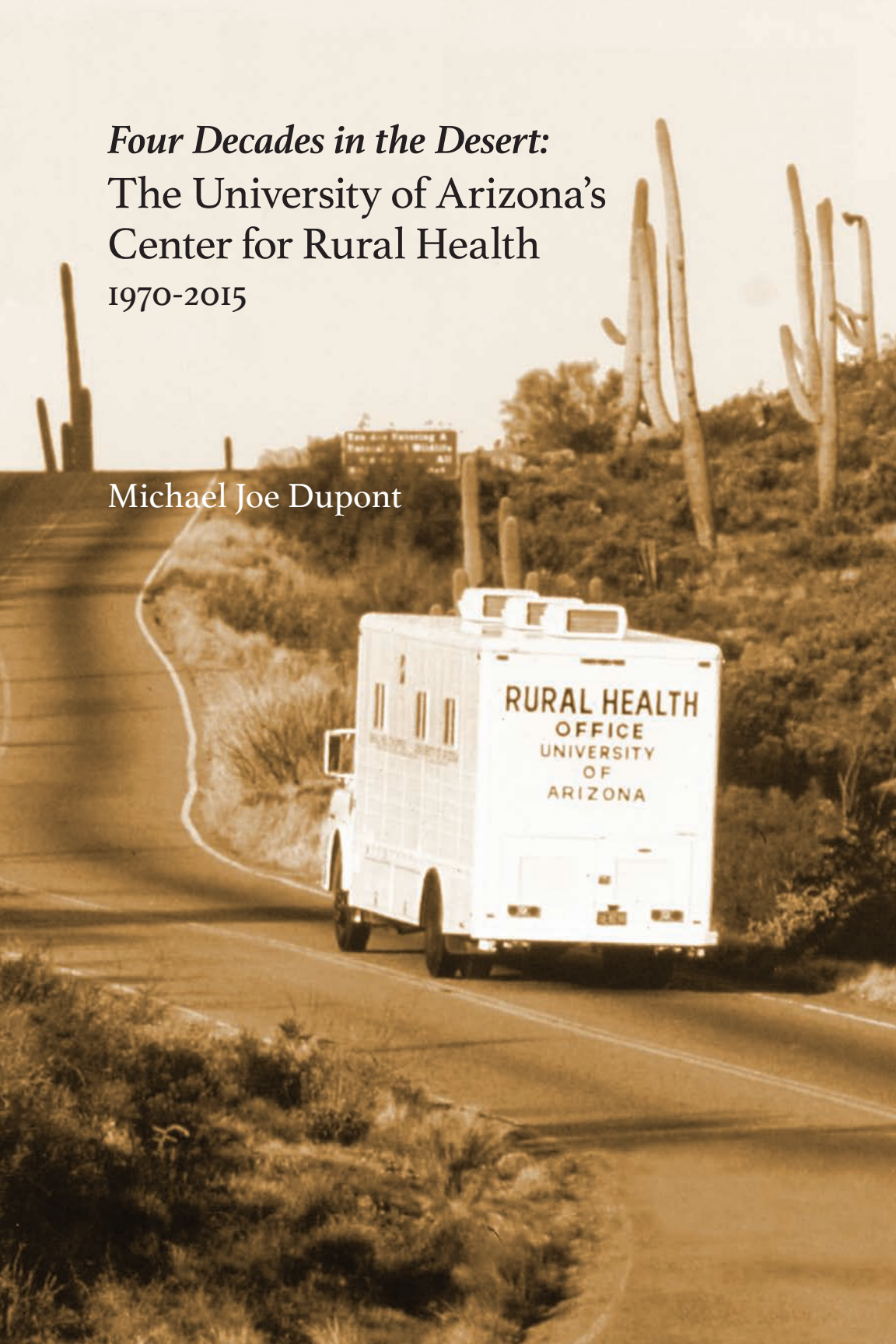
Four Decades in the Desert: The University of Arizona's Center for Rural Health 1970-2015

Michael Joe Dupont



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Design/layout: Paul Akmajian

Introduction

There is a cinematic sweep to the story of the University of Arizona's Center for Rural Health that rivals anything shown on the big or small screens. It is a script that sometimes seems so unlikely that you wonder whether it would ever have been shot by even an independent studio. It is a tale born in tragedy which then rises to great heights, only to revisit its terrible beginnings before ending with a hopeful rebirth. Certainly, there is a Game of Thrones element to it: The true-hearted hero slips away shockingly in the middle of the saga, and years of strife unspool until a rightful heir emerges in the epilogue. But there are traces of the Ten Commandments as well. Four Decades in the Desert. Forty years of wandering in the high and low wastelands of rural Arizona – from Ganado to Globe, from Second Mesa to Springerville, from Marana to Morenci, and from Page to Patagonia – bringing healthcare access and coverage to the most remote regions of this super-sized state. Long-serving staff at the Center sometimes characterized their efforts as "missionary" work, bringing that first bit of primary care to resource-poor communities, and planting foundational seeds that would eventually mature into permanent medical solutions. And there was also four decades of drifting through an institutional bureaucracy, starting at the dawning of the School of Medicine in the late Sixties, shifting through a series of off-campus safe houses, and crossing among colleges until finally coming back to the main medical campus in the new millennium. This story has subplots and secondary action lines, good cops and bad cops, and a host of historical walk-ons from the likes of Cesar Chavez, the O.K. Corral, Machu Pichu, the Rockefeller Family, the Quaker Society of Silent Friends, and Claire Fraser from the Outlander series of Scottish novels. It really is some kind of show.

This Anniversary volume follows the Center for Rural Health as its primary theme, but it is truly intended as a celebration of all of the efforts that provide healthcare assistance to the underserved areas of rural Arizona. The idea for this commemorative work emerged at the 40th Annual Arizona Rural Health Conference in Prescott in August, 2013. The four decades referred to in this book's title address that anniversary as well. There is no better illustration of the collaborative effort that goes into caring for Arizona's rural communities than the collective coming-together at the annual conference. The Center for

Rural Health has always been a key contributor in organizing and conducting the conference, but it could never be properly executed without the core participation of crucial health partners that encompass state agencies, health associations, hospital groups, medical companies, and other academic colleges, departments and programs. The source material for this historical volume reflects the wide net that was cast in documenting the past four decades of healthcare initiatives in rural Arizona. Along with boxes of printed programs, reports and newsletters published by a variety of entities, nearly 40 extended interviews were scheduled with individuals intimately involved with the provision of healthcare assistance to underserved sections of this state. Approximately half of those interviews were conducted with past and present employees of the Center for Rural Health to capture their reflections on the Center's evolution. But the second cohort were conversations with committed leaders of state agencies, associations and other academic initiatives involved in Arizona's rural effort. Unfortunately, space and time limitations prevent the inclusion of every rural-health leader who should be rightfully included in this volume. Hopefully, those who are here can speak for those who are not. Those additional discussions with the Center's collaborative partners round out the picture of how rural healthcare has developed over the past four decades. As the Center's current Director – Dr. Daniel Derksen – so often stresses: Nobody does this by themselves.

But if any one person could, that individual would be Dr. Andy Nichols. The year 1970 was selected as the starting date for this story because that was the moment Andy Nichols made his way to the University of Arizona's School of Medicine. The Rural Health Office (RHO), the Center's earlier incarnation, was not officially chartered until 1982. But from the second Nichols stepped on Tucson's medical campus, rural health in Arizona had a center. He first came to the Copper State through murderous circumstances. Andy Nichols was four years old when his father, a small-town Kentucky attorney, was shot dead by a deranged client. His father had always told his mother, "If anything ever happens to me, don't raise the boy in the South." Nichols later returned to Arizona because he owed the state five years under the WICHE exchange. He stayed to make a difference. The Department of Family and Community Medicine (FCM) burned then with the fire from the Sixties – Civil Rights and social justice and healthcare for those who could not afford it. Andy Nichols had been a Peace Corps volunteer in Peru, and he filled the RHO with a few more.

He started with seven staffers, and in less than a decade, he had more than 50. The RHO ran programs from El Paso to Guam, but the crown jewel was the Arizona Area Health Education Center (AHEC) System, which Nichols started in 1984. The multi-million dollar project established centers in Nogales, Yuma, Flagstaff, Miami-Globe and rural Maricopa County, delivering over 7,000 health-education programs to more than 400,000 rural participants. Nichols grew so successful at grant getting that some said AHEC stood for, "Andy Has Enough Cash." When he felt he could do even more, he became a state legislator in 1992. He was the brains behind a citizen-led ballot initiative in 2000 that raised Medicaid eligibility to 100 percent of the Federal Poverty Level, and brought $4 million annually to AHEC. Yet it was amazing that one of Arizona's most accomplished medical faculty could be so poorly put together. He wore curious combinations that others had to help assemble and he had a cowlick that wouldn't quit. Andy Nichols was color blind. Maybe that's why he treated the state's neediest communities – its border population, its agricultural workers, and its tribal members with such devoted consideration.

Not even Andy Nichols could do it alone. He mustered a talented team by keeping one eye peeled for undervalued assets. Dr. Augusto Ortiz signed on in 1972 after helping Cesar Chavez recover from a harrowing fast. Gus Ortiz was the RHO's good cop, an older and calmer presence who countered the furious bustle of his boss. Ortiz started a Mobile Health Clinic in 1975 with a used van donated by a Texas church, and he delivered care in 57 rural communities in just the first three years. In Tombstone, he always parked the clinic directly across from the O.K. Corral. Jill de Zapien joined in 1984, even after she was warned about Andy's "abusive" around-the-clock work habits. Along with Joel Meister, she pioneered a Promotora model of community health workers that was copied across the country. Alison Hughes arrived in 1985 after the Tucson Congressman she worked for lost his reelection. Alison became Andy's second-in-command, but she almost didn't come aboard at all. The participatory democracy that Andy espoused meant new hires were voted on by the entire staff as they sat in a circle on the office floor. One staffer voted against Hughes because Andy and Alison were both born under the sign of Aquarius, and that might simply be "too much Aquarian energy." Lynda Bergsma began when she offered to work an unpaid internship, and Andy Nichols found that price to be exactly right. Amanda Aguirre solved an unstable leadership situation at the Yuma AHEC, and a decade later she

followed Andy's example into the Arizona Senate. Ann Roggenbuck filled a similar need at the Flagstaff AHEC, and 20 years later she transformed it into a health system with 500 employees and $45 million budget. Pathology chair Ron Weinstein connected with the RHO in the mid-1990's to build a Telemedicine Network that eventually covered more than 50 rural communities. Program Coordinator Sonia Nieves started in 1992, and she exemplified the RHO's "family" element, since six of her family's seven siblings ended up at the Office. Rebecca Ruiz has coordinated the Annual Conference for nearly a quarter century, and she was once warned, "You'll never leave this place." Things were so good, it seemed few ever did.

And things were good. Very good. In 1992, Arizona's RHO began its run as the #2 Rural Health Program in the country. It was also probably the best known part of the University's medical school. Nobody hid in the hospital or their office. Phones were answered and all hands were out in every corner of Arizona delivering assistance. And then just as suddenly, things slowed to a near-stop. Andy Nichols died at his desk in the Senate office building of a massive heart attack in April, 2001. It robbed the RHO of its rainmaker, and a deadly drift set in. Centerpiece programs started disappearing – AHEC and the Mobile Health Clinic – into other departments. The RHO itself shifted from FCM to the new College of Public Health. A leadership void emerged because Andy Nichols had never properly prepared an inside successor, and two outside hires came and quickly went. The kingdom was crumbling. The onset of the 2007 Recession didn't help, as budgets were slashed across the state. Attendance at the Annual Conference slumped. The RHO became the Center for Rural Health in 2011, and it still supervised some solid programs, but a sense of synergy seemed to be missing, and each of the good grants felt walled off in a separate silo. Neil MacKinnon initiated a strategic planning process during his short stint as Director, and that started to stem the slide. In 2013, the Center was selected as the National Rural Health Association's Organization of the Year.

When Dr. Daniel Derksen assumed the Director's role that same year, he moved decisively to further that momentum. Derksen is a living link to the Center's legendary past. Andy Nichols was among his mentors as an Arizona medical student in the early 1980's. His return to the UA after nearly 30 years brought a wealth of translational and applied health policy experience, that he quickly brought to bear in his new post. Ann Weaver Hart, UA's new president, asked him to be a fac-

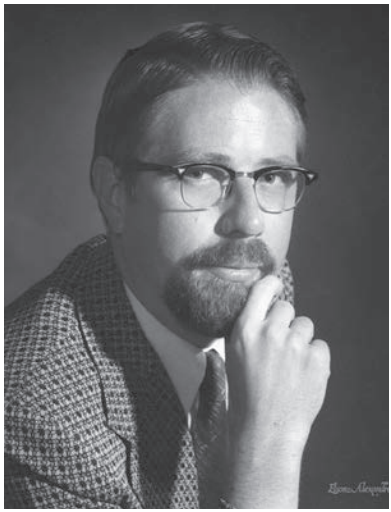
ulty liaison with the Governor's office to implement Affordable Care Act coverage provisions in Arizona. He worked with the coalition to restore Andy's Proposition 204 Medicaid coverage, and expand Medicaid as allowed by the ACA. He continues to implement the ACA Teaching Health Center provision in Arizona and in other states that he worked on for Senator Bingaman in D.C., to assure that as more are covered, they have access to high quality health services in rural and underserved areas. Derksen reconfigured the Center's structure to enhance its strengths. Jill Bullock became Associate Director, Joyce Hospodar advanced to Senior Advisor, Alyssa Padilla took over Special Projects, and Sharon Van Skiver the Senior Center Coordinator. Barriers came down and fresh energy flowed. The Center applied for a $2.5 million Navigator Grant to help Arizona's 1.2 million uninsured understand and obtain health insurance coverage, and this year's 42nd Annual Rural Health Conference is teeming with posters and presentations. "We want this excitement," Dr. Derksen explained in this manuscript's closing remarks. "Now is the opportunity to move forward with these things. Now is the time."

Michael Joe Dupont
August 4, 2015

Section One
(1970-1990)

Starting Small and Growing Grand

In the decades to come, the University of Arizona's Center for Rural Health would have healthcare beachheads in every corner of the state's vast expanse: From the Grand Canyon strip to the ranching grasslands near Douglas, and from the high mesas of the Native American nations in the north to the emerald-green agricultural fields around Yuma in the south. There would be multi-million dollar allocations from the legislature, federal grants too numerous to tally, and comfortable quarters on the main campus. But the roots of the University's rural-health office were much more tangled than its future triumphs would foretell. There was squalor in the slums of Central America, suffocating altitude sickness in the towering peaks of the Peruvian Andes, and mentally-deranged murder below the Mason-Dixon Line. The jumbled journey that brought Dr. Andy Nichols to the Sonoran Desert was equal parts exhilarating exploration and harrowing heartbreak. The physician who is often referred to as the Father of the University of Arizona's Center for Rural Health traveled a wild and winding trail that brought him finally to a permanent base in the Old Pueblo. Nichols was born in the Bluegrass State, trained among indigenous tribes on several continents, and served a Peace Corps stint in the shadows of Machu Pichu. But one crucial part of his crooked tale took place in a series of spiritual pow-wows where not one participant uttered a single sound.



Andy Nichols, 1977.

"Andy and I met at a Quaker gathering at Stanford," remembered Ann Nichols, Andy's widow, during a 2014 interview. "Like a lot of religions, the Society of Friends has two branches, an Evangelical branch, which is very much like a regular Protestant church, and the other is the Silent Meeting Friends. We met at the Silent Meeting kind. In

Ann and Andy Nichols at 1965 wedding.

Silent Meeting, you sit in silence to open yourself to the moving of the spirit, and the idea is that you don't have anybody between you and God, and that anyone can receive guidance or inspiration. The reason I met Andy was because he was at a Friends meeting with a female medical student who I recognized. She had given a presentation at the YWCA on careers for women in medicine, and I was involved in social activism through the YWCA. This was around 1963, and the Civil Rights issue was going strong. Anyway, I recognized her, and I assumed this was her boyfriend, so I didn't really pay any attention to Andy. But Carol introduced Andy to me as just her classmate. Apparently, he noticed me more, because he said to himself, 'If she sits next to me at the next meeting, I'll know that there's something there.' Well, I only had a bicycle, and I was getting a ride to Friends meetings with a Dean from the university, and he was sometimes late. If we arrived after the meeting had settled into silence, we had to split up and sit in the first available space. That next Sunday, the first available space was next to Andy. After the meeting, we started talking, and there was just this instant feeling that this was it. He had two years of medical school left, and I was an undergraduate junior. We just talked about what we were interested in and what we were doing. We recognized right away that we had very similar interests in social issues, and a commitment to Civil Rights. The Quakers are very, very connected to social action and peace. Their four basic testimonies are Peace, Simplicity, Honesty and Integrity."

The match was made, and Andy and Ann Nichols married in

1965 after jointly moving to New York City – Andy to serve his residency at St. Luke's Hospital and Ann to earn her Masters at Columbia University's School of Social Work. Harvard and a Masters in Public Health was supposed to be the next stop for Andy Nichols, but the Vietnam War intervened. "In those days, all doctors were subject to the draft," Ann Nichols explained, "so Andy requested a Peace Corps assignment through the U.S. Public Health Service. We served two years in Peru, and his first assignment was Cuzco, which was famous for its Incan ruins because it's on the pathway to Machu Pichu. It was a smallish town at an elevation of 13,000 feet, and the high altitude was a little bit of a challenge for Andy. He had to evacuate a couple people for high-altitude pulmonary edema because they couldn't adjust to the altitude. Andy himself didn't ever feel completely energetic physically. I remember that I always felt great, but he never quite felt 100 percent. Then we'd go down to the coast, and I would feel, 'Oh, the air is so heavy,' and he would be perky. In the second year, they asked him to be senior physician at the Lima office. So we moved down to Lima, and his main job was to take care of Peace Corps volunteers, the occasional Mormon missionary, and anyone else he ran across. But in our free time, we located a little squatter's settlement, people who had come down from the high plains as an organized community. They had laid out streets, and there was a bit of tight space between the houses, and on the coast, you could put up four poles and five grass mats, and live in that because it never rains. A mist hung over the city for six months, but it didn't rain. They didn't have electricity or running water, but they did have a spigot in the center of town. Andy worked with them on equipping a little clinic, and looking after their healthcare needs."

Andy Nichols in Cuzco, 1967.

Exposure to impoverished communities like that forged the foundation of Andy Nichol's professional vision. Every summer during his medical-school sojourn, he interned in under-resourced areas both at home and abroad. "Andy had a sense of mission," Ann Nichols recalled. "He had a belief that there were things that he was meant to do, and that he could do. He always had a sense of purpose. And that gave

him energy. At the very beginning of medical school, he spent two summers studying the health beliefs and health needs of the Yaqui Indians in Guadalupe, a small community just south of Phoenix. He became familiar with people who used traditional healers, and learned how to develop collaborative relationships so those people could get the benefit of combining modern medicine with their traditional beliefs. In later summers, he worked at clinics in Brazil and Guatemala. It was in Guatemala where he truly understood the importance of public health. He saw that you could help people patient-by-patient, but if you could get clean water for that community, you wouldn't have all these patients coming in with cholera and other water-borne problems. Both of those experiences really shaped his interest in public health, and his commitment to really trying to get help for under-served populations, because he saw what a difference healthcare could make."

It was no accident that Andy Nichols, after returning from Peru and earning his MPH at Harvard, ended up in Arizona to make his medical career. In fact, it was actually something much closer to a tragedy. "Andy was born in Kentucky," Ann Nichols recounted, "and he was an only child. His parents had married a little later, and they were in their 30's. His father was a county attorney, and running for Congress, when he was killed. Andy was four years old. His father had a pro bono client who was mentally disturbed and who had just gotten a hand gun in the mail. If the man had an appointment with his doctor that day, he would have shot his doctor. But he had an appointment with his lawyer, and he shot him. The man then shot himself, so there was never a trial or anything. His father had always told his mother, 'If something ever happens to me, don't raise the boy in the South. Don't stay in the South.' After his mother sort of got herself together, she took Andy to New York, where she got her doctorate, and the first job she was offered was at Arizona State University. Her degree was in counseling, and she became an associate dean at ASU. Andy went to high school in Tempe, and he was an Arizona resident when it came time to go to medical school, which Arizona did not have then. So WICHE (the Western Interstate Commission on Higher Education) funded his medical-school education at Stanford. He owed

Andy Nichols, MD, MPH

The University of Arizona Medical Center, 1983.

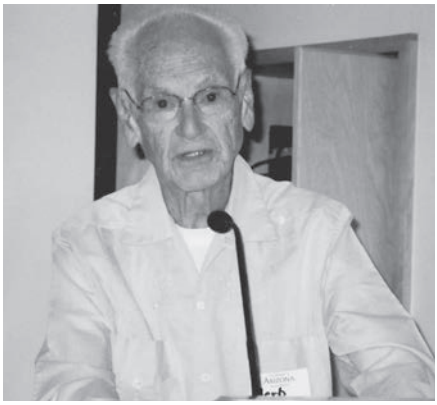
Arizona a year of service for each year of medical school, and Stanford was a five-year school. So we always knew we were coming to Arizona. He owed Arizona five years."

Finding Our Feet In Family & Community Medicine

Arizona would need every ounce of Andy Nichols' medical vision because its field of view was immense. The state's geographic canvas was the country's sixth largest, and its 114,000 square miles – as large as New York and all of New England combined – was a massive mish-mash of parched basins and jagged ranges and freezing plateaus. That unruly landscape could isolate pockets of people, and make the delivery of healthcare, and just about anything else, as difficult as a lunar launch. When Andy Nichols arrived in Arizona in 1970, almost 75 percent of the state's 1.8 million residents lived in the metropolitan areas of Phoenix and Tucson. The four winds blew the remaining one-quarter into the most far-flung corners of the Copper State. Arizona's 13 rural counties comprised almost 85 percent of the state's land mass, and rural Arizonans were statistically older, poorer and less healthy than their urban counterparts. The rates of heart disease, obesity, diabetes, substance abuse and mental disorder were much higher, and easy access to healthcare providers far lower. Matters weren't helped by the state's refusal to participate in Medicaid. Another decade would pass before Arizona finally agreed to cease its status as the lone state to opt out of the federal program that provided basic care to the very poor. "Arizona was pretty backwards," Ann Nichols remembered. "We were the last state to get Medicaid because there was this fear that it would somehow make us responsible for Indian healthcare or that the federal government would pull the rug out and stop funding it."

Andy Nichols was returning to a state that was then still in its rel-

ative youth, but he was joining a medical school that was in its absolute infancy. The University of Arizona's College of Medicine made its debut in 1967, and three years later, the school was still short of everything while trying to meet the need everywhere. Andy Nichols was immediately sent out on the road. "Andy joined the faculty at the medical school, and I joined the faculty at Arizona State, which had the only School of Social Work, and in the beginning we commuted together because he was assigned to work on the State Health Plan in Phoenix," Ann Nichols recalled. "We'd go up on Sunday to stay with his mother in Tempe, and on Monday and Tuesday, I would teach and he would work on the State Health Plan, which was Arizona's first attempt to allocate its healthcare resources across the state. On Wednesday, we would take off for Marana where Andy saw patients at this little clinic that had been around for years, but had lost its doctors. The medical school had agreed to provide assistance to them, and I think Andy actually negotiated that. Other than the Free Clinic, I think the only real direct medical service work that Andy ever did was at Marana.



Dr. Herb Abrams

It was clear Marana was going to grow. They already had the Pascua Yaqui settlement there, they had farming folk, and agricultural workers, and it was right on the edge of Tucson, and it just looked like growth was going to move in that direction. The community formed a committee, and Andy helped them get the last Hill-Burton Grant to build the Marana Health Center. They got that grant, and then Andy got them connected with the National Health Service Corps. He always saw the possibilities of a situation, and he cared a lot about people having access to healthcare in a meaningful way."

That Marana experience was evidence the Department of Family and Community Medicine (FCM) sowed some of the seeds of a rural health program right from the start. It made perfect sense. One mission assigned to the College of Medicine was to produce more primary care physicians for Arizona, and nowhere was the need greater than in the state's outlying areas. As Andy Nichols pursued his passion for rural health, he had the full blessing of his medical-school superiors. "The head of the medical

school, Monte DuVal, was very supportive of the kind of things Andy was interested in," Ann Nichols explained. "And Herb Abrams, his department chair, was wonderful. As a leader, Dr. Abrams supported people in whatever they were working on, as long as they were productive. He gave them free rein, and encouraged people as much as possible to follow their interests. So Andy had support from the Dean, he had support from his Chair, and he worked with some wonderful colleagues. There were some amazing, amazing doctors in that department."

Anthony F. Vuturo, MD, MPH

Dr. Anthony Vuturo was among those outstanding associates. "Herb Abrams was the visionary, and he came to the department first," remembered Tony Vuturo, who followed Abrams as FCM chair, during a 2015 interview. "Andy Nichols came second, and I came in the third year. So we were among the key people that started it. I was the most junior in many respects, in age and everything else. I came from Harvard, and I was offered many positions around the country, but this was a new school and it sort of intrigued me that, 'Hey, maybe I should be part of this.' Andy Nichols and I were both from Kentucky, so we kind of hit it off. He was more involved in the community medicine side of the house, and I was more involved in the family medicine side. Andy was terribly creative. He came from Stanford and he was fast. But rural health was never a significant part of the department at the start. Our first commitment was to serve the medical school, and our second commitment was to local clinics like the El Rio Neighborhood Health Center, which Herb Abrams started, and St. Elizabeth's of Hungary. Now, we always had some rudiments of rural health. Andy and I worked out at the Marana clinic, we were the docs, and we brought out other physicians to help them get it started. And then we were down in Benson. But Andy was clearly devoted to rural health. He was a tremendous writer, and he was always terribly good at getting funding. He was among the best people we've ever had at that. Monte DuVal was the first Dean, and he was a good man, but he wanted to see results. As long as the department didn't become financially dependent on the medical school, we could do the things we wanted to do. And Andy and I always generated more than our own funds."

Andy Nichols at 1984 Physician Placement Meeting.

But those funds were still somewhere way out in the future. Andy Nichols shared FCM's stumbling first steps during a 1984 speech at an Invitational Workshop of the Institute of Medicine in Washington D.C. One section of his sermon focused almost solely on the single year of 1972, when FCM seemed like it was starting to turn a corner. In some ways, it felt like a blind corner. "In 1972, we were adding Family Medicine to Community Medicine, and we were one of the smallest departments in the College of Medicine," Nichols said. "There was a question about whether there would be any support for this effort in the state government or the medical school. In 1972, I was responsible with the Department for beginning something called Group Health of Arizona (which became Pima Care). It began with extreme opposition from the medical community as the first prepaid plan in southern Arizona. I still bear the scars from that encounter. We started Group Health in the University, but soon had to get it out of the University because it was such a hot topic that no one could touch it for long and survive. In 1972, we were exploring work with the newly formed National Health Service Corps. We wrote the first application in Arizona for the Corps with the assistance of two medical students, and supported one rural clinic with no staff, and justified our work on the basis that any clinic where we worked would provide background for the future teaching of medical students. In 1972, we were considering launching a program with Mexico for the training of medical students. We were offering and defending courses in Tropical Medicine and International Health in the medical school. We were asked frequently, 'Why do you teach that in Arizona? There are no tropical diseases here.'" It was no sure thing that FCM would ever find its feet.

One of the earliest efforts by Andy Nichols to build bridges between the state's segregated rural-health stakeholders was as a key organizer of Arizona's first-ever Conference on Rural Health in March, 1972. Capitalizing on connections he made while working on the State Health Plan, he helped assemble a coalition of Arizona agencies – the

Arizona Medical Association, the Arizona Nurses Association, the Arizona Hospital Association, and regional branches of the Indian Health Service and National Health Service Corps, among others – to come together for the first time and consider common problems in the state's rural precincts. The College of Medicine and Department of Family and Community Medicine were among the co-sponsors of the conference, and the initial meeting was held in conjunction with the Third Annual National Symposium on Air Mobility in Community Services. Although that pairing seemed a bit unlikely, and resulted in the convention's somewhat curious caption, "Rural Health and Air Mobility," Andy Nichols cobbled together collaborators wherever he could find them. And whatever the slightly strange circumstances, an Arizona tradition was established. More than four decades later, the University's Center for Rural Health is still heavily involved in hosting an annual Arizona Conference on Rural Health.

A second historical institution was also inaugurated in the Department of Family and Community Medicine later in 1972. Dr. Augusto Ortiz was already 55 years old, and had been a family doctor in Phoenix for two decades, when Herb Abrams asked Ortiz to join his faculty in Tucson. According to a 16-page memorial written after the passing of Dr. Ortiz in 2006, the Phoenix physician was hired by Abrams at the insistence of Andy Nichols, who had made his acquaintance during his many expeditions to Arizona's capital city. Gus Ortiz brought a prestigious pedigree that the fledgling department did not previously possess. The Puerto Rican native was sent to Luke Air Force Base during the Korean War, and never left Arizona again. Dr. Ortiz cared for Mexican farm workers who cultivated Maricopa County fields under the federal government's Braceros Program, and he was an early advocate for banning the short-handled hoe after linking the implement to the parade of his patients with debilitating back woes. The U.S. Supreme Court overturned Maricopa County's residency requirements for indigent care after Gus Ortiz kept pushing a Phoenix hospital to submit and resubmit

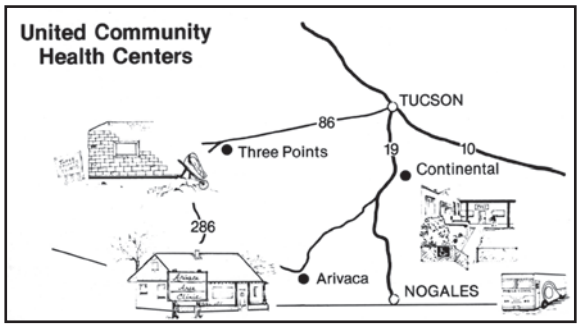
Dr. Augusto Ortiz with Andy Nichols (right).

indigent bills to the county until it paid. But the Phoenix physician was most famous of all for his close association to Cesar Chavez, the Yuma native who went on to found the National Farm Workers Association. In May, 1972, Chavez began a fast in Phoenix to protest legislation that hindered the organization of farm workers, and he asked Dr. Ortiz to be his physician. Chavez fasted for 24 days, consuming only juices and water, under the watchful eye of Dr. Ortiz. When the fast successfully concluded, the pair drove up Tucson's Mt. Lemmon to rest and recuperate. Herb Abrams proffered his pitch shortly thereafter.

The first assignment for Dr. Ortiz was at the El Rio Neighborhood Health Center, where he quickly spun off two El Rio satellite clinics – one on Tucson's south side in Mirasol Park, and the other in an old church at Yaqui village near what is now Miracle Mile. As part of Family Medicine's rural health program, Dr. Ortiz later worked as a part-time family practitioner in Marana, Casa Grande, Continental, Arivaca and Three Points. But Gus Ortiz started what became known as his signature service in 1975, when, according to the 16-page Ortiz memorial, Andy Nichols found the funding to establish a rural mobile program. A Sunday school in Texas donated a van, which Dr. Ortiz outfitted with two exam rooms separated by a curtain. Now, instead of rural patients having to find their way to him, Dr. Ortiz would find his way to the patients. His first stops were Rillito and the Pascua Yaqui village near Marana, and next came Tombstone, where Gus Ortiz parked the van across the street from the historic OK Corral. The villages of Catalina and Continental soon followed. At each site, the mobile clinic remained in the community long enough for local residents to realize the value of regular medical care, and then, with Family Medicine's help, they organized to charter their own clinic.

The original Mobile Health Clinic – "The Tortuga" – in 1984.

The most memorable quality mentioned by those who came into contact with Dr. Augusto Ortiz was the compassion of his care. Testimony after testimony paid tribute to his kindhearted treatment, and the praise issued not just from indigent patients, but sometimes from his very own co-workers. "About two months after I started, I got a very sore throat, and everybody said, 'Go ask Dr. Ortiz," remembered Lynda Bergsma, who was hired at the Rural Health Office in 1986. "We were located at this little place just off Speedway on Second Street, and they sometimes parked the Mobile Health Clinic over there. I said, 'Really?' They said, 'He's wonderful, and he has these magic elixirs he gives out.' So he gave me some stuff, and the next day I wasn't in the office. Dr. Ortiz was concerned about that, so he called my home and talked to my husband, who happened to be there over the lunch hour. He said, 'This is Dr. Ortiz, and Lynda wasn't feeling well yesterday, and I gave her some medication, and I noticed she's not here at work. How is she feeling?' Well, I had gone to Phoenix for a meeting, so I was feeling fine, but he had taken the time to call to find out how I was. Well, doctors didn't do that even back then, but Dr. Ortiz did."



UCHC three-town triangle in 1984.

Gus Ortiz was also one of many important departmental contributors to the Family Practice Preceptorship Program that started in 1975 through a Family Medicine Education Grant. Since data indicated that doctors tended to begin practice near the site of their post-graduate training, the preceptor program attempted to expose fourth-year medical students to rural opportunities by offering a supervised six-week rotation in an underserved setting. The new program was particularly pivotal in Arizona, because a College of Medicine study of its 1971 to 1980 graduating classes showed that only 17 of the school's first 115 Family Practice graduates chose to start work in non-metropolitan areas of the state. Family Medicine needed this new vehicle to better address small-town shortages. Dr. Ortiz, for example, guided family-practice residents in Benson and Marana, and even instructed pre-med students in his mobile-health clinic, where they could draw blood and interact with real patients. The new scheme seemed to show prom-

Dr. Ortiz advising volunteer medical student Mike Christopher in 1983.

ise. According to a 1985 article in Arizona Medicine, the Preceptorship Program rapidly expanded to 23 sites, ranging from Ganado in the north to Nogales in the south, and from Springerville in the east to Yuma in the west. It became a popular and well-received rotation, and within a decade of its founding, 36 students participated in the program during a single school year.

The individual pieces of a rural health program were already falling into place within Family and Community Medicine as Andy Nichols argued for the establishment of a separately-designated Rural Health Office. Along with the mobile clinic and the preceptor program, FCM's rural health component carried out a three-year, multi-disciplinary experiment in rural health workforce distribution during the mid-1970's. But Andy Nichols believed the University could accomplish even more to advance rural health in Arizona if there were a stand-alone entity that could combine and coordinate the various unconnected efforts, and furnish them a singular focus. The allocation of academic turf is never easy, however, and not everyone was excited about the formation of a fresh institutional agency. Nichols still had the enthusiastic approval of his department chair, but Louis Kettel had replaced Monte DuVal as Dean of the College of Medicine. "I think it was a challenge to get the Rural Health Office going," Ann Nichols remembered, "because the University kind of resists some of this creating your own area. On one hand, they support it, but then in other ways, they oppose it. I don't think the Dean at that time was as supportive as the first one had been."

Opening Doors At The Rural Health Office

In October, 1980, the Rural Health Office (RHO) opened its doors in semi-official fashion after Andy Nichols procured a Primary Care Research and Demonstration Grant from the U.S. Department of Health and Human Services. It would take another two years for the office to be formally recognized within the University's framework, but Nichols put the federal funds to immediate use on several small,

yet significant, projects. In 1981, the office co-authored a 372-page Rural Health Study, which documented the healthcare needs of rural Arizonans, recommended action steps to alleviate those shortcomings, and then presented that information to the state legislature for funding consideration. In that same year, the office published a 106-page Community Health Resource Handbook, a step-by-step instruction manual for small towns to initiate and accelerate their own healthcare services. But the office's boldest move was to rescue and revive the Annual Arizona Conference on Rural Health. Since its first caucus in 1972, the conference had slowly crumbled. Its mission had meandered, participation had plummeted, and its proceedings were no longer consistently printed. Andy Nichols had been a key contributor to that first confab, and he saw in the shaky symposium untapped potential as an educational opportunity for the state and a promotional vehicle for his office. So, in 1981, the RHO executed an administrative coup of the annual conference.

Rural Health Office, 1984.

Attendance exploded at the next several conferences, setting new registration records almost every year. The Eighth Annual Conference held in Prescott at the Embry-Riddle Aeronautical University in August, 1981, was the initial convention closely coordinated by the Rural Health Office. It was the first meeting not held in a major metropolitan location, it was the first seminar not planned by a statewide committee, and only the Fifth Annual Conference – held in tandem with the American Medical Association's national Rural Health convention in 1976 – was larger. Another innovation at the 1981 meeting was the offering of a two-track educational curriculum. One track dealt with emergency medical problems and was designed primarily for clinicians, while the second track centered on rural health issues and was chiefly aimed at non-clinicians. Bringing together physicians and non-physicians to analyze all sides of Arizona's healthcare issues was always the principal purpose of the conference, but presenting a full-clinical educational track doubled the attendance of doctors. The RHO reaped the reward from those programming improvements in re-

cord time. The Tenth Annual Conference set a new mark with 268 participants, including 35 representatives of the National Health Service Corps and 30 employees of the Indian Health Service. A year later, the 1984 convention smashed all previous standards. Held at Northern Arizona University in Flagstaff, the Eleventh Annual Conference had 66 speakers (led by Navajo Tribal Chairman Peterson Zah), 35 breakout sessions (instead of the usual 6 to 10), and was amazingly attended by almost 400 registrants. That 400 barrier fell the following year.

Gordon Jensen

"I was there at the very first Rural Health Conference," remembered Gordon Jensen, who was then a Unit Service Director for the Indian Health Service, during a 2013 interview, "and in the process I linked up with Dr. Andy Nichols. The early conferences were small, somewhere along the lines of 50 participants, but the fifth annual conference was the one that stimulated it, and really got it rolling. It was a joint National and Arizona Rural Health Conference held in Phoenix, and it was through Andy's influence and national involvement in rural health that we got that joint conference here. And it was really due to Andy and his staff's effort that much of whatever was done with the conference took place. Basically, the Rural Health Office has always staffed the conference. We relied on the RHO's personnel and financial support to make the conference happen. I told (longtime RHO staffer) Kevin Driesen that I had actual bound proceedings from the conference starting with the eighth one, and Kevin said, 'Yeah, that was Andy's meticulous nature. He worked to make sure that whatever transpired during those conferences was preserved.' I think conference funding required an advisory group, so Andy set up an Advisory Council, and I was the only federal employee in Arizona involved. So I had longstanding, direct involvement with Andy through that advisory group. We were kind of advisory in name only. The group provided input, but it was really there to endorse programs to keep on-going funding available. It really was perfunctory, and it largely supported the Rural Health Office and its functions. There were occasions where I disagreed with Andy, but you couldn't fault him for what he was up to, and the way he was going about it. He was ahead of his time, and a real leader when it came to the concepts of rural healthcare delivery

and efforts around public health. Andy was fearless, and forward-looking, and a bundle of energy."

Andy Nichols holding court in 1984.

Gordon Jensen spent 25 years with the Indian Health Service in Arizona, and his uncommon career in rural health was characteristic of the crew that Andy Nichols assembled around him. Jensen was raised in Oakland and earned a Masters in Pharmacy at Minnesota, but then set up shop in spots like Sacaton and San Carlos. "I was the chief pharmacist at the hospital in Sacaton for a year," Jensen recalled, "Like all reservation communities, it's interesting providing services with a variety of political overtones, almost in what I might term a love-hate relationship. The feds had the responsibility to provide the service, and the native population felt that it was their healthcare system, but it was never all that it could be or should be, from their perspective or ours. It's difficult to explain that tension, but it's just that historically they were treated badly by the federal government and subsequently had to deal with reservation life, so I think their animosity was only natural from a human perspective. I was providing services at Sacaton so it wasn't that bad, but it was different when I became Service Unit Director at the San Carlos Apache Reservation. Basically, I was the primary manager of the healthcare system, but I was influenced and impacted by the Tribal Council, and that relationship varied, like anywhere else, depending on who was the chairperson of the Tribal Council. It was an experience I greatly appreciate, but it had its challenges from a management perspective. In a place like San Carlos, I always talked about it as a comprehensive system. We not only did the hospital stuff, but we had social services, mental-health capabilities, and over and above that, we were also involved with water and sewer, and we had sanitation engineers on staff to manage that. That's an integrated healthcare delivery system."

