

Archival & Historical Committee November 8, 2004 San Francisco, California

Interview with Mary M. Burnett, DO, FACOFP dist. President 1972-1973

Dr Allen:

We know Mary has been a long time advocate leader and participant in ACOFP history, so maybe I will just ask the first question. What did you think of the book, <u>The Continuing History of The American College of Osteopathic Family Physicians</u> that was published recently, Mary?

Dr. Burnett:

I thought it was wonderful. I am so thrilled that ACOFP has finally been successful in getting this written down because there aren't too many of us old timers still around. We are fading fast. I must compliment Tom Told for the wonderful job he and his group have done. I am excited about the history being put in a book. There is more of the early history not in here, but maybe you will be able to get it.

Dr. Froelich:

Mary, I will start it off. I was thinking about the name, ACOFP. You have been in the organization under three separate names haven't you?

Dr. Burnett:

Yes, I have.

Dr. Froelich:

Tell us the history of our name and what you think about it.

Dr. Burnett:

The name American College of General Practice in Osteopathic Medicine and Surgery has shortened to ACGP. Of course for a long time we resisted change from "ACGP", the synonym ACGP, to "Family Practice (ACOFP)" because we didn't want to copy the allopathic profession and they had gone to the name "Family Practice". But it became apparent that we needed to make the change because government considered "General Practice" in the allopathic profession as meaning no residencies, less trained physician. We decided that we had to move to Family Practice instead of keeping General Practice. I believe this was the primary reason we changed the name from ACGP to ACOFP, but I still say ACGP because that was the first name I used when I first belonged many years ago.

Dr. Froelich:

Was it a long fight? Did it take a long time?

Dr. Burnett:

Yes, it did take several years. But we actually had to do it because of the way the government paid us. If you were a GP they paid you less for doing the same thing than if you were an FP. I believe that was the emphasis of it. I am very pleased with our name. I think it represents who we are.

Dr Froelich:

What was the battle? Why did people not want it changed?

Dr. Burnett:

I was one of the ones that didn't want to change because we didn't want to follow the allopathic profession. It seems like anything they did, it seemed to me we would follow suit, and ACGP was our name. We had it copywrited. But I just didn't want to jump on the bandwagon with the allopaths. We had our name and it was a good name but it became apparent we had to change because of the government's position on GP and FP.

Dr Froelich:

And what about leaving the O in or taking the O out, was that another controversial issue?

Dr. Burnett:

Yes, we were really adamant that it had to have the O (Osteopathic) in because ACGPOMS of course was our original name but we shortened it to ACGP because it was so long to write. We actually became the ACGP when we were talking about it. We were osteopathic physicians and felt that the name should be in the college's name.

Dr Froelich:

In the switch to the ACOFP though, was that when the battle was? Was there a faction that said they didn't want the American College of "Osteopathic" Family Physicians or that they just wanted to be the "ACFP"?

Dr Burnett:

I am sorry, I was not aware that there was a battle with the ACGP Board about keeping Osteopathic in the name. It may have been but I was adamant that we have the 'O" in as that is who we are, what we are.

Dr. Allen:

I don't remember there being a battle over that but it was really a strong student movement too because the students said that they had equivalency. I can remember the day we were in the house and this thing was brought up, the students were actually a prime mover.

Dr Allen:

The students brought us along.

Dr. Told:

I was on the other side. Bob Brethouwer didn't want to put the O in the name just because of the length of it. They wanted to go ahead and put ACFP so they would keep it ACGP without the O in it. And so I was appointed to be the chairman of one of the reference committees and my assignment was to make sure the O didn't get in there. And so we did. We re-proposed that particular part and when it came up to the vote it was Florida and the students that essentially made that resolution from the floor and made it O in the middle of it. So that was that. It was a floor fight, not necessarily another one but it was the feeling of the Board of Governors at that time and I just knew Bob Brethouwer because he was incoming president, I think, or just finishing president. My assignment was to make sure the O did not get in there.

Dr. Burnett:

I was not aware of that until just now Tom. Thank you for this part of the history.

Dr. Told:

That is my commentary, I am sorry. I am sorry for that commentary. I put that in the history because I had personal knowledge of all that. That is why I went in and stuck it in there.

Dr. Froelich:

You see how even our folder today has this symbol here, it is the American College of Family Physicians, Osteopathic... the Osteopathic is underneath it. Is there any story to that?

Dr. Told:

Yes, actually to carry that on, it was a compromise that allowed that. We had to compromise to the board that we would actually have two forms, that we would go ACOFP but if we still needed to keep that logo and if you remember Bob Brethouwer actually had a hologram made with ACGP in it and he wanted to still keep ACFP without having the O in it, so we were going to do that Osteopathic. So there are two ways you can write it – ACOFP or ACFP, Osteopathic is how they said they were going to do it.

Dr. Adair:

I am Andrew Adair. I am one of the younger members here just starting out. It is an honor to meet you. I have been reading about you and writing about you... it is nice to finally be able to put a face and a name on the history of where we came from.

Dr. Burnett:

Thank you.

Dr. Adair:

In the years you have been involved, what is one of the biggest changes that you have seen in regards to the ACOFP? You can either leave it as a general question or in particular with students and resident activity within the college, what kind of change have you seen over the years?

