"The California Incident"

The California Incident," "The California Merger," "The California Debacle," "The California Wake-up Call." No matter what one wishes to call the event that happened between the osteopathic and allopathic medical professions in the 1960s, it was an historic one. It was traumatic, it was far-reaching, and it had some unexpectedly potent consequences.

This month, we are reprinting a series of editorials published between September 1961 and February 1964. Apparently, there was a moratorium on publishing anything on the evolving events in California between October 1961 and March 1962, when the second reprinted editorial appeared. Frequent editorials appeared through 1962, however, as events rapidly unfolded. The last editorial reprinted in this issue appeared in early 1964 and represented the initial "repair efforts" undertaken by the remnant of remaining osteopathic physicians in California along with their colleagues in the rest of the United States.

The roots of the California merger had been growing since the late 1930s. Covert moves toward amalgamation in the state in the 1940s had been rebuffed. By 1961, however, the moves had become overt. The groundwork had been laid; the decision to turn the California College of Physicians and Surgeons into the California College of Medicine and the plans for awarding an MD degree to osteopathic physicians were in place. In 1962, a referendum on osteopathic licensure was placed on the ballot and passed by the voters, and for a $65 fee, about 2000 DOs were awarded the unearned "little m.d." degree.

In July 1961, the American Osteopathic Association (AOA) voted to fight amalgamation in other states where it was becoming an issue. In the first editorial reprinted here (from September 1961), George W. Northup, DO, lays out the plan that was becoming apparent 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 was joined.

In the second editorial (from March 1962), Northup points out that organized medicine had, in fact, legitimized the DO degree in the degree exchange. 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. It was an interesting and ironic twist of fate for a profession split over its very existence.

The third editorial presents the results of a public opinion survey on the fate of DOs in California. The results indicated that most Californians were not happy with the elimination of the profession in their state. In November of that year, however, Proposition 22 was passed by an overwhelming majority of voters. As Northup was to state in the December editorial, also reprinted here, the practice of a majority of California DOs had convinced the public that there was no difference between the professions, hence any need for two professions.

By May 1962, some 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. In addition, 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? That was becoming clearer by July, when it was reported that many former osteopathic specialists were being limited in their practices and were not being accepted, but shunned by their new society.

In August, 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 remaining DOs in the United States which showed a surprisingly strong sentiment to retain the profession's identity, Northup points 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 almost 40 years ago.

Northup's December 1962 editorial recapped that year's events and offered an analysis. He predicted that 1963 should be the beginning of a new era in the osteopathic medical profession. The beginning of the repair had begun. In the last editorial, from 1964, the first steps at overturning the defeats were becoming evident, with court battles being joined. 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 profession was reinstated in 1974 after a long and often frustrating battle.

For many years before 1962, the osteopathic medical profession had been somewhat stagnant. No new schools had been formed for many years. The postwar student boom was over. The seeds of unrest had been slowly growing. The California situation was a true turning point. One path was to certain oblivion; the other toward renewed vitality. The profession chose the latter path. A new school, the first of 14, was opened in Michigan in 1969. A renewed sense of spirit and identity suffused osteopathic physicians. This spirit has served the profession well. It has resulted in schools that are university affiliated, an increased awareness of the necessity of research, and a sense of equal partnership with the allopathic medical profession. However, other dangers to the profession's identity have surfaced. The fact pointed out by Northup in his December 1962 editorial remains true: "The osteopathic profession cannot be destroyed without its own participation in the destruction." Now, as then, the real threat 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.

That identity must, however, be built by all of us as members of the profession, through osteopathically distinctive practice, directed research, and conspicuous service. No one will do it for us.

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