The annual conference tried to orchestrate a similar interface between the different disciplines and competing bureaucracies in Arizona's rural health arena. To foster good feelings, the conference began handing out annual awards in 1983 for the outstanding rural health project and rural health practitioner. Kayenta Community Health

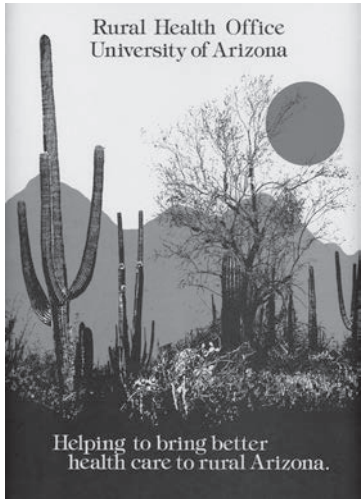
Jack Beveridge

Services and Sally Lewis, the director of nursing at the Yuma County Health Department were the inaugural award winners. But the best bonding device was simply meeting face-to-face with fellow professionals. "It's really been worth it from my viewpoint for the networking," noted Jack Beveridge, who ran a Regional Behavioral Health Authority (RBHA) in Pinal and Gila counties for two decades, during a 2013 interview. "To meet and make contacts and integrate with folks from other areas has been invaluable. Andy Nichols was always trying to get the RBHA people involved with the conference, but we didn't like to go because we'd get beat up by all these people complaining about the Behavioral Health System and how unresponsive it was. Somehow, I wandered into a conference way back when, I think it was at Rio Rico (in 1986), and Andy was up in front of a roomful of people. He said, 'Oh, here's a RBHA director right now! Jack, come on up and talk with us!' But he was kind, and he didn't let them beat me up, and I got to know him really well at another conference in Sedona (in 1988), when we played golf – he was just learning – at this funky little course called Poco Diablo. It was a nine-hole chip and putt that was almost like Goofy Golf. Andy was ahead of his time because he believed in integrating behavioral health with basic medical care. He wanted more communication between the two. He was very interdisciplinary and very for-

Rural Health Office retreat, 1984.

ward-thinking in terms of prevention and wellness. The conferences were a lot of fun. We had like a town hall meeting where everybody's a member just by virtue of being there, and we'd vote on resolutions that were written up on the spot."

The Rural Health Office came so far, so fast, that by 1982, it had both official University recognition and funding from the state. When the College of Medicine listed the RHO as a separate line item in its 1982 budget request to the state legislature, the school was formally acknowledging its existence. Arizona legislators answered with an annual stipend of $300,000, a modest amount that could cover the basics of operating an office, but not much more. The flat fee was intended to incentivize Andy Nichols to grow the RHO on his own, through outside grants and contracts. That strategy played right into the Director's strengths. "Andy was doing some teaching at U of A, of course," explained Ann Nichols, "but what he was really good at was writing grants. Andy was very aware of health policy issues, health resources, and just generally what was going on. And he was always tuned in politically. We were news junkies. As soon as NPR (National Public Radio) came into existence, it was the only station we ever played in the car. In fact, my daughter told me one day, 'You know, I was five years old before I ever knew there was any other radio station.' She was in the car with the babysitter and found out all you had to do was turn the dial to hear something else. But from the beginning, Andy was never afraid to approach people and get to know them. One good thing about Arizona was the state was small enough then that you could get to know your Representatives, and the people in positions of power. So Andy stayed tuned in to what was going on, and what might be available. When he worked on the State Health Plan, he got to know some of the folks in Phoenix. This was before term limits, so you had folks like Art Hamilton, who served in the legislature for 20 years, and was very committed to the African-American community, and healthcare, and other good issues. Art Hamilton was an influence on Andy. And Andy always knew the Democratic leadership."



When Andy Nichols delivered his 1984 dissertation at the Institute of Medicine, he discussed more than just the difficulties of 1972. He defined the RHO's direction as "discovering new and better ways of growing cotton, which is what we grow in Arizona." He gave a nod to a Nutrition Project the RHO was executing in Egypt with Purdue University. And he clarified why the RHO was called the RHO. "There are three reasons why we chose the name Rural Health Office," Andy Nichols explained. "First, at the time we created it, there were other Rural Health Offices operating around the country, and the name seemed to be a significant one. Second, we used the name because it made a statement to us about reaching the geographic peripheries of our state. And finally, we chose it for political reasons to assure support in the legislature when other resources were more urban oriented. In fact, Office of Primary Care could have just as easily applied because much of what we do is based around primary care." Nichols then closed his November commentary with a bit of foreshadowing about what he expected from his co-workers. "The most important ingredient in any program are the people who work in it," he asserted. "Is it a mission or a program? Is there a commitment to social equity or a technical interest in solving social problems? Last week, I went into our office on Rodeo Day, which is a big Tucson holiday, and everybody is supposed to be at home. I found five professionals hard at work in the Rural Health Office. I submit this is because we care, and in caring we make a difference."

In just two years. Andy Nichols took the state stipend and quadrupled it. The RHO's 1984 budget was $1.2 million, and it listed funds from the likes of the Flinn Foundation, the National Health Services Corps (it was the first NHSC contract in the country), and the Coalition for Advancement of New and Developing Occupations (whose acronym was CAN-DO). Nine different outside grants subsidized 75 percent of RHO's operations. Along with that balance sheet growth, the office staff swelled from seven members to 25, including a three-person Phoenix satellite started in 1983. Dr. Gus Ortiz and his church van were among the RHO originals. Since the office was still situated in the Department of Family and Community Medicine, the transfer of

RHO starts newsletter in 1983.

Dr. Ortiz was a mere technicality, but the mobile clinic permitted the RHO to provide primary care and professional assistance to 57 Arizona communities in its first three years. One rural region where the RHO showcased the full array of its specialized services was in a three-town triangle in southern Pima County. Arivaca was a ranching community seven miles north of the border, Three Points an old mining village to the north, and Continental to the east had pecan orchards staffed by seasonal workers who came up the Interstate 19 corridor from Mexico. The one commonality in those communities was the absence of a reliable source of regular medical care. Gus Ortiz came first with his clinic, followed by RHO's community organizers and grant coordinators. When their work wrapped up, the United Community Health Center served all three townships, and its central administration was handled by 11 newly-hired hands at the RHO.

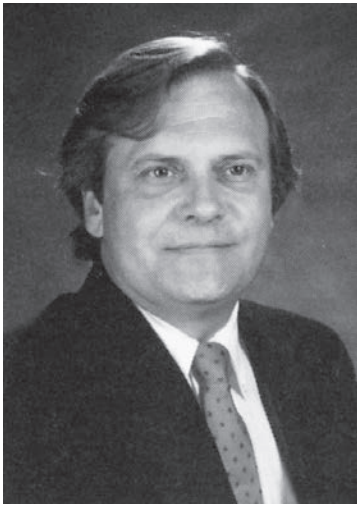
Arivaca clinic, 1984.

AHEC Accelerates The Action

For all that early progress, the federal funding that indelibly established the RHO finally arrived in October, 1984. The Carnegie Commission on Higher Education came up with the concept of the Area Health Education Center (AHEC) in 1970. Those centers were supposed to increase the supply and geographic distribution of health professionals by sending students into underserved areas where they could experience rural practice opportunities. Eleven universities were awarded federal AHEC contracts in 1972, and ten more won bids in 1978 and 1979. The University of Arizona's College of Medicine failed in its first two tries at acquiring an AHEC, but the College finally scored a $1.3 million contract in 1984. The successful submission was a collaboration among several state universities and a couple of departments within the College of Medicine, but the contract was housed in the RHO because of its primary role in the proposal process. Arizona's first AHEC was planned for a four-county area along the state's southern border, with its headquarters at Holy Cross Hospital in Nogales. According to an RHO brochure, the stated goal of the Southeast Arizona Area Health Education Center (SEAHEC)

was to create a learning hub where teams of students in the health professions – especially Hispanic students – could participate in delivering culturally-appropriate care in a "Mexican-American milieu." In the years to come, that first Arizona AHEC would be followed by four more, and many millions of federal education funds would flow through the RHO.

"I invited Andy Nichols early on as a guest lecturer in my classes," remembered Don Proulx, who was then Associate Dean of Health Sciences at Pima Community College, during a 2013 interview. "I didn't get too involved in rural health until I did an exchange program with Hermosillo General Hospital for my nursing and allied health students. The AHEC's talk about interprofessional education now, but we were already doing it at Pima. I invited the medical school to send some students, but they didn't seem interested. They had a pretty tight rein on their students back then. Andy was interested in how our exchange program went, and after I invited him to my class, we hit it off. He was a true advocate of disadvantaged communities, and so we bonded because of my cross-border experiences. We were into the same things, and Andy was basically my counterpart at the University of Arizona in terms of community health. So then Andy called me and said he was writing a grant to establish an AHEC system. The first time he wrote the grant, it was just the University of Arizona Health Sciences, and it wasn't funded. He tried a second time, and I don't know what the problem was there, but that wasn't funded either. So he said, 'Will you come over and talk to me about community health centers?' We talked about what the government was funding and how valuable it would be for our community. I didn't know much about AHEC at that time. But he said, 'You know what, I'd like you to write the community college piece of the grant because you have all those allied health programs.' Well, he and I got involved with that, and that grant got funded. I said, 'Congratulations!' and he said, 'Third time's the charm!'"



Don Proulx, MEd

Don Proulx developed his devotion to what he calls "disenfranchised people" by the most organic of means. He lived it. "I was born

poor," he explained. "My parents divorced, and my mother brought my sister and I to Phoenix in 1952. I was seven years old. My mother was a restaurant waitress, and we were living on her tips. I didn't have jeans unless they were rolled up because she wanted us to grow into them. And our nutrition wasn't very good. I had a friend who said, 'Oh, you must have eaten tomato soup with bologna chunks.' I said, 'We did.' My mother tried to make things work as well as she could, but she hadn't completed high school and it was a struggle. My father back in Pennsylvania never knew it, but at one point the only help my mother could get was from the Arizona Children's Home. My sister and I were sent there for awhile. I was in the third grade and that was a very eye-opening experience. There were behavioral-health problems in some of the people who went there, but many of them were just poor kids like us. The school was right in downtown Phoenix, and just across the street was the Capitol. What surprised me later was that the Arizona Community College Board moved into that building, and there was an office in my old bedroom. That was just so strange. Right now my interest is in promotoras, who are community health representatives. It's actually a concept that came from Mexico, and these are people who are trusted members in their own neighborhoods. They're helpers and promoters of good health, and they do a lot of home visits and work with their own people. I love the concept and the work is exceptionally good. Well, we didn't know what promotoras were back then, but growing up, I sure could have used one."

Several years later, Don Proulx would join the AHEC juggernaut that he jump started. But the first hire that Andy Nichols found for his new federal program was a fellow whose resume bore a familiar resemblance to his own. Kevin Driesen was another Peace Corps kid with academic credentials forged in the Bay Area of California and a deeply felt bond with the Border. He came on as the community liaison for what would become SEAHEC in early 1985. "I was always a rolling stone kind of person," Kevin Driesen explained during a 2013 interview. "I did my graduate work at UC-Berkeley, and I was recruited down here to help start up AHEC. What I thought was really remarkable about Arizona was the border-health aspect, the fact that we have all this geography that's contiguous with Mexico. I had been in the Peace Corps in Colombia, and I speak Spanish, so I found that really engaging. I liked a lot of things about the border work. The Latin culture is just a very warm culture, one in which people still value humanity. I liked that. It's fun, and it's warm, and it's just something I felt

very comfortable with. But it took me a year or two to get adjusted to Arizona. I was coming down from the Bay Area, and it was so lush and green in Northern California, and you come down here and it seems sort of desolate. People warned me that it would happen, and sure enough, I gradually realized how extremely beautiful it is. You don't have all the trees and greenery, but the sunsets are unbelievable, and the Sonoran Desert does have a surprising amount of lush terrain."

Kevin Driesen got immediate exposure to Arizona's southern border, and just about everything else the state had to offer. "It was my responsibility to do the original development work and establish these nonprofit healthcare corporations," Driesen recounted. "Eventually, there were five centers around the state, first in Nogales, and then Yuma, Flagstaff, Globe, and finally Maricopa County. I drove every road in the state, and it was a wonderful experience that lasted four years. We visited every major healthcare facility, and then we'd meet with other community leaders that were identified to us. We'd get their involvement and feedback on how to structure the center, because the incorporation procedures required establishing a board and putting bylaws together. You'd go up to Sage Memorial Hospital in Ganado, for example, and find out who it was necessary to meet with. It was sort of a snowball sampling kind of process. The farther away we got, the harder it was to work. Flagstaff is five hours from here, so you have to bite off chunks of the state. Every time you'd go out, it was a new experience. Once we traveled around the state in an airplane,

At Polacca airstip (l to r): Kevin Driesen, Andy Nichols, Mary Lomayesva, Cherry Tsutsumida, Leon Nuveyestewa, Marjorie Tiedemann and Ann Roggenbuck, 1988.

and Andy was such a national magnet that he would constantly bring in new people with new ideas. He was very smart and very energetic, and he was rooted in a strong Christian faith, so I think he had very positive public values at his core. He was also a political animal, and that created a lot of friends for him, as well as a lot of enemies. AHEC was a multi-million dollar effort, and it was a very exciting time."

But before Kevin Driesen flew around the state's four corners, he spent his first season studying the Sonoran border. "The very first center I organized ended up in Nogales," Driesen recalled, "and its primary health challenges were the environmental contamination of the air and water. The Sonoran Nogales is another couple thousand feet up into the mountains, and it gets chilly in the winter. The way they heat down there is with wood stoves, and so when you go down to Nogales, you begin to see the smoke cover in the valleys because the air doesn't blow in there and the smoke tends to stick. And then when the maquiladoras came, you added a million people along the northern border of Mexico, and employment was primarily based on the transportation of products. You'd have all these trucks waiting in line, all these diesel trucks, and there were thousands of them. We got some research money and visited this one maquiladora that worked with garage-door openers. The parts were trucked down to the border, assembled in Mexico, and then trucked back over the border duty-free. The point is there were trucks everywhere. And all the way across the border, the Mexican cities were, on average, ten times the size of their sister city on the U.S. side. Nogales back then was like 18,000 people on the Arizona side, but it was 250,000 people in Sonora. Behavioral health was also one of the priorities, and it had been growing during that period. That area was a transportation route for drugs, and I don't think it was ever shown that a lot of drugs stayed at the border, although I'm sure some did, but it was more the violence that came with the drug trafficking."

Some of the Arizona delegation at the First Annual Southwest Indian Youth Wellness and Leadership Conference in Santa Fe, 1989.

One of the next AHEC hires was counseled by colleagues not to go anywhere near Andy Nichols. "Everybody told me, 'Don't go to the

Rural Health Office,'" remembered Jill de Zapien, who at the time was working in the Women's Studies Department, during a 2013 interview. "They said, 'Watch out for Andy because he exploits women and has them working until three in the morning.' That was Andy's reputation because he always bargained and got you at the cheapest salary he could get. But I said, 'It's really interesting work, and I think we can change things over there.' I actually first heard about the RHO through the annual conference because it had happened two or three times since I came to the campus. You would kind of hear about it in the University, and that's when I'd hear those things about Andy. But people had kind of a skewed perception about what it was all about. So I had heard about Andy, but Andy didn't find me. They were getting ready to expand the AHEC's, and Joel Meister had heard about me and told me about the job opening. In fact, it was funny the first day I met Andy. The RHO was having a retreat, and Andy had been off God only knows where, like he always was, and he came into the retreat and everybody was talking, and then there was a break and we're walking out, and Andy's walking next to me, and he said, 'So who are you?' And I said, 'I'm the new hire.' And he laughed, and I remember he said, 'Yeah, I'm always the last to know.' But I had a really positive relationship with Andy. He was the kind of person, that if you stood up to him, and said, 'This is what I need, and this is what I do, and this is what I'm worth,' he actually respected that. So it turned out to be a real opportunity for me. Andy always said, 'Reach for the sky, go wherever you can go.'"

Jill de Zapien presenting diplomas and congratulations to students completing the Mentor Program, 1989.

Jill de Zapien shared the same passion for the border that her AHEC associates did, but her roots in rural Mexico reached far deeper. "I lived there 20 years, and my kids were born and raised there," she said. "I went to Antioch College in Ohio, and it was a den of progressive activity in the 1950's and 1960's. For two quarters, you were sent out around the world to work and learn. I first went to Mexico in 1960, and I knew I wanted to live there. Mexico's a wonderful country, and

the people are so warm and caring. I realize now, 30 and 40 and 50 years later, that sounds like a stereotype, but stereotypes are usually based on some reality. Mexico was considered very progressive at that time, and that whole Diego Rivera period was happening, and you felt like you were part of a country that was on the upswing. Meanwhile, the United States was in the Vietnam War. I thought I could make more of a difference in Mexico. I met my husband there, and he was a veterinarian doing research in animal physiology in Guadalajara, Tampico, Mexico City and Hermosillo. We were in really, really rural areas, and I helped set up schools. I loved it. And then in the early 1980's, the economy totally collapsed. By that time, my husband was the director of a federal research center, and suddenly his salary couldn't pay the electric bill. That's how much things plummeted. I'm not a person interested in accumulating wealth, and we never had any independent resources, but I never worried about it until the economy failed. It was an interesting learning experience for me. All my friends were Mexican, and they said, 'Why worry about it? There's nothing you can do about it.' I kept saying, 'As an American, we believe we can do something about it.' I learned how to read the electric meter, and tried to teach everybody, so they could anticipate their bill and maybe negotiate it. They said to me, 'Why would I want to know?'"

Jill de Zapien

The historical ties between Hermosillo and Tucson brought Jill de Zapien to a city she'd never seen. "Neither of us had spent any time in Tucson," she recounted, "but the cities are closely connected – they're Sister Cities – and the regions are similar, so it was an easier transition for our kids. In Hermosillo, I had met a lot of people from the Women's Studies Department at the University of Arizona who were doing binational research. When I came here I needed a job because all we had were our suitcases. We still owned a house in Mexico, but it was worth nothing. I contacted Women's Studies, and they were doing several projects with the Latino population, and they hired me as a liaison. Basically, I had always considered universities to be the enemy: They don't do anything, they're the ivory tower, et cetera. Unfortunately,

some of the first studies I worked on validated that. They were poorly conceived and not useful to the community. They were studying coping strategies of low-income Latinos, particularly women, who had gone through a traumatic event like widowhood or the loss of a child. The people who designed the studies didn't understand the culture and didn't speak Spanish. I would be talking to women who didn't even have a grade-school education. The study that was classic had a question about, 'Who do you take advice from?' Well, the Spanish word for 'advice' also means 'taking your medicine,' so these women would go get all their pill bottles and show me their medicines. I started talking to the directors of the research institute about what I was seeing, and they listened to me, which absolutely amazed me, and they started doing things a little differently. So it kind of got my foot in the door with researchers who didn't really understand the community, and I could give them context. I was doing that when the RHO hired me. For a couple years, I split my time between Women's Studies and the RHO."

Her AHEC assignment started in the fall of 1985, and the journey for Jill de Zapien was as much about her co-workers as it was the Copper State. "What I remember most is a lot of long road trips where we got to know each other really well," she explained. "Andy didn't go on many of them, and if he did go, we knew we'd be late for every single appointment. So we really didn't want him there because it would get in the way. Everybody saw our job as going out and making contacts in the community. Each of the AHEC's was set up as a nonprofit with its own board, so our job was finding the key people who would be appropriate for that board. Once we had that, we invited Andy in to give his spiel. We'd find the key leaders by talking to people. My dad was a labor organizer, and he taught me when I was ten, the first thing you do when you go into a community is find the local newspaper and see what's on people's minds. The RHO already had a bit of a network through the annual conference, so we knew some key people when we went out there, and we'd talk to them and figure out the others. The first AHEC was Nogales, and that was a piece of cake. Several of us had worked there, so we had a sense of the community power structure, who was left out, and what issues would be really important. Yuma was the second one, and Joel Meister and I had a real interest in farmworkers, so it was fun to get to know all the Latino leaders and their issues, and see who really represented the community and who had a superficial relationship. It was fascinating because it's a very mobile community due to the farmworking. The third one was really tricky. It

was based in Flagstaff, and that involved super long road trips to figure out how an AHEC could really serve the Tribal Community. We had all kinds of fun on the road. If Andy was there, he'd always find the most expensive thing on the menu at dinner, and when the bill came, he'd say, 'Well, why don't we just divide it equally?' We all laughed about that. But we talked about everything. There was a really strong sense of shared values among all of us in terms of having an agenda that was about equity. We'd have every kind of philosophical discussion, and we got to know each other's families really well. It went way beyond the professional, and became very personal. That's probably why the RHO was such a special place. When you spend that amount of time with people, traveling together, you get to know each other really, really, really well. It was a time when the professional and the personal definitely merged together in a very meaningful way."

Lee Rosenthal(l) and Lisa Gies (r) in Yuma with AzAHEC's Joel Meister, 1988.

The AHEC explosion swelled the staff at the Rural Health Office past the breaking point, and it spilled over into a secondary building immediately adjacent to its primary space at 3131 E. Second Street. "Those first facilities were really crowded because the office just mushroomed," Kevin Driesen recalled. The RHO reached 40 employees by October, 1985, and it desperately required more elbow room, even if its new square footage looked a little rough. "When certain promised aesthetic improvements are made," wrote Andy Nichols in an Open Letter to his staff, "we hope to have a more hospitable environment in which to entertain our guests and associates." The RHO had fresh digs, but now it needed somebody new to supervise it. With everything in the office bubbling at full boil, Andy Nichols selected that moment to take a one-year sabbatical. He won a Fogarty Senior International Fellowship, and he was headed to Mexico City to work on border health issues with Mexico's Ministry of Health. Researcher Diane Hedgecock had been promoted to associate director to manage the office in Andy's absence, but on the eve of his departure, Hedgecock left when her husband landed a post in Washington D.C. Gus Ortiz could operate

Rural Health Office staff, 1986.

the office on an interim basis, but his clinical responsibilities would eventually cut short his availability. Nichols needed someone quick, and he flipped through his mental Rolodex to find a suitable replacement. That administrative delay may have saved his life. Andy Nichols eventually signed a substitute, and made his way to Mexico City later than originally planned. Ten days before he ultimately arrived in the Mexican capital, a massive earthquake devastated the downtown and claimed approximately 10,000 casualties. "Two hotels fell within two blocks of where I was staying, with a loss of 300 lives," Nichols wrote in a Memo from Mexico. "I had the grim opportunity to watch bodies being excavated from Juarez Hospital, a 15-story medical complex that had 'pancaked,' killing over 500 doctors, nurses and students – not to mention hundreds of patients." Extremely sad and scary stuff, but the RHO Director had left behind some seismic rumblings of his own.

Creating A Core Team

"I met Andy Nichols when I was working for Congressman James McNulty in his Tucson office," remembered Alison Hughes during a 2013 interview. "Andy was starting a new community health center down towards Tubac, in the Continental area, and he was looking for federal start-up funds for this center. He had submitted his proposal, and he called his Congressman for help because he received some sort of notice saying it wouldn't be funded. So Jim McNulty asked me to look into it. I've always been good at grants. In one of my past lives, I

headed the Grants Office at Pima College before the community college started, and I brought in all the money to start the community college. So I was always good at grants, and I brought that with me wherever I went. I knew federal grant procedures inside out. So Andy asked for a congressional intervention on this particular grant to start the community health center, and I got the job of researching it. Well, when I take something on, I'm like a tick. I don't stop until it happens. That's just my personality, and it doesn't make me friends a lot of the time. Andy's grant had already gone through the process, and I was able to examine the proposal they had written, and I asked the federal office to see their evaluations of that proposal. I wanted to see how it was evaluated, I wanted to see the comments, and I wanted to see what the reasoning was for not funding it. Since they had to disseminate money nationwide, I wanted to see if the decision was regionalized, as opposed to being based on the best grants. What was the body politic that was involved? So I just kept on the bureaucrats. I kept on them, and they couldn't get rid of me. I think they wanted me off their back, so they finally funded it. So I intervened in Jim McNulty's name, and I got Andy that grant. Well, I forgot all about it, but Andy didn't. He never forgot because he had a personality that was just as persistent as my own. Persistent. You don't give up on anything. Ever."

Alison Hughes, MPA

Alison Hughes never expected to be seeking employment when she returned from prestigious graduate work at Harvard University in 1984. "I had an opportunity to go to the Kennedy School of Government," she explained. "It just popped up, it wasn't something I had planned. So I left the Congressional office to go to the K School, which is your political junkie's school at Harvard. I learned a lot, and got my Masters in Public Administration there. Coming back from the K School, I didn't consider going anywhere else because I worked for a Congressman. I wanted to be in the Congressional office because it was the best job ever. It was super fun. So I was expecting to come back to my Congressional job, and so did Jim McNulty. He expected me to come back and bring my newfound skills to help him advance in Congress. His district covered the Bisbee-Tucson-Southern Arizona area, but it's been redistricted a lot since then. When I came back, Jim

Alison Hughes and Philip Miguel, 1996.

McNulty had just lost his reelection campaign to Jim Kolbe. Kolbe beat him, and actually ended up being in that slot for 20 years as a Republican. My Jim was a Democrat, and when they first ran against each other, my Jim won. I pulled out the women's vote for Jim McNulty, which is why he won the first time. Then Kolbe tried to recruit me into his campaign. After Jim McNulty lost, I was without a job, and I didn't know what I was going to do. I gave myself six months to see what the market was like. I didn't want to leave Tucson. I fell in love with Tucson. It was love at first sight. I first came here in 1970, and when we drove in from New Mexico, into the desert with these absolutely muted colors, pale green and peach and dark green and oranges, to me it was the most beautiful thing I'd ever seen. I said, 'This is where I want to spend my life.'"

The road into the Rural Health Office was still a bit circuitous for Alison Hughes. "I don't know how they heard about me, but I was contacted by the Business School," she said. "They were looking for someone to run their Masters program in Public Administration, which would have been perfect for me. I knew how to do that because I'd just come out of the best school in the country for that kind of degree. At the same time, Andy Nichols was trying to recruit me. He'd created an Associate Director position for another woman who unexpectedly moved to Washington. But he had to go through a process to get that position okayed for me. So he wanted me to come on board as a consultant to do some lobbying and help him get a piece of legislation through the state. So I had two job offers, and I was really torn. Based on my background, the College of Business position would have been right for me. And the other, well, I knew nothing about rural health. Nothing. I hadn't even taken a health policy class at the K School. I was weighing it, and then I remembered what one of my professors at the K School had said. His name was Richard Neustadt, and he was an amazing man. He'd been an adviser to four or five Presidents, and at the end of the final semester, he invited a few of us over to his house for a cup of tea. It was a small group, about four or five of us, and we were all excited to go and meet Professor Neustadt in his home. We asked him, 'We're about to graduate, do you have any advice for us?'

He said, 'Nah, I can't give you any advice.' But then he said, 'Wait a minute, yeah, I'll tell you something: Play to your weakness.' That sort of stayed with me: 'Play to your weakness.' When I was weighing what job to take, rural health or public administration, rural health was my weakness. I didn't know a thing about it, but I figured I could learn a lot. So I took that job, knowing it was my weakness, and listening to Richard Neustadt."

Just because Alison Hughes had decided to accept the Rural Health Office, it didn't mean that the Rural Health Office had already agreed to accept her. "I'll never forget my office interview," she recounted, "because the Rural Health Office had sort of a participatory democracy kind of decision-making process, and everybody had their say. It was absolutely adorable. It could never work in a college environment today, but it was quite memorable. I was interviewed by the entire office for the position of Associate Director, and we were all sitting in a circle. I remember that Joel Meister was one of them. And I particularly remember Catharine Drozdowski, she did the accounting for the office, because later on Catharine told me that she opposed my hiring because I was an Aquarian, and Andy was also an Aquarian, and that would simply be too much Aquarian energy around the office. That was priceless. But I got the job, never thinking I would be there 26 years. Never thinking. And it was the best decision I ever made in my life because there wasn't a day that passed in those 26 years that I felt bored. So I took the job with Andy. I didn't really particularly know him before I took that job, except for that one earlier experience, but I liked him very much. He had a very calm, quiet voice, and he really needed somebody to help him. So Andy put me on first as a consultant, where I was for six months without benefits, while we waited for the Associate Director job to get finalized."

Andy Nichols used that same shoestring strategy to corral another member of his core group in 1986. "I met Andy Nichols in the early 1980's," remembered Lynda Bergsma during a 2013 interview. "My husband and I had started a company called Medical Electronic Educational Services with a third partner in Detroit in 1971. We developed and published training materials for the healthcare field using slides and film strips with the audio synced to it. We did it for nursing, pharmacy, all the para-professional therapists, and basically everybody except doctors. We sold everything by direct mail, so we weren't really tied to Detroit, and my husband had grown up the son of a missionary physician in India and Ethiopia, and he didn't real-

ly like Michigan very much. Our partner moved his mother down to Tucson in 1976, and he said, 'You guys are going to love it.' We visited over Easter, and my husband fell for it. It took me three months longer. We went back to Michigan that summer, and I said, 'I love the green trees, but I wish they would move them all aside so I could see.' That's when I knew I had converted to the wide-open spaces, and the incredible distances you can see here. Andy found out about our company, and he knew we did some publishing, so he came over for a visit. He wanted to know if we could publish a small book his students had put together. Well, we weren't that kind of publisher, so it didn't work. But I thought he was an interesting guy. He seemed to have a lot of ideas, and a broader thinking process. His mind was processing everything and you could tell his wheels were turning. It also appeared that he didn't have a whole lot of money to spend on this book, and he was looking for someone to step up and volunteer to do it. That wasn't us."


Lynda Bergsma

The Bergsmas sold their company in 1986, and Ken Bergsma had already started teaching script-writing in the Media Arts Department at the University. "After we sold the business, I had all this health experience, but not the credentials to verify it. I'd been applying for a lot of jobs, and I seemed to be everybody's second choice. Since my husband was already at the University, I could go back for almost nothing, so I applied and got into the Masters of Health Education program. Once I started school, I needed an internship kind of thing for an independent study. I'd heard about the Rural Health Office, so I went over there and that's when I found out Andy was the Director. We immediately remembered each other, and he said, 'Oh yes, I think we'd have something for you in terms of an internship.' Of course, I was offering myself for free. Andy's never going to turn away someone he thinks can help him for free. He needed a newsletter for the AHEC program, and he knew I had a lot of experience in typesetting and design. He wanted me to research the costs and find out if any Arizona foundation would fund it. He had some money, but if he could get funds elsewhere, all the better. I was an intern for just a few months in the fall of 1986, and then a full-time job came open in the office. I applied for it, and what I loved and appreciated about Andy was that he saw me as a generalist, which I was, and that's exactly what he wanted. Other people saw me as a generalist, and said, no, we need

a specialist. That drove me crazy because I'd always been an educator and a trainer, and if you were really good at that, you could teach anybody anything. I learned over the years that Andy hired a lot of people like that. They could do a lot of different things and go in many different directions, depending on what the needs were, what their passions were, and where the funding was. I interviewed with the office group two or three times, and they approved me."

The first issue of Arizona Health edited by Lynda Bergsma was the Summer 1987 edition, and it was 14 crisp pages of photos and articles about each of the AHEC's, along with features on the RHO's mobile health clinics, continuing education programs, and rural health advisory committees. Jill de Zapien contributed three stories, Kevin Driesen wrote two, and Rena Gordon, the assistant director in the Phoenix office authored another pair. The RHO's newest publication had a pronounced AHEC emphasis, but it was not the first quarterly issued by the office. Andy Nichols understood early on the power of public relations. In August, 1983, the RHO began printing the Rural Health Roundup, an eight-page newsletter mailed out four times a year to a subscription list that eventually grew to 2,000 readers. Marjorie Tiedemann, whose first role at the RHO was as Health Provider Coordinator, was an early editor of the publication, and secretaries Nancy Collyer and Harriet Newman assembled the issues. The stated objectives of that first newsletter were to describe the current activities of the RHO, and to publicize "all events and achievements pertinent to rural health in the State of Arizona." In reality, it was a wonderful promotional vehicle, branding device, and networking opportunity for the Andy Nichols enterprise. There were detailed updates on the RHO's perinatal program in Douglas, its training assistance at the Catalina Clinic, and its Spanish language immersion instruction for caregivers at the National Health

Gus Ortiz with Nancy Collyer, Martha Ortiz and Susan Woodruff, 1990.

A delegation from the Rural Health Office on a visit with Senator Dennis DeConcini in May 1992 to solicit his support for numerous federal programs which fund rural health projects.

Service Corps. The new quarterly supervised by Lynda Bergsma carried forward the same agenda, but shifted the emphasis to AHEC in recognition of the RHO's current cash cow. Bergsma would expand Arizona Health to 20 pages, and edit it for the next five years, until a grant-funded program of her own re-purposed her priorities.

When Lynda Bergsma wasn't working on Arizona Health, she helped out with AHEC. The souped-up program seemed to eat into everyone's time. In one six-week period, the project staff made exploratory visits to 27 separate sites in northern and western Arizona. Bergsma was the Continuing Education Coordinator for AHEC, but on some of the stops in was her turn to do the learning. "I went to some groups where there were lots of folks there, and as you came to know the community, it was the usual suspects," she noted. "These were the movers and shakers. There were people from the schools or the hospital or a clinic or the county health program, but sometimes it was just somebody interested in teen pregnancy or substance abuse prevention. Other times it was the guy who owned the local Dairy Queen, and you would often find that he was a community leader because he knew everybody, because everybody from the littlest to the biggest – physically, financially and every other way – came into his Dairy Queen. But when I was ready to start the meeting, I had to wait until everyone vented. 'Well, the University has been here before you know,' they would say, 'and they come and they get us all excited about stuff, and then they go and we don't see them again for years. Or they come and do their little program, and then they're gone, and they could care less about us.' I mean they just had to vent. And there was nothing I could do about it. They had to vent, and I had to listen. And only when

they were pretty well convinced that I had heard them, then and only then, could we start the meeting. I had to say, 'I understand what you're saying about the University, but I don't represent the University. I can't make amends for what's happened in the past, nor assure you that the University won't do it again. I represent the Rural Health Office. And what I can do is assure you that we're not going to do our little program and leave. And here's how you know that: You already have an AHEC here, okay? So you have a conduit to us anytime you want it, and we have a conduit to you. We're here to stay.' And that was very beneficial. But it was always the same."

Lynda Bergsma recognized a bit of herself in another RHO stalwart who had been part of the setup since it first split out of FCM. Marjorie Tiedemann was well into her 50's when she moved with Andy Nichols as a founding member of the RHO. She served initially as the office's Health Provider Coordinator, but she switched to AHEC Administrator when that program arrived in 1985. "Marjorie was the manager of AHEC," Bergsma explained during a 2015 interview. "One of the things that fell to her was writing grants. She was the consummate grant writer, she really knew how to do it. I learned the art of grant writing from her. The key is attention to detail. She'd go through the grant guide with a fine toothcomb, and she knew everything they wanted, and she made sure they got it just the way they wanted it. While she was at the RHO, and I think this is significant, she got her PhD and so did I. The significance is that Andy was very supportive, and as a result, the whole RHO was. In other words, sometimes we had to be at a class in the middle of the day. There was a whole philosophy in the RHO that we were given autonomy and flexibility as long as we got the work done, and done well. Marjorie was an older woman, she'd already had her family, but she loved her work and she didn't retire at 65. I didn't either, and as I approached 65, people would ask me if planned to retire, and I said, 'Why would I retire from a job I absolutely love?' Marjorie was all business, but she could be fun. We went out to dinner at a conference in South Carolina at a seafood shack right on the ocean. I saw they had soft-shelled crab, and I said, 'Oh, man, I'm

Andy Nichols with Marjorie Tiedemann, 1987.

getting that. I haven't had it in ages.' Marjorie said, 'I've always thought that would be good. I'll have it, too.' So the crab came, and she started eating it, and she said, 'This is gross! It's all chewy and the shell is on it! I don't like this!" She didn't know they left the shell on. We had a good laugh about that."

Marjorie Tiedemann's senior status added the right amount of sober leavening to the shoot-the-moon style of her superior. "Marjorie was the pillar that held the initial AHEC program together," Jill de Zapien observed during a 2015 interview. "Andy would spin a web and lay out this beautiful image that he had, and Marjorie was the one who would look at him and say, 'Really? So how are we going to do this operationally?' Then she would take it and make it into something that people could get their hands around. She was from the generation that still believed in accountability, and she wanted to be able to say, 'This is what we're doing, this is why we're doing it, and this is what you're going to get from it.' Whereas, Andy always just had the big vision. She oversaw all the day-to-day operations of AHEC. She had come here from New York, and she had done all this development work in rural New York, so she came with a series of skills. I never really traveled with her, I mostly went with Joel (Meister) and Kevin (Driesen), but Andy traveled with her a lot. I think she kind of wanted to go along on some of those trips to make sure Andy didn't promise the moon that we couldn't necessarily give. She went part-time after her husband got very ill (in 1992), but she really loved what she did."

Marjorie Tiedemann at the mic, 1987. On right: Gayle Sumida.

Joel Meister was the final member of the RHO's first team, and like many of its leading lights, his fire for underserved communities was forged in the spirt of the Sixties. "The reason we got along so well is because we really saw the world very, very similarly," Jill de Zapien reflected during a 2015 interview. "We both had come out of the Sixties, and we shared a common background and experience – he'd been in the Peace Corps and I'd done the United Nations development thing. Politically, we both felt way beyond liberal and more radical. We were both really disgusted with so many things going on in our country, and

we didn't see people getting involved and solving stuff. So right away we just instantly gravitated to each other. We started traveling around, setting up these AHEC's, and we were able to reach out to people way beyond the traditional boards. Our AHEC boards were much broader than just healthcare people, we had people interested in human rights, labor rights, and the broad social determinants of health. We collaboratively developed the Promotora Model that just took off, and we believed it was critical to increasing care in rural and underserved areas of Arizona. His interactions with Andy were really funny because he had no problem telling Andy when he thought he'd gone off the deep end. Yet, he was able to say it in a way that wasn't confrontational, it just made everybody think about what was going on. But beyond that, he was just a joy to be with. We'd be in the middle of nowhere, and Joel would find a tiny French restaurant that served imported white asparagus that cost a fortune, and we'd all look at him and go, 'Joel, really, are we gonna do this?' And he'd say, 'It's once in a lifetime. We're doing it.' He just loved life and was really able to find the fun and goodness in everything."

Joel Meister

Lynda Bergsma cited Joel Meister as a key contributor to her own educational and philosophical evolution. "Joel was a sociologist, and I was doing my PhD in political sociology and education, so he was a terrific mentor to me," Bergsma recalled during a 2015 interview. "He was a mentor to a lot of people. I particularly remember a trip we made out to Yuma. He took the time to really explain to me the whole nature of the migrant farmworker situation: Where they were coming from, where the busses met them at four o'clock in the morning to come across, and all the issues with the people who employed them. I was politically unconscious for a lot of my early life, and I learned so much talking to him, and through him I established my own philosophical foundation. Joel's students loved him, too. He could tell them stories that perfectly illustrated whatever teaching point he was trying to get across. He had a tremendous knack for teaching. He went down to Nogales for a few years and wrote grants for their community health center to start a promotora program. Without Joel and Jill, the promotora movement might still have started in Arizona, but not nearly as early. Arizona provided tremendous leadership in the

promotora movement to the entire country. Then he was asked to take on the Tobacco Education and Prevention Program at the state level. That's where he learned a great deal about politics. He'd say that, even though he had very definite political leanings, his job was to put himself in the shoes of the guys on the opposite side and figure out why they think like they do, because if you can't understand that, you'll never be able to work with them."