Dr. Burnett:

The biggest change in the (ACGP) ACOFP college has been the approval of residency programs and certification for family physicians. As for students early on, the students were not very involved; we had not evolved that far yet. I'm thrilled that the ACOFP continues to involve the students more and more.

Mr. Howard Baldock, a professional pharmaceutical representative from E. R. Squibb and Son, came to the then president of ACGP, Dr. Earl Lyons, with the offer of some money for the GP college. We developed the Preceptor/ Preceptee Committee; I was the first program chair. The program consisted of a junior or senior student who would spend two weeks in the office of a member of ACGP and be paid \$200 stipend. Later, the time was increased to four weeks and the stipend increased. As we developed, many changes occurred. I believe Dr. T. Robert Sharp was the person primarily responsible for starting student chapters of ACGP in the five osteopathic schools in existence at the time. We have come a long way in every respect since those days, but back to the residency programs and certification. The AOA and the Advisory Board to Osteopathic Specialists, now Bureau Osteopathic Specialist (BOS), did not consider General Practice a specialty. ACGP was allowed to have a non-voting auditor on the Advisory Board and the Committee on Postdoctoral Training (COPT). The COPT controlled the residency programs and the Advisory Board controlled the certification. The ACGP had a long battle with the leadership of the AOA and the Advisory Board to get them to approve residency training and certification for GPs. We had many physicians requesting residency training; at that period it was difficult for DOs to get into allopathic training programs. We had nothing to offer these physicians thus it behooved the ACGP to establish residency programs. The AOA policies state that the trainer of any residency Program SHALL be certified, thus the necessity of establishing certification.

Dr Adair:

You said there was such a huge battle to try to get us to be certified. Are there any kind of juicy stories or any kind of pivotal individuals that you can recall?

Dr. Burnett:

Yes, many! The executive director of the AOA at the time was an osteopathic internist and he stood up at both the Advisory Board and COPT Committee meetings to speak against

our certification. I happened to be the auditor on the COPT and the Advisory Board at the time and the executive director stood up several times and openly said, "GPs are not specialists. He asked if we were just trying to be super GPs; I told them that in Texas there were 23 counties that did not have a physician and we had to be 'super' GPs in order to take care of the healthcare needs in sparsely populated areas. Texas and the west were sparsely populated in many areas and many times it can be hundreds of miles to receive adequate medical care. This is the type of battle it was. In the first vote on the COPT Committee there was only one person that voted with me. That was the rheumatology representative. This went on for two to three years and we gradually improved our position and inched our way in.

Finally, in 1972 a pathologist was chair of the Advisory Board, and he was terribly opposed to training and certification for GPs. The Advisory Board had decided that they were not going to approve certification and residency programs. T. Robert Sharp, one of the original 5-6 individuals responsible for developing residency training and certification documents for ACGP, wrote a minority report to be presented to the AOA at their mid-year meeting, held in Hot Springs, Arkansas on February 1972. I will never forget it. Several of the people in the leadership of ACGP went to Hot Springs to be present for Dr. Sharp's report. As usual, the information spread like wildfire as to why we were there. Phil Alder, DO (an AOA Board member and later AOA president) asked us not to present this report. We had the Constitution and Bylaws, rules and regulations and other documents already drawn up and had tried to get them approved through the AOA Advisory Board and the COPT for residency training in General Practice. We had prepared those documents in consultation with Mr. Bill McKellop, AOA, Department of Education. If we didn't get those two programs approved, we were prepared to withdraw from the AOA. No one wanted to do this. We felt we had no choice.

Dr Sharp and AOA leaders went off into groups and he was able to persuade the AOA Board to give us the right to grant certification and establish residency training programs. We were adamant and before we left on February 4, 1972, ACGP was approved for both residency programs and certification. Dr. Sharp has frequently said "WE WHERE BORN on February 4, 1972."

We felt that was a great accomplishment. We gave our first examination in Los Angeles at the Century Plaza Hotel in 1972. It so happened that the AOA board was meeting close by where we had our exam. The president of the AOA and several of the AOA board

members came over to observe our examination. Of course, our examination was very professional. It was given by the National Board of Osteopathic Examiners; and Carl Cohoon was the Executive Director. We had about 200 people that took the first exam and it was very successful. All the grading was done by a university computer company. I believe it was in Indiana at that time. That was our beginning, very humble but we began. As of October 2004, the number of AOA certified Family Physicians was 9,179. [editor's note: Recertification – 661; CAQ Geriatrics Medicine – 505; CAQ Sports Medicine – 175; Adolescent Medicine – 13; Addiction Medicine – 16]

Dr. Allen: Who was the internist that was the AOA Executive Director?

Dr. Burnett: The internist was Ed Crowell.

Dr. De Regnier: Dr. Burnett, I am Kevin De Regnier from Iowa.

Dr. Burnett: Yes, I know who you are, Kevin.

Dr. Burnett:

Dr. De Regnier:

Dr. Burnett:

Dr. De Regnier: Thank you. In that struggle for recognition and certification, in our research we talk about a meeting in Hot Springs, Arkansas. There were some questions about whether there might have been another meeting earlier in Colorado.

