

### William "Bill" V. Corr

By 1974, there were many rural communities and urban neighborhoods that had taken into their own hands the responsibility for delivering primary health care services. They had no choice, because they had few, if any, health personnel. Each faced similar practical and political obstacles; but they were tackling them independently.

In February 1974, I had the good fortune to move to Clairfield, in Claiborne County, to become the Executive Director of United Health Services of Kentucky and Tennessee, an organization of four private, nonprofit primary health care centers. Mountainous geography and sparse population dictated that the four centers be staffed by one full-time family practitioner, one part-time clinical pharmacist and four nurse practitioners or physician assistants.

United Health Services, like many other rural clinics, met a desperate need for primary health care services, and broke all the applicable laws doing it—the Medical, Nursing, Pharmacy and Laboratory Practice Acts. As I traveled across the state, talking with rural and urban center leaders, it became increasingly clear that we shared the same challenges. If the centers were to survive, state and local elected officials had to rebuff established political interests and change regulatory laws, reimbursement rules, Medicaid and private insurance coverage and public health department programs and practices to accommodate us.

The task appeared to be, and was, daunting, unless we organized ourselves and forced the regulatory agencies and politicians to acknowledge that we were the only source of health care for thousands of people. By 1976, adverse regulatory action by the Board of Pharmacy galvanized our commitment and precipitated a series of organizational meetings across the state. The Association was soon launched under the leadership of Caryl Carpenter. Unfortunately for me, I missed the first annual meeting as I left Tennessee only months before to become Counsel for the U.S. House of Representatives Subcommittee on Health and the Environment.

Associations are common today; but in 1976 we thought our future depended on the creation of a strong voice for change. Scores of community and professional leaders, including Caryl Carpenter, Susan Smith and Irwin Venick, shared a common vision and turned it into reality. Now, 25 years later, the Association continues to be a force for improved health care. Words can not adequately capture the enormous pride I feel to have been a part of its founding or the honor I carry because you make an annual award in my name.

### Caryl E. Carpenter

I was involved in the meetings that lead to the founding of the Tennessee Primary Care Association and served as the Association's first president. Of course, in those days we were called the Tennessee Association of Primary Health Care Centers. We had a lengthy debate about what to name this new organization. At that time, we thought it was too presumptuous to call ourselves the Primary Care Association because almost all of the founding members came from federally-funded health centers. We clearly did not represent the breadth of primary care providers in Tennessee. I was pleased to learn that many years later the name was changed to TPCA. I believe the important primary care issues in any state involve many different types of providers.

Before the Association was officially incorporated, there were organizational meetings in East, Middle and West Tennessee. The issue that brought us together was a conflict between some of the rural centers (staffed by nurse practitioners or physician's assistants) and the Board of Pharmacy. I believe the Pharmacy Board had actually shut down a clinic in Washburn (perhaps temporarily) over the issue of nurse practitioner prescribing practices. Most of the rural clinics did not employ pharmacists. Nurse practitioners and physician assistants were prescribing, and in some cases dispensing, under standing orders from physicians. The Board of Pharmacy took exception to this practice. The Pharmacy Board issue made it clear that the health centers needed a voice in Nashville that could represent our interests with regulatory boards as well as the state legislature.

I remember that about the same time we were organizing the Association, one of the National Health Service Corps physicians who

worked at Mountain Peoples Health Council in Huntsville, Bob Hartmann, was accidentally invited to a meeting of the Tennessee Academy of Family Practice. A small group of Academy members were meeting with Ned McWherter who was then Speaker of the House. The topic of conversation was the primary care centers. Bob decided to attend the meeting. He was the only person there who spoke up for the primary care centers, and that caught McWherter's attention. Bob's experience at that meeting reinforced our belief that the centers needed a voice in Nashville.

Probably the best decision we made in those early days was to hire Joan Sivley. Joan knew her way around Legislative Plaza and was well-regarded by a number of influential policy-makers in Nashville. Most of us who helped found the Association were very naïve about the political process in Nashville or Washington. Joan was a great teacher who helped us get the story of the health centers to the right people. She knew what people we needed to meet, she was a great advocate for the health centers, but perhaps most important, she helped us understand how people in Nashville viewed the health centers. She helped us appreciate the educational campaign the Association needed to launch if we were to be a successful advocacy organization.

