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THE JOURNEY OF THE INTERNATIONAL D.O.
The Breath of Life; the Breath of Love

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Good afternoon everyone,

I hope that you all enjoyed your lunch, and thank you for joining me so quickly afterwards.

I'd like to begin by offering my heartfelt thanks to Mark Rosen and Mel Friedman for their extremely kind introductions. Their words reflect the typical camaraderie and affection constantly demonstrated within this group, and I'm humbled to be the subject of such feelings today.

I'm furthermore truly thrilled to have been chosen to speak to you today, and feel very distinctly the honor of being, as Mel just pointed out, the first non-US, non-physician DO to give the Sutherland Memorial Lecture. I am especially excited to have this opportunity to present a number of very interesting international developments in Osteopathic Medicine, particularly in relation to Osteopathy in the Cranial Field.

Before we begin with these topics, however, I very much wish to stop and pay tribute to your American military ancestors, who came to Europe to support and save us during World War II. The Belgian City of Bastogne was, in fact, where General Patton famously responded "NUTS!" to the Nazi's demand for surrender. I am inexpressibly grateful for the sacrifices that they, and all Americans, made for us and our neighboring nations within this shattering conflict. Please let us offer a few moments of silence for their nobility and sacrifice, without which the extremely encouraging collaboration we're experiencing today may not have been possible.

Thank you.

Let us now move on to a presentation of some excellent examples of international medical cooperation that have been evolving for decades – and never more so than now.

*** INTRODUCTION**

Before continuing, I'd like to apologize in advance for any English mistakes I might make. I even started taking intense advanced English courses last year to help ensure that everyone would be able to understand me today!

Following are some highlights from my journey toward becoming an Osteopathic practitioner. These are relevant to today's discussion, as my career path – apart from my collaboration with the SCTF and the OCA – reflects that of many practitioners outside the United States who decided to change their approach and become Osteopaths or Osteopathic Physicians. The decision, in almost all instances, was based on dissatisfaction with the results we were obtaining in our usual practice. We came to discover that a much different approach to health – that is, non-invasive treatment at the level of cause *rather* than symptom-by-symptom, along with the greatest respect for the body's natural healing forces – was a far more effective approach than the ones we had previously been practicing.

Unfortunately, this is also the “path less taken” – at least currently. The clear benefits of holistic therapies are, largely, not well known, or even more egregiously, simply ignored by adherents of typical western medicine. It is furthermore – as we see practically every day – normal for MDs to be “hyper-specialized” and to treat the body in “slices”. It is most disturbing for an Osteopath to encounter an MD who practices urology, gynecology or gastroenterology, yet has never heard of a dermatome, or the reflex projection of a functional disease. In many cases the first mode of treatment by such practitioners is, as a matter of course, drugs or surgery, instead of activation of the immune system and, thereby, the natural forces of healing. Fortunately, however, some MDs have become more attentive based on the clear success of Osteopathic methods, and are therefore coming to accept our competencies. These observations have, indeed, also led a number of international MDs to train as Osteopathic Physicians themselves!

This described, I would now like to return to the subject of the typical international path to Osteopathy, which was also my own.

*** FROM PHYSIOTHERAPY TO OSTEOPATHY**

I was born in Belgium, seventy years ago. I attended both grade school and high school in Brussels, and continued on to earn a teaching diploma at age 20. Like

many young people, however, I then decided to take a completely different direction. So, four years later -- in 1970 -- I completed my degree in Physical Therapy at the Institut Supérieur de Kinésithérapie in Brussels.

I should mention here that I did all of my studies in physical therapy along with my fiancée, Annie, and that, as soon as we received our recognitions as Physical Therapists from the Belgian National Health Service, we were married. We have now been together for 50 years, and married for 46 of those. We have one son, Mirko, one daughter, Magali, and four beautiful grandchildren. So, as you can see, our academic collaboration was of the friendliest nature....

Back in 1970, all Belgian men had to do one year of compulsory military service. For my service I joined Belgium's famous Military Hospital in Brussels, where I met and treated a great number of injured men. These men had not been wounded in battle, but were the victims of dangerous Army training maneuvers that resulted, at times, in serious injury. This experience gave me enormous empathy for these young soldiers and officers, some of whom would be disabled for life due to their injuries. Unfortunately, like many so-called "excellent" physiotherapists who believe in what they've been taught, and that their techniques will be effective for any type of injury, when I applied my techniques with these men, I instead discovered the limits of the treatments I could offer.

