

The April 1, 1957, Miners Day March
down 5th Avenue in New Kensington, Pa.
Collection of Dan Fine.

MINERS CLINICS



By Bette McDevitt

My neighbor in Deutschtown, Frank Moone, grew up in a miner's family in Washington County. He remembers that his mother ended her evening prayers with gratitude for the miners union, whose benefits—including health care and a pension—made their life bearable. “The benefits were not free, my father sweated blood for them,” said Frank, “but everything that we needed in health care, including treatment for my father's black lung, came from the Miners Clinics. It wasn't just us. It was all the miners' families.”



The Miners Clinics came about in response to need. After World War II, several young doctors and their families were drawn to the small coal mining towns in the Alle-Kiski Valley to become part of an unusual medical care program. The Russellton Medical Group there joined with the Miners Clinics—created as an outcome of the United Mine Workers of America Welfare and Retirement Fund—to provide the services for what is best called the Russellton Medical Program.

The clinic facilities in these isolated towns gave miners and their families new access to medical care. The first community clinic was in a former hardware store on the main road in Russellton, with specialists, never before available to this population, tucked away in small rooms on the second floor. The second clinic opened in the basement of a hotel in Apollo, and the third was nestled in the corner of the Croatian Hall in Acmetonia. The fourth community clinic occupied a storefront in New Kensington. They sprouted just like the mushrooms in the mines.

Worlds apart from the ordinary American medical system, the Miners Clinics were governed by the members of the mining community who participated in the program and owned the facilities and equipment used by the doctors. The first board consisted of five union officers and was later enlarged to 20 people, all of whom had been coal miners. In fact, the first community clinic in Russellton was purchased with five miners putting up their home mortgages as collateral. The board met regularly and communicated freely and openly with the doctors. Medical Director Dr. Dan Fine, one of the doctors in the program, recently recalled with a smile that the board members were not at all hesitant about advocating for their fellow miners.

The medical care, including primary care and specialists' services, came at minimal cost

to the miners. For routine medical care, primary care as we call it now, the miners paid through a "check off" system, the deduction of a few dollars from their paycheck. Specialists, diagnostic tests, medication, emergency room care, and hospitalization costs were paid from



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the United Mine Workers of America (UMWA) Welfare and Retirement Fund, hereafter referred to as the Fund.


The doctors were paid a salary rather than the standard "fee for service," which meant peace of mind for both the patients and the doctors. "It was very comfortable," said Doctor Fine, "to see patients and be able to meet their needs, including referrals to specialists, and never have to think about the

remuneration system." Using this system, the miners and their families received excellent health care.

John Begovich, who worked in the Harmarville Mine for 41 years, remembers the program well. "My boy, Larry, when he was 5 years old, had to have a heart operation. They took care of him, and he had the surgery at St. Francis, and it never cost a penny. I've wondered many times why the government can't do that now, and make medical care work like the Miners Clinics did, go in and go out, and it never cost me a penny. Doctor Fine he was a prince. He took every patient's troubles to his heart and so did the other doctors."

The Russellton Medical Program and the Miners Clinics with their successes, struggles, and disappointments are now long gone. They aimed to provide modern, accessible, community-based, comprehensive health services without financial obstacles by creating a not-for-profit structure, owned and governed by consumers, combined with prepayment and a medical group practice. The history of these endeavors may provide lessons for the future.