I remember one time when Joan took several Association members to Legislative Plaza to speak with key legislators. While we were in the cafeteria, Joan dragged us over to talk with a man named Nelson. I believe he was the governor's liaison with the legislature. He was a real character who wore a brown, velvet tux and blue jeans to work. Our conversation with Nelson didn't amount to much; we may even have spent the whole time discussing the quality of cafeteria food. We wondered why Joan wanted us to meet Nelson, given the lack of substance in our brief talk with him. Joan later explained that she wanted everyone else to see us talking with Nelson, so they would assume we had the governor on our side!

In 1991, I was a Robert Wood Johnson Faculty Fellow at the Johns Hopkins School of Public Health. As part of that fellowship, I attended a meeting with people from the Robert Wood Johnson Foundation. One of the RWJ speakers was discussing the various projects the Foundation had funded on a demonstration basis. He frankly acknowledged that many projects do not survive once funding is over. I asked what were some of the characteristics of successful projects. He said the keys to success were 1) broad, local support, and 2) strong leadership. I then asked if he could name some of the projects that had these key characteristics. Much to my delight, he mentioned the Tennessee Primary Care Association. I felt very proud, even though he was talking about work that took place long after I left Tennessee. I was proud that we had the wisdom, with Bill Corr's encouragement, to create the Association, and proud that we had the wisdom to hire talented leaders like Joan Sivley and Jay Harrington.

When the Association told me that an award had been named after me, I was very flattered. Certainly the credit for the Association's success goes to Bill Corr for seeing the need for an association and then making it happen, and to the staff for building a viable organization on that foundation. At the time the Caryl E. Carpenter Award was first awarded, I was a faculty member at the University of Minnesota School of Public Health. I told my graduate students about the award, and one of them had a very insightful reaction. "That's great, Caryl. They named an award after you and you're not even dead!"

### Susan P. Smith

I moved to Tennessee, as a member of the National Health Service Corps, to establish a Primary Care Clinic in Grainger County, specifically Bean Station. Prior to the time that clinic was operational I had the very great pleasure of working with Jewell Kerr, NP in Washburn, which is also in Grainger County but in a narrow valley across the Clinch Mountain from Bean Station. Jewell Kerr ran the Primary Care Center there and provided a full range of primary care services, with a small laboratory and a limited pharmacy. One day, members of the Board of Pharmacy arrived for an inspection and indicated that they would close down the pharmacy. The onsite pharmacy was stocked with a few antibiotics and chronic medications, as there was no other pharmacy nearby.

In response to the threatened pharmacy closure in Washburn, and to several other impediments, Ray McElhane, the Director of the Cherokee Economic Authority in Morristown, and I concluded that Primary Care Centers needed an advocate. Ray McElhane contacted other parties involved in health care, including Bill Corr, and we met to gauge interest in forming an organization. Fortunately there was great interest and we immediately set another time to meet and formally organize the much-needed support for the Rural Clinics, our focus at the time. The first meeting brought together the luminaries of the effort, Caryl Carpenter and Irwin Venick.

As we can see today this effort expanded to include the full range of primary care service providers including urban centers, state and federally funded sites and private centers. Pharmacy issues, prescriptive authority, funding, third party reimbursement and other quality issues have been addressed, in large measure due to the efforts of the Association.

I'm proud to have been associated with the early efforts that lead to the great accomplishments of the organization that today supports the issues of primary health care throughout the State.

### **Irwin Venick**

My interest in community based primary care services was fostered during my law school experiences with the Vanderbilt Student Health Coalition. Many of the community residents with whom we worked developed community health centers in rural communities in East and West Tennessee. Upon graduation from law school, I began my career working as the Executive Director of a community based clinic (which had not been associated with the Student Health Coalition) in Nashville that is now known as United Neighborhood Health Services.

The need for joint action by community based primary care centers became apparent shortly after I became Executive Director of Cayce Clinic. Being nurse practitioner staffed, the positions taken by the Tennessee Medical Association and the Tennessee Board of Pharmacy threatened not only our existence but that of similarly situated centers throughout Tennessee.

One of the actions taken by the newly formed Tennessee Association of Primary Health Care Centers that I was privileged to represent as an attorney, was to challenge regulations promulgated by the Tennessee Board of Pharmacy, which would have made it impossible for nurse practitioners to issue prescriptions.