Success Goes Supersonic

Arizona's AHEC may have been in the third wave of programs to be federally funded, but within just a few short years it had ascended to the country's top class. In June, 1987, Tucson hosted the National AHEC Conference at the Sheraton El Conquistador Resort. Approximately 500 registrants paid $425 apiece to attend the largest national AHEC meeting since the very first seminar in 1972. Representatives from 32 states heard Navajo Nation Chairman Peter MacDonald Sr. deliver the keynote address, participated in workshops arranged around the "Building Bridges" theme, and took tours of Colossal Cave, Saguaro National Monument, and the Arizona-Sonora Desert Museum. There was a double-decker bus ride to the Old Town Artisans, and A Taste of Old Mexico with margaritas and mariachis across the International Border in Sonoran Nogales. Andy Nichols managed the whole shooting match. He opened the conference with an orientation speech, and dressed in gunfighter garb for another evening's Western barbeque. After the event, attendees could choose to travel either north or south. The Rural Health Office arranged one post-workshop tour for Sedona, Monument Valley and the Grand Canyon, and a second to La Paz on the Baja Peninsula. When the conference finally concluded, national AHEC members might still have said that North Carolina was the cream of the country's centers, but there could be little question about who was closing fast.

Andy Nichols at 1987 Nat'l AHEC.

Dr. Thomas Ball, pediatrician at Holy Cross Clinic in Nogales observes medical student Mark Joseph examine a young patient, 1988.

"In the early days, the big thing was always looking for money," remembered Alison Hughes. "And we'd find money in the most peculiar and interesting ways. And always in ways that, in my opinion, benefitted the reputation of the University of Arizona. And it certainly got the name of the Rural Health Office widely known – nationally, statewide, regionally and locally. And I think that was the objective, to have the big picture, and see where we could really take the office, and how we could find the grants to help us go there. We were doing training for the National Health Service Corps in the Bay Area, and I even organized training in Guam for physicians on the outer islands. And Andy loved that when we got the Health Resources and Services Administration (HRSA) grant, and Hawaii didn't. I think what we did always enhanced the reputation of our University. There were many examples, but I think the major one was AHEC. We got the federal funding, and then it was up to the regional centers to generate interest in healthcare careers from the high school level all the way to graduate degrees in medicine, nursing and pharmacy. The entire pipeline. There was a vision behind this, and Andy was an amazing visionary, and he wanted our AHEC to be a national model, and I think he achieved that. One highlight was when we brought the National AHEC Conference to Tucson. Everybody loved coming here, and it certainly put us on the map nationally. Andy always had this dream that we would catch up to North Carolina. Their AHEC was the largest in the country, and they had airplanes and a fleet of vehicles at their disposal. Andy always used that as the model, and he said we were going to get those things for Arizona."

Less than four months after hosting the national conference, Arizona's AHEC program earned a second three-year cycle of funding from the federal government. Over $3 million would flow through the RHO during that period. A key component of the grant renewal was the University of Arizona's signal that they would pick up the payments for AHEC after the six years of federal funding ended in 1990.

CENAHEC staff, Don Proulx, Judy Shappee, Carol Bush and Ken Murphy, 1989.

The College of Medicine's 1988 budget request listed AHEC as its third highest priority. With that statement of support, the Rural Health Office submitted an application to open two new AHEC's, one in the Phoenix area and the other in the state's central mining area. Originally called CENAHEC, and later changed to EAHEC, that second center would cover Graham, Greenlee, Gila and Pinal counties in the eastern portion of central Arizona. The RHO had already accomplished significant pre-planning for both new centers, meeting with a broad cross-section of community members and starting the assembly of steering committees. Andy Nichols contacted his old colleague Don Proulx, and asked the Pima Community College associate dean if he would consider taking command of CENAHEC. Proulx was just finishing a year-long sabbatical from Pima, during which he was deputy director of Southwest Border Programs for Project HOPE. He already had 17 years of administrative experience in health-care education and services, and he thought he might be ready to climb one more mountain.

"AHEC clicked for me because I was always interested in medicine," Proulx explained. "I worked six years at St. Joseph's Hospital in Tucson in cardiac care, ICU, ER, did orthopedics, did pediatrics, I was a respiratory therapist, and my wife was in surgery, so we grew up there. Anyway, after a one-year hiatus in which they didn't open a center, Andy let me know they wanted to start a fourth AHEC in Miami/Globe. The locals say, 'My-am-muh.' This was my opportunity to go into the Rural Health Office with Andy, and become an AHEC director, so I applied and the community steering committee selected me as founding director. I went up to Miami with a briefcase, and I'm Catholic, so I went to the Catholic church and met with the priest, and I said, 'I need some help starting a new program.' So he gave me free space in the rectory, and I wrote him a grant with the Raskob Foundation to fix the roof, and that was the exchange. We established an office in some city-owned space in Globe, and I became a Rotary member there, and I met a fellow Rotarian who rented me a one-bedroom apartment that was walking distance to the office. All of the

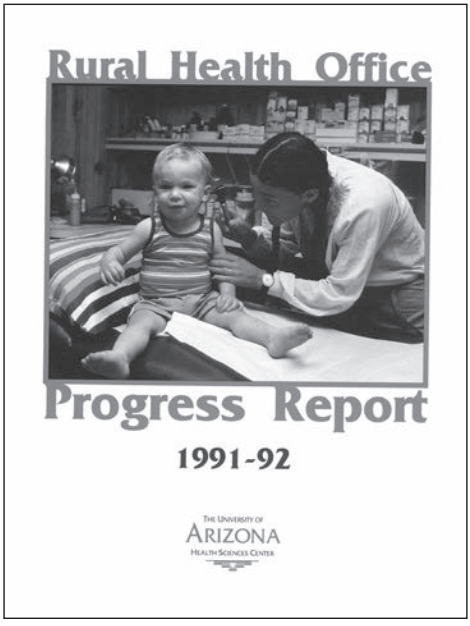
AHEC communities are a little different, and that area was mining. The old Miami Inspiration Hospital was owned by the Inspiration Mine, so they had a lot of copper and some silver mining there, and over in the Native American community they mined Peridot and Sleeping Beauty turquoise, which is absolutely beautiful. It was a four-county region, and physician recruitment was difficult because they felt isolated and cut off from mainstream resources to stay abreast. So we developed continuing education programs, which I did right in the town. I got docs from Tucson or Phoenix to come up and give one-hour presentations and that helped retention. Then the College of Medicine rotated through their students and residents to come and take a look. That's the Center's purpose: To give student/resident experiences in disadvantaged communities, to provide continuing medical education, and even library services. Then I went to NAU and said, 'How would you like to send some of your dental hygiene students down to us?' The students who took to it were often the ones that had an interest in amenities like fishing and camping and hiking, things you might not have in an urban center. So we pushed those things. Lake Roosevelt was a big attraction, and skiing. It was a chance to expose students to rural medicine."

Lynda Bergsma picked up some additional RHO responsibilities, and she became a regular at the new AHEC. Working with that start-up center, Bergsma witnessed some of the same wariness about University involvement that she had seen in open meetings elsewhere. Except that in this setting, it had an extremely specific slant. "Each AHEC had a liaison from our main office, and that was set up so that person could attend all of the local Board meetings," she noted. "I was named the liaison to the Central Arizona AHEC in the Miami-Globe area, so I traveled up there a lot. One of the things about Miami-Globe is that it's a mining town, and they were always a little bit suspicious of people from the University coming into their area because they figure those

A SEAHEC Hands-On-Health Careers Day at Tohono O'Odham High School in Sells, 1988.

folks are always looking at the mines, like, 'Are they safe? Are they polluting the air?,' and all that kind of stuff. So even though the people of Miami-Globe have a somewhat love-hate relationship with the mines, they're fiercely protective of them and ready to fight anybody who might do anything to make the mines go away or be limited in some way, because that's their bread and butter. The same was also true of the Clifton and Morenci area. And they're even more isolated, and in many ways it still is a company town. When Phelps Dodge was there, it was totally dependent on that company, and no matter what was going on there, the only thing people would ever say was, 'We're doing fine.'"

AHEC stole the spotlight during the early years of the Rural Health Office, but the superstar project wasn't the only successful thoroughbred in the RHO stable. A full year before it hosted the smashing AHEC soiree, the RHO went that national event one better. In March, 1986, the office scheduled the first Southwest Regional Meeting of the National Council for International Health (NCIH), and this conference was an international gathering. Over 200 participants came to the Hotel Park Tucson from points as far away as Maine and Mexico City to hear more than 50 speakers talk about topics like migrant and refugee health, infectious diseases, healthcare access for the uninsured, and maternal and child health. Sponsored in collaboration with the NCIH and the U.S.-Mexico Border Health Association, the initial symposium was so well-received that plans were hatched to hold the meeting annually at locations across the Southwest. There was heavy media coverage of the conference, and that created momentum for the RHO's next significant international initiative. In October, 1988, the office was one of only five recipients to earn federal funding to found a rural health research center. The four-year, $1 million Health and Human Services (HHS) grant enabled the RHO to establish the Southwest Border Rural Health Research Center, which would examine bor-



Andy Nichols speaking with Channel 13's Mindy Blake about the impact of grants received for rural health in Arizona, 1989.

der health issues from Texas to California. The HHS asked that two studies begin immediately: The cross-border utilization of healthcare services and the impact of medical liability issues on access to border care. Once again, Tucson newspapers and television stations turned out in force to cover the announcement.

"Andy had a real passion for the Border, so that's the thing that we shared," remembered Jill de Zapien. "We did a lot of work together in Mexico. One of the criticisms that people had of the Rural Health Office was they would say, and I would roll my eyes when I heard it, 'Oh yeah, they look south. They always look south. They never look north.' Well, first of all, we're in the south. Yes, we serve the whole state, but there's a totally different dynamic with northern Arizona in terms of what their needs are and how you work with them. Whereas, the Border is really high profile, and you're always in the newspaper for anything that's Border or binational. So I don't think it was that all of us were just interested in the Border. It was that Andy had been in the Peace Corps in Peru, so he had this particular affinity for the Latino population, and he was very well known all along the Border. He was the real mind behind the U.S.-Mexico Border Health Commission Act (which Congress enacted in 1994). That legislation was very controversial, and he and I had a lot of differences of opinion about it. Andy really believed the ends justify the means, and I'm much more of a process person. They both have their times when they're important, but he made a lot of enemies as he went through things. Anyway, once we got that big grant along the Border, I started moving away from the AHEC work. Andy pulled me into the Border grant, and then he disappeared like he always did. That was fine, and we pulled together

a team, and that really started me doing things way beyond what the AHEC's were doing, and really expanded the Rural Health Office in big ways all along the Border."

In the next 18 months, the RHO's Southwest Border Rural Health Research Center published five separate research monographs on border issues ranging from HIV risk behaviors and prenatal intervention to training needs of healthcare providers and the utilization of health services by women of child-bearing age. Another vehicle the RHO used to conduct border collaborations was the Arizona-Mexico Border Health Foundation (later shortened to Border Health Foundation), a tax-exempt entity that was created to receive and disperse grant funds. Kevin Driesen worked on a Foundation project to develop Emergency Medical Services in Puerto Penasco, and Jill de Zapien organized a Child Survival Conference in Hermosillo with Foundation funding. The University of Arizona wasn't always completely comfortable with the RHO's work below the Border. "Andy was the one that really started that Foundation," said Kevin Driesen. "We were doing a lot of Border work, and the University had real problems back then with working in Mexico. You couldn't take a car in, and there were all sorts of other restrictions. But Arizona and Sonora had a great history of relations between the two states. Early on, Andy and I worked a lot with the Pan American Health Organization on a project to identify border-health priorities. And my exposure to the Border during that period showed me that Arizona and Sonora had probably the best relations of any of

At a 1991 public forum in Lake Havasu (left to right) Tina Lena, ADHS; Representative Nancy Wessel; Andy Nichols; Senator Cindy Resnick; and Erila Jolley (representing Congressman Ed Pastor).

the ten border states. One of the reasons was the two Governors had established a Commission that was 50 years old by that point, and it met twice a year to discuss different commerce and health issues. Up until recently, it was a very friendly exchange that took place."

Tensions Climb But Gus Ortiz Keeps It Cool

Andy Nichols had been building his rural health realm from his first moment on the College of Medicine campus in 1970, and he sprinted full tilt from that day forward. He pursued grants, he promoted conferences, and he put together programs. Possibly the prime reason he could keep up such a punishing pace was that his vision was shared by a supportive spouse. "I decided early on that my career was not as important to me in terms of giving meaning to my life," Ann Nichols explained. "For example, I loved teaching, but I knew it wasn't going to be important to me whether I made associate professor or full professor. I was not committed to doing a lot of research, and I was much more interested in being involved in the community. So I figured when we had to make choices about how we took care of our kids and managed various things, that I was going to try to be supportive of what he was doing, because what he was doing, and the opportunities that he would have, was going to be very important. So part of our lifestyle choice was that we didn't expect him to do much in terms of housework. He never entered the kitchen. He loved to eat, and I loved to cook, so he ate well. He never did any cooking, and very little cleaning. He did care very much about having time with his kids. We had three kids, and five long-term foster kids as well. We went to church, and if the kids did have something going on, a game or activity, he always tried to be there if he could. It was hard to get him to take a vacation. When he had visits he wanted to make to some of the rural clinics, we might make it a family trip and go along. He'd meet with his people, and we'd find something interesting to visit, and then we'd take time together as a family. Once in awhile, the kids complained it wasn't really a family vacation. We always knew, though, that if we needed him, he would drop everything. But we did try to organize around his schedule."

Sometimes, however, that coordination could get a little convoluted. "Part of the challenge for Andy was the academic expectations," Ann Nichols remembered. "He really needed to write a book, but that wasn't what he wanted to be doing. There was a rather well-known textbook in public health, and it needed to be revised. The primary author was here, and he said, 'Well, work with us on it, and we'll put

New Faces At the Rural Health Office

Top Row: Steven Chang, Arizona Health Provider Resources Student Assistant; Lois Couch, Southwest Border Rural Health Research Center Administrative Assistant; Denise Denton, Primary Care Programs Manager.

Middle Row: Julie Erikson, PhD, Research Instructor and Research Director Community Outreach Project on AIDS in Southern Arizona; Hyla Feder, Business Section Student Assistant; Stacy Geller, Border Health Utilization Study Student Assistant.

Bottom Row: Kaia Gallagher, PhD, Researcher; Lisa Herrick, Afternoon Receptionist; Leslie Martin, Service Unit Secretary; Amy Roberts, Mobile Clinic Coordinator; Maria Silva, Arizona Area Health Education Centers Program Student Assistant.

your name on it too, and you'll have a textbook.' I was also working on a book, so we had an agreement that he would work on his for certain amount of time, and then I would work on mine. We arranged for child care that summer, and he was supposed to finish his book by June 30, and I was supposed to get started with mine on July 1. And, of course, he hadn't finished, but he would work on it until three in the morning. Now, I'm a morning person, so I would get up at four. So there was a period of about a month where that was going on. But he got that book done, and one of the biggest challenges while he was working on it was the federal government changed the title of the health department from HEW to HHS. That happened after the book was well along in the publication process, and all those references had to be changed. But when he was working on things like grants, yes, we all tuned into that. It seemed like at least once a month, he would tell us a grant was due, and that we weren't going to see much of him. I would take him a portion of whatever dinner was that night, and if Alison was there, I'd take her a plate too. Sometimes the kids would think it was an adventure to go and see him, and sometimes they had their own things going on. He worked on Saturdays, he worked on Sundays, he just worked and worked and worked. He felt like what he was doing was important, and maybe at some level he knew he didn't have a lot of years."

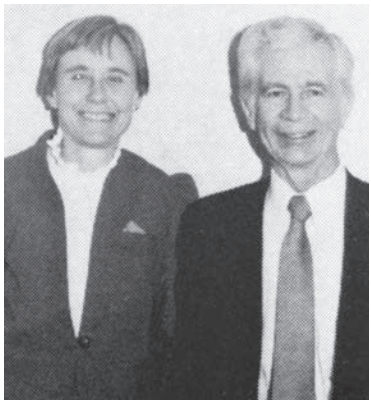
His immediate boss saw no reason to slow Andy Nichols down. "No, no, no, I didn't want to rein Andy in," said Tony Vuturo, the FCM

department chair from 1978 to 1990, during a 2015 interview. "Andy was good. I was as ecumenical in my ways of thinking as Andy was in his. I gave him plenty of leg room, plenty of wiggle room, because that's what I wanted from the Dean. I wanted plenty of room, and I did the same thing mostly with everyone in the department. I was ecumenical in the context of being broad, there's nothing we can't do, We had to find a way to label it, we had to label it in a language that people understood, but that was just part of the business of Family and Community Medicine. It wasn't just training docs to take care of people with bellyaches, it was everything else. Tolerated is not a good word, but people kind of respected what we did. Leadership tended to be supportive in their own way, but you were never quite sure if they were supportive of our entrepreneurial spirit. The academic environment is a kind of environment that's not critical, but it's different. At times, it's, 'Why aren't you seeing patients in the hospital?' They didn't fully understand the gist and thrust of Family and Community Medicine. We went for everything we could find, anything that had some money for more than three or four years. Rural health was big deal stuff for Andy, so we supported him. I protected them all, that's what I did. We were in a growth mode. When I took over the department, we had a $225,000 budget. We grew it over the next 12 years to nearly $20 million. That was Family and Community Medicine, and at one time we were the largest single source of funding in the medical school. We threw a lot of balls into the air, and some of them stuck. Most of the things the department did, I think in hindsight turned out very good for the school and the state. At one point, we had more than 1,000 people working for us. It was all in grants, but that was okay, they all had jobs. That was how you do it."

There was a trickle-down effect to that type of thinking, and not everyone was enthusiastic about the never-off-the-clock notions of Andy Nichols. "We fought a lot because he loved to see people dedicated to work 24 hours a day," Jill de Zapien recalled. "He was very proud that he would have staff in there at one or two in the morning, working to get a grant in. I'd always say to him, 'Andy, that's the worst thing you can do to people. They have to have some boundaries in their work.' My second father was Herb Abrams, who started the Department of Family and Community Medicine here. Herb lived with my parents when I was born. They were all from Chicago and studying at Northwestern together. When I would be really upset with Andy, I'd go see Herb. I'd be complaining about something Andy had done, and Herb would say, 'I can tell you a better one.' He loved Andy

completely, but he said, 'I always know what Andy's going to do.' Herb went on sabbatical once, and he said when he came back he couldn't recognize the place. Andy had gotten all these grants and people were out doing all kinds of stuff. Andy would just take all comers. On one hand, Herb loved it, but on the other hand, he would say, 'Andy, we can't sustain all this. Come on. People can only do so much.' Which is something that Andy never considered."

The intensity only escalated when Tony Vuturo replaced Herb Abrams as FCM chair. "Someone said to me, 'My god, we've gone from the frying pan into the fire,'" Jill de Zapien continued. "Because Tony was a wonderful hustler, too. What was funny was that Tony had a business manager, Marjorie Ford, who oversaw all the finances of Family and Community Medicine, and Tony kind of gave her the task of reining Andy in. And she never really could do it because every time she tried, Andy would have an example of something Tony was doing that was equally outrageous. Marjorie said the biggest challenge of her life was trying to put some parameters around what Andy was doing. Andy's management style was letting everybody do what they did best, but also asking you to do 20 more things beyond that. So there would be all this tension between him and everyone else all the time. We'd have these meetings where we'd call Andy in, and confront him about all these things. He said he believed in a participatory management style, but we'd say, 'Well, that's great Andy, but do you realize that we all give our opinions, and then you go off and do what you want to do?' It was that kind of tension. Those people that didn't feel comfortable saying what they really thought got the most frustrated. When Andy would go off and do what he wanted after I told him we should do something else, it was okay with me. I'd told him what I thought, so I felt I got to say my piece. But people who had a more traditional perception of what a boss is, and what you can say to him, they'd get frustrated. They'd say, 'I couldn't really tell him that he was doing the wrong thing.'"



Martha and Gus Ortiz, 1984.

And that's when Dr. Augusto Ortiz would come to the rescue. If Andy Nichols was the economic engine powering the RHO forward, then Gus Ortiz and his wife Martha, who was always at his side wheth-

er on the road or in the office, were the heart-and-soul of the operation. The pair joined the Nichols team in 1972, and the care that they provided was the true core of the RHO mission. There was no denying that the Rural Health Office was but one part of a larger institution that emphasized research and teaching above all else. But they denied it anyway. Service to the communities covered by the College of Medicine's statewide reach came first at the RHO, and that hand stretched out to neighborhoods in need was nowhere better illustrated than by the mobile clinic captained by Gus and Martha Ortiz. The church van that served as the original clinic on wheels – affectionately known as the "Tortuga" – was finally retired, and Gus Ortiz got its ravishing replacement in 1987. The RHO received a Pima Community Development Block Grant, and bought the sumptuous 36-foot clinic that came complete with a reception area. restroom, and two exam rooms. The purpose of the mobile clinic had always been two-fold. It delivered primary care to rural areas that had none, but it also functioned as a focal point for communities to organize and plan for long-term healthcare solutions. The mobile clinic was never intended as the permanent answer to primary care, but as a mechanism to stimulate a more lasting resolution. That system had already succeeded in communities like Marana, Catalina and Continental. The new mobile clinic traveled to unincorporated parts of Pima County, like Littletown, Picture Rocks and Amado. In its first week, it was parked next to the cafeteria that served the schools in Sahuarita, and Jill de Zapien delivered a presentation entitled "I Want to be A Doctor" to 120 elementary students.

Dr. Augosto "Gus" Ortiz receives the Arizona Family Doctor of the Year award from Dr. Barry Weiss, president of the Arizona Academy of Family physicians.

Gus Ortiz was named Arizona's first Family Physician of the Year by the Arizona Academy of Family Physicians in 1993, and there could have been no other choice. He embodied all of the compassionate elements that professional title implied. And nobody knew that better than the staff of the RHO. "Dr. Ortiz was a calming influence on Andy, and really he was a calming influence on everybody," Jill de Zapien recounted. "He was 20 years older than Andy, and there would be all this tension, and Dr. Ortiz would be the peacemaker. He'd say, 'Okay, okay, come on you guys, it's not that bad.' It was kind of a good cop/bad cop thing. His reputation was more at a grass-roots level than at an institutional level, although people certainly knew who he was. Cesar Chavez would have died if Dr. Ortiz hadn't gone to see him and told him to stop his fast. He did stop, and then Dr. Ortiz treated him up in a cabin on Mt. Lemmon. That's not a huge public story, but it's certainly very well known in the Latino community. When I would go into a community when we were organizing the AHEC's, I would always mention Dr. Ortiz's name because I knew that was going to give me some validity. When I would mention Andy's name, sometimes the reaction would be good, and sometimes it would be, 'Ugh.' I think it's hard for people at the grass-roots level to have an appreciation for what it takes at the political level to get resources. They kind of saw Andy as a 'hustler,' but they really didn't know if a hustler did anything. Whereas, Dr. Ortiz was a person who not only came in and helped them organize their clinic, but he knew their kids, and he could talk to them about their grandkids. In terms of services to their

Dr. Ortiz in the examining room of the Mobile Clinic with the 1991-92 Mobile Clinic Coordinator, Marina Kvesic.

communities, they felt Dr. Ortiz was much more of a resource than Andy. In those communities, Dr. Ortiz walked on water."

His co-workers on Second Street saw him in very much the same way. "The thing about Dr. Ortiz that was so amazing was that he could always keep his cool," Jill de Zapien continued. "Whenever I had a community issue that was very conflicted, I'd always ask Dr. Ortiz to go with me because he just had this way of listening to everyone. My son says I could never be a politician because when people say something racist or hurtful, I kind of look at them and say very nasty things in my mind. Dr. Ortiz would just calmly say, 'Well, have you thought about…' And that would disarm them. He could do that, and at the same time, he was there at the office every single day before seven in the morning, and he would walk around and talk to every single person in the Rural Health Office. My daughter's name is Rebecca, and he would say, 'So what's going on with Rebecca's cold? Is she over it yet?' Just amazing. And anytime anybody had any kind of service issue, you know it's nice to talk about access to care in the abstract, but in reality when people pick up the phone and call you and they say, 'I've got this really bad situation, and the hospital won't send anybody,' it wasn't like we had a conduit to all kinds of physicians. All of those things landed with Dr. Ortiz. Way before we had the mobile clinic, he was out and mobile in all those communities, and that gave him a better base to be able to do things. His name was Augusto, but everybody called him Gus. He was an amazing man, and he was there from the beginning. Everybody loved Dr. Ortiz."

As the first decade of its operations wound down, the Rural Health Office could see its successes in the programs that were walking away under their own power. The United Community Health Center Consortium, the three-town triangle centered around Continental, could now administer and manage its own federal grant without RHO intervention. The earliest AHEC's were well into their own transition away from RHO oversight, and beginning to host medical students, conduct continuing education and build medical libraries. And that's exactly how those relationships were designed to function. The RHO took a Johnny Appleseed approach to rural assistance. They identified a regional need, planted a couple of kernels with outside cash, and then nurtured the newborn until it could stand on its own. Everything had actually gone better than the blueprint, and the RHO was surfing the peak of a perfect wave. "I think it was a place that had a moment in time where everybody in the University who was really interested in rural and underserved issues gravitated to it," Jill de Zapien observed.

"It was a real center of action. The Rural Health Office wasn't known for research, it was known for actually doing things in the community – getting training for rural providers and getting students out there. And that was because of the management style that Andy had. He didn't tell us what to do. You saw a need and you went for it. We were off campus, and so we were kind of the renegades of Family and Community Medicine. And Family and Community Medicine was considered to be the renegades of the medical school. So we were the renegades of the renegades."

Section Two
(1991-2001)

Politics, Progress and Profound Change

Nothing screams success like a spacious new home, and the Rural Health Office got the splendid new surroundings that their elevated standing suggested in late 1991. It wasn't the Taj Mahal, or even Tanque Verde, but the RHO ditched their cobbled-together, side-by-side salt mines on East Second Street for something one step above. "A new beginning at our new location," Andy Nichols gushed in early 1992. "We have moved from our old address to a much larger and more modern facility." The relocation was the result of both progress and practicality. "I convinced Andy to move to Elm Street," Alison Hughes explained during a 2015 interview. "Sonny Ball was the owner of the building on Second Street and our lease was up, and I think Sonny was raising the rates. Andy actually wanted to buy that building, and it got him into trouble. The University has this agreement that a certain territory is University territory, and they can't go beyond it. We had a bunch of money in a foundation account that we could have used for a down payment, and back then we could have got a darn good deal on the Second Street building. The other option was whether we should go on campus, and Andy never wanted to do that. There was another spot up on Swan and Pima, and I convinced him to go to the building down on Tucson Boulevard. I said, 'We have to go over to the University to get paperwork signed, and it'll be a long

The new Rural Health Office building on Elm St.

trek from Pima and Swan.' It was just a good opportunity, and we had much more space than we had on Second Street."

But as its trunks were packed and transported across town, the RHO was beginning to learn a brand new lesson: Sometimes prosperity can produce problems. "Yeah, we had more space at Elm Street," Jill de Zapien confirmed during a 2015 interview. "But what I remember very clearly about that move was the tension and conflict about who had the right to what space. You can't imagine the philosophical discussions that ensued during that period, and Andy just kind of sat back and watched it all. There was one group that said the University has regulations that say faculty gets a certain amount of space, and that it was all about whether you were tenured faculty. And half of the office would look at them and go, 'Really? You think that's going to fly here?' And other people would say the space should go to the people who had been here the longest. There were a million different kind of arguments. It was just so interesting to see how that all played out in an environment where everybody was about 'the common good and making the world a better place.' It was definitely more space, and it definitely made people think about status in ways that they had never thought about over on Second Street, because we were all just crammed in together on Second Street. Suddenly there were some big offices and who was going to get those? But Andy was very, very pleased that we were off campus, and really felt that the closer you were to the heart of academia, the more difficult it would be to do really creative and unusual and innovative things. They kept trying to pull him into the medical school, and they were moving all the business people into the medical school, and we'd have to go back and forth to talk to the business people. Andy realized right away that a move into the medical school was going to be the end of us having real independence and autonomy."

Participants in the CHA Training Program, 1994.

That hidden agenda gave deeper meaning to Andy Nichols' final words as he announced the RHO's new address. "A particular advantage of the new building is its proximity to the College of Medicine,"

he wrote. "At the corner of Tucson Boulevard and Elm, we are just a few blocks from the College." That last section was maybe the most significant statement of all – Just a few blocks away. Close, but not too close, was invariably the Andy Nichols way. "Andy had always drilled into us: Stay off campus, stay under the radar, and get more done," Alison Hughes remembered. "You're out of the line of vision and you get more accomplished. Andy felt, 'We're here to advance rural healthcare, we're here to make a difference, and we have a set of values that we need to share and promote.' And it really worked. It worked being at an off-campus location. And Elm Street was about two-and-a-half miles closer to campus than where we were before. It's Second Street and Country Club versus Tucson Boulevard and Elm. It was easy to go over past the Arizona Inn to the medical school to get paperwork signed." But there was also a back-up rationale for being out in the boondocks. "For grant applications, we didn't have to pay an on-campus indirect cost assessment," Hughes acknowledged. "If you were off campus, your indirect cost rate was only 25 percent. So then you move on campus, and what are you going to do about the indirect costs? It's all about the money."

It's all about the money. Whether that aphorism came from absolute truth or just academic jealousy, it was a sentiment that seemed somehow to surface again and again as the Rural Health Office continued its relentless rise. "Andy and I were on our way to Mexico, and he had just come back from a trip, and he said to me, 'I've just had the most interesting conversation,'" Jill de Zapien recounted. "I said, 'What was that, Andy?' And he said, 'This student came up to me and said, 'You're Andy Nichols, I've heard so much about you. So talk to me about all the research you do.' And Andy said, 'Well, I don't exactly do research.' And then the kid says, 'Well, are you famous then for your teaching?' And Andy avoided teaching like the plague, and so he said, 'No, not really.' And the guy finally said, 'Well, then why are you so famous?' And Andy said, 'I think it's because I get lots of money.' And he really was good at getting money. Anyway, by this time, the AHEC's were getting pretty well established, and the money flowed through the University to them, and they were their own non-profits and had their own budgets. But Andy always tried to keep as much as he could for the Rural Health Office, so there was always tension with the Centers themselves. That was just who he was. Someone from our office came back from Washington one time and said, 'Do you know what they say AHEC stands for? They say it means, 'Andy Has Enough Cash.'"

But Andy Nichols knew AHEC didn't have near enough cash. As the new decade dawned, federal funding for the Centers was falling away as, one by one, they each reached the six-year support limit. Operational funding for the Nogales facility would fail first, followed shortly by Yuma, and finally at Flagstaff. Those had been the first three AHEC's to be chartered, which meant they would be the first three to be closed or curtailed. The RHO couldn't step up its logistical support to supplement the shortfall because there was no secret slush fund. Federal law required the Rural Health Office to remit at least 75 percent of the grant support directly to the Area Centers, and it had been sent and spent. A new revenue source was needed, and it was time for the Arizona legislature to make good on the commitment it gave a couple years earlier. But sometimes the state assembly won't follow through without a firm shove. "The idea was for us to get a bill passed that funded the AHEC's," Alison Hughes explained. "We needed to get some champions in the legislature, and we also needed to get the gubernatorial candidates behind it. So we went to work pretty steadily

At the signing of the Arizona Area Health Education Centers bill were (left to right): Karen Halverson, SEAHEC Executive Director; Sarah Kraner, MAHEC Executive Director; Marjorie Tiedemann, AzAHEC Associate Director; Alison Hughes. Rural Health Office Associate Director; Representative Bill English; Ruth Gorski, SEAHEC Board Member; Ilene Gordon, Phoenix Rural Health Office Director; Governor Rose Mofford; Ann Roggenbuck, NAHEC Executive Director; Andrew Nichols, Rural Health Office/AzAHEC Director; Senator Tony Gabaldon, Martha Fimbres, WAHEC Executive Director; Donald Proulx, CENAHEC Executive Director; Phyllis McGinnis, CENAHEC Board Member; and Elsie Eyer, NMAHEC Board Member.

on that. I was assigned to go to the legislature all the time. We weren't there lobbying, we were there 'upon request of the legislators.' I suppose it helped that we knew a lot of legislators, and they would 'invite' us. In those days, you were able to go up the backstairs of the legislature. Once you were in the House or Senate, you could go up and down the backstairs and visit whoever you wanted to. You can't do that anymore — those were the good old days. We knew many of the legislators from party politics. Andy and I were both involved. Eventually, I was the national vice-chair of the Democratic Party in Arizona, and I was also on the Democratic National Committee's Executive Committee. So I had a lot of sway and that helped. We were political beasts. That's what the Kennedy School did for me."

Alison Hughes presenting Senator Gabaldon with a plaque commemorating his efforts on behalf of Arizona's AHECs, 1990.

Alison Hughes put into play faces that were quite familiar to local legislators. The AHEC executive directors were well-known by the politicians in their precincts because they were on the front lines delivering care to their constituents. "So we were up there, and I would basically organize the meetings of who would go see who," Hughes continued. "I would get Amanda Aguirre to go see the elected officials from Yuma, and I'd get Ann Roggenbuck to go see the ones from the north. I told Karen Halverson to see the ones from the south, and Don Proulx to see the central people. I would join them at their meetings. I'd go meet the legislators along with the AHEC person from their geographic area. We were counting votes. All you do in politics is count votes. You don't need all the people to support you, just enough of the people. We told the legislators that rural Arizona didn't have adequate access to healthcare because there weren't enough healthcare professionals functioning in their geographic area. We said, 'You don't have enough doctors, you don't have enough nurses, and tell us the number of practicing pharmacists you have. You can't find them, and we can give them to you. If you fund this program, you will get them. Your people need healthcare. This is desperate.' Well, Maricopa County ruled the state because they had the most votes. So you've got to get some support there, but you also had to get conservatives supporting you because most of the rural legislators were conservative Republicans.

So we had to be very careful, and I did particularly, because I was a known Democrat. We were asking for $1.2 million, so this was a major bill, but I got a lot of those Republicans to back it."

To force the legislation over the finish line, the Rural Health Office needed the help of some heavyweight friends. "Ann Roggenbuck did a fabulous job of getting Tony Gabaldon, who was a Senate leader from Flagstaff, to become an AHEC champion," Alison Hughes recalled. "Now Tony's daughter Diana became an absolutely famous writer of all these Scottish novels (the Outlander series) about this Claire Fraser who goes into the future and the past. Everybody knows Tony Gabaldon, and his daughter is writing her first book, and Tony wanted me to read the first draft to see if she had gotten her Scottish dialect right because she's never been to Scotland in her life. So they gave me the draft to her first book, which became an international best-seller, and I read it and I thought her dialogue was outstanding. I gave Diana the book back, and I said, 'This is a great book!' So Tony liked me because his daughter was doing this Scottish thing, and Ann was so great with him. I'll never forget we were up there, and it was like the last day of the session. Ann and I were up there at midnight and 1 a.m. working the floor with Tony. He would say, 'Go see so-and-so now,' and we were running around the Senate. Then we sat in the balcony as they took the vote, and it was, 'Yay!' It passed on the 18th of June, 1990, with 38 ayes and 20 nays and two not voting. But there was also a gubernatorial race going on at that time, and we needed the governor to back it, because once it passed, it would need his signature."

But the A Team of Andy Nichols and Alison Hughes had already put together a plan to handle that very possibility. "So how did we get Fife Symington behind it," Hughes continued. "Well, I said to Andy, 'What we need to do with the Governor is get it into his State of the State. Let's ask for a meeting with him while he's running, and get the issues of rural healthcare and rural healthcare professionals into his State of the State Address. Let's have a go at this.' So Andy and I got a meeting with Fife Symington, and we talked with him about it, and we got him to mention AHEC in his State of the State. So the bill passes the legislature, and it's signed into law by the Governor. All is good. But then the budgets are developed. Anything can be passed into law, but when it gets to Budget, they may not budget for it. So AHEC doesn't make it into the budget, and we call the Governor's office. We say, 'Well, AHEC is not in the Governor's budget.' The Governor's office said, 'There's not enough money. The state doesn't have the funds

for this sort of thing.' Then we said, 'But it was in the Governor's State of the State. It's part of his campaign pledge.' Well, all governors like to keep their campaign pledges. So they went, 'Oh.' And it was put into the budget. So, yeah, that was very important."

The state staggered its AHEC support to coincide with the expiration of federal funding. It immediately appropriated $262,000 to replace lost support at the Southeastern AHEC in Nogales, which had been the first center to start. The RHO then received $500,000 from the state for the 1991-1992 fiscal year to cover the costs for Nogales and the Western AHEC at Yuma. A year later, state funding increased to $887,000 as the Northern AHEC in Flagstaff lost its federal funding. Eventually, Arizona funded the full $1.2 million that the AHEC's had once collected annually from the Capitol. The smartest move the RHO made was to start the final AHEC in rural Maricopa County a few years before the legislative finagling. There was some question about the true urgency of a semi-urban AHEC, but its establishment presented Phoenix-area legislators with a personal reason to support the program. "A lot of people felt there might not be a need for it because everybody thinks Maricopa County is just Phoenix," Lynda Bergsma explained during a 2015 interview. "So there was a lot of thought that maybe there

At the 1990 MAHEC dedication (left to right): James Dalen, MD, Dean UA College of Medicine; Robert Dunn, President Maricopa Medical Society; David Cundiff, MD, Maricopa Director of Public Health; Arizona Senator Tom Patterson, MD; Karla Birkholz, MD, President MAHEC Board of Directors; Janelle Krueger, RN, PhD, Dean ASU College of Nursing; Wes Gullet, Aid to US Senator John McCain; Andrew Nichols, MD, Director Rural Health Office/AzAHEC, Marjorie Tiedemann, PhD, Associate Director AzAHEC; and Sarah Kraner, MS, Executive Director, MAHEC.

shouldn't even be one. However, Andy and Marjorie (Tiedemann) both felt it was very important to have a presence in Phoenix, particularly politically. After all, the legislature is largely Phoenix-based because the population is so great there. If you're voting on a program that doesn't affect anyone in your constituency, you're probably not going to vote yes. So it was important to have that there."

The Western AHEC in Yuma may have been the biggest beneficiary of the reconstituted support from the state. Joel Meister and Jill de Zapien had taken a special interest in migrant farmworker issues there, and they started several studies looking at pesticide exposure, field sanitation, and musculoskeletal ailments related to the short-handled hoe. Jill and Joel earned the RHO's first state-sponsored research award to examine farmworker health problems, including parasitic infections, respiratory issues and dermatitis. But the program that made Jill de Zapien most proud was the WAHEC effort to deliver prenatal care to Hispanic women using community health workers. Funded by grants from the Arizona Department of Health Services and the March of Dimes, the program used ten promatoras to assist 299 pregnant women in just the first two years. "The Rural Health Office was really the home of the whole community health worker movement in Arizona," Jill de Zapien asserted. "Joel and I started a prenatal program in Yuma using farmworker women. We hired them and trained them, and it really provided a model that all of the AHEC's have now taken on. Joel and I had been out there organizing the Western AHEC, and we saw all these issues with the farmworkers and prenatal care. We started thinking about what we had done with community health workers in Mexico."