Doctor Fine and his wife, Anita, a social worker, came to Western Pennsylvania from New York City in 1957, when the Fund and the Russellton Medical Program were just getting underway. "We were interested," said Doctor Fine, "in being part of a movement for providing comprehensive care, that involved prepayment, and also in promoting the role of trade unions in developing this kind of thing. It seemed that the United Mine Workers were at the leading edge of this, although the United Steel Workers were moving in this direction as well. We looked around the eastern half of the United States and this area appealed to us. The Russellton program was a pioneer in the movement and provided a



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model for how this kind of care could develop. Also, Doctor Leslie Falk, the area administrator of the Fund, was well-known in the public health field.”¹

The miners had put aside their demands for improved benefits during World War II so that they might produce the energy needed to win the war, but when, in 1946, United Mine Workers of America President John L. Lewis put forth a demand for a “health and welfare fund” that was again refused by the mine owners, a nationwide strike followed. Fearing a halt to the economic recovery needed after the war, President Truman ordered a takeover of the mines and enforced negotiations between the owners and the union. On May

26 a contract was signed and the Fund was established, capitalized by a levy of five cents per ton of coal mined, to be paid by the owners. A deal had to be struck; this was not an industry that could be outsourced. The wealth was in the ground and could only be extracted by the men who worked in the mines.

The Fund was to be administered in 10 regions of the country, two of them in Pennsylvania—one in Pittsburgh, one in Johnstown. To get things moving quickly, the Fund was open to participation by all existing facilities and doctors. Nothing very complicated was involved; the doctor or hospital would simply bill the Fund



James Whittaker of East Point, Kentucky, says goodbye to his wife and son, along with his brother and brothers-in-law, also miners, as he leaves Lexington for care in California, June 24, 1948. UMWA, “Health and Retirement Funds” folder.



The April 1, 1957, Miners Day March down 5th Avenue in New Kensington found signs proclaiming "We Want Our Doctors on Citizens General Hospital Medical Staff." Collection of Dan Fine.

rather that the patient for any services rendered. Through experience, the administrators learned to select doctors to become participants, creating a list of those who were qualified and committed to the goals of the Fund.

The Fund first dealt with previously injured and ill miners. A survey of 260 mines employing 72,000 miners indicated that rehabilitation of 1,200 injured miners, some of whom had been bedridden for as long as 20 years without medical care, was the highest priority. These miners were sent to the country's best rehabilitation centers: Harmarville Rehabilitation Center, in the heart of the mining area, was one. In their documentation of the program, Roy Penchansky, a professor of public health, and

Marjorie Taubenhaus, who helped document the early history of the Fund, wrote:

In this crusade, no effort was too great for the union and Fund. Pullman cars were chartered and converted to hospital cars to transport patients to medical centers. Ambulances were hired to take patients to the trains. When the lack of roads prevented the ambulance from reaching the patients' home, 10 or 12 union members would be summoned to help the ambulance crew carry a stretcher patient several miles down ridges and across creeks. Photographers reported the poignant scenes at the railroad stations; stretchers drawn up in rows, miners lifting them onto the train in chairs or hoisting them through train windows on their stretchers.²

After the new agreement was in place, there was a more cooperative attitude between

the miners and the owners. Production and efficiency increased, according to Taubenhaus and Penchansky. "The workers realized that since the Fund was dependent on coal production, it put the miners in the coal business, and now a strike against the operators is also a strike against themselves."³

In fall 1952, two years into the Fund plan, a group of coal miners from Russellton came to the Pittsburgh offices of Doctor Falk to ask for help in securing a new "check-off" doctor. There was evidence of inadequate and inappropriate procedures, too many surgical procedures, and too many hospitalizations. Beryl Safford, who studied the history of the program wrote,

According to the miners, their current check-off physician was too much of a 'company man' to represent their inter-



ests fairly. They believed that when the company's and the miner's interests clashed, as they might do in a workmen's compensation case or when the required physical examinations were conducted after a lay-off period, the physicians would protect the company rather than the miners.⁴


Doctor Fine recalled seeing, when he arrived, many miners with missing fingers or deformed hands, who had not had proper restorative surgery. The national Fund director, Doctor William Draper, was finding these problems nationwide, and the concern led to the formation of the participating list of physicians and hospitals.

Doctor Thompson Ferrier, a Canadian, was interested in coming to the area, but only if he was part of a group practice. Doctor Falk then helped to set up The Russellton Medical Group under the sponsorship of the nonprofit Miners Clinics described above, and in February 1953, the Community Clinic of Russellton opened its doors in the town's former hardware store.