At the end of my military service, I began private physical therapy practice in collaboration with the hospital of Braine l'Alleud-Waterloo, where the hospital's surgeons referred their worst trauma and orthopedics cases to me for rehabilitation. It was exciting and rewarding to help treat broken legs and bodies, but for many specific injuries and functional troubles I was unsatisfied with my results. I then began to seek out specialized training and post-graduate courses in Physical Therapy, believing that the solution was to further improve my existing set of skills.

Very fortunately, however, around this time I met up with some Belgian colleagues who had just entered the European School of Osteopathy (E.S.O.) in Maidstone, Kent (which is in the UK, near London). Based on their experiences, I immediately began researching both Osteopathy and the program offered by the E.S.O., and was most intrigued and impressed by what I discovered. I applied to the program, and was accepted for the following year.

Before speaking about the E.S.O., however, I'd like to take a few moments to give a little history about the arrival of Osteopathy in the UK, and indeed, throughout Europe. The story began with John Martin Littlejohn, an anatomist and physiologist with the University of Glasgow. He left Scotland to enroll at Columbia University in New York, where he completed a PhD in 1894. He was in poor health however and so he decided, in 1897, to seek treatment from a celebrated and revolutionary MD in Kirksville, Missouri, and that was Doctor A.T. STILL. He was so impressed with the resulting improvements, that he decided to enroll in Dr. Still's newly-formed American School of Osteopathy. He completed his studies in 1900 in the same class as W.G Sutherland, after which he moved to

Chicago to create the Chicago College of Osteopathic Medicine. He returned to Great Britain in 1913 and established, in London, the British School of Osteopathy – that is, the BSO – in 1917. So, in the 1920s, the Osteopaths practicing in the UK comprised DOs trained in the USA, DOs trained at the BSO, and even some practitioners who were trained via apprenticeship with established Osteopaths.

And now we can move on to the establishment of the European School of Osteopathy. This school was founded in Paris, in 1951, by Paul Geny – a French PT and acupuncturist – as the “Ecole Française d’Ostéopathie”. However, as at that time, Osteopathy was illegal in France, Mr Geny moved the facility to London in 1965, where it existed for several years as a part-time school for physical therapists who wished to study Osteopathy. Then, in 1971, the school moved to its final location in Maidstone, Kent, and was rechristened the “Ecole Européenne d’Ostéopathie”.

Following this, in 1974, the *Ecole* underwent a final name change. It became “The European School of Osteopathy”, and began offering a full-time, four-year program leading to a professional diploma in Osteopathy. Then, nineteen years later – in 1993 – the school became accredited, by the University of Wales, to grant the Bachelor of Science in Osteopathy. This was followed shortly after by the accreditation of the Master of Science in Osteopathy by The University of Greenwich in 1994; and then finally, in 1999, the ESO launched its internationally-recognized Ph.D. program.

My best friend, Pierre Duby – who is here today – was one of the colleagues who inspired me to study Osteopathy, and was a year ahead of me at the E.S.O. He earned his DO there in 1978, and I completed mine in 1979, at the symbolic age of 33.

I’d like to take a moment to clarify why “33” is particularly symbolic in this context. First of all, human beings have 33 spinal vertebrae. This is important, right? Furthermore, in French-speaking countries, when you examine a patient’s respiration you ask him to say “trente-trois” – that is, “33” – in French. The number 33 also has some intriguing mystical associations. For example, Jesus of Nazareth is believed to have died at the age of 33. There are, furthermore, 33 progressive degrees in the ancient brotherhood known as Freemasonry, which promotes ethical and charitable actions in behalf of all humankind. In fact, as you may already know, our honored Old Doctor, A.T. Still, was a Freemason, as were many other highly accomplished Americans, including U.S. Presidents George Washington and Franklin Delano Roosevelt.

*** THE NEXT STEP: D.O.**

But let us return to the earthly realm.... As I promised myself I'd do upon completion of my training at the ESO, I stopped my physical therapy practice after graduation to become a full-time DO. I was ready to explain and implement the philosophy of Doctor A.T. Still and his holistic approach to health, though I had not yet been exposed to – and thereby was not yet practicing – W.G. Sutherland's principles of OCF.

