indeed certified, others were not, and the distinction was difficult to establish by name alone. The profession needed a simple way to distinguish certified general practitioners from non-certified general practitioner, yet allow us to remain separate and distinct from the allopathic profession.

A proposal to change the name of the College to the American College of Primary Care Physicians was brought to the Board of Governors. After careful consideration, it became clear that Primary Care could refer to several disciplines such as internal medicine, pediatrics, and obstetrics and gynecology. To further complicate matters, non-physician healthcare providers such as nurse practitioners, physician’s assistants, and emergency medical technicians often used the primary care designation.

The Board of Governors favored changing the name to American College of Family Physicians, or ACFP, with Osteopathic in smaller letters under the name. This would keep the format of the original letterhead.

There was a very strong grassroots movement to put “Osteopathic” in the name on an equal billing with the other letters in ACFP. The historic vote took place on the floor of the Congress of Delegates in the Peabody Hotel in Orlando, Florida, in the spring of 1993. The vote determined the College would install a sign on the new home that would read, “The American College of Osteopathic Family Physicians.”

In a pleasant twist of fate, Dr. N. Robert Brethouwer (the founder of the Alpha Chapter of the ACOFP on the Kansas City Campus in the late 1950s) would preside over the name change in 1993.

The Line in the Sand

The trend toward specialization and certification was a positive step for the organization, but stresses would be encountered in the process. Some ACOFP members along with members of other primary care specialty colleges wished to develop separate colleges and examinations for the subspecialties of general practice. This was true with emergency medicine, sports medicine, geriatric medicine, and adolescent medicine. Other emerging disciplines such as addiction medicine and osteopathic manipulative medicine also wished to become primary certifying organizations.

Excerpt March, 1993 Congress of Delegates, Orlando, Florida

Resolution #3

The following resolution was submitted by the Ohio Society of ACOFP.

WHEREAS, the political climate has changed dramatically since the 1990 ACOGPOMS Congress of Delegates; and
 WHEREAS, the healthcare arena has undergone the same dramatic changes; and
 WHEREAS, the osteopathic general practitioner continues to be placed under scrutiny by third-party payers and the federal government; and
 WHEREAS, the use of the term “primary care” physician can be of benefit, both economically, and politically; now therefore be it
 RESOLVED, that the American College of General Practitioners in Osteopathic Medicine and Surgery investigate the feasibility of changing the name of the College to the American College of Primary Care Physicians in Osteopathic Medicine and Surgery.

THE RESOLUTION WAS WITHDRAWN

Resolution #4

The following resolution was submitted by the Florida Society of ACOFP.

WHEREAS, it has been established that within the American College of General Practitioners in Osteopathic Medicine and Surgery (ACOFFP), a significant percentage of membership has been dissatisfied with the organization’s name, and
 WHEREAS, it has also been recognized that this dissatisfaction is largely the result of efforts of its competitor and equivalent allopathic organization, the American Academy of Family Practitioners, who have successfully created in the mind of the public the concept of the term “family” implies specialization, and the term “general” implies non-specialization, and
 WHEREAS, the membership has been informed by the officers of the organization that the American Academy of Family Practice has had the term “family practice” copyrighted and protected in some form, and

WHEREAS, these same officials and officers allowed the Florida Society of the American College of General Practitioners to withdraw two motions in 1992 at the Congress of Delegates conditionally since the issues they dealt with concerned the ethical use of the term “family” by members in the ACOFP in Osteopathic Medicine and Surgery, and had already become acceptable; now therefore be it

RESOLVED, that the American College of General Practitioners in Osteopathic Medicine and Surgery, add to its name, the word “family” so that the name would read, the American College of General Practitioners in Osteopathic Family Medicine and Surgery; and therefore be it

RESOLVED, that the American Osteopathic Board of General Practice be asked to similarly change their name.

Resolution #4 was amended by the Reference Committee to read as follows:

WHEREAS, a significant portion of our membership has perceived that a name change would better convey and express the true mission and scope of training of the osteopathic general practitioner; now therefore be it

RESOLVED, that the American College of General Practitioners in Osteopathic Medicine and Surgery change it's name to the American College of Osteopathic Family Physicians; and therefore be it

RESOLVED, that the American Osteopathic Board of General Practice change its name to concur; and therefore be it

RESOLVED, that the currently certified general practitioners will have their designation changed to be a certified osteopathic family physician.

MOTION: A motion was made to approve this resolution as amended.

The motion was passed.

The ACOFP leadership, as well as that of pediatrics, internal medicine, and physical medicine/rehabilitation, were faced with the fragmentation of their organizations into more and more subspecialty groups. The ACOFP drew a line in the sand and declared it would not tolerate any more fragmentation of family practice.

The stand came too late in the 1980s to stop the exit of those in emergency medicine. But sports medicine, geriatric medicine, and adolescent medicine would be the focal point for the eventual resolution of this problem. Relations between the long-standing colleges and the emerging academies became tense and estranged during these difficult years.

In the end, the AOA Council on Postdoctoral Training resolved the issue by awarding a Certificate of Added Qualification. A Conjoint Board that was made up of representatives from all the involved colleges and academies administered this certificate. The American Board of Osteopathic Family Physicians would administer the examination to family practice physicians who were proficient in sports medicine, geriatric medicine, and adolescent medicine. The Colleges of Internal Medicine, Pediatrics, Emergency Medicine, and Physical Medicine Rehabilitation also administer the exams to their members. Later, the American Academy of Osteopathy (AAO) would attempt to be the only body to certify osteopathic manipulative skills. This move meant that the ACOFP might lose the ability to issue certification on the proficiency of OMM. In a landmark 1997 move to protect members from

further loss of privileges, the ACOFP reissued Certificates of Certification adding the words “Osteopathic Manipulative Treatment” to “Family Practice.” The unique skills of the osteopathic family physician would never be further eroded.

Rudolph J. Wolf, DO, FACOFP, ACOFP President (1985-86), recalls the events taking place during and after his presidency.

In 1982-83, the internists prepared documents for the establishment of a subspecialty certification in Geriatrics. At the same time, ACOFP was also preparing similar documents. When the AOA Council on Post-doctoral Training became aware of this, an arrangement was agreed upon by which both colleges would “escrow” the documents and not bring them up without joint consultation. During my Presidency, it came to my attention that the internists were secretly going to resurrect their documents and try an end run thru the House of Delegates. This would have produced a blood bath; the blood coming from the “infernalists”.

At my urging and direction, a joint committee was established by ACOFP and ACOI to resolve this issue. The end of this dispute was the establishment of a joint Certificate of Proficiency in Geriatrics to be administered by the exam boards of each college. This took over two years of negotiations, collaboration and “politician”.

I feel this was a major attempt to weaken ACOFP, and under my watch it came to light and the ACOFP did a great job in protecting the turf of the family physician.

AACOFPP

Auxiliary to the ACOFP

The AOA has had an auxiliary instituted for many years, representing the spouses and significant others of active osteopathic physicians in practice. However, a similar organization did not exist in the ACOFP until 1990. Harold Thomas, DO, FACOFP, President, felt there were profound issues that were unique to Family Practice that could be solved by organizing an Auxiliary. Dr. Thomas shared his idea with his wife, Margaret, and they both committed to the project. The duo presented their concept to the Board of Governors and the Governor's spouses who appeared to embrace the notion. Bylaws were drafted and the first governing Board of the Auxiliary to the American College of Osteopathic Family Physicians (AACOFP) was founded on November 26, 1990.

The first group of leaders was composed mainly of Governor's spouses and their friends. Ms. Thomas was elected as the first president on March 9, 1991 in Washington, DC. The initial membership totaled 91. In some ways, the AACOFP's formation mirrored that of the ACOFP. Throughout the years, the AACOFP raised thousands of dollars for philanthropic projects. These projects usually centered on providing financial aid to the ACOFP's academic members. In recent years, the

Auxiliary, has provided significant funds for the Preceptor/Preceptee Program, ACOFP Student Scholarship Program (awarding 28 \$1,000 scholarships to osteopathic medical students), and provided funds to family practice resident's spouses to attend national ACOFP Annual conventions.

Auxiliary Past Presidents	
1991 – 1992	Margaret Thomas (Harold Thomas DO, FACOFP)
1992 – 1993	Gerri Namey (Joseph J. Namey DO, FACOFP)
1993 – 1994	Florence Pelletiere (Joseph Pelletiere DO, FACOFP)
1994 – 1995	Sandra Brandt (E. Dale Brandt DO, FACOFP)
1995 – 1996	Laura McAfee (Dewey R. McAfee DO, FACOFP)
1996 – 1997	Peggy Stowers (Ray E. Stowers DO, FACOFP)
1997 – 1998	Shirley Radnothy (Louis J. Radnothy DO, FACOFP)
1998 – 1999	Sherry Martin (Ronnie B. Martin DO, FACOFP)
1999 – 2001	Dianna L. Silvagni (Anthony J. Silvagni DO, FACOFP)
2001 – 2002	Sheri G. Levine (David B. Levine, DO, FACOFP)
2002 – 2003	Gloria Krejsa (Richard J. Krejsa, DO, FACOFP)
2003 – 2004	Amy K. Subera (Layne E. Subera, DO)

CHAPTER 4 LEADERSHIP

Executive Directors

The College owes much to its executive directors who tirelessly manage the tasks of day-to-day operations. These professional people project the ACOFP's image and direction, and set the tone of operations.

The first executive secretary was also the only osteopathic physician to run the ACOFP's day-to-day operations. Alfred J. Schramm, DO, one of the original eight founders and most senior of that group, became the first executive secretary. Dr. Schramm resided at 5889 San Vicente Boulevard in Los Angeles, California and his office became the official address of the College for a number of years. Dr. Schramm was nearing retirement age and, therefore, possessed the time and resources to perform his duties. He began full-time ACOFP employment in 1960, ten years after the formal organization of the College. Dr. Schramm would serve until the College was forced to move operations to the Midwest.

The first executive secretary following the move to Chicago was Jack Hank, owner of Allied Appraisals in Chicago. Mr. Hank was hired initially to be a part time executive secretary. He and his company would be linked with ACOFP for more than a decade. Jack Hank provided the organizational skills and financial background to put the ACOFP in a place of prominence. Please see the section in Chapter 1 titled *Chicago Bound* for an extensive discussion of Mr. Hank's tenure as Executive Director.

Within months of the break from Jack Hank, Betty Vaught was hired from the AOA to take over the ACOFP operations as its third permanent full-time Executive Director. Prior to Ms. Vaught's term, John P. Sevastos, DO, FACOFP, and Larry Koplovitz, DO, FACOFP, had befriended her professionally and established a strong bond.

