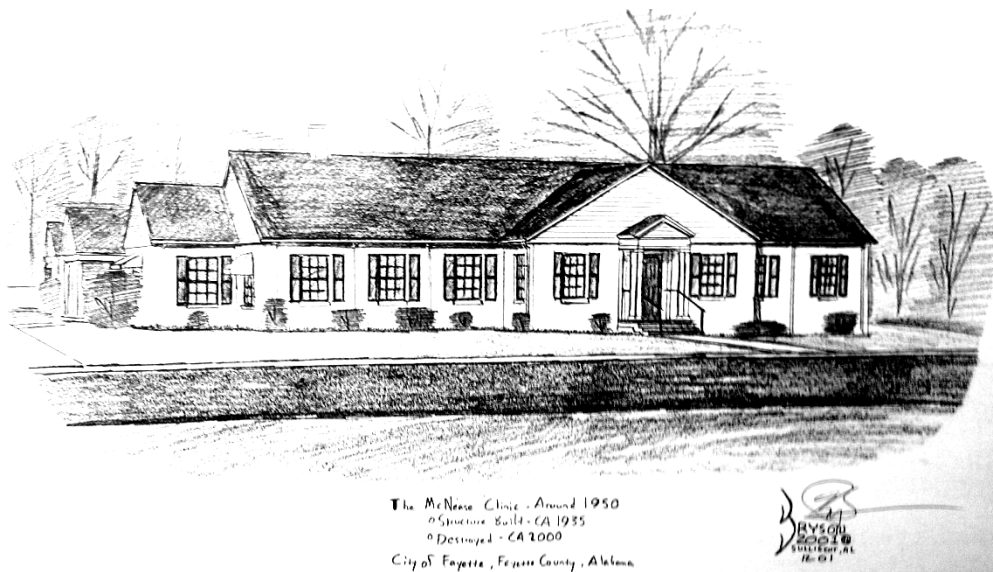


Fayette County Medicine: A History of Quality Healthcare In Rural Alabama

*The Physicians,
The McNease-Robertson-Hodo Clinic/Hospital,
and their Legacy*

By Harold Reed



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Harold E. Breitling, MD

General Practice

Dr. Harold E. Breitling was born and raised in Demopolis, Alabama. He was affected by asthma in his formative years. Dr. William Cocke delivered Dr. Breitling and was his family doctor. Dr. Cocke visited the Breitling home numerous times early in the morning hours when Dr. Breitling was having difficulty breathing as a child. However, asthma did not keep him from being active in sports. He played high school football, but preferred baseball because it did not affect his asthma as much. His love of sports became even more evident during his medical career.

Dr. Cocke was one of three physicians who had a great influence on Dr. Breitling's decisions concerning a career in medicine. Dr. Breitling wanted to be a doctor and help people like Dr. Cocke had helped him. "But I never thought it would be possible," Dr. Breitling said.

Dr. Breitling sometimes saw Dr. Arlington Henry Bobo, Sr., because of his asthma. Dr. Bobo was also influential in Dr. Breitling's decision to become a doctor. Dr. Bobo made a lasting impression on Dr. Breitling by prescribing an inhalation spray that helped control his symptoms. (Later, when he was in practice, Dr. Breitling said he often thought about Dr. Bobo prescribing the asthma spray for him, when he prescribed the same asthma spray for his own patients.) Dr. Breitling also became a close friend with A. H. "Bill" Bobo, Jr., Dr. Bobo's son.

Dr. Bobo was originally from Covin, Alabama in Fayette County. He received his Doctor of Medicine degree from the Birmingham Medical School, which existed from 1894 to 1915 and closed during an era of reform in medical education fueled by the Flexner Report. Dr. Bobo began to practice medicine in Jefferson County in 1911. Later, he moved to Demopolis, Alabama, where he had a successful practice for 20 years and was active in the community. He was named the Demopolis "man of the year" in 1948, but due to poor health retired and returned to Covin in Fayette County. He was active in the Covin Baptist Church and was a deacon there. He passed away as the result of a heart attack in the McNease-Robertson Hospital.

Dr Julian Howell, who practiced at Baptist Hospital in Selma, was another doctor who influenced Dr. Breitling. Dr. Howell was a pioneer in having medical



Harold E. Breitling MD

students do rotations away from the medical school with community doctors as part of their training. Dr. Breitling, the second student that Dr. Howell precepted, worked with Dr. Howell the summer between his junior and senior years in medical school. Dr. Howell allowed Dr. Breitling, the medical student, to observe him seeing patients and to scrub in on surgery cases during that very educational summer.

Dr. Breitling started his formal education at Livingston University, which he attended for two years. He then attended the University of Alabama for two years and received a bachelor's degree in Chemistry. He then went to University of Alabama School of Medicine and Hillman Clinics, which later became central components of the University of Alabama at Birmingham or UAB, for his four years of medical school. In 1957, he received the Doctor of Medicine degree. Dr. Breitling went to Caraway Methodist Medical Center for his intern year in 1957-58 and in 1958-59 he stayed on at Caraway for a residency year in internal medicine.

In the fall of 1956, he was attracted to Pat Newton, a nursing student. Their relationship grew over the next year and on December 1, 1957, they were married and eventually had three children.

Pat's mother, Dr. Breitling's mother-in-law who lived in Fayette, suggested that he call Dr. McNease about a possible practice opportunity. After talking to Dr. McNease, the first person he met when he arrived in Fayette was Bill "Swamp" Sanders, an independent insurance agent, who convinced him what a great community Fayette was. Dr. Breitling and Pat moved to Fayette where their family soon became comfortable.

Dr. Breitling said "he most enjoyed practicing medicine like he did when he first started, when the only thing he had to concern himself with was the patient." He showed little interest in affairs of the organized profession, although he did maintain a membership in the Medical Association of the State of Alabama, the American Medical Association, and the Alabama Association of Family Practice. Though he disliked going to meetings, he knew someone needed to represent the interest of doctors like those in Fayette at the state and national levels. His partners took on this responsibility, and so it was a perfect match.