The professional risks of making the transition from physical therapist to DO were enormous. I had been working as a paramedical practitioner for nine years – accepting patients referred to me upon prescription from MD's – and this change in my status – from PT providing physical treatments to front-line Osteopathic practitioner – would inevitably cause the loss of many contacts.

It's interesting to note, at this point, that a few, rare Chiropractors were also practicing – discreetly – in Belgium at this time, and that they were known – like us – as specialists in approaches to the spine. Belgian law was (and still is) very strict concerning the practice of vertebral manipulation, so no one spoke of either Chiropractic or Osteopathy by name. We instead referred to both practices as Manual Manipulative Therapy.

However, shortly after this, in 1980, our newly formed “Belgian Society of Osteopathy and Research in Manual Therapies” – known also as the SBORTM – very proudly organized and hosted the first International Congress of Osteopathy in Brussels. In attendance were a number of prominent British DOs and American Osteopathic Physicians, including Gary Ostrow, DO, John Upledger, DO, FAAO, Fred Mitchell, Jr., DO, FAAO, FCA, and Lawrence Jones, DO. This was the first step toward open acknowledgement of Osteopathy in Belgium, and was therefore a risky one. In spite of this, however, the success of the Congress surpassed our loftiest expectations.

Irritated by the “flagrancy” of this Congress, a number of MD's throughout Belgium began bringing complaints against Osteopaths, citing “the illegal practice of medicine” in their lawsuits. They were able to do this because, in Belgium at that time, only MD's were legally authorized to practice “manual manipulative medicine” – yet they were completely untrained in its techniques! As a result, we members of the Belgian Society of Osteopathy and Research in Manual Therapy received notice to appear before the very official “*Ordre des Médecins*” – the equivalent of the American Medical Association here in the United States – to respond to these accusations.

Three of us young practitioners – Jean Burnotte, DO, Pierre Corriat, DO, and I – attended this convocation, and faced a very severe and official team of old “Doctors” – that is to say, MD's who, to be frank, seemed simply to be jealous of our successful results, and to not want the “competition” regardless of how beneficial our approach was for patients. They demanded to know just who we

thought we were, and why we believed we'd be “allowed” to continue our “illegal” activities...?

As very enthusiastic and fearless young practitioners, we were more than ready to argue against such ridiculous rules. We were bold enough to ask this panel of MDs if they found it logical that a physician – who has received absolutely no training to perform medical manipulations – should possess the legal right to offer those forms of treatment, while a DO – that is a former PT with a four-year master's degree in physical therapy, and five additional years' training as a practitioner of Osteopathy – does not? Their reaction – as might have been expected – was silence and suspicion.

We then pointed out that in the United Kingdom – where we had earned our DO degrees – Osteopaths are fully accepted and recognized. This allayed the MDs doubts somewhat, but still, the laws did not change. So, we continued as before, working openly yet illegally – and of course paying taxes on our earnings all the while, which is still the case in many countries.

A short while after this confrontation, one of my best friends, Edouard Dock, a DO from Namur, was sued by yet another local MD. In an enormous show of solidarity, Professor Pierre Cornillot, MD, PhD who was Dean, at that time, of the Faculty of Medicine of the University of North Paris, intervened in Edouard's behalf. He presented Belgian Court officials with the paradox that Belgian DOs were constantly crossing the nearby border into France to teach Osteopathy to French MDs at the University of North Paris, yet these same DOs were not officially recognized in their own country! After a long legal battle, and in a heartening display of changing attitudes, the final result of this lawsuit was a symbolic fine of one Belgian Franc – that is, less than two U.S. cents!

*** OSTEOPATHY IN THE CRANIAL FIELD (OCF)**

And now let us turn to the topic of our specialty within Osteopathy: the rightfully celebrated Osteopathy in the Cranial Field. I would first like to relate, with the utmost respect, that in June 1979 – that is, just before my class's graduation from the ESO – John Upledger, DO, FAAO, visited the school to present an introduction to Cranial Osteopathy. This was our first exposure to the relation of Cerebro-Spinal Fluid (CSF) to the Primary Respiratory Mechanism (PRM), and we were all very impressed by John's explanations. We were furthermore fortunate enough to be able to attend a five-day course that John led that following summer in the southern French city of Nice.

