

HISTORY OF THE BUNCOMBE COUNTY MEDICAL SOCIETY

GETTING STARTED 1885–1900

On January 22, 1885 the weekly *Asheville Citizen* carried the following notice:

Buncombe County Medical Association

Asheville, January 12, 1885

We, whose names are hereunto annexed, desirous of forming a society, (to be known as the Buncombe County Medical Society,) for mutual improvement, to elevate the profession and advance uniformity in practice and prices, pledge ourselves to meet at the Court House, in Asheville, at 10 o'clock a.m. January 26th, 1885. All regular practitioners of medicine will please attend.

James A. Burroughs	W.W. Clark	Wardlaw McGill
W. L. Hilliard	J. G. Hardy	John Hey Williams
M. L. Nelson	W. C. Brownson	John Watson
James M. Stevens		

This meeting of January 26, 1885, resulted in the formation of the present Buncombe County Medical Society. It received its charter from the state of North Carolina on January 4, 1886, and has remained in continuous operation since that time.

In the preceding twenty years there had been two previous attempts to establish a medical society in the county, but both had been short lived. In 1867 a county medical society had been formed with the pioneer physician, Dr. J. F. E. Hardy as president, but it met for only two years. A couple of years later, a second attempt with Dr. D. J. Cain as president and Dr. James Americus Reagan as vice-president met the same fate. The failure of these two early attempts can be ascribed to the small number of physicians in the area—eight in 1883—and possibly to the economic and social stresses peculiar to the difficult Reconstruction period.

In the decade 1880 to 1890, Asheville experienced prodigious growth. In 1883 Asheville received its charter as a city, and the population increased from 2,610 in the 1880 census to 10,235 in 1890. During that period the number of Asheville physicians rose from seven to twenty-nine. The increased number of physicians no doubt explains the success of the effort in 1885 that resulted in the formation of the present society.

Information concerning the early days of the Buncombe County Medical Society is sparse. The little that we do know comes from reports published in *Transactions of the State Medical Society of North Carolina* of those years. Additional insights are found in the biographies of some of the early physicians. Another source has been some accounts and recollections of past members, some of whom could recall or had knowledge of events as far back as the early 1900's. Details of the society's activities in its earlier

years cannot be supplied, because the minutes from the meetings before the year 1920 are missing and presumably lost.

An account of a memorable meeting of the society is contained in the January 2, 1900 issue of *The Asheville Citizen*. If this meeting is any indication, one may conclude that the meetings were quite convivial.

On the evening of January 1st, 1900 the Buncombe County Medical Society celebrated with a gala banquet at the magnificent Battery Park Hotel with Asheville's 40 physicians and male guests in attendance.

They dined well in those days.

MENU

Manhattans
Canapés of Tomato Paste
Blue Points
Horseradish
Bisque of Partridge
Stuffed Olives ~ Celery ~ Salted Nuts
Devillee Fresh Lobster in Shell
Terrapin Maryland Style
Saratoga Chips
Claret Cup
Breast of Turkey Cingue Cipriati
Mashed Potatoes ~ Green Peas en Crouete
Frozen Tom & Jerry
Broiled Quail on Toast
Lettuce ~ Julienne Potatoes ~ Currant Jelly
Crème Neapolitan
Sliced Pineapple au Sherty ~ Assorted Fancy Cakes
Roquefort Cheese ~ Toasted Crackers and Nuts
Crystallized Ginger Raisins
Cigars ~ Coffee ~ Cigarettes

There were numerous toasts that night, followed a flowery address typical of that period by the outgoing president, Dr. L.B. McBrayer. In his address entitled "Heroes," Dr. McBrayer concluded with a tribute to those present, stating that "it seems to me that the true physician is the only type of hero worthy of the definition of the word as given in pagan mythology: an illustrious person, mortal indeed, but supposed by the populace to partake of immortality, and after death to be placed among the gods."

It is quite possible that Asheville's physicians' self-esteem reached its zenith that happy evening.

The mood was balanced somewhat by a satirical poem by Dr. A.M. Ballard, cleverly lampooning those present. The amusing and revealing word portraits were later preserved in a publication illustrated with cartoon caricatures of the members present that evening. A copy of the interesting little volume is on file in Pack Memorial Library.

Medical Societies: Local, State and Regional

Asheville physicians of the closing years of the nineteenth century exhibited a remarkable proclivity for joining medical societies and for founding new ones. Perhaps their relative isolation in the mountain area created a greater-than-usual desire for contact with fellow professionals.

Asheville physicians for years played dominant roles in the Medical Society of the State of North Carolina, the predecessor of the present state society. Established in 1843, the Medical Society of the State of North Carolina was open to all qualified white physicians in the state. The annual publication, *Transactions of the Medical Society of the State of North Carolina*, provides an excellent insight into the status of medicine of the period and makes for interesting reading. The primary purpose of the society, however, was the policing of medical practice in the state and the exposure of charlatans and unqualified practitioners. A particularly valuable function was its sponsoring of all the legislation regulating medical practice in those days.

In 1903, to conform with the organization of the state societies as members of the American Medical Association, the Medical Society of the State of North Carolina was reorganized to become the present N.C. State Medical Society composed of county medical societies throughout the state. Dr. Marshall Hall Fletcher of Asheville headed the committee that drafted the constitution of the new state society.

The Buncombe County Medical Society was the first of the county societies to be chartered by the new state organization, and Asheville's Dr. H. Bascom Weaver was elected its first president. For the first fifteen years of the new state society, the Buncombe County Medical Society had the largest membership of all the one hundred member county societies.

The first annual meeting of the N.C. State Medical Society was held in Warm Springs (now Hot Springs), N.C., with the Buncombe County Society as host. The program, as one might expect, consisted of a symposium on tuberculosis with Asheville's specialists in that field as the principle speakers.

Asheville physicians showed phenomenal zeal for organizing medical societies. Dr. J.M. Burroughs was largely responsible for the founding of the Tri-State Medical Society, which embraced North Carolina, South Carolina, and Georgia. Asheville's famed tuberculosis specialist, Dr. Charles L. Minor, went a step further, proposing and eventually succeeding in founding the Southern Medical Association, encompassing the entire South.

At home local physicians organized the 10th District Medical Society to include the westernmost counties of the state. Meetings of the 10th District Medical Society, often two-day affairs, were well attended and complete with scientific sessions, social events, golf tournaments, and the traditional banquet the final night. These gatherings provided a pleasant way for the physicians of the area and their wives to get to know one another. They also provided an opportunity for the Asheville physicians to present papers and display their expertise, the only form of advertising permitted in those days. At one time the society also sponsored two-day sessions of continuing medical education for primary care physicians. Presentations by Asheville specialists and invited speakers were usually in the form of updates in various fields.

In later years, as physicians became more specialized, interest in such gatherings gradually waned. In 1963 the 10th District Medical Society voted to disband because of the poor attendance at the biennial sessions.

The Buncombe County Medical Society

Medical Society Meetings

In the earliest days the county society members convened twice a month at the home of one of the members. By the end of the century, with more than forty physicians in Asheville alone, this arrangement apparently became somewhat awkward. However, records reveal that as late as 1900 Dr. J. M. Burroughs continued his tradition of entertaining the society each December at dinner at his spacious home at North Main (now Broadway) and Woodfin Streets. The Asheville City Directory of 1899 states that the county medical society met the first and third Monday evenings of the month at the old City Hall, which then formed the east end of the town square.

In the earliest available minutes, from the 1920's, the business meetings were followed by a scientific session in which members or invited speakers presented scientific papers. These presentations took various forms. Many were formal papers on medical topics of current interest intended to inform the membership of the latest developments in various fields. Others were presentations of particularly unusual or puzzling cases. On numerous occasions visiting celebrities and academics were invited to address the society.

The scientific session of each meeting served not only as a form of continuing education but tended to stimulate an academic and highly professional atmosphere within the group. A scientific presentation remained a feature of the society's meeting for seventy years. Not until 1955 was the schedule of the scientific programs reduced, along with other changes made necessary by the increasing size and diversity of the society.

For many years the society had difficulty finding a suitable meeting place. Various locations were tried: the Masonic Temple, the Chamber of Commerce, the Presbyterian Church, and at one time a room over Goode's Drug Store on Patton Avenue.

Beginning in 1928, the society met in the newly constructed City Building. It was displaced when the government took over the building during World War II, but

It returned soon thereafter. In the 1950's, with the influx of physicians following the war, the society outgrew the allotted space in the City Building and moved to a room on an upper floor of the courthouse next door. In that poorly ventilated room the speaker of the evening and his ever-present lantern slides were often obscured by the dense cloud of smoke from the members' cigarettes.

During the course of each year, the society met regularly as guests of various organizations. Dinner meetings at Appalachian Hall and at the Oteen VA Hospital were annual occasions with scientific presentations by the staff of the host organizations. A feature of each summer was the annual picnic on the Biltmore Estate hosted by the Biltmore Dairy. The latter outing began in the days when a committee of the society, the Certified Milk Committee, supervised the quality of milk sold in the county. All these pleasant gatherings were eventually abandoned as the doctors had less and less time available for meetings.

After the consolidation of the Asheville hospitals in 1950, the medical society meetings were held in the library on the grounds of Victoria Hospital, a building since razed to make way for the expansion of Memorial Mission Hospital.

In the 1960's the quarterly dinner meetings of the society were held in the cafeteria of Memorial Mission Hospital. Still later, as the society grew in size, the larger dining facilities of downtown hotels were needed for the annual meetings.

On the social side, the early society held annual New Year's banquets for male members and their male guests. By the 1920's these all-male banquets were replaced by formal dinner dances, an annual feature of the Christmas social season. They were held first at one of the hotel ballrooms and later at the Biltmore Forest Country Club or the Grove Park Inn. These were gala, black-tie affairs and were well attended. The Alliance of the Buncombe County Medical Society continues to hold yearly picnics to welcome new members. Annual ski trips for members of the Buncombe County Medical Society are an innovation of recent years.

Schedule of Meetings

For its first sixty years, the society held regularly scheduled meetings twice monthly.

By the 1940's the number of meetings had become burdensome. In addition to the bi-monthly county society meetings, the members had to attend numerous other meetings. Each of the three of local hospitals held a monthly staff meeting at which attendance was mandatory for physicians on the active staff. In addition there were meetings of the various state, regional, and specialty societies in which many Asheville physicians held office and numerous committee meetings connected with all these organizations. Many physicians held positions of leadership in local church and civic organizations, involving still more meetings each month.

Finally in a now-famous presidential address before the society in 1942, Dr. Arthur Ambler proposed that the Buncombe County Medical Society change its meeting schedule to once a month. The hard-pressed physicians agreed to the change without a dissenting vote.

The society met monthly until the late 1950's. As the political and economic issues of those years began to occupy the time and attention of the medical society, the business portion of the meetings entailed increasingly long and spirited discussions of the principal issue of that day, the imminent danger of "socialized medicine." The business portion of the meetings became so lengthy that little time was left for the scheduled scientific program. This unsatisfactory, frustrating situation led to the decision in 1955 to discontinue the scientific portion of the meetings. Scientific presentations thereafter were reserved for quarterly meetings and special endowed lectureships such as the Julian A. Moore Memorial and the Samuel Crow Memorial lectures. The end of a seventy-year old tradition marked the beginning of an era in which the Buncombe County Medical Society would concern itself almost entirely with economic and political matters.

The Operation and Organizational Structure of the Society

From its inception the Buncombe County Medical Society was organized along the lines of a social club with a set of elected officers consisting of a president, vice-president, and secretary-treasurer. The society's business was transacted in the open meetings, with most of the detailed work being done by standing and ad hoc committees.

This format served for seventy years or so, but by the mid-1950's change became necessary. As the society grew, it eventually became impossible to deal with increasingly complex problems during the scheduled open meetings.

In his 1957 inaugural address to the Society, Dr. Don Printz proposed that the society meet quarterly rather than monthly. The quarterly meetings were to be dinner meetings preceded by a social hour, and one of the quarterly meetings every year would contain a scientific program. The new plan called for a Board of Directors who would meet with the elected officers once a month and be responsible for the day-to-day business of the society. A monthly newsletter would keep the members informed, and the society could vote on important issues at the quarterly meetings. The society accepted with enthusiasm, and it was put into effect the following year. The system worked quite well for the next thirty years.

By the end of the 1980's, however, as the society grew in size and the scope and activities of the society became increasingly complex, the management of the organization became too much for busy practitioners, however able and dedicated, to manage. Professional help became necessary. An executive director and an office staff were hired. Not long thereafter, a final step, incorporation, became necessary for the operation of the ever-increasing responsibilities assumed by the society.

The events and activities of the society in the final years of the century are constitute a story of its own. They are related in a separate chapter because they represent the most significant and most productive period in the society's entire 185-year history.

The Buncombe County Medical Society: 1920–1960

Extracted from the Meetings of the Society

The minutes of the meetings of the Buncombe County Medical Society that have been preserved and are on file in the Society's office cover the years 1922 to 1960. They contain many items of historical significance as well as items that dramatically illustrate the contrast between the society of earlier days and the society as it exists at the end of the twentieth century.

The 1920's

1922: Members of the society numbered ninety-four. (In listing numbers of active members, the records do not indicate how many members were Asheville physicians, how many were from surrounding communities, and, later, how many were physicians on the staff of the Oteen VA Hospital or of the WNC Tuberculosis Sanitarium.)

Meetings were held at the Masonic Temple.

1923: In the year-end treasurer's report, Dr. A.P. Toole reported expenses for the year:

Post cards	\$ 37.50
Funeral flowers	40.00
Sundries	16.54
Janitorial & secretarial services	<u>123.00</u>
Total	\$217.04

The treasurer, noting that the current dues of \$2.00 per year were insufficient to support these increased expenditures, recommended that annual dues be increased to \$3.00 a year. The motion was defeated.

1925: Three members were expelled from the society for illegal prescription of narcotics.

1926: With 119 members, the society began meeting in the City Hall. On a motion by Dr. J. LaBruce Ward, the local “colored physicians” were invited to attend the society meetings as guests.

1928: The local economy had slumped even before the advent of the nationwide Great Depression. With many local citizens losing their jobs, the society established a walk-in free medical clinic for persons unable to afford medical care.