Dr. Breitling practiced for 20 years in the old McNease-Hodo Clinic and spent another 32 years in the Clinic at its new location on 1716 Temple Avenue North. During his practice he made many house calls. He also had privileges at Fayette County Hospital. When Dr. Breitling first started his practice in the McNease Clinic he saw only 10 to 12 patients per day. This low patient census was primarily due to the fact that he was sharing practice with his medical school classmate, Dr. John Davis, who had joined the clinic just two month before him. When Dr. Davis went

back to medical school to train as an ear, nose and throat specialist, Dr. Breitling soon had a very busy practice.

Dr. Breitling said many of his patients came from outside the city of Fayette and from surrounding counties. Many were athletes from Berry and Hubbertville high schools. Dr. Breitling made a considerable number of house calls during his long career, reminiscent of his own childhood mentor who visited his home many times when he had asthma.

Dr. Breitling's greatest pleasure was in sports medicine. He dedicated himself for the first 30 years of his practice to attending almost all Fayette County High School basketball and football games. He was inducted into the Fayette County Athletic Hall of Fame for his dedication and support of Fayette County Sports.



Dr. Breitling often made house calls

In addition to his practice, Dr. Breitling was a successful businessman and forestry farmer. He was an advocate for preserving the beauty of the Fayette County natural landscape.

Dr. Breitling had a remarkable 52-year career in Fayette. During that period, he spent more time at work than he did at home. He said Pat was mother and father to their children while he was doing what the time demanded. Dr. Breitling loved his patients and he was respected and loved by them. He made many friends. In retirement he found time and opportunity for visiting, something he had little time for during his very busy career. And he could give more time to his hobby as a Civil

War enthusiast. His grandchildren also became top priority. He was quick to honor the contributions of all the employees at the McNease Clinic, the McNease-Hodo Clinic and the Fayette County Hospital. He also expressed his love and great appreciation for Pat's selfless devotion to minding everything at home while he was at the hospital.

Jon Emory Sanford, MD

Family Practice



Jon E. Sanford, MD

Jon Emory Sanford, MD was born and raised in Walker County, Alabama. His father was a school principal, a math teacher, and a minister. His family lived on a farm eight miles north of Jasper where he learned the value of hard work. Dr. Sanford attended Walker County High School where he was an excellent student, a football player, and student body president. He was captain of the defensive-minded team that allowed only two touchdowns on the way to the state championship among the Alabama's larger schools.

Dr. Sanford was impressed by Coach Paul "Bear" Bryant who on his first trip to Alabama from Texas A&M made a speech at the Walker County High School Vikings football banquet and presented the State Championship trophy. It was not a coincidence that Coach Bryant's trip also included the recruitment of Jon's long-time friend, Bill Richardson. Bill was named Mr. Football-State of Alabama in 1958 and

later played on Coach Bryant's first national championship team of 1961. Dr. Sanford told his dad after hearing Coach Bryant speak that he wanted to walk on at Alabama the following year. The next day, he was called to the principal's office where the principal told him that he was too little to play SEC ball. His coach said, "You're too slow," and his dad said, "You're not going." Subsequently, Dr. Sanford accepted an offer of a football scholarship to Samford University. However, just as fall practice was set to begin, the school canceled all sport scholarships due to hardships associated with the campus' move from East Lake to Homewood. However, Dr. Sanford received a call from Dr. Evan Zeiger, Sr., Vice-President for Financial Affairs and Athletic Director, who was heavily involved in the move and who said Dr. Sanford could receive one of Samford's academic scholarships. Along with the scholarship, he was given a job at the local hospital that provided him with room and board and a salary of \$100 per month. Dr. Zeiger became a life-long friend and mentor. Dr. Sanford said Dr. Zeiger was very instrumental in him going to medical school. (Dr. Zeiger's own son would become a noted neurosurgeon in Birmingham, and die tragically with his wife in the crash of his single-engine propeller airplane.)

While at Samford, Jon met Mary Anne Thomas, a pharmacy student from Birmingham. He was her lab instructor in Chemistry. In 1960, they married and subsequently became proud parents of three children and grandparents of nine grandchildren.

Receiving the Bachelor of Science in Chemistry in 1962, Dr. Sanford went to the University of Alabama School of Medicine and received his Doctor of Medicine in 1966. He completed an internship in 1966-67 at University Hospital, Birmingham, Alabama. He, along with other medical students, was inducted into the Army Reserves to await active duty upon completion of their internships. However, his activation was deferred, thus Dr. Sanford opened a general practice in Gordo, Alabama, in neighboring Pickens County, where he stayed for five years.

During a family practice meeting in Orlando, Florida, Dr. Sanford approached Dr. Richard Rutland with the idea of moving his practice to Fayette. Dr. Sanford and his family moved to Fayette in 1972 where he developed and maintained a busy practice up until today.

Dr. Sanford's practice was typical. He had a busy clinic and hospital practice. During the twenty-one years that he maintained an obstetrical practice, he delivered approximately 2500 babies, over 200 the final year. He also maintained a large nursing home patient load.

During his career, Dr. Sanford was generous with his time, support and

leadership to maintain quality services in Fayette. He supported and defended the nursing home when onerous and impractical regulations threatened the quality and service that Fayette County Nursing Home residents and families appreciated. When the hospital was considering the purchase of its first CT scanner, he flew his private plane, at his own expense, with the hospital administrator, radiologist, and surgeon to Chattanooga, Tennessee and on to Athens, Georgia to evaluate the technology and machines available.

