



# North Coast Physician

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### Cover Photo

**"JELLY FISH LAMPS"**  
 STEPHEN KAMELGARN, M.D.

*The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication. [hdcnms@sbcglobal.net](mailto:hdcnms@sbcglobal.net)*

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# Secession: the time is now

Stephen Kamelgarn, M.D.



In my June 2019 opinion piece, I opined that it was, perhaps, time for California, along with Oregon and Washington, to negotiate a “divorce” from the United States. I cited several reasons for my assertion: we contribute more to federal coffers than we receive in return, thereby subsidizing states we have major political disagreements with, the rest of the country disparages us and our progressive thinking, and we have filed more than one-hundred lawsuits against the Trump Administration to rein in its excesses.

I’ve now come up with yet one more reason why I feel that it’s time to dissolve our affiliation with the United States. In early September 2019, the Trump administration instructed the Justice Department to launch an anti-trust probe into the actions of four automakers: Ford, Honda, BMW and Volkswagen for agreeing to voluntarily meet California’s clean air standards, standards that are far more stringent than those of the rest of the country, yet not quite as stringent as the federal standards set by President Obama before he left office.

This anti-trust investigation is completely illegal in this situation, since the four automakers in question do NOT control the automobile market in the United States. Toyota, GM, Chrysler and others have not yet signed on to the California standards, and with this spuri-

ous investigation, make it unlikely that they’ll do so, at least until the situation is rectified. Therefore, there is no “trust” or “monopoly” to investigate. This is nothing more than an abuse of power on the part of the executive branch of government.

What this again shows is that Mr. Trump has openly declared war on California, and, by extension, all of the liberal “Left” Coast states. In his September 19, 2019 op-ed column in the New York Times, Paul Krugman stated: “Sure enough, this week Donald Trump effectively declared war on California on two fronts. He’s trying to take away the Golden State’s ability to regulate pollution generated by its 15 million cars, and, more bizarrely, he’s seeking to have the Environmental Protection Agency declare that California’s homeless population constitutes an environmental threat.”

In response to Trump’s egregious misappropriation of power, California and 23 other states on September 20, 2019, filed suit against the Trump administration’s unprecedented legal reversal of the state’s authority to set its own rules on climate-warming tailpipe emissions.

Ever since the current administration has been in power its officials have consistently denied the reality of Global Climate Change, despite the scientific consensus and rapidly escalating evidence that the planet is warming much faster than anticipated: melting polar icecaps, increasingly severe tropical storms and hurricanes, soaring summer temperatures, wildfires etc. In fact, Mr. Trump has supported Brazilian president Jair Bolsonaro in Mr Bolsonaro’s increasing destruction of the Amazon rainforest, saying, the United States would “absolutely ... be a voice for Brazil” amid the international outcry over Brazil’s increasing rainforest destruction.

While the Paris climate accords weren’t nearly stringent enough in the world’s effort to limit Carbon emissions, the United States withdrew from the treaty in 2017. Trump claimed that this action was an effort to revitalize the West Virginia and Kentucky coal industry, an industry that the rest of the world, including China, the Earth’s largest coal utilizer, is turning away from.

If Mr Trump wishes to turn the clock back forty or fifty years, dismantling all the environmental progress we’ve made in that

time, that’s his business, but we in California and the other progressive states don’t have to go along with the insanity. We accept the scientific consensus and can take steps to combat global climate change without help from the federal government. In fact, it is our duty to future generations to combat the change.

California is on-board with the

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## **FRIDAY PM ROUNDS**

*(Save The Dates)*

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## Choices-Draft Considerations

James Kim Bauriedel, MD, FACS



When we start our careers, we're all faced with a series of choices: which specialty do I choose, what type of practice do I wish to be in, how will I pay back my school loans, among other choices. However, due to my birthdate and what was happening in the country when I was in school, I had to make a series of choices early in my career that members the class of 2019 won't will have to make. My professional contemporaries will have guessed what it is I refer to.

All male doctors graduating after the conclusion of World War Two through the year 1972 (my class), had to consider the military draft before making any career choices. The choices, which my class made about the military service draft, had great impact on our careers.

The US government passed the first draft law during the Civil War. It was not very effective. One reason being that, for a sum of money, military service could be avoided by providing a substitute. The law expired at the end of the war.