“She was such a good friend and responded very generously to our recommendation (to be executive director). Once the Board decided who should take over the leadership of the ACOFP’s staff, she eagerly agreed and proceeded to work tirelessly for the ACOFP. We felt fortunate to have someone like her strongly representing our profession.”

Dr. John Sevastos, 2003

Ms. Vaught worked seven days a week, day and night, single handedly to manage the ACOFP office. This was no small task. She loved the ACOFP and the ACOFP loved her, not only as the Executive Director, but also as a person. Betty made sacrifices and gave of herself to the ACOFP. Her knowledge of AOA operations and the connections she brought to the organization were invaluable in allowing the ACOFP to increase members and educational programs. She maintained a good rapport with the leaders within the ACOFP as well as the leaders of other organizations.

Prior to Ms. Betty Vaught’s retirement, Jo Ann Ruston was hired April 1, 1985 as the Office Manager. On September 1, 1990 she became the Assistant Executive Director and retired on September 1, 1998. Jo Ann was instrumental in her position and was greatly appreciated for her accomplishments.

George Nyhart was hired on December 1, 1988 to replace Betty Vaught as Executive Director. Mr. Nyhart held this position until he retired March 31, 2000.

Betty Warner, CAE was subsequently hired June 1, 1999 as Assistant Executive Director. Upon Mr. Nyhart’s retirement, Ms. Warner was chosen to take the reins as the Acting Executive Director on February 1, 2000, and then became Executive Director on May 1, 2000.

Peter Schmelzer, CAE who had been Deputy Executive Director for more than two years, succeeded her as Executive Director on October 7, 2002.

Congress of Delegates

For the first 10 years of its existence the ACOFP was governed by an Executive

Committee and a Board of Governors representing various regions of the country. (See the section *Our Founders and Early Leaders*, in Chapter 1). By the late 1950s, many of the state societies were growing larger and the need for dialogue and consensus between the various societies was becoming vital. The ACOFP needed more than an executive branch and a constitution to do the business of the corporation.

The leaders believed the most logical approach would be to form a legislative body that could represent the delegated powers of the membership and the chartered state societies. The Committee on Bylaws and Manual of Procedure was charged with consulting with AOA legal counsel Milton McKay, Esq. to formulate changes to the Constitution and Bylaws that would create such a body.

This Committee was made up of J. R. Forbes, DO, FACOFP, Chair; Lester. A. Nowlin, DO, FACOFP; and Albert. J. Schramm, DO, who was both an ACOFP member and the newly-appointed ACOFP executive secretary. On June 11, 1960, the Committee members filed a report to the membership, the Board of Governors and the AOA containing the changes that would create the Congress of Delegates. The term House of Delegates was purposely not used to avoid confusion with the governing body of the American Osteopathic Association.

Included with the Committee's letter was a request to amend the ACOFP's Constitution and Bylaws. These changes laid out the organization and duties of this most important representative body.

- A. *The Congress of Delegates shall be the legislative body of the College, shall represent the delegated powers of the membership and of the chartered State Societies in the affairs of this College and shall perform such other functions as are defined by the By-laws.*

- B. *The Congress of Delegates shall consist of delegates elected by the chartered State Societies, ACGP, and other authorized units, and such other members as provided by the By-laws; but only the delegates of chartered State Societies shall have the power to vote. The President of each said State Society shall head the delegates of his State Society.*

Each said State Society shall be entitled to one delegate (the President or his successor) and one delegate for each 30 (or fraction of 3/5(18) thereof above 30) of the members of the ACGP residing in the boundaries of said State Society.

C. The Presiding Officer of the Congress of Delegates shall be the Speaker and in his absence, or at his request the Vice-Speaker shall preside.

D. The Congress shall meet coincident with each Annual General Assembly.

The By-laws were changed to further define the role of the Congress of Delegates and the Board of Governors. To quote the words of the framers: *“The Corporate Powers of this College shall be vested in, exercised, conducted and controlled by a Congress of Delegates, the legislative body and shall be administered by a Board of Governors.”*

With the creation of the Congress of Delegates, it was necessary to change the role the Board of Governors played in ACOFP’s structure and operation.

“The Board of Governors is the administrative and executive body of the ACGP and handles the business between annual meetings, the finances of the College, and shall authorize and supervise the Congress of Delegates concurring, all expenditures thereof. Concurrence of the Congress is necessary for the final adoption of the budget. The Board of Governors determines the duties of all the officials for the proper execution of the policies of the ACGP as dictated by the Congress.”

Also included in the Bylaws amendment was a change in the qualifications for being a member of the Board of Governors. Prior to this time, a Governor was required to be an ACOFP Fellow, but this was changed to simply being a member in good standing for two consecutive years.

It was also determined that the Speaker would preside over the Congress and would be nominated and elected each year from the floor. The same would be the case for the Vice-Speaker. Neither could vote unless there was a tie on the floor.

Just as it is today, the Executive Secretary of the Congress prepared the agenda for the meeting and kept the minutes. It was established from the beginning that the ACOFP's business would follow *Roberts Rules of Order Revised*, unless unanimously suspended.

The Congress of Delegates has changed little through the years and remains much the same body our founders organized.

Speakers of the Congress of Delegates

CHARLES SAUTER, DO, FACOFP

It was the custom from the formation of the ACOFP Congress of Delegates for the President to appoint the Speaker of the Congress for one day. When the Congress adjourned, the Speaker was released. For more than twenty years that job fell on one man, Dr. Charles Sauter.

T. EUGENE ZACHARY, DO, FACOFP

It goes without saying that the most visible figure of leadership within the American College of Osteopathic Family Physicians was T. Eugene Zachary, DO, FACOFP of Fort Worth, Texas. President Robert G. Haman, DO, FACOFP, a fellow Texan, appointed Dr. Zachary as vice-speaker in 1980. When Speaker Dr. Charles Sauter was unable to be present at the 1981 Congress meeting, Dr. Zachary was appointed by the president to fill the vacant position. With a keen knowledge of parliamentary procedure and a commanding, booming voice he quickly stood out as the only logical choice to succeed Dr. Sauter. By the end of the annual meeting, Dr. Zachary was elected as the permanent Speaker of the Congress of Delegates. He admits that it was a challenge to take over with less than a year of mentoring, but his two decades of continuous service to the ACOFP and the AOA as the speaker of both organizations stands as a testament to his abilities.

A native Texan, he received his B.A. from North Texas State University in 1955 and then went to the Kansas City College of Osteopathy and Surgery for his DO degree, graduating in 1959. He returned to the Dallas area, and Dallas Osteopathic Hospital to do his internship from 1959 to 1960. Dr. Zachary then entered general practice and had a very active career of service to his patients.

Dr. Zachary was always active in medical political affairs and medical education from the day he started practice. He worked closely with every leader that lived outside of California who is mentioned in this history. He credits men like T. Robert Sharp, DO, FACOFP, and Robert M. Haman, DO, FACOFP, with encouraging him to become Speaker. It was Royce K. Keilers, DO, FACOFP who initiated the policy that made the speaker an ex-officio member of the Board of Governors, and Dr. Zachary was a part of every Board meeting after that policy change.

In 1975, Dr. Zachary became certified in Family Practice and he recertified in 1994. He was nominated and installed as a Fellow in 1977. It was the love of academics that lead Dr. Zachary to the Texas College of Osteopathic Medicine in 1980 and the Department of Family Practice as an associate professor. That led to his eventual appointment as Vice President of Academic Affairs and Dean of the University of North Texas Health Science Center at Fort Worth of which the Texas College of Osteopathic Medicine is a part. He served with distinction in that office until his retirement at the turn of this century.

From the rostrum, Dr. Zachary witnessed the evolution of osteopathic medicine. This profession owes much to this man who served longer in the leadership than any other. Dr. Zachary blended the bold commanding countenance of Sam Houston with the intellect and organizational skills of Stephen Austin to develop a style that captured the respect of all who met him. His influence will live on through the years in the words of our Constitution and rules of our Congress.

RODNEY M. WISEMAN, DO, FACOFP

Dr. Wiseman was elected Speaker of the Congress of Delegates in 2002 and continues to serve as of publication of ACOFP's history.

Family Physicians Lead the American Osteopathic Association

The ACOFP fosters leadership among its members and since the early 1950s, outstanding family physicians have been chosen to lead the American Osteopathic Association. Many served as president of both AOA and ACOFP, but that is nearly impossible to accomplish today. Following are all the ACOFP members who have served as AOA Presidents.

ACOFP Members Who Served as AOA Presidents	
1958	George W. Northup, DO, FACOFP, Mesa, AZ
1960	Roy J. Harvey, DO, FACOFP, Kerrville, TX
1965	Wesly B. Larsen, DO, FACOFP, Hinsdale, IL
1967	Earl K. Lyons, DO, FACOFP, Chandler, Arizona
1969	J. Scott Heatherington, DO, Portland, OR
1972	J. Vincent Murphy, DO, FACOFP, Grand Blanc, MI
1973	John C. Taylor, DO, FACOFP, Kansas City, MO
1975	Earl A. Gabriel, DO, FACOFP, Allentown, Pennsylvania
1976	George J. Luibel, DO, Fort Worth, TX
1979	Dale Dodson, DO, FACOFP, Northfield, MN
1980	Floyd Krengel, DO, FACOFP, Asbury Park, NJ
1981	Frank J. McDevitt, DO, FACOFP, Northville, MI
1983	Mervin E. Meck, DO, FACOFP, New Smyrna Beach, FL
1985	John H. Burnett, DO, FACOFP, Rockwall, TX
1986	Eugene L. Sikorski, DO, FACOFP, Harrison Township, MI
1987	Joseph W. Stella, DO, FACOFP, Whitehall, PA
1990	Mitchell Kasovac, DO, FACOFP, Phoenix, AZ
1993	Laurence E. Bouchard, DO, Narragansett, RI
1995	Howard L. Neer, DO, FACOFP, Plantation, FL
1996	John P. Sevastos, DO, FACOFP, Cleveland, OH
1997	Howard M. Levine, DO, FACOFP, Bayonne, NJ
1998	Ronald A. Esper, DO, FACOFP, Erie, PA
2000	Donald J. Krpan, DO, FACOFP, Yorba Linda, CA
2001	James. E. Zini, DO, FACOFP, Mountain View, AR
2003	Darryl A. Beehler, DO, FACOFP, Detroit Lakes, MN

*ACOFPPast Presidents***1950-1953****WESLEY BARRETT, JR., DO**

**Photo
Not
Available**

Wesley Barrett, Jr., DO, Born March 5, 1882 in TN; Education: Philadelphia College of Osteopathic Medicine, (PCOM); Graduated 1909; Died: January 7, 1958 in Los Angeles, CA. Little is know about Dr. Wesley Barrett, Jr. He was an osteopathic family physician in Los Angeles in the early 1950s and owned Seminole Hot Springs in Cornell, California in the same decade.