The initial doctors' group consisted of two general practitioners and an internist. By

spring 1964, there were eight full-time and one part-time general practitioners, three full-time internists, and 20 part-time specialists, staffing the additional community clinics in New Kensington, Apollo, and Acmetonia. The expansion into New Kensington, which consisted of a small doctor's office, was at the request of the miners in the area, and in 1956, the move into Apollo was at the request of the citizens' appeal for a physician. In 1957, the Group program opened the clinic in Acmetonia, again in response to an appeal for a doctor by citizens, published in the *Pennsylvania Medical Journal*.

Doctor Tom Allen, who grew up in the mining community of Bairdford was one of the early consulting specialists in the area of gynecology and obstetrics.⁵ Doctor Allen's father was a miner, and his family had been cared for by Doctor Jose, the company doctor at the time. "Doctor Jose was the reason I decided to go to medical school," said Doctor Allen. "He was a wonderful, caring doctor."⁵ Doctor Allen hitchhiked or walked to Oakland to attend the University of Pittsburgh. It was a lucky day when he got a ride.


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Doctor Dan and Anita Fine both worked in healthcare for over 30 years in the New Kensington, Pa., area.
Photo Dan Fine.

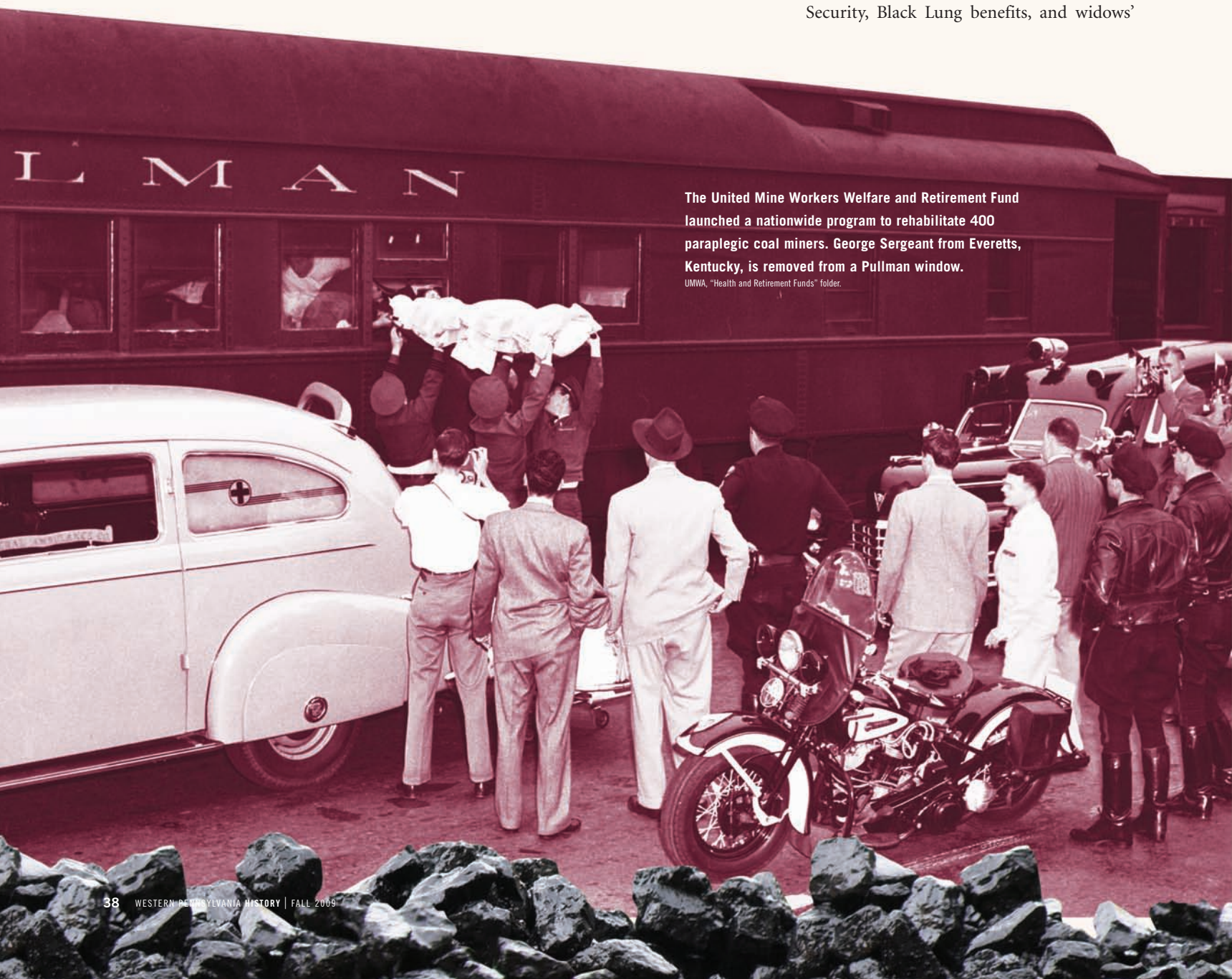
The largest amount of the doctors' incomes came from the Fund, who paid them monthly for the time spent with Fund beneficiaries. They also received income from the miners "check-off" system as well as from non-miners "fees for service" clients, since the Russellton program services were open to the entire community.

