

## The Work of James D. Bernstein of North Carolina

*Donald L. Madison, MD*

It is fairly common that someone's extraordinary service to the state be commemorated with a named building—commonly a dormitory on a state university campus—a park, a street, a stretch of interstate, even sometimes with a new, man-made lake. But such commemoratives are reserved ordinarily for governors, senators, or other long serving elected politicians. Their service to the state is doubtless deserving of such recognition; but so, often, is that of certain bureaucrats who over an extended period managed to change the face of North Carolina in some significant way—not by votes collected or bills signed, but simply by their vision, creativity, and long, hard work.

That North Carolina has led the nation in production of bright-leaf tobacco for many years is widely known. And the names of some of those responsible for the manufacture of tobacco products—Hill, Duke, Reynolds, Gray—are also well-known, if not by the nation as a whole, then at least by North Carolinians. The same can be said for textiles and furniture and banking, where this state has also been in the lead or threatens to place or show. But rural healthcare, which is neither a product, a highly marketed service, nor even a recognized “field” of labor or keen academic interest, is yet vitally important to the well being of this still predominantly rural state. And it is also linked to North Carolina in the minds of all those who know of it. For North Carolina leads the nation in rural healthcare and has for a good while—at least since the late 1970s.

There are several reasons, but the indisputable main one is the work of the late James D. Bernstein (1942-2005) and that of the superb staff he assembled. For his labors on behalf of the people of North Carolina, Jim Bernstein deserves to have a dam or a bridge named after him, at least a byway that branches off from some blue highway and leads to one of the approximately 85 rural community health centers for which his North Carolina Office of Rural Health is responsible for helping groups of local citizens establish. In addition, that Office collaborated with or followed some other agency—federal, state or philanthropic—or one of the universities in the state, in building, repairing, or helping stabilize several other community health programs. We should also recognize Jim Bernstein's work on the national level, for leading change in both the Medicaid and Medicare

legislation to permit more equitable reimbursement for rural health centers and hospitals, and his leadership of national organizations devoted to the interests of rural health. Finally, and as important, historically, is the example that the North Carolina Office of Rural Health set for other states, that example activated by a national grants program of the Robert Wood Johnson Foundation with Bernstein at its helm. These efforts and more are his legacy to the state of North Carolina and the nation, and all were done from a home base in state government in Raleigh.

He was not a native North Carolinian. In fact, Jim Bernstein came to Chapel Hill temporarily; that, at least, was the plan. He had been an officer in the United States Public Health Service in Santa Fe, New Mexico, where he served as administrator of the Santa Fe Indian Hospital and Director of the Indian Health Service for Northern New Mexico.

Jim grew up in Westchester County, just outside New York City. His paternal grandfather was treasurer of Loews, the nation's oldest theater chain, which for a time, before the Justice Department intervened, also owned the lion's share of Metro-Goldwyn-Mayer (the pun is acknowledged and accurate). Jim's father manufactured advertising clocks, including those with the image of a certain grocery chain store pig with the “Piggly Wiggly” legend on the face. His mother, Jacqueline, was the family intellectual as well as the main attraction for most visitors to the Bernstein household—visitors who often included celebrities, especially artists and actors. Once people visited the Bernstein home, says Sue Bernstein, they were glad to return. And that was mainly because of Jackie Bernstein, who during the week regularly drove her Chevy Nova, alone, into northern Manhattan to work with needy children. As a youth, Jim was an athlete: swimmer, football player, hockey player—and later a hockey coach—first a playing “head coach” for the Johns Hopkins club team—“Fightin’ Jim Bernstein,” the college newspaper called him. Later in North Carolina, not a traditional hotbed of hockey, he served as a coach to youngsters.

After graduating from John Hopkins with a degree in political economy—and where he volunteered some of his time as a teacher of prison inmates—Jim applied for and was accepted

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into the third class of Peace Corps volunteers. The core training for his assignment, at Princeton University, was followed by a brief French language immersion in Quebec. A group of volunteers then headed for their two-year terms in Morocco, where Jim would become an English teacher, and also as it turned out, the physical education instructor for boys at the Lycee Ben Barra, a high school in Taza. Not his top choice, Taza was only about 280 miles from Tangier and the Mediterranean coast. Jim preferred going to the far south of Morocco, to the desert. But the need was in Taza. Lycee Ben Barra was a state-run boarding high school for young people who lived in the sparsely populated countryside, in places that were too rural to have a local high school. Several Peace Corps volunteers were assigned to Taza, but only one other—Susan Dill, a native of the San Francisco Bay Area—was a teacher; and like Jim, she taught English and physical education (for girls) at the Lycee Ben Barra. As the two Americans at the school, Jim and Susan became friends; and when Jim ignored the Peace Corps' warning to avoid Moroccan French pastry and came down with a severe bout of gastrointestinal inflammation, Sue prepared soup and other light fare until his digestive tract had healed. Upon recuperating from his illness, Jim built up an appetite so voracious that, says Sue, he soon "looked like a butterball."

Those bacteria-induced events led to an even closer friendship between the English teachers Bernstein and Dill, and during the latter half of their term in Taza, they were married. As it does virtually everywhere, marriage in Morocco involves certain articles of written certification, but in Taza, Jim was taken aback to learn while filling out the requisite form that he would be permitted to take up to three additional wives. He was, however, obliged to certify with his witnessed signature that he would not exceed this limit.

After Morocco, Jim applied to graduate programs in hospital administration and attended the School of Public Health at Ann Arbor. From there he went to Cleveland for a yearlong administrative residency at Mt. Sinai Hospital. After that he entered the Public Health Service, requesting an Indian Health Service assignment. His two preferences were Anchorage, Alaska, and Santa Fe, New Mexico. When she learned that Jim had marked Alaska first on his preference list, Sue responded, "We need to talk." He learned the next day that it was still not too late to change his first choice to New Mexico, and soon the Bernsteins were on the road to Santa Fe.

In 1969, along with nearly two-dozen other young PHS officers with ambitions to be leaders in the broad field of public health, Jim was awarded a fellowship in "Global Community Health." The Public Health Service described what it had in mind for these Fellows:

*The Global Community Health Fellows are bridging the gaps of our time by respecting tradition but refusing to be bound by it. These men and women from all parts of the United States have been making special contributions to federal, state, local agencies, and private organizations in the United States and developing nations. Each brings to his or her fellowship assignment a sensitivity and commitment to*



(Above) The burka-clad Susan Dill. (Below) Newlyweds posing by the wedding cake, a traditional French croquembouche, which consists mainly of a decorative "tree" made of cream puffs held together by caramel syrup.



*alleviate the health problems of the community. During their concentrated exposure to the mosaic of health, its interlacing problems on all levels, and academic pursuits, the Fellows gain invaluable practical knowledge for the transmutation of the health system.*

Looking past the rococo metaphors, this is in fact an accurate representation of what Jim did during his three fellowship years and the work he continued beyond that time.

The fellowship allowed these young PHS officers to follow their muses wherever they might lead. They could arrange to study some aspect of community health virtually anywhere in the world. The fellowship usually included an advanced degree program in something, perhaps one of the fields of public health or public policy or administration. Slightly more than half of the fellows in Jim's group were physicians; the others were administrators, environmental engineers, dentists, and nurses. Administrator Bernstein, who had already spent two years in Morocco, and who had a master's degree in hospital administration, wished to pursue an advanced degree in public health and study the problems of rural health in America.

From looking at some basic statistics from the census, Bernstein learned that Texas, Pennsylvania, and North Carolina had the most rural towns (those with 2,500 population or less) of any of the states. And so he considered these three first. Texas, he said, interested him; but although it had many, many small towns, it also had several large cities. Pennsylvania had Philadelphia and Pittsburgh. North Carolina, on the other hand, had no large city. (In the early 1970s Charlotte was not yet considered large, not at least by the rest of the nation.)

The doctorate Jim was seeking would perhaps be in administration or possibly in epidemiology. According to Glenn Wilson, whose friendship with Bernstein began in Cleveland while Jim was doing his hospital administrative residency there (and where Glenn was Vice President of the Kaiser Health Plan, in charge of the Ohio region), Jim called Glenn from Santa Fe to tell him that he was thinking of enrolling in a doctoral program in epidemiology at the University of Texas School of Public Health in Houston.

Glenn says that he told Jim: "Well, it's alright for you to go to Houston, but Sue and the baby can't go with you." (The first of Jim's three children, Lori, was born in Santa Fe; Eric, two years younger, and Donna, six years younger than Eric, were both Tar Heels born.)

I asked Glenn why he would say that about Houston?  
"Have you been there?"

I had; but I'd also lived in the Los Angeles basin in the 1950s, and so my impression of the air pollution in Houston was considerably less graphic than Wilson's. Jim, however, apparently took Glenn's point.

"You need to come to Chapel Hill and talk to Cecil Sheps," Wilson told him.

