



# Historical Happenings

Newsletter of the Physician Assistant History Society

## Message from the President



*Maryann F. Ramos, MPH, PA-C  
Emeritus*

Hello! I'm delighted that the PAHx Board of Trustees meeting in Johns Creek on April 21 and 22, 2018 went so well. We were able to talk more about the new book, obtaining a few next steps for the New Book Task Force. We discussed the Boot Camp scheduled for the end of September 2018 to be held in Johns Creek. We had a hands-on workshop to learn how to navigate [www.pahx.org](http://www.pahx.org) and the archival database. We planned the final details for the upcoming AAPA conference where we will have a booth and will continue recording oral histories from conference pre-scheduled attendees.

**New Book:** Trustee, Leslie P. Kole, PA-C agreed to be the editor of the new book. Her past exemplary editorial history includes history in itself. In 1987, the American Academy of Physician Assistants contracted with C.V. Mosby Company to publish the Academy-owned Journal of the American Academy of Physician Assistants (JAAPA) and hired Ms. Kole as the first PA editor; she served for 17 years. She will assume leadership of the New Book Task Force that includes PAHx trustees -- Courtney Amburgery, John Davis, Hank Heard, Maha Lund and Robert Wooten. The Task Force will determine the book's title, content and authors. The Board discussed the assistance we will give the Task Force.

**Historian Bootcamp:** This exciting, hands-on two-day learning opportunity is for PAs and faculty who are interested in preserving the history of their established constituent chapters or PA Programs. The Boot Camp will be held September 27-28, 2018. PAHx Trustees Hank Heard, Maha Lund and Karen Mulitalo; PA Historians, Ruth Ballweg and Reginald Carter; and PAHx Archivist, Michelle Schabowski will serve as faculty and

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facilitators. PAs Paul Lombardo and James McGraw have offered two scholarships to cover the Boot Camp tuition cost. Registration has opened and space is limited. If you are interested, please sign up today. Further information is available on page two of this newsletter and the PAHx [website](http://www.pahx.org).

**Educational Toolkit:** Michelle Schabowski and Reginald Carter led an interactive, entertaining and educational workshop on navigating the PAHx website and the Society's Educational Toolkit.

**AAPA Conference Plans:** Finally, we discussed our plans for the upcoming AAPA conference in New Orleans. Since the meeting, we have filled up the oral history interview schedule with

*(President's Message, continued on page 2)*

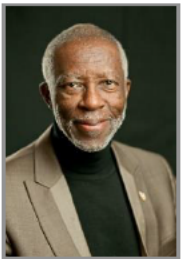
*(President's Message, continued from page 1)*

extraordinary PAs who have great stories to tell. If you would like to schedule an oral history at future meetings or by telephone, please let us know so we can capture your story in our ever-growing database.

## The AAPA Minority Affairs Committee: Beginning for Sustainability – The 1970s

*John J. Davis, PA-C*

*Conclusion of a two-part series by Mr. Davis:*



*"It was the best of times. It was the worst of times" (Charles Dickens, A Tale of Two Cities), but we were not afraid.*

From the first national meeting of the AAPA Minority Affairs Committee in a Montelone Hotel broom closet in 1974, to the end of the 1970s, the Minority Affairs Committee had a major role and significant impact on all aspects of the PA profession.

It was the worst of times because each of us realized that we had a long and rocky road ahead. Many Vietnam War veterans were returning with an assortment of physical and emotional illnesses, catastrophic injuries and drug addictions. Also, there was a dramatic increase in the number of new patients coming into the health care system due to the recently-passed Medicare Act. Many of those patients had virtually no prior access to effective health care. Many were low income blacks and whites.

It was the best of times because when President Johnson signed the Medicare Act he essentially outlawed discrimination in health care delivery. The Act brought millions of additional patients into clinics and hospitals. Grants were given to establish and maintain additional PA Programs to assist in the large influx of patients.

The 1970s Minority Affairs Committee, pushing for equality, was blessed with knowledgeable and extremely competent leadership in its committee chairs, committee members and volunteers. MAC members dove into all aspects of responsibilities to ensure that the job was well done.