"So we hired eight women from Yuma, Somerton and San Luis, which is the southern part of Yuma County, where the farmworker population is," Jill de Zapien continued. "They were all women that everybody went to for advice. Some of them had a high school education, some had a grade school education, and some were not bilingual. Then we hired the local mid-wife, and because she didn't speak Spanish, we hired a liaison who

Promatoras from WAHECs Entre Amigas Project.

had been a WIC worker. The liaison was Emma Torres, and she now runs the whole program and is one of Robert Wood Johnson's Unsung Heroes. Everybody went through at 12-week training course to learn everything about prenatal care, and then we sent them off in pairs to provide prenatal classes for anybody in the community. There were no eligibility requirements. Previously, there had been an extremely high rate of low birth weight babies because they weren't accessing care at all, in part because there had been some incredible racism at the hospital. It took ten years, but if you look at the data from Yuma, you see the low birth weights go way down. It was an amazing opportunity because when we opened up those classes, not only did the pregnant come, but their spouses, their grandmothers, and women who'd already had four children. They'd never had the opportunity for any prenatal education. It was amazing and people loved it. Then the community health workers realized what was wrong with the system, and they starting going with these women to the hospital and advocating for them. They got them into the Medicaid program so they could get regular prenatal care. That model then moved on and worked all over the border, and now it's actually all over the country. Through the Rural Health Office, we were able to expand that program to cover cancer and diabetes issues. Our College is really well known throughout the state and the country for the work we do with community health workers, and that all came out of the Rural Health Office."

WAHEC helping to meet the needs of migrant farmworkers and their families.in western Arizona.

Amanda Aguirre Arrives At WAHEC

The state funding also bought time for the Western AHEC to sort out its leadership situation, because the Yuma center was struggling to find and retain a suitable executive director. The site went through several in the late 1980's, and the position remained unsettled until Amanda Aguirre arrived in 1991. "I worked in Los Angeles for about 15 years in public health, bringing awareness and education," Amanda Aguirre explained during a 2013 interview. "And then I was recruited by the Yuma County Health Department to work with nutrition in public health, and to implement for the first time bilingual programs

in underserved areas of the county. It was a population of farmworker communities that had never had much access to healthcare. I met Jill de Zapien and Joel Meister through the Promotora Model that was being introduced in Yuma. I think my background interested them. They saw my training in Los Angeles, and being born and raised in Mexico was a little different that the other trainees. So when the executive director position opened, they said we'd like to see you apply. I thought, "Hmmm.' It wasn't much of a salary incentive where I thought, 'Oh, this would be a better job,' but I could work in different areas, and it was more the dynamic of the program that I really liked. I'd be meeting other folks in other areas, and addressing the disparities and gaps in healthcare access."

"For example, when I started working for WAHEC in La Paz County, they had no pediatricians and a high rate of infant mortality," Amanda Aguirre continued. "So when we started implementing outreach programs like the Promotora Model, we were able to bring together different partners in the community – the Indian Health Service, the County Health Department, the only hospital there, and some private providers who were interested in public health. I brought them all together to talk about prenatal care and the importance of reaching out, and I remember sitting there, and I was told there were no pregnant women in La Paz County, which is kind of interesting. But, of course, everybody was being sent to Phoenix or California to deliver. So we said, 'Okay, give us some time to show you what we can do with WAHEC.' And within 90 days, we identified more than 100 pregnant women, including 50 to 55 teen pregnancies who had dropped out of high school and were at home. So when I presented those numbers to the group, that was a big eye-opener, and we established the Healthy Mothers/Healthy Babies Program. So this group said, 'Amanda, it took someone coming from outside to bring us together to address these issues in the community that were right in front of us.' So I think that's what agents do. We can find the issues and help people address them by bringing different ideas and perspective. But

A prenant mother receiving prenatal training from a promatora, in WAHEC's outreach program, Un Comienzo Sano/ Health Start.

the solutions have to come from the bottom up. They have to come from the communities and the people we connect. I think it's fascinating to mobilize and empower communities. That's how I see myself in my public health role. When we established our Rural Health Clinic, I was told it could not be done. They said nobody is going to serve that community. So we did a nonprofit collaboration between the city and a private group of physicians, and it flourished. It was established in 2003, and we have close to 29,000 patients, and we're becoming the largest center for primary care in the county."

Alison Hughes and Amanda Aguirre.

Her strong convictions about her public-health crusade occasionally got Amanda Aguirre crosswise with her own compatriots at AHEC. "My first project was writing a proposal to the CDC for tuberculosis control along the border between Yuma County and Mexico," she remembered. "I brought in the county health departments from both sides of the border to sit together, and I put the proposal together for both of them. Back then, most of the AHEC work was about The Pipeline, the recruitment and retention of medical students in rural areas. There were some CME things, but not much of anything else. Well, I brought in my expertise in public health. Then I got a call from the Office, 'Amanda, what are you doing in public health? Don't you know the AHEC's don't do public health? We're about the pipeline, we're about recruitment.' I said, 'Well, I see it a little differently. I see my role here as the local community's resource for everything.' At the time, the border had the highest TB rates on both sides. So we sent the proposal to the CDC, and I got a call from the head of our national AHEC, who was notified that this little AHEC out of Yuma had sent this proposal. I was very impressed, little me out of Yuma, talking to the head of the nationwide AHEC system. And she said, 'Amanda, I'm ecstatic about seeing an AHEC get involved in a border project like this. What can we do to get this thing moving?' And then Andy Nichols sent me a beautiful card with a clipping out of the Daily Star newspaper in Tucson that said, 'Alarming Rise in Tuberculosis Statistics Along the U.S.-Mexico Border.' That was the headline. It said we had to do something. So he sent me the newspaper clip along with a handwritten note that said, 'How does it feel to be a prophet in your own land?' And I thought, coming from Andy, that was the biggest compliment I ever


Amanda Aguirre

got in my life in public health. It was just me trying to put a little word about public health into the AHEC system."

Eventually, Amanda Aguirre's association with AHEC rekindled a connection to campaign politics that she had always carried inside. "My father was a politician in Mexico," she recounted. "He became an orphan at three, with nine brothers, and one sister who raised them all. They were very impoverished, and both my parents came from humble beginnings. We saw my father working with the teacher's union, the taxi union, and bringing a lot of justice to a lot of impoverished people in Mexico. He was a great speaker. People would just listen, and I'd go, 'Wow, that would be nice to do what my dad does.' But I never thought I would. And then through AHEC, we became involved in reporting to the legislature. So I met a lot of legislators because AHEC hosted an informal kind of reception every year where the executive directors reported a little bit about what we were doing. And the legislator from my district encouraged me to get involved and run for election. At first, I didn't think much of it. But when my kids were on their way to college, I thought it might be fun. I got the courage to put my name out there, and it was almost a natural thing for me to do because I felt so comfortable bringing the voices of rural Arizona to the legislature. To my surprise, a lot of legislators didn't have that voice, particularly in public health. I put in a bill for $1 million for diabetes prevention, and I had to convince them why we want to do prevention. Everybody in public health would say it's a no-brainer because we're going to save money here. So I started approaching public-health issues on the economic end of the issue, and that worked. So I encourage everybody who's lobbying legislators today not to say it's social justice. People are not interested in that, particularly in the makeup of the legislature now. They want to know the bottom line."

Amanda Aguirre served in the Arizona House and Senate from 2003 until 2010. "I was a very hands-on legislator," she reflected. "I felt my responsibility was to be close to the people. So my door was always open, and I answered all of my Emails personally, and I met with everyone who wanted to come in. But it was a big challenge in the beginning. It didn't always come easy to me. Campaigning was very

hard because I always went against the old status quo. I became the first female and the first Latina ever elected from my district, and to get to that point I had to break a lot of glass ceilings that only the good old boys could make it. So when I sat in the legislature, and we had a session in the old Capitol that had the desks from the 1800's, and I saw the names of all the males that had served from my district. I sat in their desk, and I wondered if they ever thought that a woman, a Latina, would be sitting in this desk. That said something to me. The campaigns were brutal because I was always attacked for not being patriotic enough because I was born in Mexico. Even though my son is an Air Force pilot, highly decorated for an incredible combat rescue, with three tours in Afghanistan and Iraq. Yet I was not patriotic enough. And in 2010, when I lost my election to a Tea Party member, I was labeled that I wanted open borders and I wanted all the Mexicans to come into this country. That whole thing. If you like Obama, you like Amanda. That's how they attacked me. And the polls came back that I just wasn't patriotic enough, and that's just kind of like, 'Wow.' I have friends who have been in politics a long time, and they said, 'Amanda, we have never seen a campaign like yours, how you were attacked.' If you want to step out and do something good, you will be hammered down so hard, just because they think compromise is a bad word."

Every successful AHEC shared one common ingredient – a strong and stable executive director – and the Northern Arizona AHEC found its champion a few years earlier when Ann Roggenbuck signed on as NAHEC's superintendent in September, 1987. Roggenbuck had been Coconino County's Division Director for the Department of Public Health from 1981 to 1985, and she returned to Flagstaff to take the AHEC assignment after a year away from Arizona. "I accepted the public-health position primarily to live in the mountains," Roggenbuck remembered during a 2015 interview. "I completed my MBA during my early years in Flagstaff, and then I went looking for greener grass in the corporate world back East, where I got rid of my shoulda, woulda, and coulda's. I found the East Coast incompatible with my personal and professional values, and I wanted to return to the West where my friends and family were. I saw returning to Flagstaff to establish the AHEC as a stopping off point before moving

Ann Roggenbuck, NAHEC Executive Director, 1987.

Ribbon-cutting ceremony for NAHEC's central office in 1988. Left to right: Andy Nichols; Charles Sypolt, NAHEC Board member; Ann Roggenbuck, NAHEC Executive Director; Loren Sekayumptewa, NAHEC Board President; Representative Karan English; Representative John Wettaw and Elsie Eyer, NHAEC Board Treasurer.

on to bigger and better opportunities in a larger urban environment. But NAHEC offered entrepreneurial startup experience, along with independence and flexibility, all of which I thrived on and was able to continue recreating throughout my professional life in Flagstaff. I never left the mountain. I tell people I have an urban head, but a rural heart. My father used to bring home copies of Arizona Highways Magazine that his boss gave him, and I'll never forget I kept a picture of some golden aspen leaves falling over a fresh layer of snow. I went to Bookman's recently and I found that magazine. It was from 1966, when I was ten years old, and the photo was from the San Francisco Peaks outside Flagstaff. So there's been some kind of synchronicity or divine intervention or something that's kept me living and working in Flagstaff all this time."

The AHEC that Ann Roggenbuck was hired into was quite literally a chaotic construction zone. "The current Board president, Dr. Bob Trotter, an NAU professor, gave me one slim file folder of information, and sent me to the office they had leased for NAHEC," Ann Roggenbuck recounted. "That office was under construction and wouldn't be ready for months, so I set up shop on my friend's picnic table and had at it. I had to be totally self-directed because there was nobody telling you how to do it. Andy had a lot of great big ideas, but they weren't about operationalizing anything. I had to make it happen. I created a business. The most difficult challenge was capturing the time and attention of busy healthcare professionals and administrators to educate them on the role of AHEC. Being summoned to Tucson every month to listen to Andy's vision was no easy feat either. There were

staff meetings where he got us all together and held court, and gave us his philosophy about what we should be doing – where, when and how. Andy had this academic kind of paradigm on the whole thing, and we're out there trying to make stuff happen in a small community. We were like, 'Right. In your dreams.' And Marge Tiedemann was one scary lady. She was kind of mean, and she tried to ride herd on those of us who were independent entrepreneurs, and we didn't appreciate it. I was pretty self-directed and pretty clear on what needed to be done. I'm one of those of 'step aside, bubble eyes' kind of people. I got places to go and people to see and things to do."

There was no shortage of all that at the nascent NAHEC. In the early years, Ann Roggenbuck did everything from opening a Window Rock satellite and sponsoring 27 Native American youth at an Inter-Tribal Wellness Conference to coordinating a Yavapai County Education Consortium and exposing over 3,000 students to almost 30 Hands-On-Health programs. In 1996, she assisted in arranging a merger between NAHEC and the Flagstaff Community Free Clinic to create the North Country Community Health Center. Roggenbuck became President and CEO of that center's successor organization, North Country Healthcare, which has 22 service access points in 14 communities across northern Arizona. She supervises a $45 million budget and 500 employees. "It was, 'Oh, okay, we gotta do this, we gotta do that," Ann Roggenbuck explained. "Pretty soon, thirty years go by. It's funny how that works. Now I hold the kind of meetings Andy Nichols did, which I'm sure others don't always appreciate either. Andy was an inspiration, and I learned from him. He had a tremendous ability to leverage the energy and interests of young professionals to further rural-health causes and the needs of the disenfranchised. When I was younger, I often viewed that as exploitative, but now I think of it as brilliant. I think a lot of who I am today came from him. I certainly already had it in my nature, but he helped nurture it."

Faculty and students at two-day retreat in Portal to review interdisciplinary activities in Cochise County, 1992.

Going Beyond Rural Boundaries

AHEC was the crown prince of RHO programs, but it wasn't the only contender for the rural throne. The office carried out other health initiatives in the substantial shadow cast by its cash cow. In October, 1990, the RHO combined resources with three other College of Medicine branches and ASU's School of Social Work to win a three-year federal grant that added a new interdisciplinary dimension to educational health programs in Arizona. The demonstration project was called INTER-ACTION, and its goals were to increase health services in underserved rural areas, to train an interdisciplinary team of health professional faculty to model sociocultural sensitivity and provide services to those underserved populations, and to educate students on working together effectively in an interdisciplinary group to meet community needs. Cochise County in southeastern Arizona was chosen as the principal site for the project because it was emblematic of the health issues in the rural parts of the state. Its sparse population was widely dispersed across an economically depressed area, there were cultural and ethnic barriers to care due to its significant Hispanic population, and there was a serious shortage of healthcare providers. Sixteen students from six different disciplines – nursing, medical, pharmacy, psychology, health administration and social work – comprised the first class of the project. The students took an eight-day intensive Spanish Language workshop, participated in a week-long team-building workshop, and then conducted eight to 12 weeks of field work while living full-time in Cochise County. They delivered some clinical services, carried out community assessments, and developed a plan for recruiting local residents into healthcare occupations.

Alison Hughes

"In my opinion, we went beyond rural health boundaries," Alison Hughes observed. "We got involved in this brand new national program to promote interdisciplinary healthcare training. You'd think it was just now being invented over at the Medical School, but this was back in the late 1980's. Congress approved this interdisciplinary program, and Lee Sechrest from the Psychology Department was best friends with the chief of staff for Hawaii Senator Daniel Inouye. Sen. Inouye was one of the sponsors of this new program, and we found out about it because Lee Sechrest was encouraging us to apply for it. So Marylyn McEwen from Nursing and I went to Washington to meet in

Danny Inouye's office. We met his chief of staff, and because we knew Lee Sechrest, we got one of the first grants. That was an example of 'who do you know' in the grant business, which still works. So we got one of the first grants for interdisciplinary training, which involved ASU's School of Social Work, and our College of Nursing, School of Pharmacy, and the Medical School. We didn't have a College of Public Health yet. So we got students from these three colleges and ASU, and we combined them into teams. The first day of class, we'd separate them by their professions – social work, medical school, nursing and pharmacy – and we'd ask them to define 'health.' And they each came back with a different definition tied to their own little paradigm. Then we put them out in a rural area to work together on a project. This is common now, but we were starting it. Then we'd bring them back after their project, and ask them again to define 'health.' And this time, they came up with an integrated definition of 'health.' Isn't that wonderful? That's wonderful to see how their understanding of healing and healthcare services changed."

When Lynda Bergsma's AHEC load lightened a little, she took on a new initiative of her own. In 1991, the RHO landed a three-year grant from the U.S. Public Health Service to conduct a Substance Abuse and Media (SAM) Project. Bergsma became the director of the program, which was intended to create positive change in the knowledge and behaviors of high-risk youth as they related to substance abuse. The middle-school kids would come up with media messages about substance-abuse prevention that were aimed at their peers, using posters and public-service announcements (PSA's) on radio and television. Four rural communities – Nogales, Yuma, Clifton/Morenci and the Hopi Reservation – were chosen for the project, along with urban sites in Tucson and Phoenix. Fifty at-risk youth were recruited in each community to join a local club for ten months and attend a series of Saturday meetings and workshops. Community mentors, college trainees and an AHEC coordinator taught the club members substance-abuse resistance and prevention strategies, along with media writing and pro-

SAM Project participants tour Channel 9 in Tucson, 1992.

duction skills. The students then formed productions teams to actually produce the posters and PSA's. A contest was held in each community and residents voted on which media messages seemed to have the greatest impact. Cash prizes were awarded for the best submissions, and the PSA's were then disseminated throughout the community using broadcast outlets and school communications systems. A statewide winner was also selected, and college scholarships were available to the top team's members. At the end of the project, the evaluation arm of the program measured the discernable change in the target population's attitudes and behaviors towards substance abuse.

"When I got the substance-abuse grant, I was doing more direct work with children in communities," Lynda Bergsma remembered. "We were working with middle-school kids to help them better understand the media messages they were seeing about tobacco, alcohol and other drugs. To help them understand that what they were seeing wasn't real, it was a made-up story. Tobacco could still advertise back then, and the ads said how cool it was, but they didn't say it was smelly, that it could give you yellow teeth and make you cough a lot. So it was a little bit of a media literacy lesson, and media literacy has been a field of mine since that grant started. We're taught to be literate about print, we're taught in school how to take a reading passage and analyze it, but we're not taught very much about the other media. This was an attempt to get these youngsters to understand that what they see on television and in film isn't always real. Basically, they thought it was real. We tried to get them to see it was someone's construction of reality. It's not actual truth and fact, it's a story made up by somebody. We started in Nogales and Yuma, and we did Clifton/Morenci and Flagstaff in the second round. We probably had seven staff including myself, but not all of them were full-time. Our measures were they produced these PSA's that spoke to whoever they wanted to speak to in the community. Some wanted to speak to teens like themselves, and others decided to speak to parents. That was the end product. We knew that we were getting through to them because one of the things we talked about was

Workshop at Pierson Mid-School in 1992.

product placement. We told them that when you're watching television, it doesn't just happen that someone happens to have a Coke. Coca-Cola paid money to put that there. It was the same with movies. And then they'd see something and be able to identify it. They'd see a car and say, 'There's a Ford! Product placement!' They were getting it."

A side benefit of the SAM project was it allowed Lynda Bergsma to establish a personal bond with tribal communities in northern Arizona. "Flagstaff is sort of the center of the Native American communities up there, and the primary group is the Navajo," Bergsma explained. "So we worked with a lot of Navajo CHR's (community health representatives), but we also worked with Hopi CHR's. The Hopi reservation is right in the middle of the Navajo reservation, and there's been bad blood between them for many years. When I had the SAM grant, one of our sites was up there, and I was told that I would have real difficulty getting Navajo and Hopi kids to work together, even though they went to the same school. Well, it didn't work out that way. We were able to have the kids together, and it seemed to be fine. And we had the privilege of producing the first-ever PSA that had both the Hopi and Navajo language in it. In one part of it, there's a Hopi child speaking in Hopi, and in another part, there's a Navajo child speaking. That was quite neat. And the distances are incredible up there. Talk about the wide open spaces. I had to drive up to Hopi Second Mesa one time, so I flew into Flagstaff and rented a car. I'd never driven that part before, and I picked up the NPR station out of Flagstaff. I'm going along up there, and it's really wide open with the mesas and the red earth, absolutely incredible, and the station started playing classical music. It was Dvorak's New World Symphony, and I thought, 'This is so appropriate, it's like I am in the New World.' It was just an awesome experience, and transformative in many ways. I was by myself, and so happy, and so turned on by the experience. It was just amazing. And it was those kind of opportunities that made me say for years and years and years, 'And they're paying me to do this?' It was spectacular."

Students produce a poster about inhalants with help from Joseph Gaus, PhD, SAM Project Coordinator.

It wasn't just the breathtaking terrain that touched Lynda Bergsma, it was the close connection to the tribal culture. "We had opportunities to get to know people up there through the CHR's," Bergsma continued. "I would visit two of the CHR's who were from Hopi Second Mesa to see how they were doing. They went back to the reservation after being trained to practice what they'd been taught. We came up and shadowed them on some of their trips out. They found out what worked and what didn't, and then came back for more training. So I went up to follow these two women, and that took me into people's homes and hogans. I learned through my predecessors, Marjorie and Kevin and others, what the culture expected. Basically, I learned on the job, and I probably wasn't the best at it to begin with, and I probably did show some impatience. But even though I did make a few mistakes along the way, I learned how to gain trust. I learned to be comfortable with silence. If I asked a question, and there was no immediate response, I learned I should be quiet and give it a little time. And if someone's talking, and they stop, I learned not to jump in right away, they may not be finished. On one trip, I got to go through a Sweat Lodge, and that was something where you had to have a close relationship with somebody. You don't just walk up and say, 'Could I do a Sweat?' I got to know Tuba City, and there was a really good market there. I was at that market one day with my friend who was a CHR, and I was looking at all the roots. And she said, 'That one's to keep rattlesnakes away.' I said, 'Really? How do you do that?' She said, 'You grind the root into a powder and sprinkle it around outside.' I said, 'Boy, do I ever need that.' We have a house way out in the mountains, and it's rattlesnake territory. So I bought some of the root and took it home. Early the following year, we ground it up, and my husband sprinkled it around, and we went our merry way. And in August, we realized we hadn't seen any rattlesnakes all year. My husband said, 'That root powder we put out!' Now who knows whether it was the root or just a low snake season, but those are the kind of experiences we had based on the work we did."

Carmen Garcia-Downing, talks with health students at Hispanic Medicine Forum, 1995.

The Rural Health Office addressed the healthcare needs of Arizona's Native American communities on a number of fronts. In 1992,

Carmen Garcia-Downing, the Minority Recruitment Specialist at the RHO, began the development of a recruitment and retention program that focused on Native American and Hispanic students. She identified barriers preventing minority students from entering healthcare professions, compiled statistics, and studied existing programs at the Health Sciences Center. From her findings, she designed the Healing Pathways Program (HPP), which concentrated on outreach and retention of minority students in the areas of medicine, public health and nursing, with a special emphasis on Native American students. One element that emerged out of HPP was the Talking Medicine Circle, where Native American health and pre-med students gathered periodically to share their educational experiences. And HPP also collaborated with Paa Qavi Incorporated on the Hopi Reservation on a health-career development program. In 1995, the RHO responded to a request from Tohono O'odham Nation for assistance with future staffing of a long-term care facility that the reservation was planning. The RHO designed a professional training program for future management of the Nursing Home Project, and students began enrolling in those classes at the University of Arizona and Pima Community College in early 1996. At that time, the Tohono O'odham Nation numbered 18,000 members, and occupied a reservation along the Mexican border in south-central Arizona that was the geographic size of Connecticut.

Howard Eng, DrPH

But outside of AHEC, the burgeoning backbone of the Rural Health Office was its Border Health component, which added another key contributor in 1994 when Howard Eng finally went full-time as Program Director of the Southwest Border Rural Health Research Center. Eng joined the RHO as a part-time volunteer in 1991, and his path to a permanent position was as roundabout as the route chosen by many of his colleagues. "I was born and raised in Tucson, went to Pueblo High School, and got three degrees from the University of Arizona," Eng explained during a 2013 interview. "I wanted to do zoology, and finished my degree in 1971, and then the University eliminated it from their catalogue. Then I took a nursing pharmacology course, and I got really intrigued with medication and the impact it had on the body. So I finished my pharmacy degree in 1974, and my Masters in Hospital Pharmacy Administration in 1978. I was hired as the Assistant

Community Health Practice Concentration meeting in Casa Grande, 1999. Left to right: Phyllis Primas, Patricia Moore, Lane Johnson, Alison Hughes, Betty Gale, Howard Eng, and Mark Veazie.

to the Dean for Student Affairs in the College of Pharmacy, and I was doing pre-pharmacy advisement for hundreds of students. But I saw the curriculum changing and basic pharmacy administration skills being lost, so I went for a doctoral in public health at the University of Texas Houston Health Sciences Center in 1980. I joined the faculty at the University of Florida in their College of Pharmacy in 1985. I was there about five years when my parents were ready to retire, so I came back to Tucson because I made that commitment to them a long time ago. But when I came, there wasn't anything here. One of the problems with Tucson is that even if you have a doctoral degree, it's very difficult to find work here. So I went knocking on doors, and everybody was very gracious, but there wasn't anything around. Andy Nichols finally told me, 'Howard, if you're willing to volunteer, I can get you an appointment in Family and Community Medicine."

And thus a commitment that has lasted nearly a quarter century was cemented. But at the beginning of his run at the Rural Health Office there was a problem, and it was a big one – Howard Eng knew nothing about rural health. "I adapted," Howard Eng observed. "One of the things Alison Hughes always told me was that it was good to pursue an area that you weren't good at. Well, I wasn't good at rural health because I was basically born and raised in Tucson, and that's not rural. But over time I've become a rural health and border health expert. Andy Nichols was the one who introduced me to rural health. Andy was a forward thinker, and he was always about five to seven years ahead of everybody else in terms of where things were going. Andy was also a master of hiring very independent people, and letting them develop and grow. So now, I'm one of the strongest proponents of rural health. I've been involved in it for almost 25 years, and anywhere I go people know I represent rural health, and I'm going to look out for the interests of rural health. The other thing Andy introduced me to was border health, and I've been involved in that more than 20 years. So when I came on board, I made the commitment that I would focus on rural health, and sort of put my interests aside. If you look at

everything I've done, I would say almost 95 percent of it is related to rural health."

Among the earliest rural-health activities that Howard Eng engaged in was the Rural Managed Care Project, an effort to improve access to care in Arizona's rural areas. "Five centers were given federal funds to see if managed care would work in a rural environment," Eng recalled. "I assisted in the proposal and we were funded for five years. One of the advantages was we were the only center out West, and the others were in Maine, Nebraska, Oklahoma and West Virginia. Managed care was an urban phenomenon, not a rural one, so the idea was to develop managed-care networks that would increase rural access to primary care services. We initially worked on two counties, Cochise and Pinal, and it was a great learning experience for me. It gave me the chance to develop the skills of how to work with communities, how to do a collaboration, and how to work within a framework of competitive entities. You would think that in rural areas, people work together and talk to each other, but they don't. For example, in Cochise County, Sierra Vista Hospital had a physician group that split. When they split out, they were in conflict and they never met in the same place. It wasn't until the third year of the project that we were able to get the two physician groups to work together. Eventually, we built a very good coalition, including Ft. Huachuca, which sent a top officer to every single meeting. Most programs ignore the military bases, but they were a very strong participant. One of our major successes was tripling the number of pregnant women in Cochise County who used Baby Arizona, which fast-tracks those women into the state Medicaid program. And I learned that you have to be respectful and very patient because you have to do it on their time. In Pinal County, it took us three years to develop a coalition to the point where there was enough trust for them to provide us a health systems analysis. That level of trust has not been duplicated anywhere else because we're talking about competitive entities sharing detailed secrets about their markets."

Texas Mini-forum, 1994, left to right: Gerardo De Cosio, MD; Eva Moya, LMSW; and Darrryl Williams, MD.

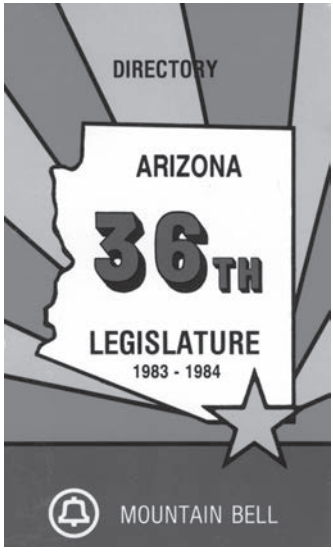
The second major project that Howard Eng

became involved with was the Border Vision Fronteriza, a three-year U.S.-Mexico Health Demonstration contract that was funded by HRSA. Eva Moya was the project manager, and Eng was eventually a co-investigator on the contract to develop health models that could be adapted to the four-state border region of Arizona, California, New Mexico and Texas. "I was originally an evaluator of one of the processes because HRSA put the program together with bubble gum, and there had to be a very strong evaluation component because some of the money came from HRSA's evaluation arm," Eng recounted. "HRSA only gave two of these projects that year. It was only going to be funded for three years, but it ended up being six years because HRSA wanted to find identified models that increased access to healthcare along the border. I probably did one of the most remarkable coalition buildings that hasn't been replicated in too many places. You can't believe how much passion I have regarding the border region. Everywhere I have an opportunity to talk, I emphasize how neglected it is. I was in charge of evaluation, so I subcontracted with San Diego State, New Mexico State, the University of Texas at El Paso, and our own Border Foundation. On top of that, I had an evaluation team that included the Pan American Health Organization, the LBJ School of Public Affairs, and the San Diego Health Department. They allowed me to facilitate and lead that group, and I mean as junior as I was, for them to do that was just totally incredible. It's never been replicated in the sense that all the public health programs were involved in one program as evaluators. We presented the results in Canada, Mexico and nationally, and we were able to demonstrate that by using promotoras, we were able to reach a very, very high number of uninsured who became insured. It was an incredible success."

Left to right: Frank Hale, PhD, Clinical Professor, Family & Community Medicine; Evan Kligman, MD, Chair, FCM; and Donald Proulx, MEd, Assoc. Director, AzAHEC System.

When Andy Nichols was anointed Chief of the Community Medicine Section of FCM in 1992, it was formal recognition of the fact that the Rural Health Office had grown into a fiscal giant. More than 50 folks worked at the RHO, and its size had become so unwieldy that it was chopped up into four

distinct divisions for easier oversight. Gus Ortiz supervised the Service Unit, Joel Meister managed the Research Unit, Don Proulx presided over the Education Unit, and Alison Hughes handled the Administration Unit. Acknowledgment of the RHO's achievements were not limited to the University of Arizona. That same year, deans from medical schools around the country ranked U of A's Community Medicine Section, with the RHO as its primary component, as the country's third most respected. That rating appeared in the 1992 edition of the U.S. News & World Report's Guide to America's Best Graduate Schools. Only the Universities of Washington and North Carolina ranked ahead of Arizona, and only two other U of A graduate programs – the Sociology Department was 13th in its grouping and the Law School finished 35th in a field of 175 – appeared anywhere else in the listings. The RHO had even gone global in its own inimitable fashion. The Aden Refinery Hospital Health Care Team from Yemen spent the summer of 1992 at the RHO catching up on their healthcare curriculum. FCM chair Tony Vuturo brought the five medical professionals from the Persian Gulf, and Alison Hughes directed the delegation's educational visit.

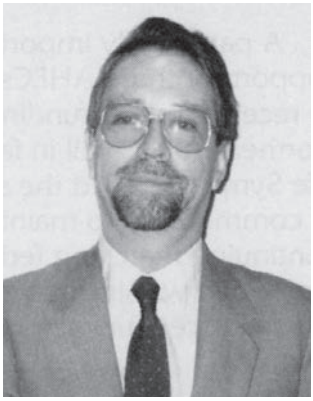


Dressing For Success At The Statehouse

The professional accomplishments that Andy Nichols was piling up would have proved sufficient for most medical academicians, but Andy's appetite for progressive action knew no limits. At the height of his Rural Health Office success, he reached outside the University to rise one rung higher. In 1992, he finally actualized an idea he had been incubating for at least a decade. "Andy got the idea to run for the state legislature back in the early 1980's," Ann Nichols remembered. "He really felt like he could make even more of a difference if he could be in the legislature. There was going to be a vacancy in 1982 and he decided to run. Well, my teaching areas in the School of Social Work were policy and planning and community organizing and the macro areas of social work, so I thought it would be interesting. It was clearly something he really, really wanted to do. We didn't know anything about

running a campaign, and the hardest part was the fundraising. At that time, I was serving on the national board of the YWCA, and one of the women I'd gotten to know on that board was Mary Rockefeller, the wife of Laurence Rockefeller. Mary was just a lovely woman, very shy and very quiet. She always asked me how my family was because when Andy and I lived in New York, we had Thanksgiving Dinner at her home. So she asked how things were going, and I explained that Andy was going to be running for office. She sat down and wrote a check, folded it, and gave it to me. I didn't even look at it, and when I was on the plane coming back, I pulled it out, and it was a check for $500. And I thought, 'Wow, to be able to sit down and write a check for $500, to have that kind of money." So I thought that was kind of funny when we got that check from Mary Rockefeller. Andy came very close to winning, he was less than (1,800 votes behind) the person who won. After that, there was no point in trying to run again until there was another vacancy because it was just too hard to run against an incumbent."

Six years later, there was another legislative opening in Tucson's District 13, and Andy Nichols chased his electoral dream a second time. "He ran again in 1988," Ann Nichols continued. "You know the first time we ran, we were just kind of exploring. I mean we tried, but it wasn't so much. But on this one, we gave all the money that we had and we gave all the time that we could. The kids all got involved. They were old enough, and they were walking and distributing information and that kind of thing. We were walking door to door with literature, we were having fundraisers, you name it, we did it. Andy loved talking to people, getting a sense of where people were and what their concerns were. I baked a gazillion cookies for the volunteers, we had mailings going on in our house, and we learned how to do bulk mail and all the rest. It kind of became a whole family project. And we didn't make it. This time he should have won, but his opponent had a perceived name recognition. She had almost exactly the same name as the head of the county health department. That was Pat Nolan, and the candidate was Patti Noland, and people thought that's who she was. We knew because people had done surveys. It was so close that we could have had a



Andy Nichols, 1992.

recount. It was a 211-vote difference. He lost that election, and that was a tough one because we gave it everything. We lost, but then it turned out to be okay. It was actually just a year before his mother died, and she lived with us. In a way, he was glad that he was not serving in the legislature at that time. So that worked out alright."

NOSORH meeting in Washington, 1999. Left to right: Alison Hughes, Congressman Jim Kolbe, Andy Nichols and Charles McGrew, NOSORH president.

In 1992, Andy Nichols had one last race left in him, and just like when he was applying for AHEC almost ten years earlier, he hoped the third try would be the charm. And this time, he had veteran campaigner Alison Hughes on his team. "So now what happens is Andy runs for political office," Hughes recalled. "Having gone through a lot with the AHEC program, you see how it all works. You see all the ins and outs, and you see it from the inside as well as the outside. Andy was brilliant, and he knew what he could accomplish from the inside. If he could accomplish all that he had from the outside, imagine if he was inside. Andy was totally committed to a reduction in cigarette use, and he was responsible for getting them to stop putting cigarette vending machines where kids could get cigarettes. He was responsible for that. He was committed to a National Healthcare Program, he was absolutely committed to it. And he thought he could do something about that from the inside. So he decided to run for a House seat and he lost. Andy was Scottish like I was, so he was thrifty. You had two Scots here running the Rural Health Office. And I remember telling him, 'Andy, you're going to have to put some of your own money in it if you want to win this election.' So he ran a second time and didn't win. I told him, 'Persistence works. Keep doing it until you win.'"

One crucial area where Alison Hughes could make a critical difference was with the clothes her candidate wore. For all his stellar qualities, Andy Nichols, it turns out, was prone to catastrophic wardrobe malfunctions. "There were things Andy didn't care much about that Alison would chide him for, like the way he dressed," Ann Nichols

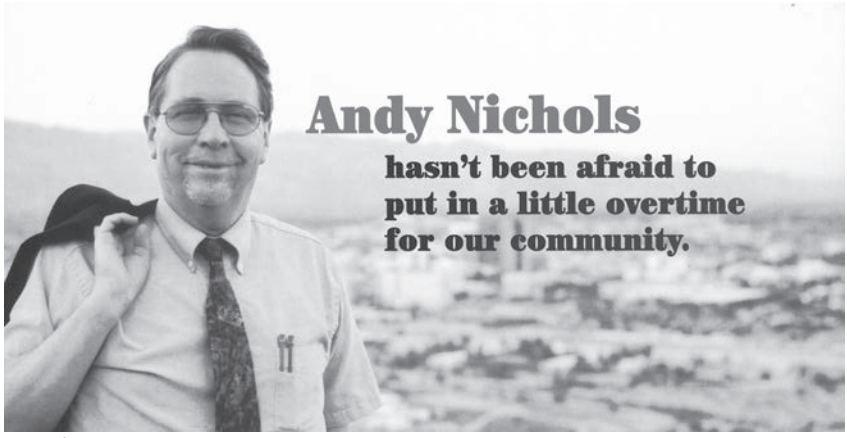
Andy reacts to a new tie at a house party.

recounted. "Andy was color blind, so unless we checked him out, he sometimes showed up with combinations that were just not good. So if (his daughter) Kathy or I were not at home to ride him, you couldn't depend on our boys because they also had a bit of color blindness. Andy focused on his work, his family, and on being part of the world. Appearances made no difference to him." But they can make a big difference to registered voters. Almost a decade later, Alison Hughes addressed the sartorial instincts of her supervisor in an anecdote recorded by the *Arizona Daily Star*. "Andy took a lot of ribbing about his ties," Hughes said in the Daily Star story. "We were visiting (former House Democratic leader) Art Hamilton's office, and an aide took notice. 'That's quite a tie you're wearing, Andy,' the aide said. Hughes said when she advised Nichols to get rid of the tie, he was baffled and replied that the aide had liked it. Nichols asked his wife to hide the tie until his political campaign was over. After the campaign, much to Hughes' surprise, Nichols wore the tie. 'My eyes bulged,' Hughes recalled. "I wore it just for you, my dear,' Nichols told Hughes."

Well, they say that clothes make the man, and, in 1992, the man finally won the election. "When he ran the third time, he won overwhelmingly," Ann Nichols reported. "By then, he had name recognition." Nichols worked the next eight years as a Democratic representative in the state House, serving the maximum four terms allowed by law, and he passed legislation stretching from solar energy tax incentives and lowering the blood-alcohol standard for drunken driving to folic acid supplements for women of child-bearing age and defibrillators in public buildings. "Andy was so smart," Alison Hughes observed. "When the legislators were off during the Fall, Andy would work on legislation. I would go up there on the first day of the Legislature, and he would have a mound of bills, at least 50 or 60, ready to put into the hopper on the the first day of the session. In the House, you have a limited number of bills you can submit after a certain period of time, but you have an unlimited number you can submit in the first couple

of weeks of the legislature. After that, forget it. Andy would have that many bills ready to submit into the hopper. I'll never forget sitting in his office one day, the first day they were actually working, and another young legislator came in, and said, 'I don't have any bills, Andy. Do you have anything I can sign on to?' All he did was point to the pile, and he said, 'Just pick up the pile and go through it.' So she sat on the sofa in his office, looking through the pile and picking the ones she would sign on to. That's how amazing he was."

Andy Nichols stepped into the Legislature, but he never stepped out of the Rural Health Office, even though some University colleagues insisted that state law required it. "During his legislative days, we would talk every night between 11 p.m. and midnight," Alison Hughes recounted. "The job was 24-7 with Andy, 24-7. He and I would be down in the office on Saturday night, and his wife would come in at eleven at night bringing him dinner. We were in offices next to each other, and we just worked our butts off. Andy loved that. There was no time of day you couldn't talk to Andy. We talked 24-7, you know, and that was it. He knew everything that was going on in the office. I would report to him, and he was on top of all of it." Not that all of his co-workers thought it was the best idea or example. "When he went into the Legislature, people always thought, 'Oh, wow, the Rural Health Office has a shot right into it,'" Jill de Zapien commented. "But it was actually really hard for everybody because he had to be really careful about separating his legislative work from what he was doing in the RHO. There's someone here in the College now who's hoping to run for the Legislature, and she asked me, 'So how did Andy do it?' Well, you're supposed to take a leave of absence, but leave it to Andy, he found



One of Andy's campaign mailers.


Lynda Bergsma

some obscure piece of legislation that passed in the 1800's that said if you were a teacher, you could be in the Legislature and keep your job at the same time. Because they loved teachers back then and they were so poorly paid. So when they tried to tell Andy he had to take a leave, he brought forth that piece of legislation and they had to accept it. So the man would be in the Legislature from Monday through Thursday, and drive back down here on Thursday night. Then he would work Friday, Saturday and Sunday at the Rural Health Office. He never did take a leave of absence from the University. I mean it was crazy, absolutely crazy, but he was absolutely passionate about what he was doing. I just wish he would've taken it a little slower."