Through the efforts of the Tennessee Association of Primary Health Care Centers in cooperation with the Tennessee Nurses Association, the Tennessee Medical Association, the Tennessee Pharmaceutical Association and the Tennessee Department of Health, legislation was enacted establishing a framework to negotiate the issues arising from the operation of nurse practitioner/physician assistant staffed primary care centers.

Although times have changed, the challenges remain the same. The Tennessee Primary Care Association continues to promote the support of appropriate access to primary care services for all Tennesseans.

### **Charles E. Darling, Jr., MD**

My training led me to be an advocate for women's health. When I moved to Tennessee in 1972 to complete my residency, I found that good people lacked appropriate services. I arrived in East Tennessee in 1974 and became concerned. There was a lack of basic health information regarding contraception, abuse, health risks and access to care. There was a lack of regional resources for education of patients and their care providers; furthermore, there was a lack of definition of high-risk care. I thought that community life was interactive and that the community should be involved in the well being of all of its members.

I looked for a platform from which to work. Planned Parenthood Association of East Tennessee at that time was involved in 11 counties and was looking for a physician supporter. I became its Medical Director.

We became involved in writing extensive protocols for physician-supervised medical care by nurse practitioners and by a physician's assistant. Our physician's assistant had to move to North Carolina because the State of Tennessee refused to accept her. We opened a free colposcopy clinic and provided colposcopy services to people with an abnormal Pap

smear. It was difficult for physicians in our area to deny care to people with a biopsy report showing precancer; they could argue that people with an abnormal Pap smear used an inadequate laboratory. At its peak our organization supplied information, education and contraceptive methods as well as other types of counseling to more than 10,000 active clients. We accepted referrals from other organizations and became intertwined with the Mountain People's Health Clinics. Key members of our staff began to hold interactive meetings in Oak Ridge for patient management decisions and for political concerns. I came to know Caryl Carpenter and we started traveling to Nashville to meet with other people interested in primary care problems. The pharmacy issues also involved our organization and I can remember accenting the point by driving a legislator to Mountain Peoples' Stony Fork Clinic the back way over a chasm with a bridge that didn't have side rails. It remained important for me to educate people so that they would seek care before they are moribund.

The Tennessee Association for Primary Care Centers developed out of our meetings. I was delighted to serve on its board for a number of years but, basically, I do not manage organizational undertakings very well. I remain impressed that Joan Sivley was instrumental in our success in those years; her assistance may have included considerable personal sacrifice. My critical moment came when our Robert Woods Johnson Grant to the Appalachian Regional Council was about to run out and Jay Harrington was not sure it would be renewed. I offered to privately float the organization for two or three months while we sought other grant resources. My wife found out about this last year. Fortunately, that undertaking never became necessary.

I have re-joined the organization in the last few years as a private member. I am amazed to see what is being accomplished. In looking back, it seems that those of us who established the organization were idealistic and dismayed and we became angry. We were able to direct the energy of this anger into an effective organization. There are still many days when I feel dismayed and angry and try to work for a better tomorrow.

### **Jay Harrington**

#### What goes around comes around

I recently attended the grand opening of the Natchez Trace Birthing Center, which had been developed with support from the Association. After the official festivities were over the crowd surged to a long table filled to overflowing with food. I remembered Representative Paul Starnes's description of a similar event more than twenty years ago. In 1979 at the behest of the Association he had gathered a diverse group of health care officials together to visit several health centers in east Tennessee. He recalled that during the visit:

"We went to the primary care centers then stopped for lunch at the Baptist Church. When we got there the patients, and in some cases members of the Citizens Advisory Group, had brought in all this food. I've got pictures of the table. It was like an old family reunion or homecoming out in the country. I mean everyone had brought their favorite dish. These ladies would come up and say 'have you had some of this?' This is what I fixed. So we ate and ate and ate."

That day at the birthing center's grand opening I ate my way down the table encouraged by proud creators to sample the numerous dishes that had been prepared for the event. The pride the community members felt at accomplishing a goal that some had been working toward for more than ten years was moving to witness.

The whole day seemed to demonstrate a seamless connection between the Association's past and present. The Association has "been there and done that" and the real blessing is that it continues to "be there to do that".

In stating his opposition to the legislation proposed by the association to legalize prescribing by nurse practitioners Dr James Royal, President of the Tennessee Association of Family Practice Physicians said, "I wouldn't be surprised if state law were sought to legalize midwifery, which required many years to stamp out."

Seems like he knew that we were up to no good from the start.