*(AAPA Minority Affairs Committee, continued on page 5)*

### Become A PA Historian:

#### *How to Save, Study and Share the story of PAs, our History, and Legacy* **2-Day Historian Boot Camp**

*Is your office stacked with old PA papers, PA books, PA mugs and PA photos?*

*Do your fellow PAs consider you "the expert" on why PAs do things the way they do?*

*Do you find yourself talking with friends about PA history?*

*When you're on an airplane, do you share the history of the PA profession with your seatmate?*

If you answered *yes* to any of these questions, you might just be a PA Historian wannabe! Attend the PA History Society's exciting **2-day interactive "Historian Boot Camp"** and learn how to become a PA Historian for your institution, organization, and the profession. *This activity has been reviewed and approved for a maximum of 12 AAPA Category 1 CME credits by the AAPA Review Panel.*

**What:** Become A PA Historian Boot Camp

**When:** Thu, Sept. 27 & Fri., Sept. 28, 2018

**Where:** PAHx - NCCPA Headquarters in Johns Creek, GA

**Registration Fee:** \$225.00 \*\*

**Fee Includes:** Boot Camp Handbook, Lunch & Dinner on Thursday, and Lunch on Friday

*(Historian Boot Camp, continued on page 3)*



*(Historian Boot Camp, continued from page 2)*

**Registration:** Please call: 678-417-8682 or  
Email: [contactus@pahx.org](mailto:contactus@pahx.org)

**\*\* Registration will be open until June 1, 2018 on a first come basis to the first 24 participants.**

Two \$500 scholarships will be offered to help cover expenses to attend the Boot Camp. Priority will be given to those who will not be receiving institutional funding. Please download the PA Historian Boot Camp [Scholarship Form here](#).

Participants will be responsible for their own travel arrangements (flights), ground transportation from the Atlanta Airport to Johns Creek upon arrival, and their hotel accommodations. The PA History Society will provide a complimentary shuttle service from the PAHx office to the Atlanta Airport on Friday afternoon after the Boot Camp concludes.

A room block has been reserved at the Hilton Garden Inn/Johns Creek, located across the street from the PAHx/NCCPA offices. Please click on the [hotel link here](#) to make your reservation. The special Boot Camp rate is \$171 which includes a complimentary breakfast buffet.

**Participants will learn how to:**



1. Organize and preserve historical documents
2. Attain archival skills for research and study
3. Become an advocate for PA History and the profession
4. Develop techniques to creatively write and speak about PA History

**Objectives:** *By the end of the Bootcamp, participants will be able to:*

1. Describe the role and duties of a historian and explain why capturing and understanding PA history is important.
2. Use the PA History Society’s Historian Toolkit as a beginner’s guide and reference.
3. Explain the role and work of archivists; how to identify, collect, arrange, describe, and preserve historical documents; and how to access and use historical documents found in institutional and private repositories.

4. Appreciate the use of oral history methodologies to capture the recollection of individuals about historical events, personal challenges and life experiences; understanding the ethical and legal issues involved.
5. Appreciate the use of timelines and milestones to provide a chronological overview of an organization’s history; and how to develop a timeline for their own institution or organization.
6. Use the PA History Society’s Educational Toolkit and website to teach PA students and others about the history of the PA profession.
7. Critique recently published articles for the PA profession’s 50th anniversary and PA History Society products to determine scope of topics and areas needing more research.
8. Appreciate and understand the various methodologies used to “tell the story” of the PA profession, such as memoirs and biographies, PowerPoint slides, poster presentations and social media networks.

**Boot Camp Facilitators:**

Ruth Ballweg, MPA, PA-C Emeritus; Reginald D. Carter, PhD, PA; Henry “Hank” Heard, DHSc, PA-C; Maha B. Lund, DHSc, PA-C, DFAAPA; Karen Mulitalo, MPAS, PA-C; and Michelle N. Schabowski, MSIS

**Past is Prelude: Impaired Practitioners**

*Courtney Amburgey, PA-C*

The issue of impaired practitioners has been on the radar of the American Academy of Physician Assistants since 1982. That year policy was adopted to “recognize the need to provide services and counseling to its members in the area of alcohol and drug abuse.”

Current impaired practitioner policy has been in place since 1987, stating, “AAPA shall support, in principle, the chemically dependent PA who has acknowledged his/her illness,

*(Past is Prelude, continued on page 4)*

*(Past is Prelude, continued from page 3)*

engaged in a recovery program, and persists in a lifestyle compatible with ongoing recovery.” All AAPA policies are reviewed every five years from the date of adoption. This policy will be reviewed at the 2018 House of Delegates meeting in New Orleans.

In 1990 a Policy Paper was adopted and published recommending that impaired PAs seek help from local resources. Unfortunately, in the 1990s, states had variable and limited resources for impaired practitioners. Some states had intervention programs for physicians only, organized by medical societies and licensing boards. Other states had no intervention programs. To aid the impaired PAs, more local resources were needed.

In response, AAPA created an Impaired Practitioners Task Force to educate constituent chapters on how to aid the impaired PA. In 1992, the Task Force created a guide entitled “Developing an Impairment Committee: A Guide for AAPA Constituent Chapters.” The Guide was presented at the annual Constituent Chapter Officers Workshop (now called the Leadership and Advocacy Summit). Committees formed at the constituent chapter level based on the ideas of this guide provided immediate resources to impaired practitioners who sought help or were reported by a peer. In the last 20 years, most state medical boards have created or enhanced substance abuse intervention programs to include PAs. Massachusetts and Indiana are the only two states that do not cover PAs in their intervention programs.