I am aware that, later on, John was declared a “renegade” based on what were perceived as commercial interests, and accused of promoting “his” cranio-sacral therapy through unqualified practitioners. This does not, however, diminish the fact that it was he who opened our eyes to another vision of Osteopathy, and that he was the one responsible for our desire to pursue much more extensive and frequent contact with American leaders in the practice of OCF.

In October 1980, I completed my first SCTF Basic course, which was organized by the British School of Osteopathy in London. Our beloved Anne Wales, DO, along with Colin Dove, DO, Jack Duval, DO, and my brother-in-spirit, Herbert Miller, DO, FAAO, were among the superbly talented faculty for this course. Obviously the course was wonderful, and far superior to anything we were exposed to in Maidstone or Nice! But seriously – what followed was the unquenchable desire to continue these relationships, which is why, since that time, I have never stopped crossing the Atlantic to become acquainted and reacquainted with the leaders, mentors and champions of OCF.

I recall very well my first contact with Rollin Becker, DO in 1983, during my second SCTF Basic course in Colorado Springs. I knew I was meeting the “pope” of OCF, so I was most surprised when he introduced himself like this during a lab session: “Hi Daniel, I’m Rollin. Let me help you!” It was fortunate that I had no idea, at the time, how rarely he spoke to course participants; otherwise I might have reacted too giddily to make a decent impression....

Another very important first meeting took place at that time in Colorado. I had the honor of meeting Dr. Didier Feltesse, a French MD who was also a physical therapist and DO. He asked if I could come to Paris – to the faculty of Medicine in Bobigny – to teach OCF to MDs who wanted to become Osteopathic Physicians. The program began in 1983, and lectures took place one weekend per month over a period of three years. Then, in 1984, three of us Belgian Osteopaths were selected first as Table Trainers for GOT (General Osteopathic Treatment), and later, as Lecturers. Pierre Duby, DO and Jean Burnotte, DO taught biomechanics, and I – as a pioneer of OCF – was given, in 1985, the responsibility of presenting a full overview of Dr. Sutherland’s life and teachings. We conducted these courses for ten years, until some of our newly-graduated students in Osteopathy – who, as they had come up through the French system, were also MDs – decided that non-physician DO’s were no longer adequately qualified to continue training MD’s in Osteopathy....

While it existed, this excellent program was called the “DUMENAT” that is the “*Diplôme Universitaire en Médecine Naturelle – Section Ostéopathie*”. One of the finest students I taught was Dr. Maurice Bensoussan, MD, a very skilled stomatologist who quickly became a brilliant DO, and later – as you know – the first “international FCA”! Concerning Maurice, it is essential to mention that, five years ago, while he was serving as President of the AMOC (Académie Médicale d’Ostéopathie Crânienne), he officially opened the doors of the Paris Introductory Cranial Course of the OCA to French non-physician Osteopaths. This step represented the end, in France, of a significant type of discrimination against NP-DOs (non-physician DOs). The only restriction – a reasonable one – is that participants must belong to an official French Recognized Affiliate Society for Osteopathic practitioners.

John Harakal, DO, FAAO, as then-President of the SCTF, became yet another excellent contact. I met John during my third SCTF Basic course in Fort Worth,

Texas, in 1984. The huge campus of the Texas College of Osteopathic Medicine – the famous TCOM – made me so excited and proud to be a part of that group! The Basic course was excellent, and was proof once again that it's always better to attend two or more Basic courses to ensure optimal progress. Anyway, in addition to the excellent course content, John also organized for us, at his home, an incredible Texas beer tasting that we will certainly never forget!

That same year, the Belgian Society of Osteopathy organized a second successful International Congress followed by a wonderful SCTF Cranial Course. In celebration of this event, I invited some of the celebrities of the Board to my home in Lasne, near Waterloo – where I still live – for a special Belgian beer and chocolate tasting. Among these VIP's were Ann Wales, Herb Miller, Richard Feely, Lorane Dick and Fred Mitchell, Jr. Fred, at the time, quipped that – due to its name – the famous Belgian beer “Kwak” should be the official beer of the Osteopathic profession. Meant ironically, of course!