Lynda Bergsma remembered the legislative Andy Nichols as the type of politician that now seems to have passed into extinction. He had his personal political beliefs, but he liked to work the middle and find the means for a productive compromise. "He was a very likable guy," Bergsma observed. "He spoke very softly and tried to be very bi-partisan. He never took a strong partisan stance. He may have felt it, but you never saw him do it. He always tried to say, 'Well, you know there's this viewpoint, and there's that viewpoint, and what we have to do is bring them together.' He wasn't anything at all like the partisan folks of today. He was very much a person to pull people together: 'This is a bill we can both work on.' The story you've probably heard is that from the very beginning of Andy being in politics at the state legislature, every year he mounted and proposed a Universal Healthcare Bill for Arizona. Every year! And, of course, every year it lost. It went nowhere. I'm sure it didn't even come up for a vote. But every year, totally out of principle, he said, 'Here it is again. Here I am again.' Andy's greatest quality was his persistence. He taught me so much. He said, 'Lynda, I never let a good idea die.' He said, 'It may not be the idea for today, but there will come a time when things are right, and it will be a good idea then, and everything will be in place to make it happen.' He was a very persistent person, and he also remembered people's names. He wrote things down. Look when he hired me – he knew my name, he knew my telephone number, and he knew what I did. He had this Black Book, I tell you, and it had everybody in it."

Andy Nichols may have been a mild-mannered public servant, but he still somehow managed to produce no shortage of powerful po-

litical opponents. "When you're of one party, you make enemies on the other side," Alison Hughes explained. "And so he made an enemy of Rep. Lou-Ann Preble (who was chairperson of the Interim Rural Health Care Task Force). I don't know why Lou-Ann didn't like Andy. She was (very religious) and had, like, twelve kids. But Andy was also a strong church man. He was on the national board of his church, he was a member of the Legislative Prayer Group, and he went to prayers every morning. That endeared him to some of the more conservative members, because he did work across the aisle. But for some reason, somebody got to Lou-Ann Preble, and I remember she started calling our office. She called me personally and wanted a copy of our budget – it's a statewide budget – to see how we were spending it. And I said, 'Mrs. Preble, I won't fax that. May I suggest that you just go to the office of the President of the University.' Because I knew she wouldn't. Andy was up there, and she could have asked him for it, but she's calling me because I'm second in command while he's in Phoenix. So I wasn't going to give her our budget, see, no way José. But the legislators have the right to ask for the information because it is state funds, and I'm surprised that none of them caught on and have asked for it since. But I think Lou-Ann managed to work behind the scenes to get a Sunset Review of the AHEC program. In 1994, we had what's called Upon Review, and the funding was denied for the continuation of the AHEC program. It was purely political, and had nothing to do with the excellence of the program, because those AHEC directors were wonderful and still are. So we lost the $1.2 million."

1999 Annual Conference.

Ann Roggenbuck, the Northern Arizona AHEC's dynamic executive director, demanded Andy Nichols take the fall for that legislative disaster. "When we lost the state AHEC funding, I asked for his resignation as the Program's Director," she stated during a 2015 interview. "I thought it was all his fault. I believed his work as a state legislator directly impacted our loss of funding. He had made a lot of enemies at the legislature based not only on his political affiliation, but also just his style, being as pushy as he was. So there were a lot of Republicans in

Alison Hughes and Ann Nichols.

charge who were out to get him, and they found a way. Of course, he came to his own defense, and he said he wasn't going to sacrifice his entire career on the altar of one state funding decision. He was disappointed, but he took everything in stride. That guy didn't get discouraged too easily. He just kept picking himself up, dusting himself off, and getting back on the horse. Decades later, I see clearly that such things are never so unilateral, and often have many variables." The horse that Andy Nichols saddled back up was named Proposition 203, the Healthy Arizona Initiative, and it looked like a Triple Crown candidate. "That was not going to stop Andy Nichols," Alison Hughes opined about the AHEC debacle. "The only way you could now fund AHEC was through a ballot initiative, getting it on the ballot and getting people to vote for it. But people aren't going to vote for just AHEC, you have to have a much stronger ballot initiative than just a single program. So this brilliant man formed a coalition – children's health, working families, women's health – there were six health organizations in the coalition. We all busted our butts to get this initiative on the ballot and to get it passed."

Ann Nichols assumed a prominent role in pushing the Healthy Arizona Initiative out of the starting gate. "Before Andy even got into the Legislature, he started work on trying to get Arizona to increase the eligibility level for AHCCCS," Ann Nichols remembered, "because in our Medicaid program, you could only earn one-third of the poverty level. If you made more than $5,000, you didn't qualify. There were some exceptions built in, but we were basically the lowest in the country, maybe outside the South. In 1994, in his second State of the State message, our Republican governor, Fife Symington, actually recommended raising the eligibility level for AHCCCS to 100 percent of the Federal Poverty Level. Our whole family always went to the opening day of the Legislature, and we were so excited, and I thought, 'This is something I can applaud.' But the Republican legislators wouldn't go along, so having tried and tried various ways in the Legislature, Andy said the only way we can do it is through a ballot initiative. Well, we had a personal friend, someone in our church, who had successfully done a

recall election on a really, really awful local official. So we called her and asked her what was involved in doing something this big. We had no deep pockets. We were just a bunch of volunteers. So we just created this little committee of about a dozen people, and we said, 'Yeah, we're going to try for an initiative.' Andy knew how to get the language written the right way, and the rest of us were the organizing volunteers, and we went to get the signatures."

Andy Nichols was the backroom brains behind the ballot initiative. He combined his campaign to put 180,000 low-income families into AHCCCS (which was estimated to save Arizona $40 million annually), with his crusade to restore funding for AHEC and five other health programs that lost fiscal support in 1994. The Healthy Arizona Initiative had two dominant themes. The "Healthy Workers" element addressed the effort to raise AHCCCS eligibility to 100 percent of the Federal Poverty Level. The "Healthy Tomorrow" portion proposed using lottery money to return AHEC and the other programs to their previous funding figures. In early 1996, a surplus of $130 million in lottery and tobacco tax money sat parked in an Indigent Care Fund that the Legislature refused to let loose. The pretty packaging that Andy Nichols prepared had a little something for almost everyone, and the state's four major newspapers and 25 high-profile organizations – including Arizona Public Service, Southwest Gas Corporation, the Arizona Ecumenical Council, and the Arizona Academy of Family Physicians – all announced their public support for the proposition. Now all the coalition had to do was secure enough valid signatures to put the initiative on the November ballot. The Healthy Arizona Initiative formally started its signature-gathering drive in early March, 1996, and the group had until July 4th to officially file their petitions with the Secretary of State. The coalition calculated they would have to have approximately 150,000 valid John Hancock's.

Andy Nichols and Senator John McCain.

"We managed to get the signatures," Ann Nichols explained, "but then we were told we didn't have enough. We were aiming for 150,000,

and we got 139,000. The county recorder's office checked them, and a certain percentage have to be valid, and they told us we hadn't made it. We had tried, by the way, to get all kinds of people to work with us. The Hospital Association wouldn't work with us because they didn't think we had a chance. We did get the Nurses, but all the natural people that should have worked with us wouldn't until it looked like we were going to get on the ballot, and then, of course, everybody wanted to join us and pretend they'd been there all along. So we worked with existing grass roots organizations. We got support from Church Women United because they lost a board member to cancer, a young woman who couldn't get medical care because she didn't qualify for AHCCCS. Those women had never been political before, but they were so incensed by what happened to their board member that they all carried petitions into their churches. I got my teachers involved, and we worked so hard. Andy gave talks to groups to inspire them, led committee meetings, and went everywhere with petitions in hand. Then they told us we didn't have enough, and that was just devastating. We sat there and I wept. I thought, 'If we couldn't do it, who could? Maybe only rich people, who can pay.' We paid a few signature-gatherers, but it was mostly volunteers. Then our friend who had gotten the recall said, 'I don't believe it. I think they've inappropriately disqualified us.' So she went to Pima County, and another guy went to Phoenix, to check and see if there were mistakes. Well, they had disqualified anybody who moved and signed at a new address before their registration changed. They had thrown out the petitions I gathered in Phoenix because I wasn't registered in Maricopa County. We got a lawyer, and a judge ruled our signatures were valid. So we got on the ballot, and all these people who claimed they'd been involved came out and gave us help. Eddie Basha, who owned a supermarket chain, gave us money to get the word out."

In November, 1996, Arizona voters went to the polls and 72 percent supported Proposition 203, the Healthy Arizona Initiative. Only one previous ballot initiative, the measure to create Legislative Term Limits, had ever received a more favorable response. On January 3, 1997, Arizona Governor Fife Symington met with the Healthy Arizona Coalition and assured the group that both sections of the initiative – the expanded AHCCCS coverage and the allocation of lottery revenues to six health programs – had his support for implementation. The Arizona AHEC program was specifically allocated $4 million of lottery revenue by the initiative. In that January meeting, Gov. Symington did

add ominously that the mechanism and timing of that funding had not yet been determined. And they never were determined. The 1997 Legislature stonewalled the entire matter, and the money never came. "We thought, 'Fantastic!' when it passed," Ann Nichols recounted, "but then we took some bad advice from the Hospital Association and from some legislators who we thought knew what they were talking about. We didn't keep up the pressure from the grass roots on getting all of the implementation in place, and the Legislature dragged their feet. We were using a lobbyist that the Hospital Association provided, and some things happened in there that, long story short, it didn't get implemented. That also happened to another initiative, so the voters, again through the initiative process, passed a measure that said, 'If we pass an initiative, you have to implement it and you can't change it by less than a two-thirds vote.' But it wasn't retroactive, so we had to go back and pass our whole thing again."

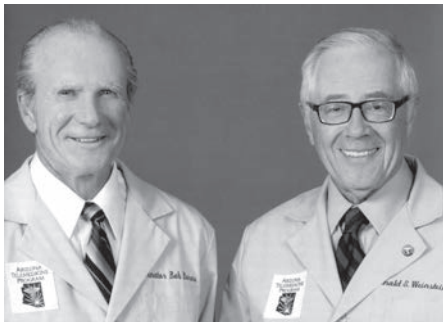
Telemedicine Takes Off

While Healthy Arizona was gearing up for another grinding run through the electoral gauntlet, the money missing from AHEC seemed to be magically working its way back home to the RHO like something out of *Lord of the Rings*. "This is fascinating," Alison Hughes asserted. "Where did that $1.2 million go? Well, Andy was a founder of the original National Rural Health Association. He was a founder of the national organization of the State Offices of Rural Health. He was always a founder of everything, he was a visionary. Everything was political. It's all political. So at the national level, there was a lot going on with technology and telemedicine. We were going to all these meetings, and learning the latest stuff with healthcare technology. It absolutely fascinated us. We came home from these meetings all excited, and we'd talk with Tony Vuturo, who was the FCM department head. Well, Bob Burns, the Republican leader of the House Appropriations Committee, had gone to a National Legislators Conference and he learned about telemedicine. When he got back to Arizona, Bob called John Lee, who did the University budget for the Joint Legislative Budget Committee. Bob asked, 'Is our medical school doing anything with telemedicine?' John said he had no idea, but he knew the RHO budget, and he called our

Ron Weinstein, MD

office. I wasn't there that day, but John talked to Don Proulx, and Don referred him to Tony Vuturo. So Tony comes to me the next day and says, 'Tell me about telemedicine.' I said, 'Oh yeah, Tony, we've been talking about this. What's going on?' He said, 'Well, Bob Burns is really interested and he could get us some money to do a startup.' I said, 'Good-oh!' So I helped Tony do a grant proposal for $128,000. It was a tiny amount of money for us to go around the state and try to start a pilot program in telemedicine."

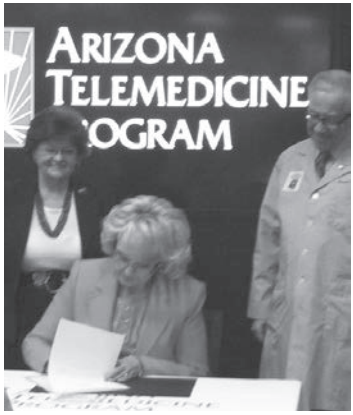
What nobody yet knew was that the Medical School already had one of the pioneers of telepathology on its payroll. "Tony approached Jim Dalen, who was the Dean of the College of Medicine, and Jim introduced us to Ron Weinstein," Hughes continued. "Ron was the chair of Pathology, and unbeknown to any of us, he had been involved in telepathology applications. So Jim appoints him to direct this new program that we were going to start. I just hit it off with Ron Weinstein. To me, he was another Andy Nichols, a visionary and a brilliant man.



Former Sen. Bob Burns and Ron Weinstein.

I love being around brilliant people. I find it inspiring. The difference with brilliant people is they allow you to just get on with it, to go out and be creative, to do what you got to do. They allow that freedom to create that is so exciting. Ron was that kind of personality. His assistant was Sandy Beinar, and the first task Sandy and I had was to go around the state to these communities I had picked with Tony Vuturo. Dean Dalen added one reservation site because when he came I organized a trip to the Gila River Indian Reservation so he could see rural Arizona first hand. Anyway, I'm leading up to what happened to AHEC's $1.2 million. I remember driving to Phoenix with Ron Weinstein. I was in the backseat, he was in the front, and we were talking about this new telemedicine program Ron was devising. He would build out a statewide network. He had brilliant engineers and wonderful telecommunications infrastructure, and they would connect the state up. So Bob Burns really hit it off with Ron Weinstein, and they're still really close buddies. Bob is now at the Corporation Commission, which is one of the most powerful positions in the state. All of a sudden, Bob said one day, 'I know where I can get you $1.2 million.' So he quietly arranged for this little $1.2 million that

had been freed up from the Sunset to stay within the Medical School and go over to the Telemedicine Program. And that's where it lies to this day. Every year, $1.2 million is appropriated to Telemedicine."



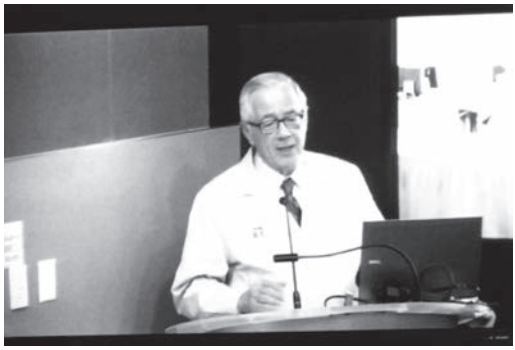
Ron Weinstein looks on as Gov. Jan Brewer signs the landmark Telemedicine bill.

Rep. Bob Burns made his initial inquiry to the Medical School about telemedicine in 1993, and the following year, the Rural Health Office co-sponsored the Arizona Rural Health Telemedicine Workshop with the Departments of Pathology and Radiology. The workshop used a telecommunications linkage to connect the Health Sciences Center with distant sites at Northern Arizona University in Flagstaff, Arizona Western Community College in Yuma, and Northland Pioneer College in Holbrook. The workshop demonstrated the existing telemedicine capabilities in telepathology and ICU teleradiology that could be provided to rural clinics, and also discussed what communities might want to participate in telemedicine projects. In 1995, the RHO staged a series of meetings with medical personnel at the Cobre Valley Community Hospital in Globe to plan for a telemedicine connection with the University's Pathology and Radiology Departments. Finally, in 1996, the Legislature's Joint Legislative Budget Committee funded the Arizona Telemedicine Network to deliver specialty medical services to underserved rural communities. Ron Weinstein was chosen as Director of the Arizona Telemedicine Project, and he appointed Alison Hughes as the Associate Director for Outreach. Hughes then visited 13 rural sites – including Page, Parker, Springerville, Cottonwood, Heber and Tuba City – to assess interest in using the new technology for telemedicine applications and continuing education programs. The installation of dedicated telecommunication linkages and the development of network infrastructure started in 1997.

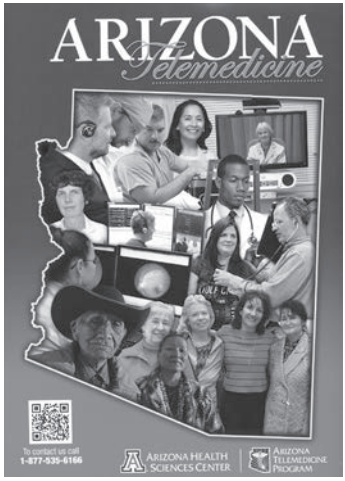
"We got involved sort of through the backdoor because the University of Arizona didn't come up with the idea for a telemedicine program," Dr. Ron Weinstein remembered during a 2013 interview. "That was really the brainchild of the state legislature and several key legislators, one of whom is still very involved. I'd started the field of telepathology in Chicago in 1986, and I commercialized it there. It turned

out I was the designer of a five-directional robotic system at Emory University in Atlanta, and that became news on national television. About two years later, CNN reran the video describing the invention and showing me. Well, I'd already moved out here and given up telemedicine forever. I wasn't going to continue doing it because we were going to be doing this work on multi-drug resistant cancer genes at the Arizona Cancer Center. So two things happened. Number one, Dr. James Dalen, our dean, happened to see the CNN rerun. We bumped into each other in a University parking lot, and he said, 'I didn't know you were Mr. Telemedicine.' I said, 'How did you hear that?' He said, 'I just heard it on national television.' Second, the planners of the first European international meeting on telemedicine also picked up on that, and they asked me to come and give a plenary speech opening their International Congress. That meeting was in Norway, and Jim Dalen was from a Norwegian family. He said, 'Can you get me a spot on that program, we'd love to go with you.' Well, the University hired me for my background in cancer research, but the Dean heard me give that speech, and he said, 'I didn't realize you were a world expert in this field. That was amazing!' I said, 'It's all in my distant past.' Then when the state legislature funded a telemedicine program, he asked me if I wanted to be the director, and it was through him I got introduced to Alison Hughes and the Rural Health Office. We needed their help because we had to identify rural sites. It became very much a real marriage where we were the telemedicine side and they basically introduced me to rural medicine. I really didn't know anything about it."

Dr. Ronald Weinstein attributes his arrival at the University of Arizona in 1990 to the musings of his mentor. "I was in my residency at Massachusetts General Hospital, and Dr. Benjamin Castleman was the chief of Pathology," Dr. Weinstein recounted. "I had a career that got out of the blocks very, very quickly. I was already doing research, I was already on the international lecture circuit as a resident, I was already teaching at Harvard Medical School, and I was very involved in pathology. One day I asked Dr. Castleman, 'What



Dr. Weinstein lectures to students in Phoenix and Tucson on video screen.



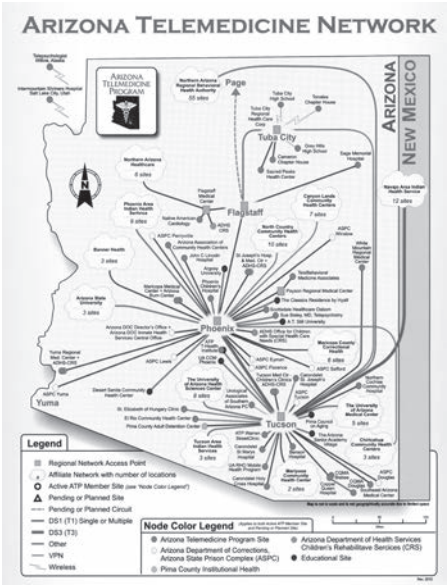
should I do to simplify?' Here I was simultaneously incubating three careers as an educator, as a scientist, and as practicing specialty pathologist. I asked him, 'If you had your career to do over again, which of those three tracks would you pick?' He paused and said, 'Actually, none of them. If I had it to do over, I would figure out how to be the Father of a Field. If you're a teacher, your students move on and that's the end of that. If you're a service pathologist, you're doing cases every day, but there's not much carryforward except for the expertise you gain. If you're a researcher, what you do is in the limelight until someone else makes the next great discovery. But if you're the Father of a Field, you're putting a stake in the ground, and that's forever.' That stuck in my mind, and 20 years later, we got involved in the development of Telepathology. I told that story to my vice-chair, and he said, 'My boy, it looks like you finally figured out what it's going to be.' It's a small, amusing thing. If you do a Google search, you get a thousand hits and that's about it. Dr. Castleman gave me another piece of advice before I left Boston to accept my chair in Chicago. He said, 'At 35, you're young to be a chair. You really have to think in terms of doing two chairs.' I asked why. He said, 'You'll have to leave your first chair at the end of 15 years because everybody will have heard your jokes and you'll be boring.' So after 15 years, I came to Arizona. As I approached my 15th year here, one of my fellows who knew the story said, 'Boss, I'm really concerned. Are you going to leave?' I said, 'Well, I have a couple options. I could step down as chair, I could leave and seek a third chair, or I could get a new joke writer. I think I'm going to opt for the joke writer and stay on a few more years.'"

When Ron Weinstein rendezvoused with the Rural Health Office, he also made the acquaintance of Andy Nichols. "Andy was a friend of mine, and he played an interesting role," Dr. Weinstein recounted. "We went to a rural health meeting up at Roosevelt Lake, and we were out on the lake one night as part of the reception. We were going across the lake together, and he said to me that he was thrilled we got the program, but he said, 'I have to just give you a warning. You know, the Legislature can be very fickle. Anything that's technical they can pull the cork on very quickly. I hope it lasts a long time, but don't hold

your breath.' Of course, we're on our (20th) year, but we think about that all the time. Andy was very supportive. There was a very memorable hearing of the Health Committee in the Senate, and one of the legislators from Douglas was on the Committee. She left the hearing area with the legislators, and she came down and she sat in the audience next to me. And then she said that she wanted to testify. This was way out of any expectation for a legislator to do that, and she got up and made some extremely complimentary remarks about what we were doing. Andy was sitting up in the front, and afterwards he came down and gave me a big hug. So he really was a cheerleader. He was brilliant, very articulate, and he really was a visionary. He had a very clear notion of what he wanted to build. Not bricks and mortar, but he had this complete roadmap and he was figuring out how to backfill it. He was capable of being a very strong leader, but he was also very compassionate. So people had a great deal of affection for him, and at the same time respected his extraordinary intellect. He was willing to work across the aisle in the legislature and make a very compelling case. He was extraordinarily persistent in pursuing his ideas."

Ron Weinstein was every bit as resolute in chasing his conception of the Arizona Telemedicine Project. "I'd been involved in Cancer Centers in Boston, Chicago and here," he explained. "So I decided to structure it like a comprehensive cancer center, so it would have a service component, an infrastructure component, a basic science component – in this case critical research – and the training component would be distance education. That was the roadmap I used, and I talked it over with key legislators. I'd started six businesses, so I told them what business model I wanted to use. I needed a form of governance, so I described what I wanted to the Joint Legislative Budget Committee. I reported directly to the state legislature on a quarterly basis. I didn't want to report through the University simply because they wouldn't have the professional expertise to understand what we were trying to accomplish, but the Legislature very much did. I insisted I would write the public policy for telemedicine for the state, and that it would be accepted before I accepted the job. The Dean asked how long it would take, and I said, 'I'll be back in three hours. I have to get lunch in there somewhere.' So I wrote the eight fundamental policies which persist to this day. You know, I think a lot of people misread the Legislature. It's easy to say it's a lot of very conservative Republicans. Well, perhaps half the Legislature is not from Arizona, and they like to tell you where they're from. Bob Burns is the legislator I worked with very close-

ly on this program. He and I teamed up and conceptualized the Arizona Telemedicine Council, which meets quarterly on the state's legislative campus. Bob chaired 62 of the 64 meetings over the first 16 years, so that speaks for itself. Bob's from Iowa, and if you had that Republican/Democrat conversation with him, he'd kind of roll his eyes back. He's there because he wants to serve, and he's all ears, and he can put ideas together."



In many respects, creating the Arizona Telemedicine Program was a much more manageable process than actually carrying out its mission of bringing urban expertise to remote locations. The program extended telecommunications links to over 50 sites, and scored smashing successes with Yuma's Newborn ICU, the Mariposa Community Health Center in Nogales, and the TeleBurn practice in Flagstaff. But every victory has been hard-earned. "It's a work in progress everywhere in the state," Dr. Weinstein acknowledged. "We have to be very careful not to oversell what exists in telemedicine. We have communities that are at different points in their evolution and leadership. The healthcare landscape tends to be pretty unstable out in rural communities. We've had communities with five CEO's in a year, so we're constantly dealing with a high turnover workforce in some settings, and others are very stable. So understanding the rural communities becomes important, and Alison Hughes was really the key to the whole thing because she could help us understand what we were dealing with during periods when things were failing miserably, and we needed insight and insider information to really understand what was happening. We have a number of sites that we started a number of times, and they do well and then they don't do well. We have the luxury of being persistent, but there are lots of sites out there that did telemedicine for quite a few years, and do nothing now, and have no memory that they ever did it because someone leaves. It's also the survival issue for these hospitals. So many of these hospitals are very challenged financially, and

telemedicine is either out of their field of view or a luxury. But there are lots of individual success stories, and I think you just have to be hopeful that you can generalize from those stories."

While the Arizona Telemedicine Program expanded its reach circuit by circuit, the Healthy Arizona coalition worked to recapture the electoral momentum it had harnessed four years earlier. Their ballot initiative in the new millennium would be both smoother and more strenuous than their previous effort. "Now we're talking about the Year 2000, and this time there was money available, so you couldn't use the argument that we couldn't pay for it because we had tobacco litigation money coming in," Ann Nichols remembered, "We tried to get the same coalition together, but the money became attractive to other entities. So the Hospital Association and the Children's Action Alliance decided they would mount a different bill. We just wanted to do Healthy Arizona over again. We were keeping the same thing, and they were going for a Christmas Tree bill to give more money to hospitals and this and that. We had two competing bills, and they had money. They were Prop 200 and called themselves something like Healthy Families. We were still Healthy Arizona. We thought, 'What's going to happen when voters see two health measures, and what happens if they both pass?' Luckily, they wrote a poison pill into their bill. They wrote a provision that if both bills passed, only the bill with the most votes would be implemented. They had deep pockets and were so sure they were going to win. We just did our thing and used the same volunteers we had before. But they did a dirty thing. They hired the only signature-gathering group in Tucson, and they said, 'We'll pay you extra if you agree not to carry any other health-related petitions.' So we lost that possibility. Our advantage was that people had heard of us before. We were simple and you could read our bill. Their bill was 49 pages, and ours was one page. You knew exactly what our bill was going to do. We went back to the newspapers who had endorsed us in the past, and we reminded them of our success, and we got their endorsement again. And we won. Yeah, we won."

Andy working at his desk at the legislature.

AzAHEC Board on a hayride during their Annual Retreat.

Strife, Stress And A Shocking End

Andy Nichols was at the apex of his achievement as 2001 arrived. After serving his maximum four terms in the state House, he was elected to his first Senate term that previous November. It was the same election that approved Proposition 204, the second go-round of the Healthy Arizona initiative, and this time its irreversible success meant that millions would be flowing back into AHEC. Everything was going his way and it seemed there would be nothing but blue skies ahead. "So what happened in the last year of Andy's life was that all the legislation he'd been working on for years was getting passed," Ann Nichols recounted. "It was a half-and-half Senate with shared leadership, and he was setting up the implementation of Healthy Arizona and getting the blood-alcohol level for drunk driving lowered. I had to say to myself, 'I can't blame any part of his death on the stress from his legislative job. He was loving it.' Everything was going wonderfully well. Now the stress from his University job, that was another story. He had worked it out so that he was carrying both jobs at the same time. But some people were saying he shouldn't be paid his University money and his state money, and they claimed he was overworking his staff. There was jealousy, along with somebody who didn't really understand what Andy was doing and why he was doing it, or who simply didn't agree. Andy was getting complaints, and having to deal with all kinds of stuff that was completely and totally irrelevant. There was a lot of pressure, and he was having to answer these memos. We used to sit down and look them over together. He wanted to be sure his tone

was alright. He even agreed to talk to someone about his style of working to see if something he was doing was a problem. His legislative secretary said that on Wednesday – he died on Thursday – he had gotten another call related to the University issues, and he told her, 'They're going to be the death of me.'"

His colleagues in the Rural Health Office witnessed the same scenario. "Andy was going through some heavy pressure," Alison Hughes recalled. "They said he wasn't doing his job properly as a professor, that he was spending too much time in the legislature, and they wanted an accounting of his time. He was a full-tenured professor and they wanted a time sheet from him. Andy was very successful, and we had millions of dollars in the Rural Health Office. They were getting all of our indirect costs from the millions of dollars we were bringing in. So we were under a lot of tension. It was really having a stressful impact on all of the staff, and no one can come out of that completely unscathed. No one." Jill de Zapien saw it similarly. "They were putting the heat on big time," she said. "They were trying to pull him in, absolutely they were. They wanted him to teach more and be a traditional faculty member. There was some jealousy, but Andy was just too independent."

Lynda Bergsma

Lynda Bergsma also observed the antagonism. "There's a lot of theories," Bergsma explained. "There's no doubt Andy was very stressed at the time, and the stress was more than usual. After all, he was running the RHO, he was a state Senator, and he also had teaching responsibilities. I think a lot of it was jealousy. Andy was really good at bringing in money, and in a university setting when you bring in money, you're a golden-haired boy. You know, talk about power. He was in the Senate, he was a full professor, he was running the RHO and bringing in all this money, he was like an academic rock star. Andy had access to the Governor. We all think the pressure contributed to what happened to him. We all knew Andy well, and we could see he was tired. He was being pressured, and discredited, and taking hits. And he had unhappy people in his own office. We went to him and said, 'Andy, look, we've got to move out. You have to negotiate this for us.' He reluctantly said he would do it. He was feeling reluctance and sorrow about the end of an era for the Rural Health Office."

Andy Nichols and the Rural Health Office were instrumental in

establishing a Graduate Program of Public Health in 1993, and encouraging the Arizona Board of Regents to charter the College of Public Health in 2000. Now his team wanted to transfer their work there. "We helped create a degree program in Public Health," Alison Hughes asserted. "Andy always wanted to do that, and Herb Abrams was of the same accord. From the first day I walked into the office, Andy said, 'One of my dreams is to have a Public Health program, perhaps you can help with that.' Very early on, we'd hold meetings about Public Health degrees and do our research. Andy would assign me these activities, finding out about new things. That was so exciting. He had dreams and made them happen. One day, I told him he was going to be Secretary of Health, and I was going to Washington with him. I said, 'I'll only go back with you.' He gave me a little smile. He could have done that, and I wouldn't have been surprised. We were successful in getting the degree going, and there was also a move to create a college. I wouldn't put us in the leadership of it, but we were involved in those committees every step along the way. So now we're pushing, 'Let's go to the College of Public Health.' Andy was very hesitant about moving. Very hesitant. The office was furious about what was going on because the stress level started to have a trickle-down effect. So we decided to take a vote of the office, and I ran the election, taking ballots about whether we should move or stay. I took the results to Andy, and I said, 'Everybody wants to move.' He had a lot of trepidation about it, but he respected the mood of the people who worked for him. He says, 'It's not if we move to Public Health, it's when.'"

RHO faculty members 1997, left to right: Donald Proulx; Jill Guernsey de Zapien, Carmen Garcia-Downing, Patricia Auflick, Alison Hughes, Andy Nichols, Howard Eng, (seated): Saumitra SanGupta and Beth Stoneking.

His reluctant relocation to Public Health was just one more stressor that Andy Nichols swallowed as his time ran short. An extremely contentious grant was also coming due. "When all this happened, we were in the middle of a grant proposal where Andy had made a lot of enemies," Jill de Zapien explained. "It was a border-wide proposal, and we were going into competition with some people we had worked with before, and he was extremely stressed by it. I'm sure it was kind of the catalyst that set the whole thing up because it was two days before the grant was due. I think it actually made everyone along the Border kind of step back, and go, 'Wait a minute, why are we enemies with each other? Why are we fighting each other?' I mean, Andy just couldn't let go and step back from things. I know that was part of what actually happened." Alison Hughes also acknowledged that grant as an accelerant. "I'll tell you the final act," she said. "It was a million-dollar grant, and Andy had convinced the director of the AHCCCS Program not to apply so the money would come to us. He convinced her. So we wrote the grant, and it got funded for over $1 million. The AHCCCS director calls, "Andy, I've just gotten this call, 'It would not be a good idea for you to give this grant to the Rural Health Office. They're just not accountable for their money. And Andy can't be P.I. (Principal Investigator), he's got too much else going on.'" She says, "What is this all about?" Hughes continued, "Andy taught Tropical Medicine, and he had two medical students in his office at the time. So they were on him for time sheets, but here he had two students in his office teaching them the politics of Tropical Medicine. So Andy called his assistant in the Phoenix area, and told her the story. And then he put the phone down, and put his head on the desk, and his students

Group photo: Rural Health Conference, 1999.

thought he had fallen asleep."

As with almost everything else Andy Nichols did at the University, even his methods for meeting his teaching obligation could be misconstrued, depending upon the observer's motivations. "He was expected to do some teaching," Ann Nichols explained, "so one of the things he did was take students with him who were interested in Health Policy. He would mentor them, and introduce them to legislators, and get them to go to committee hearings. You see that was the point of contention. People maybe thought he was getting some kind of special treatment, and that he shouldn't have been allowed to have both his legislative and rural health offices. They said he wasn't really a teacher because so much of his work was grant writing and program development. That's why he took students to the legislature. But in terms of what we usually think of as teaching – like each of the classes I taught, I would be in the classroom three hours a week – he didn't do much of that. When he did teach a course, he would have a number of resource people involved in it. Some people probably thought that was bending the rules, but it was again in the interest of accomplishing things. He saw the benefit of bringing people together, starting something where people are collaborating, where you're getting people to cross straight lines, exchange information, encourage each other and model for each other. All of the things that just made his heart sing. He was never one to seek the limelight. He tried to put himself in a position where he could get things done. He knew he could help facilitate things. He was not big on necessarily getting the credit. He really appreciated the people he worked with, and really tried to recognize their contributions. He had a very loyal staff because he gave them credit and they knew he cared."

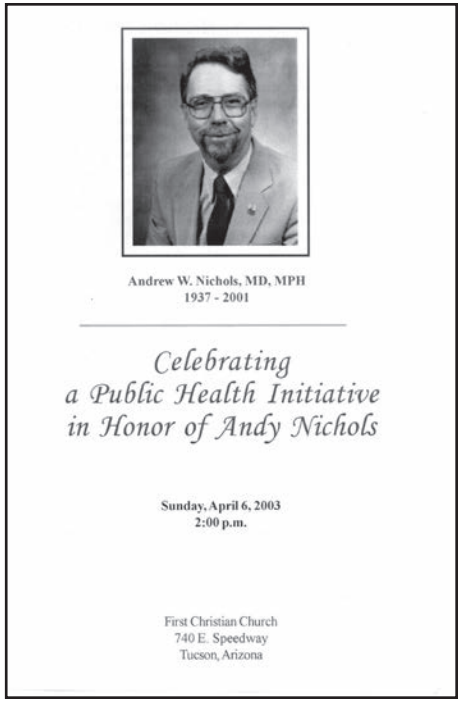
Jill de Zapien worked alongside Andy Nichols for almost two decades, but she was never afraid to question his actions when she thought he was going astray. Even she concedes that she sees some things differently now. "Andy always had a vision for what he thought was going to make things better, and he was going to do it no matter what," she said. "He was in all kinds of trouble at the Medical School one year. The University has this mechanism called a Decision Package – This is when they still funded universities, right? – and they would send up to the state legislature their top ten priorities for the next year. You know, 'Please add X amount of dollars to our budget.' This was a process in the University, and you weren't supposed to be a renegade and go off on your own. Well, one year support for the AHEC program did not get into the Decision Package. So Andy went right around the

whole process, and this was before he was a legislator, and he went straight to the Legislature, and got the money directly for the Rural Health Office. Well, you can imagine how that sat with the University and the Medical School. I mean, that's just who he was. It didn't bother him at all. I'd always say, 'Andy, you don't pay attention to the process, and you make people so angry.' And he said, 'I just want to be judged at the end by what I did, not how people felt about me.' And he really did. That's how he thought and that's how he operated. And I think he was probably right in the end. We saw the world so differently, but we got along really well. And when he was suddenly gone, I did think, 'My god, look at all this man has done.' So what stayed with me was what he did, and not how much people were annoyed with him."

In the immediate aftermath, it was hard to know what other lessons to take from it. "We did talk to the President of the University after all this happened," Ann Nichols said. "We said, 'We're not blaming the University, but we have to tell you that to the extent that stress was part of what might have contributed to his death, your system did not work well for him.' It was so slow and so prolonged. And in the end, the people who were harassing him, one of them resigned and I don't know what happened to the other. I think they recognized that they had contributed to the situation. But the school just didn't have a good system. Andy had gone through some kind of process of responding to some of this, and he had been vindicated. But they just kept up, and

Ann and Andy Nichols with their children.

they would go from one thing to another. It was territoriality and jealousy, I think. When he died, he had a medical student with him. He said to the student, 'I'd like to make one more call before we go.' He was going to take the student to meet someone, and he just collapsed. The medical student did immediate CPR, but he couldn't bring him back. They didn't have a defibrillator. My oldest and I were in Portland, Oregon, at anti-racism training for our church, so they had to track us down. My mom had been diagnosed with cancer, so when we heard we were getting urgent calls, and that it was something very important, I thought it was about my mom. But it was sudden and he was gone. We couldn't get a plane out. It was late and it was Portland, Oregon. We had to fly into Las Vegas, and there was another flight from there to Phoenix, but we weren't going to make it. So the Governor (Jane Hull) sent her private plane to meet us in Las Vegas, and they flew us back. April 19, 2001."



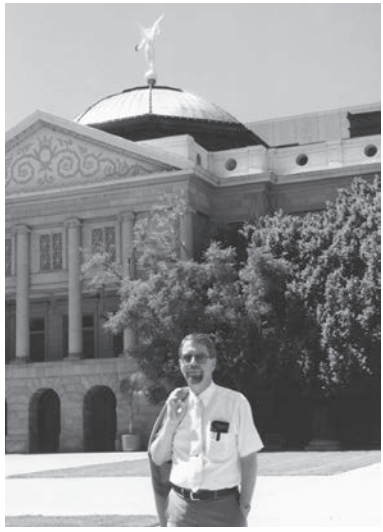
The next morning, it was front-page news in the Arizona Daily Star. "Veteran state lawmaker Andy Nichols died Thursday night," the Star's story said, "after collapsing at his office in the state Senate. He was 64. Nichols was conversing with a student at about 6 p.m. when 'he just passed out,' said the fourth-year medical student who was talking to Nichols at the time. 'He started snoring, but then he stopped breathing and had no pulse.' The student began trying to resuscitate Nichols as paramedics were called. Phoenix firefighters who arrived several minutes later worked on Nichols on the floor of the third-floor hallway for about 20 minutes, administering a total of six defibrillator shocks in between chest compressions before taking him to St. Joseph's Hospital. A social worker there told lawmakers who gathered at the hospital that Nichols was alive when he arrived and his heart was beating. 'But they were having a hard time keeping it beating on

its own,' a state Senate official said. News came shortly after 8 p.m. that Nichols had died. Nichols apparently exhibited no signs of medical trouble before he collapsed. One of the legislators who went to the hospital said Nichols told her he had a defective heart valve, which she said he characterized as 'no big deal.' An hour before, Nichols was joking with a reporter about the House defeating a proposal of his to extend legislative terms from their current two years. 'It's a season of resurrections,' he quipped." The following day's Star corrected the first day's facts to say Andy Nichols had actually been dead on arrival at St. Joe's, but offered little other additional insight. "Andy Nichols ate a balanced diet," the Star reported, 'didn't smoke, took walks with his wife, and died of a heart attack. 'He had a heart murmur that he'd had all his life, but he always had a number of tests, and everything had shown he was fine,' said his wife Ann Nichols. 'He wasn't feeling ill, he had been active, lively, so that's why it's hard to understand.' Nichols 'did all the good things,' said a physician friend. 'What he had was a true heart attack, which means the coronary artery got blocked,' the physician said. 'That's the most common cause of death of males in the Western world.'"