In 1990, Bernard Stuetz advocated for and the Pennsylvania Society of Physician Assistants agreed to direct impaired PA practitioners to the Physician Health Programs of that state. In addition, as a AAPA member, Mr. Stuetz recognized the need to provide additional resources to impaired practitioners during AAPA conferences. In 1988, PA members of the Caduceus Caucus began hosting daily 12-Step Meetings at the AAPA Annual Conferences to support attendees. Success of these meetings led to the creation of The Twelve-Step Recovery Group, previously known as the Caduceus Caucus. The AAPA Board of Directors has officially recognized and approved the organization as an AAPA Special

Interest Group that provides expert advice on substance abuse and addiction medicine to AAPA members, constituent organizations and policymaking bodies.

In 2003, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services estimated that 7% of Americans abused alcohol or illicit drugs. By 2014, this number had increased to 9%. Substance abuse does not spare educated medical practitioners. Instead, their risk of abuse is slightly increased due to easy access. Any PAs seeking help for themselves or colleagues may call The Twelve-Step Recovery Group or go to their constituent chapter website to contact the wellness coordinator. These contacts connect the impaired PA (or physician) with a state support group. According to Mr. Stuetz, who has been leading The Twelve-Step Recovery Group meetings since 2000, state programs want to help impaired practitioners return to work if a practitioner admits to having a problem and gets involved with his or her state intervention program. These programs help practitioners with therapy and monitor regular urine screenings, typically for five years.

As the national substance abuse epidemic has worsened, AAPA impaired practitioner policies and programs have evolved and improved.

*Sources:*

<https://www.aapa.org/about/constituent-organizations/special-interest-groups/group/810480034/>

-Ellen Rathfon, AAPA’s Director of Professional Advocacy

-Summary of Actions from years 1982, 1987, 1990, 1992, 2017

-Federation of State Physician Health Programs

-Substance Abuse and Mental Health Services Administration (SAMHSA)

-Bernard Stuetz, PA-C, M.A. [Society of PAs in Addiction Medicine](#).



*(AAPA Minority Affairs Committee, continued from pg.2)*

Joyce Nichols (charter Board member) and Steve Turnipseed (appointed Board member) had served on the AAPA board of directors in the 1960s. They were the first ones to lead the MAC in the mid-1970s. Earl Echard served as MAC chair in the late 1970s.

Joyce's leadership skills as MAC chair (as mentioned in the winter newsletter) were legendary. Steve Turnipseed followed Joyce as MAC chair. Steve is the kind of person who would stop you in the hallway at the conference and tell you where the MAC meetings were being held. He just expected you to be there. It was more of a command than an invitation. Steve continued to structure the committee and began the process of increasing minority participation in all levels of the profession.

Sometimes you meet and have an opportunity to get to know someone whom you just cannot praise enough. Earl Echard is one of those people. Earl accepted the MAC chair position after Steve and served throughout the remaining years of the 1970s.

Under Earl's leadership, the MAC established its first newsletter with assistance from other PAs: Jose Alfaro, Altheal Ware, Karen Valentine, Yvette Thomas, Earnestine Campbell, Ruth Webb and Molly Robinson. One of Earl's major accomplishments was to acquire increased funding for the MAC. The MAC



Charlie Huntington, Clara Vanderbilt, Noel McFarlane, Bill Conner and Johns Davis

also began a very successful campaign to place qualified minorities on other AAPA committees.

William Davis, Joe Tate, Mose Jennings, Phoebe Matthews, Joe Wigfall and others (including me) served on various AAPA committees including Membership, Elections, CME, and reference committees of the HOD.

The many leadership accomplishments influenced by the MAC during the 70s include:

1. I became first African-American to be nationally elected to the AAPA BOD.

2. Wendell Wharton became PA Student Secretary and Student Liaison to the AAPA Board.
3. Prentiss Harrison continued trailblazing as the first African-American PA.
4. I became one of three Charter Members of the Florida Academy.
5. Earl Echard served on the NCCPA Eligibility Committee, Editorial Board of PA Journal and AMA's Committee on Allied Health Education and Accreditation Site Review Committee.
6. Margaret Islen and Noel McFarlane served on the Legislative and Government Affairs Committee.

These accomplishments represent the best of times. Even better is that the individuals named in this article represent only a small percentage of PAs who contributed and made a difference. We are indebted to each of them.