Dr. Sanford served in many positions of leadership in the hospital and nursing home. He served on the medical staff as president and member of the executive committee, surgery committee, and others. He was chairman of the quality assurance committee, medical director for Fayette Medical Center Hospice, and chairman of the Fayette Medical Center Board. In the latter position he worked with administration to implement a master facility plan for construction valued at over ten million dollars. The plan resulted in a new kitchen, front entrance with lobby, medical records department, new administrative suite, and twenty-one additional nursing home beds.

Dr. Sanford's professional participation and leadership expanded into state and national medical organizations. These included:

- 1973-1996 Member, Alabama Academy of Family Physicians (AAFP)
- 1974-1977 AAFP Education Committee
- 1977-1978 AAFP President
- 1978-1980 AAFP Board of Chairman
- 1981-1989 Board Member, Mutual Assurance Society of Alabama Underwriting Committee,
Mutual Assurance Society of Alabama Claims Committee, Mutual Assurance Society of Alabama
- 1983-1989 Alternate Delegate to the American Medical Association (AMA)
- 1989-1999 Delegate to AMA
- 1996 Chair, Reference Committee F of the AMA, Representative from Medical Association of the State of Alabama (MASA) for 12 years on Reference Committee A (Socio-economic affairs) of the AMA
- 1989-1996 Board of Censors, Medical Association of Alabama, State Committee of

Public

Health, Alabama Board of Medical Examiners

1996-2004 Member and Chair, Physicians Recovery Network of MASA

2001-2002 President of the Medical Association of the State of Alabama

At the Medical Association of the State of Alabama (MASA) annual meeting in 2001, the House of Delegates and College of Counselors elected Dr. Jon Sanford president of the Medical Association State of Alabama. This is the highest position in organized medicine in Alabama for a physician. This achievement was recognized, and he was honored with a reception at the Fayette Civic Center on July 15, 2001, with his family, colleagues, patients and friends there to congratulate him.

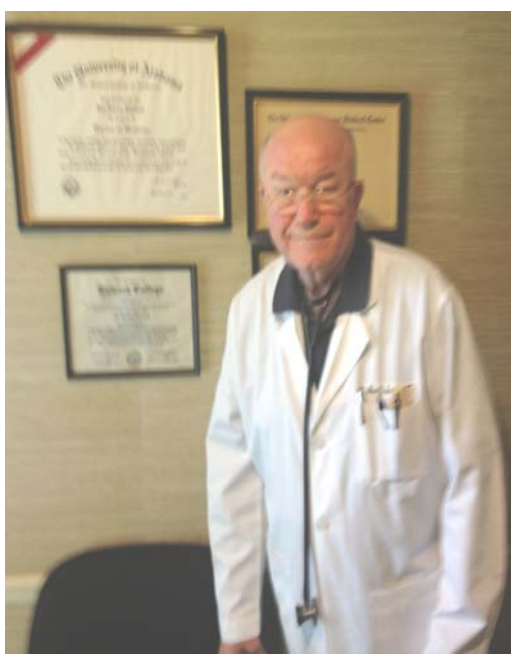
On June 30, 2001, at his induction into the presidency of MASA, Dr. Sanford made a speech to the association including the following:

[Our profession] is about a relationship, a commitment, a promise that each and every member of this medical profession made when we earned the title "Doctor of Medicine." I suggest to you that the essential ingredient is a sick patient that needs and seeks care by a physician who has pride of professionalism and the spirit of servanthood.

I want to stir in you that pride you felt when you saw that you did indeed possess abilities to make people well and to give comfort and hope where there had only been pain and distress. Which of you does not inhale with pride as you recall your early victories over illness, pain, and death, when you have brought comfort to distraught parents of a sick child, or reassured an aged patient that you would be there when he/she needed you? Because of your training, your skill, and your faithfulness to the contract and promise you made when you took the Hippocratic Oath, you answered that call, fulfilled your duty, and saved a life. Thousands of times we have renewed and sustained that precious contract called "the Physician-Patient relationship" when we sit and listen, make eye contact, communicate expertly, apply hands, order tests and procedures applying the wonders of science and technology to our time honored skills in the art of medicine.

Dr. Sanford's roles in professional leadership were time consuming, requiring the support of his partners and colleagues to maintain the continuity of his practice. Though his practice group dissolved in 1990 and in 2001 he relocated from the McNease-Hodo Clinic to 17th Court NE, his colleagues continued to work cooperatively with him. Because he was a private pilot and had his own plane, he minimized the time away from practice with the trips to Montgomery and other distant professional meeting locations.

Dr. Sanford proved to be a man of broad intellect and great compassion. He was accepted as a statesman and leader. He supported the University of Alabama College of Community Health Science as an adjunct faculty member and precepted fourth-year medical students, family practice residents, and nurse practitioner students. Beyond the bounds of his profession, he gave of himself to community and church. He became a member of the Fayette Church of Christ, where he was a deacon for ten years, before becoming an Elder. His ministerial role led him to preach, conduct funerals, and serve in other church activities. A man of faith himself, he once baptized a patient in the whirlpool at the hospital, who had made a profession of faith and confession of sin.



Jon Sanford, MD

As of this writing Dr. Sanford's career has been 47 years, of which 42 were associated with Fayette Medical Center. He is known as a man who loves his profession, takes great pride in carrying out his duties, and has great compassion and love for his patients. In turn, he is highly respected, honored, and loved. He well deserves the trust of his colleagues and community who have elevated him to positions of authority.

Employees of the McNease-Robertson-Hodo Clinic-Hospital

The McNease-Robertson-Hodo Clinic-Hospital existed as such from 1937 until September 24, 1958, before being replaced by the Fayette County Hospital. At that time, the physicians' offices remained at the clinic and some of the old hospital area also was converted to clinic space. The extremely loyal and dedicated employees of the McNease-Robertson-Hodo Clinic-Hospital worked long difficult hours. They found value and meaning in their work, saying the work was enjoyable and that they loved their jobs. There was a family atmosphere, a sense of community with shared feelings of concern and love among themselves and the medical staff for the patients.