1953-1954**BRUCE S. COLLINS, DO****Irvine, California**

**Photo
Not
Available**

Bruce S. Collins, DO; 2523 22nd St., Santa Monica, CA 90405-2803; Born October 14, 1905; Education: College of Osteopathic Physicians & Surgeons of Los Angeles (COPS); Graduated May 31, 1928 (Non-
AOA Member)

According to Dr. T. Robert Sharp, the second and the fifth Presidents of the ACOFP were responsible for the idea of founding ACOFP. Dr. Bruce S. Collins and Dr. John V. Fiore were friends and associates in the Los Angeles area and worked in conjunction with the Osteopathic College in Irvine. The two worked out their vision for the ACOFP and included these ideas in the original articles of incorporation.

One of the major reasons for forming the ACOFP was the limitation of privileges general practitioners were experiencing in hospitals. General Practitioners were not maintaining a specialist image in training or practice and were systematically being scrutinized in the credentialing process in hospitals, as well as in organized medicine.

Much credit has to be given to their fortitude as the fathers of this new and challenging

association, for there would be events later in their lives that would cause them to leave our profession and join the allopathic profession. However, they never forgot they were osteopathic family physicians.

The organization that these two physicians envisioned was strong and one that would grow and flourish over time. Even though external forces would tear them from it, we owe much to their vision and skill in giving us such a resilient entity.

1954-1955

FRANK YORK LEE, DO

Los Angeles, CA



Frank York Lee, DO; 4282 Wilshire Blvd., Los Angeles, CA 90010-3506; Born November 4, 1914; Education COPS (Los Angeles); Graduated May 31, 1937 (Non-AOA Member)

Dr. Frank York Lee was a physician for the Chinese Olympic teams for many years, and very active with Olympic committees that sponsored the Summer Olympics in Los Angeles in 1984. Although he accepted the “md” degree in 1962, he assisted the Osteopathic Physicians and Surgeons of California (OPSC) in all its efforts to regain DO licensure in California. He participated in legislative lobbying and legislative hearings that supported the DO profession.

He was active in supporting a new osteopathic college in Pomona where his son practiced as a DO. Dr. Lee was one of the original members of the Board of the College of Osteopathic Medicine of the Pacific (COMP) and continued until poor health caused his resignation.

1955-1956

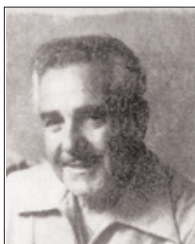
H. WAYNE WAGONSELLER, DO

No information available

1956-1957

JOHN V. FIORE, DO, FACOFP

Los Angeles, CA



John V. Fiore, DO, FACOFP; 8921 Sepulveda Blvd., Los Angeles, CA 90045-3640; Born October 4, 1910; Education: COPS (Los Angeles); Graduated May 31, 1947

According to Dr. T. Robert Sharp, the second and the fifth Presidents of the ACOFP were responsible for the idea of founding the College. Dr. Bruce S. Collins and Dr. John V. Fiore were friends and associates in the Los Angeles area and worked in conjunction with the Osteopathic College in Irvine. The two developed their vision for the ACOFP and included these ideas in the original articles of incorporation. It is felt that Dr. Fiore was the driving force behind the dream, and the two then used their circle of associates to form the nucleus of the new found organization.

In 1997, the ACOFP received a letter from Dr. John Vincent Fiore, 19151 Beckwith Terrace, Irvine, California, 92715. He wished to make some clarifications for the new directory. Dr. Fiore noted he was listed as joining the ACOFP in 1989 and he wished to clarify his degrees and demographic data. The letter sat in a file until just recently and a check of our charter identified him as a founder if not *the founder of the ACOFP*.

Dr. Fiore provided the following information: He was a graduate of Rutgers University with a BA in 1932 and a LLB and JD in 1936. He practiced as a trial lawyer in New Jersey for seven years before attending Bergen College from 1941 to 1943. There he would complete his pre-medical class work. He attended the Los Angeles College of Osteopathic Medicine and Surgery from 1943 to 1947. Dr. Fiore received his DO degree and practiced for 20 years in the Irvine area. During those 20 years he was active in the California College of General Practice,

and became President of the American College of General Practitioners. He was awarded Life Membership in the AOA, and shortly thereafter was awarded the same courtesy in the ACOFP. Until the last revision of the ACOFP Constitution at the turn of this century, such members were granted a separate membership category of Founding Member.

In 1962, Dr. Fiore accepted the “MD” degree along with many other founding members, but continued to practice as a DO and an “MD” for almost 30 more years. When he accepted the “MD” degree, Dr. Fiore was to relinquish the DO degree, but refused to do so. Dr. Fiore remained active in both the allopathic and osteopathic associations. Under Proposition 22, the osteopathic licensing board would be allowed to remain functioning if 40 or more members remained active. Dr. Fiore was the driving force encouraging physicians to maintain membership above the state regulated number. The osteopathic licensing board never officially dissolved and when the resurgence to reorganize the DO profession occurred, reactivation became easier due to Dr. Fiore’s efforts.

He retired in 1992, but adds this footnote:

“In 1980, all past presidents of the national ACOFP were called together during an AOA Convention being held in California and they presented us with a very valuable gold and diamond presidential ring of which I am a proud owner.” He closed by saying, *“I have always been proud of my Osteopathic Medical Training.”* (Dr. Fiore continues to sign his name John V. Fiore MD, DO, and JD.)

The Presidential Ring Dr. Fiore refers to was the result of a conversation Dr. Ethan Allen had with Dr. Burnett. He believed early on that something should be done at the time of the 1980 AOA Convention in Los Angeles to recognize all of the ACOFP Past Presidents. It was his hope that such a gesture would begin to heal some of the wounds created by the California Merger. The special Presidential Ring was the outcome of that suggestion and is presently a significant symbol of the President.

1957-1958

HERMAN SCHLESSBERG, DO

No information available

1958-1959

W. CLEMENS “Tiny” ANDREEN, DO, FACOFP

**Photo
Not
Available**

W. Clemens Andreen, DO, FACOFP; Born September 28, 1910; Died March 31, 1996; Education UOMHS/COMS (Des Moines); Graduated May 31, 1935 (AOA Member). Dr. Andreen would eventually be responsible for hiring Jack Hank.

1959-1961

RICHARD O. BRENNAN, DO, FACOFP

Houston, Texas



Richard O. Brennan, DO, MD, FACOFP; Born 1906; Died 1983; Education UHS/COM (Kansas City); Graduated May 31, 1936 (AOA Member)

Richard Brennan, DO, FACOFP, has the distinction of being one of only three physicians who served two consecutive terms as ACOFP President. (Dr. Wesley Barrett, the first President of the ACOFP would serve three terms from 1950-1953. Following Dr. Brennan, Kirk Herrick, DO, FACOFP, would serve two terms from 1980 to 1982.) Dr. Brennan was a native of Maple Hill, Kansas and earned a graduate degree in pharmacy in 1928 from the Missouri College of Pharmacy in Brunswick, Missouri. Dr. Brennan went on to earn a DO degree at the Kansas City College of Osteopathic Medicine in 1936. He served his internship at Bush Hospital in Harper, Kansas and earned an md degree from the now defunct Kansas City University of Physicians and Surgeons.

Dr. Brennan completed a urology residency in Philadelphia and a urology preceptorship in Kansas City, Missouri. He would teach Urology, Proctology, and Toxicology at KCCOM before moving to Houston. In Houston, he founded the Brennan Preventative Medicine Center.

1961-1962

GEORGE ELANJIAN, DO, FACOFP



George Elanjian, DO, FACOFP; Born February 2, 1912; Died November 24, 1995; Education PCOM (Philadelphia); Graduated May 31, 1944 (AOA Member)

1962-1963

O. KEITH PAULEY, DO, FACOFP

Seattle, Washington



O. Keith Pauley, DO, FACOFP; 9244 25th Ave., NW, Seattle, WA 98117-2811; Born April 16, 1916; Education KCOM (Kirksville); Graduated May 31, 1941 (AOA Member)

1963-1964

GEORGE S. COZMA, DO

Cleveland, Ohio



George Cozma, DO was the founder of the ACOFP Ohio Chapter. He practiced in Cleveland and was one of the first to establish a department of general practice in an osteopathic hospital. He overcame opposition from osteopathic surgeons who were the traditional owners of the hospitals in the profession's early days. Dr. Cozma used the unifying force of the ACOFP to secure the votes necessary on the hospital staff to maintain the

Department of General Practice. The Cleveland Clinic Foundation has since purchased this hospital and the department functions to the present day.

1964-1965

JAMES L. ROWLAND, DO, FACOFP

Lees Summit, Missouri



James L. Rowland, DO, FACOFP; Born August 20, 1917; Died March 24, 2002; Education UHS/COM (Kansas City); Graduated May 31, 1956 (AOA Member)

Dr. Rowland's accomplishments are chronicled in the history surrounding the move for certification of general practice as a specialty in the AOA. He was a native of Fort Smith, Arkansas and he attended Loyola University in Chicago. He attended the Kansas City College of Osteopathic Medicine obtaining a DO degree in 1956.

Dr. Rowland practiced acupuncture and general practice in Kansas City for 45 years. He was a Fellow in the College and a lifetime member of ACOFP. Dr Rowland also served on the National Board of Osteopathic Medical Examiners and was one of the instrumental founders of the ACOFP Conclave of Fellows.

1965-1966

ANDREW ROLAND YOUNG, DO, FACOFP

Frankston, Texas



Andrew Roland Young, DO, FACOFP; 22776 Diamond Bay Dr., Frankston, TX 75763-4030; Born 1928; Education UHS/COM (Kansas City); Graduated May 31, 1954 (AOA Member)

1966-1967

EARL K. LYONS, DO, FACOFP

Lewisburg, West Virginia



Earl K. Lyons, DO, FACOFP; Born 1922; Died 1978; Education UHS/COM (Kansas City); Graduated May 31, 1950; (AOA Member)

Dr. Lyons was born in Williamsport, PA. After a three-year term in the Army Air Corps, he graduated from Davis and Elkins College in Elkins, WV. From Elkins, he went to KCCOM in Kansas City to receive his DO degree. Dr. Lyons returned to Elkins to practice before moving to Chandler, Arizona for 15 years. He returned to West Virginia to accept the chairmanship of the Department of Family Practice at the West Virginia School of Osteopathic Medicine. After serving as ACOFP President, Dr. Lyons served as the 1967-1968 President of the American Osteopathic Association.