## We look forward to seeing you in the Big Easy!

For all the fans of PA history, stay cool during the AAPA Conference by picking up a fabulous, free and fun fan at the **PAHx Booth!!** This small fan will fit in your pocket and cool you off while you're strolling the hot and humid streets of the Big Easy. It will also remind you to put a smile on your face when you think of PA History.



"Pass a good time" at the **PAHx Booth!** Learn more about our first *PA Historian Boot Camp*, the Society's popular *Toolkits*, and all the cool stuff produced by your friends at the PA History Society. And for those conference ribbon collectors, we'll also have our flashy badge ribbons!

The **PAHx booth** will be located above the AAPA conference registration area on the 3rd level (across from the E escalator) of the Ernest N. Morial Convention Center. Our booth will be open Saturday, May 19th through Tuesday, May 22nd from 8am – 5pm each day. We look forward to speaking with you then! *Laissez les bons temps rouler!*

## A Global Healthcare Innovation

*Michelle Schabowski, MSIS*

In the 1960s and 1970s the PA concept began to spread throughout the United States. At the same time, albeit at a slower rate, the concept was also taking hold abroad.

Liberia was the first country outside of the United States to consider the physician assistant concept. In 1965, the first Liberian Health Assistant/Physician Assistant Program was established through a collaboration with the Ministry of Health and Social Welfare, the World Health Organization and the United Nations Children’s Fund. At first the training was available to anyone who was interested. The training was revised in 1975 to be comparable to PA programs in the United States. Liberian students were required to have a high school diploma and the PA training was extended from one to three years.

Canada was the next country to establish the PA profession, and, at first was only open to those who served in the Canadian military. In 1984, the Canadian Forces Medical Services School in Borden, Ontario, graduated its first class of formally trained PAs in Canada.

During the 1990s and 2000s the PA profession saw greater international expansion as more PA programs were established:

- 1992 India
- 2001 The Netherlands
- 2002 Taiwan and South Africa (the Taiwanese program closed in 2004)
- 2005 Ghana and Germany
- 2006 The United Kingdom and Australia



Ken Harbert with the Dutch Ministry of Health, 2002

Meanwhile, in Canada, the first accredited PA program opened in 2004, again only for the Canadian Armed Forces. In 2008, Canada opened its first two civilian PA programs at the University of Manitoba and McMasters University.



Nalla Swapna, a cardiology PA in India, talks to patient, 2017.

In this decade, international PA programs continue to flourish and grow. The first Saudi Arabian PA program opened in the Middle East in 2010. In the same year, NATO developed a PA course in Afghanistan. A PA pilot program was started in New Zealand in 2011. In 2016 the first PA programs opened in Ireland and Israel, with Northern Ireland opening its first PA program a year later in 2017.

In 1967, when the first three graduates accepted their PA certificates from Duke University, did they ever dream that this fledgling profession would grow around the world?

## U.S. PAs as Leaders and Collaborators in International PA Programs

*Ruth Ballweg, MPA, PA-C Emeritus*

### Context

While the development of PA programs continues around the world, the individuals responsible for this work have seldom been featured. Although a number of U.S. PAs have been deeply involved as consultants, visiting lecturers and advisors, five U.S.

*(PAs as Leaders, Int’l Programs, continued on pg.7)*



*(PAs as Leaders, Int'l Programs, continued from pg.6)*

PAs (graduates of five different PA programs) stand out for their long-term leadership roles in PA Programs and in developing the PA profession in the United Kingdom, the Republic of Ireland, Australia, Manitoba Canada and South Africa.

David Kuhns, MPH, PA-C, CCPA\*

Former Air Force medic and graduate of the St. Louis University PA Program, David Kuhns has worked in two programs and served as a consultant for many others. After a long career practicing rural medicine in Maine, David joined one of the first PA programs in the UK at the University of Birmingham in 2008



David Kuhns participating in Doctors Without Borders in Djiboutiville, Cholera Treatment Center. Picture taken for AAPA News, February 1997.

and served as the associate program director, under the leadership of Dr. James Parle from 2008-2011. He then provided consultation for the Universities of Aberdeen, Central Lancashire, St. Bart's, Worcester and Kingdom of Saudi Arabia. He also served as founding program director at the Royal College of Surgeons in Ireland, 2015-2016. Kuhns is especially interested in developing PA roles in primary care (General Practice), emergency room settings and rural and remote communities.

