

The Purser-Marine Physician Assistant

By Reginald Carter, PhD, PA

"To our Readers:

The Pharmacist Mate (Marine Physician Assistant) Training program represents the cumulative efforts of many people over many years. It was born in need and carried forward by a sincere desire to bring shipboard medical care to all American seaman." Burt E. Lanpher, Treasurer Staff Officers' Association of America (SOA), AFL-CIO.



So begins the introduction to a 1970 bulletin describing the newly established Purser-Marine Physician Assistant Program based at the U.S. Public Health Service (USPHS) Hospital, Staten Island, New York. In 1966, the US Coast Guard had certified the program to train pharmacist mates, a term used during World War II. When formal education programs were established at Duke University and the University of Washington to train former medics and corpsmen as physician assistants, the SOA/USPHS-sponsored program changed its name in 1970 stating that "henceforth" all currently enrolled students and past graduates would be "designated as Purser Marine Physician Assistants." Accordingly, the new designation was said to "reflect the distinctly high level of training; the ability of graduates to serve independently on merchant vessels, and their qualification to assist physicians in medical practice on shore." Applicants to the program had to have high school diplomas and experience at sea or as military corpsmen. The program took 9 months to complete and a certificate was awarded to graduates. Class size was limited to 33 students.¹



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The bulletin focused on the need for improved medical care aboard merchant ships. This was based on the results of a 1968, eight-month research study conducted by a distinguished group of physicians headed by Dr. William J. DeMaria, Professor of Community Health Sciences, Duke University Medical Center. The research group found that graduates of the Pharmacist Mate Training program could save as much as \$16,000 in medical cost per ship. Dr. DeMaria published the task groups' report externally in 1971.² The report indicated that the "original curriculum of 10 major segments consisted of 660 didactic hours and 420 clinical hours, or a total of 1,080 hours in a 9-month period." The task group recommended that the curriculum be taught more in an integrated fashion than using the tradition block method of teaching. The curriculum was redesigned and taught accordingly in 1969. It consisted of three phases: an introductory phase lasting 4 weeks, a systems phase lasting 18 weeks and a clinical phase lasting 8 weeks. The integrated curriculum was found to improve student learning and was well-received by faculty and students. The task group noted that concerns about graduates working independently of physicians was off-set by them working in more controlled environments than their civilian counterparts and the availability of ship-to-ground radio communications. In closing, the report said that the

SOA/USPHS-sponsored program could serve as a guide and be replicated at other sites in desperate need of clinical support personnel.

By today's standards, the length of the SOA/USPHS curriculum seems unreasonably short. But this was prior to the establishment of accreditation standards and prototype PA programs were appearing nationally with curriculums ranging from a few months to two-years in length. The curriculums of the USPHS PA Program established concurrently in Springfield, MO to train PAs to work in federal prisons and the US Navy PA program established in Norfolk (Portsmouth), VA were of similar lengths.

Soon after being designated as PAs, graduates of the SOA/USPHS-sponsored PA program established their own professional organization: The National Association of Physician Assistants (NAPA). Together with the American Academy of Physician Assistants (AAPA), established by Duke University PA graduates in 1968, NAPA was one of four organizations that represented PAs in the early 1970s. Once national accreditation and certification standards for PAs were being discussed in earnest by organized medicine and federal agencies, these existing PA organizations were told they needed to come together and speak as one voice, not as four distinct groups. On June 14, 1972, Burt E. Lanpher, Executive Director of NAPA sent correspondence to the AAPA requesting that NAPA and AAPA consider forming an alliance that would ultimately lead to a merger of the two organizations.³ The six-page correspondence begins, "Because the National Association of Physicians' Assistants and the American Academy of Physicians' Associates are the two largest professional, fraternal and representative organizations pertinent to the interest, aims and objectives of the physicians' assistant and for the overall concept of PA's. As a result of these two professional associations having significant numbers of their respective memberships presently employed in the health-care delivery system or medical education process, it is quite natural that they come together in some form of alliance." The correspondence goes to great depth to state why the other PA organizations are not representative of PAs and how the alliance could be formed, setting the stage for a final merger of the NAPA and AAPA. In closing, Lambert sets forth the order of his proposal ("subject to alteration") as follows:

1. AAPA and NAPA unite.
2. Officers function as now, without compensation.
3. Utilize NAPA's administrative offices and staff to administer the association
4. As a new association begins to pay its own way, salaries be paid to elected officers.
5. Develop constitution, by-laws, rules, etc.
6. Utilize NAPA's legal, administrative, etc. facilities.
7. Begin to organize other small groups in the association's fold.