1967-1968

JOHN HENRY BURNETT, DO, FACOFP

Dallas, Texas



Born July 25, 1921; Died June 24, 1994

A native Texan born in Abilene in 1921, Dr. Burnett attended Hardin-Simmons University where he obtained a Bachelor of Science degree in 1943. He served in the European Theater with the United States Army during World War II and returned to Texas Christian University for postgraduate training from 1946-1947.

Dr. Burnett taught high school briefly in Fort Worth before the lure of osteopathic medicine led him to the Kansas City College of Osteopathic Medicine where he graduated in 1952. He interned at Dallas Osteopathic Hospital, and subsequently established a practice in the Dallas area.

Dr. Burnett became active in service early and had a long association with both the

ACOFP and the AOA. He served as President of the Texas Osteopathic Medical Association in 1965 and soon held the honor of President of the Texas Chapter of the ACOFP from 1967-1968. Dr. Burnett held a prominent position with the AOA Board of Trustees from 1965-1970. He was honored twice by the ACOFP as the Physician of the Year, an accomplishment claimed by no other person. Dr. Burnett was a founding member of the Texas College of Osteopathic Medicine and ACOFP's Learning Center in Chicago. He was honored in 1984 with the Founder's Medal.

He was one of few physicians who served as President of both the AOA (1984-1985) and the ACOFP. Dr. Burnett was active in the movement toward recognition of general practice as a specialty. He was a charter ACOFP Fellow and one of the first to be certified. Due to his fervor of medical education, he served as Chair and Secretary of the American Osteopathic Board of Family Physicians. He was a champion of osteopathic family medicine until his death, and is memorialized in the lobby of the ACOFP Headquarters and the student lounge at the University of Health Sciences, College of Osteopathic Medicine.

1968-1969

J. R. FORBES, DO, FACOFP

Phoenix, Arizona



J.R. Forbes, DO, FACOFP; Born November 30, 1905; Died 1988; Education DMU-OMC (Des Moines); Graduated May 31, 1935 (AOA Member)

Dr. J. R. Forbes was a native of Fort Dodge, Iowa and a former professional musician. Dr. Forbes earned his DO degree in 1935 from the Still College of Osteopathy (Des Moines University -Osteopathic Medical Center). He then practiced in Fort Dodge, Iowa and Sioux City, Iowa until 1947 when he became employed by the AOA as the director of the Department of Public and Professional Affairs.

Dr. Forbes was a life member of the ACOFP and the AOA. He was a Fellow in the ACOFP and the General Practitioner of the Year in 1971. Dr. Forbes also served as Editor of the newsletter and on the American Osteopathic Board of General Practitioners.

1969-1970

J. MANCIL FISH, DO, FACOFP

Tulsa, Oklahoma



J. Mancil Fish, DO, FACOFP; Born June 18, 1914; Died June 5, 1997; Education KCOM (Kirksville); Graduated May 31, 1935 (AOA Member)

Born and raised in Kirksville, Missouri Dr. Fish attended the Kirksville College of Osteopathic Medicine, graduating in 1935. His father was a physician in Tulsa, Oklahoma, so he moved to Tulsa and joined his father in practice.

The Doctors Fish would practice together until the elder Fish died in 1955. A board certified family physician and one of the first to take the general practice certifying exam, Dr. Fish was a life member of ACOFP and the AOA.

Dr. Fish was the first secretary of the Society of Divisional Secretaries the predecessor of the Association of Osteopathic State Executive Directors. He was also an associate member of the American Osteopathic College of Radiology.

1970-1971

THERON R. SHARP, DO, FACOFP

Mesquite, Texas



Dr. T. Robert “Bob” Sharp graduated from the Kirksville College of Osteopathy and Surgery in October 1944. He traveled to Southern Wisconsin to do his internship at Hustisford Osteopathic Hospital graduating in October 1945. The dictum of the time was to stay close to your training center and provide service, if possible, to rural areas. Dr. Sharp entered practice in Reeseville, Wisconsin replacing a physician who had died on V-J Day of that year. He would spend 16 years in practice before his wife, a native Texan, would persuade him to move to Mesquite, Texas.

While in Wisconsin, he was the founding president of the ACOFP Wisconsin Chapter along with the help of Dr. J. W. Stout, Dr. D. I. Kegel and Dr. J. S. Crane. The charter was approved by Dr. Herman H. Schlessberg, ACOFP President, and signed by Dr. Alfred Schramm, ACOFP Secretary.

Dr. Sharp would continue to be politically active in Texas, joining the staff at East Town Osteopathic Hospital. The 50 physicians that comprised the staff formed the groundwork for the establishment of the Texas College of Osteopathic Medicine in Ft. Worth. Dr. Sharp was the founding Chair of the Family Practice Department at the school. His desire for service led him into the leadership of the ACOFP and the AOA where he served on the Council on Post-doctoral Training and was instrumental in the establishment of a General Practice Certification examination. He was awarded certificate #1 after passing the first examination in 1972. Dr. Sharp was the ACOFP Physician of the Year in 1972. He served as Chair of the American Board of Osteopathic General Practice. In 2002 Dr. Sharp was awarded the AOA Distinguished Service Award. The state of Texas maintains the Dr. T. R. Sharp Educational Center located in the Texas State Office Building in Austin, Texas. Dr. Sharp has given more than 60 years of service to the osteopathic profession.

1971-1972

VERNON J. SLOAN, DO, FACOFP

Quasqueton, Iowa



Vernon J. Sloan, DO, FACOFP; Born June 26, 1922; Died August 2, 1991; Education KCOM (Kirksville); Graduated May 31, 1947 (AOA Member).

Dr Sloan was a native of Norwood Ohio, but left Ohio to attend Kirksville College of Osteopathic Medicine. He practiced in Sneedville, Tennessee and Lancaster, Kentucky for two years before serving an internship in Joplin, Missouri from 1950-51. He worked in Cyril, Oklahoma for three years then settled in Quasqueton, Iowa where he practiced for 20 years.

He was the founding member of the ACOFP Iowa Chapter, and served as health officer to two Iowa counties. Dr. Sloan was one of the original members to take the first certification exam. He would later serve on the American Osteopathic Board of General Practitioners. Dr. Sloan was an ACOFP Fellow, and during his term as ACOFP President he established the Student ACOFP Chapter at the Kirksville College of Osteopathic Medicine.

Following his Presidency he moved to Florida and was active in the ACOFP Florida Chapter. He then moved back to Grinnell, Iowa to finish practice.

1972-1973

MARY McCLELLAN BURNETT, DO, FACFP

Dallas, Texas and Denver, Colorado



Dr. Mary Burnett was the first female to serve as President of the American College of General Practitioners in Osteopathic Medicine and Surgery. She attended the University of Colorado in Boulder, Colorado from 1942-1945 and finished her undergraduate degree at the University of Iowa in 1946. She then entered the Kansas City College of Osteopathic Medicine and graduated in 1949. Her internship from 1949-1950 was served at Osteopathic Hospital Kansas City.

In 1967 she became active with the ACOFP founding and serving as President of the ACOFP Colorado Chapter. In 1968, she received her fellow designation.

Dr. Burnett decided to move to Dallas, Texas in 1969 and soon married Dr. John Burnett in 1970 where they became increasingly involved in national leadership. The Burnetts were instrumental in establishing the general practice residency program and certification for ACOFP in 1972. Dr. Burnett was a founding member of the American Board of Osteopathic Family Practice in 1972, serving for 25 years. During her tenure, she was instrumental in implementing the E.R. Squibb Student Preceptorship Program.

Dr. Burnett was one of the first to become certified, and she holds certificate #9. Dr. Burnett also recertified in September of 1994. She is a cofounder and Board member of the Texas

College of Osteopathic Medicine and the ACOFP Learning Center, named The Burnett Learning Center in honor of Drs. Burnett. She has served on the AOA Board of Trustees and the American Osteopathic Foundation.

Dr. Burnett's accolades include the Founders Medal from the University of North Texas College of Osteopathic Medicine (1984); the Phillips Medal of Public Service from The Ohio University College of Osteopathic Medicine (1994); The AOA Distinguished Service Certificate (1995); The Texas Distinguished Service Award (1997); presenter of the AOA House of Delegates' annual Andrew Taylor Still Memorial Lecturer; and recipient of the AOA Presidential Citation (2003).

She continues to be involved with the ACOFP Awards Committee and has been the Grand Marshal for the Fellows Processional for the last twenty-eight years.

1973-1974

LESTER A. NOWLIN, DO, FACOFP, FAOCAI

Phoenix, Arizona



Lester A. Nowlin, DO, FACOFP, FAOCAI; Born 1908; Died 1978; Education DMU-OMC (Des Moines); Graduated May 31, 1930 (AOA Member).

Dr. Nowlin entered practice in Davenport, Iowa after graduation. He moved to Phoenix where he practiced until his retirement in 1975. Dr. Nowlin was an ACOFP Fellow and a Life Member of the ACOFP and the AOA.

1974-1975

ELI H. STARK, DO, R.Ph., FACOFP, FAOCRH

North Bellmore, New York



Eli H. Stark, DO, FACOFP, FAOCRH; 1072 Old Britton Rd., North Bellmore, NY 11710-1723; Born February 21, 1926; Education PCOM (Philadelphia); Graduated May 31, 1951 (AOA Member)

1975-1976

JOHN P. SEVASTOS, DO, FACOFP

Cleveland, Ohio



Dr. Sevastos is a native Ohioan who began his career in medicine as a pharmacist. He received his undergraduate degree in pharmacy from the University of Toledo, College of Pharmacy in 1949. He worked for a time at Abbott Laboratories before deciding to become a physician.

Dr. Sevastos entered the Chicago College of Osteopathic Medicine in 1952 where he worked his way through school as a pharmacist in private clinics and labs. He graduated in 1956 and returned to Ohio to intern at Forest Hills Hospital in Cleveland, Ohio.

Dr. Sevastos was the 11th physician to be certified in 1972; and, likewise, was the 11th physician to be re-certified in 1995. Dr. Sevastos was one of the few family physicians to serve as President of both the ACOFP and the AOA. His attendance at the College of Surgeons meeting as a representative of the ACOFP led to the development of the Conclave of Fellows Processional that the ACOFP celebrates each fall.

Dr. Sevastos has been a collector of osteopathic historical memorabilia, and has been a vital force in the preservation and compilation of this history. For his contributions to his community, profession, and the ACOFP, Dr. Sevastos was honored as ACOFP Physician of the Year in 1974.