Al Forde, BSN, AAS-PA (hon), MPAS, PA-C\*

Now an Australian citizen, Utah graduate and former clinical coordinator, Al Forde, moved to Townsville in Queensland in 2008 to join the faculty of the College of Medicine at James Cook University (JCU). He immediately went to work to move the PA profession forward in the external environment outside of the university. He and several other U.S. PAs



Allan Forde, Australia

taught courses in the medical school curriculum to increase the visibility of PAs within JCU. The PA course started at JCU in January 2012, however as Al

says: “things continue to move at a glacial pace.” Despite the interest and support of Australia’s rural doctors, the more numerous and powerful urban doctors, as well as the nursing profession have been opposed. Currently PAs—including the graduates of JCU and an earlier since-closed program at the University of Queensland—can only practice in Queensland. A recent decision to recruit PAs from other countries should help to expand the critical mass needed for greater influence and visibility. Al plans to retire in the next year. Known for his dry sense of humor, Al says: “I plan on leaving JCU in just over a year. In the meantime, I’m looking for a replacement with great resilience or a skull as thick as mine.”

Karen Roberts, MSc, PA-C/R\*

A graduate of Colorado’s Child Health Associate Program, Karen Roberts originally came to the UK as part of a National Health Service pilot project to introduce PAs throughout the country. In 2009, she became involved with the St. Georges University of London (SGUL) PA Program. At that time, U.S. PA Joel Grey served as the founding director—and the only PA director in any of the early UK programs. In 2012, upon Joel’s family’s decision to return to the U.S. to be closer to their



Karen Roberts, UK

children’s grandparents, Karen became program director. As a former teacher—as well as a PA—Karen became immediately involved in leadership of a new organization of PA educators and PA programs. Especially interested in assessment, Karen has now led the group creating, managing and updating the U.K.’s national exam which includes several formats including Objective Structured Clinical Examinations (OSCEs). Based on the excellence of the UK OSCE format and administration, Karen and several colleagues have presented the OSCE workshops at recent PAEA conferences. Married to “a Brit,” Karen became a UK citizen in 2011.

*(PAs as Leaders, Int'l Programs, continued on pg.8)*

*(PAs as Leaders, Int'l Programs, continued from pg.7)*

Ian Jones, MPAS, PA-C, CCPA, DFAAPA\*

Although trained in the U.S. at the MEDEX Northwest Program in Seattle, Canadian Ian Jones always planned to return to Winnipeg to pioneer the PA role in Canada. After practicing in Alaska in



Ian Jones, Univ of Manitoba, Canada

remote Skagway and then in Juneau, Alaska's state capital, Ian gratefully returned to Winnipeg, Manitoba just as the first Canadian PA law was being created. Originally working in neurosurgery at the University of Manitoba's hospital, Ian joined the fledgling PA faculty and in 2010 became the second program director of Canada's first PA program outside of the Canadian Forces military structure. He is now assistant professor and program director for the Master of Physician Assistant Studies Program, at the Max Rady College of Medicine, at the University of Manitoba. Immediately involved in the Canadian PA Academy, Ian was elected president of the Canadian Academy of Physician Assistants (CAPA) --the first non-Canadian trained, non-military PA leader in this role. Currently Ian is the developing and managing editor for the *Journal of Canada's Physician Assistants*. The first issue is scheduled to be released in late summer of this year.

Scott Smalley, MPS, PA-C\*

Scott Smalley currently directs the Clinical Associate Program at the University of Witwatersrand in Johannesburg, South Africa. In 2005, South Africa's National Department of Health created a process to develop clinical associate programs also offering three-year bachelor degrees. In 2008 Walter Sisulu University on the Eastern Cape and the University of Pretoria admitted their first cohorts. The University of



Scott Smalley, South Africa

Witwatersrand began its first class in 2009. In 2010, Scott, a graduate of Northeastern University in Boston, with prior practice experience elsewhere in Africa, was hired as a lecturer at Witwatersrand. That year, the program experienced a terrible loss with the sudden death of founder Dr. Andrew Truscott. Later that year Scott was promoted to year 1 academic coordinator, and he registered with the Health Professions Council of South Africa as a clinical associate. This made him the second U.S. certified PA to be registered to practice medicine in South Africa, with the first being Zuki Tshabalala, a South African citizen and a graduate of the Emory University PA Program in Atlanta.

In 2011, the PA programs at Walter Sisulu University and the University of Witwatersrand graduated their first cohorts of clinical associates and Scott became academic coordinator for the Witwatersrand program. In April 2016 – Scott became Acting Head of Division of Clinical Associates. In October 2016, the Clinical Associate Scope of Practice was approved by the Health Minister. In December 2016 Scott was permanently appointed as the head of the Division of Clinical Associates at Witwatersrand. Since 2011, over 300 students have graduated as clinical associates from University of Witwatersrand. Scott has taught all of these students.

Lessons Learned

In addition to admiring their support of the PA career through their strength, tenacity, creativity and courage, what can we learn from these 5 PAs? Only one of these international PAs, Al Forde, had served in a fulltime faculty role in a U.S. PA program prior to relocating overseas, although several had served as guest lecturers, or preceptors. David, Al, Karen, Ian and Scott all had significant clinical practice experience at the time they joined their overseas PA programs.