At the time Glenn was still in Cleveland but was completing negotiations to relocate to Chapel Hill to become Associate Dean of the School of Medicine for Community Affairs, where he would later launch the North Carolina Area Health Education Centers (AHEC) program.



Bernstein in his summer USPHS uniform, Santa Fe, New Mexico.

Bernstein had first entered the Public Health Service, as had many of his generation of healthcare professionals, because of the Vietnam War. He went to Santa Fe in 1966, which was the year when the draft accompanying the Vietnam buildup accelerated sharply, the year when virtually every medical graduate of the class of 1965 (my class), having just completed internship, would be drafted (unless they were deferred for residency training). Wilson says, "The only good thing I can say about the Vietnam War is that it diverted Jim. He was going to be a hospital administrator ... in civilian life ... somewhere. But the specter of the draft stood in the way. And with some assistance from me, but more from Congressman Charles Vanik [of Cleveland], he ended up in the Indian Health Service."

While Jim was in Santa Fe, he had become interested in an idea that Professor Bob Oseasohn, an epidemiologist and chair of Family and Community Medicine at the University of New Mexico in Albuquerque, had launched as an experiment and for which he asked Jim to serve on the planning committee. The experiment called for a nurse to deliver primary care for a small town—Estancia—backed up on the telephone, mainly, by physicians in Albuquerque, 62 miles to the northwest. Oseasohn later left New Mexico to become Associate Dean of the University of Texas School of Public Health in Houston. And when Jim became a Global Community Health Fellow, Dr. Oseasohn tried to recruit him as a doctoral student, thus, Jim's interest in Houston.

Why, I asked Wilson, did he want to get a PhD?

"All I remember was what he told me as he was getting out of the PHS. He had finished his two-year term, and this opportunity (the fellowship) had come along, and he had decided he wanted to get a PhD and become a teacher. I think that the experience in the Indian Health Service persuaded him that he didn't want to be a hospital director, nor, as best as I recall, a line bureaucrat in the federal government. He wanted something different than that. So that may have been part of the motivation to do something else. It was not very well defined."

But, pollution aside, why did you bad-mouth Houston to him?

"Well," Glenn said, "I have the highest respect for Bob

Oseasohn. As you know, I tried to recruit him here later. But I really doubted that Jim would be happy in Houston, and I wanted him to talk to Cecil, which he did. Now why he wanted to do the PhD, I still don't know."

Jim's own version of his visit to Chapel Hill is worth quoting. This is from the remarks he made at the memorial service for Cecil Sheps in May of 2004.\*

"[Taking Glenn Wilson's advice], I called Cecil Sheps, and he said, "You need to come to Chapel Hill to see me." Don Madison picked me up at the airport and took me to Cecil's office, which was in the South Building. After a brief introduction, Cecil handed me an agenda, which included interviews with Don, Conrad Seipp (Deputy Director of the Health Services Research Center), a professor in Health Policy and Administration, and John Cassell (Chair of Epidemiology). He said that after I was through with all that we would meet at his house. My plan was to combine academic coursework with a rural practicum at the Health Services Research Center. My first interview at Health Policy and Administration was not encouraging. The professor I spoke with only wanted to tell me that my grades would probably not meet the high admissions standards of the program.... Next I went to see John Cassell in Epidemiology. It was graduation day and Cassell was putting on his cap and gown to go to the ceremony. Cecil had obviously put in a good word for me. Dr. Cassell asked me to walk with him to the graduation ceremonies so we could talk. By the time we reached Memorial Hall he said that he wanted me in his department if I wanted to come. Later that afternoon, I met Cecil at his house, where he said, 'Let's take a swim in the pool.' Within 20 minutes, he had laid out my next three years as a part-time student in epidemiology and a Research Associate at the Health Services Research Center."

I recall that Jim seemed to enjoy his coursework and classmates

and appeared to be a well-motivated, serious public health student.

Glenn Wilson remembers, however, that he "...didn't want to settle down and write a dissertation. He never did write very much, as a matter of fact.... He and I and Gordon [DeFriesse, then an Assistant Professor of Sociology and a Research Associate in the Health Services Research Center] used to have lunch about once a week when my office was in MacNider. That dissertation project fell apart to some extent. I'm not sure he would ever have finished it anyway, because he wanted to do something practical and they wanted some theoretical paper. That's how it was described to me. And as the weeks went by I could see it unraveling. And then when Cecil came by and said: 'Walstonburg,' away Jim went."

That is probably an accurate reading of Jim's motivation, although it is incorrect chronologically, because according to Jim, the Walstonburg project began almost immediately upon his arrival in North Carolina: "When I arrived in Chapel Hill, in July, I went to see Cecil, and he informed me that I was to be in Wilson, NC, the next day to meet Dr. Edgar Beddingfield, and that night to be in Greene County to meet with a group of citizens who wanted to build a health center."

Walstonburg, a small town without a doctor, was representative of hundreds of others in North Carolina, and perhaps thousands throughout the south and midwest by the late 1960s and early 1970s. But it had something special going for it: It was less than 20 miles from Wilson, where Dr. Edgar Beddingfield was affiliated with the Wilson Clinic. Beddingfield was a past-president of the North Carolina Medical Society, but his influence in the state went well beyond medical society office-holding and even medical affairs. He was widely respected as a statesman. Early in his career he had gone to Stantonsburg, a small town between Wilson and Walstonburg, had entered general practice, and was still practicing there, albeit on a part-time basis (the rest of the time he was doing occupational health work through the Wilson Clinic).

Beddingfield had long been interested in the problems of the small town without a doctor, and he was intrigued by the possibility of relief offered by the physician assistant (which had more or less been invented by Dr. Eugene Stead, the legendary chair of medicine at Duke) or the family nurse practitioner, which was just then being advanced by the nursing school at Chapel Hill and its Dean, Lucy Conant, with the strong backing of Dr. Sheps, Director of the University of North Carolina at Chapel Hill (UNC-Chapel Hill) Health Services Research Center, or some other type of trained "intermediate level" practitioner supervised by a physician, such as the Medex program, at the University of Washington and Dartmouth, where ex-military corpsmen, Vietnam veterans, were trained to perform essentially the same duties.



James D. Bernstein, 28, has been in the Indian Health Service where he served as Administrator of the Santa Fe Indian Hospital and as Service Unit Director for health facilities which serve the Indian population of Northern New Mexico and Southern Colorado. He has developed a particular interest in the design, implementation and improvement of health care delivery systems for the rural poor largely as a result of this experience.

Before joining the Public Health Service, Jim was the administrative resident at the Mt. Sinai Hospital of Cleveland. The twelve month residency program was a requirement for the degree of Masters in Hospital Administration which he received in 1968 from the School of Public Health at the University of Michigan.

Jim spent two years as a high school teacher in the Peace Corps in Morocco after graduating from the Johns Hopkins University where he received a B. A. with a concentration in Political Economy and Sociology in 1964.

This fall Jim will be a research assistant at the Health Services Research Center at the University of North Carolina and a student in Epidemiology.

The Public Health Service published a booklet introducing its class of Global Community Health Fellows, devoting half a page to each. This is the entry for Jim Bernstein.

\* The remarks at the Sheps memorial are published in James D. Bernstein, "Cecil Sheps Was My Mentor," in Donald L. Madison (editor), *Cecil G. Sheps Memorial Volume*. Chapel Hill: Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, 2005. All other quotes by Bernstein that appear in this article are taken from a long interview recorded by Nan Rideout in 2004 and transcribed by the author.

All of these “intermediate” level practitioners required some defined clinical protocols, plus telephone and occasional personal clinical support and backup by a reasonably nearby physician, and, of course, intensive training. And in the case of Walstonburg, Beddingfield, who believed strongly in the concept, but who himself had no personal experience with it, was interested in providing the necessary medical backup. He also knew something about small rural communities and how to approach them. Bernstein credited Beddingfield as the “real father” of the North Carolina Office of Rural Health largely because of his support and critical political interventions. But Jim already knew, or at least had the instincts that told him, much of what he would have to do.

Walstonburg became Jim’s “field work,” supervised by Cecil Sheps. I told Wilson my take on this experience, as I remembered it, and then asked him to respond: If you look up Greene County in the Atlas of North Carolina, the 1967 version published by the UNC Press, you would find, I told him, that it was not the poorest county in the state, although it did rank toward the lower end and it was one of eight counties in the state with a majority African American population. Jim was going down there all the time, probably not every other day, but it seemed like it. He had this plan of educating the population, and so he goes over to North Carolina State to the School of Design to find students who could create a sort of cartoon book that would explain the health center and what a nurse practitioner would do. He was just a bundle of energy and ideas (some of which I thought were just short of wacky). But how, I asked Wilson, do you explain all that?

