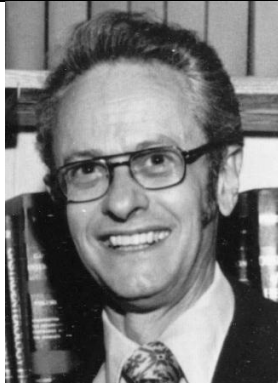


A History of Monongahela Valley Association of Health Centers

Originally published in 1983 by Dr. Raymond Alvarez and updated in 2025.



Myron H. Ross (M. H. Ross)



In 1958, original Clinic on Locust Ave., was located adjacent to the building that now houses Business Office functions and Unicare today.

Dr. Vacher's office became the first clinic in 1958. Thelma Shaw leased this property to relocated Dr. Vacher's office.



Dr. Edward Vacher



1960 M.V.A. Board meeting at Fairmont Hotel.

The organization of the Fairmont Clinic as the first group medical practice in North Central West Virginia began in 1957 during a time of an economic struggle and limited medical resources. West Virginia University had not yet graduated physicians from the School of Medicine's teaching hospital, then under construction. The United Mine Workers Health and Retirement Funds (UMWA Funds) faced an acute dilemma with expenses exceeding revenues as the decline in coal production brought less income to the Funds during the 1950's. To cut costs, the UMWA Funds nationally reduced physician panels by 30 percent. The Marion County Medical Society counteracted the Funds' decision to limit local participating providers. The Medical Society called for all private physicians to end their participation; the net effect penalized retired and active miners and their families. One local physician, Dr. Edward Vacher, Jr., former Medical Society president, alone opposed the group's action vigorously.

Because of the loss of participating physicians, the Fund's Morgantown Area staff focused on establishing a medical group practice based in a non-profit setting, primarily to serve the needs of the UMWA Funds beneficiaries in Marion County. Under the leadership of M. H. Ross, staff assistant to Dr. Hubert Marshall, Medical Director of the Funds Area Office, six months of careful strategy, discussion, planning and field work resulted in the establishment of Monongahela Valley Association of Health Centers (MVA), chartered by the State on Feb. 6, 1958. Chuck Sabo, Funds staff member, also played an important role in the initial Clinic development. Ross began as a consultant.

The first MVA governance was middle class and professional in character. The organizational meeting of the MVA Board was held on February 22, 1958. Original members included Leo Phillis, first Board president; the Rev. W. Roy Hashinger, a community leader; Jane Whitney, a medical social worker; Dr. Charles Elliott, a Fairmont State professor, Dr. James L. Hupp, faculty member at West Virginia Wesleyan College and later state historian; and the Rev. Walter Case, a young minister from Scott's Run, Monongalia County.

The task of organizing and opening a nonprofit group practice was met with far more opposition than the Medical Society's boycott and hostility. Even acquisition of rental property was blocked. Dr. Vacher supported MVA and became its first Medical Director. On April 1, 1958, the Fairmont Clinic opened in a Lustron house situated on Locust Avenue that had been Dr. Vacher's office. These were prefabricated, all-steel house manufactured by the Lustron Corporation in the late 1940s and early 1950s. The building featured porcelain-enameled steel for walls, ceilings, rafters, shingles, and even kitchen cabinets and closets, and designed to offer a modern, durable housing solution for post-World War II America. The living room of the house was a waiting area, the kitchen was the nurses' station, and two bedrooms served as doctors' offices and exam rooms. In the basement, sheets suspended from the ceiling separated laboratory and EKG services from business and clerical offices.



The Gaston Avenue clinic was housed in the former Clark mansion. This property was leased and later sold to M.V.A. by Mrs. Victor Shaw.



*Dr. Donald Koppel at Gaston Avenue location 1960.
Dr. Koppel joined MVA in 1957 and retired in 2015.*



*Martha Bradley, RN and Dr. Jack Cox at the
Farmington Clinic.*



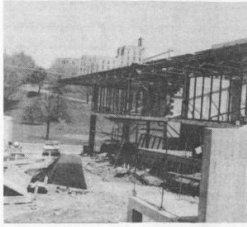
*Rose Rolls Cousins became Ross' Administrative
Assistant in 1960. She became supervisor of Medical
Records from 1966-1999.*

The Clinic was off to a start, but the idea of recruiting additional, Board Certified and faculty-level medical specialists for a non-profit health center rankled a key handful of the Medical Society members. Attempts were made to prevent Clinic physicians from receiving a WV medical license, to deny them hospital privileges, and membership in the local Society. The West Virginia Board of Medicine, through Society pressures at the time, held up licensure of several new Clinic physicians until Dr. Vacher appeared before the Board in Charleston to explain the structure of the organization, the characteristics of the medical providers, and patient care objectives and ideals. Through Dr. Vacher's efforts, the Board of Medicine overruled the Society's objections and granted full licensure.