The draft was re-instated immediately prior to the US entering World War I, but was discontinued shortly after the war



*July 1969 while working in a Naval research lab in Oakland, CA*

ended.

The US enacted the Selective Training and Service Act on 16 September 1940, about one year after Germany invaded Poland. Men aged 19 to 57 had to register with the Selective Service. Draftees were initially selected by a national lottery.

After the Pearl Harbor attack, the registration age range was changed to 17 to 65 years old, and the length of service, if drafted, was changed from 18 months to the duration of the war plus six months. In November 1942, the registration age and draft eligibility ages were lowered. The basic draft law expired in 1946, but the Selective Service Act was modified and extended in 1948. It continued until 1973, and required the registration of males of 18 to 26 years of age. The number of men drafted increased during the Korean War and the Vietnam War time periods. In more peaceful time periods, the draft took in fewer men. It was possible to obtain "deferments" from the draft throughout this period. The one that helped me the most was a "2-S" or student deferment. As long as I could stay in school and maintain my grades, I would be exempt from the draft until after graduation.

In 1969, the local board system of selecting draftees was changed to a lottery system based on one's birth date. The first lottery, held on 1 December 1969, included everyone who was then of draft age. Each year a new lottery was held for younger men who had entered the draft pool. My lottery number was 7, not a good number to have in 1969.

The military, recognizing their need for officers, provided financial incentives through various Reserve Officer Training Corps programs (ROTCs). These programs would pay college students' tuition and living expenses while they were in college in

exchange for a four-year commitment as an officer to their branch of service upon graduation. In comparison, the typical draftee served two years active duty as an enlisted man.

After the Selective Service Act expired in June 1973, both the draft and registration ceased for a period of time. In July 1980, Selective Service Registration was re-established by President Carter for males aged 18 to 25 years by Presidential Proclamation. Registration with the Selective Service is currently required at age 18. The draft not having been restarted, we continue to rely solely on volunteer enlistments.

To illustrate the effects of the draft on would-be physicians, I provide my own experience. I was born nine months after my father's troop ship docked in San Francisco on 27 November 1945. to be greeted by my mother and her parents. While growing up in Eureka, I was fortunate to meet many of my parents' friends, most of whom had served in the recent War, or would soon serve in the Korean War. I heard their stories about the draft and military service.

As a child, when I played with my friends, we frequently incorporated a draft component into the games we devised, including Monopoly in which we would force a player to sell everything when he rolled a particular combination of the dice because the "draftee" had to leave town in a hurry. Elements of the draft were always in the background, frequently to be found in such TV programs as Sgt. Bilko and Gomer Pyle U.S.M.C. As I became older, my friends' older brothers were being drafted or were talking about deferments. This was in the relative peacetime period of the 1950's and early 60's. In the scout program, one of our

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favorite games was Simon Says which was actually a ruse for military Close Order Drill.

Once I enrolled in high school, discussion of the issues surrounding registering for the Selective Service and the draft became more frequent in our conversations. Those of us who were academically inclined began to realize that, in order to minimize any disruptions to our education, we must maintain high marks, score well on the SATs, and gain admission to a college which would reward us with, among other things, a student deferment. Other students chose to enlist or to take their chances with the draft and found a job after graduation. When I graduated from high school in 1964, Vietnam was just beginning to be a frequent news item on TV.

In college, I was safe with my 2-S deferment as long as I progressed academically according to the school standards. During my sophomore year, I availed myself of an opportunity to study for 6 months in Austria. Shortly before I left and in the wake of the Gulf of Tonkin incident in August 1964, the US started a massive troop build-up in Vietnam, and soon thereafter the number of draftees greatly increased. I was not particularly aware of these events, because I was focusing on college and Austria.

Near the end of my time in Austria, I made an attempt to stay longer. It was not uncommon for the overseas students to extend their time in order to travel or to do other things. I even entertained the idea of attending medical school in Vienna. When I broached this idea with my parents, their answer was definite, loud, unyielding NO! I was to return home immediately upon finishing the current academic term. No explanation. No discussion. Remember, this conversation was carried out by written exchange of

postal letters.

What I did not realize for some time was that, with the Vietnam War increasing in intensity and demand for soldiers, the draft had greatly increased. Before 1965, students could extend their overseas experience without endangering their draft status. Now that option was no longer possible. Had I stayed in Austria, I could have been drafted. As I was not yet financially independent of my parents, I did as I was told and returned to college.