The Asheville Medical Library Association was formed with Dr. Julian A. Moore as president.

The 1930's

1930: Membership totaled 115 active and 10 honorary members. Annual dues of \$3.00 a year were sufficient to cover the year's expenditures of \$386.96. The Society's one employee, a part-time secretary, was paid \$150 a year.

Dr. Sprinza Weizenblatt, was admitted as the first woman member of the Society. (Three additional woman physicians, Mary Frances Shuford, Irma Henderdon Smathers, and Ethel Brownsberger, were elected to membership three years later.)

The society passed a resolution calling for the resignation of the city and county government officials, charging them with dereliction of their duties and malfeasance. (One city official was sentenced to prison.)

The annual week-long, free Cancer Detection Clinic headed by Dr. Craddock examined 207 patients, 16 of whom were discovered to have a malignancy.

1932: Alarmed at the diminishing number of patients seeking health care in Asheville, the BCMS in conjunction with the Chamber of Commerce began publication of “Mountain Health Care,” a brochure promoting Asheville as a health resort. The society went on record as opposing the establishment by the state of the WNC Tuberculosis Sanitarium in Black Mountain.

The BCMS went on record as being in favor of “legal birth control methods,” the first organized medical organization in the state to take this stand. In another resolution the society voiced its opposition to Weaverville College merging with Brevard College and moving to Brevard. (This was undoubtedly in deference to Dr. James Americus Reagan who had founded Weaverville College.)

1933: A motion to establish a schedule of medical and surgical fees was defeated. Four members were expelled for nonpayment of dues, reducing the membership to 110 active members.

The society recorded without comment a communication from the N.C. State Nurses Association requesting a wage increase from \$4.00 to \$7.00 a day for twelve-hour shifts.

As the economic depression deepened, the Buncombe County Medical Relief Committee was established in an attempt to organize medical care for the indigent. The effort received overwhelming

support from the physicians in the society with more than 90% agreeing to care for needy patients on request.

With 114 members in 1934, the BCMS remained the largest county medical society in North Carolina.

In an agreement with the county society, the Biltmore Dairy agreed to continue to offer certified milk at 18 cents per quart.

Dr. Arthur Ambler demonstrated a new closed anesthesia machine using a CO₂ absorption device he had developed in conjunction with Dr. Brian Sword.

Dr. F. Webb Griffith, general surgeon, reported the results in treating 964 fractures of the upper extremity during his twenty-two years of practice in Asheville.

Dr. John T. Saunders, Asheville's first orthopedic surgeon, was admitted to membership.

1935: Dr. Paul Ringer proposed that the BCMS assume ownership and operation of the Asheville Medical Library Association. Renamed the Buncombe County Medical Society Library, it would be maintained and the salary of a librarian would be met by assessing each Society member \$15 a year. The proposal was adopted. Located in the Arcade Building, the library subscribed to sixty-three journals each year. Later that year the library joined the library exchange, providing local physicians access to the larger libraries in the teaching centers.

1937: The society began its own publication, *The Buncombe County Medical Society Bulletin*. The *Bulletin*, published monthly, published many of the papers presented by members in the scientific portion of the bi-monthly meetings, together with biographical sketches of society members, news items concerning members, and occasional amusing anecdotes. The first editor was the secretary of the society, Dr. George L. Kutscher.

In his annual report the secretary listed the members certified in their specialties at that time: two ENT specialists, Drs. Joseph Green and C.C. Swann; one radiologist, Dr. G. Westbrook Murphy; one internist, Dr. C. Hartwell Cocke; one general surgeon, Dr. F. Webb Griffith; one anesthesiologist, Dr. Arthur Ambler; and "all the pediatricians."

1938: The number of blood transfusions being given justified the establishment of a roster of donors, listed by blood types and available on call.

1939: The former St. Joseph's Tuberculosis Sanitarium began operation as a general hospital, although the top floor continued to be used for tuberculosis patients. On his visit to dedicate the Smoky Mountain National Park, President Franklin D. Roosevelt visited the St. Joseph's Hospital where his former secretary was being treated for tuberculosis by Dr. Bernard Smith.

A committee of the Society reported on the deplorable lack of adequate facilities for care of Asheville's black population. The city's 14,225 "Negroes" represented one third of the City's population. Mission Hospital was the only local hospital that admitted black patients, providing nine beds for black women, nine beds for black men, and three beds for black children.

Black physicians who were not eligible for membership in the Buncombe County Medical Society declined the invitation to attend meetings.

The 1940's

During the momentous decade of the 1940's, Asheville physicians dealt with the problems of a nation at war and, later, with a local epidemic of poliomyelitis.

1940: At year's end, the report of the secretary-treasurer revealed that the membership stood at 130, including seventeen honorary and four associate members. Of the twenty-three regular meetings, four had been dinner meetings. The scientific programs included twelve papers by members that had been published or submitted for publication in the monthly *Bulletin of the Buncombe County Medical Society*. In addition, eleven case reports had been presented by members. Seven guest speakers had addressed the Society on medical topics.

The society's expenditures for the year amounted to \$1,244.33. Members' dues had increased from \$13.00 to \$25.00, the additional amount being used for the support of the medical library now maintained by the society.

The only business of significance during the year concerned the propriety of a fee schedule contained in an employee medical benefit plan proposed by the Enka Corporation. A contract with a set fee schedule was a new experience for the local physicians, many of whom objected to the precedent of a corporation dictating medical fees.

1941: The year began with the incoming president, Dr. Arthur Ambler, making three proposals of historic significance: (1) that the society begin at once on a plan to replace the existing fragmented hospital arrangement with a single large community hospital adequate for the community, (2) that hospital facilities be provided for Asheville's disgracefully underserved black population, and (3) that meetings of the BCMS be reduced to one each month. All three proposals were enthusiastically endorsed by the society. Committees at once began to obtain community support and to formulate plans for a black hospital and for a unified community hospital.

Other business of note during the year included a second invitation to black physicians to attend meetings of the BCMS. At the urging of Asheville's leading black physician, Dr. John W. Walker, black physicians began to attend. They were not, however, offered membership status.

Opposition to a mandated fee schedule again arose in connection with a proposed hospital care insurance policy. The society voted to approve such a policy, which was to be offered only to families with annual incomes of \$3,000 or less.

1942: With 30% of Asheville's physicians called into the armed services, the society had only seventy active members. Despite the resulting strain on the remaining physicians, the society passed a resolution introduced by Dr. Julian Moore to discourage "any outside physicians" coming to Asheville and assuming the practices of men away in the service of their country. The society also petitioned the North Carolina Board of Medical Examiners not to license any foreign refugee physicians. Before the end of the year, the War Department requisitioned three hundred more physicians from North Carolina, of whom Buncombe County was to supply twelve under age thirty-five.

A plasma bank began collection of plasma for the armed forces with Dr. G. Farrar Parker in charge. Physicians contributed their services to the national Blood for Britain program.

Dr. Mary Frances Shuford opened the Shuford Clinic for Negroes and requested the approval of the BCMS. The request was denied on the grounds that the society was not a certifying agency. At the insistence of Dr. Paul Ringer, however, the Society went on record as approving her efforts in providing health education for the black population of Asheville.

Publication of the *Bulletin of the Buncombe County Medical Society* was suspended for lack of articles contributed by members.

1943: With thirty-six members in the armed services, membership fell to sixty-seven active and twenty-two honorary members, necessitating an increase of \$10.00 in annual dues to allot \$1,000 annually to the upkeep of the medical library and \$150 per year for a part-time stenographer to type the minutes. Various administrative matters dominated the society's meetings, at which only four papers were read by members during the year.

The society celebrated the completion of the first phase of the consolidated hospital plan, the opening of the Colored Hospital located at the corner of Biltmore and Southside Avenues.

A group of physicians' wives organized a Ladies' Auxiliary of the Buncombe County Medical Society with Mrs. John Saunders (Thelma) as the first president.

The society entertained the staffs of Asheville's three armed service hospitals, the 33rd General Hospital and the Moore General Hospital at Oteen and the U.S. Navy Convalescent Hospital located on the previous Appalachian Hall property in Kenilworth.

The City Health Department opened a city clinic for welfare families. Three or four women physicians who had returned to practice to aid the war effort operated the Clinic.

1944: The membership in the Society continued to be depleted, with only seventy-two active members; thirty-three former members were in the armed services.

The society president, Dr. Kermit Brown, advised members of reports that after the war federal funds would be available to rebuild the nation's neglected civilian hospitals. He directed that the plans to modernize Asheville's hospital system, interrupted by the war effort, be renewed without delay so that Asheville would be ready to proceed when funds became available. An interim proposal to convert existing hospitals into specialty units (Biltmore Hospital: OB/GYN; Aston Park Hospital: orthopaedics, pediatrics, ENT; Mission Hospital: medical, surgical, urology; Colored Hospital: general; Orthopedic Hospital: convalescent orthopedic). The plan called for a single administration with one board of governors and one school of nurses for the entire complex of hospitals. (Although approved at the time by the BCMS, the proposal was unanimously vetoed by the various hospital boards and discarded in favor of a far better proposal to consolidate the hospitals as a step toward building a separate, large community hospital.)

The large number of nurses entering the armed forces created a severe shortage of hospital nurses. To counter this problem, the American Red Cross operated a highly successful program that trained local women volunteers and assigned them to hospitals and other facilities that lacked trained nursing personnel. A BCMS committee appointed to study the nursing problem advised that hospital nursing shifts should be reduced from twelve hours to eight hours and that the base salary be increased to \$150 per month to compete with federal hospitals.

Reports of increasing numbers of cases of poliomyelitis in the Southeast led the society to publish warnings to the public with recommendations as to preventive measures.

1945: During the year eleven former members returned from the armed services and resumed practice. Eighteen former members remained on active duty.

The Society approved Gov. Broughton's plan to improve the health status of North Carolina's citizens. Action by the state government was prompted by the alarming statistic that 55% of North Carolina draftees had been found unfit for military duty (compared with the national average of 29%).

The medical library was incorporated and subsequently operated as a separate entity.

The annual banquet and dinner dance was held at the Grove Park Inn at a cost of \$4.00 a person attending.

1946: Coincident with the rapid demobilization of the armed forces, all but three of the former members had returned from military service, swelling the roll of active members to 119.

Throughout the year much of the business of the society was devoted to discussion of the Wagner-Murray Bill before the U.S. Congress, violently opposed by organized medicine as the first step on the road to "socialized medicine." A major portion of the meetings was taken up by various resolutions, letters to senators and representatives, and public statements in opposition to the measure. Such intense lobbying succeeded in defeating the bill. Thereafter, at the constant urging of Dr. Westbrook Murphy, the society remained alert to the ever-present danger of government's entry into medicine, and the society became increasingly involved in matters of national politics.

Mr. Samuel R. Hunt resigned as administrator of Mission Hospital to become chairman of the first fund-raising drive for a new consolidated community hospital. The physicians were asked to pledge an initial \$30,000 to open the drive. The amount was oversubscribed at the initial meeting. A major setback was the announcement that the Asheville Normal School property, an ideal location for the new hospital, had been purchased by the Drs. Norburn and Dr. Logan Robertson, who planned to use the site for a private hospital.

The charge for the annual dinner dance held that year at the George Vanderbilt Hotel was increased to \$6.00 a person.

1947: With an infusion of new members (most of the veterans of World War II having completed an additional year of residency training), the number of active members reached an unprecedented high of 135. There were in addition twenty honorary members representing physicians of twenty-five years or more of membership. Papers delivered by members in the scientific portion of the meetings increased as new members tended to address the society on recent advances in their respective fields.

The society went on record as favoring the proposed merger of the Biltmore and Mission Hospitals as a necessary step in the formation of a single, adequate community general hospital. Much of the business of the society was taken up by discussions relative to the proposed new hospital and reports on the progress of the fund-raising campaign.

A request that physicians be listed by specialty in the telephone directory was denied on the grounds that it represented advertising and was considered unethical.

1948: Freshly trained new physicians continued to arrive, and the number of active members rose to 147, with twenty-three older members having earned honorary membership.

Dr. James Cherry, in his inaugural address as the Society's incoming president, urged the Society to support the admission of black physicians to membership in the North Carolina State Medical Society. (This request, four years in advance of the forced integration of the public schools, revealed an increasing awareness of the illegality and immorality of the various forms of racial discrimination prevalent in the South. Cherry's warnings foreshadowed the racial unrest soon to come. The Buncombe County Medical Society continued to favor admission of black physicians to the State Medical Society, a move that required another ten years to accomplish.)

During the year a Mental Health Clinic was started through the combined efforts of local psychiatrists and the County Health Officer, Dr. Margery Lord. The County Health Department also began offering free chest x-rays. (The technique, which consisted of a photograph of a fluoroscopic screen, was abandoned several years later because it was thought to contribute to an unacceptable degree of irradiation exposure.)

During the summer the area was hit by a major epidemic of poliomyelitis. Calling on the medical society for guidance, the city and county officials banned all public gatherings, including church services, quarantined children's camps in the area, and instituted measures to restrict social contact and discourage travel. The allocation of facilities and physicians for care of polio victims was the function of special committees consisting of pediatricians, internists, and orthopedists in cooperation with local health officers, civic leaders, and lay volunteers. Fall weather marked the end of the epidemic but not the care of the numerous victims.

1949: In a comparatively uneventful year, the membership of the society declined. Of the 136 active members, thirty-one (e.g. the staff members of the VA Hospital at Oteen, the WNC Tuberculosis Sanitarium, and Highland Hospital, and public health officials) were not in private practice. Four members retired. There were twenty-one older honorary physicians on the roll. Three members were on educational leave of absence. Five colored physicians were listed as associates. Secretary-treasurer Dr. Fletcher Sluder reported that expenditures had reached an all-time high of \$9,743. The society's one employee, a part-time secretary, was granted a salary increase to \$250 a year.

The society, previously opposed to fixed fee schedules, approved the new Blue Cross/Blue Shield policy, reassured by more adequate physician representation on the governing board.