Doctors pooled their income, and received annual salaries that ranged from \$12,000 to \$30,000, based on years of training, specialty status, experience, and years with the group. Most members were under 35 years of age at the time, and received two weeks

vacation, increasing to one month's time for those who were there six years or more.

At first, the group doctors used a "drop-in" clinic system, holding office hours and seeing patients on a first-come, first-served basis, without clear designation of a personal physician. Later, they changed this plan to allow a patient to have continuity with one doctor. "Very early on," said Doctor Fine, "we did a 'medical audit' reviewing the care the patient received, to see what was good about it, and what was not. One of the critical results was that we saw how important it was to have a personal physician. A lot was done to support that. The services needed by the

patient would be facilitated by the personal physicians, and specialists would report back to the personal physician. The personal doctor would become an advocate for the patient, in legal questions, for example, in occupational health. Miners would come for occupational problems, such as the use of a solvent that was making him sick, and it was a very different thing than to go the company doctor who was often an advocate for the company." As a result of that, The Russellton program developed a very large black lung program, and employed a benefits counselor, who helped the patient go through the bureaucracy of the welfare system to receive disability under Social Security, Black Lung benefits, and widows'



The United Mine Workers Welfare and Retirement Fund launched a nationwide program to rehabilitate 400 paraplegic coal miners. George Sergeant from Everetts, Kentucky, is removed from a Pullman window.

UMWA, "Health and Retirement Funds" folder.

benefits. The doctors helped promote and testify for Black Lung legislation. Before that advocacy was instituted, miners had tremendous problems getting doctors to give depositions that would get them the benefits. That became an important role of the doctors in the program.

The program strove to maintain policies that worked in the interest of the patient, according to the Fines. "The idea was to provide comprehensive medical care, social services, public health nursing services, laboratory, X-ray, physical therapy in an office setting, rather than being hospital based," said Doctor Fine. Based on past experience, the Fund anticipated that 160 of every 1,000 beneficiaries would be hospitalized annually, and statistics showed that only 75-80 of the Fund patients in the Russellton program were hospitalized on a yearly basis.⁶

When Anita Fine was hired by the Russellton program as its social worker, she found it necessary to establish a new idea in the community of what a social worker was. "A social worker connoted the Depression to a lot of the workers," she said, "someone who came and looked in your cupboards to see if you were cheating on welfare benefits. I made a lot of home visits, mostly to retired miners, to evaluate what services and care people needed, and I would not say I was a social worker, just someone who was coming to talk things over." Anita Fine served as a liaison with other community agencies and helped patients with therapeutic counseling, both in medical matters and personal and family concerns.