I continued my studies. Student protests began occurring at some colleges by 1966, and greatly intensified after the Tet Offensive in January 1968. By then, I was focused on applying to medical schools, passing the MCAT, making a good impression at interviews, and making choices. By April, I knew which medical school I would be attending and began to receive information pertinent to me about the draft.

More specifically, I began to study the Berry Plan and all its implications. The Plan was a law passed in 1954, when the military realized that they could not provide enough medical personnel for their needs solely through the voluntary enlistment of doctors. The branches of service had not yet joined in forming what would become the Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine (USU) in Bethesda, Maryland. So, Congress created a special draft system just for doctors. By the time I got to medical school nearly 90% of new doctors would eventually serve in the military, or so I was told.

The Berry Plan was a bit complicated. During the internship year (now PG1), the new doctor submitted a form to the Selective Service indicating his ranked choices of the military services, his ranked choices of entry time into active duty service, and his chosen area of medical specialty. Entry into service could be either immediately following internship (PG1) or after one year of residency (PG2) or after completing full residency and

becoming board eligible. Entering active service, both interns (PG1) and first-year residents (PG2) would function as General Medical Officers (GMO-general practice) while the board eligible would practice their specialties. The Selective Service used this information to create a series of lotteries to assign each new doctor to a branch of the service, an entry time, and a specialty. This information became available to the new doctors on or about the month of March of their internship year. It was highly unlikely that a new doctor would get any much less all of his first choices. The needs of the services took precedence.

Once assigned to a particular group, whether a new doctor would serve or not depended upon the needs of the service at that point in time. If the service needed him when his designated entry time arrived, he would serve for two years on active duty. If the service did not need his specialty or his body at that time, he did not serve, and he was no longer subject to possible draft.

When the draft lottery was instituted in 1969, it affected the Berry Plan in that those lottery numbers became an additional parameter that the military used to determine who would serve at a particular time. For example, if the Army needed 10 general surgeons and they had 20 from which to choose, before 1969 they chose randomly from the 20. After 1969 they ranked the 20 according to their draft number. The ten general surgeons with the lowest numbers would be the ones who served.

Everyone entering medical school knew the issues surrounding the Berry Plan. Everyone also knew that having to deal with them could be delayed until after graduation, and most chose to ignore them for as long as possible. For those unable to do this, there was an alternative. One could take an early commission, that is, enlist as an officer in a branch of service. This guaranteed one his choice of service, and allowed one to negotiate the time of entry

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into service as well as practice his specialty of choice with greater of assurance of not being disappointed. Taking this course of action guaranteed that one would be able to complete his residency uninterrupted and enter active service to practice his choice of specialty. In addition, an early commission gave one access to an officer’s salary with which to pay medical school expenses. Of course, taking the money increased the minimum service time from two to as much as four years.

The Vietnam Tet Offensive occurred in January 1968. Students and others increased the frequency and intensity of their protests against the war. The war was a frequent topic of our conversations. My medical school was not immune to these protests. The school was closed by protesters on at least one occasion. I remember several all-campus forums which were used to discuss and plan our responses to the war and to the protesters. My older brother, who was in graduate school, was talking about moving to Canada. Fortunately, he married and received a marriage deferment. As for me, I could wait and take my chances, or I could apply for an early commission.

As I contemplated my situation in the autumn of 1968, I became convinced that I would have to serve at some point in time despite my opposition to the War. It was my view then that we were destroying another country for no real reason and doing it in a way that promised no reasonable conclusion. Several high school friends had already been killed in Vietnam. To support this madness was repugnant to me.

Weighing against this was my upbringing as a Roman Catholic, and my experiences as a Boy Scout, both of which impressed upon me the great value of serving others. Also weighing against this was my firm belief that the class of 1968 contained the best trained and most capable young doctors to have ever been graduated

by the medical schools of America. To be a member of this cadre, and to withhold my professional skills from the nation’s military personnel, particularly those who were drafted, seemed, if not criminal, at the very least perverse.