Section Three
(2001-2015)

Off The Canvas And Back In The Fight

The death of Andy Nichols was a 20-megaton blast that flattened the Rural Health Office. It shattered the people, programs and future prospects of the once-powerful organization. The patriarch had perished, and in his place was an empty space that seemed to have no limit. Everyone felt it differently, and everyone felt it exactly the same. "It was horrible when he died," Jill de Zapien recalled. "I was actually up on the San Carlos Reservation, and I had spent the night in a motel. I still remember it. I was brushing my teeth, and I was walking out of the bathroom of the room I was staying in. I had the news on, and I'm kind of looking over at the screen, and I see Andy's picture on the news. And I was going, 'What has Andy done now?' Then when I heard the news, I drove back to Tucson immediately. I didn't do what I had to do." Lynda Bergsma experienced a similar shock. "We received calls from Alison," she remembered, "and we all came into the office and gathered. We were totally devastated. There's been a couple of things that have happened in my life where I said to myself, 'My life as I know it will never be the same.' One of them was 9-11, and another was Andy's death. They were things that had a huge effect on my life, and the lives of everyone else at the Rural Health Office. All of us knew. The irony of it was there had been a big grant that came out of the federal office of Rural Health Policy to put automatic external defibrillators in various places. We helped a whole lot of rural folks get them all over the state. If there had been one in the Senate building where Andy was working, he could have easily been saved. But there wasn't."



Andy in front of the AZ State Capitol.

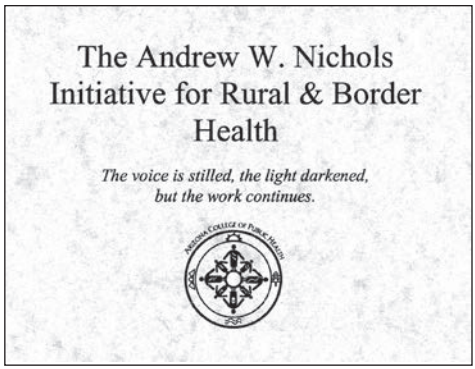
Alison Hughes felt the loss of her leader as keenly as anyone. As the second in command at the RHO, she immediately moved to secure the Elm Street headquarters against ad-

Alison Hughes receiving 2011 James D. Bernstein Mentoring Award from Lisa Davis, director of the Pennsylvania Office of Rural Health.

versaries real and imagined. That's how incredibly tense and turbulent the situation had seemed in the period just prior to the death of Andy Nichols. Nobody knew who or what was coming next. "I was personally traumatized when Andy passed," Alison Hughes recounted. "Andy and I used to chat about our futures, and he said, 'I'll never retire." And I said, 'Well, when I'm 65, I'll just retire, Andy.' And he said, 'I'll never retire. I'll just die on the job.' And he was right. He was right. Oh, yeah, this was a personal trauma. I even remember that when Andy died – because things were so bad – there was a huge state funeral up in Phoenix, and I was not going to go. I was not going to leave this office because I was afraid if I left the office over there, somebody would just come in and take over or do something. Because I was paranoid. This was a traumatic experience, and my job was to defend, like a mother hen defends her chicks, my job was to defend this office because I inherited something very special. I inherited a legacy that Andy Nichols left behind, and by god I was going to see this legacy through."

Nearly a thousand people attended the two-and-a-half hour public remembrance for Andy Nichols in Tucson, according to the story in the Arizona Daily Star. Republican Congressman Jim Kolbe, Arizona Attorney General Janet Napolitano, and University of Arizona President Peter Likins were among the dignitaries in attendance. But maybe the most important participants were a dozen of Andy Nichols' health-policy students. "For the last four months, we have had the fortunate opportunity to learn some of the many aspects of leadership from Sen. Nichols and discover the role of the state legislature," said UA graduate student Patricia Bolle, who the Star story said spoke on behalf of her fellow students. "Every Wednesday evening, we would have a conference call with Sen. Nichols for at least an hour. The night before Sen. Nichols passed away, we were able to discuss with him what he enjoyed about being a legislator. There wasn't a day that he woke up where he regretted having to go to work. There's a silence now without him." Ann Nichols also recalled a smaller state ceremony that preceded the official observance. "When he died, there was a ser-

vice in the legislature for just the legislators and their families," she said. "It was a time of reflection and remembering before the real service. Over and over, conservative legislators would say, 'I didn't always agree with him, but we always found a way to work together.' What Andy was good at was listening. Listening for some interest that someone had that might tie into something that was part of his vision. He didn't need the credit. He would write legislation and give it away. Especially because the whole time he served, except for the last year, it was a Republican-dominated legislature. The last year, when the Senate was half and half, was the best year he ever had."



But now that beautiful season had ended, and it was left to what leadership remained in the RHO to pick up whatever pieces they could find and patch together a path forward. "After Andy died, it was extremely difficult for a variety of reasons," Jill de Zapien explained. "First of all, because Andy wore so many different hats. He wasn't just the head of the Rural Health Office, he was a legislator, he ran the Border Health Foundation, and he was just involved in so many different things that I don't think anybody – well, at least I can say for myself – I never realized all the things he was doing. I had such admiration for Andy, but if I was going to critique him, the one thing he was not good at was really moving other people in to take over a lot of the responsibility for the different things he was founding. And so when he passed away suddenly, everyone in the Rural Health Office was like, 'Oh my god, what are we going to do?' Alison had functioned as the associate director, but very much as an associate director, not as a visionary or the kind of person Andy had been. He hadn't schooled her in moving into that. At the Border Health Foundation, even though

Joel Meister and Jill de Zapien at MEZCOPH's 2007 Convocation.

he was president of it, and not the director, the director had relied so strongly on his vision. And then we were just so used to having a kind of working relationship with the legislature. Not in terms of being able to get legislation passed, but knowing everything that was going on, and where to go and what to do. There was no one that had really kind of taken on that part of it, so that alone made it really hard."

AHEC Walks Away

Where Andy Nichols was missed most was as the pedigreed protector of the RHO nest. Without a full-tenured physician running Rural Health, the academic vultures and jackals smelled blood as they circled the Elm Street office looking to strip the carcass clean. "Andy always said that when you have just a little money, small amounts of it, people don't pay that much attention to you," Lynda Bergsma said. "But when you get big amounts of money, the powers that be start saying, 'Oh my goodness, look at all that money. Okay, how can we get it?' So a lot of different things conspired to come about at that time. A new Health Sciences dean was appointed after Jim Dalen left, and he got together with the guy who was running the Graduate Program in Public Health (Carlos "Kent" Campbell). They said, 'There's some big money there in that AHEC program, and we need to sever it from the Rural Health Office because we want that money.' So they did, because we didn't have Andy there to fight for it. They would never have been able to sever it if Andy had been there. The fact that the AHEC program got taken from the Rural Health Office made a big difference in the RHO. It took away probably a third of the staff, and it took away a tremendous amount of discretionary money, with which we could do some things. AHEC was a pass-through, and huge amounts of money went directly to the individual AHEC's, but there was still a big pot for the central AHEC administration, and that was taken away from us. It was Andy's plan to have all these AHEC's out there covering the state and acting as our eyes and ears on rural health in their regions. When we wanted to know something or find some place where we might de-

Lynda Bergsma (left) leads MPH students on copper mining field trip.

velop a program or grant proposal, we talked first to the AHEC's. Well, now they weren't part of the RHO. It was hard on the AHEC's as well. It was like they weren't supposed to be part of us anymore, and it caused a rift for a period of time. I tried very hard to never let go. I said, 'I'm just going to conduct my business like I always did.' But some of the AHEC's and some of the people in the RHO felt they weren't supposed to be working together anymore."

The movement of the AHEC money was all tangled up in the transfer of the Rural Health Office from the Department of Family and Community Medicine into the College of Public Health, but that

process was nowhere near done when Andy Nichols died. "The other thing that made it so hard was we were right in the middle of transitioning from the medical school into public health," Jill de Zapien said. "A final decision had not been made. The staff all supported it, but Andy had been on the fence about it, and part of his being on the fence was that whole thing about, 'Being out here off campus, we can do our little thing, and I'm not sure where Andy Nichols and the RHO fit into the College of Public Health, and will I lose some of my leadership roles?' So it was just a quandary for people. Kent Campbell, who was the acting dean of Public Health, had had a lot of friction with Andy, and he was suddenly around trying to help us make all these decisions. That's when we did move into Public Health, and all this happened within six months of each other. Well, Kent Campbell was not named Dean, but because he'd been acting dean and overseeing the Rural Health Office, that's when he had the opportunity to pull AHEC out of the RHO. Since he wasn't being appointed Dean, he wanted some independence. That's when the AHEC's were suddenly starting to get this landslide of lottery money. There was over $4 million a year coming in, and so he saw it as an opportunity to be independent and do what he wanted while he figured out if he was going to stay in Arizona or what he was going to do. So it was really hard for everybody in the Rural Health Office. That breakup alone would have

been hard enough. Andy was gone, there was the AHEC breakup, and we were moving into the College of Public Health. It was a very difficult time for everybody."

Alison Hughes was right in the thick of it as she watched AHEC walk away. "Just after Andy died, Don Proulx and I had gone to Phoenix," Hughes remembered. "Don was AHEC's associate director, and I said to him, 'Would you like to be the AHEC director?' He said, 'No way, no.' I don't know why, but he didn't want the leadership. He was an under-the-radar guy, and he wanted to stay under the radar. He didn't want the eyes on him. So we're driving on the way home from Phoenix, and I said, 'Let's call the Regents and see if they know anything more about the money.' We call the Regents, and they say, 'Oh, we've been trying to reach you. Can you come and see us now?' We said, 'We're on our way.' So we diverted the car, and went to the Board of Regents, and they told us we had $4 million for AHEC through the Proposition that passed. So we brainstormed about what the priorities for that $4 million would be and what we could accomplish with that money. We agreed we would work with Telemedicine. We'd create a statewide AHEC system for distance education to bring educational opportunities into the most remote areas of the state to interest people about healthcare, to teach them about healthcare, and to get their doctors and nurses continuing education. There would be a place in it for Pharmacy, and we could even reach into the high schools. We had a mind-blowing plan. We talked to Ron Weinstein about it, and he was so excited about the possibilities because he had the engineering expertise at his fingertips to make this happen. But Kent Campbell was in now, and Kent Campbell saw the $4 million. I remember he took me to lunch at a restaurant up on Campbell Avenue – no relation – and he said, 'I'm thinking about making myself the director of AHEC. What do you think?' I said, 'I really think you should go out for a national search to find someone who understands AHEC and what it's about.' He did not find that particularly helpful. So he took AHEC for himself, and he took the money away from the Rural Health Office, and that was the end of it. Kent always expected to be the first Dean of the College of Public Health, and

Don Proulx at the lectern.

he was a candidate. But he didn't have the popularity or the votes from the faculty. Certainly, I wasn't going to vote for him."

Kent Campbell couldn't keep control of AHEC, but neither would the Rural Health Office ever regain it. In 2001, G. Marie Swanson was chosen to captain the College of Public Health, and she would settle the matter once and for all. "So Marie Swanson was given the job, and Marie had a great deal of puzzlement about AHEC," Alison Hughes continued. "She ended up cutting a deal with the deans of the four Colleges that the AHEC program would be rotated among them. Remember that it originally began in the College of Medicine (which then included the RHO as part of Family and Community Medicine), and the national AHEC law didn't mention Public Health in it. The way the original national law was created, I think, was for Colleges of Medicine, and Nursing was added later. So because of the national law there would have had to be an intercollegiate memorandum to pass the responsibilities from Medicine to Public Health (for the RHO to keep it). I don't remember all the details of that. So Marie cuts this deal that it would rotate, and so it went to Nursing next, but it's never left Nursing. Now, nobody knows about that. Andy Nichols brought in all that AHEC money, and now it's over in Nursing. He's turning over in his grave right now. So that's the AHEC story."

Marie Swanson

Just because AHEC no longer resides in Rural Health doesn't mean that's not where it rightfully belongs. The RHO fought for AHEC, landed AHEC, built AHEC, nurtured AHEC and sustained AHEC. Under RHO supervision during the period 1987 through 1999, AHEC provided almost 7,000 programs reaching approximately 400,000 participants in rural and medically underserved communities, focusing on the areas of provider recruitment, clinical education rotations, continuing education, and community health programs. "The AHEC centers obviously came out of the Rural Health Office, and in reality that's where they should be," Jill de Zapien asserted. "It's a long political story that had to do with Andy's death. But the RHO should absolutely, positively take credit for the whole AHEC infrastructure, and that whole movement happened because the RHO existed. The Rural Health Office did it in a different way than most academic institutions do, and I think it really served communities well in important ways that the traditional

academic model doesn't do. We did have lots of students, and it was because of the AHEC centers. We could send them out there – that was the AHEC model – and it was like pulling teeth to get these students out of academia and let them see the world. That was Andy's passion. He would just say to people, 'Well, figure it out.' The medical school wanted the students to stay in tertiary-care hospitals, but we'd be in there in all these departments, and people would kind of go, 'Who the hell are you? Why are you here?' Finally, the squeaky wheel gets the grease, and it would be, 'Okay, take those students. Just get out of here.' Who knows what it would be like now if Andy was still alive."

Coming Into The College of Public Health

The Rural Health Office left Family and Community Medicine and officially joined the College of Public Health about six months after the passing of Andy Nichols. The RHO's assimilation into its new home was a little harder than the staff originally surmised, even though the College was actually an Andy Nichols creation. "The whole College of Public Health thing was one of those good ideas that Andy never let die," Lynda Bergsma explained. "He wanted to do it in the late 1980's, and slowly but surely they got it going by robbing Peter to pay Paul in various places. That was one of those ideas he just kept persisting and persisting and persisting on. There wouldn't be a College of Public Health here if it wasn't for Andy. And I don't think people in the College fully appreciate that, but some of them never knew Andy. After he died, Alison picked up the moving issue, and she continued to negotiate it. We all thought it was the best thing, but we also realized that becoming part of Public Health would change our lives forever. And it did. We thought AHEC would move with us, but that was taken as part of the move. We joined Public Health in late 2001, and for the first few years we stayed where we were because the College didn't

have a building. Then it was a case of trying to figure out how to be part of it. Public Health had people all over everywhere. I think there were something like 25 different locations that were part of the College of Public Health. There were people in the College of Medicine area, there were people in houses in different places, and they were just sort of all spread out. So it was very difficult for the Rural Health Office to say, 'Okay, now we're part of Public Health. How do we integrate with them, and how do we find and work with people doing rural health?'"

Alison Hughes was eventually appointed to fill the absence of Andy Nichols as the RHO's full-time director, but she wasn't completely comfortable with her new commission. "Marie Swanson made me the permanent Director, and I was never prepared for that," Hughes acknowledged. "I'm pretty resilient, but I was left holding the bag. I was never prepared for that because Andy was never going to leave. So it wasn't something that was in our thoughts, you see. But you know one comes around, one learns how to cooperate, one learns how to collaborate, one learns about how the system works, one learns how to give the Dean what she wants, and one learns how to manage the budget. And most importantly, one learns how to liaise effectively with the Finance Office. I was like Andy, I'm Scottish and I'm thrifty. I mean I would think that money was mine, and I wouldn't like to spend it. I watched every penny. When I left I had a discretionary account from all my indirect costs, and I would never spend a dime. We all pulled together after Andy died. We had these grants coming in, and Lynda Bergsma wanted to take over the State Office of Rural Health grant, and I wanted to take over Flex grant for rural hospitals because I wanted to get rural going. And we had this big $1 million grant and Howard Eng was doing that one. Marie Swanson liked Jill de Zapien and Joel Meister – We never saw Jill without Joel, or Joel without Jill, they were always a pair – so they got involved with Marie early on and she really glommed on to them. Jill did very well under Marie and became an Associate Dean, and she was also doing her Border Health work. So we all had major grants we were taking over, and we were a lovely team. We all got along nicely and we all had the same values. It was lovely."

Joel Meister and Jill de Zapien

Hopi Health Care Center, Polacca, AZ

The Arizona Rural Hospital Flexibility Program (Flex) was a one-of-kind grant that the RHO received to provide technical assistance and other services to financially struggling rural hospitals. The crucial component to that program was assisting those facilities in acquiring and maintaining a Critical Access Hospital (CAH) designation, which allowed for better Medicare reimbursements. In 2002, five Arizona hospitals – Benson, Douglas, Page, Wickenberg and Willcox – had CAH certification, and ten more were moving through the process. Over time, the Flex Program broadened its assistance to technology and best-practice policies. "Flex is not a competitive grant, I'll tell you, because there's only one Flex Program," Alison Hughes asserted in 2015. "They're not in every state. It was a new grant out of the Office of Rural Health Policy, and it was a no-brainer. It's all about saving rural hospitals from closing by getting this new designation that allows them to increase their reimbursement. They have to meet certain regulatory criteria, and then it's about supporting their continuation by helping them with quality-improvement methods to meet CMS standards for better patient care, like aspirin on arrival for a stroke patient. A lot of the hospitals had to learn this stuff, and we spent Flex money hiring quality-improvement specialists to come in and do training for hospital staff. And we introduced them to the Plan-Do-Study-Act (PDSA) methodology for implementing and evaluating healthcare programs. After we got the grant funded, I'll never forget Andy saying to me, 'So how many cars do we have now, Alison?' I said, 'Give me a break, Andy. I'm getting there.' He just had the biggest smile on his face: 'How many do we have?' I said, 'Yeah, yeah, yeah, we have six now, Andy. We're going to get more.' It was so cute. He always wanted AHEC to have its own airplane like North Carolina had. And we could have."

Lynda Bergsma administered the State Office of Rural Health (SORH) Program, which was funded by the Federal Office of Rural Health Policy to support activities that focused on rural outreach, technical assistance to rural communities and network building. "When the SORH directorship opened up, Andy said, 'Lynda, I think this is

what you should do,'" she remembered. "So I came on board in 1995. There were 11 SORH programs that were university-based, and Andy got Gov. Rose Mofford to designate us as the official SORH for Arizona, which was a little bit of a coup because Andy was concerned the State Health Department might want it. SORH provided seed money for rural-health efforts, which we had to match 3-for-1, but we had the State Line to do that. There were six areas they wanted you to be doing. One was as a clearinghouse for rural health information, and another was to coordinate rural health resources to avoid duplication. So you tried to know everything that was going on in the state, and make sure people were networking to do things they couldn't do separately. I'd talk to somebody, and they had a situation they wanted to address, and I'd say, 'Oh, you should be talking to this group and this group.' I'd pull them all together, maybe help coordinate some first meetings and watch for awhile. But in very short order, they've got it, and I'm not in it anymore. We were like matchmakers. Another piece was rural recruitment and retention. In the beginning, we focused a lot on physicians, but now it's nurses and physician's assistants out in rural areas. Now one of the big ones is helping rural folks find people with IT ability that's necessary for electronic medical records in hospitals. The technical-assistance mandate is probably where we did the most, coordinating and disseminating information. We were involved with hospitals, clinics and social service agencies in the community. We started providing grant-writing training and grant review. Folks in rural areas needed funding, but they'd never had training in writing grants to get it. SORH had Rural Health Outreach and Rural Health Network Development grants, and I wanted to get more of those in Arizona. So we volunteered to review and critique their grants."

2006 NOSORH Award Winners and Nominators.

Jill de Zapien formally directed the RHO's Technical Assistance Programs in the late 1990's, until some elements were absorbed by Flex and SORH, and others were lost in the move to Public Health. It was in

this area – Answering the phone and delivering information – as much as any other that the Rural Health Office earned its statewide reputation. "I think Andy would have been able to maintain a lot more of the Technical Assistance flavor if he had been around," Jill de Zapien said. "That was part of his genius. We were so good at getting around any kind of regulation, and that was part of the tension between the RHO and the rest of the medical school. But at the same time, the Rural Health Office was the reason the medical school was known around Arizona. Why? Because we were all out there all the time. We weren't here in the office or the hospital. We were real people working on real issues, and when people had a problem in their community, no matter what it related to – access to care, a particular disease, or an environmental exposure – they didn't call up the expert in those areas, they called the Rural Health Office. People would call the University, and they could be on the line for half an hour, and never even get an answer. They would call the Rural Health Office, and somebody would be going out and visiting them. The hospital support that Alison did through Flex would never have happened if the RHO hadn't been moving towards important issues. She went after that grant, and everybody said, 'It's never going to happen in Arizona.' Now, we're one of the national models of what you can do. Those things happened because the Rural Health Office was full of people who wanted to do something. We would ferret through this enormous thing called The University and figure out who had to be involved. So there was a little bit of a love/hate thing there. The University was kind of, 'Here they go again, but at the same time, we don't have time to do this, and they're willing to do it.'"

Flex Program staff at community meeting in Springerville, 2001.

Not every Andy Nichols initiative survived his post-mortem. The Border Health Commission wandered away and withered in the wake of its Founder's passing. "Andy invented the U.S.-Mexico Border Health Commission," Alison Hughes remembered. "We had a meeting at the Hilton where he invited people from different border regions to talk about creating the Commission. We worked out how it could happen, how we could get the votes in the Senate to create this

international commission, and how we could get President Clinton to sign it. This was Andy's baby, and he went to Washington to lobby with his border network. I was with him when we met this HRSA official in Washington who would administer the Commission. But Clinton wasn't signing the bill, and we couldn't get it out of the White House. Clinton said there were enough Commissions. We sat in the HRSA official's office, and she said, 'You know, they can pass all the legislation they want, but we bureaucrats have been here for 20 years, and if we don't want to do it, we'll just delay it.' That deliberate institutional delay of programs was fascinating, and I used that in my classes with students. Eventually, Clinton did sign, and now there were appointments to be made. Andy was the logical appointment, but he had his enemies, and they did a map-quest thing. You had to be living within 65 miles of the border to be eligible for Director, so Tucson was eligible. But Andy lived in the foothills, three miles beyond the limit, so they said he was over the line and not eligible. I'll never forget that. He did all the work, it was his baby. Eva Moya, who Andy brought from Texas to work in our office, became the first Director of the Border Health Commission. Eventually, they ousted her and it became a bureaucratic entity. It still exists, but it wouldn't without Andy Nichols. When he was gerrymandered out of the appointment, Andy just had this enigmatic smile. You never knew what was going on in that head of his. He could be very enigmatic."

Wadie Kamal, MD, MPH, organizer of international symposium, "Universities and Disadvantaged Border Communities," 1999

An even more melancholy passing was the movement of the RHO Mobile Clinic Program back into Family and Community Medicine. Started in 1976, it was one of the longest continuously operated mobile clinic programs in Arizona, and in a typical year like 1999-2000, it conducted almost 3,500 client contacts. "What happened was that Dr. Marie Swanson, the first dean of Public Health, realized there was a lot going on in the mobile health clinic that we didn't have proper backup for," Lynda Bergsma explained in a 2015 interview. "Dr. Ortiz had always been THE physician for the program, and by that time

In front of the new mobile clinic in 1999. Front to back: Allison Hughes, Abby Torres, Martha Ortiz, Gus Ortiz, Susan Woodruff, Nancy Collyer and Jan Posz.

he was elderly and retired. And so Susan Woodruff, the family nurse practitioner, was doing the big amount of the work and she didn't have the backup she needed, so there were medical questions. She was also constantly looking for funding and that bugged Marie. Susan was an advocate for the cause, but sometimes those advocates can be annoying. So Marie pulled together this big confab with Alison (Hughes) and said, 'I'm fed up with this thing. I don't think it really belongs here. They're giving medical care, and I think we're in a tremendously dangerous place if there should be any complaints.' Now, it did also have a huge public health component because it was a lot about prevention. It was a huge user of promotoras and lay health workers in the communities where it went, and those people brought in the clients who might not have even known about the mobile health program. So the decision was to go to FCM and say, 'How about you taking over the mobile clinic?' It's now being run by Dr. Susan Hadley, and she knew Dr. Ortiz well, so it's a great pleasure for her to pick up some of his legacy. We felt bad about it because it was something we lived with and had been a part of for years. Marie was a good Dean, and once she made up her mind about something, that's the way it was going to be. But of course, it never would have happened if the Rural Health Office had not gone into the College of Public Health."

Other Efforts In Rural Arizona

The relocation of the Rural Health Office created a ripple effect that saw new rural health efforts springing up in familiar places. Family and Community Medicine became involved in the Rural Health Professions Program (RHPP) in the late 1990's, an initiative that matched medical students with physicians in small towns across Arizona. Carol Galper was called in to coordinate the program after earlier stints with Campus Health and AIDS education. "I came to Tucson 40 years ago as an undergrad and I never left," said Carol Galper, the Assistant Dean for Medical Student Education, during a 2013 interview. "I remember watching the Rose Parade as an 8-year-old in the suburbs of Chicago, and watching people in Pasadena in their shirtsleeves, and saying to my parents, 'Why are we living here?' The desert just seduced me, and the sky was amazing. You could see the Milky Way from the middle of Tucson, and in ah-hah moment, I thought, 'This looks just like (Chicago's) Adler Planetarium,' and then realizing, 'No, the Adler is designed to look like this. This is real.' My Masters is in Health Education, and I started working at Campus Health doing sexuality stuff. I did sexuality education at the College of Medicine, how to take a sexual history and things like that. And that's when AIDS came on the scene. I've been involved in HIV since the beginning of the epidemic because it never bothered me to stand up in front of people and talk about penises and discharges. My AIDS work took me all over the state. So when the College of Medicine was statutorily required to start doing rural rotations for medical students, a friend told them, 'You should talk to Carol, she knows all these rural people.' I had contacts all over the state from doing AIDS-related stuff."

Carol Galper, Director of the Rural Health Professions Program

The RHPP had a few false starts before catching fire in 1997. "The legislation had to be tweaked a couple of times," Carol Galper recounted. "I spent a lot of time driving around the state, recruiting people. I was meeting with docs and seeing if they would be interested in taking on medical students. We started with the Class of 2000, so their first rotation was in 1997. Their first experience is in the summer between their first and second years, and they go back in their third and fourth years. We encourage the rural preceptor to involve them

in everything and anything they can. We have a surgeon in Show Low who also has a band, so the students not only do surgery, but they also move amplifiers and sing backup. Doctors take students into hospital board meetings, and they do volunteer work in the community like training firefighters to do CPR or prenatal clinics for people without insurance. The students get to see what it's like to basically be a big fish in a small pond. The rural physicians loved it immediately. They liked the students because we selected them. We selected students who had a greater chance of being successful in an under-resourced area. My feeling is we're the face of the University of Arizona College of Medicine out in the community, and we want that face to be appropriate. We may have students who grew up in Southern California, but they were in the Peace Corps for a few years. If they spent several years living in a hut, they can handle Springerville. I've had applications where students have said, 'I'd love to be in a place where there's pine trees because I like to hike.' Well, this is a medical education program, and I'm glad you like to hike, but, 'No.'"

RHPP participant, Mariposa Wolford (UA College of Medicine class of 2010) being mentored by Peggy Avina, MD at the Chiricahua Community Health Center.

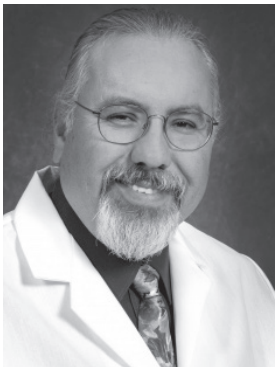
The program eventually showed its success both statistically and in the students' stories. "From a state-mandated program that wasn't going to work to where we are today is like light years," Carol Galper observed. "I developed most of the sites and we've had some doctors since the beginning, and they're our preceptors still. I've seen our students go from being students to practicing where they first rotated. It's a full circle kind of thing, and it's very fulfilling. For years, it was only family medicine, but now we have OB, general surgery, internal medicine and pediatrics. It took awhile to get outcomes, but I track them, and about 35 to 38 percent of the RHPP students have practiced in rural Arizona. And they have amazing experiences. They see stuff like patients knowing their doctor's truck. So even if it's after hours, when the doctor walks out the door, there's a bunch of patients waiting because they know his truck and they know he's still there. Our students

are trained with HIPAA, so they aren't going to acknowledge people, but they run into their patients all the time, and some are very forthright. In the middle of Safeway or Wal-Mart, they say, 'You sewed me up and look at this!' And they're showing their scar. Or they're loading up their cart with cookies and cupcakes, and they were in for a diabetic thing that day. So the doctors say, 'Don't worry, this is off-hours. I'm not judging you.' It's a weird experience, but an important experience. If they can't handle the blending of personal and professional boundaries, they're not going to last in a rural community. You're going to see your patients everywhere. I had a student who did a pelvic exam on her former Sunday school teacher. So there's a weird boundary you get in rural communities."

Carol Galper with award letter.

During her time directing the RHPP, Carol Galper generated almost as many anecdotes as her students did. "I know every backroad in this state," she said. "It's essential to people who do rural health to really understand the nooks and crannies. I've been stuck in communities where the weather hit and you can't get out. There was a freak spring snowstorm in Bisbee a couple years ago, and it was treacherous. They got eight inches of snow, and there was ice everywhere. I had to adjust our whole schedule because they don't have equipment to get that stuff out of there, and you have to wait for the sun to melt it. And you don't want to drive around a lot of these remote roads at night because they're open range. You come around the corner and there's a bunch of horses or a herd of cows, and you can't do anything. You have to wait for them to leave. You don't want to honk because they might run in different directions. I've had a lot of vehicle problems. I had a problem driving to Flagstaff, and I was going up to Hopi, so they traded me out and gave me a convertible. I drove with the top down and when I got to the hotel at Polacca, the top wouldn't go back up. It was September and the heat was still baking, so I did my business and then went to the one store in Keams Canyon. It's a general store, and I was looking for sunscreen and a hat because I didn't have one. It was the end of tourist season, so I bought the last hat they had and the last tube of sunscreen. There was no cell service up there, so I couldn't call Hertz, and I had to make a decision about how I was getting back to

Tucson. There's two ways you can do it. You can go through Flagstaff and Phoenix, or the back way through Winslow and down through the mountains to Globe. Knowing the temperatures in Phoenix, I said, 'Going the back way.' It took longer, and I had to drive back with the top down. I had the hat on, and I was slathering sunscreen the whole time, and it was quite an Arizona experience."



Carlos Gonzales, MD

Dr. Carlos Gonzales followed Carol Galper as director of FCM's RHPP after her retirement, and his resume for representing the rural and under-resourced regions of Arizona was second to none. "I'm about as native as you can get," Dr. Gonzales explained during a 2013 interview. "I'm the son of a pioneer family. My ancestors arrived in the valley of Tucson around 1840, and we've been here ever since. On my maternal side, they were people from Sonora who just moved north.

At that time, Tucson was still part of Mexico, so in essence, we never immigrated to the United States. We were absorbed. I grew up on the south side, and I went to Pueblo High. I was the first high school graduate in my family. The University had a Health Manpower program in the early 1970's to pull kids out of the inner city and expose them to college. I was in the second group of Med-Start students back in 1972. My dad was a construction worker, and I spent my summers and weekends helping him with roofing, carpentry and bricklaying. My other relatives were miners. I was good at science and math, so Med-Start showed me you can do something with that. It also taught me you don't have to work in the sun to earn a living. I saw how hard physical labor was beating up my dad, how exhausted he was when he came home. I spent that summer working in a research lab at the College of Medicine. I was just a go-fer, but I got paid through Med-Start, and I got to use my science and math and work in air-conditioning. That opened my eyes to education as a possibility. I got a full-ride scholarship to a liberal-arts school in Minnesota, Carleton College, and it was a major culture shock. Pueblo High was 95 percent Mexican, and Carleton had four Mexicans out of a class of 1,500. And there were big trees without thorns on them. I quickly learned I was two years behind. My personality is, 'I'm going to do it. I'm not going to feel sorry for myself, I'm just going to work at it.' I had an opportunity to learn political science from (future U.S. Senator) Paul Wellstone, and he gal-

vanized my whole idea of community service."

Carlos Gonzales conquered Carleton College, and entered medical school at the University of Arizona in 1977. After finishing a Family Medicine residency at the University of New Mexico in 1985, he returned to Tucson. "The reason I came home is because I was one of the first recipients of legislation that Andy Nichols got through the state legislature," Dr. Gonzales said. "In the Arizona Loan Repayment Program, they gave you a scholarship to pay back your medical school loans if you gave X amount of service. I signed up for four years, so I did four years at the El Rio Clinic, and then I did four years as medical director at El Rio. I loved the clinical aspect at El Rio. I was working in the inner city doing family medicine. I was doing full spectrum, which means I was doing hospital work, I was catching babies, and I was doing the whole thing. Over time, all my partners got disillusioned delivering babies, so I ended up being the last one. You can't be on call 24-7, 365 by yourself. I really missed it, but I had to give it up. I wanted to try something new, so I went to Patagonia and became a rural doc. Growing up in Tucson back in the 1950's and 1960's, whenever it got too hot, we'd go to Patagonia. We saw it as a vacation spot. It's a small town south of the Santa Rita Mountains with between 700 and 900 people, and my service area was 1,600 square miles. I was the only physician, so it was something like a frontier practice. It was never boring, and I never knew what my day was going to be. I would drive 30 miles to do a house visit with an elderly rancher. The hard part about Patagonia was it truly was a population of underserved and under-insured patients. It's a combination of old families that have been there for a hundred years, retirees from Tucson that like the area, cowboys and ranch hands, and artisans like bootmakers, painters and pottery makers. I lived ten miles outside of town on an old country road, and we were in the middle of the national forest with big old oak trees. I loved it."

Carlos Gonzales delivering invocation at service in Washington, DC for Tucson shooting victims, 2011.

One part of his Patagonia experience prepared Carlos Gonzales for the next post on his career path. "I was in Patagonia 13 years, and

I precepted students the University would send me to do their family-medicine rotation," he reported. "I used to do it at El Rio too, so I precepted students from 1985 to 2006. I oriented the students, and then I let them see patients, and then we'd talk about the patients. Now when you go to Patagonia, it was a totally different clinical experience for the students. The students here in Tucson are used to having Labs, X-Ray, MRI, CT-Scan and Ultrasound. When you're out there, you have none of that. If you want an x-ray, you have to figure out if you really need it. It's going to be time and money for your patient to go 20 miles to Nogales. If you want a CT-Scan, it's time and money to go 70 miles to Tucson. If you want Labs, you can draw them, but you won't get results until tomorrow. But you can do your analysis, you can check for anemia, you have a microscope and you can check the red cells. It's really clinical work: Talking to patients, obtaining their history, doing a good thorough physical exam, and then using your mind to come up with how you're going to manage it. I was fortunate. The students that came to me were motivated. They wanted to do something different and learn true clinical work. We'd put them up in one of the local houses, and they'd come in every morning for six weeks and see patients. If I had a hospital patient, we'd drive together to go see them. You'll learn how to be a clinician. The students that came to me were motivated to do rural medicine. It got to be a very popular site. They could have stayed in Tucson, and worked in a family doc's office here, with all the amenities that exist."

Carlos Gonzales came back to the University in 2006, and a couple years later he was running the rural portion of FCM's Clerkship Program, a sort of sister-program to the RHPP. "It's all third-year students, and we have 23 sites with a potential for 85 students a year," Dr. Gonzales said in 2013. "For the longest time, Ron Pust had been wanting me to leave Patagonia and take over his position because he knew I had rural connections. I had expertise because I'd worked in rural Arizona and I was also past president of the Arizona Academy of Family Physicians. I started working the clinics that Ron Pust had started, and my job was to maintain those sites, cultivate new ones, and trouble-shoot any problems that might occur. I modeled my visits after Ron because he would come by when I was in Patagonia. He would check in,


Ronald E. Pust MD

see how I was doing, ask if I had any concerns or problem students, and check to see if anything had changed or how we could improve things. Then he would take some pictures, shake hands, and take off. Ron had established clerkship sites in Flagstaff, the Hopi Reservation at Polacca, the Apache Reservation at White River, Sells, Green Valley, Nogales, Douglas and Safford. I expanded that by using my connections whenever I could. A student might say, 'Hey, I know somebody who wants to teach,' and I would get on the phone right away. Or a colleague would say, 'You know, I've been thinking I want to teach,' and I would jump on that and get them on board. So I established additional sites at Tuba City, Prescott Valley, Bisbee and three in Yuma. Now, I have the opportunity to encourage students to go on to the beauty, blessings and excitement of being a rural doc. The only way we're going to replace retiring docs is for the next generation take their place."

On the surface, Sally Reel and Carlos Gonzales seemed to share little in common, but their life stories bore a remarkable resemblance. Born two cultures and an entire country apart, their personal narratives merged on the matter of moving beyond modest beginnings. "I'm in nursing," Sally Reel said during a 2013 interview, "but I got into rural because that's the way I was born. If you're born in small places, then you come from small places, and you either embrace that or you're not going to be very happy. I came out of West Virginia – Appalachia – and it's just been who I am. Not just what I do, but who I am. My first exposure to medicine came when I was growing up in the little town of Star City. One of our country neighbors was a general physician, and he still made house calls. My mother didn't like living that far out in the country. She didn't have neighbors. The trees and the land were more her neighbors, and it wasn't comfortable for her. So what she would do is go on evening rounds with the doctor, and I went with them. I was a baby, and I used to go with my mother, and we went to see everybody in the community. Then I went on to be a Candystriper at the VA Hospital, and from there I went to Nursing School. I was the first in my immediate family to get an education. My frame of reference wasn't the world, it was how I could take care of my family. I started with a two-

Sally Reel, PhD, RN, FNP, FAAN

At the 2014 Rural Health Conference: Jennifer Zuniga and Sally Reel.

year degree, then got a four-year degree, then a Masters as a Nurse Practitioner, and then a PhD. I won't tell you going to school and being a single parent was easy, because it wasn't. Nor was it easy to be the first generation to go to college, because your family is a cheerleader, but they don't know your experience. That created a level of stress that in hindsight I can look at and understand why under-represented and disadvantaged students have a hard time. You don't even know the questions to ask. You don't know what you need and you have no idea what you're getting into. But my grandfather kept telling me, 'Get all the education you can because people can't take that away from you.'"

Sally Reel never left West Virginia until she went to neighboring Virginia to get her PhD in Nursing, and she only made that move because her home state had no such program. She returned as soon as she could. "I had that need to go back home," she explained. "I went over to Marshall University, and I got my first federal grant, and it was a big one. We partnered with an FQHC look-alike and a school system to develop a school-based health center. We had an old gym that had to be renovated, but our concept was we'd be seeing whoever came through that door, not just children, and we were open 12 months a year. I went into that coal-mining community because I needed to do that to help my people. I'm an Appalachian woman, and I'm as much one today as the day I was born. You don't change that. And I'm willing to go where things haven't been done before. I'm very comfortable in that zone that's not completely defined. This was very much a practice-based intervention, and there wasn't much in the literature at that time to define what we were doing. That community had health statistics that rivaled our neediest populations. Appalachia is very diverse, but in the pockets of poverty you also see high health disparities. It's still true in the southern coalfield counties of West Virginia and Kentucky. They had a lot of the health disparities you see in some tribal communities here. The life expectancy for men in that community was 63 years. So we were looking at white men with the lowest life expectancy in the country. You have to start early to change health patterns, and that's

why we chose the schools. But it was also pragmatic. When you think about where people congregate in rural communities, they congregate at schools, churches, and fire halls for bingo and other things. Schools were a logical choice for where people would be."