"Many patients were coming in," said Doctor Fine, "very upset with issues that had nothing to do with the primary complaint, the 'ticket of admission.' A patient with a sore throat may be mainly upset because he was laid off. A very large domain of concerns had to do with social and psychological problems, which made the role of Anita and the other staff vital."

For many patients, this kind of comprehensive care was innovative. For example, they were not used to receiving a physical exam as part of their medical care when they came to the doctor. "Why do you want me to take my clothes off?" was a common question. "A psychiatrist did a weekly class with physicians," said Anita Fine, "to help them deal with the psychological aspects of their patients' problems. The entire staff, aides, nurses, and receptionists had classes on what it meant to be sick, what it meant to come to the clinic, and how people react to illness. It was a very large program."

The doctors regarded extensive continuing education as vital to the program. They devoted one half-day a week to education and also took a compulsory two-week study leave to attend a course or meeting, sharing what they learned with other members upon their return. They watched a closed-circuit TV program from the University of Pittsburgh Medical School directed at the community practitioner. Several doctors, including Doctor Fine, took sabbaticals for additional study. Some specialists gave a series of evening talks on their specialties at doctors' homes. According to Doctor Fine, they regarded specialists as teachers and consultants more than as referral physicians.

Many of the doctors in the group thought the Russellton program was the ideal situation in which to practice—were it not for the opposition of local organized medicine and the hospitals. The Group was consistently denied admission privileges at local hospitals, which caused so much grief and so many problems for the miners and other group patients that this denial becomes integral to the story.

The opposition from organized medicine manifested itself on the local, state, and national level, but the stated reasons were the same: the limitation of a patient's choice of physician to those who are members of the

group's "closed panel," the participating physicians' acceptance of payment other than the traditional fee for service, and the possibility of lay control over the practice of medicine, which they referred to as "unethical practices."⁷ In an earlier case of a Washington,



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D.C., group practice, which reached the Supreme Court in 1939, the Court dismissed the charges brought by the American Medical Association (AMA) of unethical practices and said the "motivations behind the disciplines were purely economic."⁸

The fear of "lay control," meaning union control, over health care was groundless, because the Program, according to Doctor Fine, never treated more than 10 percent of the area's population.

But, based on these objections, local, state, and national medical societies denied the members of the Russellton Group Program membership in local medical



The building where the first Miners Clinic was established, Russellton, Pa.

HC L&A, photo David Grinnell.

societies, and more harmful, denied them hospital privileges at the local hospitals, Citizens General in New Kensington and Allegheny Valley Hospital in Tarentum.

The opposition lasted more than a decade and resulted in public debate, investigations by the state and national medical societies, wide newspaper coverage, and a broad range of responses by the Miners Clinics, the Fund, and the community. In fact, it wasn't until 1967 that all the doctors in the Program were given hospital privileges, and then only through a lawsuit.

In a series of articles in the *New Kensington Daily Dispatch*, in March 1959, in

which the staff of Citizens General explained their opposition, they referred to the Clinics as a "deliberate attempt to undermine the very foundations of our American freedoms." To which, the Board of the Miners Clinics replied, "They are saying, sure, we want you to use our hospitals but your doctors can't. What kind of free choice is that?"¹⁰

In another article in the local paper, hospital staff physicians attacked the 40 cents per ton tax that financed the Fund and suggested that 40 cents should be added to the cost of a bushel of wheat so that farmers, too, could have free hospital and physician care. "Where would that lead?" they asked, and then answered their own question: "To socialized medicine."¹¹