Yes, several of the ACGP leadership met with some of the AOA Board in Colorado. I was not in that meeting so I really can't tell you about it, but I sure know about the Hot Springs meeting because this was the day ACGP was approved by the AOA Board of Trustees for residency training and thus certification. We felt a great sense of accomplishment.

And we mentioned that [in the History of the ACOFP]. Was it just the resistance to...to what?

Not a single one of the specialty colleges wanted us to be designated as a specialty. We were General Practitioners. We were not specialists and they really didn't want us to have that recognition as such. We would have been so foolish not to establish residencies as so many of our people were requesting this training. Some of the students did not want to go to school and be turned loose on the unsuspecting public. They desired more training. All of the specialty colleges were pretty much against us having a certification and residency

training. I asked, "how can you fault us for trying to improve ourselves? Why would you try to fight us against additional training?" It fell to deaf ears. We had many discussions.

Dr. Told: Did the meeting in Colorado precede the Hot Springs meeting?

Dr Burnett: Yes it did.

Dr. Told: So they were sort of preliminary...

Dr. Burnett: I don't remember exactly how long but it preceded. But the thing that really helped obtain

the approval was the minority report.

Several: Minority report?

Dr. Burnett: Yes, the minority report from Bob Sharp and the ACGP leadership and he really put it on

the line. Dr. Adler talked to us in Hot Springs, he said, "Please don't do this... you are

going to divide the profession" and he tried to talk us out of it. But we were adamant that

we needed residency training and certification. And also, if they did not approve our

college for residency training and certification, Jim Rowland and several others would have brought up, basically, the possibility of breaking away from the AOA. We felt we

needed these programs and deserved them and wanted it so badly for our members. Jim

Rowland was one of the real movers and shakers in my era time.

Dr. Told: What was his name again?

Dr. Burnett: James L. Rowland [ACGP President - 1964-1965] from Kansas City, Missouri. There is

also a Roland Young [ACGP President - 1965-1966] and some people confuse Roland

Young with Jim Rowland but they are not the same at all.

Dr. Allen: Jim was from Kansas City.

Dr. Burnett: Yes, Jim Rowland practiced in Kansas City and Roland Young was from the Dallas, Texas

area.

Dr. Allen: I need to ask: Was your husband in on this...?

Dr. Burnett: Oh yes he was. He was on the AOA Board. Yes, he sure was. And the surgeons got real

upset with John Burnett. One of the surgeons in Colorado, I won't mention who.

Dr. Told: Did his name started with Lamb or something...

Dr. Burnett: It started with S.

Dr. Told: C. R. Stark, Sr.

Dr. Burnett: He told me one time when John Burnett (1967-1968) stood up when introduced as an AOA

Board member and I was sitting with Dr. Stark and he said, "Boy that's a troublemaker."

He talked about that a lot of times afterwards. John Burnett really fought for the General

Practitioner; there was a disagreement for sharing the insurance fees with surgeons when the GPs assisted in surgery. The surgeons called this fee splitting. Many hospitals did not

have surgical residents and the referring physicians often assisted on the surgery. The GP

felt we should share on the insurance fee, but not the surgeons, John was very much

involved. Actually John Burnett and Jim Rowland were two of the real movers here. Earl

Lyons (1966-1967) was president of the ACGP and then elected the same year as president

of the AOA so John Burnett was following him in the rotation of the president of the

ACGP, so John took over most of Dr. Lyons duties because Dr. Lyons was pretty busy

with AOA at that time. Anyway, we had lots of fun but that was very serious business.

Dr. Told: Yes, I bet.

Dr. De Regnier: One of the more colorful people that we came across as we investigated this was Jack

Hank. What can you tell us about Jack? It was really tough to get information about him.

Dr. Burnett: I know quite a bit about Jack because he came to ACGP about the same time I really got

involved. I believe it was Tiny Andreen from Michigan who was the one that basically

hired Jack Hank and several accused John Burnett of having signed his contract. John had

never signed a contract and I do not believe Jack Hank ever had a contract. If he did have,

John and I never knew it or saw it. I believe Jack realized the situation real fast and kept a

Michigan GP as Treasurer and told him what to say in the Treasurers Report to the

Congress, which was written on the cover of a match book. Jack really took advantage of

the opportunity. He got some of our money, not just some of it, quite a bit of it but that

was the Board's fault; Jack did an awful lot to put us in the first class operation. Many of us learned a lot after the Jack Hank situation.

I have to give Jack a lot of credit because he really put us on a first class basis with our conventions, Congress of Delegate, and meetings. He ran a real fine program for us for many years. We went to some of the best places. For instances, in 1973 we went to Hotel Frontenac in Quebec, Canada, and went one year to Colorado Springs in a downtown hotel that time. But we went to the best places. Our Program Chairman brought in some good speakers and everything was improved tremendously with Jack Hank. I believe in giving credit where credit is due and Jack did many positive things for ACGP. We weren't suspicious enough to know that we must watch the money closely that time but we sure learned. There are many details that I learned about that were shameful.

Dr. Froelich:

Mary, how many people would you have in the convention in those days?