1976-1977

S. LAWRENCE KOPLOVITZ, DO, FACOFP

Harrisburg, Pennsylvania



Dr. Koplovitz (deceased June 13, 1997) was a graduate of Penn State University and the Kirksville College of Osteopathic Medicine (1941). He thrived in rural medicine in Hoernersville, Missouri for 12 years before moving to Harrisburg, Pennsylvania.

Dr. Koplovitz weathered the trying times during the move from downtown Chicago to Des Plaines, and the rebuilding of the ACOFP's administrative base. Like many others of his day, he donated time and personal financial guarantees to reestablish the organization.

He was in one of the first groups to become certified in 1974 and was honored in 1976 as the ACOFP Physician of the Year.

Dr. Koplovitz is an accomplished violinist and has played in the Harrisburg Symphony. He loves opera and his knowledge of the arts would win over to ACOFP the hearts of a group of Squibb Pharmaceutical Executives. Dr. Koplovitz's commitment resulted in a large grant to start the Processional of the Conclave of Fellows. The company supplied the Mace and Banner, which are still in use today.

In 1984, Dr. Koplovitz was elected to the Board of Trustees of the AOA.

1977-1978

D. E. MADDOX, DO, FACOFP, FAOASM

Kirkville, Missouri



D.E. Maddox, DO, FACOFP; 78 Manor Crest Dr., Kirkville, MO 63501-3356; Born 1912; Education KCOM (Kirkville); Graduated May 31, 1955; (AOA Member)

Dr. Maddox earned his Bachelor's Degree in Social Sciences and Health, Physical Education, and Recreation from Truman State University in Kirkville in 1937, and his Master's Degree in Education from the University of Missouri-Columbia in 1939. In addition, he completed graduate work on a PhD at the University of Iowa and at Columbia University in New York.

Dr. Maddox taught social science and coached at Scotland County, Missouri until 1942 when he enlisted in the Navy. He returned to Kirkville in 1945, and taught physical education at Truman, eventually serving as athletic director. He then matriculated to the

Kirksville College of Osteopathic Medicine, graduating in 1955. He completed an internship at Kirksville Osteopathic Hospital in 1956, and joined the KCOM faculty, retiring in 1986 after serving as chair of the department of general practice, director of the gerontology program, director of the outpatient clinic, and clinical supervisor with the rural clinic program. Dr. Maddox is an emeritus professor of general practice at KCOM.

His professional memberships and leadership positions held are numerous, and include life member, president, board member, and fellow, American College of Osteopathic Family Physicians; founding member, life member, and fellow, American Osteopathic Academy of Sports Medicine (AOASM); and life member and board certified, American Osteopathic Association. Dr. Maddox also served as medical director for the Northeast Missouri Home Health Agency and advisor and organizer of the Alpha Chapter, AOASM.

His community activities include member, Kiwanis Club (former lt. governor, president, board member), YMCA board member, Boy Scouts of America District Commissioner and committee member, Masonic Lodge, Kirksville Country Club, and United Way of Adair County, Missouri board member.

The honors and awards received by Dr. Maddox include the ACOFP's General Practitioner of the Year Award; member of Truman's Sports Hall of Fame and All-Century Football Team; the Kirksville Osteopathic Alumni Association's Living Tribute Award; Grand Marshall, KCOM Commencement; Grand Marshall, Truman Homecoming Parade; and Missouri World War II Veterans Medal.

1978-1979

JOSEPH S. GUZIK, DO, FACOFP

Roselle, New Jersey



Dr. Joseph Guzik practiced in Roselle, New Jersey for more than 30 years and became involved with the ACOFP Board in the early 1970s. Born in 1927, he received his formal education at Rutgers College Preparatory School and graduated from St. Peters College in New Jersey. Dr. Guzik is a 1959 graduate of the Kirksville College of Osteopathic Medicine.

He was one of the Board members that successfully kept the ACOFP together after the break with Jack Hank's Allied Appraisals. A hard worker, Dr. Guzik is credited with starting the building fund for the Arlington Heights office.

1979-1980

ROBERT G. HAMAN, DO, FACOFP

Irving, Texas



Dr. Robert Haman was a native of West Virginia and attended West Virginia University and Marshall University from 1944-1948. He attended the Kirksville College of Osteopathic Medicine from 1948-1952, and went on to intern at Dallas Osteopathic Hospital in Dallas, Texas. Dr. Haman spent five years on the Board of Governors before becoming President. He was presented with the Fellow award in 1975.

Dr. Haman is best remembered for founding the ACOFP's early continuing education courses. Termed Continuous Certification of Medical Education, Dr. Haman's revolutionary idea allowed an osteopathic family physician to become certified over time through attendance at designated seminars. It was the predecessor of our present continuing medical education concept, but the concept as he envisioned it was never adopted.

He wrote the following definition of a General Practitioner:

“A General Practitioner is a Doctor of Osteopathy legally qualified to practice medicine and surgery. The General Practitioner does not limit his practice to a particular field of medicine or surgery, but serves his patients to the extent that he is able to accept the total continuing responsibility of the family as a whole, as their doctor and medical advisor. The General Practitioner may devote particular attention to one or more fields of special practice recognizing the need and using competent consultants who are qualified specialists when the medical or surgical conditions exceed his professional capabilities of training and experience.”

Dr. Haman was a champion of certification and having academic departments of family practice with professors of family medicine trained in the CCME model. He became a member of the Board of Trustees of the AOA and was placed in a position where he had to fight against great odds to achieve recognition of general practice as a specialty.

1980-1982

KIRK H. HERRICK, DO, FACOFP

Saginaw, Michigan



Born in New Jersey in 1934, and educated at West Virginia Wesleyan College at Buckhannon, Dr. Herrick was a 1959 graduate of The Philadelphia College of Osteopathic Medicine. He moved to Saginaw to complete his internship and remained there to practice. He eventually become Associate Dean of Academic Affairs at Michigan State College of Osteopathic Medicine and also served as Academic Dean at the West Virginia School of Osteopathic Medicine. Dr. Herrick served eight years on the ACOFP Board of Governors before becoming President.

1982-1983

RAYMOND J. SALOOM, DO, FACOFP

Grove City, Pennsylvania



Dr. Saloom was a 1960 graduate of PCOM and interned at Bashline Memorial Hospital, where he was elected Chief of Staff in 1972. He joined ACOFP in 1968 and became a Fellow in 1974.

Dr Saloom was skilled in finance and had become financially secure from other business ventures. His personal financial independence coupled with his love for the ACOFP would prove vital during the break with Allied Appraisals in 1977-78. Dr Saloom served much of his tenure on the Board in the office of Secretary/Treasurer. During this period of the ACOFP's financial stress, Dr. Saloom contributed many hours of his time and much personal wealth toward the rebuilding the ACOFP. Dr. Saloom's skill with financial management kept the ACOFP from certain financial disaster.

A grateful ACOFP remembers him to this day with a memorial lecture at the opening session during the Spring Convention each year.

Dr. Saloom was among the first to be certified and served on the federal government's Professional Standards Review Committee in 1973. He was the only osteopathic physician to ever serve in the committee.

He was honored as the ACOFP General Practitioner of the Year in 1984, and was tragically killed a year later in an automobile collision. His peers agree that his success in many arenas—legislative, administrative or financial—was legendary.

1983-1984

GERALD J. RODERICK, DO, FACOFP



Dr. Roderick was born December 22, 1924 in Upton, Missouri. The ninth of twelve children, he graduated from Houston High School in Texas County, Missouri in 1943. He joined the Navy after graduation, serving as a pharmacist's mate in the Pacific Theater during World War II. After discharge from the Navy he attended the University of Missouri-Columbia, earning a Bachelor's Degree in Chemistry and Biology and a Master's Degree in Education. Dr. Roderick taught high school chemistry and biology in Mountain Grove, Missouri and in Montgomery City, Missouri where he also served as principal.

In 1954, the family moved to Kansas City where Dr. Roderick started his medical education at the Kansas City College of Osteopathy and Surgery. While attending school, he worked on the Missouri Pacific Railroad to support his wife and four children. He graduated in 1958 and began his internship at Kansas City Osteopathic Hospital and at Conley Maternity Hospital.

After completing his internship in 1959, Dr. Roderick established a solo general practice in Claycomo, Missouri maintaining hospital and office practice, making house calls, and providing obstetric services. He was also active in community activities including the Lion's Club, Veterans of Foreign Wars (VFW), the American Legion, and local Clay County politics. Dr. Roderick was an active member of the AOA, ACOFP, Missouri Academy of Osteopathic Physicians and Surgeons, Missouri Chapter of ACOFP, and the West District Osteopathic Association.

Dr. Roderick became involved in Missouri politics and was elected to three terms in the Missouri House of Representatives from 1972-1978. While in the Missouri House of Representatives, he sponsored the bill to have organ donors designated on driver licenses. He retired from the House in 1978 to return to practice with his daughter, Sherri, an osteopathic physician.

Dr. Roderick served on numerous committees, including the Insurance Committee and the Political Action Committee. Over 20 years, he served diligently on Boards of the ACOFP and the AOA. He retired from practice in 1994, devoting time to traveling, family, and gardening. He died December 20, 1998, two days before his 75th birthday, following complications from cardiac bypass surgery.

1984-1985

EDWIN G. DOEHRING, DO, FACOFP

Algonac, Michigan



Born in 1927, Dr. Doehring graduated from the Kirksville College of Osteopathic Medicine in 1955. Dr. Doehring assumed the ACOFP helm at a time when the traditional way of delivering medicine was under scrutiny. A new concept of “Health Care Reform” was being debated at various governmental and medical levels. Increasing turmoil from this ideal was noticed within the government and in the public sector. Intrigued with the possibility of controlling medical payments, Congress was holding hearings on the subject. Dr. Doehring’s Presidency was spent in Washington with Dr. Saloom and the Senate Finance Committee’s Subcommittee on Health.

Dr. Doehring was one of the first presidents to explore the possibility of international practice for osteopathic family physicians. Securing outside financing from Hoechst Marion Roussel Pharmaceuticals, he took the entire Board of Governors to Europe visiting medical facilities in Vienna and Budapest. The entire Board educated European physicians on the roll of osteopathic medicine in healthcare.

1985-1986

RUDOLPH JOSEPH WOLF, DO, FACOFP

Skiatook, Oklahoma



Though he was born in 1935 in Kewanee, Illinois, Dr. Wolf is an adopted Oklahoman. He went to the University of Texas at Austin to gain a premedical education. The academic trail then led him to the Kirksville College of Osteopathic Medicine where he received a DO degree in 1960. Dr. Wolf went to Oklahoma Osteopathic Hospital to intern and decided that his life lay in rural medicine. He became certified in 1973, and was inducted as a Fellow the following year.