With no emergency room service available in the community, the society felt compelled to provide a doctor stationed at Mission Hospital to be available for emergencies during nights and weekends. Participation was mandatory, and physicians were assigned to duty by roster. The purpose was to ensure that patients would be seen promptly by a physician. The system had many undesirable features, chief among which was that the physician on duty frequently was confronted by situations he was not capable to manage. In such instances there was a roster of specialists who were supposed to be available. Many hours were spent in the meetings struggling with the problems presented by the effort. The system, however, was better than none at all, and the public outcry against the unavailability of physicians in emergencies was quieted to some extent. This fragile arrangement served for two years until the Memorial Mission Hospital, equipped with an emergency room, was built. Emergency room call then became a function of the hospital staff.

During the year the society took steps to establish a regional Red Cross Blood Bank. Members were assigned duty at the blood bank on a rotating basis, the duty being mandatory for all physicians unless excused for inability to serve.

The 1950's

1950: At 138 active members, the society remained essentially unchanged in size. In the twelve meetings, ten scientific papers were presented, nine of them by members.

The business before the society consisted almost entirely of discussions of plans for the new hospital and reports on the fund drives still in progress. The final fund drive underway had a goal of \$375,000 necessary to meet matching federal funds scheduled to expire in 1951.

A subcommittee of the society meeting with the hospital board had approved plans for a 250-bed general hospital and had committed the staff to operate a resident training program. Some members expressed dissatisfaction with this agreement, because the 250 beds would be fewer than the beds lost in closing the existing hospitals. Others expressed doubts as to the adequacy of facilities and funding for a residency program, suspecting that the hospital board had little understanding of the magnitude of the undertaking. It seemed apparent that the residency program was being used as a selling point in the fund drives, with the board and the public having little grasp of the required expenditure of time and funds. The society ruled, however, that, with the fund drive underway it would be best for local doctors not to voice objections to the advertised plans for the new hospital.

In December, 1950, the merger of Mission Hospital and Victoria (formerly Norburn) Hospital was announced as final step toward the realization of a consolidated Memorial Mission Hospital at the coveted site on Biltmore Avenue. The society began meeting in the library on the Victoria Hospital grounds.

1951: The membership remained relatively constant at 135. The year inaugurated a new schedule of four quarterly meetings, the business of the society being conducted primarily by the board of governors meeting monthly.

In his presidential address Dr. E.J. Chapman pictured the frightful aspects of socialized medicine. He warned that to avoid government intervention organized medicine must act at once to correct some of the ills in the present system. He cited numerous letters published in the local press complaining of the inability to obtain medical care, especially at night and in emergency situations.

The BCMS Library changed its location once again, this time to the Victoria Hospital grounds, the eventual site of projected Memorial Mission Hospital. The membership applauded the announcements in September that construction had begun on the new Memorial Mission Hospital and in December that all patients in the Biltmore Hospital had been transferred to Mission Hospital and the Biltmore Hospital offered for sale.

The city's "colored physicians" were invited to become associate members of the society.

1953: Membership increased to 139 active members with the infusion of new specialists fresh from residency training, many coming as associates of member physicians.

Dr. Westbrook Murphy urged support of a proposed office building for physicians located adjacent to the Memorial Mission Hospital. The rental cost of \$3.00 per square foot represented a considerable increase for most doctors, leading some to question the viability of the project.

1954: The outstanding event of the year was the long-awaited opening of the new Memorial Mission Hospital on March 4, 1954. Another major step forward was the consolidation of the County and City Health Departments.

1955: Beginning this year members were required to pay not only county society dues but mandatory North Carolina State Medical Society and American Medical Association dues as well for a total of \$85 a year.

Items of public health dominated the agenda of the year's meetings. Members of the BCMS participated in the program administering the Salk polio vaccine to children in the first and second grades throughout the area.

In a paper read before the society, County Health Officer Dr. Margery Lord reviewed communicable disease control in the area over the years. She recalled the Asheville's smallpox epidemic of 1909 when four members of the society went house-to-house throughout the city, vaccinating all persons who had not previously been vaccinated against the disease. She noted that 1953 was the first year that no case of small pox was reported in the United States. She remarked that the venereal disease clinic established by the County Medical Society in 1909 had been in continuous operation since that time, although in more recent years it had been operated by the City Health Department. In 1938, aided by state funds, the BCMS organized a Venereal Disease Treatment Center. Treatment of syphilis at that time consisted of an 18-month schedule of injections of bismuth and arsenic. More than 1,000 patients were treated before World War II, with new cases admitted every week. Since the advent of the sulfonamides in the 1930's and penicillin following World War II, the problem had become much more manageable. In 1952, for the first time, the number of positive serologies dropped below 6% of the total serology tests done in the city laboratory. The percentage of positives fell further to 3.7% in 1953 and to 2.5% in 1954.

1956: In response to a query from a prospective vascular surgeon requesting information as to the degree of specialization among Asheville physicians, the secretary, Dr. John Barber, replied, "Asheville has twenty-five general surgeons, seven of whom were certified. In addition nine general practitioners perform some surgery. Ten members specialize in obstetrics and gynecology; six in orthopedic surgery, and six in urology. There is one neurosurgeon."

After a survey revealed that 60% of the county's school children had not been immunized against polio, the society sponsored a program of mass, free polio vaccination of all individuals between the ages of six months and nineteen years.

The North Carolina State Medical Society announced a special category of membership, termed a "scientific membership," to which "qualified physicians other than white" were eligible. The society of black physicians, the North State Medical Society, went on record as resenting such discrimination. Asheville's Dr. John Holt, a well-known leader in the North State Medical Society, was one of two black physicians in the state who, hoping to improve relationships with white doctors, accepted scientific membership. Both men were severely criticized by many of their fellow black physicians.

The society voted in favor of a Blue Cross/Blue Shield policy that prescribed a schedule of reduced surgical rates for individuals over sixty-five years of age with an annual income of less than \$2,000.

Exerting pressure on Congress, the AMA was again successful in preventing physicians from participating as beneficiaries in the Social Security Act. The AMA actuaries calculated that with the average life expectancy of physicians only sixty-eight years, it would not be attractive to the medical profession.

1957: Asheville's Dr. "Pete" Schoenheit was elected president of the North Carolina State Medical Society.

At the June dinner meeting Dr. Denton Cooley addressed the society describing open-heart surgery using extracorporeal cardiopulmonary bypass, a feat first accomplished within the past two years.

The members voiced strong support of Health Officer Dr. Hamilton Stevens in his effort to obtain funds for a City-County Health Center Building on College Street.

The society communicated its objection to the inadequate physician compensation provided in the Blue Cross/Blue Shield policy sold to individuals or families with annual incomes of \$4,200 or less.

1959: The society voted in favor of a proposal by incoming president Dr. Don Printz reducing the number of meetings to four quarterly dinner meetings, three of which were to include a scientific program. The board of directors, meeting monthly, was authorized to handle the ordinary business matters coming before the society.

The BCMS delegation to the state medical society meeting voiced opposition to the proposed Blue Cross/Blue Shield proposal containing a reduced fee schedule for individuals over sixty-five years of age with annual incomes of \$2,400 or less.

The 1960's

Of subsequent years' records, only the minutes of the quarterly meetings and some of the minutes of meetings of the Board of Directors for 1960 to 1963 survived the fire in the Julian A. Moore Memorial Library in the MAHEC Building on the night of December 31, 1990.

1960: Membership stood at 187 members, including eight life members.

Concern over proposed legislation before Congress threatening government intervention in medicine dominated the discussions at the meetings. The society strongly backed the AMA campaign to oppose "socialized medicine." In line with that philosophy, the society opposed a proposed program in which the City Health Department would offer free blood glucose tests to the public as a diabetes detection measure.

The society voted to accept Dr. John Holt as a "scientific member."

1961: Political matters continued to be the main items on the agenda of the meetings. Members were urged to take every possible means to defeat the Kerr-Mills Bill, the antecedent of the Medicare program, still before Congress. The society also went on record as favoring limiting Blue Cross/Blue Shield insurance to low-income groups only.

1962: The BCMS assumed responsibility for conducting the mass immunization of school children against poliomyelitis using the new Sabine oral vaccine.

The Disaster Control Committee distributed instructions describing measures to be taken in case of exposure to excessive irradiation in the event of a nuclear attack. Shelters were assigned and marked throughout the city.

1963: The overuse of the Mission Hospital emergency room for minor ills continued to be a problem addressed by the board of directors. A system was put in place consisting of an “on call list” with the Daniels Answering Service manning an “Emergency” hot line contacting physicians for individuals seeking medical attention. (The system failed to function satisfactorily and was abandoned the following year.)

The City Council requested society's assistance in finding a County Physician to replace Dr. Grant, who had resigned. Dr. Grant, stating that obtaining a replacement would be difficult, described the duties of the position as providing medical care for the indigents of the County and the residents of the county home and jail, holding office hours at the office in the Court House, and making necessary house calls. Much of his time, he complained, was consumed by filling prescriptions for County employees, which sometimes numbered fifty a day. He considered the salary of \$1,000 a month to be adequate, providing the contract called for a gradual increase to \$18,000 a year. (Dr. Roy Roberts, an Asheville native and former Asheville physician recently retired from the Regular Army, assumed the position later that year.)

On a motion by Dr. Michael Keleher, the Board of Directors petitioned the North Carolina State Medical Society to admit Dr. John Holt to full membership.

1964: Records are available for only a portion of the year. However, in the May meeting Dr. Sam Walker, chairman of the Civil Defense Committee, reported receipt of a complete 200-bed field hospital to be staffed by civilian physicians in case of a disaster.

The responsible committee reported that 86% of the school children in the county had received the new oral polio vaccine.

1965: Organized medicine lost its long fight against government participation with the signing of the Medicare legislation July 30, 1965, an historic date in American medicine.

(The original measure proposed by the Johnson administration had been limited to a federally subsidized hospital insurance plan for the elderly, the present Part A. As a last-minute compromise the AMA insisted on an additional feature, a voluntary partially subsidized plan with co-payments by the insured that included physicians' fees, the present Part B. Initially the administrators of the plan gained the acceptance of hospitals and physicians by accepting “usual charges.” Physicians required participants to perform the paperwork necessary to file their own claims.)

The Buncombe County Medical Society: 1965–1988

Note: Unfortunately, all of the records of the Buncombe County Medical Society for the years 1965–1998 were destroyed by the disastrous fire in the society offices in the Julian A. Moore Room in the MAHEC Library on the night of December 31, 1998. Although not complete, some of the minutes of board of director meetings in the years 1982–1987 were located in the personal files of Dr. Robert Boerner.

Many critical changes in medical practice took place during the 1960's and 1970's, and it would be of interest to have a record of the Asheville physicians' response to those challenges. In absence of such documentation one can only recount the issues that confronted the society during those years.

Medicare

The most profound change in the practice of medicine of the entire century occurred at the beginning of this period—the entry of the federal government into the field of medical care.

July 30, 1965, stands as a momentous date in the history of American medicine. On that day President Lyndon Johnson traveled to Independence, Missouri, so that ex-president Harry Truman could witness the signing of the bill that created Medicare. Organized medicine lost its thirty-year fight against the federal government's involvement in the delivery of medical care.

The long and bitter battle against “socialized medicine” ended in an odd compromise. The powerful AMA lobby capitulated and agreed to endorse Medicare, but only if it included a provision for payment of physician services as well as hospital costs. The original administration-proposed Medicare Bill had provided only for a government-subsidized hospital insurance program, the present Plan A. At the insistence of organized medicine, Plan B, a partially subsidized voluntary plan to pay doctor fees, was added to the measure. Thus, the ironical outcome was that organized medicine insisted on being included in a government-operated system of medical care they had violently opposed for more than a quarter of a century.

Medicare's first few years, quite aptly called “the honeymoon years,” were characterized by generosity on the part of the administrators. Physician fees as well as hospital charges were accepted with little question. Many attribute this attitude on the part of the administration to an effort to ensure the acceptance of the new plan by the medical profession, and, indeed, as such it worked very well.

It soon became apparent that the estimates of the cost of Medicare had been badly off target. (For instance, in 1964 the administration actuaries projected that the cost of Medicare, allowing for inflation, would be \$12 billion in 1990; the actual cost was \$110 billion.) The history of Medicare is characterized by steadily increasing deficits despite constant efforts to control costs. Part B, initially 50% subsidized from general revenues ended up requiring a subsidy of 75%.

The measures to control professional fees were a source of constant conflict between the profession and the federal regulators, a struggle in which the physicians were essentially powerless. For instance, an adjustment intended correct the relatively low fee schedule for “cognitive services” as compared with the fees allowed for procedural services was accomplished, not by increasing fees for office visits but by a considerable reduction in fees allowed surgeons, radiologists, and other procedure-oriented physicians. Physicians were pressured to “accept assignment,” that is, to accept the Medicare-approved fee as their maximum charge. Physicians who did not co-operate were denied the yearly increase in fees allowed to offset inflation. Some of these physicians experienced a reduction in approved fees of as much as 15% in one year, with some fees reduced by as much as 30%. In a few instances Medicare-allowed fees were lower than Medicaid fees. The institution of the Resource-based Value Related Scale (RBRVS) made control of approved charges easier.

Some warned that cost cutting was fast reaching a point that physicians could no longer afford to accept Medicare patients, but reduced participation by physicians in the program did not occur. The adage, “He who pays the fiddler calls the tune,” so often quoted by Dr. Westbrook Murphy proved true, and such

experiences reinforced the determination of most physicians to continue to fight against a national health insurance program.

Malpractice Insurance

Asheville physicians experienced their first difficulty with liability insurance in 1975. Physicians in Asheville had encountered little malpractice litigation; and their professional liability insurance premiums were low. In other parts of the state, however, the state's only professional liability insurance company, the St. Paul Company, suffered a series of excessively large damage awards, causing the company to serve notice that it was discontinuing physician liability coverage at the end of the next policy period, just a few months away. Attempts to find another carrier were unsuccessful. As the deadline when North Carolina physicians would find themselves without liability coverage approached, the situation reached crisis proportions. Leaders in the North Carolina State Medical Society persuaded the state legislature to enact measures to permit North Carolina physicians to form their own professional liability company.