Dr. Burnett:

In 1967, the first AOA convention I attended was in San Francisco. Earl Lyons was president of both the ACGP and the AOA and was supposed to give the banquet speech but he was busy with the AOA functions, so John Burnett had to fill in at the ACGP Banquet. We had 70 people attend our banquet. In 1973, the year I was president the AOA convention was in New Orleans and we had 500 people at our banquet some of this was due to Jack Hank. Another reason we had such a big turn out was because the AOA always had a banquet but in 1973 they discontinued theirs so most of their people came to our banquet and it was the prettiest room I ever saw. Jack Hank, again, Jack Hank did this. He had gold lamiae tablecloths. The room was just beautiful. And this I think was the first time the AOA really thought – "Well maybe this is a good reliable organization" because we did really well that year.

Dr. Burnett:

After that successful banquet, many of the AOA Board, the AOA Board started coming to the ACGP banquets. At the same meeting, the executives of the AOA started coming to our organization and then first thing you know we amounted to something. The residency programs and certification has changed many things. Our members are on many AOA committees, chairing some of the most important bureaus and committees. Many of ACOFP members have served admirably as AOA presidents and have been really outstanding leaders of the entire osteopathic profession. ACOFP is the largest, by far the biggest college, and when we speak they listen a little bit better, a lot better really. Dr. Allen, would you say that is true?

Dr. Allen:

Oh yes. No question, right.

Dr. Froelich:

To follow your comment, how would you portray that transition from 50 people at a banquet to the largest college in the AOA? What were the main factors that drove our growth?

Dr. Burnett:

Our membership. Early in our growth, I feel the residency and certification programs and some of ACGP's aggressive membership chair and leadership of ACGP has been responsible for our growth. Dr. Royce Keilers can be credited for our early growth. Of course, the increase in the number of schools (from five to 21) and thus the increase graduates has had considerable impact on ACOFP and the AOA membership.

In many states, we didn't have state societies. I started the chapter of the ACGP in Colorado. We didn't have many chapters back then. Only the largest states had societies of ACGP. There is another battle I might mention. The year they put me up for president of ACGP there was a GP in Michigan, Dr. Muscari. Dr. Muscari came to the board and said, "I want to be on the ACGP Board. He was told, "You go home and develop your organization, we will see about putting you on the board." "No, I have to go on this year." Well, that didn't go over very well. Dr. Muscari was going to run against me.

Dr. Joseph Namey was chair of the Pennsylvania delegation and he was convinced by the chair of the Ohio delegation, Dr. Gene DeLucia, to join the Muscari band wagon. At that time, Joe and John were just friends. After I won, Dr. Namey came over to John and said, "you beat my ass"! After that they became real good friends until their deaths. Just another little battle. What fun and good times we had in the ACGP organization.

Dr. Told:

So it is an election? Did you campaign back then?

Dr. Burnett:

Oh no. I have never campaigned for any job. It was a Congress of Delegates election, much like it is today.

Dr. Told:

It was just that there was sort of a clue to take this thing over, is that what?

Dr. Burnett:

Muscari disturbed many. He went to the AOA with a similar attitude, and the AOA said to the ACGP, "Give him something to do...something." We said, "You give him something

to do." And so he didn't get what he wanted from the ACGP or the AOA either so he was going to sue them. Oh he was a real problem. I understand he started his own GP organization in Michigan not affiliated with ACGP and I was told he put on good seminars. I always felt badly about Dr. Muscari because I feel he had lots of talent but his approach and attitude needed some improvement. Do you remember him?

Dr. Told: I don't remember him.

Dr. Burnett: Oh I sure do.

Dr. Told: I am sure you do. Maybe I want to forget him.

Dr. Allen: For years Phil Adler was pretty much the leader in Michigan.

Dr. Burnett: Phil Adler was with the AOA but this guy was going to take over ACGP. He wanted to just come in and takeover and he didn't' get to takeover so then he got real upset.

Anyway, it was just another little sideline that happened during the formative years.

Dr. Allen: Well there was a comment in here to question you about the California merger, what you

remember about that?

Dr. Burnett: I am sure you know a lot more about that than I do. But Bob Starks, Sr. was real upset

about the California merger and when that was going on Starks and many in the AOA

leadership thought that it was going to be the demise of the profession, but instead, the

adversity brought the profession together. We really got on the ball for a change agreeing

with each other and trying to promote the Osteopathic profession. As you know, we

became stronger than we had ever been, even after we lost the largest school and probably

the best school and a lot of the California practitioners. We lost a lot of AOA and ACGP

membership at that time, as you know. Dorothy Marsh was president of the California

Association at the time of the merger.

Dr. Allen: A woman?

Dr. Burnett: C. R. Starks, Sr. was really furious with Dorothy Marsh. He was more anti Dorothy Marsh

than he was even against the GPs. But I really don't know a whole lot about it other than

we lost most of the California organization when they merged [with the M.D.s]. The ACGP lost a lot of our early history, lots of members and all of ACGP funds.

Dr. Allen: 2000 D.O.s lost.

Dr. Burnett: I didn't know how many.

Dr. Allen: California was the biggest state of the AOA.