They all describe having to “learn as I went along.” This included learning about the culture, the medical system, how medicine is practiced, and how the education system works. They had to be comfortable with asking a lot of questions. They also had to be firm in advocating for the profession. It was

*(PAs as Leaders, Int'l Programs, continued on pg.9)*



*(PAs as Leaders, Int'l Programs, continued from pg.8)*

seldom easy, but it was always interesting and challenging.

In addition to these five PAs, there are other US PAs who now lead and teach in international programs; however, they have been there for significantly less time. Regardless of how long they have been in-country, each of these PA leaders has been adept at supporting the adaptation of the PA concept to meet the needs of the specific country, as compared to the straightforward adoption of the U.S. model intact. As a result, there is new and country-specific content, innovative methodology and compelling energy and enthusiasm.

As we approach the 10-year point in the life of some international programs, it is already clearly apparent that we have a lot to learn from each other. Faculty exchanges, the “twinning” of international and U.S. programs with similar governance and missions, and the inclusion of international programs in PA conferences will serve to expand contacts, experiences, and the overall expansion of our career globally.

\* *Citation:* Excerpted from personal correspondence between Ballweg and Kuhns, Forde, Roberts, Jones and Smalley.

## POP QUIZ: DO YOU KNOW YOUR PA HISTORY?

Test your knowledge of PA history by answering this question:

Efforts to pass national health care insurance failed in the 1940s and 1950s because:

1. Most Americans were covered by third-party health care insurance and saw no need for it.
2. The American Medical Association opposed it because they felt it would restrict their “free trade” and threaten patients’ freedom of choice.
3. It was too costly and would place a tax-burden on citizens during a time of stagnated economic growth.

4. Conservative politicians saw it as “socialized medicine” and “communistic” during a time of cold war fears with the Soviet Union (Russia).

- A. 1, 2, and 3.
- B. 1 and 3.
- C. 2 and 4.
- D. 4 only.
- E. 1, 2, 3, and 4.

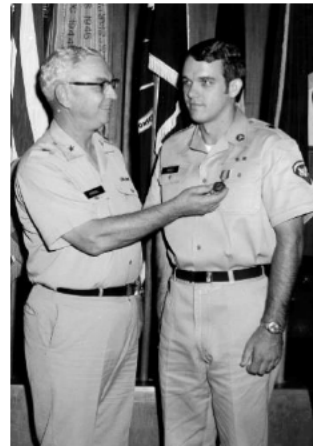
Note: This question is from the PAHx Educational Toolkit - **Module One, Why PAs?** It relates to Goal 1: “Describe the major events that occurred in the first half of the 20th century in America that led to a crisis in health care delivery in the 1950s.” It is one of many questions found in the Educational Toolkit modules that the PA History Society has produced to assist PA educational programs in fulfilling their obligation (as detailed in the ARC-PA Standards of Accreditation) “...to instruct their students in the PA profession, its historical development, and current trends...” The Toolkit is available to PAHx Associates. Learn more about the [Associate benefits here](#).

**QUIZ ANSWER:** Please see page 12 of newsletter

## From the Archives

*Michelle Schabowski, MSIS*

In January 2018, The PA History Society Archives received an exciting donation from Ray Reed. Mr.



Reed was a student in the third class of Duke University’s PA program in 1969. Halfway through his program Mr. Reed was drafted into the Army. He was allowed to finish the PA program year; in 1970 he enrolled in medical corps training at Ft. Sam Houston, TX.

*(From the Archives, continued on page 11)*

**IN HER WORDS – *Lori Konopka-Sauer, Managing Director, The PA History Society***



Lori has been the Managing Director of the PA History Society since 2013. She manages the day to day activities of the Society, its staff and finances, the 12-member

Board of Trustees, two Historians, board committees, the PAHx website and communications, and all special projects.

**1st time you heard about the Physician Assistant Profession**

I first learned of PAs about 9 or 10 years ago when I was scheduling an appointment with my Dermatologist; I was given the opportunity to see a PA. Also around that time I started working at the ARC-PA (2009) and then I joined the NCCPA in 2010. It was through these positions that my interest and deep appreciation grew for PAs and the rich history of the PA profession.

**Accomplishment of greatest pride since working with the PA History Society**

I'm proud of all the work that our small organization produces each year. But certainly the 2017 Veterans Garden renovation was a huge undertaking for our team and something that I am very proud to have been a part of. To have established a special garden to honor our military PAs is a lasting tribute not only to our first three founding PAs, but to all the military PAs who have, or are currently serving our country today. I'm proud of the Society's Educational Toolkit and the resources it provides PA faculty to assist them in teaching the history of the profession to their students. I'd also like to mention our illustrated [website](#), which features a variety of information about the history of the PA profession.