Following this friendly occasion, I had the privilege of attending SCTF Intermediate and Advanced courses in the United States, and the participants' enthusiasm was again without limit. At that time the SCTF Board Members called me into a *private meeting*, to ask why I was always willing to travel so far for their courses – they seemed a little suspicious, actually! Fortunately, I was able to answer with great conviction that, thanks to all of them, I had found the approach to healing I had always dreamed of. They also asked about the status of Osteopathy in Belgium, and I replied that it was gaining recognition, but still deserved to be much more widely known – so I pledged to do everything I could to promote Osteopathy in Belgium and in Europe.

Speaking of Osteopathy throughout Europe, I would at this point like to express my great gratitude to the faculty of the European School of Osteopathy, which gave me so much during the five years I spent there. This experience came full-circle when, in 1986, the Principal of the ESO, Tom Dummer, DO, asked me to join his faculty. There I taught OCF – in French – to the school's part-time students, and First Aid and CPR, in English, to its full-time students.

Five years later, in 1991, I received the distinct honor of becoming an Associate Member of the SCTF Board, representing the Belgian Society of Osteopathy (SBO). I immediately wanted, as part of this representation, to share the practice of OCF with those of my Belgian colleagues who didn't have the time or financial means to travel to the United States for training. So we Board Members of the Belgian Society of Osteopathy began organizing courses in Belgium in order to accomplish this.

We had the wonderful opportunity of inviting American DOs to lead these courses, and John Harakal very graciously accepted our request to come to Brussels and present an introduction to OCF. Around this same time, we also established an Osteopathic “social clinic” with the support of the city of Brussels, which was open two half-days per week. This free clinic was in the poorest district of our Belgian capital, and there we witnessed what true poverty really is.

John attended the official inauguration of the clinic, along with Belgian political and clerical authorities. As manager of the clinic, I asked all Belgian DOs to provide free treatments for a half-day each month. They agreed, and as a result of this excellent cooperation, Osteopathy very quickly gained the appreciation of a much larger segment of the Belgian population. At long last, Osteopathy was achieving widespread renown in Belgium.

At this point John Harakal, showing characteristic leadership, proposed designating some SCTF Faculty Members to help us organize an SCTF Basic course in Belgium, as well as a specific course to train Belgian candidates to become Lecturers and Table Trainers. This course was, very logically, entitled “Train the Trainers”.

My group of eager Belgian DOs was supervised in three sessions of two days each by John Harakal and his faculty members, including Edna Lay, DO, FAAO, Melicien Tettambel, DO, FAAO, Viola Frymann, DO, FAAO, Eric Dolgin, DO, FCA, and Jim Jealous, DO.

The participating Belgian candidates were Agnes Engelen, DO, Pierre Duby, DO, Claude Hannard, DO, Christian De Brabandere, DO, Luc Lecoq, DO, and myself. We all completed the sessions successfully, and then, very shortly afterwards, became Board Members of the SCTF Belgium, which was created in 1995. Not long after that, Tom de Lille, DO and Danny Debouver, DO also joined the Board – as Vice-President and Secretary – to complete this excellent team of friends.

As President of the SCTF Belgium, I became director of the Basic courses, which we offered every year with the generous help of Edna Lay, DO, FAAO, Melicien Tettambel, DO, FAAO, Edgar Miller, DO, FAAO, Herbert Miller, DO, FAAO, Michael Burruano, DO, FCA, Kenneth Graham, DO, Dan Moore, DO, and Sue Turner, DO from the UK. So, in total, we trained more than 500 DOs!

We later also organized Advanced courses with the help and participation of Douglas Vick, DO, Rachel Brooks, MD, Louis Hasbrouck, DO, FCA, Stefan Hagopian, DO, FAAO, Andy Goldman, DO, Kenneth Graham, DO, Miriam MILLS, MD, and again, the Millers, that famous duo of Herb and Ed – appropriately called “the cousins”, even if they don’t happen to be *biologically* related.

I’d furthermore like to point out that the choice of location for these courses in Belgium was not made by the American lecturers who visited us. Among their selections were Brussels for its marvelous Grand Place, Bruges for its pristine medieval architecture and atmospheric canals, Ostend for its historical seaside location, Namur for its famous citadel, and finally, both Antwerp and Ghent for their beautiful city centers and historical harbors.