“Well,” he replied, “I think it was several things: One, Walstonburg was a clean slate; there’s nothing there. So there’s a chance to do something, and he got caught up in that. And then there was another kind of challenge, and that was to show the doubters—there were a couple of them in that general area, who quietly scoffed at this Jew from New York and what he was attempting to do; and he took that as a challenge. And so he started. And he was accepted. This was the beginning of his rare talent of sitting down with people, all kinds of people, and listening to them, and putting factions together. Now, not in the sense that he would always do what they wanted. He would bring in others to lead them away from some stupid mistake they were about to make. But Walstonburg is where he learned that. And he came back every week just full of himself, at what they, the community, could do. I told him it was crazy to take these design students to Walstonburg, but he didn’t always listen to me. And then we had a long conversation about what could be done for those people, and I reminded him of my friend Henry Daniels’ statement [Daniels was a career labor union executive with the health program of the United Mineworkers of America] that when you try and do something for people, you usually end up doing it *to* people. You’ve got to do it *with* them. And they’ve got to buy into it, and they’ve got to put up some money. So we had a long discussion about getting them to put up some money. I think I learned that with the Mineworkers clinics, in Canada [with the Steelworkers], and in Cleveland [in organizing the Community Health Foundation]. And Jim

became an evangelist of that notion. And most importantly—this is another important trait of his—he never took the credit. And that’s one reason that the Office of Rural Health under his leadership worked so well.”

Did you go out to Walstonburg?

“Yes, a few times. And as you said, there wasn’t anything there, except a few poor people, mostly black, who had a magical relationship with a guy named Bernstein. Remember, this was 1971 or 1972. It wasn’t that far removed from the days of segregation.”

I asked Glenn what he could tell me of the relationship between the blacks and whites on the board that had to be formed—or I guess it had already been formed when Jim got there?

“You know, I think that was the first Bernstein magic. Because at that time, there was Klan activity, at least there were Klan signs up and down that road, to my certain knowledge, because I was traveling through that area, including Greene County, frequently—I didn’t have any business in Greene County, but I traveled through there to visit hospitals in the east, to learn the state (we were beginning the AHEC effort then), and I was mostly wandering around on my own, usually taking the long way to Wilmington. But the Walstonburg board members got along with great civility. I must have gone to maybe half a dozen meetings in that community.

“This was the same time,” Wilson continued, “that a community hospital in the east and another in the piedmont wanted to see pictures of the medical students we were going to send them—for obvious reasons. And we refused. So it wasn’t yet the era of enlightenment across the state. We finally told them that we weren’t going to do business with them on those terms. We would send them qualified students, who might be female or black. But those meetings in Walstonburg were far more congenial than anything I saw in my work with the community hospitals. And I never asked Jim how he put it together. So I don’t know. But that same pattern ensued in all of the rural health centers. Remember, though, you had not only black and white, but also rich and poor, who often don’t speak to each other—in civil terms. How did he do it? I don’t know, but he did. And as far as I’m concerned that’s the reason the Office of Rural Health was such a smashing success.”



Dr. Edgar Beddingfield

So Jim had Greene County, which was essentially a medical vacuum. He had a community board. He had Dr. Beddingfield to back up the nurse practitioner. But he didn't have a nurse. As Bernstein explained: "The idea for the program was that we would ask the boards in these communities to locate a nurse that they thought highly of. The kind of person they'd go to at night when people were sick. And then we would send that person to school, pay for them to go back to Chapel Hill or, later, to Greenville or Asheville. And they would then come back to the community where they lived and their family lived, and they then would stay there. They wouldn't leave. That was a really good concept. But in Walstonburg, it didn't turn out that way. So we had to search for somebody from the outside. And we finally found a nurse practitioner in Colorado. And she came here. Donna Shafer was her name. She did a really nice job. Donna was just a good one to be there—she was very unassuming, not aggressive. Which was what we needed at the time. So they just couldn't get mad at Donna. It worked very well."



Entrance to Walstonburg, NC

In fact, Donna, who later married an Englishman and moved to the United Kingdom, became a close personal friend of the Bernsteins, who named their youngest daughter after her.

I asked Torlen (Tork) Wade, who now directs the Office of Rural Health, how, in fact, the staff found the nurses who would be trained as practitioners in the early days.

"It was a combination," said Tork. "Some were hospital nurses, but most were nurses in doctors' offices. That made it a lot easier to sell the model because they would be backed up by that same doctor. Those were the ones who really worked well—taking a nurse out of the practice, sending her to Chapel Hill, and having her come back to work with that doctor. It was a very good model. But, it's funny; today it doesn't work nearly as well. You know, the level of education is much higher now. Most of them have master's degrees. But it's much harder to get them out into the community. And there isn't that confidence on the part of the doctors, because they haven't worked with them over a long time already. They're just hired. Maybe they're better trained, but having a local person be the provider was critical in the early days. Betty Queen in Black River was the first nurse practitioner there. Everybody knew her in the whole county. They loved her. They didn't really care if she was a nurse practitioner or even what that was; what they knew was that she could help them."

I knew that Glenn Wilson would remember how the Office of Rural Health came about.

"Well, it was Cecil. The committee of the legislature came to me, because we were preparing to reapply to the federal government for renewal of the AHEC support, and I said, 'How about making this statewide?' And they agreed to that (with state money). Meanwhile, Cecil had gone to Governor Holshouser and put this rural program in as part of the AHEC program. Chris [Fordham, then Dean of the UNC School of Medicine] and I went over there to see the Governor and told him, 'You really can't do that.' (Because medical schools don't do these kinds of things very well anyway, and we'll be seen as being in competition with the local doctors, and it will all blow up.) 'You need to set up something separate for this.' Holshouser said, 'But there isn't time.' And so at about 11:00 that night, it landed in the Governor's Office. And then the question, who would run it? It was very clear—that fellow from Walstonburg. It was settled that night, in my presence. And the Governor called Bernstein."

Jim's own account is not inconsistent with Wilson's, but it leaves out the organizational questions and the University's concern about combining it with AHEC.

"James Holshouser had just been elected Governor of North Carolina.... Cecil, in his unique fashion, calls up the Governor-elect to tell him that he has this terrific health program that is going to help solve the health access problems of rural North Carolina. He then asks the Governor-elect when he should come see him. Later, Cecil describes to the Governor his concept of a rural health program built around community-operated health centers staffed by family nurse practitioners and physician assistants. When the Governor asks how he is supposed to make this happen, Cecil tells him that will be no problem—just leave it to him. Cecil then calls me into his office to tell me that he has figured out what I need to do next with my career. I am going to Raleigh to set up this new health program."

The program was announced publicly by the Governor and the Secretary of Human Resources, David Flaherty, who introduced the 30-year-old Bernstein at a news conference on Monday, June 19, 1973. Earlier the Legislature had appropriated \$456,000 for the program—for the first five clinics. But the Governor's announced goal was to have 15 new clinics established within 26 months. Obviously, this goal anticipated further appropriations.

Soon after the announcement, Jim went to see Flaherty to negotiate his job. The conversation went well, although, as Jim said: "We didn't come to any resolution in his office, but it looked like we would come to some kind of understanding. And then he surprises me, and says, 'Oh, by the way, before you leave I want you to talk to this group.' Well, what he had done, when the notice had gone out from the Governor about the program, and it was in all the newspapers and on television, he had gotten all these letters of protest, most of them from physicians. And so they had invited all the people who had questions or who were mad to meet in this auditorium in one of the state buildings in Raleigh. I've forgotten which one. So he marches me on the

stage, and there must have been 150 or 200 people in that room—lots of Board of Medical Examiners people and all these types. And he gets up there and says: ‘Now I’ve invited all you people here who have criticisms or questions about our program, and here’s the guy who can answer all your questions, he’s the new director of the program.’ So I took question by question by question. And you know something? When you’re younger, in a lot of ways it’s easy. You think you know more than you know. And it was such a new kind of thing, they didn’t know if I was wrong or right. So when I said there is evidence around that the doctor can be in a different spot than the nurse or nurse practitioner, seeing patients with protocols, and it’s worked in other places—I’d seen it in New Mexico and other places, but they’d never had any experience with it. So it was difficult for them to tear it down. I went through question by question by question for about an hour and a half until everybody wore down and went home.”

That opposition was one obstacle. A second one was getting a law passed that would permit nurse practitioners and physician assistants to practice in these clinics at the level for which they were trained to practice. Bernstein explained: “Dr. Beddingfield was doing this in Walstonburg without a law to back him up. So we had to get a law through, and that was the next big fight. And I was sort of the floor manager, since I was the only one there who knew much about it. So I was hooked up with key legislators that Senator Royal and some of the others had put together. And we had our battle. And if it weren’t for people like Dr. Beddingfield we wouldn’t have won that battle. He was key to the whole thing. Anyway, at the end, when the bill was going through, and I was watching from the top, looking down, some legislator, I won’t say where he was from, made a motion to fire Jim Bernstein. And the Speaker of the House said he was out of order. Because the legislature doesn’t have the authority to fire a named person. They have the authority to get rid of a job, but not a named person. So I survived.”

Having escaped that episode of parliamentary chicanery, Bernstein had to organize a statewide program. It was one thing to work, as he had done day and night, on the Walstonburg project. But now he was committed to be a wholesaler.