So it was that I decided to apply for a commission in the U.S. Navy, electing not to take the stipend as I had alternative means of financing medical school. In very short order, I, along with two or three hundred other draftees, endured the degrading induction physical. My first reviewer marked me 4-F, ineligible for service due to poor visual acuity. My second reviewer asked me what I was studying. I told him, and he changed my 4-F to 1-A, fully fit and capable for service, noting in an aside that, if I could see well enough to be a surgeon, I could see well enough to be a military officer. In December 1968, I had been commissioned an Ensign in the US Navy Reserve Medical Corps.

When I matriculated at medical school, the medical educational system was just beginning to diversify in terms of gender and race. My class of 130 had only 10 minority students and 10 female students. All of the male students were enrolled in the Berry Plan. About ten of us took early commissions with some also taking the stipend option. We also had four students who had graduated from one of the military academies. They would continue in the reserves while in medical school, and afterwards serve on active duty for an additional eight years. Of course I worried if I had made the best decision. In December 1969, with the advent of the draft lottery, I stopped worrying as I had a very low draft number and would surely have been drafted early on had I decided otherwise. As it happened, I had a degree of control over my life while in medical school.

The year 1973, brought with it two events of note. I was in the middle of my internship (PG1) year, and the draft law expired. With regard to the latter came the

realization that none of my fellow interns would have to serve in the military. Likewise those slightly more senior doctors who had not taken a military commission were no longer subject to the Berry Plan. Much joy and merry-making followed.

There were, however, exceptions. I, for one, would still have to serve, as I had a commission in the Navy, and they were not going to release me. This did not particularly bother me as I had years to accept the reality that I would one day serve in the Navy. I had mentally prepared myself for this and planned accordingly. There were still many personnel on active duty. They all still needed the best medical care the country could provide, and I would be there to help provide it.

But not just yet. With my commission, the Navy had agreed to delay my entry into active duty until I had completed a full residency program in General Surgery. I would not have to serve until perhaps 1978. Unfortunately, as I entered my first year residency position in General Surgery (PG2), I began to realize that I would be happier in another field of surgery. I broached the matter with the Navy. The Navy replied it was either General Surgery or active duty. I chose active duty.

I was on active duty from July 1974 until June 1976. I completed my Urology residency, after my service time in June 1980, returning to my home in Eureka a few months later. I remained in the active reserves until 1981, and was honorably discharged from the Navy in 1991, with the rank of Commander.

Medical students who graduated after me, and until 1981, had to consider the draft as they progressed along. Of course, their situations all changed in 1973, as the draft and military service ceased to be a concern or something for which one had to plan. The medical class of 1971 was the last class where everyone had involvement with

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the Berry Plan process. My class was the transition class from the draft being a major concern to the draft being a non-problem. Only a handful, plus the military academy graduates members, of my class actually served.

We all struggle with the decisions we make and the choices we take. We wonder if they are the best, the most correct, the most advantageous and ultimately make and take them all on faith. I had faith, and I have no regrets. §

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**“Secession”, Continued From Pg. 4**

rest of the world, if not the US. As an independent nation with the fifth largest economy in the world we are in a position to make a significant dent in carbon emissions, if only the rest of the US would get out of the way and let us do the right thing for the planet.

This is the sixtieth lawsuit Attorney General Xavier Becerra has filed against the Trump administration. California has won thirty-six of them and the rest are still wending their way through the court system. And, while I’m proud of our attorney general for standing up for the right thing in the face of such absurdly stupid, idiotic and unconstitutional federal overreach, all these lawsuits detract from his job of working with the legal system of California.

Trump hates us, and we hate Trump. Doesn’t it make more sense to grant us the divorce we both want, rather than engaging in prolonged name-calling, Twitter storms and lawsuits? To paraphrase George Wallace, in his 1963 inauguration as governor of Alabama: “In the name of the greatest state that has ever been in this union, I draw the line in the dust and toss the gauntlet before the feet of government cruelty and insanity, and I say negotiate secession now, negotiate secession tomorrow, negotiate secession forever.”

**Sources**

1. Krugman, Paul “Trump Declares War on California” New York Times Sept 19, 2019
2. “California Sues the Trump Administration in Its Escalating War Over Auto Emissions Image” New York Times Sept. 20, 2019
3. Waldron, Travis “As The Amazon Burns, Brazil’s Best Ally In Climate Denial Is The United States” Huffpost Sept 22, 2019

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