Hospital privileges were another matter, although Fairmont General was a city-owned hospital. To resolve this problem, MVA sought legal help from Horace Hansen, the leading national expert on insurance, banking and health law. In arranged meetings with certain hospital board members, Hansen explained that any contemplated lawsuits would place the onus on the board members, not the physicians, as defendants. The hospital board promptly overruled the foot-dragging of the physician credentials committee and granted immediate privileges to the first group of Clinic physicians, all of whom had excellent training and certification in their particular fields. Hansen was one of the founders of the Group Health Association of America.

During MVA's first year, a non-discriminatory policy was adopted but the Board at a point when many local restaurants and businesses were restrictive. Black persons were involved at the Board level and also employed in professional as well as non-professional positions through this day. Breaking through the local opposition was aided greatly by Mrs. Victor Shaw, a prominent Fairmont resident. Mrs. Shaw agreed to lease properties to MVA as the practice quickly outgrew the small metal house. Offices were opened 624 Fairmont Avenue and then at 108 Gaston Avenue, formerly the Clark Mansion. Robert Salisbury was appointed the first administrator.

By 1959, rural satellite offices were opened in Grant Town and Worthington. The Grant Town office was relocated to Farmington in 1960 with Dr. Jack Cox. At the request of civic groups, MVA relocated the Worthington office to Shinnston, In Harrison County. Dr. Charles Conner came to Shinnston from New Guinea, where he had served as a missionary doctor. The physician with the longest tenure was Dr. Donald M. Koppel, who began working with Dr. Vacher at the Locust Avenue office. By the early 1960's, the practice continued to grow, serving miners and their families. The need was evident for expanded, modern and centralized facilities. The Board members travelled to may clinics for ideas and assistance in determining the best building layout for patient care services. In 1961, Ross became the administrator to lead growth and strategy.

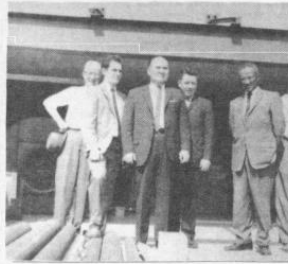


Excavation for new Fairmont Clinic building, 1963



Construction of Fairmont Clinic 1964

Several of M.V.A. Board members tour construction site. From left: Leo Phillips, Wayne Gregg, C. J. Urbanik, Clifford Clemens, & Samuel Carpenter.



1965, scene at nurses station.



TOUR, SOCIAL HOUR & DINNER
New Fairmont Clinic
and
Fairmont Hotel
May 9, 1965

Mr. _____

Will be present: Alone ☐ With Guest ☐

Will be unable to attend ☐

Signature _____

Please return as soon as possible,
no later than April 24, 1965

Invitation to formal dedication of new building across from Fairmont General Hospital.

During May 16, 1965, over 1500 persons toured the new facility in a series of open houses. The building contained an impressive art collection including unique wood carvings, oil paintings, and other works relating to coal mining heritage in the area. The practice had grown from general medicine to many specialties, with MVA Implementing mental health services, outpatient physical therapy and home-based nursing care. In 1966, just one month after the establishment of Medicare for the elderly, MVA initiated one of the first private home health agencies in West Virginia. The service covered five counties and was certified by Medicare and the Funds. Surgery was added in the early 1960's but it was not until 1968 that Dr. James Deadwyler solidified the surgical capabilities of the organization on a permanent basis.

By the late 1960's, several events occurred that brought about major changes in the coal industry. On November 20, 1968, 78 of the 99 miners on the cat eye shift were trapped in an underground explosion at the Farmington #9 mine. An MVA employee who lived near one of the mine's ventilating shafts was awakened by an early morning blast. Realizing that something drastic had occurred, she notified Ross and Carol Cutlip, director of nursing, who became the only persons to know outside the mine that a mine disaster had occurred.