In this story, there are three Jims—Bernstein, Holshouser, and, later, Hunt. The young Bernstein, just beginning his work in Raleigh, once told me about a phone call he’d received at home the night before. It came from Atlanta, as best I remember, but it could have been from someplace else where a national governors’ conference was then being held. The conversation left Bernstein in mild shock, which lasted at least until the next day when he told me about it. From this phone call, he learned that he had made the big time. The dialogue began like this: “Hello.” “Jim?” “Yes.” “This is Jim.” (silence—then): “Jim who?” “Jim Holshouser.”

Glenn Wilson notes one crisis Jim’s Office was about to face: “I should remind you that the office was up and running and Jim was scrambling around the state. I know that while Jim was scrambling around the state, it wasn’t that long before we had a change in administration. And he and I had concluded that Jim Hunt would not continue that program on which his

Republican opponent had campaigned. And Sarah Morrow, who was Secretary of Human Resources under new Governor Hunt, thought this was something the local health departments should be doing. And so Jim Bernstein went to see Jim Hunt. He was accompanied by Mrs. Warren of Prospect Hill, who was a friend of Jim Hunt’s—I think Glenn Pickard may have called her. Anyway, she called Jim Hunt and got him to come up there and see the Prospect Hill Clinic. I think Jim Bernstein went with him. And he had some support in some communities, not a lot at that point because it was still getting off the ground, but some, enough so the Democratic Administration was persuaded that it was a good idea. What Governor Hunt saw at Walstonburg and Prospect Hill and Snow Camp and one or two other places was some real community support and, potentially, a powerful political force, and he wasn’t about to put it in the health departments or do anything to Jim Bernstein.”

Along with Governor Hunt, Dr. Morrow would also become one of the program’s most ardent supporters.

But, Glenn added, “...as for the overall operation. At the beginning, I wouldn’t have given you a nickel for the chances of that succeeding. High visibility programs like that, programs that are cooked up by administrations usually don’t survive when there’s a change, I don’t think. But here was an exception to that rule.”

**B**ernstein needed a staff. First to join was Terry Alford, an architect recently graduated from North Carolina State University. Terry was a North Carolina native who had helped on Walstonburg as a student. He stayed on Jim’s staff for a couple of years before going out on his own, although he continued working on rural health clinics in North Carolina and all over the nation. The Office of Rural Health helped build new buildings, but renovations were generally less expensive, and Jim’s principle that the local community be required to come up with part of the money (a small part—the state put up the majority share on a five-to-one match) suggested a need for economy. So most of the earliest buildings were renovations, and, as Tork Wade remembers, “Terry Alford would put those blue awnings on some otherwise ugly building and make it look spectacular.” In fact, Terry quickly became famous among those of us who knew his work because of those blue awnings. They became his motif.

But Jim also needed field staff, people who would do essentially the same job he himself had done in Walstonburg—attend board meetings, decide what technical assistance was needed and find it, help procure a nurse to be trained as a practitioner, arrange for physician back-up, and any number of other tasks that went into organizing a community health center. These people had to be self-starters with a talent for community organization, but also have a practical working knowledge of primary healthcare—not the clinical skills, but a knowledge of the things clinicians needed to perform their craft and a feel for how the relations among clinicians and the other staff and between the staff and the board and the community of patients should work.

First, Bernstein found Fred Hege, who had been director of the local Office of Economic Opportunity (OEO) Community

Action Agency (the basic local building block for President Johnson's War on Poverty) for Vance, Warren, and Franklin Counties. The Community Action Agencies were then being slowly dismantled (along with most of the other parts of the War on Poverty) by the Nixon Administration, under the leadership of OEO Director Donald Rumsfeld and his special assistant Dick Cheney. From this job, Fred had acquired the requisite community organizing experience, but he was also a former Moravian minister—a "missionary" in a sense, who by nature was an organizer of people and their efforts. Fred also had experience in state government. Soon afterward, Jim found Tork Wade and Burnie Patterson. Like Jim, Tork had been a Peace Corps volunteer (in Malaysia and on the Island of Borneo). He was just completing his master's degree in public health at Chapel Hill and for his fieldwork, had assisted Jim with the Walstonburg Clinic. Burnie was a social worker from Dare County, who met Jim while he was organizing a clinic on Nags Head. Burnie had earned his master's degree in social work at UNC-Chapel Hill. At about this time (1973-1974), I was teaching, through the School of Public Health, a reading seminar on rural health services, which I continued for about five years. It met once a week for two hours, and the assignments were formidable, since I included nearly all of both the recent and historical literature on rural healthcare in America. Jim sent Terry, Tork, and Burnie to take the course.

Other members of Jim's staff, who joined a year or two later, included the third ex-Peace Corps member, Roger Hagler, who had been an original volunteer—one of the group that had been sent off by President Kennedy with a ceremony in the Rose Garden. Roger, in fact, had been Tork's supervisor in Malaysia. There was also a second "missionary"—Gail Kelly, an ex-Maryknoll nun in Bolivia and Ecuador, where she had been a "do everything" healthcare provider—the general practitioner for an entire community; and Nan Rideout, who came from the western part of North Carolina and whose background was in teaching and hotel management (with a master's degree in the former, a bachelor's in the latter, and work experience in both).

Fred Hege was considerably older than Jim and provided a complimentary set of skills and experience. Nan Rideout had this to say about them: "The synergy that worked with Fred and Jim was amazing. I remember saying to them, 'I wish I could think the way you guys do.' And Fred said, 'you forget, there's two of us working at it, not just one.' There were so many things to deal with in terms of politics in local communities, politics in the General Assembly, as well as moving ahead with our goals for developing health services, and then the medical society also. Fred, I remember as being invaluable in that way, while Jim was completely involved in moving these projects ahead. Fred was also very instrumental in training those of us who came in later. I think Fred's background as a pastor and his ability to deal with people, understand people, was also invaluable. He used it well, because none of us ever saw him as a preacher, but he had those skills, which he used very adroitly. With many of the early office staff, it was a push-pull relationship, because Fred was very demanding, but he was very instrumental in shaping the office and those of us who came in."



Other early staff members, included Joan Peacock, who stayed on as Jim's assistant until she retired, and Judy Howell, who remains on the staff.

"You know," Nan continued, "I think that one of the most significant things about Jim was his ability to hire people. Regardless of their backgrounds or anything else, he hired really good people, and he wasn't afraid to take a risk if he thought someone, at a gut level, was right for the Office. He, in fact, eschewed those people with a background that would seem to fit because he wanted to take a new approach. He didn't want people to come in with preconceived ideas."

So people with degrees in health services administration?

"That was a definite negative. You'd have to prove to him that you could think outside the box."

Although later on, he did take people with those backgrounds, from the UNC School of Public Health and a few from the policy school at Duke. Tork says that the Office had a steady stream from there for a time and that they still have a couple, but that "the bread and butter came out of the School of Public Health."

"In addition to Jim's hiring good people," Nan says, "he was able to instill in us a sense of mission. We were focused on what we were doing. We didn't think of ourselves as part of state government. Jim was wonderful in isolating the office and letting it develop and percolate on its own. He was a wonderful buffer. And I have examples of times he really stood up for us. You could count on him when the chips were really down. And he also kept us stimulated and gave us enough independence in those early days. All of the original core field staff stayed with him at least 20 years, until we retired. There was virtually no turnover. I think that he hired people who were devoted to the mission and not to achieving status. And while we may have had some desires for the responsibility of running an Office, the greater desire was to see if we could accomplish something and achieve change. And that's why those of us in the early days never thought about leaving. It was a little frustrating to him because of that, maybe."

You mean he wanted you to go?

"Well, we all had other opportunities, and when we'd talk to him about them, he'd say, 'Go.' But nowhere else could one envision having the combination of responsibility for achieving a product like a health center and seeing the effect on a community, and



I think we were much more motivated by that than by the status of running a program. Jim was self-confident, but I didn't feel that he had any vanity or arrogance at all. He respected people for what they offered. And once I looked around the office, and I said to myself, 'My God, do you see how many tall women Jim has here?' (And tall men, too.) But it's unusual to find a person of short stature who's entirely comfortable surrounding himself with people who are quite tall. But I don't think he thought about that for a minute. It never occurred to him."

Well, he married a tall wife.

"I guess that was a good sign."