There was only one problem with this good-will offer. The administrators and graduates of the Purser Marine PA program were affiliated with the AFL-CIO. This was a red flag to the leadership of the AAPA and their physician advisors. American Medicine was not in favor of unions at that time.⁴ The following month, AAPA's president, Thomas Godkins, responded to Mr. Lambert's letter, saying that AAPA's Board of Directors had decided to decline his offer for a formal merger of the two organizations.⁵ The primary reason given was that "things are still in a flux nationally and that the Board felt the membership is not ready to accept such a move." Godkins left the door open for additional talks and suggested that

continuing education might be an area they could work on together. He closed by saying that he “believed it would be a serious and tragic mistake for us not to work together, along with ‘organized medicine’ in the future.” What Lambert did not know at the time was that another organization, the Midwest Association of Physicians’ Assistants - which later changed its name to the American College of Physicians’ Assistants (ACPA) - had also approached the AAPA about a merger.⁶ The ACPA membership consisted primarily of specialty trained PAs in surgery, orthopedics and urology. Like the NAPA, the ACPA suggested that the headquarters for the newly created professional organization be located in Cincinnati, where the College’s offices currently existed. At the time, the AAPA had no official office nor paid staff. So the NAPA and ACPA offers of office space and staff were not out of line. Even so, the Academy was in a favorable bargaining position. The AAPA leaders were closely aligned with leaders of the newly formed Association of Physician Assistant Programs (APAP, now PAEA) established in 1972. As newly established PA and MEDEX programs joined the APAP, their students were encouraged to join the Academy. The College and Academy’s leaders could not come to an agreement and negotiations ended abruptly. Four months later, the Academy reported having 584 members and that funding had been secured to establish a national APAP/AAPA jointly staffed office in Washington, DC.⁶ Academy membership was offered to members of the NAPA and ACPA and the Academy became known as “the voice of the PA Profession.”

In 1981, the US Public Health Service ceased operation of its hospital and PA program on Staten Island. The hospital became known as the Bayley Seton Hospital and the program was renamed accordingly. In 2000, the program changed its name once again to the St. Vincent’s Catholic Medical Center PA program. Five years later, in July 2005, the program closed its doors after producing 1,000 PAs over a span of 35 year.⁶

References:

1. Staff Officers’ Association of America Pharmacist Mate Program. (1970) Aaric-Thorn Publications, NY, NY. Available at: <https://pahx.pastperfectonline.com/library/BD3AF745-2552-430C-B2C6-425014547340>
2. DeMaria, WJA, Cherry, WA and Treusdell, DH. Evaluation of the Marine Physician Assistant Program. Health Services and Mental Health Administration Health (HSMHA) Reports. March 1971;86(3):195-201. Available at: <https://medspace.mc.duke.edu/concern/documents/fn106z00p?locale=en>
3. Burt Lanpher (National Association of Physician Assistants) to American Academy of Physician’s Associates, June 14, 1972. Available at: <https://medspace.mc.duke.edu/concern/documents/4j03cz698?locale=en>
4. Carter, RD. Purser Mates to Marine PAs? Advance for Physician Assistants. Jan-Feb, 2007;15(1-2):14. Available at: https://pahx.org/wp-content/uploads/2016/11/AdvanceArticles2005_2007.pdf (page 20)
5. Thomas Godkins (American Academy of Physician’s Associates to Burt Lanpher (National Association of Physician Assistants, July 20, 1972. <https://medspace.mc.duke.edu/concern/documents/v979v3125?locale=en>
6. Joseph, BP and Carter, RD. Merger of the Academy and College. The Journal of Physician Assistant Education. 2006;17:4:55-58. Available at: https://pahx.org/wp-content/uploads/2017/02/JPAEA_Article_Merger.pdf

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