Dr. Burnett: That was probably our best school at the time; I shouldn't say that because I really don't

know that as a fact.

Dr. Allen: It was a good active school.

Dr. Burnett: Yes, it was.

Dr. Froelich: Do you have a recollection John Vincent Firore, Bruce Collins, Herman Wagonseller or

any of the other originators of the ACGP?

Dr. Burnett: No, I really didn't know them. I wish I did but I really don't because that was a few years

before I really became active. I was still trying to make a living then, so I really became

active in '67 and I just fell in love with this organization. There are a few things in here

that I have marked in the book on page 27 it says, "ACOFP leadership attended the

February 1968..." It wasn't '68.it was 1972 when the AOA board met in Hot Springs, Arkansas. Oh it says that at the very bottom. It does say that. It says, the convention met

in Hot Spring, Arkansas. That is incorrect. I don't believe the AOA or ACGP has ever had

a convention in Arkansas. It was just the AOA Board meeting.

Dr. Told: That wasn't in Hot Springs?

Dr. Burnett: Not in 1968. The only meeting I know of in Hot Springs, Arkansas was a mid-year AOA

Board of Trustees meeting in 1972. I don't know what they are really referring to there.

Dr. Froelich: Was 1968 the first meeting though?

Dr. Burnett: The ACGP has always met in conjunction with the AOA Annual Convention. The first

ACGP mid-year meeting was held in Oklahoma. The second was Colorado Springs. The third was in Albuquerque, New Mexico. We originally planned the meetings over July 4th

so the physicians could bring their families.

Dr. Told: On those tapes, that was sort of confusing because Bob Haman would talk to Joe Guzik

and they would reminisce back and forth. It was difficult to follow their flow and Kevin and I, the way I listened to those tapes that was the way it came off so it might have been

just the way they switched back and forth.

Dr. Burnett: Oh, on page 31. Next to the last word it was says, "Council." I don't know what Council

they are talking about. Are you talking about the Advisory Board to the Osteopathic

specialists?

Dr. De Regnier: No it continues to the next page and it is the COPT that it is being referred to.

Dr. Burnett: COPT is referred to as the Council?

Dr. De Regnier: Council on Postdoctoral Training.

Dr. Burnett: Okay, then it was the (COPT) Committee on Postdoctoral Training. I've never heard the

COPT as a council – only a committee. I assume it is still a committee.

Dr. De Regnier: Is that not correct?

Dr. Burnett: ACGP had no voting representative on either the COPT or the Advisory Board. I sat on

the COPT and Advisory Board only as a non-voting auditor.

Dr. Told: So that is correct.

Dr. Burnett: We were non-voting auditors only.

Dr. Told: We did have Ed Crowell right?

Dr. Burnett: Yes, Ed Crowell was the Executive Director of the AOA.

Dr. Allen: True Everlith was the AOA Executive Director at the time of the Californ	nia merger.
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Dr. Burnett: Yes that is correct and then Dr. Ed Crowell followed Dr. True Everlith.

Dr. Allen: And then Ed Crowell followed him. I think they both were from the State of Maine,

weren't they?

Dr. Burnett: Yes, they were. Dr. Everlith picked Ed Crowell for AOA Executive Director, you know.

The AOA and AGCP have both come a long way from then to where we are now. The AOA has a nice building in Chicago, Illinois just off Michigan Avenue and the ACOFP has a nice building in Arlington Heights, Illinois. I think it is just a wonderful building and

I'm so proud of it. I don't have any other corrections to make, just those tiny ones.

Dr. Told: And your biography was okay because you wrote it right? I mean we just took it exactly...

Dr. Burnett: I didn't even read mine.

Dr. Told: We had written a bunch of stuff about you and John and then you sent me...

Dr. Burnett: Yes, something about John?

Dr. Told: Yes, well you sent me that stuff about John, which we printed exactly the same way that

you wanted it. But I didn't know whether you wanted to embellish that a little bit more.

You are awful modest. We could have a lot more stuff in that.

Dr. Burnett: There is something else that I had back in here, somewhere. It said something in here

about Kirk Herrick serving two years. He didn't serve two years as president of the

ACOFP... Kirk Herrick, someplace I saw that he served two years.

Dr. Told: I think he did. Let me see if that....

Dr. Burnett: Did he serve two years?

Dr. Told: Let me see if that is exactly the one. I think that is who it was.

Dr. Froelich: What did he serve, Mary?

Dr.Burnett:	As president of ACGP.
DI.Duillett.	As president of ACGr.

Dr. Froelich: One year or two?

Dr. Burnett: To my knowledge, no FP or GP has ever been voted into office for two years. He was

elected to serve one year. I believe he did go over a few months because they changed

some meeting dates during the middle of the year, so it was longer than a year.

Dr. Told: I think that is what he told me. There was something to do with the change in the...

Because I asked him, because he came around and he said, "I want a past president's pin".

And I said, "Do you mean your state?" I was just looking down at the time and I said,

"Are you talking state or national?" I thought I knew all the past presidents. And I looked

up and I saw Dr. Herrick and I thought "gosh".... And he said, "Well I am the guy that

did two years." So I asked him "how come?" and then he said, "Well there was something

to do with...they were changing over some sort of system" and he had to stay on for a little

bit longer. No FP has ever been elected by Congress for a two year term as president.