But there were those who didn't stay. Jim set down a set of principles. And many of them concerned the work of the field staff:

He started by saying: "We weren't going to run anything.... They, the community, would be primarily responsible, and we would provide the pieces that they couldn't put together themselves, as well as the know-how to make it work. Nor were we going to push ourselves or come out from Raleigh saying, 'We've got this new idea for your community and this is what you should do: You should have a health center; you should have a nurse practitioner; it should be run by the community....' We acted only where we had a request. We might get a call saying, 'We haven't had a doctor in a long time and we're interested in just talking to you.' Then we'd send a staff person out. So that was another principle: Don't tell the community what they need. If they don't want what we have, that's fine. The next thing was to be able to put together all the pieces that were needed to do the job. So if a community wanted to do it, we had the ability to make it happen. And the most important part of that was our field staff ... the people who interfaced with community folks. Our philosophy was, we go to them. So our field people were on the road all the time, meeting at whatever hour the community group could get together, whether it was Sunday afternoon or Monday night. And most of those meetings were at night. So we were going to be an agency that went to the community; very rarely did a community person ever have to come to Raleigh. And the staff person had to be able to deliver the goods. So if the community group wanted to explore this idea and then develop it, the staff person had to put together all the pieces. If a building was needed the staff person had to have access to an architect, which is why we had our own architect—and our own media person to back up our staff people. It was important that the community didn't see the staff person as someone who had—we didn't have much—a little bit of money to sprinkle around, but rather as someone who could actually help them get healthcare in that community. So the field staff had to learn about erecting buildings, they had to learn about medical records, and most important, they had to learn to work with communities and had to have community organizational skills, which are something, I've come to conclude, that you can't teach very easily. They are somethings you either have or you don't have."

Bernstein continued: "People—potential staff—who came by mistake to this office (versus another office), who were looking for a cookie cutter kind of job, something they could do every

day, didn't make it in our Office. It just didn't work. And in the beginning, it was really hard on those people who would say, 'What's my job? What do I do?' Well, you've got to get on your feet out there. But there's a lot of support from the staff back home; you know, myself and the other staff people would kick around with you about how you're going to deal with your problems in that particular community—because always there were problems. None of it was easy. But if you were looking for someone who used a workbook and went out to a community and said, 'This is how we're going to do step one,' just like that, it wasn't going to work. You had to be a person who could think on your feet and make decisions and move forward on your own. Most of the people who could adapt to that kind of style, who liked it, stayed for years. Others, who didn't fit, didn't last long. They just left. Because they were uncomfortable in that kind of a role."

During the first year, Tork Wade remembers, the field staff identified five communities to work on: East End, Bakersville, Bladenboro, Newton Grove, and Westfield. Tork described, in general terms, the method that the field staff followed: "We'd kind of have these steps we'd follow. It might start with a call that said our doctor is retiring. They didn't want a nurse practitioner, per se, they just wanted a doc. But we'd go out and meet with them—and we didn't really have a physician recruitment program yet at that point—so we'd tell them what we had, what the requirements were, and they might not be interested. So it was, 'Thank you, and who else can we call?' There were a number of those. But once there was interest, where they would say your program does look like it might fit our needs, then we would do a market study and compile all kinds of preliminary statistics—you know, to decide whether there would be enough demand to make it work. And once we went through that and decided there would be demand and that the market was OK, it generally went through. It might have taken a while, but I just can't think of any that failed after it went that far. There might be delays, for example, to get the physician support. I remember places where the docs would object to the program simply because it was from government. You know, that was usually the biggest barrier—getting the back-up physician lined up. But they would usually come around in time. You might have to move on to another doctor. But they would come around, finally. And there would often be pressure from the community for them to respond."

"We might say, 'Well, Dr. Pickard would be glad to come in and talk with you.' Physician-to-physician, you know, and that would often turn them. Glenn Pickard [internal medicine at Chapel Hill] was the primary one who did that. Terry Kane [family medicine at Duke] went out some. And Zell Hoole [internal medicine at Chapel Hill], I think, once or twice. And Rob Sullivan [internal medicine at Chapel Hill and then at Duke]. And Larry Cutchin [internal medicine and pediatrics at the Tarboro Clinic] did some, too. But the major share of it was Pickard. He would go anywhere we needed him to go. He connected so well with the docs, and he was from North Carolina. Plus, he was the pioneer on all of that—along with Betty Compton [family nurse practitioner at Prospect Hill]. And then

on the legal issues, Dave Warren [Duke Law] would go to assure them they weren't taking on a huge liability. We had wonderful support out of Chapel Hill. And then Jim had that connection with Beddingfield on Walstonburg. And that was huge. Because he was a big shot who all the docs respected. He was from the country, and a former president of the state medical society. And he was not an academic. But he carried a tremendous amount of weight. He didn't go around and speak, but he would pick up the telephone and talk at association meetings. But those were contributions without which the program wouldn't have gotten off the ground. A lot of that Jim pulled together. But some of those people came on their own initiative, because they believed in it. But Jim never had any problem asking, either. He knew it was important."

Over the 30-odd years of its existence under Jim Bernstein's direction, the Office of Rural Health established more than 80 health centers. But there were some additional programs where the Office did not take the lead, at least not initially (another agency—a foundation, the federal government, or perhaps another state agency—began the program or provided the initial funding and technical assistance), but the North Carolina Office of Rural Health usually either worked alongside or followed up later when there were problems. A good example



The Bernstein Family: Donna, Eric, Lori, Sue, and Jim

is the Hot Springs Health Program in Madison County, started by Linda Mashburn (nee Ocker), a nurse with experience throughout Appalachia and in India; and Jerry Plemmons, former head of the local rural electric cooperative, who did the initial community organizing; and with assistance from the Health Services Research Center at Chapel Hill and major funding from the Appalachian Regional Commission (ARC). After a modest beginning, some early success; several crises; three decades of growth and change; assistance along the way from the UNC School of Medicine, the Mountain AHEC, the Office of Rural Health, several foundations, and an influential local politician, the Hot Springs Health Program is now a countywide primary care program (in a county with no hospital) that has more than filled the gaps left when the aging private physicians in the county could not replace themselves as they retired or died. It may be unique in the nation in this respect or at least one of a very few.

In its early days, the program got off to a good start, but then got into trouble—political, administrative, clinical, and fiscal. Jerry Plemmons is now chair of the board. I asked him what Jim Bernstein's role in all this was.

"He was the fixer."

And, indeed, when the Hot Springs Health Program seemed on the verge of "going down the toilet" (Linda Mashburn's description), Jim sent Gail Kelly from the Office of Rural Health staff, who practically lived in Madison County for the better part of four months. Linda, who by this time was no longer the executive director, but was still employed by the program as a home health nurse, says that she talked with "all the board—over the phone and in person, behind the scenes, and then I called Jim and said, 'Help, help, help!' And Gail Kelly, when she came up to do her work, stayed at our house. She came on the heels of this airlift of medical personnel [from Chapel Hill, because the program was, by then, without a doctor], and it was obvious that we could not survive long doing that. The airlift was a short-term thing, and we needed a long-term plan, and so Gail was there to work that out."

Jerry Plemmons added, "She made many of the decisions that an executive director would have made. She served in that role without being in that role. She put together ... a plan to include an expansion to Marshall and the development of a Marshall clinic. ... A part of that, as I recall it, was that the five-year ARC funding cycle was due to expire. And the program could not sustain itself without some outside support."

Linda explained why: "Because it had too small a service area, and it was operating in the poorest area of the county. Also, the major thing that had changed by the time Gail was there was that one of the two elderly physicians in Marshall had completely retired, and the other one was only half time and was looking to retire within the year. When I started the program in Hot Springs, Marshall did have medical services, but by this time those services were gone or going."

"What happened," Jerry said, "was that the board and the community supported expansion of the program into the Marshall area, which was Gail's recommendation. There was already a clinic in Walnut, which is maybe eight miles from Marshall, and that clinic was to be moved in the direction of Marshall. It ended up being about half way between the two communities, which then expanded the program's service area to include Marshall. And then, of course, the docs in Mars Hill were still active and were still opposed to...."

"But they were coming around a little bit," added Linda. "Because during the time I ran the home health agency for Hot Springs, and it was a county-wide home health agency, so I had many of the patients of the physicians in Mars Hill that I visited and had to deal with them for orders and such, and at least they saw some value in all of that. They were less hostile, let me put it that way."

Plemmons said, "That did do a lot to at least cool them down a little bit, but it certainly didn't change their attitude toward socialized medicine, which the Hot Springs Health Program was in their minds."

Did they use that term? I asked.

“Oh, my yes! Very definitely.”

“Within a period of four months,” Jerry said, “we were having an organizing meeting in Marshall—of community people. And it was at that kind of meeting that you [Linda] and I got elected to the board. When they changed the bylaws to include Marshall, then you and I went onto the board together; and we were on the fund-raising, planning committee for the new Marshall facility. The Office of Rural Health provided architectural services. Taylor Barnhill from Jim’s staff—that was his entry into Madison County, and he did the architectural work. We had done a business plan, believe it or not, which said we could pay for the building in seven years. This would have been Gail’s doing. None of us would have paid any attention to something like that.”

“The next thing,” added Linda, “was that I organized a door-to-door volunteer fund-raising campaign and got the volunteers to do it so that every single resident in the whole Marshall area was visited by a volunteer and told about the new facility and asked to pledge or donate to it. We raised about \$25,000 that way, maybe a third or almost of the total cost.”