A typical day at the McNease-Robertson-Hodo Clinic-Hospital started with Nurse Othelia Whitley's arrival from the nursing quarters, which was a house behind the hospital for all the nurses. Othelia prepared for the day's surgery, which often would go from the early morning to late into the night.

Nurse Lola Allen Collins was the first nurse anesthetist and nursing supervisor. Mrs. Blanche Simpson Whitley later assumed the position of nursing supervisor, serving in that role until the hospital closed. She then moved to Fayette County Hospital and Nursing Home, where she was Director of Nursing until she retired. Mrs. Whitley insisted on having good nurses. She wanted nurses that would work hard and she screened them closely. While at the clinic-hospital Mrs. Whitley only employed diploma nurses, with three years formal training in an approved school. The primary nursing school where most of the nurses trained was in Jasper, Alabama, where Mrs. Whitley had trained also. The diploma nurse was comparable to today's BSN nurse. Their training included the same clinical time as a registered nurse, but not as much classroom time.



Mrs. Blanche Whitley

Mrs. Whitley was never seen at work when she was not wearing a white nurse's cap and dress uniform, all starched and ironed. She saw the day come when nurses wore pants suits and took off their caps, but she fought this trend in professional fashion to the end and never agreed that it was the correct.

Mrs. Whitley was a tough lady and ruled with an iron fist, but she also had a large heart and great compassion for the patients. She protected patients with the same enthusiasm that she ruled her nurses. When they moved to the new hospital, Mrs. Whitley was constantly out on the hospital floor observing what was happening and visiting patients. Once, she stepped into a patient's room to find a young boy standing in the corner visiting a patient with his parents. She quickly explained, as only she could, to the boy and his parents that the boy could only be in a patient room until after he was twelve years old. The young boy and his parents tried to explain that he was twelve, but she would not hear it. Mrs. Whitley was a very determined woman, and soon enough, the young gentleman was returned to the lobby.

Maintaining a wholesome and pleasing food service was a very important part of the daily activity at the clinic-hospital from which patients and staff benefitted. There was a large dining table where the doctors and nurses would gather for meals and to discuss care of patients. It was a family dining atmosphere. Dr. McNease, Dr. Robertson or Dr. Hodo would sit at the head of the table. Jet Kennedy and her sister Sis Kennedy prepared delicious meals for the patients, doctors and other employees, as well as sharing in housekeeping duties.

Wiley Clemons and Lester Bailey helped with housekeeping and maintenance of both the clinic and hospital. They also served as orderlies. Lester, a quick learner, was very helpful to the doctors. Dr. Robertson trained Wiley to do certain procedures and he became the official cast and catheter person. Wiley's wife Florence included homemade rolls every day in his lunch. There was a consensus that they were the best rolls in the world, probably because they were cooked with pure lard.

Danylu Nichols and Mildred Dodd, who worked on clinic charges, staffed the business office. Danylu worked closely with all the doctors with their patient accounts. Other business office personnel who worked at different times included Diane Dudley, Hazell White, Mavis Black, Imogene Dudley, Sally Smith and Jane Edmonds.

Dr. Inez Fowler directed the lab before she went to medical school. Reedus Wheat came on board in 1956, just a few years before the new hospital opened, and made a life-long career for himself in the lab. When Reedus first came to work he sutured patients when the doctors were in surgery or otherwise busy. The doctors produced and developed x-rays themselves until Reedus took on this responsibility. When he began doing x-rays, the doctors bought Reedus a new x-ray machine. Else

Ehl, Jack Allison, and Francis Maddison were other employees who staffed the lab and x-ray services.

Doctor's offices in the clinic-hospital required nurses and secretaries. Some of these were Dixie Hollingsworth and Nola Morton for Dr. McNease; Charlotte Moore for Dr. Hodo; Doris Wilson, Maxine Trull, Sally Smith and Annie Lee Estes for Dr. Rutland; and Rose Ann Chambless and Louise Collier for Dr. Breitling. Lucille Gentry, Travis Davis, Lowell Neal, Maude Howton and several more not able to be identified here worked for different doctors at different times. Rocky Brand was a transcriptionist.

The memories of those who worked at the clinic-hospital describe a family-like atmosphere among the professional and employee staffs, a feeling that did not fully transcend to the new hospital. These employees are remembered for the important roles they held, how well they performed them, and their great passion for their work. Theirs were jobs well done in service to their community. Those employees that moved to the new Fayette County Hospital when it opened said that the atmosphere just wasn't the same there.

The New Fayette County Hospital

Fayette County, Alabama, has a long history of outstanding medical professionals who have displayed dedication to their profession, commitment to the community, and compassion for their patients. They have served with passion and exceptional skills, starting with Dr. B. W. McNease, Fayette's "father of modern medicine," and including those who have followed him. They worked long, tiring days in providing healthcare to the people in the Fayette area.

Dr. Banks Robertson, Sr. joined Dr. McNease, and came to share his vision of improving healthcare in and around Fayette County. Dr. McNease and Dr. Robertson were responsible for increasing the community's awareness and understanding of quality medical care through the priority and effort they placed on having the 17 bed McNease-Robertson hospital accredited by the American College of Surgeons. This standard of quality of care has been maintained continuously until the present time. From its beginning in 1958, Fayette County Hospital has never failed to be accredited by the Joint Commission of Healthcare Organizations, which is the accrediting organization that followed the American College of Surgeons.

In addition, the nursing home has excelled in its licensure, certification and Life Safety Code surveys conducted by the State Department of Public Health. The

hospital and nursing home have consistently demonstrated the highest of quality standards.