The confrontation consumed much time, paper, and money to say nothing of the frustration and stress weighing on the patients and their doctors. One document published by the Pennsylvania Medical Society in 1954 reveals some of this anxiety on the part of organized medicine. The chairman of the Committee on Medical Economics wrote, "Our main problem stemmed from the UMWA sponsored clinic group practicing in Russellton, crossing over county lines and establishing a branch office (Parnassus—a small suburb) in New Kensington.... It is impossible to evaluate the extent of the damage that resulted from the unprecedented attempt of the Clinic Group." He went on to say, "Here was a group of well meaning, enthusiastic, young but uninformed, ill-

advised physicians floundering in a community already harboring an instinctive distrust of the UMWA intentions in the field of medicine.”¹²

The lack of hospital privileges had the worst impact and was difficult to work around. “If it was elective surgery, we made arrangements with hospitals in Pittsburgh, Presbyterian, Passavant, Montefiore, or West Penn, where our specialists had privileges,” said Doctor Fine. “It was a big transportation problem for the miners and for their families

If it was an emergency, doctors would send patients to the local hospital’s emergency room, and the doctors there would take care of them. “In the case of Allegheny Valley hospital, there were two pediatricians who were well trained and well qualified, three surgeons, one or two internists, and we would send our patients to them,” said Doctor Fine. “They took care of the patients as a good doctor would, they got paid by the Fund, and they had no complaint, but none of them would support our admission to the hospital.”

The “participating list,” which was exclusionary, was a particular irritant to the staff of local hospitals and medical societies. It was established by the Fund to maintain high standards in medical care. “In Pennsylvania, at that time,” said Doctor Fine, “if you were licensed to practice medicine, you could practice surgery and, in principle, you could do brain surgery.” As time went on, the medical staff played a larger role in defining what a doctor could do in the hospital. At that time, the Fund would say that to perform surgery on its beneficiaries, the doctor had to be “board certified” or “board qualified,” meaning that one must have had the years of training and experience required by the American Board of Surgery. The numbers gathered by Doctor Falk, the area administrator of the Fund, revealed that in 1957, only 22 percent of the physicians on the Citizens General Hospital staff were board certified, whereas 70 percent of the members of the Russellton Group held such qualifications.¹³

Ironically, the “participating list” became a wedge that the Fund could use as a negotiating tool in the effort to gain hospital privileges for the Program doctors. For example, the Fund had a constant concern with inappropriately long hospital stays and unnecessary surgeries, resulting in higher costs and inadequate care for their beneficiaries. Doctor Falk noted that the


hospitalization rate for the Russellton program was only 57 percent of the average rate for the area, and that their hospital stays were 2/3 the length of stays in that area.¹⁴

As a remedy to this problem, in March 1955, a time of high tension, the Fund’s National Director, Dr. Draper ruled that consultation by a specialist approved by the Fund would be required before beneficiaries could be hospitalized. Doctors not on the Fund’s “participating list” took the argument to the AMA. During negotiations with the AMA, Doctor Draper withdrew the directive, and the Medical Society of Pennsylvania and the UMWA Fund reached an agreement in 1962, whereby all “qualified” physicians would be granted hospital privileges.


Two members of the Russellton Program were then admitted to the staff of Citizens General Hospital, and the president of the medical staff promised that all would be admitted within a year, but this did not happen. “It was required that two staff doctors sign applications for hospital privileges,” said Doctor Fine, “and we could never get two doctors to sign.”

Doctor Fine saw another unstated reason for the opposition of organized medicine. “The medical society had a major focus on medical economics, and that meant advancing and protecting the economic interests of the doctors,” he said. “History bears this out. The AMA was a powerful lobby in opposition to Blue Cross and Blue Shield, and they were strong opponents of Social Security and Medicare.” All of these issues had relevance to the economics of medicine.