**Your first paid job**

My father was an Optometrist. When I was 15 years old, I worked in his office on Saturdays. He not only taught me a lot about his profession, but also lessons

about compassion. I'll never forget the time when I opened the mail and one of his patients had mailed him a one-dollar bill. Although the patient's balance was more than that, my father told me to mark the balance as "paid-in-full." His patients came from diverse economic backgrounds; if necessary, he would even see a patient without charging them. My father was very charitable. He was a wonderful role model for me.

**If you could choose anyone in American history with whom to have dinner, who would it be and why?**

Martin Luther King, Jr., because I believe we need a leader like him in our midst today -- a leader promoting non-violence, mutual acceptance, equality and "liberty for all." I would like to hear his positive and inspirational messages. I am excited to see the enthusiasm of our younger generation and their willingness to be advocates and speak out for what they believe. I think Dr. King would be proud of these young people too.

**A celebrity you've met**

I worked many years in broadcasting PR/Media Relations and was fortunate to have met a variety of interesting people. A few notable individuals include: President Jimmy Carter; Vice President Al Gore; the late King Hussein of Jordan and his wife Queen Noor; professional boxers Muhammad Ali and Sugar Ray Leonard; and actor John Forsyth, from the television series *Dynasty*. I guess I'm really dating myself now!

**Your first rock concert**

I was raised outside of Detroit. So, my first concert was Detroit native Bob Seger and the Silver Bullet Band.

**Favorite sport**

My husband and I have spent years in ice rinks watching our son play travel hockey, junior hockey, and now club hockey at his university. When Alex is on the ice, it's always my favorite sport; I know, that's a mom thing to say.



Lori, her son Alex and husband Dean

*(In Her Own Words, continued on page 11)*



*(In Her Own Words, continued from page 10)*

For exercise, my husband and I recently started playing [pickleball](#) which is something fun that we can do together.

### **Hobbies**

I enjoy walking, especially through parks and gardens like the Atlanta Botanical Gardens and Gibbs Garden here in Georgia. I also like to watch movies and read mysteries and suspense novels.

*(From the Archives, continued from page 10)*

During training, right after his company was told that they were to be stationed in South Korea, Mr. Reed was pulled to help establish the PA program at Army Medical Field Service School (MFSS). He worked closely with COL Henry A. Robinson Jr., Chief of the Physician Assistant Branch. Mr. Reed never completed his PA training. However, for his work in helping to set up the Army MFSS program, and for being a member of the administrative staff of the Physician Assistant Branch, SP5 Reed was awarded an Army Commendation Medal for his meritorious service.

In December 1971, the application process for the first class of the PA program at Army MFSS was stringent. From more than 700 applicants, only 200 moved on to the final screening process. Of those 200 applicants only 60 were accepted to begin classes in February 1972, with a graduation date of August 1973. In May 1973 it was announced that after the first graduating class the PA course would be extended to a two-year program at the request of the students and faculty -- one year of studies and one year of assignment at an Army hospital to acquire practical experience. In July 1973, the Army MFSS PA program was accredited by the American Medical Association. The first class of Army MFSS PA students, now numbering 52, graduated in August of 1973. Upon graduating, they received Warrant Officer appointments and a part in PA history.

You may hear Mr. Reed's story in his interview with the NCCPA Service in Industry Army Trainee LTC Johnny Paul:

<http://pahx.pastperfectonline.com/archive/AAE7A7BF-ABA8-4E14-BB29-083275585300>

After the interview, Mr. Reed donated photographs and copies of articles from *The Patriot* - the newspaper of the Army Medical Field Service School at Brooke Army Medical Center - that pertained to the Army MFSS PA program.

You may view the photographs Mr. Reed donated to the society by clicking on the following link: <https://tinyurl.com/ybswsh6t>

### **Letter to the Editor:**

#### **The Physician Assistant in Alaska**

*Thomas E. Piemme, MD*

*Former President, PA History Society*

The article by Ruth Ballweg in the Winter, 2018 edition of this newsletter, concerning PAs on the Alaska pipeline, was instructive and timely.

One of the graduates of our first class at the George Washington University served on the pipeline. It was a great way to pay back student debt. It is worthy of note that PAs on the pipeline were paid exceedingly well – nearly \$50,000, if I recall. That was almost twice the starting salary at the time for a PA in the “lower 48.” (Adjusted for inflation, it would amount to more than \$200,000 in 2018 dollars.) A substantial number of those PAs remained in Alaska, joining private practices, or employed by the state to provide care to rural communities (often by small plane or helicopter). The pay for PAs on the pipeline set a precedent. And that presented a problem for the State of Alaska.