The doctors at the McNease clinic worked faithfully in support of the clinic-hospital. They were very proud of being accredited by the American College of Surgeons and having it known that they were providing the highest quality of care. However, at one visit of the accrediting surveyors, the small hospital was warned that it was not meeting completely all the current standards. The disqualification was not because of any failure to meet quality of care standards or not keeping proper medical records. The disqualification came about because the American College of Surgeons had adopted the existing National Fire Protection Association Standards. Fayette hospital's brick veneer over wood construction did not meet the current fire safety standards. The small hospital would have to take corrective action on the deficiencies or it would not continue to be certified. With this notice, the doctors informed the community of the hospital's failure to meet certification requirements and of the need for a new hospital. They immediately began to make the dream of a new hospital become a reality.

At the time, Joseph Lister Hill was Alabama's U.S. Senator, who exercised a powerful influence in biomedical research and health care. The Hospital Survey and Construction Act of 1946 was known as the Hill–Burton Act because of his influence. The Act resulted in the provision of federal grants and guaranteed loans to states to improve and build hospitals throughout the nation, hoping to achieve 4.5 beds per 1,000 people. The states could allocate the available money to municipalities to build hospitals. Fayette soon learned that federal Hill-Burton funds were available for constructing the planned hospital, but the county would have to provide matching funds for the federal and state funding that would be available.

Without a ready source of such funding, the Fayette county government felt a tax would be necessary to raise the required matching funds. Clyde Cargile, Probate Judge of Fayette County at the time, and the County Commission proposed on October 1, 1954, that a vote be placed before the county to approve a tax to raise the funds needed. The citizens of Fayette County voted to approve, as stated on the ballot:

a special tax of 4 mils on each dollar of taxable property in Fayette County to be used solely for acquiring by purchase, lease or otherwise, constructing, operating, equipping or maintaining county medical facilities.

The tax was used to repay the Citizens Bank for a loan that secured matching funds for the Hill-Burton monies. This 4 mils tax has continued to be a controversy. After the loan was paid, the county continued to receive the tax even after construction of the hospital was complete. Later, the Probate Judge made a request to the Attorney General to ask if the funds could be used for other health purposes, and the Attorney General said they could. Supporters of the hospital continue to believe these funds should come to the hospital. This issue is still unresolved.

As a requirement of the Hill-Burton Act, when Fayette County Hospital began operation it was necessary to provide care to indigent patients in an amount equal to the Hill-Burton funds secured. When the project was completed, the funds from each source were \$358,422 in federal funds, \$32,100 from the state, and \$178,178 from the county, which included the purchase of the original five-acre site. This total of \$568,700 was used to construct the hospital and purchase equipment. The value of the facility has consistently increased from this time, and the Hill-Burton funds have been matched with indigent care.

The Fayette community was very proud to see a new Fayette County Hospital growing up in what had been a corn field just North of Fayette. It was a substantial modern brick building with a large parking lot. The second floor room on top of the building for mechanical equipment, locally called "the pent house," made the building look much larger. Actually, it was a small hospital-- only one nurse's station and a one-room emergency room. There was one room each for surgery and for obstetrical deliveries. Even the corridors were narrow at only seven feet wide.

A two-foot sprig was set in the front lawn of the new hospital. It would eventually grow into an expansive sugar maple tree bearing beautiful orange leaves each fall. 1958 was an exciting time for everyone in the community as they awaited the opening of the new hospital. It started small, but soon began to grow.

On June 9, 1958, the Fayette County Medical Society met at the Fayette County Health Department for an organizational meeting of the Fayette County Hospital medical staff in preparation for the hospital being in operation. Medical Staff officers were elected-- Dr. H. G. Hodo, Jr. as President and Dr. Inez Fowler as Secretary-Treasurer. Other medical staff members present were Dr. B. W. McNease, Dr. R. O. Rutland, Jr., and Dr. J. D. Scrivner. (Dr. Scrivner's practice was located nearby in Berry, Alabama.) Medical staff bylaws, rules, and regulations were adopted at the meeting.



Fayette County Hospital- 1958

The Fayette County Hospital Board consisted of nine board members appointed by the Fayette County Commission for a term of six years each. Three members are appointed each year on a rotating basis with no limit to the number of terms a board member could serve. The hospital board has always included one member of the medical staff. A meeting was held to organize the Hospital Board on October 17, 1958, at the Chef Café located across from the livestock sale barn and adjoining Fowler Oil Company just north of Fayette. Herbert W. Matthews was elected Chairman, H. C. Langston Vice Chairman, and Gene S. Logan Secretary-Treasurer. Other appointed board members were Dr. B. W. McNease, Dr. J. D. Scrivner, Claude Campbell, Marvin T. Smith, Hollie M. Studdard, and Jonas D. Crawley. The board adopted by-laws at this meeting. Shown below is a picture of the Fayette County Hospital Board taken in 1961.



Fayette County Hospital Board, 1961

Back L to R: J. D. Scrivner, Gene S. Logan, Marvin Smith, Jonas Crowley and Robert Boone, Administrator; front L to R: Joe Posey Robertson, Claude Campbell and Hollie Studdard. (Not shown B. W. McNease).

The grand opening of Fayette County Hospital was held on Sunday September 21, 1958. Dedication ceremonies began at 2 p. m., followed by an open house so that everyone could see their new hospital and its equipment, because after it was in operation some areas would be restricted. Herbert Mathews, chairman of the hospital board, was master of ceremonies. The Fayette County High School Band, conducted by Band Director Jerry Bobo, presented a musical program. Rev. A. M. Nix, Pastor of First Baptist Church, gave the invocation. The welcome was given by Probate Judge Clyde C. Cargile. Dr. B. W. McNease introduced speakers, and Mayor Guthrie Smith introduced Congressman Carl Elliott as the main speaker. The benediction was given by Rev. O. G. Waid, Pastor of the First Methodist Church. The ribbon cutting was by Miss Neaten Perry, Fayette County Dairy Maid of Hubbertville. Everyone toured the new facility and were very impressed and excited about having such an up-to-date hospital. The proceedings went well, though some were concerned with the loudness of the band as it played in the hospital corridors.