The difficulties were great, involving innumerable details new to practicing physicians, and the time was short. Dr. Alexander Maitland, then president of the Buncombe County Medical Society, accompanied by Dr. Wayne Montgomery, made repeated weekend plane trips to Raleigh to participate in meetings with leaders of the North Carolina State Medical Society and the Insurance Commissioner in a desperate race against time. In record time they succeeded in setting up and funding a new physician-owned insurance company called the Mutual Medical Liability Insurance Company of North Carolina (MMLNC), an accomplishment that will stand as one of the most outstanding in the history of the state medical society.

They almost won their race against time: for five days between the date the

St. Paul Company cancelled its policies and MMLI insurance became available, the physicians of North Carolina were without liability coverage. Throughout the state many physicians refused to see patients during that hiatus or cared for emergency cases only. In Asheville all but two or three physicians continued to practice as usual, although some surgeons chose to postpone elective surgery until the crisis had passed.

Extracts from Board of Directors' Meetings, 1982–1987

Note: Minutes of meetings of the board of directors of the society in the years 1982 to 1987 were located and contributed by Dr. Robert Boerner. Minutes of a few meetings are missing.

1982: President – Dr. Harry Summerlin, Jr.

With the 98% increase in BCMS medical insurance rates; Dr. Montgomery suggested the society consider self-insurance as being instituted by other organizations.

Dr. Michael DeBakey delivered the first Julian A. Moore Memorial Lecture on the evening of May 5, 1982.

Dr. Tom Bacon was named new Director of MAHEC

The Buncombe County Commissioners agree to fund the Oak Street Clinic for one more year.

1983: President – Dr. Jack Bonner

The usual annual contributions of \$2,000 to the Medical Library and \$2,000 to the Health Adventure were continued. MAHEC announced that it had been required to reduce the number of first-year residents in the Family Practice Residency Program from four to three by the AMA's decision to reduce the number of physicians entering practice. (This decision was rescinded the following year.)

The Indigent Care Committee (Drs. Somerville, Moser, and Barnhart with

Dr. Tennent, County Health Officer) began study of the feasibility of a clinic in which local physicians would participate in the care of the county's indigent patients. The society registered the opinion that the physicians were and had always cared for the indigent of the county and that the real need was some provision to provide the laboratory and x-ray examinations and medications without which it was almost impossible to provide adequate care.

1984: President – Dr. Robert Boerner

Annual dues of the Buncombe County Medical Society were increased from \$60 to \$100.

The board voted to maintain an office for the society and accepted an invitation to use the Julian A. Moore Room in the MAHEC Library building as an office for the Buncombe County Medical Society and Auxiliary. Discussions began on the possibility of engaging a full-time executive secretary.

The society went on record as opposing the plan announced by the AMA's proposal to freeze physicians' fees nationwide.

A crisis occasioned by financial difficulties of the physician-owned professional liability insurance company, MMLNC, in need of an additional \$3 million to continue in operation, was the occasion for a specially called meeting of the society.

(Outcome: By purchasing additional shares of stock at \$1,000 a share, the physicians state-wide were successful in raising the sum required by the state insurance commission to maintain adequate reserves.)

The first annual Dr. S. L. Crow Memorial Lecture on Internal Medicine was presented on September 11, 1984, with Dr. Eugene Stead as Guest Lecturer.

1985: President – Dr. Robert Moffatt

The Indigent Care Committee presented a plan for a clinic maintained by the county for indigent patients with local physicians participating. The plan was not accepted and was returned to the County Commissioners for clarification of several points.

The society registered further complaints concerning coverage by Blue Cross/Blue Shield medical insurance policy but agreed to accept a requirement for Certification for Admission in exchange for a 5% reduction in premiums.

1985 Centennial Dinner

The Centennial Celebration of the founding of the Buncombe County Medical Society took place on the evening of January 26th, 1985. The event, a formal dinner dance in the ball- room of the Inn on the Plaza (now the Renaissance Hotel) was well attended.

The after-dinner program consisted of brief talk by Dr. Irby Stephens describing the early history of the Buncombe County Medical Society and a tribute to recent deceased members and their contributions to the society. A souvenir program commemorating the evening contained a list of past presidents. The men, however, hardly compared in elegance with those attending the society dinner of January 1, 1900, when members celebrated the beginning of a new century. That dinner is described in previous pages.

CENTENNIAL CELEBRATION OF THE BUNCOMBE COUNTY MEDICAL SOCIETY

The Inn On The Plaza ~ Grand Ball Room

January 26, 1985

Menu

Social Hour

Cocktails

Seafood Vol au Vent

Dinner

Bibb Lettuce Salad ~ Raspberry Vinaigrette Dressing

Sliced Tenderloin of Beef ~ Béarnaise Sauce

Carrots Julienne

Fresh Broccoli

Oven Baked Potato

Rolls ~ Butter

Carafe Beaujolais

Crepes Cocoa

Coffee ~ Tea

After Dinner Chocolates

Dancing

1986: President – Dr. Harold Goldberg

The retirement of Dr. Otis Duck of Mars Hill was recognized by a special resolution, and a separate event planned to honor Dr. Duck.

Dr. Tenney of the Indigent Care Committee reported that the plans for an enlarged clinic with participation of Society members had been abandoned because the County Commissioners declared the county unable to fund such a clinic. Dr. Tenney suggested exploring the possibility of a grant from the Robert Wood Johnson Foundation.

Dr. McCulloch, Counselor of the 10th District, stated that the 10th District meetings, which had resumed for the past two years, had been quite successful.

1987: President – Dr. Roger A. James

From the society newsletter of March 3, 1987: Dr. Mauney, a board member of Carolina Doctors, advised that the organization was proceeding with plans to establish a physician-owned state-wide Preferred Provider Organization and had raised the \$1 million needed for a feasibility study.

Dr. Spencer Atwater was appointed chairman of a committee to explore sites for a suitable office for the society and to investigate the feasibility of hiring a full-time executive secretary, because the dues increase three years previously had been enacted specifically for those purposes. The treasurer reported a cash balance of more than \$30,000.

The July meeting was devoted entirely to a panel discussion concerning the Peer Review Organization. Drs. Roger Domy and Alan Kreuger, both past-presidents of the local PRO, and Dr. William Costenbader, state president, made up the panel. The meeting was requested by members' complaints of having no recourse to decisions of the PRO. Minutes of the July meeting are missing from the records.)

Dr. Kenneth Cooper of Aerobics fame was announced as the speaker of the Dr. S.L. Crow Memorial Lecture on September 8, 1987.

The Buncombe County Medical Society: 1989–2000

Fortunately records are available for the Society's activities of 1989 and the years following. They reveal a vibrant society with extraordinarily able, imaginative, and dedicated leaders aggressively addressing the complicated new issues confronting the medical profession of those years. The events of these momentous years can be reconstructed from material contained in Letters from the President and from the newsletter, *The Bulletin of the Buncombe County Medical Society*.

Buncombe County Medical Society 1989–1990: Excerpts from Presidents' Letters

1989: President – Dr. W.O. Brazil

A Buncombe County Medical Society office was established at 100 Victoria Road.

July 1: Mr. Mike McManus, director of Physician Relations at St. Joseph's Hospital, was installed as the society's first executive director with Mrs. Evelyn Carter as his assistant, both part-time. McManus

had held similar posts in medical societies in New York, Florida, and Wisconsin and was at the time president of the American Association of Medical Society Executives.

Buncombe County Medical Society offices and the Julian Moore Memorial Library moved to space in the MAHEC Building adjacent to the Medical Science Library.

The steering committee to study health insurance problems headed by Dr. Jack Bonner presented plans to establish the Employees Benefit Trust, a medical insurance plan covering the Buncombe County Medical Society members, their families, and employees. The plan was endorsed by the society at the annual meeting.

December 31: A midnight fire destroyed the Buncombe County Medical Society MAHEC office. Files containing society records destroyed.

1990: President – Dr. Robert S. Wells.

October 1: Mr. McManus began full-time duties as executive director with Mrs. Carter as his full-time assistant.

After numerous conferences with actuaries, medical plan consultants, and others the Buncombe County Medical Society established its own hospital and medical insurance plan for members and their employees. Named the Employees Benefit Trust (EBT), the plan is administered by the Buncombe County Medical Society. To qualify for this role of administrator, the Buncombe County Medical Society is required to incorporate, and a deposit of \$1.8 million is required to cover the first two years of operation. Eight hundred thirty-five participants make up the initial enrollment. The Buncombe County Medical Society EBT is the first in the nation to be established by a medical group.

The society initiated “Health Partners,” an organization of local charitable and government organizations involved in providing medical care to low-income individuals. Drs. Phillip Davis, chairman of indigent care committee, and Dr. Richard Olsen, director of the MAHEC Family Practice Center begin discussions about the possibility of a “Free Clinic” to provide better access to medical care for low income groups.

The first “Doctors Call,” a daylong question-and-answer program broadcast on WLOS-TV, attracts 110 queries.

Buncombe County Medical Society 1991–2000: Excerpts from the BCMS *Bulletin*

Note: In 1991, after a lapse of fifty years, the society resumed publication of the Bulletin. The new publication, renamed the Buncombe County Medical Society Bulletin differs in several respects from The Bulletin of the Buncombe County Medical Society of earlier years. Published quarterly rather than monthly, the new Bulletin took the form of a newsletter, a means of communication from the officers, board of directors, and administrator with the members. Inaugural addresses by incoming presidents outline the issues and the goals peculiar to the time. Reports by the presidents throughout the year describe the progress of programs undertaken and provide excellent reviews of important items and events of interest to the local medical community and the profession at large. Information concerning activities and achievements of individual members, announcements of important coming events, and numerous other features render it an immensely valuable vehicle. The Bulletin has received recognition and awards for excellence in format and content. Its complete and accurate account of the society's activities in those years makes it of great historical value.

1991: President – Dr. Phillip C. Davis

The *Buncombe County Medical Society Bulletin* begins publication

In a history-making address on assuming the presidency of the society, Dr. Davis challenged the members “to pledge themselves to take whatever measures needed to assure that no child or adult in Buncombe County lack medical care because they didn’t have the money to pay for it.”

President-elect Dr. William Costenbader, chairman of the long-range planning committee, began an in-depth survey to obtain the opinions of the membership on current subjects to clarify the goals of the society and as a guide in planning future activities.

The Buncombe County Medical Society accepted an invitation to become an active partner in Western North Carolina Industries (WCI), the region’s chief trade organization of business and industry. Dr. James Powell and executive director McManus were appointed to WCI Task Force. The interest of industry in managed care as a means of cost containment indicated the importance of local physicians' becoming engaged. A statewide physician-owned PPO, “Carolina Doctors Care,” came under discussion as a physician-friendly managed care group worthy of consideration.

President Davis pointed out that “for the first time in our 108-year history we’re applying sound business practices to our local professional organization, so that it might serve us better now and in future years.”

Dr. James Powell, chairman of the board of Employees Benefit Trust reported that EBT with Mrs. Evelyn Carter as plan coordinator completed its first of year of operation in good financial condition, having provided savings of \$400,000 for its more than 800 participants.

Medicare officials announced a 15% reduction in the RBRVS conversion factor in the coming year.

1992: President – Dr. William Costenbader

A survey of members revealed that 80% of those responding listed “ensuring that no Buncombe County resident is denied needed health care because of inability to pay” as the most important goal for the Buncombe County Medical Society in the 1990s.

The “Doctors' Medical Clinic” (during planning stages referred to as “The Free Clinic”) opened in January. With administration provided by ABCCM, and manned by physician and lay volunteers the clinic utilized the facilities in the MAHEC Women’s Clinic building on Victoria Road. The clinic was open three nights a week with two physicians on duty treating an average of twenty patients a night. One hundred physicians signed up to participate. During the first five months of operation, 80 physicians and more than 200 volunteers participated in caring for more than 400 new patients.

(Note: Announcements appearing elsewhere indicate the opening date of the ABCCM Doctors Free Clinic was in September 1991.)

In a campaign conducted by the Buncombe County Medical Society Auxiliary, members of the society and their families contributed \$30,000 to Habitat For Humanity to sponsor the first home to be built by in the new Oakley subdivision.

1993: President – Dr. John H. Russell

The Society registered strong opposition to the plan for federally administered universal health care recommended by the commission headed by Hillary Clinton.

A managed-care steering committee co-chaired by Drs. John Killian and Jeffrey Russell explored ways in which local physicians could work together to meet problems involved in managed care.

Society members initiated “Doctor on Call” radio series and “Ask the Doctor” newspaper features as a public service.

The first Mary Frances Shuford Memorial Award was awarded to Dr. Jim Turpin, author of *Vietnam Doctor*, who received the 1993 Red Cross Overseas International Humanitarian Award.

Dr. Wayne Montgomery and others organized “Doctors Emeritus,” a group made up of retired local physicians.

1994: President – Dr. James B. Powell II

Health Care Partners awarded a Robert Wood Johnson Foundation grant of

\$100,000 to fund a twelve-month study of health care needs of the county and awarded a twelve-month planning grant of \$100,000 to Health Care Partners, a Buncombe County Medical Society–sponsored consortium of local organizations involved in health care and services to low-income groups. The program was given the name Project Access. Dr. Phillip Davis and Dr. Suzanne Landis were named Project co-directors.

Throughout the year the Project Access directors conduct meetings with numerous focus groups composed of representatives of low-income and underserved groups, local government officials, and leaders of local organizations involved in aid to low-income individuals. The meetings served to stimulate interest and support and to collect valuable input.

The Managed Care Steering Committee studied plans for a managed care organization owned and operated by local physicians.

The Buncombe County Medical Society Auxiliary sponsored a memorial on the Urban Trail dedicated to Dr. Elizabeth Blackwell.

With thirty-five new members in the Buncombe County Medical Society membership reached an all-time high of 676, including sixty emeritus members.

Executive Director McManus resigned.

1995: President – Dr. John H. Killian

Alan McKenzie assumed the post of executive director of the Buncombe County Medical Society. The staff was augmented to include an executive director, an assistant director, and four employees.

Submitting the results of an extensive survey of local medical needs and resources, the Buncombe County Medical Society applied to the Robert Wood Johnson Foundation for a grant to fund a trial of Project Access, an innovative plan designed to provide medical care to the medically uninsured in the county.