The lack of hospital privileges made it difficult for the Program to recruit new doctors. Doctor Fine recalled that they lost eight prospective internists because of this issue. Dr. Julian Eligator was hired by the Program around this time. “When I was recruited, it was with the assurance that the hospital privilege issue would be resolved by



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to visit them. Some of these people had never been to Pittsburgh.” Anita Fine had their three children at Magee Hospital, where Doctor Tom Allen had privileges. “It took an hour to get there at that time,” she recalled, “not something you look forward to when you are in labor.”

the time I got there. Two months before I came, Doctor Fine called me [to say] that the hospital had again reneged on the offer to extend hospital privileges and things were uncertain. I came, but said I wouldn't stay unless we got hospital privileges. Young doctors, full of vim and vigor, wanted to care for their patients. That's what they were trained to do."


The Russellton doctors found support within the community. "Our allies were the mine workers and virtually all the other trade union groups who were educated on the issues," said Anita Fine. "The miners' families, their parents and children, and retired miners supported us. On Miners Day, April 1, the annual miners' holiday celebrating the history of the UMWA and the men and women who have sacrificed much for their union and the coal industry, we always had a big rally in New Kensington, which empowered the miners and the community. We found isolated support from small businessmen, who thought this whole thing was nonsense."

In 1964, after years of activities organized by the board of the Miners Clinics, petitioning the governor, the state Medical Society, the Department of Health and Welfare, and organizing rallies and marches, some that surrounded the hospital, the Program looked into legal action.

"We had trouble getting support from the leading labor law firms in Pittsburgh," said Doctor Fine, "because they said there was no legal precedent for such a case, and then finally, we got two young attorneys from Reed Smith Shaw & McClay, who filed a suit in Federal Court against eight leaders of the medical staff of Citizens General Hospital, and eight members of its board for 2.5 million dollars, charging that their exclusionary actions violated the U.S. Constitution. The lawsuit was served by federal marshals in the hospital, and within a week, the board and



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staff of the hospital capitulated. The head of the medical staff came to me and said, 'Why did you do this? We were about to settle.'" It would seem to be a final bit of irony.

"Over the ensuing months we negotiated and completed the settlement. Not only were the doctors admitted to the staff, but we forced them to revise the bylaws of the staff, so that they could never do this again," said Doctor Fine. Doctor Eligator stayed with the Program 35 years.

Dr. Saleem Antoon, a board certified urologist on the staff at Citizens General Hospital in New Kensington at the time the lawsuit was filed, says, "There are always problems in every hospital, political problems as well. There were two forces, the UMWA force and the staff force, but after a while they got along well. They had men from our staff who worked for them at the hospital and they did some work for us. Dr. Fine was an excellent internist and brought many specialists to the hospital. When they threatened a lawsuit, it was settled and they all came on staff. And everything happened for the best because they brought a lot of good doctors in here."

The Russellton Medical Program grew and thrived for the next several years. The

group had built a very large Clinic Center in New Kensington, close to the hospital. After the settlement, and even before, this part of the Program was growing, serving more and more people in New Kensington and throughout the Alle-Kiski Valley. "We served people on public assistance, which very few other doctors would do, and we employed two full-time surgeons, a full-time obstetrician-gynecologist, and a cardiologist, and we were able to add a fourth community clinic by incorporating an existing group practice in the Penn-Plum Township area in 1970," said Doctor Fine. "The founding doctor there had been the company doctor in the Renton mines."

The Fund's finances and role diminished in the mid-1970s. The UMWA lost a lot of revenue in a large strike in 1977 and the Fund had less money and had to sell its hospitals, but it continued the pension benefits for miners. The Fund stopped group reimbursement and switched to fee-for-service payments only. At that time, the coal industry had shifted to surface mining in the West, and three non-union miners could do the work of many deep mine workers.