After the open house, Ms. May Caraway, reporting for Fayette's local paper, *The Broadcaster*, stated, "This community is richly blessed with some of the finest and most able men of the medical profession."

The new hospital had 5 doctors and 40 employees. The doctors were Dr. McNease, Dr. Hodo, Dr. Rutland, Dr. Fowler, and Dr. Scrivner. The employees went to work on Monday, September 22, 1958, to prepare for receiving patients. On September 24, 1958, four patients were transferred to the new hospital, three by car and one by ambulance because that patient required oxygen. On the same day, McNease-Hodo hospital was officially closed, but the doctors continued to maintain their offices and practices in the associated clinic where there were twelve examination rooms and an x-ray machine. After closing to in-patient care, the old hospital structure was renovated to create additional office and exam space for physicians. The new 35-bed Fayette County Hospital became a nucleus for further growth. In 1962, a 38-bed nursing home addition made the facility the Fayette County Hospital and Nursing Home. In 1996, the hospital was renamed Fayette Medical Center, as it continued to grow.

The Tradition of Quality Care Continues...

The new Fayette County Hospital was very nice and equipped with the modern technology and instruments for that day. However, the work demands on the family and primary care doctors were still very difficult. A typical day started around 7 a. m. with "morning rounds" to visit patients in the hospital. Next, the doctors took turns assisting Dr. Hodo as he performed surgery on their patients. Once the nursing home was added, the doctors' morning also included "nursing home rounds" to see patients and keep their charts properly recorded and up to date. There followed a full day in clinic with an average of 30 to 40 patients. All during the day it was necessary for them to interrupt clinic to respond to unscheduled phone calls from nurses reporting concerns for patients in the hospital and nursing home. The clinic schedule was maintained six days per week.

Each doctor took emergency room call every fourth day and was responsible for the care of patients who came to the ER. If stable, such patients were often referred to the doctor's clinic or held until the on-call doctor finished clinic and came to the

ER to provide his services. If the patient was too ill for these protocols, the on-call doctor left the office and went to the emergency room to care for the patient.

Obstetrical patients arriving for delivery provided another frequent interruption.

At about 6 p. m. each day, doctors returned to the hospital for "evening rounds" to visit critically ill patients and others whom they had admitted during the day from the clinic or ER. Following this, the on-call doctor attended to patients waiting in the emergency room, usually 20 or so. Finally, at the end of the hectic day, doctors went home, but rarely enjoyed a restful night.

Sleep was frequently interrupted by phone calls from nurses concerning patients in the hospital and nursing home. Expectant mothers always seemed to prefer nights to go into labor. The doctor on call often received calls from the emergency room nurse notifying him of the need to return to the hospital to care for a patient who was critically ill. When the ER was overwhelmed with multiple critically ill patients, such as from a car accident with multiple casualties, and exceeded the attending doctor's ability to care for them, the other physicians rallied to his support.

The physicians endured over a decade of this taxing practice before concurrent developments in medical education in the region began to supply some relief. In the late 1970's, the University of Alabama College of Community Health Sciences and associated Family Medicine Residency that Dr. Rutland was so instrumental in initiating came of age. Residents became available who were introduced to Fayette through Dr. Rutland's and other physicians' commitment to teaching. The Fayette physicians started paying interns and residents to come to Fayette on weekends to help see patients in their offices on Saturday. Then after clinic, the residents covered the emergency room on Saturday night and Sunday. This coverage was a great help to the local doctors, giving them a break from what was referred to as "first call." After what was typically a tough weekend of practical experience of moonlighting for the residents, Dr. Rutland and Mrs. Nancy usually invited the young doctors over to their house for a delicious meal before seeing them return to their formal training in Tuscaloosa.

During these difficult times, the doctors had a very special helper, relieving them of much of the burden required in the care of obstetric patients. Mrs. Lovie Maddox Oswalt, a life-long, beloved resident of Fayette County (September 7, 1907-November 2, 1985), was a practicing midwife and the last of the independent practicing midwives. She was one of 12 children and married Alsie Lee Oswalt. She was a member of Oak Grove Methodist Church and was a special person. Her work was a labor of love and more of a mission than a job. She went into very low income

living conditions to assist mothers who had no other option. She assisted in the delivery of babies during the early 1940s and during World War II. She delivered her first baby alone on May 29, 1954, and assisted in over 1,000 deliveries until July 5, 1978. She often brought her expectant mothers to the Department of Public Health, located across the street from the doctors' clinic, and the doctors walked over to see the mothers. Mrs. Oswalt had a good sense of when the mother was in trouble and, when this occurred, she took the mother to the hospital for assistance. Mrs. Oswalt never lost a baby or mother.

In 1987, the doctors stopped delivering babies at Fayette County Hospital. Two factors were influential to this decision. One was that malpractice insurance costs had become outrageously expensive, beyond the family doctors' reach. The other was an evolving demand of expectant mothers for birthing rooms, an accommodation that the hospital could not afford to make.

The hospital and physicians practices continued to adapt and change with the opportunities and constraints of the times. One improvement in the hospital was the pharmacy. Initially, Neal Meherg, the purchasing agent, secured all the drugs and maintained them in general storage. Nurses requisitioned drugs, as needed, to their drug room and dispensed them to patients per doctors' orders. After a few years, Julian McGuire, a part-time pharmacist, was contracted to oversee all processes pertaining to handling of medications. Several years after the new hospital opened, Mrs. Pat McCrackin, a full-time pharmacist, was employed. At first, she was allocated the nurses medicine room, no larger than a good-sized closet, to house the pharmacy. She convinced administration to install a sink in this small room. But Pat never complained. She just did such a good job that the department outgrew this location and had to be moved to a larger space.