*** MY STORY WITH THE CRANIAL ACADEMY, FROM CA TO OCA**

I have been a faithful member of the OCA since 1982, and as such have attended numerous Cranial Conferences throughout the United States. At our conference nine years ago in Tucson, Arizona, which took place during the transition between Eric Dolgin's and Mark Rosen's Presidencies, Mark approached our group of international participants – which included my colleague and fellow Belgian DO, Marie-Blanche Surny – and asked us to vote to designate a representative to serve as an official contact with the Board in behalf of the international DO community. Since, after a period of several moments, no one else volunteered his or her candidacy, I did so, and thereby “won” this wholly uncontested election by quite a landslide....

I heartily thank my colleagues for their support that day, as at that point I began the incredible experience of discovering what the Cranial Academy really is. As an International Board member, I have gained a deep awareness of the Academy's admirable complexity, and even more strikingly, with the generous availability of the Academy's Board members. Three times a year – in June, October and March – and this for the past nine years – I have attended all Board meetings under the Presidencies of Mark Rosen, DO, FCA, Mel Friedman, DO, FCA, David Musgrave, DO, Zina Pelkey, DO, and now, Dan Shadoan, DO.

Perhaps you know that, when I first joined the Board in 2007, associate Board Members (one MD, one DDS and one International DO) were non-voting members. As, to me, this didn't seem particularly productive, I sought to convince the rest of the Board – with the help of Mark Rosen, as co-chair of the International Subcommittee – to update OCA policy and allow Associate Members to become real, voting members.

Following this came the historic decision to change the name of the Cranial Academy – CA – to the Osteopathic Cranial Academy – OCA. It's also quite interesting to note that the letters “OCA” were, in fact, our group's initials following its inception in 1948, though at that time the “A” stood for “Association” rather than “Academy”.

I have only one disappointing memory from all my years of membership in the Cranial Academy. In the nineties, and after I'd been in practice for more than ten years, I was denied participation in the Cranial Academy's Proficiency exam, as this is strictly reserved for American DOs. However, this incident was also the catalyst that, five years ago, led me, along with two of my finest friends – Dr. Maurice Bensoussan, MD, DO, FCA, who was President at that time of the AMOC, and Dr. Jean Le, MD, DO, who succeeded Maurice as President – to organize an International Exam of Proficiency that was equal in difficulty to the American exam. A significant percentage of international member MD-DOs and NP-DOs have taken the examination since then, meaning that, from among approximately 100 international members representing seventeen different

countries and ten Recognized Affiliated Societies, twenty have passed the exam and are officially recognized by the OCA.

For the sake of comparison, the number of American OCA members who have attempted the exam is only 130 out of 800 members. I'd just like to remind everyone here that, to be a Faculty or Board Member of the OCA, one must have this certificate of proficiency. Please consider taking the exam in the future, as every one of you here is certainly capable of passing it, and we are always looking for fresh new Board Members!

It's also important to note that, a few years ago, Cranial Academy membership rules for international NP-DOs had become very strict, in that all potential members were required to belong to a National Osteopathic Association or official Affiliated Registry. Prior to that, however, such restrictions did not exist, so we ended up with a mix of members – some possessing official and/or national recognitions, and some with none. In response to this, we instituted two different member categories: one for DOs who belonged to a Recognized Affiliate Society (RAS) and the other for DOs – affectionately referred to as “the Grandfathers” – who did not.

This was still too inconsistent, however, and the Board wanted to find a better solution, so we updated OCA membership policies again last year. Our two principal requirements now are a very solid professional background, and attendance at a minimum of three Cranial Conferences. An outstanding example of the beneficial effects of these policy changes is Itsuji Yamamoto, a most faithful DO from Japan, who only became eligible for OCA membership after these updates. Of course we hope that Japan will soon offer formal recognition of the Osteopathic profession, but until that time we must have a means of welcoming deserving members for whom national recognition is not yet possible.

***WILLIAM GARNER SUTHERLAND: THE MENTOR I ALWAYS DREAMED OF MEETING**

In addition to my life's pursuit of Osteopathy, I have also, since the age of twenty, worked as a freelance journalist for several publications.