Jerry remembers that the total renovation of the building, “...so that we could start the down payment of it and so on, was around \$80,000. But what we learned early on from that fund-raising was ... and we did that in order to have some match for some foundation monies. But we learned that by giving the community an opportunity to donate, they felt a greater sense of ownership and were more likely to use it if they felt it was theirs.... We maintained that philosophy throughout the years.

“But then Liston got us a state grant.” Liston Ramsey was from Marshall and represented Madison County in the state legislature. He was, at the time, Chairman of the House Appropriations Committee and, later, for six years, Speaker of the House. He is a political legend, not only in his former district, but statewide.

I would be interested, I told Jerry (who is the consummate storyteller) in hearing how that happened.

“Well, one morning one of the fund-raising committee members ran into Liston down on the street in Marshall. And Liston said, ‘I see where you fellas are trying to raise some money for a new clinic.’ And he said ‘yeah.’ And Liston said, ‘Well, do you’uns need a little state help?’ And he said ‘Well, yeah, I guess we could use a little state help, if the state has any money to give us.’ And it just so happened that we were having a meeting of that committee that night—at my house. So he invited him to come, and he did come. We talked for maybe 45 minutes or an hour, just general conversation. And he thanked us. And we said, ‘Well, do you need a proposal from us?’ And he said, ‘No, but them people in Raleigh, they like to see them articles of incorporation and bylaws. If you’ll send that to me, that should be enough.’ And we said, ‘What do you think we might get from the state?’ And he said, ‘I really don’t have any idea,’ he said, ‘Normally, them fellas don’t cut me any more than half of my request.’ He said, ‘If I ask for 40, I might get 20.’ So we were operating on the assumption that the state was going to kick in about \$20,000. And the articles of incorporation and bylaws were sent to Raleigh. Didn’t hear another word from

Liston. Didn’t see nothing in the paper about the Hot Springs Heath Program getting any money. The legislative session was over. Still nothing. And Liston’s pattern then was that every Monday morning, he’d go by the post office at Marshall, pick up his mail, and go to Raleigh. Even when the Legislature wasn’t in session, he would be in Raleigh most of the week. And one Monday morning one of the committee members ran into Liston, and he said, ‘Well, I guess you fellas heard that we was able to get you fellas a little money.’ He said, ‘No, hadn’t heard that.’ Liston said, ‘Well, we’ll get you a check in a while.’ He said, ‘It takes the state a little while to write them things, but we’ll get ‘em to ye.’ And so, the next Monday morning, I was in the post office at nine o’clock, when Liston came in for his mail. Liston said, ‘Did you hear?’ And I said, ‘Yeah, Liston, I heard that you’d been successful, but didn’t hear how much.’ He said, ‘Oh, I was pretty fortunate this time.’ He said, ‘I asked for \$80,000 and got all of it.’ And so with that our building was completely paid for. We had gotten so excited about that. And we had found out that when we switched from ARC funding to Public Health Service 330 monies, that we were then eligible for bricks and mortar from ARC, and we said, ‘That’s great. Let’s see how we can use some of that money.’ So, the original facility at Laurel was a 100-year-old farmhouse that had no insulation in the walls, and we had to put a radio in every exam room so the doctor could turn the radio up while he was interviewing his patient so that the confidential information didn’t flow around and feed into the grapevine. And we decided that it was time to replace that facility. So we went to ARC and went to the community, and we got.... We opened the new Laurel facility and the new Hot Springs facility both in 1984. And not only did we get ARC money, but Liston, who by this time was Speaker of the House, helped too. He’d say, ‘Well, a lot of people call it pork, and they’s welcome to do that, but Madison County don’t have any large state university or no large state employers or any state buildings, and if I can bring some state money back to help my people help themselves, then I’m proud to do it.’ That was his line, and it was a good one. Because ours was a poor county, the poorest or second poorest in the western part of the state. And for many years it was the poorest in the Appalachian Regional Commission area.”

“The new Hot Springs facility, which included a dental program, opened in ‘84, and then in ‘86 in Mars Hill, there was the community clinic staffed by three private physicians. There was also a solo practitioner across town. And by ‘86, one of the physicians in the clinic had moved to Florida to practice, another had died, and the third wanted to retire. And what ended up happening was—he wouldn’t sell his facility directly to the Hot Springs Health Program...., so in ‘86 the Program bought the Mars Hill Medical Center through a convoluted deal with Mars Hill College. He’d given the facility to the College with the understanding that the College would sell it to us. And one of the significant things that happened was that MAHEC (Mountain Area Health Education Center) began graduating family physicians in ‘79, and we got a person out of their first graduating class—Chipper Jones.”

That's before he went off to play baseball?

"Yeah. He only does that in the summer.\* But recruiting physicians became easier. We can recruit physicians a hell of a lot easier than we can recruit dentists, that's for sure. And about as easy as we can recruit nurses. When we opened up the Mars Hill facility, that meant that we were the only primary care provider in the county. There were no private practice doctors. And that's still the case. I will say that the first two years we were in the Mars Hill facility, we did rent space to Dr. Whitson, who wasn't fully ready to retire. But that helped, because he retired gracefully, and he was not anti-Hot Springs Health Program."

Linda remembers the first time Jim Bernstein came to Hot Springs. "In the very early days, even before we got the grant from the Appalachian Regional Commission, this would have been in 1972, probably. You brought a whole planeload of folks out from Chapel Hill to Hot Springs, including Cecil Sheps, and I think Jim was on that trip. I know there was someone from Public Health Nursing along, too. This would have been in the first six or seven months I was there."

I remember that trip, I told her. The money from the ARC looked certain by then, and I wanted to see what kind of help might be available from Chapel Hill, which I had more or less assured the people at the ARC would be forthcoming. Jim would no doubt have been along because he was our "fellow" in rural health. So I took him with me everywhere I went—Wise and Clinton, Virginia; Harlan, Kentucky; Logan, Man, and Buffalo Creek, West Virginia, I remember. And to a conference in Davis, California, on rural health that I had helped organize for The Robert Wood Johnson Foundation. (Linda was at that conference, too.) And when I started the Rural Practice Project for The Robert Johnson Foundation—by this time Jim had begun the Office of Rural Health—I insisted that he be on the board. The Foundation officers objected because none of them had heard of him, but they gave in. I told them I needed someone local whom I could rely on for advice and feedback, and I trusted both Jim's experience and candor.

Jerry added to Linda's comment about Jim earliest visit to Hot Springs, speaking about that program's later years: "Every groundbreaking, every dedication, anything of that significance, Jim Bernstein was always there. You didn't have to beg Jim to come. He wanted to be there. He wanted to take part. And he was very generous in his comments at those events. I don't have a lot of stories about Jim that I could tell, other than to say that. But in later years I became amazed thinking back over those times.... I became chair of the Hot Springs Health Program, I think in '79. In those early years, I had gotten to know Jim, but not too well. But I felt comfortable in calling him anytime there was a question or an issue. No matter how elementary or simple it was. Jim would take all the time in the world to talk me through it and give me advice, and if someone else should be involved, he made sure that they were involved too, and were

well informed. And I must admit, before I got involved in some other things, that I thought Jim had a really plush job, that all he did was sit down there in Raleigh and wait for me to call him. Because if I called, and he was on the other line or out of town or in a meeting, it didn't matter what, within 30 minutes to an hour, I could expect Jim to return the call. And later on I realized, of course, that he had a fantastic ability to keep a lot of balls in the air at one time. I'm glad I didn't know all of the things Jim was involved in because I wouldn't have called him. And I would have been the lesser for it. But he never made me think that I was taking his time or that he had other things to do. I'm sure that many times he had to rearrange his schedule to come up for our groundbreakings and dedications and things of that nature. But I never knew that. He never indicated that."

Another example, perhaps the best one, of joint programming was with the North Carolina Medical Society Foundation and its first Director, Harvey Estes, who took that position upon his retirement from the Duke University medical faculty in 1989. As Harvey remembers, "I was sitting there with four and a half million bucks in the bank from Kate B. Reynolds and with a mandate to do precisely what Jim had been mandated to do all along. And as I sat around thinking of my task, it became plain as the nose on your face that it made no sense to compete with a program that is already out there and successful. Well, we began to have weekly meetings at the Office of Rural Health, which became, I think, the most productive piece of my program and maybe of Jim's as well, because we began to sit around and think of what we could do together, me with my pot of money, he with his pot of money, to jointly tackle problems that neither of us could solve by ourselves."

Because of the limitations of the two pots?

"Yes, but mainly his. Ours had few limitations. We could spend it for most anything we wished. So we put together an advisory committee, which was a widely divergent group of practitioners and policy makers. It was a good group. And Jim, of course, already had lots of advisors, with the state and the University and the Sheps Center [previously referred to as the UNC Health Services Research Center], that he called on regularly. So we began to work together—not just occasionally, but every day, there would be something that the two of us talked about, a circumstance, some problem, something. And in our working relationship, we quickly became integral to each other.