In 1979, the McNease doctor group moved their practice to a new building they had constructed across the highway from the hospital. At the reception to mark the opening of the new clinical site, Dr. Hodo was honored for his many years of dedicated service. The honor included formally naming the new building The McNease-Hodo Clinic. At that time all the doctor's belonged to one group, and the group felt a responsibility to care for all patients in the area regardless of their ability to pay.

After the doctor group moved to their new building, the doctors sold the downtown clinic to the county for much needed office and parking space. The building was appraised for \$266,000, but the civic-minded doctors sold it to the city government for \$125,000. The first tenant in the now public building was the

Fayette County Department of Human Resources, which remained there until early 2000 when its own new building was ready.

In May 2000, the old McNease clinic building was torn down due to severe structural problems. Unfortunately, the “Champion” oak tree, so designated because of being the largest representation of its species in Alabama, in back of the clinic was cut down at this same time. The State Department of Public Health constructed a new Public Health building, which was a fitting successor to the property where Dr. McNease had started the clinical practice that had meant so much to the health of Fayette and the surrounding area. The window shown here was removed from the clinic when it was torn down. It has a brief account of history in three of the window panes and is on display at Fayette Medical Center. The McNease, Robertson, Hodo clinic-hospital is no longer standing but the tradition of quality healthcare in Fayette County continues.



Window with history from the original McNease-Hodo Clinic

Perhaps this structural artifact is a fitting reminder of the influence of the medical profession that Fayette County has enjoyed for nearly a century, dating back to Dr. McNease's arrival in 1926. As a rule, the medical professionals of Fayette have conducted themselves with a passion for their role that has consistently raised the bar of expectations for medical care. Fayette County is proud of this history of quality healthcare. However, the urge to excellence was not limited to the clinic or the hospital. Fayette physicians and administrators have extended this influence to larger venues. Dr. Banks Robertson, Mr. Robert Boone, and Mr. Barry Cochran served as Chairman of the Alabama Hospital Association. Dr. Henry Hodo, Dr. Richard Rutland, Mr. Robert Boone, and Mr. Barry Cochran have served on the Blue Cross Blue Shield Board of Directors. Dr. B. W. McNease and Dr. Jon Sanford served in the prestigious position of President of the Medical Association of the State of Alabama. Dr. Richard Rutland and Dr. Gary Magouirk have been President of The Alabama Academy of Family Physicians. Through the years, other administrators and physicians have served in a variety of important positions as well.

But even as Fayette has exercised an expanding influence throughout the region, it has had to adapt to the changing health care environment brought about by advances in the science, technology, and costs of medicine. The early 1980s brought changes in health policies aimed at curbing rising health care costs. Small rural hospitals around the country felt the effects of these changes most acutely because the populations they served were not large enough to create the economies of scale needed to survive within the razor thin operating margins that sustained them. One cost-containing policy was Medicare's implementation of the Diagnostic Related Grouping (DRG) payment system. This policy limited payment for care of patients with similar diagnoses to an average reimbursement without regard for the variation in severity of illness that might occur within the group. Thus, one severely ill patient might consume the medical attention and resources required for ten mildly ill patients, but the reimbursement was the same. Large hospitals serving expansive populations could create operating margins from the care of many mildly ill patients sufficient to cover the extra care required by the severely ill. Small rural hospitals could not. Due to this change it became very difficult for any small hospital in Alabama to survive without an affiliation with a tertiary referral hospital. Alabama led the nation in the 1980s with rural hospital closures.

In Fayette, the process of dealing with this reality was not straight forward. There was a long period of differing opinions among the hospital board, county

commission, and medical staff. Each had legitimate reason to claim some authority in the determination of who could enter into an affiliation agreement with a larger medical facility. The matter was carried to district court, which clarified:

“By necessity, this Order has vested ownership of the Hospital in the Hospital Board, but that ownership is for control purposes alone and is in trust for the citizens of this county. The citizens of Fayette County are the true owners of the hospital regardless of who has control and that should not be forgotten by those in control”.

To stabilize the financial position of Fayette County Hospital and Nursing Home, on August 16, 1984, the board signed a management agreement with DCH Healthcare System in Tuscaloosa, but retained ownership of the facility. With the security of membership in a larger system, there was also modification in the degree to which the local medical profession and community could impact their system of care.

The Transition

Much is said today (2014) about the business of medicine, health care management and administration, and health care policy. Less is heard about medical authority and the profession of medicine. There has been a shift in emphasis with concern for costs, standardization, and accountability based on business principles more than on the patient-physician relationship. The honored profession with inherent checks and balances is often viewed as a pathway to economic prestige and status, rather than one of humble service. Medicine has become "the healthcare industry" encompassing medical care along with a host of connected services and technologies. For example there are pharmacies, assistive equipment, medical transportation, home healthcare, and assisted living, to name a few. Insurance programs and managed care are dominant themes.

In today's healthcare industry, a transition has occurred in the way medicine is practiced. Very few modern physicians want a day after day of practice like Dr. Hodo endured, who left home at 5:30 a.m. with the goal in mind of getting home for dinner by 10:00 p.m. However, they do have new issues that are mentally and emotionally distressing, which earlier doctors never had to consider. After all, it is a different world entirely in which they practice.

Dr. Henry Hodo, in reference to Dr. McNease, quoted Ben Franklin as saying, "In darkness as in light our responsibilities are with us." Then Dr. Hodo said, "It was this sense of duty and responsibility for the healthcare of the people of this area that

prompted Dr. B. W. McNease to build a clinic and a hospital.” Dr. McNease saw patients in his home, like most doctors of his time. Dr. McNease did not find it necessary or more convenient to construct a \$11,000 clinic in 1936; it was about having x-ray and other modern equipment available for the patients and improving the quality of healthcare. When Dr. McNease and Dr. Robertson built the hospital, it was not about making their practice easier, for it added to their responsibility. It was about not having to send patients to Jasper or Tuscaloosa to be admitted to a hospital. It was about patients being able to have emergency surgery without riding the train to Jasper. It was all about caring for the patients and improving the quality of their care and lives.