My most extensive collaboration has been with *Parents* magazine which – as you may know – is the most-read magazine in physicians' waiting rooms. I have written around forty articles for *Parents Magazine* – explaining osteopathic topics in language accessible to the layperson – and these pieces are still available on my website at www.osteolasne.be.

Because of these journalistic experiences, I was quite delighted to learn that William G. Sutherland was working as a journalist when he first met and interviewed Dr. A.T. Still. Sutherland was extremely impressed with Dr. Still's methods, and reported very enthusiastically on his revolutionary approach to medicine. He then, as a result of this contact, completed his own DO degree

a very short time after that under the tutelage of Dr. Still. What followed were Dr. Sutherland's famous "exploded skull" discoveries, which – thanks perhaps to his prior experience as a journalist – he recorded with great precision. Indeed, Dr. Sutherland established the perfect principles for Cranial Osteopathy that became the foundation of modern OCF, and we are forever indebted to his brilliant and groundbreaking work.

Now, let us turn to the current application of both Dr. Still's and Dr. Sutherland's discoveries. Last year, in Naples, Florida, Mark Rosen, DO, FCA, gave an excellent presentation on some of Dr. Still's and Dr. Sutherland's original ideas and intentions. Through these topics – which have also been addressed during past conferences by Rollin Becker, DO and Jim Jealous, DO – we are reminded of the importance of stillness and the fulcrums.

Beginning Osteopaths almost never feel these sensations immediately, but they must have faith that the sensations do indeed exist, and that they, too, will feel them one day. It is the responsibility of more experienced DOs to teach newer practitioners to first sense, and then trust, these feelings, and we strive to do this with compassion and love. To love is, indeed, to share, and we must guide our students to understand what they cannot yet consistently feel.

The victory comes when they do finally and suddenly feel – though the sensations will flee if the newer practitioner becomes tired or less attentive. This is not a disaster, of course, but just another step forward in the evolution of an individual Osteopath's abilities of palpation.

We always dream of finding more success in our own palpation, and also possess the strong desire to help our newer colleagues constantly dig deeper. As we often say, "DO" stands for "Dig On!" With this in mind, I am always looking forward to our next OCA meetings, where, each time, we discover and discuss explanations that satisfy our need to continually progress.

Turning to the topic of research, some MD groups have advised us that further "scientific" experiments would enhance the credibility of our methods. The problem is, however, that so-called EBM (Evidence-Based Medicine) must, in general, be researched based on isolated criteria rather than the holistic state of health. Therefore, it is practically impossible to quantify and record the benefits of OCMM using this model. As Jim Jealous says, "Health is present when all fulcrums are synchronous." That is to say, it is only when one looks at bodily health holistically, and not system-by-system, that one perceives the astonishing results produced by Osteopathy. We could also mention that only about 30% of the practices relied upon by allopathic practitioners are based on EBM! So should we suggest, in return, that they stop using the other 70%?

*** THE D.O. AS PATIENT**

Despite this lack of EBM..., I am most privileged to have received full osteopathic treatments from numerous experts during my visits to the United States. These stars of our profession have included Louis Hasbrouck, Herbert Miller, Edna Lay, Edgar Miller, Melicien Tettambel, Richard Feely, Paul Lee, David Musgrave and Melvin Friedman. Furthermore, during our lab sessions, I have discovered, along with many of you, a number of wonderfully different approaches. Some are very light and soft, and others heavier and more “assertive” – but the results are remarkably successful. We all have different approaches, but what we always have in common is our great respect for the body’s responses, the tissue’s reactions, the palpation of the LCR fluctuations and, finally, the goal of attaining synchronicity and stillness. We describe this as “Unity within Diversity”, and this is one of the elements that keep our profession dynamic and strong.

As we all certainly acknowledge, our foremost duty is to help our patients, and to do this we must wait patiently for their tissues’ responses, and always offer the highest quality of care. This is not necessarily in terms of the time spent “working on” patients, but, rather, the quality of the treatments we provide. I have met many MD’s who are very skeptical about Osteopathy, saying that our results are merely “placebo action”, and that the only value in our “manual and friendly contact” with patients is to give an *impression* of good care. It’s encouraging to note, however, that a number of these MD’s have reversed their dismissive opinions after personally undergoing Osteopathic treatment!