Dr. Burnett: He did have to stay on for a few more months, I remember.

Dr. Burnett: But he was elected for one year, I remember for sure about that. Also, I want to mention

under Dr. Brethouwer, he is the one that designed the ACGP logo and was the cartoonist

for our publication. He put real cute cartoons in the newsletter, and the surgeons would get

really upset with him.

Dr. Burnett: The AOA one time even talked to him about it a little bit. You will have to talk to Dr.

Brethower about that though... Also, you should put in here that Bret painted his way

though his internship. He is quite an artist, a really nice artist and he painted all the time.

He did paint his way through his internship at the Rocky Mountain Osteopathic Hospital.

Dr. Told: Is that Dr. Brethouwer?

Dr. Burnett: Yes. I just think this history of ACOFP is a wonderful book and I am so proud of you,

Tom, and your commitment.

Dr. Told: Well actually it was Kevin.

Dr. De Regnier:

Actually I think it was pretty good. We put it together pretty fast because we had a president that was on our tail that wanted it out.

Dr. Burnett:

Good for him.

Dr. Allen:

Dr. Porcelli?

Dr. Told: Yes sir.

Dr. Burnett:

Dr. Burnett: And we had some wonderful, outstanding people in our group and our organization.

Dr.Allen: You have already mentioned several people in the organization. Of all the people that you have been associated with through the years, who has been the most colorful or memorable

for you, Mary?

And Kevin, yes.

Dr. Burnett: I guess I would say Jack Hank was the most colorful. I don't know about memorable but

he certainly was colorful. His brother-in-law was a driver for the Teamsters and involved

with them and he had a lot of Texas blood in him, in the way he handled things.

Dr. Told: Jack Hank.

Dr. Burnett: Jack Hank, yes he really did. I am sorry we don't have more about Jack but it is probably

good because it might make some people unhappy to see him given credit. But I felt he really was due credit for starting our organization on the successful path to where it is

today.

Dr. Allen: Much of that momentum came because of the quality of the annual programs that he did.

Dr. Burnett: Annual meetings? I think so. Another colorful character was Jim Rowland. He had lots of

good ideas and he was one that started our fellows conclave for ACGP. One year the convention was in Hawaii. We shipped all the caps and gowns over. The only problem was that they had a long-shoreman's strike on the West Coast and the people that loaded

the ships wouldn't. So our caps and gowns sat there while we had our convention in

Hawaii. Jim Rowland went out and bought leis, two for each fellow. During the program each fellow was given two leis. When he was presented his lei then he went over and presented the other lei to his wife. It became kind of a nice ceremony. But Jim had an awful lot of real fine ideas and did an awful lot to promote this profession and this organization.

Dr. Allen:

I know one year we had the convention in Hawaii and they had a bad storm, even to the extent that ships didn't make their appointed times over there and the exhibit hall was practically empty because their materials didn't arrive.

Dr. Told:

1971?

Dr. Burnett:

I don't remember exactly.

Dr. Told:

You were in Hawaii in '71 and '78 or '80.

Dr. Burnett:

We had several different little things that happened that worked out real well in the end.

Dr. Adair:

You have seen a lot happen with this profession. Where do you see us going now? What would you recommend for us as a profession to make a positive change? And also, what would be something that we could probably change to do better?

Dr. Burnett:

I think we are going to have to work on our schools a little bit with what influence we have to get more training in osteopathic medicine. Our schools aren't really teaching very much osteopathic medicine (manipulation) and yesterday while giving the certification examination, we were just aghast at how little some of the residents that were taking the exam seem to know. We failed three of them because they absolutely could not give any positive information or demonstrations to our questions. It is terrible, but they do not have much osteopathic training and we are going to have someone talk to the trainers of the schools they attend where these people didn't pass and say, "Look, these Osteopathic physicians... One woman that I examined, she walked up to the two of us examining her and she said, "I don't know anything about manipulation!" She is there to take an Osteopathic Manipulative Examination. She says, "I don't know anything about manipulation." Now what kind of score can an examiner give that candidate?

Dr. Told:

She didn't try to fake it.

Dr. Burnett: No, she didn't know how to put her hands on the patient with our coaxing to see if she

didn't actually know more than she thought she did. She was accurate, she didn't.

Dr. Told: That is incredible.

Dr. Burnett: The unfortunate thing about it was, that if a person fails then they are taken to two other

examiners and given a different question to see how they perform. Then they can pass the

examinee if he or she is able to pass the second question. The person that reexamined her

was not a board member. This has disturbed me. We are saying to the government, to insurance people, these are qualified physicians and by having a certification gives them

certain amount of credibility as to qualified, and we pass people that are not qualified! This

is a real reflection on AOBFP and the AOA. And, of course, if they fail the performance

evaluation examination twice, they have to go and take an osteopathic manipulation course

with an AAO certified person.

Dr. Burnett: They have to take a training course with an AAO certified DO and to write that the

candidate has taken the course and passed it and give it our Board. Then we will let the

candidate take the performance exam again. I am very opposed to just passing people just

to get them along. Like the first grader that hasn't learned to read.