The administrative staff took quick action, notifying the Sheriff's office, the U.M.W.A. District 31 offices and others. A medical team of physicians, nurses, clergy and social workers were dispatched to the site before most of the county knew what had occurred. The handful of survivors who managed to escape the blast were examined by Dr. Murray B. Hunter of the Clinic and by Dr. Samuel Stillings of Mannington. Throughout the ordeal that followed, Clinic personnel remained with the families at the company store and at James Fork Methodist Church. Efforts were made to shelter the families from the myriad of national media representatives who clamored for human interest stories among the aggrieved.

The skilled handling of such mass grief and emotional needs of the families during the ten days until the mine was sealed off was an entirely new event which was noted in the press. Such intervention and organized support had not occurred in this county since the Monongah Mine explosion that claimed 362 lives in December 1907. Prior to the Farmington disaster, Dr. Hunter and a Clinic team also went to the Dola Mine in 1963 when 22 miners lost their lives near Lumberport. Later, the same responsiveness was demonstrated at the Blacksville #1 mine where fire had trapped 43 miners underground in July 1972.

The Farmington disaster, the last tragic large-scale coal mine disaster in U.S. history to date, focused national attention on the working conditions of the coal miner. The even dramatized the seriousness of the industry's safety hazards and legislative changes were to lead to stricter state and federal safety regulations. Although roof falls and machine accidents kill or injure more miners than actual explosions, the magnitude and the continuing televised drama at Farmington drew America's sympathy to the problem. For generations, miners suffered from

Farmington #9 Disaster: 1968



Dr. Murray Hunter at Farmington #9 where he examined the men rescued and transported to Fairmont General. He joined MVA in 1962.



The first explosion occurred at Llewellyn Portal near Mannington



MVA quickly organized a crisis response team and sent nurses and doctors to the Champion Store, the only place families could gather to hear news of the rescue operations.



black lung disease, or coal workers' pneumoconiosis as doctors later described it in England and other countries. Once called "miner's asthma," the disease was long considered nondisabling and unimportant by the American medical profession which overlooked the problem.

Dr. Hunter was co-author of the A.M.A. Journal's lead article on this topic in 1957; however, most American physicians not only ignored black lung, but many had accepted a variety of excuses, often fostered by concepts that coal dust was not harmful to the miner. With mechanization of the mines, dust levels rose so that the problem of black lung continued. When the generation of miners who had worked in mechanized mines began to retire in the late 60's, many were found to be disabled by black lung.

Determined to force passage of a bill covering black lung under the West Virginia workers' compensation system, miners and their supporters began to lobby. However, most physicians, as well as the coal industry, opposed the bill. Under the direction of Dr. Hunter, an innovative physician who guided the Clinic's medical group with motivational leadership and quality-oriented ideals, MVA brought in leading specialists for medical meetings as well as to testify before the State Legislature and later the U.S. Congress during hearings on the black lung bill.

Dr. Jethro Gough, the renowned medical expert on black lung from Cardiff, Wales, came to West Virginia where he presented a medical conference held at Fairmont Clinic, and later addressed the Legislature in Charleston. Others brought in by MVA included the leading textbook author in pulmonary medicine, and the pre-eminent American radiologist who felt that his scientific on silicosis deaths related to laborers drilling a railroad tunnel near Hawks Nest, W.Va.

This scientific support from medical experts, combined with masses of miners and widows who organized for black lung support in the southern regions of the state, enabled the bill to pass finally on March 8, 1969, with only 10 minutes remaining in that decisive legislative session. In 1980, a comprehensive Black Lung Clinic was established at MVA. By 1972, the organization moved toward establishment of a health maintenance organization (H.M.O.) for persons other than miners. This would be a natural outgrowth from U.M.W.A. retainer and the commitment toward prepayment aspects of health care management.

Efforts in this area waned due to changes at the Federal level in the mid-70's. A Senate subcommittee came to West Virginia to conduct hearings on the availability of health care services to the medically under-served, and MVA Board members and staff were called upon for assistance. Senator Edward Kennedy and Sen. Jennings Randolph held portions of the hearing at the Clinic. In the fall of 1973, a federal grant was received for an HMO feasibility study. This led to funding to provide prepaid health care services to limited income families.