The Buncombe County Medical Society and Health Care Partners were awarded a three-year grant of \$200,000 from the Robert Wood Johnson Foundation to implement Project Access. Project Access enrollment began, patient cards were issued, and information sessions were held for doctor's office personnel. By year's end three hundred twenty-five Buncombe County Medical Society physicians, more than 80% of the society members in active practice, were participating in the program.

Health Care Partners continued, aided by grants from the Community Foundation of WNC and the Janirve Foundation.

A new ABCCM Doctors' Clinic building opened on Livingston Street, made possible by a capital campaign drive with \$50,000 contributed by Buncombe County Medical Society physicians. During the year, the clinic, open twenty-one hours a week and served by a roster of one hundred volunteer physicians, recorded more than 3500 clinic visits.

1996: President – Dr. J. Paul Martin

In February the Buncombe County Medical Society offices moved to 530 Hendersonville Road. Membership was at a new high with 306 active members.

The Buncombe County Medical Society physicians contributed \$175,000 to the annual fund-raising drive of the United Way. United Way officials commended the Buncombe County Medical Society stating that the per cent participation in the United Way campaign by Asheville physicians was greater than that of any other professional group in any city of similar size in the nation.

1997: President – Dr. Carol Long

Project Access continued to be highly successful, receiving wide acceptance by the physicians and patients participating and increasingly wide newspaper and television publicity.

The Society joined in a successful effort to lengthen the allowable hospital stay for obstetrical and mastectomy patients.

The Medical Auxiliary contributed \$7,000 to the Eblen Foundation's program to provide medication for needy children.

1998: President – Dr. Donald W. Russell

Project Access won the 1998 Innovations in America Government Award.

A new Political Action Committee (PAC)/Legislative Committee contributed several thousand dollars to political campaigns of candidates with views corresponding with the aims of the society.

As of October, 1998, Project Access enrollees had received the equivalent of

\$2.5 million in free care by Buncombe County Medical Society members. Project Access established a policy of periodic newspaper ads expressing gratitude to participating physicians and stating the dollar equivalent of free medical care contributed.

The Buncombe County Medical Society acquired its own corporate headquarters building on Summit Street in Biltmore.

Membership reached 700 (of these eighty nonresident members represent physicians in surrounding counties joining the Buncombe County Medical Society BCMS to participate in the Employee Benefit Trust.)

Carolina Access II, a managed care organization for Medicaid patients, was formed through the joint efforts of the Buncombe County Medical Society, the Buncombe County Health Department, and Mountain Health Care.

The Buncombe County Medical Society cooperated with the Buncombe County Dental Society to start a dental version of Project Access with the Kate B. Reynolds Charitable Trust and the Janirve Foundation providing financial support.

Buncombe County Medical Society members cooperated with the Department of Social Services (DSS) Outreach Program to enroll 2,000 children who were eligible but not enrolled for Medicaid benefits and to ensure their participation in the state's Child Health Insurance Program.

At the annual December meeting held at the Health Adventure on Pack Square, the society celebrated the outstanding success of Project Access and the widespread recognition it continued to receive. Guests of the society were representatives of the county government and other local leaders recognized for their contribution to the success of Project Access.

Annual ski trips for members, families, and friends were organized.

1999: President – Dr. Rodney Pugh

Project Access received a special award at the Global Conference on Re-inventing Government in Washington, D.C., attended by representatives of forty countries, the only program for providing medical care among initiatives so recognized.

The Buncombe County Medical Society, in cooperative agreement with the U.S. Bureau of Primary Care, received funds to replicate Project Access in twenty counties throughout the nation.

The Buncombe County Medical Society agreed to administer Carolina Access, a pilot program in its third years of operation designed to assist Medicaid patients by providing better access to medical care. Carolina Access covered 13,000 Medicaid patients assigned to one hundred fifty primary care physicians with referral to specialists who agreed to accept Medicaid payments for their services. New provisions provided for enhanced care of persons with high-risk illness (diabetes, hypertension, asthma) requiring more than usual medical services.

The Buncombe County Medical Society & Alliance Endowment Fund, with a balance of \$100,000, made inaugural grants of \$3,000 to a drug-abuse prevention campaign in public schools and \$7,000 to the Health Adventure.

The BCMS was successful in increasing physician representation on the seventeen-member Board of Mission-St. Joseph's Health System from two to four members.

Employees of Health Partners members celebrated Doctor's Day by collecting and donating 1,000 items of food and clothing to ABCCM in honor of local physicians and their contributions to the community.

The Employee Benefit Trust completed ten years of operation, ensuring more than 1,900 participants, 1,000 of whom also had dental coverage. Administrative costs of EBT remained low at 8%.

The Buncombe County Medical Society goal was restated to read: "To unite, serve and represent our members as advocates for the well being of our patients, for the health of our community and for the profession of medicine."

Addressing the question of the ethics of "professional courtesy" challenged by the Office of the Inspector General of the U.S. Department of Justice, the Buncombe County Medical Society formulated a written policy strongly supportive of professional courtesy in its traditional form. A resolution expressing that view was introduced by the Buncombe County Medical Society at the 1999 meeting of the North Carolina Medical Society and was adopted by the House of Delegates of the North Carolina Medical Society.

The Buncombe County Medical Society offices moved to 304 Summit Street.

2000: President – Dr. John R. Steinfeld

In his presidential address, "It's Time for Clean Air," Dr. Steinfeld committed the Buncombe County Medical Society to activity on the increasingly severe problem of air pollution in the area. Buncombe County Medical Society CEO Alan McKenzie was elected Chairman of the WNC Regional Air Quality Agency.

In an article "BCMS Project Access: A Report to the Membership" in the Spring 2000 issue of the *Bulletin*, Dr. Suzanne Landis summarized the history of the project.

Through Project Access, in 1999 Asheville's private physicians donated \$3.9 million of free medical care in addition to \$1.9 million in the form of laboratory, x-ray, and hospital services by the Mission-St. Joseph's Health System and Thoms Rehabilitation Hospital.

Project Access was featured at the Innovation in Local Health Care Conference at Harvard University. The Buncombe County Medical Society and Project Access received another prestigious award in Washington, D.C., cited as a "Business Solution in the Public Interest."

Wake County, N.C., instituted a program modeled after Project Access

A Year 2000 Health Assessment of Buncombe County revealed that 93% of all families replied that they have a regular source of medical care, and 83% stated that they have a personal physician, 89% of adults had had a cholesterol determination within the last five years, and 79% of women over forty had had a mammogram within the past two years. The survey concluded, "our community may be the first in the nation to meet or exceed the U.S. Healthy People Goal for 2010—ten years ahead of time!"

MAJOR ACCOMPLISHMENTS OF THE BUNCOMBE COUNTY MEDICAL SOCIETY

The Medical Library

One of the early projects—and a major achievement—of the Buncombe County Medical Society was the formation of a medical library. It may be hard for doctors who have entered practice since the Internet revolution to appreciate the importance of the printed journals. One of the few ways to stay abreast of current medical advances was through access to the physical journals themselves, and to be accessible these journals had to be not only present, but appropriately shelved and indexed.

As late as the 1930's Asheville physicians, far removed from the medical centers of the day, by necessity maintained large medical libraries of their own. Many of these grew to become valuable collections, the pride of their owners. The number of medical periodicals increased, and by the 1930's it had become almost impossible for a physician to keep on hand the reference material he needed.

In 1929, Dr. Julian Moore came to Asheville from Wilmington, N.C., where he had enjoyed the use of a local medical library. Recognizing the need for such a library in Asheville, he proposed that the county medical society establish one. As could have been anticipated, the society turned the job of creating a library over to Dr. Moore.

The result was the Asheville Medical Library, which initially was not a project sponsored by the county society but rather was a private membership organization. To form the library, members donated hundreds of bound volumes from their personal libraries, including scores of valuable old editions of medical texts and treatises and almost priceless and irreplaceable complete sets of medical journals. The collection formed the basis of a medical library of considerable value. Physician members also paid annual dues of \$25, then sufficient to pay a librarian's salary and subscriptions to the current medical periodicals requested by the members.

The Asheville Medical Library was an immediate success and under Dr. Moore's guidance became an increasingly valuable asset. By 1935 the library consisted of more than 2,500 bound volumes and subscribed to 120 medical journals.

In 1936, the library was donated to the county medical society to allow all local physicians to participate, and the name was changed to The Buncombe County Medical Society Library. Dr. Moore resigned, and the administration of the BCMS Library became the responsibility of the society's library committee; in the interest of continuity, the chairmen of the committee served for extended terms. The library expenses were met by an increase in the county medical society dues, from \$13 a year to \$25 a year, of which \$12.50 was earmarked for the library. Later, society members were assessed \$25 annually for maintenance of the library. Dr. Louise Merrimon Perry donated \$500 to start a library endowment fund in honor of Dr. Julian A. Moore.

For its first ten years the library was housed in the Arcade Building, where many doctors had offices (other doctors had offices in the nearby Flatiron Building). When the federal government took over the Arcade Building during World War II, the library had to be moved on short notice. Space was found in the City Building, but within a year the government requisitioned that building also. A home for the library was finally found in a second-floor room above Goode's Drug Store on Patton Avenue, described in *Look Homeward Angel* as a local gathering place. "Doctor" John Goode (as pharmacists were routinely addressed then) rented the room to the medical society for \$1.00 a year and permitted the

society to hold meetings there during the War years. (Each move of the library, of course, was a major logistical undertaking, with a growing volume of material to be packed, transferred, and restored to functional order with as little downtime as possible.)

In 1951 the merger of Memorial Mission Hospital and Victoria Hospital (previously the Norburn Hospital) enabled the society to move the library to a small brick building on the hospital grounds. The building already housed the Norburn Hospital Medical Library, which consisted primarily of the large and valuable medical library formerly belonging to Dr. Charles L. Norburn. Memorial Mission Hospital donated the Norburn Hospital Medical Library to the Library of the Buncombe County Medical Society.

The Norburn collection was an especially valuable addition. Among other items the library contained bound sets of medical journals, complete from the first issue, including forty-three volumes of the *American Journal of Surgery*, sixty-seven volumes of *Surgery, Gynecology, and Obstetrics*, one hundred eight volumes of the *Annals of Surgery*, and thirty-six volumes of the *Archives of Surgery*. There were other valuable gifts to the library from time to time. Among these were the library of Dr. H.H. Briggs, Sr., containing journals in the fields of ophthalmology and otolaryngology, and similar collections donated by Drs. Walter S. Johnson, a gastroenterologist, J. LaBruce Ward, a pediatrician, A.B. Craddock, Asheville's first internist, and C.C. Orr, a former specialist in tuberculosis.

Memorial Mission Hospital provided space for the library without charge. Beginning in 1955, when the hospital was required to have a library to qualify for an intern training program, the hospital paid the salaries of the librarians. The original Julian Moore Memorial Room, also located in the building, was used as a meeting room by the medical society and hospital staff.

The library remained on the Memorial Mission Hospital grounds until the early 1970's. The expense of maintaining subscriptions to the ever-increasing number of medical journals, of binding them, and of housing them had begun to present a problem when a most opportune solution presented itself. One of the projects of the newly formed Mountain Area Health Education Center (MAHEC) was the development of a regional health science library. MAHEC, supplied with a handsome library building and a budget providing for a library staff, had no books. The Buncombe County Medical Society donated its library to MAHEC, providing a completely up-to-date core of a caliber that was otherwise unobtainable. MAHEC could maintain and enlarge the library in a manner far beyond the means of the medical society. The library moved to the new MAHEC Building in 1978.

The Library of the Buncombe County Medical Society lives on as the MAHEC Health Science Library. The library now contains approximately 7,000 books and monographs, more than 300 current journals on subscription, and a 1,600 volume audiovisual library. It is linked by computer network to major libraries throughout the country. The staff includes a full-time director and four librarians. It is a major asset of the Memorial Mission-St. Joseph's Medical System and serves the needs of the sixteen western North Carolina counties.

The Buncombe County Medical Society profited in the closing decades of the century by the addition of able new members who represented a new breed of physicians. Because of the increased complexity in the practice of medicine, doctors of necessity had to acquire organizational skills, develop initiative, and devise solutions to new problems never required of physicians in the past. A nucleus of members in the society contributed more in the past twenty years—to the society and to the Asheville community—than the society had accomplished in the previous century.

Project Access

A particularly deplorable problem accompanying modern high-technology, high-cost medicine has been the large number of people unable to afford it. In the early 1990's some Asheville physicians were sufficiently concerned about this distressing situation to attempt to rectify it. Their efforts over the ensuing five years culminated in an extraordinary achievement: a community-wide program providing free medical care of high quality to the large under-served segment of the community, the low-income families without medical insurance. Named Project Access, the innovative and effective program has received wide-spread recognition and acclaim. By 2000 the method had been duplicated and put into operation by more than twenty cities, large and small, throughout the nation, and in the next two years by four times that number.

The 1995 launching of Project Access easily ranks with the 1885 opening of Mission Hospital as one of the two most historic events in the history of Asheville Medicine. It represents without question the most significant achievement of the Buncombe County Medical Society in its history of more than one hundred years.

The initial steps that eventually led to Project Access seem to have originated in 1990 in a casual conversation between Dr. Phillip Davis, recently appointed as Chairman of the Buncombe County Medical Society's committee on indigent care, and Dr. Richard Olsen, then Director of the MAHEC Family Practice Residency. Dr. Davis, exploring the possibility of starting a free walk-in clinic for the local low-income population without ready access to medical care, sought the reaction of Dr. Olsen based on the latter's experience in the operation of MAHEC'S Family Practice Center. Both recognized the great need for such a facility but saw that it would be feasible only with co-operation and assistance of other agencies in the community. (An earlier attempt, the Oak Street Clinic, had folded after a few years for lack of adequate organization and sufficient funding.)

In his inaugural address as president of the Buncombe County Medical Society in 1991, Dr. Davis presented his views in eloquent terms. "The public," he pointed out, "increasingly views the medical profession as a group interested primarily in getting rich," an accusation he felt was not deserved. "Though the public is unaware of it," he estimated, "most doctors in our society in their charity practice give more to the poor in one week or two than many of their accusers give in the entire year." However, he went on to denounce as "a shame and disgrace that any child in our community lacks needed medical care because the family is unable to pay for it, and the same applied to any adult as well. Furthermore, it is we, the medical profession in the community that should be doing something about it." The membership apparently shared these sentiments, because later that year 80% of the members responding to a survey indicated that the society's foremost goal during the 1990's should be ensuring "that no Buncombe County resident is denied needed health care because of his inability to pay."