The Miners Clinics, with the support of the Russellton doctors, took the opportunity at that time to establish a non-profit Group Practice Health Maintenance Organization (HMO), called the Alle-Kiski Valley Health Plan. "We operated under the legislation passed under President Nixon and written by Doctor Gordon MacLeod, a physician and Professor of Health Services Administration at the University of Pittsburgh Graduate School of Public Health," said Doctor Fine. "Anita wrote applications and secured grants so that we could serve the medically underserved Apollo area and continue the care of medical assistance patients. With the development of the HMO, we established an enlarged board with members from industry and business as

well as unions. The group practice program was offered to everyone in the valley. The HMO program, which included coverage of Medicare patients, lasted eight years.”

But not forever. “In the early 1980s, as the federal program supporting the nonprofit group practice HMOs was phased out,” said Doctor Fine, “large for-profit private health insurance companies were coming in and wanting to buy our HMO, offering lucrative rewards, such as stock options, to the doctors and administrators. Our HMO and doctors rejected privatization, feeling that it would destroy the quality and non-profit community governance of our program. The HMO continued to function successfully with a total staff numbering more than 140, including 27 physicians. But faced with increasing competition from private insurance companies and failing to obtain adequate monies for further development and expansion, we were compelled to liquidate in 1988.”

Dr. Antoon regretted the closing of the large Clinic Center in New Kensington in later years. “The patients began to go across the river to the UPMC Clinic in Natrona Heights.” Citizens General now serves outpatients only but has a large nursing school and Diabetic Center, of which Dr. Antoon is very proud.

The Miners Clinics sold its facilities, which they eventually closed, to St. Margaret’s Hospital, and the doctors continued to practice as a medical group in the large Center even after UPMC bought the facilities.

After the program closed, Anita Fine, the administrator of the Clinics at that time, wrote a letter to her co-workers, in which she recalled their shared history. In the last few paragraphs, she wrote:

And, now, through a combination of many complicated issues and interplaying of various factors, our HMO is out of

federal compliance and closing. All of us here will be out of work. Our patients will lose a multitude of services which the HMO provided to them. Our community will lose an institution with much history and an excellent reputation.

I mourn with you on the loss of our jobs; I mourn with you the loss of working relationships with one another; I mourn too that we all never really got to know one another well enough, and I mourn too the loss of a great resource for the entire community.

However, in this time of sadness, we should all remember that we all made very big contributions to health care in the Alle-Kiski Valley. We all had a part in giving the care; we all demonstrated in our work that we do care and by doing this we enriched the lives of those who passed through our Centers and each of us who work together here. We should all look back on this with pride.

I wish all of you a happy holiday and a healthy and peaceful new year.

I will miss working here. I will miss working with you.

In friendship and appreciation, I remain,

Warmly, Anita Fine



Bette McDevitt is a freelance writer who has written many articles for this magazine, including “Neighborhood Stories” in this issue.

The Clinic Center in New Kensington, Pa.

HC L&A, Photo David Grinnell.



Endnotes:

- ¹ Conversation with Dan and Anita Fine, January 30, 2009.
- ² Marjorie Taubenhause and Roy Penchansky, in “The Medical Care Program of the United Mine Workers Welfare and Retirement Fund,” in *Health Services Administration; Policy Cases and the Case Method*, ed. Roy Penchansky (Harvard University Press, 1968) p. 163.
- ³ Ibid, p. 154.
- ⁴ Beryl M. Safford, “Changing a Community’s Pattern of Medical Care: The Russellton Experience,” in *Health Services Administration; Policy Cases and the Case Method*, ed. Roy Penchansky, (Harvard University Press, 1968) p. 221.
- ⁵ Conversation with Dr. Allen, February 23, 2009.
- ⁶ Ibid, p. 195.
- ⁷ Beryl M. Safford, “Changing a Community’s Pattern...,” p. 220.
- ⁸ Ibid, p. 220.
- ⁹ Ibid, p. 244.
- ¹⁰ Ibid, p. 238.
- ¹¹ Ibid, p. 244.
- ¹² Ibid, p. 227.
- ¹³ Ibid, p. 231.
- ¹⁴ Ibid, p. 230.