Prior to the pipeline era, rural care was provided by public health nurses, who were paid far less than the newly-minted PAs. In the late 1970's, I was called by the Attorney General of Alaska to testify before an Alaska Commission that set pay scales for Alaskan employees. The Alaska Nurses Association brought a gender-equity suit against the state. Since almost all public health nurses were women, and almost all PAs at the time were men, it

*(Letter to the Editor, continued on page 12)*

*(Letter to the Editor, continued from page 11)*

was deemed by nursing to be *prima fascia* evidence of gender bias. My task was to show that public health nurses and PAs were not equivalent. Armed with the ANA official list of “nursing diagnoses” (e.g., “disorder of the bowel – diarrhea;” and “disorder of the bowel – constipation;” etc.) and a textbook of medicine, it wasn’t hard to do. The suit was dismissed.

I made it clear that I was not disparaging public health nurses; their contribution to the health of vast rural Alaska for more than half a century was enormous. Roads were few; small airfields dotted the landscape. They brought comfort, care for minor illness and injuries, and delivered babies. But the arrival of the physician assistant brought something new. Non-physicians could now definitively treat most injuries and illnesses.

A few words about timelines: The “pipeline era” (1972-77) was one of enormous significance to physician assistants. It was during that time that the “concept” became a “profession.” The governing organizations were formed, funded, and staffed with full time executives and employees. National offices were opened. PAs had the strong support of organized medicine, the medical colleges, the public, and both houses of Congress. The vast majority of PAs at the time had been active duty military corpsmen. Alaska presented the opportunity for these pioneers to demonstrate their capacity for “independent duty” in the civilian sector – their activities overseen, collectively and collaboratively, by very few physicians. They acquitted themselves exceedingly well — perhaps no better demonstration of what the AAPA envisions for “optimal team practice.”

*All things PA History can be found on our website at [www.pahx.org](http://www.pahx.org)!*

## POP QUIZ: Answer

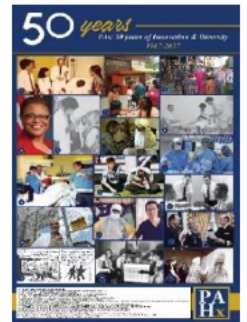
*The Correct Answer is: C*

**Feedback:** National Health Insurance was viewed by the American Medical Association and by right-wing conservative politicians as “socialized medicine”, which was viewed even as “communistic” during a time of cold war fears. National Health Insurance was of freedom of choice and price-fixing for services viewed as being non-American with a threatened loss rendered by physicians. Although the number of American’s having health insurance increased dramatically after World War II, only 50.7% had health insurance in 1950. The gross domestic product grew rapidly after World War II so National Health Insurance was affordable at the time and would not have been a burden to tax payers.

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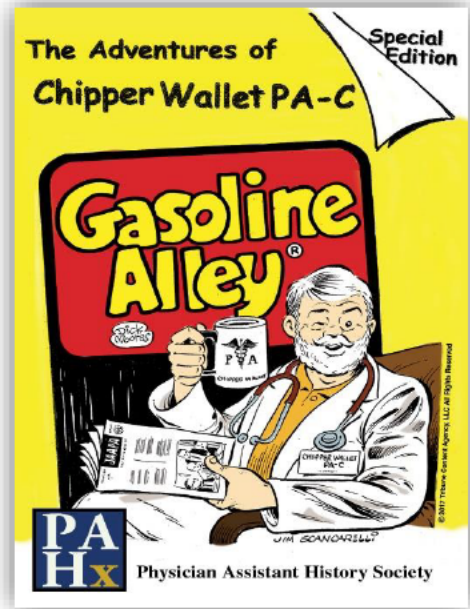
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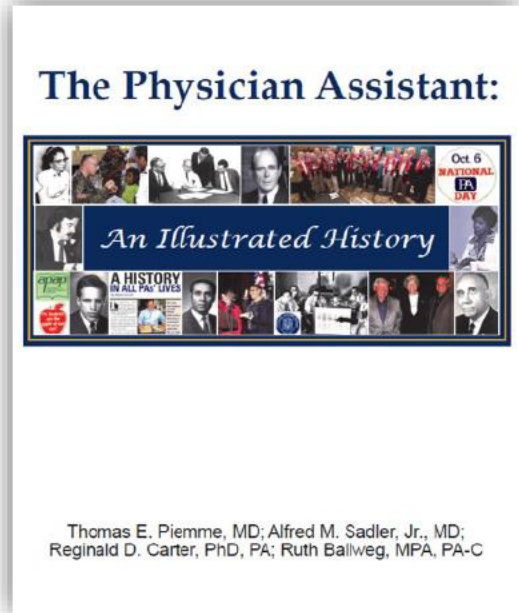
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