Dr. Wolf became an ACOFP Governor in 1977 at a time when the Board made the historic break with Jack Hank and Allied Appraisals. These hard times prepared him to meet the challenge of decreased reimbursement and outright exclusion from managed care programs. He focused on the problems of the new physician entering practice, and wrote a detailed paper for publication on the timetable for beginning practice.

Dr. Wolf grappled with rising malpractice rates and ACOFP continuing medical education programs. He appointed the first Task Force on Equivalency to evaluate and prepare a position paper on the equivalency of the osteopathic family practice residencies as compared to the allopathic counterparts.

Under his watch there were assaults on the ACOFP from within the osteopathic profession. The AAO had proposed becoming the sole certifying body for OMM and he established the Task Force on Osteopathic Manipulative Medicine to find solutions for this issue. The ACOFP later resolved the threat, when it began issuing certification for osteopathic manipulative medicine in addition to family practice.

Dr. Wolf's tenure was also occupied with dealing with significant developments regarding the geriatric subspecialty certification. (See Chapter 3, section *A Line in the Sand*).

Dr. Wolf's theme for his presidency was *"Continuing to Search for Excellence."*

1986-1987

DONALD BOXMAN, DO, FACOFP

Lewisburg, West Virginia



Born in 1930, Dr. Boxman graduated from the University of Health Sciences College of Osteopathic Medicine with a DO degree in 1955. Dr. Boxman is credited with the computerization of the ACOFP office. He was charged with acquiring word processing and additional equipment to interface with Data Aid Services, a private company hired to maintain the ACOFP's membership records. Previously, only hard paper copies of records were available, and this new innovation would allow flexibility in data management. Dr. Boxman was successful in working with an outside accounting firm in Chicago to establish an in-house annual audit.

Dr. Boxman was the first President to establish an association with permanent legal council and retain that council for the membership. The first task of that legal council was to form the ACOFP Education and Research Foundation. The first elected officers of the Foundation were: Dr. Mary Burnett Chair; Dr. Donald Boxman, Vice-Chairman; Dr. Robert J. George, Secretary; Dr. Robert B. Finch Treasurer; and Dr. Frank Mc Devitt, Dr. Harold Thomas, and Dr. Samson Inwald as Directors.

Dr. Boxman was faced with the difficult decision of moving the publication of our journal from the publishers of *Osteopathic Medical News* to the publishers of *The Journal of Osteopathic Medicine*. The move occupied most of the year and resulted in a financially beneficial arrangement.

1987-1988

RAY E. PIPER, DO, FACOFP

Denver, Colorado



Dr. Piper was the first African American to serve as ACOFP President. Born in Marshall, Missouri, July 26, 1932, he was educated in Marshall and Sedalia, Missouri graduating in 1950. He went to the University of Denver for a pre-medical education, graduating in 1953. Dr. Piper worked on a Masters Degree in Physiology at that same institution before entering the Kansas City College of Osteopathy and Surgery. He received his DO degree in 1960. Dr. Piper returned to Denver and the Rocky Mountain Osteopathic Hospital to complete a rotating internship, and entered practice in Denver in 1961. He became a life member of the AOA, ACOFP, and the Colorado Society of Osteopathic Medicine.

Dr. Piper was involved in the selection of the site where the central office now stands. He started the first Family Practice Residency in Colorado, and remained a strong advocate for osteopathic education. He was active in community and state organizations, serving as Vice President of the Colorado Board of Medical Examiners. Dr. Piper's lifetime service to ACOFP was recognized in 1982 with presentation of the Physician of the Year Award.

1988-1989

RONALD GOLDBERG, DO, FACOFP

Cherry Hill, New Jersey



Dr. Goldberg received his pre-medical education from Dickinson College in 1954. He was the captain of the football and the lacrosse teams and had a life long interest in sports medicine. Dr. Goldberg was a 1959 graduate of the Philadelphia College of Osteopathic Medicine and completed an internship at Youngstown Osteopathic Hospital in 1960. He was certified in general practice on July 4, 1974. Dr. Goldberg served as Editor of the *Journal of Osteopathic Medicine* and the ACOFP Newsletter. He was a Professor of Sports Medicine and Osteopathic Family Medicine at UMDNJ and was active in postgraduate education.

Though the idea for the building of our national office happened more than 12 years before his presidency, the task was upon him to buy the land, hire the architects, and sign the contracts for the labor and building materials. He and Dr. Frank McDevitt, Chair of the Building Committee, made a monumental sacrifice in time and effort to see that the ACOFP was located in a prime spot with modern amenities.

Dr. Goldberg is also remembered for his strong stand against the desire of The American Academy of Osteopathic Sports Medicine (AOASM) to break away from the ACOFP and start a separate board. This strong position led to the concept of certificates of added qualifications, which exist in the AOA today. He always felt that ACOFP and AOASM should work closely together, and that a background in sports medicine made a better family physician. It would take a decade and a half to see that dream come true.

1989-1990

ROYCE K. KEILERS, DO, FACFP

La Grange, Texas



The building of our national headquarters would span the administration of three presidents. Dr. Keilers' presidency would be the bridge between the groundbreaking and occupancy of the new office. Born a Texan in 1938, he was a graduate of the Texas Lutheran College, leaving the state only to attend the Kansas City College of Osteopathic Medicine where he graduated in 1965. He was active in the ACOFP Texas Society and a Clinical Professor of Family Medicine at the Texas College of Osteopathic Medicine.

One of Dr. Keilers' greatest efforts would come before his presidency in a search for the final building location. There arose strong disagreement among the Board and Search Committee about the location. Many believed that it should be moved from Chicago to a "sunbelt" state where winter access would be more favorable. There were still others who questioned the financial feasibility of the task altogether. Though he may have favored a move, he was instrumental in bridging the strong feelings of many on the Board members allowing a consensus and unity to prevail.

Dr. Keilers would be the last president to work with Executive Director Betty Vaught and the president who would hire George Nyhart, again providing stability between executive directors.

He espoused the roll of the osteopathic student in our organization and did much to advance student chapters and bridge the chasms that existed between student and clinician.

1990-1991

HAROLD THOMAS, DO, FACOFP

Euclid, Ohio



Born in Miklos, Syria in 1936, Dr. Thomas would typify the American dream by becoming the first foreign-born citizen to hold the office of ACOFP President. He attended the University of Pittsburgh, graduating in 1958.

Dr. Thomas entered the United States Army, serving his adopted country until 1961. After his discharge, his path led to the Kirksville College of Osteopathic Medicine in Kirksville, Missouri, where he received a DO degree in 1965. He interned at Richmond Heights General Hospital in Richmond Heights, Ohio, entering practice in 1966.

A strong advocate of osteopathic postgraduate education, Dr. Thomas established and participated in many training programs in Ohio and throughout the profession. He was an advocate for residents and espoused the total practice of family medicine.

He became certified in 1975 and an ACOFP Fellow in 1981. Dr. Thomas would serve as ACOFP Secretary before assuming the roll of President at the beginning of the last decade of the 20th Century. Under the leadership of Dr. Thomas, the ACOFP established two new Certificates of Added Qualifications—Adolescent Medicine and Sports Medicine. He also began work on the Geriatrics Certificate of Added Qualification.

It would seem fitting for a man who realized the blessings of this great land to preside over

the dedication of a debt free \$1.4 million headquarters building in July 1990. During the building's construction, the ACOFP grew from 4,000 members to 6,000 members. It would also be the first year that the conventions had more that 1,000 attendees in both the spring and fall. The building would be a tribute to the membership growth and tenacity.

Dr. Thomas and his wife were responsible for founding the Auxiliary to the American College of Osteopathic Family Physicians. He was instrumental in upgrading the residency training standards so that they were equal with ACGME standards. He also secured a \$750,000 grant from the pharmaceutical industry for the Preceptor Program.

Dr. Thomas advocated communication among the states and others societies. His advice at the close of his tenure still holds today:

“Let us put all past politics aside. Let us open the lines of communication and education. Let's start speaking politically with one voice.”

He did speak with that voice, and for his effort he became the first ACOFP President to receive a service award from the American College of Osteopathic Surgeons.

1991-1992

MICHAEL F. AVALLONE, DO, FACOFP

Elkins Park, Pennsylvania



Michael F. Avallone, DO, FACOFP was born in 1934, is a 1955 graduate of LaSalle University, and a 1959 graduate of PCOM. Following his internship at Grandview Hospital in Dayton, Ohio, he moved back to Philadelphia where he continues to practice.

Dr. Avallone has served on most of the ACOFP committees through the years, and became an ACOFP Fellow in 1980. After completing his presidency, Dr. Avallone was placed in charge of conventions as chair of the Convention & Site Committee, following the legendary, Dr. Joseph Namey. He continues to serve the ACOFP as the 2003 Committee's chair.

Dr. Avallone has been awarded many ACOFP honors, including the Presidential Award of Merit in 1992, and Family Physician of the Year Award in 1993. He will be most remembered for securing the largest pharmaceutical grant in the ACOFP's history. This substantial grant was able to cover the cost of education and administration, and other educational projects, such as the Preceptorship Program, for many years. Dr. Michael Avallone's parting words as President were a verse:

"Old presidents never die, nor do they fade away, some how some of them end up in the AOA."

In truth Dr. Avallone almost disproved the first part of that saying by suffering a heart attack during official duties in Florida. He made history not by ending up in the AOA, but by being the first ACOFP President to have bypass surgery while in office.

He wanted the ACOFP to have a "Touch of Class" and strives to achieve that to this day.

1992-1993

N. ROBERT BRETHOUWER, DO, FACFP

Montrose, Colorado



Dr. Brethouwer took the oath of office in Palm Springs, California, not far from his 1932 birthplace of Los Angeles.

He received his medical training at the Kansas City College of Osteopathy and Surgery in Kansas City, Missouri. Graduating in 1965, Dr. Brethouwer was the first president of the first ACOFP student chapter. The chapter was known as the *Alpha Chapter* and was an initial attempt by ACOFP to establish contact with an osteopathic college. It is not known today why the first chapter was not organized at the California College of Osteopathic Medicine in Los Angeles.

In 1965, Dr. Brethouwer entered the Rocky Mountain Hospital in Denver, Colorado to complete an internship graduating in 1966. He spent four years with the United States Air Force, finally settling in Western Colorado near the Black Canyon of the Gunnison where he established his practice.