When that grant wound down in 2001, Sally Reel was finally ready to move beyond her West Virginia roots. "It was time to go," she acknowledged. "You're not the same person after you leave your community. You go away and you're influenced by other things. When you go home, you can't be the person you were. You're coming up against traditional images. Arizona's College of Nursing was looking to build a rural health program for the state-mandate RHPP. I applied and got an interview, but didn't hear back. Meanwhile, I was contacted by a school in Scotland. The Scottish government wanted to implement the World Health Model for family nursing. I had left for Scotland when Marjorie Isenberg, who was the College of Nursing dean, contacted me with a job offer. I was in the Scottish highlands and it was an awesome experience. I told the Dean I wouldn't be back until the end of the summer. She said, 'I can wait. I'll give you until September 15th, and then we'll have a conversation.' I came home and 9-11 happened. I called Arizona and said, 'I'm sorry. The country just went to war and there's no way I can make a decision right now. I don't know what I'm going to do, but I can't come across the country right now.' Somehow things seemed to stabilize and the next thing I knew I was out here. Marjorie Isenberg said, 'I want you to build our rural health program,' so that's what I came to do. I started out directing the College of Nursing's RHPP, and it wasn't long before I was coordinating the Nurse Practitioner Specialty. We got some federal funding the first year, and everybody calls it the Rural Health Grant because it brought a curriculum we didn't have. What I found was we had a mandate without a lot of money, and no curriculum or clinical resources. I had to build all that."

CRH Wins 2013 NRHA Outstanding Organization Award. Left to right: Jonathan Sprague, Patricia Tarango, Sally Reel, NeilMacKinnon, Lynda Bergsma, Stephanie Hansen, and Teryl Eisenberg.

Five years after her arrival in Arizona, Sally Reel was asked to assume one more assignment. "In 2006, in the middle of all that, the Provost and the Dean thought I would make a very good AHEC director," she said. "I came from states where AHEC was strong, and I was very familiar with what AHEC's do. I knew rural and I knew underserved populations. So there was this idea that I would direct this, and I did. We've come a very long way in seven years. The AHEC program has grown in its visibility. It's become something that everybody knows now. They didn't necessarily know that when I first became director. One of the things I found was that there had been years without a lot of funding. I wasn't here and I can't explain what happened. But what you would have expected from a program that's known like Arizona wasn't there. I had to build some internal as well as external infrastructure, particularly around the concept of educating our health profession students. That was something we really needed to put some emphasis on. So the first thing we did was put some money into all of the school's rural health profession programs. We also added the College of Public Health, which isn't a mandated RHPP, but they do a lot of service-learning programs. And we stepped into something that was new for the Arizona AHEC program, and that was support for graduate medical education. The first year I was director, we actually issued an RFA for an inter-professional rural family practice residency. One of the outcomes of that residency is that every family practice resident has to do a two-month rural rotation each year. So out of their 36 months, they get six months of rural rotation. Well, AHEC pays for all of that support, and we're very pleased with how that evolved. So those were the kind of things that we started putting into place after I became director."

Exiting Elm Street

The Rural Health Office had lost AHEC, but it still sustained its geographical independence on Elm Street. For the first five years of its participation in the College of Public Health, there was not much difference in the day-to-day operations of the RHO. But the final major change to the RHO's traditional culture came when the College of Public Health fully opened its on-campus building (Roy P. Drachman Hall) in 2006. "Marie Swanson had that brand new public-health building, and she really needed to fill it," Alison Hughes explained in 2015. "Marie basically forced everybody to go over to the main campus. But one great thing happened. When we moved over to the College of Public Health, all of sudden we started getting all these accounting

Roy P. Drachman Hall: home of the UA's Mel and Enid Zuckerman College of Public Health.

records with money in them. We said, 'What's this money?' They said, 'Well, that's your indirect cost money.' We said, 'We get indirect costs?' If you're on the faculty, and you bring in a grant, it's split all the way down and you get a certain portion of those costs. We had no idea that was campus policy because Family Medicine was taking all of ours. So after the move, we adapted. For me, the wonderful thing about being on campus was for the first time I felt like I was part of the University. I was part of an academic team. I became the chair of what we called the Section of Community Health Practice. Then Marie decided to dump that and it was replaced by the Health Policy and Management Section. Joel Meister was the first chair of that, but then he got cancer, and I became chair of that Section. So I was in a gazillion jobs, and my work pattern was 24-7. I thought it was exciting. You know, I was learning all the time."

The move on campus seemed to have the most impact at the staff level. "Andy had a lot of foresight and he could probably see what was ahead for the RHO when we became part of Public Health," Lynda Bergsma observed in 2015. "I know he would have fought moving into that building. It was a different culture, and the culture of the RHO has changed dramatically since it moved. It's a culture where faculty is almighty and staff not so much, and that was never the culture of the

Capitol Hill Visit with Congressman Raúl Grijalva: left to right are Joyce Hospodar, Lynda Bergsma, Gail Emerick, Cecilia Rosales, Raúl Grijalva, Alison Hughes (CRH) and Jeri Byrne.

Rural Health Office. In so many ways, we were all on equal footing. Jill de Zapien and I tried hard to provide leadership that said, 'Okay, it's got some con's, but look at all the pro's. Now we can knock on someone's door and figure out how we can collaborate.' We tried to say, 'It's got so much more to it. Yes, we're the RHO, but now we can tap into all the resources of Public Health.' But that's hard. That's okay if you're at leadership or professorial level like Jill and I were, but it doesn't work very well for classified staff. They don't feel empowered. In a College like that, there's a big division between faculty and classified staff, but there was never that in the RHO. There were professorial-level people in the RHO, but they weren't going for tenure. Andy had tenure, and all the rest of us were assistant research professors, which is not tenure track. The minute we went over to Public Health, some us went into tenure track and the Public Health people who worked with RHO staff were tenure track as well. So then there was this big division between faculty and classified staff that did not encourage collaboration. In the Rural Health Office, we had all been one family."

And that was the crux of it. Rightly or wrongly, Andy Nichols had always operated the Rural Health Office less like a rules-based bureaucracy and more like something straight out of the Age of Aquarius. Maybe it was the times or maybe it was his personal preference for humanity over hierarchy, but the RHO had always conjured images of an egalitarian, Easy Rider commune. You could hear it in the tales his co-workers told. It was sometimes hard to tell who was in charge. "We were in South Carolina, and it was the last day of a conference, and we all decided we wanted to go out and see some of the islands," Jill de Zapien remembered. "So we all changed into our jeans, and we were all going down the elevator, and – Boom! – Andy gets on the elevator. He has on his tie and everything, and he looks at everybody, and goes, 'So what's going on here?' We said, 'You're staying for the conference, and we're going to see the islands.' He kind of went, 'Uh-huh, that's how it is in this place. I don't really get to make the decisions.'" And

sometimes Andy Nichols would be directing the detour. "Kevin and Andy and I took a trip up to the Navajo Reservation, and we were gone a couple days, and one of those days we passed this big crater up in northern Arizona," Lynda Bergsma recalled. "It was Meteor Crater, and Andy said, 'We have to stop!' He insisted we take the time to drive in and take a look. Andy had seen it before, but Kevin and I never had, and he didn't want us to miss it."

Maybe no staffer exemplified the "family" element of the Rural Health Office better than Administrative Associate Sonia (Romero) Nieves. Six of the seven Romero offspring worked for either the RHO or its sister organization, the Border Health Foundation. "Most of my siblings worked for Dr. Nichols at one time or another," Sonia Nieves said during a 2014 interview. "Three of us worked in the Rural Health Office, and three worked in the Border Health Foundation, and some of us worked in both. It was a tightly knit relationship, and you kind of felt like the Office and the Foundation were the same place. The Foundation was like Dr. Nichols' baby on the side, and then when he passed away it went totally separate from the Rural Health Office. He was the connection between the two. I started working at the RHO in 1992, when I was a sophomore at the University of Arizona. My sister Rosario opened the door for all of us there. I got work study and I was a student assistant. The funny thing is there's a saying that once you come into the Rural Health Office, you don't ever leave. That's because Dr. Nichols was a really good grant writer, and there were always new grants going on. Once you were in the Rural Health Office there was an opportunity to stay and grow depending on what projects were going on. Sometimes there would be 60 people in the office, and then grants would end and it would go down to 30 people. If they saw you wanted to keep going, they would offer you new projects, and a lot of people stayed. You would see Dr. Nichols working at one, two or three in the morning. He was a workaholic, and the people who worked with him, like Eva Moya, they were workaholics, too. A lot of people didn't like those hours, but for me that was my first work experience, and I thought it was the norm. Now I have a family and I can't be working

Sonia Nieves

like that anymore, but before I didn't mind at all, and my sisters were the same way. It was no big deal, and we were there for whatever was needed."

Other than a few small breaks in service, Sonia Nieves never did leave the Rural Health Office, and over her 20-plus years there it sometimes seemed as if she had her palm prints on almost every program.

CAPAZ borderwide meeting in El Paso, TX, 2001.

The alphabet soup of her curriculum vitae included the likes of CAPAZ, Flex, SAM, Border Vision Fronteriza, WAHEC, and the Vecinos Coalition. "I did administrative support, paperwork, and I like art and I draw a little bit, so anything that had to do with designing covers, I would do," she explained. "We went to Clifton and Morenci with Lynda Bergsma on the SAM project, and we helped high school students create their own PSA's about substance-abuse prevention. We went to training on how to make a commercial, and then we taught them. I helped on a Delphi study and collected results. Eva Moya would bring back information from the border, and I would do a huge collage. With CAPAZ, I got more involved programmatically. I worked with Kevin Driesen and Amanda Aguirre to establish a provider network across the border. We prepped a booklet, and I went across the border to take pictures of people filling prescriptions at the pharmacies. Then we did a Border Policy Forum (in 2005), and they gave us a month to put it together, and it was hectic. I get migraines, and I had them for four days after the event. I had my first son, and we would work very late at night. Kevin would be working on documents, and I would be editing them. I would have my baby with me, and I would play with him when I wasn't editing. When CAPAZ wasn't funded the third time, Jill de Zapien hired me as her administrative associate. I got involved with service-learning courses, and I got the materials ready for students to have hands-on experience in community organizations on both sides of the border. I'm working behind the scenes, but everything we do ultimately affects the community. These were all really good projects, and you still have an impact one way or another, and that's what I always liked."

Sonia Nieves sometimes still reflects on the impact that Andy Nichols had on her. "Dr. Nichols was very protective," she said. "When he was the Director, you knew you were going to have stability. He had a personality where you either liked him or you didn't. He knew my family, so I always felt comfortable with him. As a student, he always protected me. Our building was off campus (on Elm Street), and it had a lot of tiny offices that were the size of a cubicle, but they had a door and they were enclosed. I was a student, and he gave me an office, and there was an uproar. His secretary told me he fought really hard not to leave me without a space. She said, 'They were going to kick you out of that office, but the agreement he came up with is you'll share it with other students.' He was a really good negotiator, and he would even negotiate the FAX and copy machines to make sure he got the best deal. He was incredible, and you can tell by the little things people do. He would dictate letters, and literally say, 'Period, paragraph, comma, semi-colon.' I was like, 'Oh my god, he knows where to put everything.' I'd never experienced that before. Sometimes we didn't know what he wanted to accomplish until we saw the end product. Then you'd go, 'Ohhh, that's what he meant.' And his wife was a big part of the office. I remember being with her at 11 at night, and she was going over his grants and correcting them. People didn't see that, but I did. When he died, it was a shock to me because the office was like an orphan. AHEC left, and people were going their own way, and you felt like things were coming apart. The way I see it, he was like the provider. He was kind of the dad figure, and he was the one who fed us. He was such a hard worker, I never thought anything would ever happen to him. We were all so used to him keeping everything together."

Center for Rural Health staff, 2012.

Jean McClelland, Lynda Bergsma, Laurie Shapiro and Martha Monroy at 2014 Retirement Party.

But now that father figure was gone, and the times had changed, and the working model of an extended academic brood huddled around an off-campus campfire was no longer sustainable. Maybe that model never should have been created in a collegiate setting in the first place, but the calendar had turned, and there was no calling it back. "The culture had changed, and it would never be the same," Lynda Bergsma admitted in 2015. "I'm trying to look at it objectively and thoughtfully now, and I have to say that was the culture of the time, and it's a different world today. I don't think that culture would even be possible today. We were a family, and you must use that word somewhere in the history of the Rural Health Office. We cared about each other, and we knew each other's personal lives, and we took care of each other. When my late husband was killed in an accident, it was the office that took care of me. We worked hard together, and we played hard together, and we had fun. We had a Friday Lunch Bunch, and most of the office – support staff and upper-level staff – would all go out to an Indian place or the mid-town El Molino's for Mexican food. There was a lot of laughter. It was a big family, and it was great. I feel privileged to have been a part of it. But it doesn't exist anymore."

The Rural Health Office lost another leader in 2005 when Alison Hughes elected to honor her expressed intent and reduce her role as she approached retirement age. Hughes had been in the RHO for two decades, and full-time Director for most of the final five. Alison Hughes and Andy Nichols had occasionally analyzed this exact situation and both had held true to their original observations. "I became 65 years old, and I thought I really should start to think about retiring," she explained during a 2015 interview. "Andy and I had always joked about this. He said he would never retire and I said I would do it at 65. So I became 65, and I basically told Marie (Swanson), 'I don't want to be Rural Health Director anymore. I think we need new leadership. But I would still like to run the Flex Program.' Listen to this: I was Director of Rural Health, I was running the Flex Program, I was the chair of the

Policy Concentration, I was advising students, doing the curriculum, doing all the things a faculty member does, and I was teaching a course. That's a lot of work. I was working an 80-hour week and I was 65 years old. I said, 'I've got to drop something.' So that's when we opened (the Director position) up."

Alison Hughes (r) and Cheryl Ritenbaugh, 2010.

The permanent post remained officially open for two long years. Lynda Bergsma was asked to step in as acting director, but the search stretched on for so long that Marie Swanson suggested at one point that Bergsma might be the best solution. "I was supposed to be acting director for just one year," she said during a 2015 interview. "Marie asked me to do it, and during that year we were supposed to find a new director. Well, we did a search, and we had somebody we wanted, and then they said they didn't want to come. We were asking a tremendous amount for this position. We wanted this person to be a professor and all these other things, and the actual running of the Rural Health Office was just a small part of it. These searches are all carefully run, and when the first search didn't turn up anything, they had to start a new one. During that period, Marie asked me if I wanted to be the Director, and I probably could have gotten the position, but I felt it wasn't the best thing for the RHO. I thought we needed somebody with a national name, something more like Andy. I could have run the Rural Health Office, and everybody would have been happy as a lark, but I don't think the Office would have had the opportunity to get ahead. So I said I didn't think I was the right person for it, and besides which, running the RHO wasn't going to get me tenure in the College of Public Health. As it turned out, running Rural Health for two years took a tremendous amount of my time, and it was one of the reasons I didn't get tenure. The mission I was given by Marie was not to start any new initiatives or do anything extraordinary, but just keep the ship afloat. Yes, I liked it. Goodness gracious, here's me who came into the RHO as a lowly program coordinator, and now I'm having the opportunity to direct it. I loved the people in the Rural Health Office, and they loved me. I don't mean to pat myself on the back, but I think morale in the RHO was best when I was directing it."

The Recession Wreaks Havoc

Gary Hart eventually emerged from the agonizingly extended process to become the new director of the Rural Health Office in 2007. Hart had more than 20 years of rural health experience at the University of Washington, where he directed the Rural Health Research Center in the country's top-ranked rural program, and he had his reasons for relocating to Tucson. "I wanted to do something different at a place that provided a lot of opportunities," Gary Hart explained during a 2015 interview. "The folks recruiting me made a lot of promises, and it seemed like that was the place to be to make some changes. After Andy died, there were five or six years where they didn't have a director. Alison and Lynda had filled in, but because none of the acting directors had been (tenured) faculty, the Rural Office hadn't been given emphasis and it had malingered. It was an opportunity to right the ship and get things rolling again. I thought it was a challenge. I had a lot of experience with Arizona's Rural Health Office. I knew Andy really well, and I'd been down to visit him a bunch of times. I wrote Andy's obituary that appeared in the *Journal of Rural Health*. He was into many, many, many causes, and he was more than just the person who ran the Rural Office. When you went to see him, and you went to their offices, there was no inkling that it was connected to the University. I'm sure somebody was his supervisor somewhere, but Andy basically had his own thing and he ran with it. The only way you could stop him was to throw yourself on the railroad track, and if you weren't big enough, he would run right over you. He was very persuasive and he had the biggest heart in the world. I was his biggest fan."

Gary Hart

But the opportunity went wrong from almost the first moment. "I bought a house in Tucson, and I had to sell my house in Seattle, and I couldn't do it," Gary Hart remembered. "I came in June, and the housing market crashed in the last week of May. My whole tenure there was during the Recession, and that's when they were cutting dollars. The University that recruited me got decimated by the Legislature. Whole departments disappeared, and there was no increase in funding of any kind the entire time that I was there. In different times, if you were

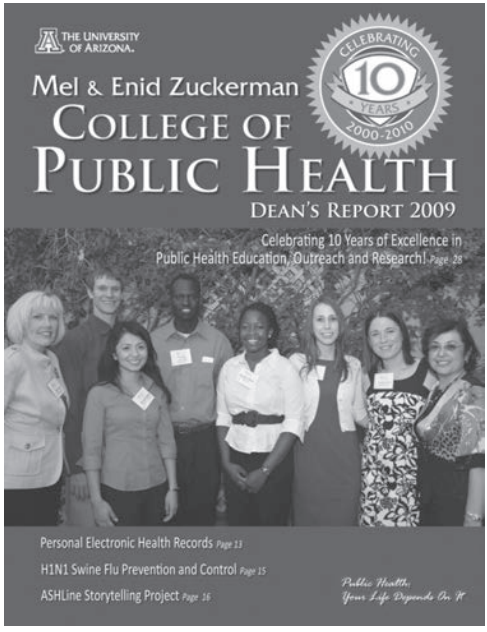
Andy or me, you could have lobbied to put pressure on the College to change things. But when there's a recession, and they're trying to think of reasons to cut money, you don't go and say things aren't working well, please help. The only help you'll get is more cuts. So my hands were tied the whole time I was there because I couldn't go to anybody in the Legislature. So we struggled and we did what we could. Alison and I brought money in to bring in a speaker for the folks who finance hospitals, and for other talks and conferences. I hired Kevin Driesen back to help with the Flex Program. We had Town Meetings in several places and we did the annual thing with the Legislature at the beginning of the session. When I came to Arizona, I only had one chance (in 2008) to write a proposal to get a Rural Health Research Center. They funded six that year, and I came in seventh by two points. The biggest problem I had was on critical mass. There were six criticisms of my proposal, and none of them were about the substance of it. They were all about, 'Well, you don't have enough researchers to do this. We don't believe that you could do this by yourself.'"

Gary Hart

The hard economic times seemed to take a toll on everything, even an old reliable warhorse like the Annual Arizona Rural Health Conference. "There were reasons to do it, but we were doing the Annual Conference in rural communities," Gary Hart observed. "Every year you had to reinvent it. Sometimes it was a success, and sometimes it was a lesser success depending on where you put it. If you put it out in the middle of nowhere, then that hurts attendance. So what we did (in 2009) was contract with a new hotel in Flagstaff, and get a really good rate. Flagstaff was really the place to be in the summer because it was cooler. So we put it there, wonderful hotel, got really good rates, and then we bent over backwards calling in favors to get really good people to come in and speak at it. How did our attendance go? It was the same as it was before we did all that. Remember, there was a recession, and the state people couldn't come because they were limited in their travels. Nobody from the state came to the meeting. There was no money from a lot of sources. We had very few American Indians come from the Tribes because they didn't have funding. The Conference ended at

noon, and we had a workshop on how to write grants right after that. It was for the Tribes and some others, and we had 30 people at the grant-writing workshop. None of them had gone to the Conference because they couldn't pay for the hotel. So they managed to get in for the day, and then went home late, and they couldn't afford to come to the Conference, even though we were putting it on in the same building. If you start taking away 25 people from the state and 30 American Indian folks that would normally have been there, it just doesn't look like you think it should."

Gary Hart felt like his fiscal problems were compounded by the confusing organizational constructs of the College of Public Health. "It was a strange place," he said. "I was told that a lot of my salary was paid from an endowment. That was interesting. But nobody in Finance could tell me what the line was or how much money there was. It was a mystery, a black box. When Andy passed away, the dollars got spread around the College of Public Health for a bunch of people who were doing rural things, but they weren't in the Rural Health Office. People over whom I had no control. Sometimes they did really good things, but I really didn't have control over the budget when I got there. When you look at the budget that Andy had, and you take the budget that I inherited, and you adjust for inflation, I had about 20 cents on the dollar. Well, all kinds of things had happened between those two points in time. Andy had made some enemies along the way – usually because they were wrong and he was right – and when he died they stripped some things out of the Rural Office and pulled the entire thing back in. It didn't have any autonomy anymore. I spent three years trying to get AHEC moved back. We almost had it once, but then somebody somehow did something, and everything we did was undone in one day. We were never told why, even though there was a written agreement that said it would rotate. The dysfunction of



the place was really not apparent before I got there. I felt like I didn't hear everything that was going on before I came. To give you an idea, I never got 'Yes' to any question I asked in the three years I was there. Look, the school had its own problems, and you don't know what fire is burning somewhere else. We tried to do a lot of really good things in a really tough time for everybody."


Gary Hart

The University of North Dakota School of Medicine came calling in 2010, and they offered Gary Hart the director's job at their Center for Rural Health, the position that HRSA's Mary Wakefield previously held. "Even though I wasn't terribly happy, I wouldn't have gone just anywhere," Gary Hart commented. "It had to be someplace I really wanted to be, and North Dakota is a Top Three rural program. When Mary left we had 45 employees, and now we have 65, and our budget has gone up 40 percent across the time I've been here. The Recession was a big piece of what happened to me in Arizona, and I'd probably feel differently about things if money had been pouring in. But you weren't going to get an extra dime from the Legislature the whole time I was there. Arizona got hit especially hard because they were living off the growth, but they've cut taxes every year since 1992. Only Alabama has a lower tax rate. What happens when you cut and cut and cut? The Recession hit North Dakota too, but our budget never went down. Washington and North Carolina and Minnesota, their budgets didn't decrease. All of those schools are on the Top Ten list for Rural Programs. I was at Washington for year and years, and we were always the top Rural school on the *U.S. News and World Report's* annual list. Around 2000, with Andy, the University of Arizona was Number Two. They're not on the list now. All of the other top schools have remained on the list except Arizona. There just hasn't been a big investment in the future there. It seems like the attitude around Rural has been to downsize. Maybe the new guy's doing a great job and it's going to be a wonderful comeback story. I hope that's true. I liked Arizona and all the people that I worked with there in Rural, but there wasn't any investment in it. I was there during a bad time, and it was a great opportunity lost."

Alison Hughes was asked to step back into the breach again, and handle the acting-director duties after Gary Hart departed. She returned this time with the aim of adding one final landmark to the

Iman A. Hakim, MD, PhD, MPH

Andy Nichols legacy. "I was a woman with a mission," she remembered, "because I wanted to get something done that Andy always wanted done. One of his other dreams was that we would become a Center for Rural Health. He never could seem to get that through the University. I was determined that before I left I would get the Center for Rural Health approved. I did it under Iman Hakim (who was appointed Dean of the College in 2008) because she encouraged it. I got a student to help me do research on Centers, and what you would have to do to get that designation. I held staff meetings, and some of the staff were cooperative and some weren't, and one day I decided that if this was going to happen, I would have to write it. I told everybody that today is your last day for input, and this is how it looks, and it's going through on such-and-such a date. So all of a sudden there was a flurry of people giving me input, and it was great. I just sat and did an all-nighter, and I created that proposal. I put things in there that were part of a vision for rural health that have never been implemented, and that saddens me. I saw the Center for Rural Health as being a conduit for bringing together all the research in the University that impacted rural Arizona. I saw it having an annual event to bring together university-wide researchers, but that's never happened. There's a prestige to having a Center, and Andy wanted that designation, and that was the last thing I got done before I retired. And once I got the Center done, I said, 'It's time to move on. I can leave now. I've done what I have to do.'"

Fresh Start Towards The Future

The exit of Alison Hughes was another symbolic break with a storied past. When Neil MacKinnon came down from Canada in 2011, it was the start of something new. There was new leadership, new energy, new direction and a brand new name on the front door. The Center for Rural Health (CRH) was the new title of the rural-health team, and Neil MacKinnon was the first Director with no personal or professional ties to the Center's long-gone glories. That left him free to find a fresh way forward. "I was probably an unknown to them because

Neil MacKinnon

I didn't have any previous interactions or personal connections to the Center," Neil MacKinnon observed during a 2015 interview. "I was coming in from another country, I'm a pharmacist by training, and I had never previously served as a faculty member in a College of Public Health, so I was really coming in new. But I grew up in a small town and I worked as a pharmacist in a small town, so part of my DNA is the critical role health professionals play in the community fabric. I'm originally from Nova Scotia, and a lot of my research work was in rural Atlantic Canada, so the Center was a nice fit for my interests in rural health policy and healthcare delivery. Also, on a personal level, my wife is from Arizona, so it was like a second home to me and it was nice to move close to her family. One of my challenges from the time I got to Tucson was in casting a new vision for the Center. We had to build upon the Center's rich history, but not just live in the past. So some of my time was spent on creating a new strategic plan. We didn't have unlimited funds, but it was important to help the Center tell its story."

Neil MacKinnon contracted with healthcare consultants and creative technicians to update and unify the Center's core concepts. "We brought in an individual from Maine who had worked with several other State Offices of Rural Health, and the national organization as well," MacKinnon explained. "He brought in a national perspective, and also the best practices that were being used in other Centers. We were doing good work, but we needed help refocusing on what our core mission was, and making sure that, at the end of the day, all of our activities supported that mission. In some ways, people have kind of a love-hate relationship with strategic planning because it can be a painful process. You go through a lot of effort and activity, and what some people don't like is that sometimes it ends up sitting on a shelf. So we had to make sure that was not the fate of the process, and that it served as a catalyst. We spent a lot of effort engaging our external partners – other state agencies and rural leaders around the state – to include them and get them excited about the work we were doing. So our consultant did a lot of interviews around the state to get that inclusion and shape the plan around their input. We also hired a guy to re-

CRH Staff Wins 2013 NRHA Outstanding Organization Award.

develop our website, and we spent a lot of effort on social media. I had a Blog, and we had Twitter, and it was an effort to extend our message. We were trying to enhance and focus our visibility. People were doing a lot of great work, but not everybody knew about it, so we were helping the Center tell its story. One success that I reflect back on is that we were named the Rural Health Organization of the Year in 2013 by the National Rural Health Association. That was a lot of validation for the good work the people here had been doing over a 20-year period."

There was one Center mainstay that Neil MacKinnon didn't mess with. "The Annual Conference is certainly one of the most key and visible things the Center does," MacKinnon confirmed. "It's incredible that legacy of 40 years continues, and people might have been a little nervous about what I was going to change coming as the new person, but that was clearly one thing I was not going to change. We did hire an intern to write news articles about the conference to further enhance its visibility because, to be honest, you're looking at 150 people that can be at the Rural Health Conference. But I think the content is so excellent that those stories reached more people around the state who might not have been able to come to the Conference. It really has served as an excellent vehicle for the Center, as has the Winter session in the Legislature, the Health Policy Forum, where we meet with the legislators. As part of my role as Director, I also taught a class in Health Policy, and so I brought some of the students from that class to come and sit in at the Legislature. Those annual meetings are part of our history and part of our strength. Thanks to the legacy of Dr. Nichols, we're

one of the oldest state offices of rural health in the country. But sometimes you can become a prisoner of your history as well. Hopefully, one thing I brought from outside was the need to build on that history. We need to recognize its value, and not throw it away or discard it, but also turn our eyes forward rather than backward. I used my graduate level course on Rural Health Policy as one example of how to do that. I had students do mini-research projects using new data from countries around the world collected by a New York group. I had the students do new analysis on the data and present it at the Rural Health Conference. The idea was to help us continue to be a leader not just in Arizona, but internationally."

Neil MacKinnon with CRH intern, Jayce Abad.

For more than 40 years, the Annual Arizona Rural Health Conference has been a tremendous tool for the state's rural-health specialists to update their expertise and connect with colleagues. "I've been coming to the Conference for ten years off and on," said Patricia Tarango, the Bureau Chief of the Arizona Department of Health Services' Bureau of Health Systems Development, during a 2013 interview. "It's always been very timely in terms of addressing issues at the national level, and also issues coming up locally for rural communities. It's been very responsive on those kind of things. And they have excellent experience in getting high-ranking national leaders or regional officials from federal departments to come down and deliver presentations that are really quite stellar. That's always been really impressive. I just feel like this is one of the best conferences in terms of helping Arizona, and it's always been a pleasure to be part of this community. We've developed a long partnership with the Center for Rural Health, whether it's partnering with them to plan the Conference or co-sharing some costs to use the 3RNet database to help support the recruitment and retention of providers in local communities. We've worked very closely with the Center for Rural Health because our office functions at the Primary Care Office for the state. Our office, the Center and the Alliance for Community Health Centers have a really strong collaborative relationship that you don't really find in other states. We're unique in that we can put our heads together and come up with solutions. We nurture the work and

strengths of each other, and there's a mutual respect so we can reach out to one another when there are opportunities or back each other up if one of the parties can't engage on an issue."

Patricia Tarango was selected as the 2013 Exceptional Rural Health Professional by the Arizona Rural Health Association, and her involvement in rural healthcare sources from the same personal experience that has inspired many of the state's health professionals. "Part of what influenced me was that I grew up in a very rural part of Arizona," she explained. "I'm from Stanfield, which is just west of Casa Grande in Pinal County. It's very small and very rural, and according to the 2010 Census, there are 636 people in that little community. We lived way out on a farm, and my dad was a farm laborer, so we grew up without health insurance. Basically, we only went to the doctor when we were really, really sick. I grew up in a rural community until I was 21, and it really stays with you throughout your life. Things are just very different in rural communities. My father was the only breadwinner in our house, and there were six kids and my parents, so our income was very limited. Even living in the city, I've always felt urban poverty was very different than rural poverty based on my experiences. All of those pieces led me into social work, where I worked with underserved kids with very special healthcare needs who couldn't remain in rural settings because the care wasn't there. I also worked in a hospital setting helping rural people get back home after they were evacuated by air to Maricopa Medical Center. If someone was from Kingman, for example, it was my job to work with the community to figure out how to set up transportation to get them home. From there I started working at the Health Department, and a lot of the programs I oversee, whether they're workforce-related or deal with access to care, have a prioritization and focus on medically underserved communities, which are typically rural communities. So all of those things have influenced the work I do."

Tracy Lenartz (r) presents Patricia Tarango (l) with the 2013 Exceptional Rural Health Professional award.

Sometimes the most scintillating element of the Annual

Conference were the extended floor debates over health resolutions that conference registrants wanted to forward to the state legislature. Those discussions usually concerned meat-and-potatoes measures dealing with rural hospital reimbursements or EMS activities, but occasionally the issues at hand might travel much farther afield. Two board members of the Arizona Rural Health Association – Edie Faust and Jack Beveridge – remembered a row at an Annual Conference in the early 2000's that raged over whether the state association should weigh in on racial conflict in Africa. "Remember when Bud Day, who was like an environmentalist and had traveled the world, wanted a resolution against a war somewhere," Jack Beveridge hazily recalled during a 2013 interview. "Bud Day taught environmental and public health at NAU," Edie Faust clarified, "and it was the war in Zimbabwe, where they were killing off all the farmers. Those kind of conversations were interesting and stimulating. Even Bud's thing about, 'Look what's happening in Zimbabwe. That could happen here!' And it was like, 'Well, no, I kind of doubt that, but I see your passion,' and you kind of had to give him that." Jack Beveridge found the exchange exciting. "Bud Day wanted us to get involved in that," he recounted, "and Jim Dickson, who was a very conservative hospital administrator from Bisbee, objected. Jim was as conservative as Bud was liberal, and they got into it and really fought it out. Eventually, it was decided that it was not an appropriate topic for the Rural Health Association to consider, but I thought that was a lot of fun."

Former AZRHA presidents are acknowledged at the 2010 Rural Health Conference. Left to right: Rick Swanson, Dana Johnson, Jack Beveridge, Alison Hughes, Edie Faust

Rebecca Ruiz has been facilitating those kind of back-and-forth's at the Annual Conference for more than a quarter century. She joined the Rural Health Office right after high school, and very quickly became part of the conference-planning team. "Christy Snow was the Conference Coordinator, and I started working with her, and I moved up when everybody else left over time," Ruiz remembered during a 2014 interview. "Now I coordinate the rural conference, and when we call for presentations, I love reading through them because that helps me connect with what's going on in the communities. I work with

Conference planning committee, 1987. Left to right: Christy Snow, Rebecca Romero (Ruiz) and Virginia Snyder.

the Statewide Planning Committee, and what's nice about that is they're out in those communities, and they know what's going on, and what the topics are, and who we should get to speak at the Conference. We have up to nine general sessions and six concurrent sessions, so we have a lot of presenters, and we want people to come and get something out of it. It's a big event, and we get a lot of feedback, and people learn a lot there. We try to move the conference around and we've been all over the place. We did one in Bisbee where Jim Dickson, the CEO of Copper Queen Community Hospital, gave us a lot of help, and it went really well and we had a lot of fun. We never know about the attendance, but we had almost 170 people last year, and I'd like to get back over 200. Around 2008, the numbers started to drop a bit when the Recession came and travel budgets tightened. Webinars have taken over a little because of that. I also work on the Health Policy Forum, and we try get as many legislators to come as possible. Some years, we've had as many as 35 attend, and that's awesome, but it's always tricky because you've got all these other organizations trying to do the same thing."

The Center's conference coordinator has seen each of the office set-ups, and she says this situation might be the best. "Country Club and Speedway was like a maze," Rebecca Ruiz recalled. "Dr. Augusto Ortiz was there, and he was a saint. You could talk to him about anything, and if you had a family member that was sick, he would help you out. He would always give you a hug or a pat on the back. He loved seeing his patients, and he was very compassionate. His wife Martha was always with him, and he just kept on and kept on and kept on. But we outgrew that office, and we moved to Pima and Tucson. That was huge, and each of us had an office and a parking space. I

Rebecca Ruiz at the 2013 Rural Health Conference.

was a secretary and I had an office. When Dr. Nichols was a state legislator, we would have to wait there after 5 p.m. on Fridays if we had something urgent to discuss with him. He was coming from Phoenix, and several of us would be waiting for him, and we would depend on Alison Hughes to speak with him and help get something resolved for us. Alison was his right-hand person, and she was always there to support him in whatever role. Then people started moving over to Public Health, and I think I came over around 2004. People were hesitant at first because we didn't know what to expect. We weren't used to being on campus, and we knew we'd be moving into cubicles. Once I started packing, I saw how much stuff I'd kept that I shouldn't have, and I realized this would be a good move. We do have to pay for parking here, but the cubicle wasn't as bad as I thought, and it's been good for me. We're here with other people from the College, and we get to meet people from other divisions. We were isolated before. So moving into this building has been a very good thing."

The Center's New Synergism

Unfortunately for the Center for Rural Health, Director Neil MacKinnon packed up all his stuff in 2013 when he was offered a very good move of his own. The University of Cincinnati came calling with the deanship of their College of Pharmacy, and MacKinnon moved to the Midwest after two years as the Center's signal-caller. "It was bittersweet because I really enjoyed my time there," he explained. "I thought I'd be there longer, but I had the opportunity to become Dean at one of the top Pharmacy schools in the country, and I felt I couldn't pass that up. It doesn't make it easier because the last few months I was there we had created this plan and we had just won this award from the NRHA, so I could see some really cool things happening and I would have loved to continue. The one good thing that came from me leaving is that Dan Derksen had been brought on as a faculty member the year before, and we had already started involving him in Center stuff. I was thrilled that over the period of a weekend, after I spoke to the Dean and my recommendation was for Dan to become interim, if not permanent, director, that

Neil MacKinnon, on a visit back to CRH, 2015.

I spoke with Dan and he agreed to do it. That was amazing because we didn't have that long gap like when Gary Hart was there, then an interim, and then me. Over that weekend, we were able to say, I'm leaving but we've got a strong, excellent person who will immediately take over. So the transition couldn't have worked any better. I've kept in touch with Dr. Derksen, and I was back in the Center this winter for a short visit, and it's really exciting to see how he's continued to make progress. He's done a nice job of continuing to respect and honor the past, but also the need to say that we can't dwell on the glory years from 15 and 20 years ago. We need to create new glory years, new milestones, and new initiatives that we can be proud of."


Sharon Van Skiver

Senior Program Coordinator Sharon Van Skiver sees it similarly. Van Skiver has worked in and around the College of Medicine since 1970, and she joined the Center just as it was struggling to find fresh energy. "I did all the budgeting for Gary Hart," she said during a 2013 interview, "and did all the things that a program coordinator does. I took care of HR issues and dealt with the public that came in, and was a fire putter-outter. We had a lack of funding then, and we would have liked to have seen more funding towards issues, but we didn't have the dollars to do it. It used to be that the AHEC dollars were in the Center, and that budget would have allowed for a lot of things to be done differently. But that's something you can't look back on. You have to look forward and a lot of people hadn't done that. When Neil came, he was hyper-energetic and a breath of fresh air. He got along with everyone, and he was a good networker and a great facilitator. Now, the addition of Dan (Derksen) as the Center's director has been a very valuable thing. He has a clear understanding of medicine, he has a clear understanding of what the rural communities need, and he's not afraid to stand up and talk about it, and discuss with people issues that need to be discussed. I've always looked at the rural health office as being more on the medical side than the public health side. To me, rural means providing services to individuals who need it, and most of the services that are needed are medical services. Yes, there's education and literacy and things like that, but if you don't have your health, you don't have the time to do those things. I imagine in two or three years from now, it will be quite a Center. Dan has connections with the people he needs to have con-

Center staff gathering, 2012. Left to right: Kevin Driesen, Jill de Zapien, Joe Tabor, Carmen Garcia-Downing, Rod Gorrell, Jean McClelland, Neil MacKinnon, Lisa Yanxia, Howard Eng, Lynda Bergsma, Jill Bullock, Sharon Van Skiver, Vera Harwick and Rebecca Ruiz.

nections with. And he's a family physician, and that's the foundation of everything."

It was that search for medical services that brought Sharon Van Skiver to Arizona at the start of the Sixties, and sent her into the health-care side in the Seventies. "My mother had rheumatoid arthritis, and the doctors told her that if she spent another year in Pennsylvania, she would be an invalid the rest of her life," she explained. "We came to Arizona, and within six months, her hands and feet had straightened out, and she took no medications for arthritis. I grew up on a farm in rural Pennsylvania, and that's still home to me. The second letter my grandmother wrote to us here, she asked if we were having problems with Indians. She thought we lived in a fort. But when I married an Arizona native, I knew I would be here the rest of my life, and so here I am. I always had an interest in the medical field, especially with my Mom having arthritis, and I had a few other family members with health issues, and it was a good source of information. You make good contacts, and it's been very, very helpful to my family. I put two kids through school, and they graduated college without any bills. And I've always been on this side of Speedway, because the other side is too political. I mean this can get political, but not as much as the other side of Speedway. I believe in research and I guess I got that from working with doctors. I worked for the chief of Nephrology, and he took me over to the VA for five years, and later I worked for Mary Koss and Jeff Burgess. I like problem solving, and I like working with people. I'm a good follow-upper, and I can put people together that need to be put together. I can arrange things and make sure things happen. I've been very fortunate that in most of the positions I've been in that I had the backup I needed. This turned out to be a natural fit."