"But I will say that I have never seen an office of any type that ran with more noses to the grindstone that they're supposed to be getting polished with than Jim's. Everybody on that staff was attuned to what they were doing, not to who's in charge, or the money. The money was important, but that was Jim's job. Their job was to go to Jim and say, 'Jim, I've got to have so many more thousand dollars because we've got to have it to do this thing that needs doing.' And then Jim would scratch his head

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\* For the uninitiated and those who will find this reference confusing, Dr. Chipper Jones, who must have heard and responded to this joking reference hundreds of times (and for which I apologize for my inability to resist repeating it yet again) does not play baseball for the Atlanta Braves.

and worry about where that money was going to come from, whether it came out of this pot or that pot. He knew his sources and he knew—he had this Foundation by then, and he could operate that mechanism. But he played all those things like a well-tuned orchestra. And our piece of money became another major instrument in the orchestra. And that was fine, because what we were really doing was for Bertie County or Hoke County and not for Jim or his Foundation or ours or anybody else. And never once was I under the impression that we were being courted for being a funding source.

“Jim was the most unselfish program leader I have ever worked with. There was nothing that interfered with his interest in the result at the other end. And he believed, vehemently, and he taught me, that you’d never get it to work unless those people are involved in what happens to their own community. And that gets to the fund raising. The amount may be inconsequential in terms of the total that is required, but it is very consequential in terms of getting the loyalty and involvement of people. They have to be involved. And he knew people. This was the thing that was most impressive to me. Here is this guy who sits in Raleigh, and you talk about some county—X County—and he would say, ‘Let’s go talk to (this guy) because he knows everybody in that county; and he can tell us what the political structure is and who you’ve got to get involved in order to make it fly.’ And we would go to the strangest places. I remember once we flew down to Hatteras Island and landed on the island to talk to one of his old buddies....”

Not the lighthouse keeper?

“No, but it was an amazing experience. And we would go to Troy to meet with one of his old buddies. And we’d talk about his problem over dinner or after dinner. We’d have a cup of coffee, and then we’d drive back to Chapel Hill. Or I would go out with one of his seasoned crew. These were people who lived in the Raleigh area and had as their responsibility a covey of community boards. And they were responsible for the relationship between the Office of Rural Health and that community board. And they would go to the community board meetings, that were always at night. They would travel huge distances and spend the night and go to a board meeting, and meet with the staff, and then they would come home. And we would go with them on these trips, and we would do our business, jointly. Jim would go with us to these meetings. He knew all of these people, and he would meet others. When we came back, Jim’s architect would draw up the preliminary drawings. It was a very wonderful and productive relationship, and a happy one. I just had all the admiration in the world for him and his crew and what they were doing. There was not a mean bone in his body, not a bit of selfishness. He just gave all of his effort and time. How his family put up with it I don’t know.”

So you had a first hand look at the problems of rural medical practice, rural hospitals, that whole scene, I told Harvey. I call it a “first hand look” to contrast it with the kind of look you’d had as an academic leader at Duke—just as important, surely, but different. Plus, you chaired a panel of the National Institute of Medicine on the topic of primary care. But counting all those academic activities, as well as your work with the Foundation and with Jim’s Office, you’ve spent a long time looking at this

whole body of problems, enough so that I can ask you as a real expert this question: How have those problems changed? Which ones have been solved or have disappeared?

“I don’t think we have solved any of them.”

But some have become less important, perhaps?

“Well, they’ve changed their order of magnitude, but they are still there. We have shifted from one set of problems to another. Manpower is still a major problem, but different than it used to be. Let me refer back to Ed Beddingfield, who quickly immersed himself in a very busy practice in Stantonburg, doing a lot of OB (obstetrics), doing a lot a primary care, and living upstairs over his clinic. Well, the demand quickly ran away with him. And back then when the practice would overrun a doctor, that doctor would look for a partner, and they would split the work 50/50. I’m on call; you’re on call. But that only works if your expectation is that I will work every day, and I will work every other night. Today’s crowd is quite different from that. Half of those who aspire to go into primary care are women, or men with young kids, and to them that’s not the way it is. You really aspire to work eight hours and to be off 18, or at least 12. Well, primary care does not lend itself to that kind of day for its practitioners. So today it’s not the same as it was when Ed Beddingfield was in Stantonburg, but in some ways it is the same, and we are having difficulty recruiting young men and women into it, because of the demands of the practice and the fact that the practice has to be thought about 24 hours a day. Somebody’s got to worry about it. Because people call on the practice 24 hours a day. But the young doctor doesn’t want to do that, so you’ve got to set up some administrative mechanism, some organizational entity, that will take that load, and then you’ve got to get the clinical load divided up in eight-hour shifts. So in a way the problem is more complex now, because the demands on the practitioner—or on the practice—are more complex. The practitioner now doesn’t have anything to do with business. That’s somebody else’s job. If the practitioner was handling it all, it would be intolerably complex now. Because he would worry about the business, the schedules, the new partners, who’s working where, what the equipment is in that place. If the practitioner were to embrace all that into his activity, he couldn’t do it. So we must learn how to do that. Our large medical centers are failing miserably. Because they don’t know how to do it.



President Clinton hears about the problems confronting rural hospitals. To Bernstein’s left is Montgomery County Hospital Administrator Kerry Hensley.

"Now Jim knew that. His passing is a tremendous loss because people trusted Jim, that he knew what he was talking about. Jim understood the problems I'm relating. But very few others do. Deans think they know. They may think they've got a good primary care service, because it takes care of the poor in their community. But does it take care of the well-to-do in the community? Let's ask that question. Because it doesn't take care of them either; it doesn't answer their basic question, which is 'Who am I going to go to at 12 o'clock at night?' And that's their basic responsibility if they take over primary care.

"Jim did not necessarily come across as a person with great strength. Meeting him the first time, you wouldn't figure that Jim had fiber that was not visible. His staff knew it. And his staff knew that you didn't rile Jim. You got Jim mad and you caught hell. He would lay in to people, read them the riot act. They all understood that it was not a pleasant experience. I never saw it, but they told me. See, I would get in the car with one of his senior staff people, and we would go to some community for two days, drive there and back in the car, and during that time, a lot of things would come up. Or you're there eating dinner and having a beer after dinner, so things come up."

You were one of his senior staff in a sense.

"Exactly."

Going out and doing the legwork?

"Not that Jim was unwilling to go, and he did go if he was needed."

**B**esides directing the Office of Rural Health, Jim became President of the Foundation for Alternative Health Programs in 1982. It was a non-profit, non-governmental body that could accept grants from private foundations, and its first task was to bring health maintenance organizations and other managed care schemes to North Carolina. In the late 1970s and early 1980s, the overriding concern in North Carolina and around the country was control of healthcare costs, and HMOs were seen as an effective solution. The Foundation was successful in bringing in the Kaiser Health Plan, although after 15 years Kaiser folded its North Carolina tent and left the state. Later on, the Foundation changed its name to the Foundation for Advanced Health Programs. "Alternative" had, in the interim, taken on an entirely different meaning in terms of healthcare; but the program of the Foundation had also morphed over the years from a focus on managed care programs toward more general issues in medical care. Two of the Foundation's board members are Jerry Plemmons and Don Patterson. I asked Jerry, who has been on the board since sometime in the late 1980s, what the business at hand was when he became a member.

"Access, I think, and Medicaid. But the interesting thing about those meetings was seeing how Jim's mind got around whatever issue came up and thinking about it differently. It was always interesting for me to watch and listen to him, because he was not one to be put off by barriers. He would always see them as a challenge and an opportunity to figure out a different way."

Well, then, I asked him, what was the nature of the interaction between Jim and the board in those meetings? Was he using the

board to learn or was he trying to convince the board.

"I think it was an equal kind of thing. It was an open brainstorming time, when an issue would be thrown out and anybody who had any thoughts or ideas or had seen anything similar or had run into anything that might be a problem with it, they would share that, and Jim would absorb it, of course, and then come back at the next meeting and say, 'Now here's what I've done.'

"I remember another thing that Jim got me into in 1993. The Clinton Administration was having a national conference in Little Rock on the Clinton health plan. And the Jackson Hole Group was there. And each state had two representatives. This was focused on rural healthcare. Dr. [Tom] Ricketts from Chapel Hill was there, too."

Jerry, you and Linda seem to agree from your own observations of the Hot Springs Health Program and its history that five years is about the time for a program administrator before burn-out sets in. But I want to remind you that Jim Bernstein was in that position for 30 years. And you, Jerry, made the point about how often he returned your phone calls in 30 or 45 minutes and was at every groundbreaking and so on. I guess my question for you is how do you explain that he didn't burn-out in five or even 15 years?

"I think he was a missionary," said Plemmons. "I think he realized that this was his calling. That's the only way I can explain it. Also, he had developed a heck of a support network. I mean, he knew people everywhere doing everything. And he wasn't at all shy about calling on them. Also, I think that Jim's survival under so many administrations speaks to his professionalism."