Dr. Brethouwer's presidency saw the newsletter expand from eight to twelve pages. The development of an ACOFP hologram and plaques from the ACOFP to state society presidents were but two ways he recognized the service of the membership. He started a board review course for members preparing to become certified and developed standards for the geriatrics certificate.

The most far-reaching service he performed for our profession was to establish a task force to study the name change and to develop the new logo. On his order, the new ACOFP flag would be flown over our building at all times.

As a cartoonist, Dr Brethouwer paid more attention to detail than most and that attention brought us many of the visible parts of ACOFP still in existence today.

1993-1994

WAYNE CADMAN MEECH, DO, FACOFP

Roseville, Michigan



Born in Detroit, Michigan in 1937, Dr. Meech has devoted a lifetime of service to the members of his native state.

He received a Bachelor of Science Degree from the Detroit Institute of Technology in 1959. He left the state for four years to attend the Chicago College of Osteopathy, but returned to intern at Mount Clemens General Hospital from 1963 to 1964. He entered private practice at Roseville, Michigan where he continues to practice.

Recognizing the importance of maintaining excellence in practice, he became certified by the AOBGP in 1973. Dr. Meech has maintained a prominent position in the leadership of the Michigan Delegation to the Congress of Delegates for more than four decades.

He was the president that will be credited in history for carrying out the name change from the American College of General Practitioners in Osteopathic Medicine and Surgery to the

American College of Osteopathic Family Physicians. He felt the new name would better represented the ACOFP's membership.

While in office, he dramatically changed the view of residency education by introducing and executing a pilot program for Competency Based Evaluation in nine family practice residency programs. He followed this accomplishment by establishing a Task Force on New Curriculum to address the demand for primary care physicians. Dr. Meech also established the Corporate Advisory Council to be a liaison between the family physician and the pharmaceutical industry.

Dr. Meech's dedication to education is manifested by his service as Clinical Faculty for Michigan State University College of Osteopathic Medicine and the Des Moines University College of Osteopathic Medicine.

"I am convinced the best place to train a general practitioner to become a general practitioner is in the office of a general practitioner."

1994-1995

JOHN D. ANGELONI, DO, FACOFP

Bala Cynwyd, Pennsylvania



Dr. Angeloni was one of the first academic physicians to head the ACOFP, following the development of the residency model.

Born in 1947, he is a 1970 graduate of Temple University. He serves on the teaching faculty of the Philadelphia College of Osteopathic Medicine (PCOM) where he graduated in 1975. Dr. Angeloni also interned at PCOM in 1976 and became certified in Family Practice in 1981. He was inducted as a Fellow in 1986.

Dr. Angeloni was a great advocate for the students and for the ACOFP Preceptorship Program. He served as the Editor for the *Journal of ACOFP* from 1988 to 1993 and

Osteopathic Family Physician News in 2001-2002. Dr. Angeloni's leadership in the field of academic medicine helped shape our training programs as well as increasing their visibility through his many published articles on cancer in the primary care setting.

Dr. Angeloni was keenly aware that there were disparities in experience between clinical professors in Colleges of Osteopathic Medicine who spent 20 hours a week in direct patient care, and the practicing physician who spent 60 hours a week in patient contact. Dr. Angeloni worked to increase the amount of time students spent with practicing physicians. He appointed a task force to explore a six-year path to family practice, three years of didactic training and three years in clinical training. Dr. Angeloni had support from the Health Resources and Service Administration and the American Association of Colleges of Osteopathic Medicine. The proposal was not adopted and the current seven-year program was implemented.

1995-1996

ROBERT G. MAUL, DO, FACOFF

Lubbock, Texas



The 42nd ACOFP President was born in 1926 and graduated from West Virginia University in 1950. He is a 1951 graduate of the D.T. Watson School of Physiotherapy, a branch of the University School of Medicine, Pittsburgh, Pennsylvania. He went on to receive a DO degree from Kirksville College of Osteopathic Medicine in 1969. Dr. Maul became board certified in osteopathic family practice in 1981, and recertified in 1994.

He was a member of the Board of Governors beginning in 1990 and quickly became active in membership programs for the state societies.

During his presidency, Dr. Maul's emphasis was board certification and 500 physicians obtained certification during his tenure. During his administration, the numbers of members certified reached 7,000. Dr. Maul recognized that the growth of managed care made certification absolutely vital to remaining viable in a competitive market and he actively promoted that idea.

Dr. Maul saw the new demands that the ACOFP would deal with in the future. First, was a demand to provide outcome measurements for the effectiveness of the profession's work, whether it was patient care, teaching or research. Second, was a corollary ability to justify the cost-effectiveness of the profession's work. Third, was an understanding of the principles of community and preventive medicine and a commitment to practicing medicine in accordance with these principles. Finally, Dr. Maul recognized the importance of advocating effectively for the osteopathic profession.

1996-1997

ROBERT J. GEORGE, DO, FACOFP

Cuyahoga Falls, Ohio



Born December 4, 1941, just three days before the attack on Pearl Harbor, Dr. George learned frugality and sound management as a boy in Youngstown, Ohio. These talents would lead to his distinction as the longest serving member of the ACOFP Board of Governors, a total of 15 years. Only the former Speaker of the House, Dr. T. Eugene Zachary, who served as an ex officio member of the Board, topped this record by serving three years longer than Dr. George.

Dr. George worked his way through the Kansas City College of Osteopathic Medicine as a research assistant in the department of pathology, and graduated with a DO degree in 1968. He interned at Green Cross Hospital in Cuyahoga Falls, Ohio and remained on staff there for more than 30 years. Dr. George served first as the hospital's Director of Emergency Services and then as Medical Director, and eventually as Director of Medical Education.

He entered the ACOFP Board under President Dr. Edwin A. Doehring, and served most of his time as Secretary-Treasurer. Dr. George's sound financial management helped the ACOFP grow from 8,000 to 15,000 members. The ACOFP's assets at the beginning of his tenure as Treasurer were \$650,000 and a rented office space of 1,200 square feet staffed by just two people. By the end of his service as Treasurer, the ACOFP's assets had grown to include a \$2.5 million, 20,000 sq. foot building owned by the ACOFP and \$3.5 million invested in the bank.

Dr. George saw the development of a Certificate of Added Qualification in Addiction Medicine and helped spearhead the drive to recertification. Credit for the ACOFP's survival through the tough financial times of the 21st century can be given to Dr. George's visionary financial management.

1997-1998

TERRY L. NICKELS, DO, FACOFP

Oklahoma City, Oklahoma



Dr. Terry Nickels lists his field of professional expertise as policy development on healthcare, including graduate medical education, and professional liability insurance. Dr. Nickels obtained much of this expertise from years of service on the ACOFP committees.

He was born in 1944 and received a Bachelors of Science Degree at Northeast Missouri State in 1968. Kirksville, Missouri would be an important town for Dr. Nickels. It was there that he would meet both his future wife Connie and osteopathic medicine. Dr. Nickels entered KCOM and graduated with a DO degree in 1974. He interned at Hillcrest Osteopathic Hospital in Oklahoma City from 1974-1975, and after graduation established practice there. He has remained there in solo practice ever since.

Dr. Nickels was active in state government affairs in Oklahoma. He served on many regulatory boards and advisory boards for higher education. His knowledge of governmental affairs brought him into the ACOFP leadership.

He was nominated as an ACOFP Fellow in 1982, and was certified the following year. He was a founding board member of the American Osteopathic Academy of Sports Medicine and active in sports medicine issues.

He carried on a relentless campaign to certify every practicing family physician before the year 2001 when the Clinical Pathway would close. As President, he expanded ACOFP's involvement with the AOA Washington office. He espoused a much closer relationship with the Colleges of Osteopathic Medicine, which numbered 17 at the time.

His vision was to see the production of an in-house journal that was professional enough to stand with the other specialty journals of the day. In March 1997, he would make history by having his picture on the cover of volume one of the ACOFP's *Family Physician* publication. Using desktop publishing techniques, this full color journal would be produced completely in-house. The publication would be the predecessor of the *Osteopathic Family Physician News*.

The feelings of the 45th president can best be summarized by a quote from his inaugural speech that was published in that journal:

"We have now achieved an era of prominence in the American healthcare delivery system. The 21st century appears more than promising for the DO Family Physician."

1998-1999

MAX E. HELMAN, DO, FACOFP

Mishawaka, Indiana



Dr. Helman was born in Huntington, Long Island, New York in 1935 and was educated at the New York University in the Bronx from 1953-1956. He traveled west to Missouri and Northeast Missouri State Teacher's College. Studies were interrupted when he was drafted by the Army. Upon completion of service, Dr. Helman returned to college and graduated in 1962. He was then accepted at KCOM and earned a DO degree in 1965. He returned to South Bend, Indiana for internship, graduating in 1966.

Dr. Helman soon moved to Mishawaka, Indiana to enter private practice in 1967. He was certified in 1988 and recertified in 1995. Dr. Helman is presently an Assistant Clinical Professor of Osteopathic Family Practice at CCOM and served as advisor for students from Notre Dame University and other local colleges. He was inducted into the Conclave of Fellows in 1990 and served three terms as Conclave Secretary.

Dr. Helman is credited with compiling most of our written history. As Chair of the Archival and

Historical Committee for more than a decade, Dr. Helman began videotaping and archiving interviews with the ACOFP leaders. Dr. Helman contracted with a company in Indiana to establish and upgrade the ACOFP's web site, bringing ACOFP and its membership into the technological age. He also expanded the Journal's size and solicited medical artifacts for the museum at the Chicago office. Communications and history were his interests.

"As guardians of healthcare, family physicians can manage evolution, especially if we speak with one voice."

The innovations he fostered in the ACOFP gave us that one voice, and preserved the voices from the past.

1999-2000

JOSEPH PATRICK MCNERNEY, DO, FACOFP

Fairfield, Iowa



One of the few presidents to be born in an osteopathic hospital, Dr. McNerney has lived his entire life under the influence of osteopathic medicine. Starting life in 1950 at the Still Osteopathic Hospital in Des Moines, Iowa just a few months after the birth of the ACOFP in California, he would share a commonality with the ACOFP throughout his life.

He received his Bachelor of Liberal Arts degree from Drake University in Des Moines in 1978. Dr. McNerney attended the College of Osteopathic Medicine and Surgery in that same city and received a DO degree in 1980. His internship was served at Des Moines General Hospital, Blank Children's Hospital and Mercy Hospital in Des Moines graduating in 1981. He entered private practice in Wall Lake, Iowa and proceeded to Fairfield, Iowa from 1988 to 2000. Dr. McNerney was certified in 1988, and became an ACOFP Fellow in 1992.