Jill Bullock

Rural Health Services Coordinator Jill Bullock came to the Center in 2011 to work on the Arizona Rural Hospital Flexibility Program (Flex), and she supports the breaking down of barriers that sometimes stifled the Center. "I love the work we're doing here," she said during a 2015 interview. "It's pretty cool. Rural has been a little bit different for me. I had worked in rural areas, but not specifically in rural health. I did healthcare marketing at University Medical Center, and then went to the Pima County Access Program, which works with the uninsured. I did a lot of outreach at Kid's Care, which is the Arizona State Children's Health Insurance Program. I was there when it was just starting, and something about it said to me, 'I want to do this.' And I did. So I've got all the components of working in rural areas. I wanted to help people. Like Dan (Derksen) really loves the policy section, and I love touching people and getting them in to see people when they don't have health benefits, so that's what I did. I've been full time on Flex until a couple weeks ago. Now I'm a little bit more in the Center. Dan gave me a promotion (Associate Director of the Center for Rural Health), so I'm 75 percent Flex and I have a couple of staff members under me. I think what's working is that we're not so siloed anymore. We're all contributing to the Center's activities as a group, and people are being cross-trained. We all used to be very, very, very separate in our silos. So we're trying to come back together as a team."

Kevin Driesen brought Jill Bullock into the Flex Program after they worked together at AHCCCS. "Flex works with Arizona's Critical Access Hospitals (CAH)," she explained. "There's 45 programs across the nation, and some states don't have CAH's because they're not rural enough. In Arizona, we've got 15 CAH's, and we give them technical assistance in the areas of financial and operational improvement, quality improvement, and health system development, as well as helping them get the CAH designation. The hospitals have to be 35 miles from another hospital, they have to have 25 beds or less, and a 24-hour ER. The value of the CAH designation is they can get a little bit more compensation. They can bill for the Medicare allowable instead of a deep-

er discount. We have a Quality Network, so we bring them resources. The federal office has identified measures for these small hospitals to work on, report on and improve upon. We're responsible for getting the hospitals educated on the program and give them support where they need help in improving. The biggest push right now is in patient satisfaction, and our Quality Network has been focused on that the last two years, and giving them the tools to improve. We'll bring in a consultant to help the hospital with certain areas. We do site visits, and we try to do each hospital twice a year. We can also support our hospitals to come to meetings, like the Western Flex meeting that's coming up. We give them dollars to register and travel to the meetings because it benefits them. They get lots of information on performance improvement, quality improvement, and benchmarking."

The Flex Program is not a one-size-fits-all proposition. "They're all different in their own way, so that's what's so great about having the network," Jill Bullock observed. "They can share what works and what doesn't work. Flex is really peer-to-peer learning. That's how I see the success of how that really works and how they talk to each other. We have two hospitals that have bigger systems over them. One is Carondelet Holy Cross in Nogales (in the Tenet system), and we work very closely with them, and they share a lot of best practices with us. The Page hospital is part of the Banner system, and they don't need a

Center staff, National Rural Health Day 2014. Left to right: Rebecca Ruiz, Agnes Attakai, Jill de Zapien, Paul Akmajian, Joyce Hospodar, Martha Moore-Monoy, Rod Gorrell, Sharon Van Skiver, Jill Bullock, Sonia Nieves, Dan Derksen and Joe Tabor.

lot of support from us. We have four hospitals that are either Indian Health Service or Section 638 (Indian Self-determination Act) facilities. So we're not talking apples-to-apples because patient populations can be very different. Nogales is a border town, so Carondelet Holy Cross delivers lots of babies, and it's very low income, so they have a lot of Medicaid patients. Up in Page, they don't have many Medicaid patients. Wickenberg is in a little bit more affluent area, so they don't have much Medicaid. Northern Cochise has a lot of elderly, and they keep their nursing home open, even though it loses money, because they made a promise to the community. And we have a Cinderella story. The Douglas hospital went bankrupt, and a company outside Chicago called People's Choice took over the management and completely redid their business model. They have 24-hour telemedicine services on the in-patient side. In just 18 months, they've completely turned it around. None of us thought they would be here right now. They went from having maybe a single in-patient to having about 15 patients a week at a given time, and billings are up 400 percent from where they were. It's a fabulous story."

Health Systems Development Manager Joyce Hospodar is among the last remaining links between the legend of Andy Nichols and the rebirth of the Center for Rural Health. "Dr. Nichols hired me," she said during a 2015 interview. "I only was around him for just four months, but everything people say about him, I got to experience. He was a wonderful man. I was interviewed just two days before the Thanksgiving weekend, and he called me at home and just wanted me to know that I wouldn't have to fret over the holiday because I was hired. I started on December 1, and then the state legislature came in, and I went with him. He took me under his wing and introduced me to all these people, and I could see what people said about him. He was committed and dedicated, and I just felt cheated that I didn't get more of what he was all about. So I had these two experiences with him that jumped out at me. His concern about calling me before Thanksgiving to let me know I was hired, and then the experience of being with him at the Legislature and being personally introduced to everybody. It was phenomenal. And then he was

Joyce Hospodar

gone, and it was horrible. But I'm not sure his legacy will ever die. You can still go to meetings today, and he is talked about among his generation as a sort of bigger than life kind of guy. Maybe when the younger generation completely takes over his memory will fade, but right now you still see enough older ones with his same focus. I guess it was just a very special time. Andy and his generation had a vision. I've been here 15 years now, and through all the transitions, that's what's been missing. I've never felt a vision, and that bothered me. But if you don't have people together, you're not going to create it. And that's a challenge now because all of us are very different."

Joyce Hospodar shares ACA pamphlet with MPH student, 2014.

Joyce Hospodar had been doing Medicare research at Carondelet for the eight years preceding her arrival at the RHO, but it was her posting immediately prior to that which intrigued Andy Nichols. "Dr. Nichols was very interested in international work, and he knew when I was hired that I had been in Egypt," she explained. "I worked seven months as a Sample Survey Specialist in Cairo. I worked for an old boss who had been hired to evaluate the status of some community development programs in rural parts of Egypt – were the roads built, had the community health centers been constructed. I went all around the rural communities in Egypt and it was wonderful back then. I'm not sure I would go now, but I saw so much and I loved it. I went to Jordan, and I did a safari in Kenya. It was fabulous, and I lived in a section of the city that was like the Georgetown of Cairo. The city is very dirty, and the noise pollution is rough, but I lived right next to the German Embassy, and it was like the cleanest street in all of Cairo. When I first came here, the RHO was a World Health Organization-designated center, and I wanted to help the office keep that designation after Dr. Nichols passed away. But I wasn't in leadership to make that happen. I went all over Egypt, and when you look around Arizona, parts of it are like the Third World. When I'm out working in some of these communities, especially on the Reservations, I get that sense.

What I love about this job is working with the Tribes. The people are eager and smart, I'm entranced by the locations, and I love the challenges and the spirituality. It makes you want to help however you can. And I think that's the focus of the Center. As Arizona's State Office of Rural Health, we have a purpose and people come to us for support."

In the Center for Rural Health's new synergistic environment, Joyce Hospodar's time is split across four responsibilities. "I'm doing several things for the State Office of Rural Health (SORH)," she noted. "I manage and oversee the Rural Recruitment and Retention Network, which is called the 3RNet. It's for organizations that want to post job openings in rural areas, and also for the health professionals out there who are looking for jobs in rural communities. They can go online and review what's open. We have a three-way partnership with the Arizona Department of Health Services and the Arizona Alliance for Community Centers. I manage that for the state of Arizona, and Rebecca Ruiz supports me on that. I also work with our Statewide Trauma Manager Workgroup. Eight of our 15 CAH's are Level 4 Trauma Centers, and Alison Hughes and I were responsible for making that happen. The Bureau of EMS was not having any success and they came to us. Now we have 91 people on our List Serv, and in July we'll be going to Tuba City, which just became a Level 3 Trauma Center. We host quarterly meetings that bring all the trauma managers together. On that activity, I bridge between Flex and SORH. I also do grant-writing training with Agnes (Attakai), and oversee students on a one-credit Rural Policy course. I just go with the flow, but things are getting better here. There was no stability for the longest time. Neil (MacKinnon) brought good energy, and we miss him, but it was just frustrating. There was this revolving door, and you couldn't get anybody to stay. But I think we've got a good one now. Dan (Derksen) is a good fit. He's an M.D., and he's committed to what's happening with the Affordable Care Act, and with Workforce, and so he really brings a lot."

Agnes Attakai

Retooling A Top-Ranked Team

The Center's new Director has his own personal connection with the rural office's storied past. Dr. Daniel Derksen studied under the spirited leaders of Family and Community Medicine as a University of Arizona medical student from 1980 to 1984. "I got into medical school just as they were starting the Rural Health Office," Dr. Derksen remembered during a 2015 interview. "It was a very exciting time. There was a lot of energy and collaboration. There was a group of faculty and older students – Andy Nichols, Ron Pust, Doug Campos-Outcalt, Larry Moher, Lane Johnson, Carlos Gonzales and Bob England – who were very idealistic and very dedicated. My first year I joined the Arizona Academy of Family Physicians. Now I serve on its Board. And I joined CUP (Commitment to Underserved People) started by Dr. Steve Spencer in 1979. I later taught his daughter, Peggy, during her residency in Albuquerque. There was a spirit of family medicine and primary care, and that we had a mission to serve those who needed care and had no other place to go. I wanted to be a physician who helped others. Like a lot of students who went into family medicine, I was discouraged by folks who said, 'You're too smart to go into that.'

I never took a class from Andy, but I heard a couple of his lectures on Tropical Medicine. He was so soft spoken you could barely hear him, but when you listened to the content, you felt, 'Yeah, this is where we need to be.' Andy was a mentor on my Senior Project, which was doing Health Risk Appraisals in villages along the Rio Yaqui in Sonora. Before (my wife) Krista Wills and I went, Andy said, 'Why don't you drive with me to Hermosillo for a PAHO (Pan American Health Organization) meeting, and we'll get you connected to people who oversee the IMSS (Instituto Mexicano de Seguro Social) clinics.' We talked all the way down and back, and that was a five-hour drive each way on a two-lane road. I remember he wore his Arizona bolo tie, and his hair always had this cowlick that came up in back. But he was




Left to right: Bob England, Doug Campos-Outcalt, Larry Moher and Lane Johnson

Dan Derksen working in Sonora, 1984.

very smooth even then. He was always very gracious and very warm with folks from different cultures.

Krista and I went to the Yaqui villages every day, and we did several hundred health appraisals at the IMSS clinics. While we were there, a Tucson newspaper sent down a reporter and photographer to interview us. When we got back, Andy had the article pasted up in the old (Second Street) office. He was very proud of it. He said, 'This really helps us with our new program.' That whole experience was very powerful. Krista and I got married our fourth year of medical school, and a couple days after returning from Mexico, we were devastated to learn that we had been unsuccessful in landing residency spots in the new couples match. Ron Pust helped us get internal medicine positions in Phoenix in the scramble, and we ended up doing two internships. In those days there were no residency work hour limits, so it was every third to fourth night call, 80 to 100 hours of work per week, and one day off per month. So our first year of marriage, we didn't have a day off together for six months! I decided then and there, this residency training just has to change, and I wouldn't let amnesia set in once I finished that residency rite of passage. We did that year of internal medicine internship at St. Joe's in Phoenix, then accepted internship positions outside the match at University of New Mexico (UNM) – family medicine for me, and Krista in ob/gyn in 1985."

Page 4B Tucson Citizen Thursday, April 5, 1984

Young doctors battle old ills in Mexico

By PATRISIA GONZALES
Citizen Staff Writer

POTAM, Son. — The dog lay dying of starvation. Advanced mange revealed pink skin. Flies circled the feces it had left.

With each heave, the dog came closer to death in the Yaqui Village of Potam, Mexico. It was only a few feet away from a drinking laddle dipped many times each day into an 8-foot-deep mud well, where murky water is defined by layers of muck and sludge.

Dan Derksen, a University of Arizona medical student, walked out of a mud hut, which obstructed his view of what he called the cause of so much disease in Mexico — contaminated water.

He wanted to wash his hands after giving tuberculosis vaccinations to two toddlers whose intense infestation of scabies mirrored the dog's plight. But there was no soap and he was advised against using the well water. He grimaced as he and the 19-year-old Mexican nurse who accompanied him scoured their hands with alcohol swabs.

Derksen was learning about the Mexican health care system through a UA medical school program that sends students to observe medical care in rural Sonora.

passes rapidly amid children who scream at the sight of white jackets and go into convulsions at the thought of a shot. Sometimes, a parade would follow the vaccinations, as children with a macho veneer showed the others that the vaccine was not all that bad.

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The 26-year-old's blond hair and American-tinged Spanish attracted stares from villagers, but that did not hinder Derksen.

"One of the reasons I wanted to come down here was to be exposed to the things that we are not used to," he said. "As more people come over here, we can treat these things because they're bound to bring them with them."

One thing he learned is that starvation and mange is not a common denominator for the 7,300 residents of the Yaqui village. The Yaquis enjoy a better standard of living than most Mexicans, having rich land to plant and the bounty of the nearby Gulf of California.

The more universal truth for the Yaquis and others living in verdant areas of Mexico is that, despite their higher standard of living, all must accustom themselves to contaminated water, amoebas and dehydration.

For other parts of rural Sonora,

University of Arizona medical student Dan Derksen gives a shot

clothing for a warm day.

Simple habits such as washing hands could help stop the spread of disease, Wills said.

"If you tell people they have to take a bath, you have to tell them why or they do not understand why they have to do it," said Mario

funded health care institute for government employees.

Everyone in Mexico is entitled to some subsidized health care. But an estimated 10 million to 15 million do not have access to medicine, especially in the rural areas, where health professionals are scarce, according to government figures

homes. Only slums occupy the area because the water is so bad. Not even the Franciscan dispensary has running water.

The students arrived at their impromptu mission in Fatima. They were there to visit a quick-witted 4-year-old girl who cannot walk, possibly because of polio.

Juana Victoria Acosta looked like a dirty rag doll as Derksen tried to hold her up to see her stand. The left foot turned in. The right leg, Derksen commented, looked healthy.

"It's flaccid. No muscle development. Atrophied heel." Derksen described the left foot as Wills examined the girl's reflexes with the blunt end of a kitchen knife.

"*Flojo* (loose)," Derksen told the girl as he held her weak leg. Rag ribbons were tied in her hair.

He tried to get the girl to wriggle her toes.

"*Duele* (it hurts)," the girl said, and she began to cry as the room filled with curious neighbors.

Wills took the end of a key and ran it along the weak foot.

When she was eight months old, the girl had had a fever. After she recovered, her development was never the same, her mother, Ade-

ing their wars with the Mexican government, stands in dark pride.

Derksen and Montano walked along on discarded clam and oyster shells that pave the village of Potam, land given the Yaquis in 1936 by the government.

"The problems here are of a small town where civilization has not yet come," Montano said.

Derksen became well-versed in those problems. Part of his four-week stay included research on health hazards Yaquis face from the machete and field work.

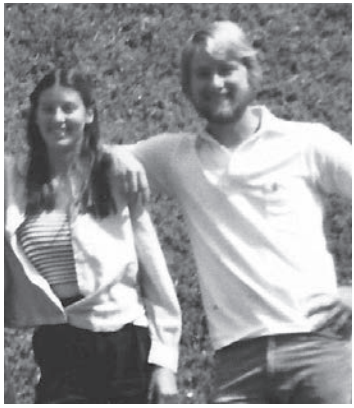
Roosters cackled and picked on discarded *chorizo* (Mexican sausage), as a mother coaxed her children to come get their shots.

The men are not here to give shots, she told them, but they were unconvinced. She wound up having to chase them.

Some mothers insisted to the medical people that they had no children — until tiny clothes on their clotheslines betrayed them. Then they used the excuse that their children were sick. In some homes Derksen had to find the "oldest-looking person" to ask permission to vaccinate the children.

Some huts reeked of trash and had piles of beer bottles. Others

Tucson Citizen article, 1984.



Krista Wills and Dan Derksen, 1983.

Dan and Krista left Arizona and didn't return for almost three decades. He finished his UNM Family Medicine Residency, then joined the faculty there, as he waited for Krista to finish her ob/gyn training. "I lost track of the Rural Health Office when I started my own fledgling career," he explained. "I would hear occasional stories, and I remember Doug Campos-Outcalt complaining, 'You guys in New Mexico always get the grants!' We were in the first group in the country to get AHEC (Area Health Education Center) funding, UNM started the Primary Care Curriculum, and I got a big ($5.7 million, seven year) Kellogg Community Voices grant. We started cobbling together some of the things that got me inspired. I love being a family physician; I like meeting people and hearing about their family, and managing someone's care within the context of their community. That was very satisfying and very seductive, and you get immersed in that. But I knew from my protracted internships and residency, that we needed to do things differently about the way we trained physicians and how we prepared them for where they were really needed. My first year on the UNM faculty, one of our interns committed suicide. She used her purple Robbins pathology textbook to weigh down the gas pedal in her car, and died of carbon monoxide poisoning in her garage. Her husband, also a resident, found her.

One of my first experiences in translating data to policy was performing a study to determine if our other interns were having suicidal ideation, and whether sleep deprivation was a contributing factor. That data was not greeted enthusiastically by the hospital administration or the chairs of the school of medicine departments – those being the days of 'iron men and wooden ships' and all. One of my first publications was telling that tragic story, and sharing that data, in Health Affairs. Someone sent the piece to all of the residency directors in the country. Now there are work hour limits, and things are a bit better than they were than when Krista and I did our two internships. My editor for the Health Affairs Narrative Matters piece was Fitzhugh Mullan. He continues to be a mentor and friend, and is the nation's premier policy expert on health workforce reform. He's a great writer, and I taught in a couple of his workshops – Storytelling in the


Dan Derksen, MD

Trenches – about the power of the personal anecdote in changing health policy. He loved Don Fox's line, 'the plural of anecdote is policy' and that never left me. Want to convince a legislator to vote for a bill? Have a person tell their story, and link it to the bill.

My first grant as principal investigator (PI) was about how we decentralize family medicine training. We started One-Plus-Two Residencies with HRSA (Health Resources and Services Administration) funding based on things we'd done with our partners in community health centers. Residents did their first year (internship) at UNM in Albuquerque – the state's urban teaching hospital, and their second and third years at community-based programs in Roswell, Santa Fe and Las Cruces. You have to be persistent. It took six years of funding to get the first of those family medicine residencies up and running. The University of Washington had a wonderful model in Spokane and we visited them and borrowed from that. There are reasons the Universities of Washington and New Mexico were always ranked #1 and #2 in Rural Health. You have to have a single-minded focus on outcomes. Did you improve access to care? Did you get more people covered? Did you get more of your folks to practice in rural areas after graduation? Did you achieve the things you said you were going to do? I had a taste of reforming education and testing new community-based training models. But I lacked applied health policy skills to anchor these ideas in legislation, regulation and accreditation – so we could escape living on the edge, from grant cycle to grant cycle."

In 2008, Dan Derksen earned the opportunity to learn those skills in Washington D.C. as a Robert Wood Johnson Health Policy Fellow, and work beside U.S. Senator Jeff Bingaman, a five-term Democrat from New Mexico. "I'd been on the faculty for 20 years, written some grants, established some successful programs – with Kellogg foundation support we started the first dental residency in New Mexico, and expanded Arthur Kaufman's UNM Care Model that covered 15,000 of Bernalillo County's uninsured – taking it statewide collaborating with the Hospital Association on an RWJ State Coverage Initiative that covered at its peak 45,000 working poor, and honing our health commons community-based care and interprofessional training model," Dr. Derksen observed. "I was turning 50, and Krista along with Doug Campos-Outcalt

and Mario Pacheco – encouraged me to pursue the RWJ Health Policy Fellowship. Doug had already done a fellowship with Senator Bill Frist, and Mario with Senator Jeff Bingaman.

U.S. Sen. Jeff Bingaman (D-NM) and Dr. Dan Derksen during 2008 RWJ Health Policy Fellowship in Washington D.C.

I had a very defined set of things I wanted to do in that year. The first day I was in D.C. in 2007, the Senator's staff brought me right in to see Jeff. He insisted you call him Jeff. His office was on the 7th floor in the Hart Senate Office Building, right next to Senator Lieberman's, and just across from Senator Obama's office. He asked, 'What do you want to work on?' I didn't hesitate, 'I want to work on reforming graduate medical education and creating models that get the health workforce out to rural areas.' He said, 'Perfect. Some of that is in the jurisdiction of the Health Education (HELP) Committee (chaired by Senator Kennedy), and some is in Finance (chaired by Senator Baucus), but don't worry, I sit on both of them.' He's this incredibly effective person who's uncomfortable in the spotlight, but has real credibility with his Senate colleagues. It was extraordinary work, but intense. I had a cubicle and much of my life on the Hill was spent in that 15 square feet. Early on, Jeff asked me to staff him for his Senate testimony on reauthorizing the Indian Healthcare Improvement Act (IHCIA). It was the first time I was on the Senate floor, and it was the first time I drafted a speech in another person's voice. I tell my students now, 'It's 18-point font, double-spaced, two or three pages. You make your point and move on.'

And that wasn't easy for me, and it still isn't easy – I had to learn to give a two-minute briefing as Jeff and I walked to a HELP Committee meeting in the Dirksen Senate Office building. I worked on provisions that ended up in Title V of the Affordable Care Act (ACA), about 80 pages on creating Teaching Health Centers and the National Health Care Workforce Commission. I went through a hundred versions with different advocates, and drafted them with the assistance of the Senate's Office of Legislative Counsel folks down in the basement of the Dirksen building, this relentless iterative process. That was a really good discipline. It was way beyond my expectations that I'd work on

something that ended up being passed and signed into law, including the permanent reauthorization of IHCIA in the ACA. I learned that getting authorizing legislation is one thing. But we weren't able to get the Teaching Health Center (THC) provision into the Social Security Act – Medicare and Medicaid – with dependable entitlement funding like we had hoped. So even today, we're still fighting the yearly appropriations battle, on the discretionary funding side in the Public Health Service Act, though we did get $230 million appropriated over five years as part of the ACA, and half the states now have Teaching Health Centers. I can't believe it's been five years since the ACA was signed into law, and eight years since my fellowship. We just got another $120 million reauthorizing THC's, a coup delivered at the last moment via the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). We are now fervently searching for sustainable funding through Medicaid GME (Graduate Medical Education), with Senator Patty Murray – the ranking minority member of the HELP Committee – and other Congressional THC champions looking for long-term solutions. Now the policy action shifts to states for THC's, as governors and legislators consider ways to better invest the four billion dollars in Medicaid GME, to yield the health workforce our states need."

Dan Derksen at the microphone.

When Dan Derksen returned to New Mexico, he was offered an opportunity to put Obamacare into action. "When you go into the Fellowship, they tell you it's life-changing, and most people don't go back to their old job," he said. "You apply your new skills in some other way. The transition can be a little jarring after you've been in D.C., and you catch that Potomac Fever, and get a little addicted to that kind of adrenaline. But when I got back, I knew all the action was going to be at the state level. Governor Susana Martinez's Chief of Staff, Keith Gardner, pulled me aside during the 2011 legislative session, 'We really want to start a Health Insurance Marketplace in New Mexico, and we have this open position, the Director of the Office of Health Care Reform. Would you do it?' I said, 'Your boss is the nation's first Republican Latina governor, and she's going to get a lot of heat for this. Are you serious?' He said they wanted to go ahead. I had worked

well with Keith when he was a state legislator from Roswell, just after I got back from D.C. and I was serving as president of the New Mexico Medical Society. He was helpful on a Medicaid medical homes bill (H.B. 710) that I had researched, drafted and testified on for Representative Danice Picraux. So I told Keith I'd do it for 12 months, but I didn't want to run it, that I'd already accepted a job at the University of Arizona, and would defer my start for a year. I told him I'd bring in the federal resources we needed for a New Mexico Marketplace. I'd write and submit the first CMS (Centers for Medicare and Medicaid Services) Marketplace establishment grant before the September (2011) deadline, and they'd surely fund it because they were eager for Republican governors to establish state exchanges. Six months later in March of 2012, I'd write the Level Two grant that would take us all the way through to implementation with open enrollment in 2013. So I wrote the first proposal, and we got $34.3 million from CMS. They loved our proposal and gave us every dollar we asked for. I drafted contracts, assembled pieces, met with stakeholders, and negotiated the state procurement obstacle course.

New Mexico Representative Danice Picraux and Dan Derksen celebrating successful bill passage.

Now I had some folks getting after me, 'Why are you letting Obamacare in the door?' I said, 'Well, we have the second highest percentage of uninsured, and I'm a family physician, and people die if they don't have health insurance. 'Don't get sick' doesn't sound like much of a plan to me.' I took so much heat. Then everyone got really nervous around the first Supreme Court ACA hearing in March of 2012. Many members of the Republican Governors Association were pressuring the 30 R-Govs to stand firm against Obamacare – thinking SCOTUS (Supreme Court of the United States) was going to throw it all out when they announced their decision in June. My argument in the Governor's Office of Health Care Reform was – we want a health insurance exchange no matter what the Supreme Court decides, right? And Keith reaffirmed, 'Yeah, but one like Utah has.' And I tried to explain that Utah's exchange was tiny, a few thousand enrollees, and it wouldn't pass ACA muster. We had an established State Coverage

Dan Derksen with U.S. Surgeon General David Satcher, 2004.

Initiative (SCI) in New Mexico to draw on that a lot of us had worked on, with 45,000 uninsured working poor buying discounted health plans. Our exchange would quickly grow to over 50,000 in a couple years. If the Supreme Court upholds the ACA, my reasoning went, then we'd be way ahead of other states, we'd already have the CMS funding, and we didn't want the federal government running our Marketplace. And if SCOTUS struck it down – well it's a lot easier to shut it down than to stand a Marketplace. We'd need every single day to be ready for open enrollment in 2013. And for a few months anyway, my arguments held sway."

Dan Derksen continued, "Until they didn't. The day before the deadline to submit the Level Two grant, the state's Health Secretary said, 'Obamacare's not coming in the door,' throwing our grant proposal on the floor and storming out. It was an angry outburst. I now realized that she wasn't going to let us move forward, and I resigned. It was painful to work so hard on something and have it yanked at the last minute. New Mexico's state-based exchange came to a grinding halt, so that the state was forced to use healthcare.gov for eligibility and enrollment. It could have had a model eligibility and enrollment system, with a seamless Medicaid-Marketplace interface, as the IT (Information Technology) systems integrator was already replacing the state's antiquated Medicaid and human services system. But you're going to have those political and ideological setbacks. I carry the emotional scars from those painful battles.

So when the second Supreme Court decision was announced on June 25, 2015, those memories of setting up an ACA Marketplace came flooding back, spurred by radio and newspaper interviews. I've done a hundred of them as the Center Director. I try to balance the partisan rhetoric with evidence-based data. I like to say that my biases are informed by data. But I freely admit that I'm biased, just as I fully disclose that I'm a lifelong registered Republican. In my 30 years as a family physician, so many of my patients lacked health insurance. People do better with coverage. So the new SCOTUS announcement,

even though it was all very positive for over six million people in the 34 states including Arizona with federal Marketplace health insurance plans, the events have me distracted and anxious. I'm reliving the hand-to-hand combat on getting people health insurance coverage and making sure there are enough providers trained and practicing in the right places and disciplines to take care of them – from my days on the Hill and in Santa Fe, these health policy PTSD flashbacks. They still get my heart racing – because the stakes are so high if these folks lose coverage or can't find a primary care doc. I draw comfort that our Teaching Health Centers are in 24 states and growing, that Governor Martinez signed New Mexico's Marketplace into law and it's expanding, that the Human Services secretary who created roadblocks to reform left, and the new one is a thoughtful, responsible person. So for the moment anyway, SCOTUS delivered us such sweet karma."

The University of Arizona graduate exercised his 10-day out clause from his Santa Fe intergovernmental assignment with the Governor's Office and UNM, and returned to his alma mater on the UA campus in the fall of 2012. "I'd taken things as far as I could in New Mexico and at UNM, and I got recruited to work here," Dan Derksen explained. "I had put the Mel and Enid Zuckerman College of Public Health off for a year, but they seemed to value my experience enough to be patient with me. I had all these policy skills I wanted to apply. I came in expecting to be a professor in Public Health Policy and Management. I arrived at about the same time as Ann Weaver Hart, the University's new President. The first week I was here, her office contacted me to ask if I would be part of a faculty liaison to Governor Jan Brewer's office on Healthcare Reform. There was a coalition forming to restore and expand Medicaid, and someone had told her about my experience in New Mexico.

The arc of this Medicaid issue traces all the way back to Andy Nichols. Probably the most enduring contribution Andy made to the working poor of this state was expanding Medicaid coverage to 100 percent of the Federal Poverty Level (FPL) for childless adults, through Proposition 204 implemented in 2001. But during the great recession, the state froze Prop 204 eligibility and thrust al-


Ann Weaver Hart (left), UA President and Eileen Klein, Arizona Board of Regents Board President.

HRSA Administrator Mary Wakefield and Dr. Dan Derksen at the 40th Annual Arizona Rural Health Conference in 2013.

most 200,000 people off Medicaid. All these groups aligned, including the state's Chamber of Commerce and the Hospital Association, because it was bad business. The uncompensated care was killing Arizona hospitals because 20 percent of the population had no health insurance. We met with Eileen Klein, who was then Governor Brewer's chief of staff (and now is President of the Arizona Board of Regents), about restoring Medicaid to 100 percent of the FPL, and then expanding it to 138 percent as allowed under the Affordable Care Act. The coalition worked behind the scenes using data to prepare speaking points about restoring Medicaid and to quickly counter misinformation. And it was a health policy miracle, Governor Brewer and the legislature were able to restore and expand Medicaid to coincide with ACA coverage implementation in 2014 to 2015, to the amazement of many throughout the country. It was great politics, and it happened in Arizona. I heard Governor Brewer speak, and she stayed on message, 'Weigh the evidence and do the math,' she said in her state of the state address in 2013. Her message was about covering the uninsured, it included reducing the staggering uncompensated care costs for hospitals – that hidden tax on them, it was about creating good jobs in a state rocked by the recession. I've said it many times, I admire governors who have the courage to do what is best for their constituents, in spite of the political optics and polling by their parties. I was fortunate to be put into a position by Dr. Hart to start developing relationships with state leaders. Because in translational and applied health policy, it's all about relationships."

Dan Derksen never could quite settle into the College of Public

Health role that was originally envisioned for him. A few months later, Neil MacKinnon announced he was leaving as Director of the Center for Rural Health. "My first reaction was this guy can't be replaced," Dr. Derksen said. "He has all the attributes you want in a colleague. He listens well, he works hard and he's a wonderful teacher and mentor for students. Then it became clear when he called me that this fits well with the things I've been working on over the course of my career, and these are things I care deeply about. Often in these departures, you have a six-to-12-month period of recruiting someone, you can lose a lot of program momentum, so I quickly realized I had the experience and background to contribute and build on the successes of the Center. It was a very natural fit, and my only misgiving was that health policy work in Arizona is really missionary work. We're a long way from D.C., and I know how decisions are made there, and our voice is not very well heard there. Some of the intractable issues and challenges we face are going to require a persistence and commitment to staying after it. Change is going to be incremental and we're going to have to take the long view. I approached it with my eyes wide open and it's a steep learning curve. Some people were still worshiping at the altar of Andy Nichols and acting as if he were still running the programs. I have tremendous respect and admiration for the programs Andy built. Now there are contemporary problems that we need to be paying attention to, not the least of which is Arizona has 1.2 million uninsured.

Neil did a lot of hard work on strategic planning, which I can be a little cynical about. You go through the process and the plan gathers dust on someone's shelf. But when I read through it, I said to our team, 'Let's implement these things.' That plan is moving us in the right direction, building on our strengths, and addressing some of our weaknesses that have developed through atrophy. So we've successfully gone through a competitive renewal cycle for our largest rural grant, kept our promises to other funders, and continued to deliver on our long-standing social contract to improve the health and wellness of rural Arizonans. We use data, outcome metrics – technical assistance, outreach, presentations, webinars, workshops, conferences, publications, social media – to gauge what we're doing well, and where we need to redouble our efforts, or find resources to address unmet need. Some of it's not very exciting – blocking and tackling, moving things forward three yards at a time and a cloud of dust. And in this part of the country, in our vast rural and U.S.-Mexico frontera areas, there are many, many issues and a whole lot of ground to cover."

Center for Rural Health staff at the annual retreat, December 2014. Top row: Rod Gorrell, Joe, Tabor, Jill Bullock, Jennifer Peters; middle row: Sonia Nieves, Agnes Attakai, Alyssa Padilla, Howard Eng, Nick Jennings; bottom row: Rebecca Ruiz, Martha Moore-Monroy, Joyce Hosopdar, Dan Derksen, Sharon Van Skiver and Paul Akmajian.

The central strategy of that plan is patching back together a team that had slowly drifted apart. "The big part of the experiment is can you put together a team of professionals cross-trained to really function as a team with an end goal in mind?" Dan Derksen explained. "To me, our core goals are let's get people covered and let's train enough providers so that people have access to high quality health care. I want to see the Center catalyze change, and I want to see our people have a fair amount of flexibility and fun as we do that. It has to be something you care about, so you roll up your sleeves and work hard at it. I want to recapture some of that spirit I sensed as a medical student when icons like Andy started this stuff, and in the rich oral history I'd been hearing since I returned to Tucson. Some of our programs that once had a sense of vision and cohesion had wandered off and become silos of activities.

Our first tasks were to capture that history to build on it, then bring everything back together so everybody would know what things we are doing now, and then let change emerge from within. To identify the attributes of someone like Jill Bullock, who has been indispensable on the operational side for years. I just appointed her Associate Director. That allows someone like Joyce Hospodar, who has a gregarious nature and a can-do attitude – people in rural areas and hospitals love working with her – to serve as Senior Advisor to make sure our outreach programs connect with the communities we work in. To lean on the professionalism and dependability of someone like Sharon Van Skiver, who keeps our programs running smoothly. We added bench strength with Alyssa Padilla, who did a wonder-

ful project comparing the benefits of Medicaid versus Marketplace benefits for uninsured Arizonans with a serious mental illness under Will Humble's tutelage when he was the Director of the Arizona Department of Health Services. Alyssa leads student volunteers to become certified assistance counselors helping uninsured Arizonans get coverage, and creates online training to address the public health crisis around prescription opioid overdose deaths. She's our Special Projects Coordinator. Bringing in Paul Akmajian, who can arrange compelling images to add vibrancy to our words and data. Our team now functions at a high level. It showed when we pulled together a Navigator Grant – a $2.5 million, three-year proposal to educate the uninsured about their coverage choices – on extremely short notice. It displayed leveraging our relationships with State Offices of Rural Health, and now housing Doug Taren's new Western Regional Public Health Training Center. And up and down the team line – Joe Tabor, Martha Moore-Monroy, Jill de Zapien, Jen Peters, Agnes Attakai, Rod Gorrell, Howard Eng, Sonia Nieves and Rebecca Ruiz – you won't see anyone sitting on the bench, they're all in the game, matriculating the policy ball down the field."

And sometimes the surest way forward is to rediscover something that has been there all along. "Our 42nd Annual Rural Health Conference is coming up in August. We have 27 proposals for posters and presentations involving over 50 people," Dan Derksen noted. "We want to accommodate them all. We want this energy. We want this excitement. Let's identify the new leaders who can keep pushing on these issues. That's where the change is going to come from. It expands our vision. I'm really looking forward to this Annual Conference that we do with the Arizona Rural Health Association, the Arizona Alliance for Community Health Centers, AHEC, Telemedicine and all the others. We don't do this alone. These are collective efforts. When Andy Nichols had that wonderful success expanding Medicaid, it was a citizen-led initiative, and a whole lot of people had to vote for it. Twice. You have to have this drive, this persistence, this passion, but it has to be a collective effort. These things are so important, and we have to keep after them. Our Annual



Alyssa Padilla and Paul Akmajian

Rural Health Conference is still incredibly crucial. The energy level is still high, and you have people that get together, and they get renewed. They get inspired, they inspire each other, and they find shared projects to work on. Sometimes we're playing offense, researching a bill or testifying in committees to inform legislative and regulatory policy decisions. And sometimes we're playing defense, evaluating and reporting returns on investments in Medicaid restoration and expansion, or the consequences of cutting funding to health services and education programs on health outcomes.

Look at the progress that's been made, and look at the opportunities that are in front of us right now. Partially, it's a spiritual journey. When we get together, you see old friends, you see old colleagues, and you might see folks you've had skirmishes with, just like a real family. But you always look to see what we need to do now, what's before us now, what's pragmatic, what's possible, and what's a dream that we're going to keep after. By doing all this prep work, nurturing these relationships, maybe the time will come and we'll be ready and we can act on it. Now is the opportunity to move forward with these things. Now is the time." ■

Photo: Ken Miller

About the Author

Michael Joe Dupont is an award-winning writer and former newspaper reporter, who currently authors book-length projects (including business, media and healthcare histories), while continuing to write articles on medical and business-related topics for a variety of New Mexico publications. Dupont is a two-time winner of New Mexico's prestigious Heritage Preservation Award, which is presented by the Historic Preservation Division of the New Mexico Department of Cultural Affairs. His 2010 book, "Modern Medicine in New Mexico: The State Medical Society From 1949 to 2009," won the 2011 Heritage Preservation Award, and his 2007 volume, "Fifty Years of Family Medicine in New Mexico," won the 2008 Award. In each case, his book was the only contemporary historical publication to be so honored. Dupont has also written Anniversary publications for UNM's Department of Family and Community Medicine honoring the 30th anniversary of their Family Practice Residency Program and the 10th anniversary of their Locum Tenens Program. Other recent articles have appeared in the *New Mexico Business Weekly, Santa Fe New Mexican, Albuquerque Tribune, NMAFP Roadrunner* and GAMA Reports. Dupont has won recent writing awards from the Southwest Writers organization and the Southwest Literary Center. He was formerly a political and general-assignment reporter for a variety of daily newspapers, including the *Detroit News, the Arizona Daily Star, the Oregon Statesman, the Abilene Reporter-News*, and the Capitol Bureau of Harte-Hanks Newspaper Group in Austin, Texas.

BIBLIOGRAPHY OF SOURCES USED TO PREPARE CRH HISTORY:

While space limitations prevent specifically formal footnoting of source material reviewed during preparation of this history of the University of Arizona's Center for Rural Health, it should be noted that the following sources were reviewed, and typically cited when specifically used:

1. Individual interviews conducted by Michael Joe Dupont from August, 2013 through June, 2015 with the following individuals: Amanda Aguirre, Lynda Bergsma (3), Jack Beveridge, Jill Bullock, Daniel Derksen (2), Jill de Zapien (2), Kevin Driesen, Howard Eng, Edie Faust, Carol Galper, Carlos Gonzales, Gary Hart, Alison Hughes (3), Joyce Hospodar, Gordon Jensen, Neil MacKinnon, Ann Nichols (2), Sonia Nieves, Don Proulx, Sally Reel, Ann Roggenbuck, Rebecca Ruiz, Patricia Tarango, Sharon Van Skiver, Tony Vuturo, and Ron Weinstein.

2. Various organizational documents for the Center for Rural Health, the College of Public Health, and the Annual Arizona Rural Health Conference (1972-2015), including quarterly newsletters, annual reports, annual programs, bound proposals, bound proceedings, online website material, and other assorted items.

3. Assorted promotional material for the Arizona Telemedicine Program, including various brochures, reprinted articles and the 2014 Testimonial Issue.

4. Newspaper articles from the *Arizona Daily Star* on April 20, April 21, and April 30, 2001, related to the passing of, and remembrance for, Andy Nichols.

5. "Dr. Augusto Ortiz: Establishing a Legacy in Health for the Underserved," a 16-page remembrance; compiled, edited and written by Vicki B. Gaubeca, Judith Ortiz, Martha Ortiz, Lea Goodwin-Cesarec and Sandy Yang.

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