Dr. Froelich: Mary, I noticed in the history, and I have been reading some materials, that you said the

AOA offered the first approved residencies in Family Medicine in 1973.

Dr. Burnett: That is correct after the AOA Board approved residency training in 1972. Brentwood

Hospital in Cleveland, Ohio and Memorial Hospital in York, Pennsylvania was one of the

first.

Dr. Froelich: That also was your presidential year.

Dr. Burnett: That is correct.

Dr. Froelich: How did you arrange that? Was that because of Bob Sharp's minority letter in 1972 too?

Dr. Burnett: It just worked out because we had gotten our certification the year before and our approval

for residency so we could start residency programs. I thought the first one was in York,

Pennsylvania but apparently it was not. Apparently it was in Cleveland at the Brentwood Hospital.

Dr. Told: Brentwood.

Dr. Burnett: Yes, Brentwood. Norm Jankowski had that program and it was in Cleveland, Ohio...

Dr. Allen: Was it Lancaster?

Dr. Burnett: Lancaster, perhaps, I thought it was York, Pennsylvania. It may have been the Memorial

Hospital in Lancaster. I thought that was the first one.

Dr. Froelich: Mary, you were one of the first females to do all kinds of things. You were always the first

"this" and the first "that". And in reading your history profile and comments, it seems that

there was a lot of early government intrusion into medicine occurring at the time as your

inauguration to the presidency. At the same time, you had established the first true residences. With all of that going on when you took the helm, what were your main

presidential messages or themes at your inauguration that year?

Dr. Burnett: Be the best physician you can. Support residency training! Teach these young people

everything you can because that is where they really get the "hands-on" versus sitting there reading a book, I think. When they go to preceptorships in the doctor's hospital, I know when they go to Tom Told's place in Craig, Colorado he teaches them everything and they really have a valuable experience. He really does it all. He teaches many things and most

of them have never seen in school.

Dr. Burnett: It is an opportunity to spend time in doctor's offices today. When I was in school they

wouldn't even let you go to the doctor's office. They were afraid you were going to, what

was called, "bushwhack". Remember that term?

Dr. Told: Yes.

Dr. Burnett: They wouldn't let you go to a doctor's office and work and I think it is so wrong. We

could have learned so much more.

Dr. Froelich: What was meant by the term bushwhack?

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Dr. Burnett: Treat patients before we got our degrees. They where afraid we might practice on the side,

as if we knew enough to do so!

Dr. Told: Oh they might run off your patients or do something wrong.

Dr. Burnett: Or that you might charge for something, a student might charge someone for treating them,

that type of thing.

Dr. Froelich: The doctor might take advantage of that?

Dr. Burnett: No, they were afraid you were going to take advantage of the little bit of knowledge of

medicine you had learned; and take advantage of people. Oh you couldn't even think about seeing patients, a live patient, except in the clinic. You did see live patients in the

clinic. I tell you this profession is wonderful and it has done an awful lot for many of us.

It has given us opportunities we would have never had any place else, I feel.

Dr. Froelich: Thanks for all that you have done.

Dr. Burnett: I really haven't done much.

Dr. Allen: Oh yes you have. You are pioneer out there.

Dr. Burnett: I have to tell you this one story because something came up at the luncheon, something

about it that reminded me. In Texas we have a mid year seminar and we always to have

sign in our name, the college we attended, year we graduated, our AOA member, etc., you

know. So I signed in that I graduated from Kansas City in 1949. A young man from

TCOM came in. He signed in right after me. He said, "Boy that is an old timer." I said,

"Do you know who that is?" He said, "No." I said, "It is me." Boy, he was surprised.

But it is true. I have been around a long time.

Dr. Froelich: Were you part of the first certification?

Dr. Burnett: Yes, I was # 9. Carl Cohoon gave an exam up in the lounge of a 747 airplane going to the

AOA convention in Hawaii and 14 of us took that exam and 3 of them took the exam in

Hawaii. We actually took an exam that Carl prepared for us. I guess we all passed it. I don't even remember that. But anyway, I am #9 and I believe the total was 17.

Dr. Froelich: Was your name Burnett then?

Dr. Burnett: It was Snedeker prior to Burnett.

Dr. Froelich: I want to know how Robert Sharp got #1.

Dr. Burnett: Because he wrote the Minority Report and he said he wanted #1. We were glad to give it

to him. That is how Bob got it.

Dr. Froelich: Tell us about what it was really like at the first certification.

Dr. Burnett: About 200 physicians took the exam at the Century Plaza near Los Angeles, California.

There is one thing that happened that I felt was unprofessional and kind of silly and think that it shouldn't have happened, but Jim Rowland decided that we should... He had a policeman come in and arrest somebody, took them out of the testing room because they

said that he was cheating.

Dr. Told: Oh so you had a policeman come in. That is where that policeman came in, of course, it

was a fake.

Dr. Burnett: And the examinee that was supposed to be cheating wasn't even a DO! He was supposed

to be caught cheating! I was embarrassed that they did it because it was so unprofessional.

Dr. Told: Did the police proctor you?