The society's response to Dr. Davis's challenge was to approve the formation of an advisory committee, with Dr. Davis and Dr. Olsen as co-chairmen, to formulate plans for the free clinic they had proposed. Also serving on the committee were Dr. James Tenney, director of the Buncombe County Health Department, and representatives from both local hospitals and the United Way.

To elicit community support for initiatives such as the free clinic, the Buncombe County Medical Society initiated the formation of a coalition of the community organizations that provided services to the low-income segment of the local population. Adopting the name "Health Partners," the group comprised a large number of charitable organizations and business and professional groups. (Later

incorporated and still active, Health Partners continues to identify local health care needs and to find the means to satisfy those needs.)

The clinic quickly began to take shape. As a location for the clinic, MAHEC made available the evening-hour use of the offices of their Women's Health Center on Victoria Road. The medical society established a roster of volunteer physicians to man the clinic, and specialty groups agreed to accept without charge any clinic patients needing consultation. Asheville Buncombe County Christian Ministry (ABCCM) agreed to furnish a full-time director. Staff nurses from both hospitals volunteered to provide the nursing services needed, and technicians from the hospitals served in a small clinical laboratory. Hospital pharmacists packaged medications contributed by drug representatives and by physicians from their supplies of free samples and volunteered to be available to dispense the medication during clinic hours. The hospital auxiliaries recruited volunteers for the clerical help required. The \$46,000 needed to cover the first year's budget was raised in advance, mostly by voluntary contributions.

In September 1991, the ABCCM Doctors Free Clinic opened to provide acute medical care to those with incomes of 200% of the poverty level or less and lacking medical insurance.

Open from 6 to 9 P.M. two nights a week, the clinic treated no more than ten patients an evening in its initial phase, but by the end of the year, with the clinic open three evenings a week, as many as 240 patients a month were being seen. Utilization of the clinic never became much larger, despite a staff of one hundred participating physicians and two hundred volunteers. After ten years of operation, the clinic was made more accessible. A capital campaign by ABCCM furnished the means to erect a well-equipped clinic building located on Livingston Street in the heart of a low-income district permitting the provision of daytime clinic hours and dental services.

Although serving a useful purpose, the Doctors Free Clinic fell far short of filling the needs of the low-income families without insurance, many of whom hesitated to attend the free clinic. Nor did the clinic provide the continuing care needed by so many of the group. Fortunately an opportunity offering a possible solution arose. The timing was so fortuitous as to be almost providential, and members occupying leadership positions in the Buncombe County Medical Society were quick to act.

In 1993, Mike McManus, the executive director of the society, learned of the recently announced "Reach Out Program" through which the Robert Wood Johnson Foundation (RWJF) offered financial aid to efforts to assist in the care of the increasing number of uninsured low-income families.

A committee of the society, again headed by Dr. Philip Davis, promptly went to work on a grant proposal. MAHEC's Dr. Suzanne Landis provided essential expertise and experience in grant writing.

In less than a year the committee worked out the details by which medical care might be made available to the uninsured. The plan that emerged was brilliant in its concept yet beautiful in its simplicity. Since the problem arises from the large number of families without medical insurance who are unable to pay for the expensive medical care of the day, a method to provide them with insurance might be preferable to any method of providing them with free medical care. The plan, to be called Project Access, would provide medical and hospital coverage similar to that of other medical insurance plans, the only differences being that the insurance would not cost the clients anything because the physicians, hospitals, and other providers would not charge for their services.

The concept was put in the form of a grant proposal and submitted to the Robert Wood Johnson Foundation. The following April Dr. Davis and Dr. Landis traveled to Philadelphia to present the plan to

the board of the Foundation. In August 1994 the RWJF awarded the society a one-year planning grant with the possibility of further financial assistance if the proposition proved feasible.

The first order of business was to determine the magnitude of the project, to learn what difficulties and problems would be encountered, and to determine if adequate resources could be made available. A survey of the county by a professional research firm indicated that there were an estimated 15,000 low-income individuals without medical insurance in Buncombe County.

The next step occupied many long hours. Utilizing the Health Partners organization, the committee convened a series of more than twenty meetings to obtain input from segments of the community known to lack of access to medical care. They met with representatives from groups such as the elderly, the black community, Hispanics, HIV-infected individuals, and gay and lesbian groups. Open meetings were held in identified underserved areas in the city and in outlying rural areas. Problems such as the lack transportation to meet appointments, loss of work because of the lack of evening office hours, long office waits, and evidence of ethnic prejudice were aired, and possible remedies were discussed.

The physicians' participation was crucial. Three physicians representing the major specialties spoke at hospital staff meetings discussing the problems of the low-income uninsured and options for expanding medical care to include them. Twenty physicians with known enthusiasm for the project actively recruited other physicians to participate in the program. Additional conferences were necessary to negotiate details of participation by local hospitals, county government officials, hospitals, county health officers, and other participants.

In less than a year the committee was able to present a detailed plan. In August 1995 the RWJF awarded a three-year grant of \$200,000 to implement Project Access.

A piece of good fortune playing a large role in the eventual success of Project Access was the arrival in 1995 of Mr. Alan McKenzie, the new executive director of the Buncombe County Medical Society. McKenzie's superior management and organizational skills combined with his consuming enthusiasm for Project Access proved to be major factors in the success of the project.

Project Access operates as a medical insurance plan offering medical and hospital care for participants eligible by virtue of having incomes of 200% of the poverty level, or less, having no medical insurance, and being ineligible for Medicare or Medicaid. The county Department of Social Services screens applicants at no expense to the plan. The plan is administered from the offices of the Buncombe County Medical Society with the executive director as plan administrator. The plan employs one full-time and two half-time employees. Funded by a grant from the Kate B. Reynolds Foundation, a computerized central office located at the medical society's headquarters maintains a roster of patients and physicians and makes appointments for plan members, assuring the equitable distribution of patients among participating physicians with due regard to the geographical location of the patient. Data base services and utilization review have been provided at no charge by Mountain Health Care, the physician-owned Preferred Provider Organization

Participating primary care physicians agree to accept twenty Project Access patients a year. Specialists agree to accept a specified number of referrals a year. Physician recruitment surpassed anticipated goals from the beginning, and so successful is the project that within a short time more than 85% physicians in Buncombe County were participants.

Membership cards are issued to plan members and physicians' office personnel are instructed to honor them as they do other insurance cards. The cards are processed in a somewhat different manner, however. The customary fee is assessed plan members, and the bill is sent to Project Access and recorded to the physician's "credit."

Plan members failing to meet appointments without prior notice are warned on the first occurrence and expelled from the program after the second. Eligibility is reviewed at regular intervals. Every year patients have removed themselves from Project Access because their improved health status enabled them to return to jobs providing health insurance as a fringe benefit.

Other features of the plan are equally creative. The plan's prescription drug insurance

demonstrates the ingenuity of the authors of Project Access. The cost of the drug program is underwritten by the county government, representing a portion of its annual appropriation for medical care of the indigent. Plan members must make a co-payment of \$4.00 per prescription. Participating pharmacists bill Project Access at 10% of the wholesale price of the medication, making no charge for preparation. Through an arrangement with a trust maintained by a coalition of the larger pharmaceutical concerns, Project Access is allowed to reimburse the local pharmacists to cover the loss.

In 1998, with the financial support of the Janirve Foundation, Project Access joined with the Buncombe County Dental Society to formulate a similar plan to provide dental care for the low-income segment of the area.

The success of Project Access exceeded anything that even the most enthusiastic dreamed possible. By 2001 the various participants in the program were providing medical care for 19,000 low-income uninsured people in Buncombe County, and more than 90% of these received primary care. During the year 2000, more than 85% of the local physicians participated, contributing \$4 million worth of medical services. Another \$2 million in form of hospital care was contributed by the Mission-St. Joseph's Medical Center and Thom's Rehabilitation Hospital.

The effect on medical care was spectacular. Because of earlier treatment and fewer repeat visits, the annual health care cost fell from \$500 per member the first year of operation to \$300 two years later. Hospital utilization fell, and emergency room utilization by participants fell from 28% to 8%. Memorial Mission Hospital-St. Joseph's Hospital's write-off for charity fell by 15%.

An unanticipated side effect of the planning process that produced the project was a marked improvement in the efficiency of the county Health Department. The need for two satellite primary care clinics was identified with a resulting doubling of the production of the department in the care of the welfare group.

Predictably, the effect on the patients' health was highly beneficial. Eighty percent of the patients reported their health as "better" or "much better" since enrollment. Absenteeism was reduced by 15%. A random survey in 1998 revealed that whereas only 33% had been employed for wages on enrollment, 48% were wage earners a year later.

The contribution of Project Access in terms of health and human values, not to mention the economic impact of the program, has been appreciated and widely acclaimed.

The Buncombe County Medical Society has received a number of awards for Project Access. Of these perhaps the most prestigious has been the National Innovations in American Government Awards in 1998. Project Access was awarded first place among 1400 applicants in the award granted by the Harvard's John F. Kennedy School of Government. Further recognition came with Project Access being the subject of a "Featured Program" during the 1999 Global Conference on Reinventing Government in Washington, D.C., a conference attended by government dignitaries of forty countries. Local commendations and expressions of appreciation include proclamations from the Asheville City Council and the Buncombe County Board of Commissioners, a Land of the Sky Regional Council Award for Innovation, and the Partners in Health Award by N.C. Department of Public Health.

Project Access has received widespread coverage in the news media throughout the country, including a lead article in *The Wall Street Journal* and a television special on NBC. Dr. Davis accurately declared, "Not since the days of fame as a tuberculosis center a century ago has Asheville medicine enjoyed such acclaim."

When Project Access was designated as the nation's most innovative community project, the Buncombe County Medical Society was besieged by visitors and requests for information about the project. Lacking the staff to meet such this response, Mr. McKenzie obtained a grant of \$250,000 from the U.S. Bureau of Primary Health Care to establish a separate division, the Project Access Replication Division, with a staff member devoted full-time to this activity. The staff members and local physicians who were active in creating Project Access visit interested communities to make presentations and to offer guidance to groups wishing to inaugurate similar programs. The first such replication was the Wichita, Kansas, Medical Society of Sedgwick County Project Access, which began operation in 1999. Twenty county medical societies in North Carolina followed suit, and within three years more than eighty such projects were in various stages of development in cities large and small throughout the nation. Imitation being the sincerest form of flattery, there could be no more convincing evidence of the value and soundness of the ideas that produced Project Access.

Those responsible for the creation and the success of Project Access have good reason to be deeply gratified and proud of its impact here and its growing impact throughout the country.

There are many who can take deserved pride in what has been accomplished. These include, of course, the concerned physicians who conceived the idea and took timely action and those who by contributing their services it possible. The participation of the local hospitals was vital, and their contribution was huge. The County Commissioners and the County Health Department come in for a share of the credit. The talents and expert management of the program were important factors in its success.

Many thousands of patients have been helped by Project Access, but so has Asheville's medical profession. Every three months Project Access publishes a half-page notice in the local newspaper acknowledging and thanking the physicians, hospitals, and other providers and stating the overall dollar value of their contribution to needy members of the community. The value of services contributed by physicians has been as high as \$4 million annually, in addition to approximately \$3 million contributed in the form of hospital services. By 2003 the total had reached \$30 million. For the first time the medical community receives deserved recognized for its charitable work in a dignified and ethical manner. Project Access provided an opportunity to demonstrate that the caring physician is not a figure of the past.

Activities demonstrating the remarkable entrepreneurial skills of the Buncombe County Medical Society leadership are revealed in the creation of two complex ventures, the Employee Benefit Trust and Mountain Health Care.

The Employee Benefit Trust

The events leading to the establishment of a health plan of their own arose from a growing dissatisfaction during the 1980's with the medical insurance coverage for society members and their employees. The dissatisfaction came to a head in 1989, the principle objections being the lack of control over increasing premium rates and details of coverage in the society's negotiations with their long-time carrier, Blue Cross/Blue Shield. A steering committee on health insurance headed by Drs. Jack Bonner and James Powell was appointed to study possible options.

The committee, aware of recently enacted legislation permitting associations to establish independent self-funded benefit programs called Mutual Employee Welfare Arrangements. With the advice of a local consultant who had experience in establishing such medical plans, the committee concluded that such an entity was a feasible solution to the medical society's problems, and the membership accepted the committee's recommendations. The committee found the process of qualifying for such an undertaking and obtaining the approval of the N.C. Department of Insurance and federal regulators.

Attorneys went to work with the details of the corporate structure and claims procedure, actuaries were employed to establish premium rates, and the Employee Benefit Trust (EBT) began operation on March 1, 1990, with Dr. James Powell as chairman of the board of directors.

The EBT was a resounding success. In the capable hands of the plan administrator, Mrs. Evelyn Carter, the health plan consistently outperformed other comparable plans. At the end of its first year Dr. Powell was able to report that the EBT had saved its eight hundred participants more than \$400,000. The savings were even greater in succeeding years. Over a ten-year period increases in the premium rate became necessary at times because of rising hospital and medical costs, but these increases were usually a fraction of those imposed by other carriers. In three years there was increase, and in one of those years the operation fared so well that a one-month 100% premium holiday was granted.

This amazing performance took place while adding benefits such as prescription drug coverage, optional dental coverage, and provisions for preventive measures such as immunizations, Pap smears, PSA testing, mammography, and diabetic management education, all with terms much more generous than found in most health insurance policies. Servicing of claims, originally out-sourced, was managed as an in-house operation with considerably greater satisfaction and at less cost. After ten years the EBT was providing medical coverage for 1,300 physicians and their employees, a total of 2,500 individuals.

The huge success of EBT demonstrated dramatically what could be accomplished by a group of capable physicians working together toward a worthwhile goal. The success of this ambitious venture doubtless served also to give society members confidence to address other problems in a similar manner, paving the way to later accomplishments.