This practice of medicine in early years had its challenges, but it had some advantages, also. Dr. Hodo said, “The family doctor was not only the healer of sickness, but also a confidant, trusted friend, sounding board and problem solver for many things not related to a person’s physical well-being.” The doctor was trusted as both healer and friend of the patient. This relationship fueled the seemingly endless devotion of the physicians. The practice of medicine in years gone by was very physically demanding with long tiring days, large patient loads and very poor travel conditions. However, the early doctors were not overwhelmed with issues that consume physicians of today. Today’s practice is still physically demanding, but not as mentally draining. The practice of today is emotionally exhausting and strenuous. Today’s doctors are faced with bureaucratic concerns and the tedium of multiple forms of paper work and computer input. There are Center for Medical Services (CMS) regulations, accreditation standards, licensing requirements, liability concerns, and certification/re-certification requirements. The new CMS requirement for doctors to make their own computer order entries is very burdensome and time consuming. Most physicians consider it to be foolish, taking them away from the patient to do clerical work.

Family physicians, the most common type of doctor in Fayette, make their livelihood primarily through their office practice. Cost-containing reimbursement policies and inefficiencies brought about by bureaucratic requirements make this a low profit margin proposition. Thus, having to miss lunch or, even worse, to break from clinical practice to attend an issue in the hospital creates additional financial distress. Such situations are forcing many doctors to limit or curtail hospital practice, just as in days gone by when they limited obstetrical care because of the unreasonable costs of associated professional liability insurance. Perhaps there is some irony in the fact that doctors today may find it more functional to conduct a clinic-based practice similar to that of Dr. McNease prior to his guidance of Fayette

medicine toward a hospital-centered system. Consequently, the hospital faces uncertainty.

There is no mistaking the impact that social, economic, and demographic forces are having on the health care system today. There must be enough patients, financial support, physicians, support personnel, and administration to sustain a small hospital. As local economies have contracted in response to global patterns, such as closure of the coal mine as oil has become less expensive and the loss of textile industry to cheaper workforces overseas, the population has ceased to expand and the local financial basis has been compromised. There are less insured patients with many younger individuals leaving the area to join the workforce. The local population is aging both by longevity and by loss of the young creating additional stress on the health care system with this greater associated burden of illness. The prominence of high tech and specialty-based medicine made glamorous and lucrative in our society has created an exodus of young people in pursuit of medical careers based on those impressions. The generalist physicians that characterize those who established Fayette as a center of excellence in rural health care are in exceedingly short supply. The physicians who do commit to practice in areas such as Fayette today are very special.

Fayette is situated in West Alabama, which experiences a regional economy suppressed below that of the remainder of the state and most of the nation. It is little wonder that in this region there is strain among relationships between hospitals and doctors. However, it has been in times of such stress that finding common cause and sense of purpose has sustained the health care system. In the 1970s, following a period of severe shortage of primary care physicians, the College of Community Health Sciences (CCHS) was started at the University of Alabama with Dr. Richard Rutland playing a large part. That effort required cooperation and helping each other, a circumstance that continued to exist for a decade. Then in the 1980s, a nationwide depression in the rural economy greatly stressed Alabama, and many rural hospitals closed their doors never to reopen. The concurrent economic attractiveness of cities and specialty medicine prolonged the plight of struggling rural hospitals as young physicians sought urban practices. Alabama declared a rural health crisis in 1989, which again signaled the need of cooperative actions. In West Alabama, Fayette leaders joined others from surrounding counties and from CCHS to organize the Rural Alabama Health Alliance (RAHA), a nonprofit organization that created an environment of trust, cooperation, and support among the groups representing each member county. Representatives included physicians, hospital administrators, and other citizens. Dr. Garry Magouirk and Harold Reed were

constant representatives from Fayette. A closer relationship among the counties and the medical training programs of CCHS resulted, which eventuated in a more stable supply of local physicians in member counties.

Now the problem of not knowing what the future holds and mistrust, especially among hospital and medical staffs, again has created a very stressful environment. The survival of individual doctors' practices and of rural hospitals is at stake. In rural communities such as Fayette where sources of employment are limited, the local hospital provides both healthcare and economic stability. Everyone must pull together in support of their hospital to keep it viable. The loss of a hospital has a disastrous affect on these communities. Not long after Fayette County Hospital was built, there was a poor financial time around Fayette. Patients would often tell their doctor that they did not have enough money to pay their bill. The doctors knowing how important the hospital was would tell their patients, "You pay your hospital bill and you can pay me later." While physicians may not enjoy the same financial security today as in those days, the same spirit of common cause among the community, physicians, and hospital leadership is needed for hospital survival and for a wholesome community.

There is general agreement that medicine is different today than in years past. There are many factors involved such as changes in training with decreased duty hours, more gender equality in medicine, more employed practices vs. private practice, less autonomy, and less professional influence on health policy. Doctors of today require more time with their family, which is good for the doctors and their families. Due to the stress of the profession, the doctor needs more time away. However, doctors still face the need to balance their time demands. To be a good family doctor, one is expected to be a good member of the community and to be aware of the issues his patients are facing. Due to the conflict in the amount of time the doctor has to devote to his profession and the amount of time he feels he has available, most young doctor don't get active professionally. They find it enough to carve out time needed to meet their mandated continuing education requirements.

Although the group practice started by Dr. McNease ended in 1990, the doctors in Fayette have continued in a cooperative working relationship. While their practice styles may differ, they each accept responsibility on the medical staff and are very supportive of the hospital.