Don Patterson, a retired IBM executive and another member of the Foundation board, met Jim after IBM "loaned" him for a year to work for Governor Hunt. During this time he managed personnel administration, which included benefits, and other matters. It was also during Don's year in state government that the legislature started the Foundation, which at the beginning had a board that was appointed by various office-holders, including the Governor. And Governor Hunt appointed Don Patterson to the Foundation board in 1983. Patterson was also a neighbor of the Bernsteins in Chapel Hill, so their relationship became social and personal as well as professional.

"You know," said Patterson, "Jim didn't say a whole lot in those meetings, but when he said something, it was kind of like that old ad you'd see on TV for that stockbroker: When so-and-so spoke, everybody listened. E.F. Hutton, wasn't it? And that's the way Jim was. When he spoke, you knew that what he was saying was the way it would come out; that's what would happen. He didn't want to take a lot of chances. He wanted to make sure that everything was honestly done, and that's why I say he was one of the most ethical persons I ever knew. He did not want to have to report back to one of the foundations that we blew some of their money. It's just marvelous what he's done for this state when you stop and think about it. And not only this state. You go around the country to some of the rural areas ... and see how they've patterned themselves after what Jim started here. We'd go to meetings. I remember one time we were down in Boca Raton ... the meeting was about rural health, and they knew I was from North Carolina, and I bet you that nearly

everybody said, 'Well, do you know Jim Bernstein?' 'Yes, he's here with us, at this meeting.' 'Oh, I've got to meet him,' they'd say. 'I've never seen so much that he's had a part in starting up.' And I'd say, 'Well come on, I'll introduce you.' You'd think they were meeting the President of the United States or something. That's just the kind of guy he was. He wanted to do everything right. He was willing to take chances, but he wasn't the kind of person who would take risks. He wanted to be sure it was right. It was, 'I don't know if this is going to work, and if it doesn't work we've wasted a lot of money that really isn't ours.' You know, we're up to almost \$5 million in our budget now. That's what we distribute out through the state programs now, working with Tork Wade and the Office of Rural Health.

"When I think about Jim, the more I worked with him and saw what he was doing, he just had a knack for picking good people. Really good people. He wasn't a very formal guy. You know, he didn't know a lot about their resume or anything, but he could work with them for a little bit and know that they were going to be a good person and a good worker. He has surrounded himself with a lot of good people. Tork Wade is a good example, and Burnie Patterson. A bunch of those folks, are just good people. And another thing: Jim had no ego. As much as he'd done for this state, he could probably have developed an ego, but he just didn't. He'd say, 'It's part of the job. This is what they hired me to do.' And you never heard him brag about anything. But when you looked carefully at what had been done, you saw that he was the leader, he was the catalyst. But it was never an ego thing. That's what I admired about him."

Tork Wade also reflected on the Bernstein style: "As we got bigger Jim became more Raleigh-based, and it changed the amount that he was engaged with the rest of us on a day-to-day basis. And he delegated to either Burnie or myself a lot of the key operations. He'd do his own thing. He'd take a special interest in hospitals or something like that. And while he was doing hospitals, we were doing health centers. I had a special relationship with Jim, personal, too; it wasn't just work; and Burnie did, as well. So during all that time, we'd have a regular interaction every day during the day. And even at the end, after Jim left here to become Assistant Secretary, he and I talked several times every day. And we got together every day. I think that just the way we had worked for 30 years continued. It was fun. He was so engaging, and full of ideas, and enthusiasm, and laughter. It got so that I knew what he was going to say even before he said it. And the same with me. I didn't have to ask Jim how should we start, because I knew what he would say."

Nan Rideout says, "Jim was the one person we always thought would be there. Part of the esprit in the staff was the feeling of family that he was responsible for. We could always count on him being there for our personal problems and our family problems. And as a result, we thought he always would be there. He was always sensitive to his friends and needs of people in his sphere, but he was equally sensitive in terms of values to the disadvantaged. That was his primary focus, and that communicated a lot.

"Jim would talk with all of us on the staff, but in different ways. Once he told me, 'Burnie is the only one I can tell what I really think.' I think he also valued Tork a lot, because he was always steady, calm. And the women, Gail and I, were the ones who argued with him. He didn't like it, but we knew him and loved him and trusted him enough so that we could get away with it. It was successful so we kept doing it. But we always felt tremendous loyalty to him."

What about office intrigue? I asked Tork. As the staff grew, there must have been some tension.

"You know, we were so busy we didn't have time for any office intrigue, worrying about who was getting ahead of the next person. There were a few people who didn't fit in well. If you were someone who needed a lot of direction, you were up the creek. If you were young and you tagged along with someone that would be fine. But if you came in and were expected to carry your own weight and yet expected to get a lot of feedback ... Jim wasn't a person who gave feedback very readily. You'd know if he was mad. But if you were doing a great job you'd hear that from someone else. It would be rare for Jim to say anything. And if he did, it was usually because he had another motive. The people that needed a pat on the back would be unhappy."

I asked Glenn Wilson why he thought Jim took the job as Assistant Secretary.

"Well, he thought for several weeks that he wanted to be Secretary. And we talked about that. I called Bill Friday to intervene on his behalf. The interview, according to Jim, went poorly. He answered all the questions directly. He came back and said, 'I blew it.' And he quickly realized that he didn't want the job."

Well, I don't see Jim as a politician, and when you get that high, you're a politician.

"No, and that's what he understood from the interview."

Why do you think he wanted to be Secretary?

"He wanted to fix things. Now Jim's naiveté was part of his charm."

He did, however, become Assistant Secretary.

"The reason Jim took that job, I think," said Tork Wade "is that Carmen [Hooker Odom] is very, very persuasive, and Jim liked Carmen. She convinced Jim to take the job. While Jim loved working with Carmen, assuming responsibility for large chunks of the health bureaucracy wasn't a great fit for what Jim did best. What Jim liked best and what he did better than anyone else I've known, was working with community and health leaders designing and implementing innovative solutions to difficult health issues. As Assistant Secretary for Health, too much of his time was spent dealing with the demands of a large bureaucracy. I think that was one reason that he elected to retire when he did."

But Carmen has had a hard time, with the budget cuts and all.

"And it was good that she was Secretary during that time because she has no problem making hard decisions."

When she had to make cuts, do you think she cut the right things?

"That's where Jim was particularly helpful. Because of the breadth of his knowledge about so many programs, he could

help her make the best decisions. I have a lot of respect for the job she did during very difficult times.”

Was Jim working harder in that job than when he was here?

“No ... Jim always worked hard. But he didn't have the passion. He was doing stuff that we were doing out of here—like Medicaid. He still kept his finger in that, and that was fun. But a lot of it wasn't. You know, maybe I need help getting this job through personnel, that kind of stuff. And he'd help Leah Devlin, or he'd help me and other groups. And then he'd have to go give speeches for Carmen. So he'd have to go talk to a group that he had no idea about and had no interest in. He didn't have any problem relating to them because he could always relate to anyone, but it was something that was painful. I was happy when he retired. Happy for him.”

After he retired, when did you notice that he was sick?

“Even before he retired he was complaining of stomach problems. And trouble swallowing.”

So he never really had a retirement that was a peaceful one?

“I think he felt alright in the fall, but that was really the last time.”

“We're going to miss him,” says Don Patterson. “He's done so many things, and I hope we can keep his name on the forefront for a long time. We need to help people remember who he was, because I don't want anybody to forget about him. He was too super a person—a great asset to this state—and a great friend, to tell the truth.”

You put your finger on something right then, Don. Because in addition to what Jim did in his work and how he worked and chose his staff and the other things you've been talking about, one of his outstanding attributes was as a friend. And we

mustn't say that lightly. He would be as concerned about your personal life. And it wasn't like a good boss asking, “How's your family?” It went way beyond that. I've never, ever seen anything like it.

“Well, that's right. My first wife died in '79. She had a brain tumor. And then my present wife had ovarian cancer in '98. And Jim called me about every other day, wanted to know how things were going. Said, “What can I do for you?” I mean he was very concerned all the time. That's just the kind of person he was, concerned for other people, never put himself ahead of anybody. He was a true friend, the kind you needed. And he's raised a beautiful family. Those kids are super kids. And when he decided, look, I'm going to die and there is nothing they can do for me—I think his mother went through a lot with cancer. Anyway, I asked him, ‘Jim, are you going to do any more treatment?’ And he said, ‘No, the kids are going to come home every other weekend to see me.’ Because he would rather have a good quality of life with them. And except for his physical limitations because of his disease, I'd say he had a pretty good quality of life up until the day he died, almost.

“And at our board meetings I sometimes catch myself saying ‘Now wait a minute, how would Jim solve this one.’ Because I had so much respect for his ability to lead the Foundation and do the right things, and I feel obligated to keep doing it the way he would do it. That's out of respect for him and our friendship.” **NCMedJ**

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