Mountain Health Care

Managed care was slow arriving in the mountain area. Touted as an answer to runaway health care costs and administered for the most part by for-profit insurance companies, the methods work best when large, homogeneous groups of individuals enrolled. Western North Carolina, practically devoid of major

industry, did not at first attract the large corporations busily establishing HMO's and similar entities throughout the nation.

In the 1990's however, small-business owners in the Asheville area began to consider managed care as a possible solution to the increasingly burdensome costs of medical benefits for employees. Managed care, proposed as a method of reducing the cost of medical care, imposed new restrictions that were frustrating to physicians and patients as well and evoked loud protests from both. In an effort to limit wasteful and costly patterns of medical practice, the administrators of managed-care organizations instituted regulations such as required authorization for non-emergency hospital admissions, referral to specialists, specified expensive diagnostic and therapeutic procedures, or costly medications not listed in the prescribed formulary and placed arbitrary limits to hospital stays. Such monitoring and restrictions had been prompted by the growing tendency among physicians to practice with little regard for cost or cost effectiveness, but such oversight and restrictions could be infuriating, especially to conscientious physicians. A particularly disturbing feature of the new system was the limitation of the patient's choice of physician to those participating in the medical plan.

Another difficulty for Asheville businessmen was their relative powerlessness in negotiating the details of contracts with the large managed-care corporations. Individual physicians and small professional groups could anticipate similar problems.

Nevertheless Asheville physicians were aware of a growing interest in managed care within the local business community. In 1993, foreseeing a need to address this problem, Buncombe County Medical Society's president, Dr. John Russell, appointed a Steering Committee on Managed Care to study the matter. The committee, initially co-chaired by Drs. John Killian and Jeffrey Russell, later evolved into two informal groups, a Primary Care Group including Drs. Alan Baumgarten, Bruce Elliston, and Robert Wells, and a Specialty Group including Drs. Roger Domby, John Killian, and Harry Burton. The two groups employed a consultant to advise them and to consider the feasibility of a physician-directed network designed to serve small self-insured business owners in Asheville and the surrounding area. The consultant, Mr. Kevin Kennedy, concluded that the size of the community together with the composition of local businesses and the medical facilities available were admirably suited to such a solution. The membership of the Buncombe County Medical Society directed Mr. Kennedy to proceed with the steps necessary to launch the venture.

Drs. Roger Domby, Dennis Martin, Lary Schulhof, and others canvassed physicians throughout the neighboring counties promoting a preferred physician-hospital organization, but their presentations received a cool response. Undaunted, in August 1994 Asheville physicians formed a Physician Organization (PO) with 352 founding physicians. In December 1995 this organization was registered with the N.C. Insurance Commission as a Preferred Provider Organization (PPO). The 342 founding physicians each subscribed to a share of stock at \$1,250 per share. A governing board consisted of five primary care physicians, four specialists, and three community members. Dr. Alan Friedman served as the first medical director.

Initially, annual dues were \$1,750 and \$250 for primary care physicians, but after a couple of years the number of members increased to the point that these assessments could be reduced and then eliminated. Physicians and other providers were charged a processing fee of 5% of the paid claims paid. They also discounted their fees by 14% to -28%, reducing the cost to the self-insured businesses participating.

The contracts included payment by the employer of \$1.75 per employee per month, a rate one half or less than the national averages of \$3 to \$5 per employee per month. In addition, Mountain Health Care

provided on-going utilization review, as well as training and assistance in administrative details for the office personnel of clients and participating physicians.

The venture was a resounding success. The beginning was modest, with 342 participating physicians, but growth was rapid. In two years the number of physician-providers had more than doubled, and contracts had been negotiated with more than 260 employers. Growth continued at a steady pace with increasing physician participation throughout the mountain area. By 2000 Mountain Health Care had contracts with 320 business firms with medical plans covering 84,000 individuals. Professional services were provided by 1,800 physicians representing 93% of physicians in Western North Carolina; 96% of the participating physicians were board certified. The PPO itself received full two-year accreditation by the recognized accrediting authority on each review in 1997 and 1999.

In 2000, its sixth year in operation, Mountain Health Care processed an average of 40,000 claims a month totaling \$ 35,000,000 a year. The turn-around time of a claim—from time received to time dispatched to the paying agent—was less than thirty-six hours. As an additional contribution, Mountain Health Care provided the database and processed at no charge all the “claims” for Project Access, the program sponsored by the Buncombe County Medical Society affording free health care for Buncombe County’s 1,700 uninsured population.

Mountain Health Care, with twenty-three employees and offices in the old Lowe’s Building on Biltmore Avenue, was readily accessible to participating businesses and physicians alike. The advantages derived from dealing with a customer-friendly local organization rather than with a large, distant, impersonal corporation were numerous.

Mountain Health Care’s actual monetary value to the community can be calculated by its history of supplying a comprehensive provider network at a cost to employers consistently 12% to 20% below the national average: a savings to local businesses of \$15.5 million during a six-year period.

Few in Asheville are aware of the tremendous accomplishment that Mountain Health Care represented or of its value to the community. Great credit is owed to a group of physicians whose foresight and unusual talents were responsible for the conception, birth, and phenomenal growth of the undertaking. Mountain Health Care succeeded in achieving the cost-saving benefits of managed care while avoiding the evils and abuses that have occurred elsewhere. Part of the success of Mountain Health Care can be attributed to the fact that the organization was perfectly suited for a community the size of Asheville in the midst of a self-contained rural area made up of small villages containing numerous small businesses but no major industry. Moreover, it was founded not with the goal of reaping profit but as an effort to avoid some of the undesirable features of managed care as it was developing, features that threatened to destroy many of the time-honored elements of medical practice to the great detriment of local working people, their employers, and local physicians.

Alas, this success story has an unhappy ending. Despite the demonstrable benefits that Mountain Health Care had brought to the community, the U.S. Department of Justice ruled that such physician-controlled organizations represent an unfair trade practice and obtained a court order that Mountain Health Care be dissolved and its assets sold.

It was easy to demonstrate that Mountain Health Care’s fee schedules were actually lower than others offered by managed-care corporations operating in the area. Mountain Health Care constituted only 8% of the practice base of the local physicians, most of whom participate in other health plans. The organization was not operated to reap profit for anyone: in its final year of operation, Mountain Health

Care showed income in excess of expenses of only \$21,147 on more than \$2,300,000 worth of contracts. Although it can be argued that a physician-controlled organization such as Mountain Health Care offers opportunities for abuse, the biennial reviews by independent accrediting authorities had revealed a total absence of abuses of any kind.

Contesting the dissolution order would incur heavy legal expenses over an extended period. Not only would such legal action seriously interfere with concluding future contracts, such an expense would eventually be borne by participating patients and employers. Consequently, the board of directors of Mountain Health Care reluctantly chose not to contest the court order.

The loss of Mountain Health Care represents a great loss to the Asheville community. As of this writing, it remains to be seen if it can be replaced by an entity that will provide the mountain area with the valuable features that the originators of Mountain Health Care had devised. It will not be easy to match Mountain Health Care's five-year record of providing cost-effective quality health care to western North Carolina.

The Buncombe County Medical Society: Then and Now

The striking feature that emerges from a review of the 115-year history of the Buncombe County Medical Society is the impressive increase in the size and scope of the society that took place during those years. Even more astounding is the fact that most of that change occurred during the final decade of that period, a decade marked by changes in all aspects of medical care more profound than in any other decade in history.

Comparisons between the present Buncombe County Medical Society at the beginning of the twenty-first century and the society as it was in years past bring out some striking contrasts.

Size: Active membership in 2000: 515

In 1905, the first year for which any record is available, total membership was **50**. Twenty years later it had doubled to **104**, and eleven years later, in 1936, it was only slightly higher at **117**. It remained at that level until World War II, when a third of the Asheville physicians were called into military service, reducing the number to **61**, which rose to **119** when they returned in 1946. The influx of new physicians following World War II swelled the membership to **138** in 1950. The number of active members remained stable, still **138**, in 1956, the last year until 1990 for which there is a record because of the fire of 1988.

Dues: Annual dues in 2000: \$225

Annual dues were **\$2.00** in the 1920's and remained at that level until the end of the Great Depression, when, in 1937, dues were increased to **\$3.00** a year. Thereafter they rose slowly, first to **\$13.00** and then to **\$25.00** in 1950, the increases representing an assessment of \$10.00 a year to maintain the Buncombe County Medical Society Library. In 1955 dues were raised drastically to **\$85.00**, the increase representing the society's contribution to the war chest in the fight against socialized medicine.

Staff: Employees in 2000: 7

From 1920 until 1989 the society had one employee, a part-time secretary. Her salary, **\$150** per year, remained unchanged for the next thirty years. In 1952 it was increased to **\$250** a year. Ms. Susan Young,

the secretary in the pathology department at Mission Hospital, served as the society's part-time secretary for more than twenty years, retiring in 1993. Ms. Young's duties consisted of typing the minutes of the quarterly meetings, board meetings, and society correspondence, depositing receipts, writing checks, keeping all financial records, and submitting the books for audit. In addition she made the necessary arrangements for all dinner meetings and social functions of the Society. During the later years of her tenure, her salary was raised to **\$325** a year.

Budget: Annual budget in 2000: \$655,000

Total disbursements for 1922, the first year for which records are available, totaled **\$855.59**. Over the next twenty years expenditures increased gradually to **\$2,550** in 1942. In 1955, with increased outlays for political activity, expenditures rose sharply to **2,778**.

PAST PRESIDENTS OF THE BUNCOMBE COUNTY MEDICAL SOCIETY, 1900–2002

BCMS Past Presidents

1900	James M. Burroughs
1901	H. L. Baird
1902	Frank T. Merriwether
1903	S. Westray Battle
1904	Carl. V. Reynolds
1905	C. P. Ambler
1906	T. Cheeseborough
1907	William L. Dunn
1908	D. F. Sevier
1909	Martin L. Stevens
1910	Charles S. Jordan
1911	C. E. Cotton
1912	H. H. Briggs
1913	A. N. Calloway
1914	Paul H. Ringer
1915	Eugene B. Glenn
1916	Charles L. Minor
1917	Gaillard S. Tennant
1918	Jos. B. Greene
1919	C.D.W. Colby
1920	
1921	James M. Lynch
1922	A. T. Pritchard
1923	C. Hartwell
1924	Lewis Elias
1925	C. C. Orr
1926	F. Webb Griffith
1927	J. W. Huston
1928	O. F. Eckel
1929	W. P. Herbert
1930	J. D. McRae
1931	Bruce Ward
1932	Wilmer L. Grantham
1933	L. G. Beall
1934	A. C. McCall
1935	Lewie M. Griffith
1936	G. Farrar Parker
1937	T. R. Huffines
1938	R. A. White
1939	W. R. Griffin
1940	W. Murray
1941	Arthur C. Ambler
1942	G. Westbrook Murphy
1943	W. I. Pendleton
1944	Kermit E. Brown
1945	B. G. Edwards
1946	Julian A. Moore
1947	Harold S. Clark
1948	James H. Cherry
1949	B. E. Morgan

1950 Edward W. Schoenheit
1951 Edwin J. Chapman
1952 Charles A. Hensley
1953 J. B. Anderson
1954 H. H. Biggs
1955 Curtis Crump
1956 Stanley L. Atkins
1957 Louis L. Klostermeyer
1958 James S. Raper
1959 Don R. Printz
1960 Theo B. Raiford
1961 George Gilbert
1962 Lewis S. Rathbun
1963 Bruce J. Franz
1964 Roger W. Morrison
1965 John R. Hoskins, III
1966 Jesse P. Chapman
1967 Fletcher S. Sluder
1968 Michael D. Keleher
1969 John F. Barber
1970 Donald H. Vollmer
1971 John. A. McLeod
1972 Jack Powell
1973 Wayne S. Montgomery
1974 Benjamin R. Olinger
1975 Alexander Maitland, III
1976 John W. Ledbetter
1977 C. T. McCullough
1978 John A. Henderson
1979 F. Maxton Mauney
1980 Nelson B. Watts
1981 Arthur S. Morris, Jr.
1982 Harry H. Summerlin, Jr.
1983 Jack W. Bonner, III
1984 Robert M. Boerner
1985 Robert C. Moffatt
1986 Harold R. Golberg
1987 Roger A. James
1988 W. O Brazil
1989 J. Spencer Atwater
1990 Robert S. Wells
1991 Philip C. Davis
1992 William B. Costenbader, Jr.
1993 John H. Russell
1994 James. B. Powell, II
1995 John. H. Killian
1996 J. Paul Martin
1997 Carol A. Long
1998 Donald W. Russell
1999 Rodney V. Pugh
2000 John R. Steinfeld
2001 C. Emery Williams
2002 James H. Montgomery

The Buncombe County Medical Society Auxiliary/The Buncombe County Medical Society Alliance

Organizational goals, Buncombe County Medical Society Auxiliary—1943:

To be a catalyst for the health of the larger community by providing opportunities for service and education through this organization and its partnerships with local and regional health care organizations.

Mission statement, Buncombe County Medical Society Alliance—1991:

Healthier Physician Families for a Healthier Community

In his address to the Buncombe County Medical Society (BCMS) upon becoming president in January 1943, Dr. Wilson Pendleton called for the organization of a “Women’s Auxiliary” to the society. There can be little doubt that the suggestion was prompted by some of the local doctors’ wives interested in becoming active as a group. At the April 19 meeting of the BCMS, Mrs. Thelma Saunders, wife of orthopedic surgeon Dr. John T. Saunders, announced plans to organize a ladies’ auxiliary. (Records of the North Carolina State Medical Society Auxiliary contain a reference to a Buncombe County Medical Society Auxiliary in 1930, but in the absence of any further reference to the organization it is assumed that it became inactive.)

At their organizational meeting on April 30, 1943, the twenty-four founding members of the new Buncombe County Medical Society Auxiliary (BCMSA) elected Mrs. Saunders president and agreed upon membership dues of \$1.00 a year. From the beginning the Asheville group became active in the state society to the extent that Mrs. Saunders was elected President of the North Carolina Medical Society Auxiliary in 1944.