*** ENCOURAGEMENT OF STUDENTS WHILE LEARNING PALPATION**

I can never offer enough gratitude for the perspicacity of those of my colleagues who have so tactfully helped me toward greater understanding, and have so discreetly guided me in changing the positions of, for example, my fingers, feet or head! Their guidance has permitted me to understand and absorb even more quickly what they were so generously explaining and providing. I have always encountered a very high level of teaching within our profession, noting that it is consistently both attentive and supportive. For example, when we are practicing in labs, it’s most encouraging to see that participants are offered relevant and sincere compliments, as these serve to increase both their consciousness of, and pleasure in their progress. An excellent proponent of this dynamic was our beloved Ann Wales, who joined us at the second international congress in Belgium, and with whom I attended many SCTF Board meetings. She was always so kind and generous with her explanations, which were, without exception, so rich and helpful.

I’d also like to mention here Dr. Rachel Brooks and Dr. Miriam Mills, who, as MDs, are two inspiring examples of the transition to Osteopathic Medicine. They are, rightfully, very proud of their new path to Osteopathy, and are always willing to enthusiastically share their latest discoveries. Thank you again dear Rachel and dear Miriam.

And in a final homage, I would like to thank, most affectionately, my mentors Dr. Edna Lay, DO, FAAO, FCA and Dr. Anthony Chila, DO, FAAO, FCA, who – since the very beginning of our relationship with the US Osteopathic community – have always been available to advise and protect our small group of “little Belgians”. Ours has been a true *histoire d’amour* – that is, a real love story!

*** PUBLICATION OF THE SMLs**

And speaking of our wonderful history together, I’d like to talk for a moment about the upcoming publication of all the SMLs from 1958 through this year. Two years ago, Mel Friedman, DO, FCA, Mark Rosen, DO, FCA, and I – in our capacity as Board Members – proposed publishing all of the SMLs. This was both to show the greatest respect for our mentors and leaders, and also to ensure that transcripts of these important lectures would be available to DOs worldwide. This historical work was supposed to be published in 2015, after Hugh Etlinger’s SML, but we did not meet this deadline as the 800-plus-page text has taken longer than anticipated to process. Fortunately, however, we can now promise that the compendium will be available in 2017. I must say that I never expected that today’s SML would be included as part of this work, and I am greatly humbled by this honor.

*** CONCLUSION**

Both American physician DOs, as well as international physician and non-physician DOs, find wonderful solidarity in the fact that we proudly embrace, champion and utilize the principles of genuine Osteopathy. Indeed, those of you assembled here today practice Osteopathic Medicine in its purest form, and you are thereby ensuring that the benefits of traditional Osteopathy will exist for future generations.

In Belgium, we have a motto: “L’Union Fait la Force”, which means, “Unity Creates Strength”. This clearly describes the current state of the international Osteopathic community, and also reinforces the fact that DOs worldwide must continue collaborating in order to promote and uphold Osteopathic principles. We must, in addition, remain aware that our internal diversity is a vital element of our strength. Although we all have different approaches, backgrounds, qualifications and recognitions, we remain united by our skills, experiences and ideals.

As a final reflection, I would like to express once again my deepest gratitude to our leaders and mentors. I changed forever once I dedicated my life to honoring and practicing their teachings. I truly became a new person upon discovering the “Breath of Life”, which I personally also think of as the “Breath of Love”. This is due first to the nature of our work, which is to lovingly activate the healing forces that exist within every human body. It is also certainly due, however, to the extraordinary amount of love, guidance and support I have experienced within this

profession, and in particular, from the group of truly exceptional healers who are present here today.

Thank you so very much for listening to my personal experience of “the journey of the international DO” today, and also, most ardently, for having accepted us international practitioners into this wonderful group of professionals and friends. One of my greatest joys is being an international member of the Osteopathic Cranial Academy, and it is always an immense privilege to gather together with you all. A continued relationship between the OCA and the international DO community is extremely important, and I therefore pledge to stay on as an OCA Board Member until another international non-physician DO steps in to take my place.

Again, I heartily thank you for your attention today, and for the very great honor of presenting this year’s Sutherland Memorial Lecture. *Merci mille fois* – that is, thank you 1000 times – and good-bye until we meet again!
Most affectionately yours,

Daniel Ronsmans, DO