He was fortunate to have a father who was an osteopathic physician and who introduced his son to the profession's politics early in his career. He joined ACOFP, AOA, and the Iowa Osteopathic Medical Association after one year in practice. Dr. McNerney was the

founding member of the American Osteopathic Academy of Addictions. He was active on the Board of Trustees and Executive Committee of Des Moines University-Osteopathic Medical Center. The training and experience he received prepared him to make an invaluable contribution to the ACOFP.

Dr. McNerney became President at the beginning of the 21st century, and chose to implement revolutionary changes in the way the ACOFP conducted business, negotiated contracts and delivered member services. He convened an historic planning session in Dublin, Ireland to chart the course for a worldwide presence for osteopathic family practice. In the land of his ancestors, the ACOFP Board spent many hours learning from an Irish strategic planner how to place a relatively small organization in a position of prominence in the mainstream of medicine. The Board also networked with the American Ambassador to Ireland, the honorable Mike Sullivan, on how the ACOFP could be recognized not only in Ireland but on the European continent as well. The conference revealed vital knowledge needed to develop a strategic plan for membership growth and financial stability in hard economic times.

Like the Irish, the ACOFP shares the problem of being a small player on a major playing field. The Board would learn the business tactics that had made this little country successful. Returning to the United States, Dr. McNerney set into motion his newfound knowledge. Under his direction, the ACOFP's accounting services were revamped. Dr. McNerney supervised the hiring and training of a new executive director. A "denovo initiative" was started to create new state societies, with eleven established during his tenure. He also formed a Delphi Committee to explore the Human Genome Project and recommend measures that the ACOFP could use to tap its potential. Member services were increased and the staff was expanded to provide those services. Promotion of osteopathic family practice residencies and curriculum development were prominent activities during Dr. McNerney's administration.

Change was difficult and painful at times, but Dr. McNerney's leadership kept the ACOFP solid and solvent when the new millennium would bring hard times.

2000-2001

EUGENE D. POGORELEC, DO, FACOFP

Clinton, Ohio



Born in Passaic, New Jersey in 1953, Dr. Pogorelec would attend high school in his hometown, but would leave to attend Marietta College in Marietta, Ohio. In college he was active in the leadership of student organizations, earning him many accolades. Dr. Pogorelec graduated in 1974 and attended the Kirksville College of Osteopathic Medicine where he continued to be active in student leadership. He would receive his DO degree in 1978 and go on to intern at Doctors Hospital of Stark County in Massillon, Ohio. Dr. Pogorelec was certified in 1987 and recertified in 1995. He became an ACOFP Fellow in 1994 and a member of the Board of Governors from 1992-2003. He would serve as President of both the Kirksville College of Osteopathic Medicine Alumni Association, and the Ohio Osteopathic Association.

The decade of leadership made him well qualified for the ACOFP Presidency. As President-Elect, Dr. Pogorelec had been a close advisor and confidant of President Dr. Joseph McNerney. As President, Dr. Pogorelec would carry on the vital reforming and positioning of the ACOFP in the new millennium. He honed new financial management practices, formalized an ACOFP Washington Office, expanded circulation of the ACOFP publication, and continued to refine the intensive review course and in-service exams. He created the office of State Society Relations, and increased visits by ACOFP leaders to all the osteopathic college campuses to advocate for family practice.

Dr. Pogorelec linked 41 internships to osteopathic residencies and increased match statistics in those programs as a result. He renewed dialog with the other specialty colleges and the AOA. Dr. Pogorelec produced the first "Guide to Selecting an Osteopathic Family Practice Residency Program" profiling 104 residencies.

Under his leadership, a comprehensive revision of the ACOFP Constitution and Bylaws was completed. Dr. Pogorelec imparted his passion for service to all he came in contact

with, and motivated many to achieve great things. He believed if you dreamed the impossible then at least the improbable would happen, and his legacy is a testament to that philosophy.

2001-2002

LOUIS J. RADNOTHY, DO, FACFP, FAAFP

Umatilla, Florida



The 48th President started his life in 1932 in Beaver Falls, Pennsylvania and graduated from Geneva College in his hometown in 1953 with a Bachelor of Science. He then attended the College of Osteopathic Medicine and Surgery in Des Moines, Iowa, receiving his DO degree in 1957. His internship was completed at Garden City Hospital in Garden City, Michigan in 1958. Dr. Radnothy enjoyed the area well enough to set up practice in Livonia, Michigan where he practiced for 25 years. In 1983, he threw his snow shovel away to migrate south to Umatilla, Florida, where he continues practice in a small town family practice.

Dr. Radnothy became certified by both the AOA and the AAFP. He is a Fellow in both organizations. Dr. Radnothy was named the 2000 Family Physician of the Year.

Whenever there is revolutionary change in an organization, there must be time for equalization and stabilization. Dr. Radnothy would provide that stabilizing and unifying force to pull ACOFP together as a family. A deeply devout and compassionate leader, he would make the hard decisions necessary to keep the ACOFP in budget while not sacrificing member services.

Dr. Radnothy had the difficult task of maintaining membership after the first major dues increase in almost two decades. Sound fiscal management saw membership actually increase. Dr. Radnothy established task forces to draft position statements on the Human Genome Project, and Stem Cell Research. He supervised the drafting of the ACOFP Code of Ethics and upgraded the web site. Under his leadership, the *Osteopathic Family*

Physician News developed a one-year editorial calendar. He established the Task Force on Procedural Medicine, and started meetings on campuses with student chapter officers and ACOFP leaders.

One key leadership task he tackled was to review and revise the process for officer and Board nominations. This restructuring would take into account the roll of the state societies as well as establish a screening process for all applicants.

Dr. Radnothy believed that an important leadership skill was being a powerful listener. He launched the Member Needs Assessment that resulted in the implementation of better web services, journal articles, and workshops.

Leadership was the theme of his administration and all agree that he did indeed lead by example.

2002-2003

KIEREN P. KNAPP, DO, FACOFP

Jacobus, Pennsylvania



A product of the heartland, Dr. Knapp was born in Cedar Rapids, Iowa in 1953. Many believed that he brought a good dose of common sense to his year in office.

Dr. Knapp earned double Bachelor of Science Degrees in Zoology and Bacteriology from Iowa State University in Ames, Iowa in 1976. He enrolled in the new three-year track at the University of Osteopathic Medicine and Health Sciences-College of Osteopathic Medicine in Des Moines, Iowa, earning a DO degree in 1979. He interned at Memorial (Osteopathic) Hospital in York, Pennsylvania from 1979 to 1980. Dr. Knapp enjoyed the hill country of Pennsylvania and established a practice in Jacobus, not far from York. He became certified in the ACOFP in 1987, a Fellow in 1995; and he recertified in 1996.

Dr. Knapp has written extensively on a wide variety of medical subjects and has served as the Editor of the *Family Physician* for several years. He served as Secretary-Treasurer and led the ACOFP on a course of sound fiscal responsibility.

Dr. Knapp appointed a task force to develop a rural residency track that could be coupled to any residency regardless of its geographic location. Under Dr. Knapp's guidance, the taskforce produced the "Guidelines for Preparation of Rural Residents in Osteopathic Family Practice and Manipulative Treatment" in less than one year. This was a revolutionary idea to ensure the stability and availability of residencies. Dr. Knapp also launched the new "ACOFP Center for Excellence in Procedural Medicine," aimed at helping practicing physicians better serve their patients and attracting new physicians to family practice.

Dr. Knapp opened the door of communication with our allopathic counterparts in the American Academy of Family Physicians. He was instrumental in instituting an interchange of officers that saw the President of each organization visiting the other's convention. The interchange would solidify development of a dual track family practice model. Dr. Knapp was also responsible in submitting the ACOFP's comments on the "AOA Report of the Task Force to Study Structure of the Department of Educational Affairs."

Dr. Knapp was instrumental in the hiring of Peter L. Schmelzer, CAE as the ACOFP's sixth Executive Director.

Dr. Kieren Knapp is a carpenter and pays attention to the grain and subtle characteristics of the wood so that he can accentuate its strengths. As a President, he used that same principle to bring out the best in those who served under him.

2003-2004

MARTIN JAY PORCELLI, DO, FACOFP

POMONA, CALIFORNIA



Martin Jay Porcelli, DO, FACOFP; Born 1950 in Downey, California (an osteopathic hospital); Certified in 1984; Fellow in 1989; Re-Certified in 1995; “He served with a servant’s heart and a lion’s paw.”

The 50th ACOFP president was born in 1950, the year the American College of Osteopathic Family Physicians organized. At his installation, it had been 50 years since a physician from California had held this prestigious office. He attended the Midwestern University Chicago College of Osteopathic Medicine before entering practice in Pomona, California. He always jokes that he graduated “Magna Cum Fortunato,” and this may be one reason why he was so focused on membership services and building bridges with other organizations. His dream had been to present a published ACOFP history in its 50th year but the project was too daunting, so he made it a priority of his Presidency. As a former member of the Archival & Historical Committee he was able to provide the guidance needed to complete the publication.

Dedicated to life-long learning, Dr. Porcelli holds certification in Osteopathic Family Practice and Manipulative Medicine, Geriatric Medicine, Sports Medicine, and Addiction Medicine. He served on the Board of Governors since 1995 and is an ACOFP Fellow. He was the 2001 California Family Physician of the Year, and had previously served as the president of the ACOFP California Chapter and the President of the AOA state affiliated division of the Osteopathic Physicians and Surgeons of California. He is the father of seven children, including his oldest son who is training to become an osteopathic physician.

Dr. Porcelli championed the development of affordable Electronic Medical Records for the practicing member, and initiated ACOFP programs for electronic prescriptions and billing. He fostered development of more skill modules for the ACOFP Center for Excellence in Procedural Medicine, including a fully-funded Spirometry Skills workshop. Dr. Porcelli served as Membership Chair and wanted to give back to ACOFP her rich history and to

provide the guidance needed. Conventions were in his blood – he was a meeting monger and loved attending the meetings to evaluate members, foster thought and perhaps redirect for an amicable solution. During his presidential term, Dr. Porcelli worked to award service back to the dedicated veteran member.

CONCLUSION

The American College of Osteopathic Family Physicians came into existence to advance the standards of osteopathic family medicine and surgery. Through difficult times, its members persevered and adversities became opportunities to develop leaders.

This look at the history of the ACOFP tells us where the ACOFP came from and where the institution has been. But this book is not yet complete. The history of this great organization will continue to be written by its members.

It has been said that to learn one's past is to gain a vision of your future. This review of the dedicated service rendered by the members and leaders over the years heralds a bright outlook for the future of the American College of Osteopathic Family Physicians.