During the World War II years members were occupied mainly in the war effort. In addition to other activities, the auxiliary members completed the Red Cross nurses’ training program enabling them to be assigned to the local hospitals as volunteers to help alleviate the serious shortage of nurses during those years. In the post-war years the BCMS Auxiliary had as its principle activity the provision of an endowed bed at Mission Hospital. Orva Sluder was the prime mover of this early project.

During the 1950’s, with a membership of more than one hundred, the Auxiliary began to play an important role in numerous civic activities, especially those related to community health matters. In 1956, upon introduction of the first Salk vaccine, the society played an important role in the planning of the mass polio inoculation program and served as the volunteer staff needed for such a large undertaking. They served in a similar capacity in two subsequent campaigns to administer the new Sabin oral vaccine to the school children of the region. The society responded to repeated requests to organize blood donation campaigns for the newly established Red Cross Blood Bank, setting an example one year by donating 105 pints themselves. The auxiliary was an active participant in the 1965–1966 controversy that resulted in passage of the ordinance ordering fluoridation of the city water supply and later conducted a citywide educational campaign to acquaint the public with the new Heimlich maneuver.

Support of the nursing profession was an ongoing concern of the auxiliary from its beginnings. As early as 1961, members voted to increase the annual dues to \$6.50 to help establish a Nurses Scholarship Fund. In 1975 the BCMSA sponsored Future Nurses Clubs at the local high schools and made scheduled recruiting visits through the neighboring counties.

The year 1968 is memorable in the history of the Auxiliary, marking the beginning of what was to become the major project and its most visible contribution to the community—the Children’s Museum, later to grow to become The Health Adventure. The growth and development of The Health Adventure is a story of its own and is described in a section that follows. The Holiday Greetings Card project, started that year as a way to raise funds for the Children’s Health Museum, has become an annual event and continues to net significant sums in support of the museum. For many years the greeting card featured a winter scene in watercolor by Dr. Lewis Rathbun, who in addition donated the original painting to be raffled to add still more to the amount raised. In 1966 Lu Russell, then president, instituted *BCMSA Newsletter*. It began as a one-page communication from the president which in 1981 under the leadership of Carolyn Crouch began publication as the present prize-winning *Heart to Heart*. In 1974, then president Ruth Barnhardt, with the help of Barbara Keleher, typed the Auxiliary’s first *Yearbook*, published annually since that time.

From its inception the Buncombe County Medical Auxiliary promoted friendship and warm collegiality among members of the local medical profession. As the number of physician families increased, these functions acquired additional importance. Social events include the Annual Newcomers Picnic for new physicians and their families, luncheons to welcoming the spouses of new members, and an annual Meet the President Brunch, a social occasion offering the opportunity to meet the current president as well as past presidents of the Auxiliary. At other events retired physicians and their wives were honored guests.

The annual observance of Doctors Day took many exceptionally innovative forms such as performing mini-checkups on the doctors and collecting food for donation to the Manna Bank in their honor. A seminar entitled “Backrubs and Bouquets: Surviving Stress in a Medical Marriages” conducted for members and their spouses was a great success. Another program discussed “The Problem of the Impaired Physician.”

The auxiliary participated as active partners in the activities of the county medical society. They organized volunteers needed for the ABCCM Doctors Clinic, manned the telephones on the WLOS-TV call-in program “Doctors on Call”, and even made trips to Raleigh to appear before legislative committees dealing with matters related to the medical profession.

Far from being an organization concerned only with promoting warm relationships within the medical community, the BCMSA, with over two hundred members by the 1970’s, became one of the most active and productive civic groups in Asheville. The group has been especially outstanding in identifying local needs of a medical nature and playing a leading role in meeting those needs.

The number and variety of fund-raising projects reveal a remarkable combination of enthusiasm and ingenuity. In 1981 a large-scale four-story garage sale entitled “Encore” was a huge success and became an annual event. In 1983 the Auxiliary began publishing a local Physicians’ Directory. Sale of the directory brought in tidy sums amounting to as much as \$14,000 a year. Two larger fund-raising efforts in partnership with other organizations, a giant Food Fare at the Civic Center and a Celebrity Lectures Series, each netted approximately \$20,000. Other fund-raising activities included the sale of a variety of contributed odds-and-ends at their “Collectors Corner,” Yuletide home tours, progressive dinners, a Southern Living Fashion Show, compilation and sale of a cookbook, and money earned catering the annual medical society Shrimp Picnic. One project, a Benefit Basketball Game played between Buncombe County doctors and lawyers, netted \$20,000. Most of these sums were distributed in support of various community health initiatives.

A particularly innovative project and one of great service to the community was the Safe Rider Program, consisting of a continuing educational program promoting the proper use of infant automobile seats and including loans and rentals of approved seats.

Over a span of three years the project lent or rented more than 2,000 car seats and at the same time realized a tidy profit.

In a particularly large endeavor the Auxiliary's raised \$32,000 to build the first house, designated "The Medical Community House," in Habitat for Humanity's new Oakwood Community.

The Auxiliary took the initiative in a large variety of community projects, especially those connected with the public schools. Among these were "Youth Yellow Pages," a booklet to assist for teenagers with the complexities of growing up. Copies were distributed to seventh graders in the public and private schools throughout the county. The Auxiliary and members of the county medical society, with the cooperation of the public schools, conducted an educational program for parents on the subject of AIDS. A film, "Parent to Child: About Sex," purchased for showing at The Health Adventure, was made available to other groups on request. The BCMSA lent its support to others in innumerable other community endeavors. For example, in 1989 members packed and sent off ninety-five boxes of clothing and supplies to victims of Hurricane Hugo.

In December, 1989 the BCMSA suffered an irreparable loss in a fire in its headquarters in the Julian A. Moore Room of the MAHEC Library building. Destroyed were all its financial and membership files, copies of past newsletters, numerous awards, photographs, scrapbooks, and memorabilia. In 1991 the BCMSA began sharing offices with the Buncombe County Medical Society and the administrative services of its staff.

The Health Adventure continued to be the BCMSA's principal project but the Auxiliary provided financial support to other civic organizations. For this purpose, in 1981 the Auxiliary established the Health Project Fund from which grants were made in support of local civic undertakings. In addition to the Health Adventure, grants were made to the ABCCM Free Clinic, The Red Cross, Mothers Against Drunk Driving, the Rape Crisis Center, Pisgah Legal Services, Helpmate, Life After Cancer, the Memorial Mission Child Development Center, the AMA Emergency Relief Fund, and others. The Health Project Fund was the forerunner of the Buncombe County Medical Society and Alliance Endowment established in 1998.

In 1997 the Auxiliary changed its name to the Buncombe County Medical Society Alliance to coincide with a similar name change in the state and national organizations.

The accomplishments of the BCMSA throughout all these years have not gone unrecognized, and the list of awards earned is long. Among the citations by the State Auxiliary are the Best All Around Auxiliary (1977) and Outstanding County Auxiliary (1984). The Southern Medical Association at its 1987 Annual Meeting voted the BCMSA the Best County Medical Auxiliary with membership of 75 to 150 members. At the same meeting of the Southern Medical Association, the BCMSA received a National Research Award and the Romance in Medicine Award and won the prize for best exhibit. Throughout the years the BCMSA has received repeated citations at state meetings for such accomplishments as Best Newsletter, Best Year Book, Best Doctors' Day Observance, and Best Scrapbook.

All of the activities described in this account reveal the organizational skills, ingenuity, and dedication characteristic of the group over a history now spanning more than fifty years. As the organization has grown in size, the scope and impact of its activities increased accordingly. It is not possible to quantify the time and effort involved in these activities, but some measure can be obtained from noting that in one year, 1977, midway in the life of the Auxiliary, its members logged almost 40,000 hours of volunteer activity. Characteristically, the Buncombe County Medical Society Alliance enters the new century formulating long-range plans to ensure that the BCMSA continues to service to the medical community and the community at large.

The Health Adventure

The Health Adventure, the award-winning science and health museum, is a lasting and monumental contribution of the Buncombe County Medical Society Auxiliary to the people of Asheville and western North Carolina. At the close of the century occupying a prominent place on Pack Square, it is highly visible and one of Asheville's most visited attractions. The story of the Auxiliary's dedication to the project and its growth over thirty-odd years is best told by two members whose talents and persistent effort had a great deal to do with the success of the project. The history of The Health Adventure was written in January 1997 by Diana Bilbrey and Maralee Gollberg to commemorate the approaching thirtieth birthday of the museum. It reads:

“Since 1968, The Health Adventure has honored the commitment of the Medical Auxiliary's Founding Mothers to provide critically needed health and science education to the children and adults of Western North Carolina.

“The Buncombe County Medical Society Auxiliary gave birth to The Health Adventure, then the Children's Health Museum, in 1968 in a small storage room in Memorial Mission Hospital.

“It all started when a group of Medical Auxiliary members wanted a project that would help the organization break away from the community perception that they were merely a social organization,” said Mary Powell, one of The Health Adventure's Founding Mothers. “We wanted to teach children about hospitals, cleanliness, and taking care of their bodies. We thought that if we could teach good health habits to people when they're young, those habits would carry over into adulthood. In our wildest dreams, we never imagined The Health Adventure would become what it is today.”

“The goal of the Children's Health Museum (1968–1974) was to help prepare children for hospitalization and to supplement and augment school courses in health and family life education. The feature exhibit was “So You're Going to the Hospital,” which introduced children to the hospital routine. The students were able to listen to their heart beat, check a classmate's blood pressure, examine a bedpan, count blood cells from a slide under a microscope, talk to nurse,s and dress in operating room garb. In most cases, children who had visited the museum prior to entering the hospital as a patient, were less fearful and better patients. Lu Russell, Shirley Sharpe, Gus Young (now deceased), Mary Powell, and Arline Morrison served as Auxiliary Presidents during those years.

“The storage room quickly became too small to receive its growing numbers of visitors. In 1969 the Auxiliary moved the exhibits and programs to an abandoned gymnasium located on the ground floor of the Medical Library Building on the grounds of Memorial Mission Hospital (presently the site of the hospital's parking deck off the McDowell Street entrance). New exhibits included a complete hospital and operating room setup, life-sized models of the body, Mr. Bones (the same skeleton that rides the bicycle in The Health Adventure today), Family Life, and Insect Allergy. We also had a real Iron Lung,

which was a reminder of the polio epidemic and served as a historical exhibit for the children and adults who visited the museum.

“Four years later in October of 1974, the museum opened its doors with a new name and in a new location. The name was changed to the Asheville Health Education Museum (1974–1978); and the location was log cabin north of Memorial Mission Hospital (the current MRI Center site). The name change was made, according to Patty Vanderbeek, then Chairman of the museum committee, ‘to give the facility a new image. Programs and exhibits were expanded and developed for older children.’ The Auxiliary donated a functioning torso and heart amplifier exhibit. The museum committee developed exhibits on dangerous drugs and poisons in addition to maintaining all of the original exhibits. In 1974, two thousand young people toured the museum. Before long, buses from schools throughout Western North Carolina were lining up in front of the log cabin. Health education classes were given to over five thousand people in 1976. We once again had outgrown our space.

“The Mountain Area Health Education Center (MAHEC) came forward and offered us 6,000 square feet in the lower level of their building. The Auxiliary accepted the space and the challenge that lay ahead. We committed \$7,000—*the most money we had ever spent*—to Richard Rush, a health exhibit designer in Chicago, to prepare conceptual drawings of the new facility. With the conceptual drawings in hand and a new name—The Health Adventure—the Auxiliary voted to proceed with the largest health education project in Buncombe County and Western North Carolina.

“It was an intensive two years. The excitement of developing our vision into the finished project; the grinding work of raising the needed \$400,000 and learning to work together like a professional administrative team filled many hours. There was ‘on-the-job’ training in program development, public relations, volunteer training, exhibit design, grantsmanship, and even begging. On September 28, 1978, Clarice Morris (now deceased) served as the first President of the newly formed Board (of The Health Adventure) comprised of community, Medical Society and Auxiliary members. Prior to this time, The Health Adventure had been completely overseen by an internal committee of the Buncombe County Medical Society Auxiliary.

“More than 20 years after the tiny storage room opened as a project of the BCMSA, The Health Adventure headed for a new home in Asheville’s Pack Place Education, Arts and Science Center. The museum moved into Pack Place July 4, 1991. The new space contains 20,000 square feet on two levels with a self-instructed, hands-on interactive museum for visitors of all ages. The expanded facility offers programs and exhibits for children, families, adults, seniors and tourists. The New Adventure Gallery is an 1800 square foot exhibit area that features national traveling exhibits, which change every 4 months. However, even with extensive growth, the mission statement remains the same: The Health Adventure is a health and sciences education center for all ages, dedicated to improving health awareness, promotion wellness lifestyles and increasing science literacy through programs, exhibits and services.

“More than 712,446 children have participated in the many programs of the museum since those early days. The Health Adventure now includes more than 93 exhibits (insured for one million dollars). A paid professional staff of 22 operates the facility with assistance from over 200 volunteers. Now more than 40 programs are offered ranging from dental health and nutrition to emotions and heart attacks. ‘We’ve found over the years that programming is the key to our success,’ Director of Programs and Exhibits Maralee Gollberg said. ‘We can have all the exhibits in the world, but unless we can offer that personal touch, that interaction with people, the exhibits don’t mean much.’

“Accredited by the American Association of Museums in 1985 as a science and technology center, The Health Adventure is also a member of the Association of Science and Technology Centers, the North Carolina Museum Council, the National Association of Health Education Centers and the Southeastern Museums Conference. The Health Adventure continues to serve as a resource for Western North Carolina’s school children.

“For 29 years the Auxiliary has played a major role in the museum’s success story. The Health Adventure is one of our three on-going community health projects. We pledge our proceeds from our annual Greeting Card project to its operating budget, plus we often fund special projects. Along with our financial support, there is a need for Auxiliary volunteers. Volunteers can participate as trained docents, greeters, guides, serve on the committees or work with the Friends organization. As it has over the past years, The Health Adventure provides an exciting opportunity for Auxilians and staff to work together.

“From the small storage room in Memorial Mission Hospital to the expansion in Pack Place, it has been quite a trip! The Auxiliary didn’t realize it at the time—but to quote Ruth Henderson, ‘We’ve had a tiger by the tail from the very beginning!’ ”