Dr. Burnett: No, only Carl Cohoon from the National Board and possibly an employee of the National

Osteopathic Examiners.

Dr. Told: Because that creeped into the history a little bit, the police had proctored him but that must

have been...

Dr. Burnett: No. He just came in and took the gentleman by the arm and escorted him from the room

because he was supposedly caught cheating, but he wasn't.

Dr. Froelich:

Do you have any more details on that because that needs to get into the history.

Dr. Burnett:

You mean about that incident? Sure, I remember it really well because I thought it was terrible and unprofessional. That wasn't something you would do in a professional test. Here we are trying help the profession and we had someone caught cheating. Well Jim wanted them to think they would get arrested if they got caught cheating. These are doctors! They are not going to be cheating. But no, this policeman came in. Jim had it all set up. I didn't know he had it set up, anyway, this policeman walked down the steps while the candidates were taking the exam. He walked down to the gentleman, so everybody could see, and he took the man by the arm and he said, "You have been reported as cheating". The police took him by his arm, and he said, "Come with me: and escorted him from the room and left. Fortunately the AOA members weren't there when that happened but they usually came to the exams and just stood around at the back of the room and really watched the physicians taking the examine. 200 people were taking the exam and it was really a nice atmosphere during the exam other than that one little fake incident.

Dr. Froelich:

When did you find out the truth about that?

Dr. Burnett:

Right after it happened. I said, "Jim, what on earth..." I didn't know Jim set it up. John [Burnett] knew but I didn't know because no one was supposed to know. I said, "What is this all about?" And then he told me what had happened. Anyway, John said, "don't tell Mary".

(Laughter)

Dr. Burnett:

Because I feel this exam is a no nonsense type thing. Certification to me is really something serious because you are telling the government and insurance people, these are qualified physicians and you don't pull that kind of stuff.

Dr. Froelich:

No messing around with Mary.

Dr. Burnett:

There is a time for horseplay and fun but not in a certification exam! It has been a wonderful 55 years this year that I have been a DO. Many things have happened, mostly positive improvements in this organization and profession; it has been a wonderful

improvement. Look where we are today. And AOA cannot and does not look down on us anymore because we are in a position to make decisions that govern this organization.

Dr. Froelich:

What do you see for the future?

Dr Burnett:

I think we are going to go into a different type of future. I guess, I would say research. I think it is going to be all evidence based research rather than the way research is done now. It is going to be how the patients react to medication and different things. "Evidence-based" medicine is what it's being called. I think it is going to be the wave of the future, you probably know more about it than I do. I think that is going to be... I have a book about this thick on it from England where they are doing this and have for a considerable time. I have only read part of it.

Dr. Froelich:

What is your greatest fear for our future?

Dr. Burnett:

My greatest fear for the profession in general is that one of these days ACOFP may lose its identity because we are not separated from the MDs. We are not emphasizing the difference between the DO and the MD. I think, unfortunately that quite a few DOs would rather be MDs. I hope that we do not lose our identity as such because we have something to offer that the MDs do not. Because they are learning manipulation and using it, so they may be stronger than we are one of these days in doing manipulation. I hope not.

Dr. Told:

How big was your first test, the test that you took on the 747?

Dr. Burnett:

I believe it was over 100 questions. I am not sure. Incidentally, now we have the residents write the questions...very clearly, particularly the internists. These people are so bright and they write such good questions. They are up to date on every last thing. I think it is a great source of questions. We get wonderful questions. The reference/source is attached to the questions. We don't have to use these questions but we can. These questions that we have for our certification exam are gone through about three different times by three different groups of people to see if someone thinks that the question should not be used or if it is too hard or too simple or if it is incorrect. Every one of the sources, the authority for the question and the answer is turned in with the question. So we have the literature right there and these are reputable authors from medical books and recognized periodicals. We have proof of them before we ever use the question. They are gone through many times for spelling, punctuation and grammar, to make as good an examination as we can. Anyway, I

feel like we give a pretty good exam. I am sure it could be improved and we are going to keep trying to improve it. It has been a wonderful experience.

Dr. Adair: I think the exam you give is good. I took both DO and MD exams and I think ours is a

little bit harder and better.

Dr. Burnett: Do you really?

Dr. Adair: Yes, I thought so.

Dr. Burnett: I am pleased to hear that. We try to make it practical for what physicians see in the office.

We are really using credible authors and references.

Dr. Adair: You are right.

Dr. Froelich: One last question. Can you give some advice for next years?

Dr. Burnett: See me outside!!!!!

(Laughter)

Dr. Told: We mean for the ACOFP president.

Dr. Burnett: I thought you meant the exam.

Dr. Told: Oh not for the exam.

Dr. Burnett: Use good common sense in making a decision. To me that is important anyway. I am just

a country girl. I grew up on a farm where you had to use common sense.

Dr. Allen: That goes a long way.

Dr. Froelich: Before we break up we would like to get a group photo, if you don't mind.

Dr. Allen: I think we pretty well wore you down, Mary, appreciate enormously your participation and

clueing us on the book and additional information, additional characters and all that.

Dr. Burnett: Thank you. I hope I have been some help.

Dr. Allen: It's been beautiful. So meeting adjourned.