Carol Cutlip, director of Nurses, helps one of the trapped miners' wives. Rev. Bowyer facilitated a crisis team that moved families to a small church at #9 where they could be sheltered from the press.



The trapped miner's cars in the parking lot at #9



National press reporters were on site at the Champion Store along with families, bringing this event to national coverage in the media. In 1969, as a result of the Farmington mine disaster, Congress passed The Coal Mine Health and Safety Act of 1969, which increased federal mine inspections and toughened safety standards. The bodies of 19 of those men remain entombed in that mine. Consolidation Coal Co. spent a decade looking for the bodies, but the men were never recovered. A memorial to the miners can be found at Flat Run, near Mannington.

Known as Unicare, nearly 5,000 persons were enrolled by late 1974.

In 1978, significant changes occurred in the U.M.W.A. contract negotiations which resulted in a change-over of the coal industry to insurance re-imbursement based on a deductible system with copayments. This ended Fund retainer agreements with numerous coal field clinics. The results were disastrous in some Kentucky and West Virginia communities. Many non-profit health centers either closed or phased out certain operations. Overnight, the clinics were forced to switch from a pre-payment retainer to a fee-for-service system. In addition to this, many clinics were faced with significant loss of revenues during the transition.

Due to the retainer, MVA had been laggard in terms of monitoring billings, fee schedules, collection activities and other areas of financial management. Though the impact was severe for MVA and forced reduction of services by 30 percent, administrative and Board leadership assisted in financial planning that included cost-cutting and cost control measures during the difficult transition period. The innovative Unicare program transitioned to a Section 330 Community Health Center model by 1980 and continues today with MVA being a Federally Qualified Health Center.

In terms of community health, MVA helped establish the Human Resources Association in this county which became the forerunner of the Valley Healthcare, the comprehensive community mental health center in this area. MVA was also instrumental in development of regional health planning councils as well. In 1975, through efforts directed toward the restructuring of the West Virginia Board of Medicine, MVA provided input and leadership with other health clinics to broaden the Board of Medicine by mandating participation by consumers, and a physician assistant (Pa). The first PAs to be hired in West Virginia were at Fairmont Clinic in 1973. Nurse Practitioners soon began working by 1977.

In 1981, the Rev. O. Richard Bower, current MVA Board President was appointed by Governor John D. Rockefeller IV to serve as one of the three consumer members of the Board of Medicine. In addition, Rev. Bowyer was also appointed to the Fairmont General Hospital Board of Directors. MVA provided assistance with the initial development of the Hospice of Marion County in the mid-1980s. Later, MVA operated the Hospice as part of home-based care for several years. In 1983, MVA transitioned from a manual billing system to a computerized management information system began to bring about increased efficiency and better services to patients. Dr. Grace Reynolds became the first woman to be elected Medical Director. Dr. Reynolds succeeded Dr. Deadwyler. She later was president of the Medical Staff at Fairmont General Hospital. The MVA Board expanded to include more representation of consumer and labor groups, with increased efforts to interest progressive business leaders' participation.



Arnold Miller, UMWA president with M.H. Ross in 1973 after the reform movement and new legislation for coal mine safety and Black Lung benefits.



The Unicare program was the first federal grant for MVA. This pre-paid health maintenance program with over 5000 enrollees eventually transitioned to the Community Health Center funding by 1980.



MVA Board meeting 1985. From right: Fred Zicafoose, acting administrator, Mary Ann Watson, Gene Claypole, Jim Slusser, Rev. John Mobley. Donald Luketic and Walter Leeper are seated at the table.



Rev. Bowyer in the mid-1980s has served on the MVA Board for 58 years.

Community health services were broadened recently in terms of expanded home nursing care (Home Health and Home Care Services) and community-oriented programs such as the Black Lung Clinic Program, E.P.S.D.T., and health promotion. Raymond Alvarez, MVA director of community health services was a founding member of the West Virginia Primary Care Association in 1983. The WVPCA is the federally-designated primary care association for the state and the link between federal, state, and local entities providing healthcare for nearly one-third of our state's residents. It advocates for 34 Community Health Centers with 515 sites today.

Today, MVA faces continuing challenges, but the small health center that grew from a four-room metal house to a sophisticated, service-oriented, teaching-affiliated, multi-specialty center remains a valuable part of the health care delivery system in Marion, North Harrison and surrounding areas. Quality, access and serving the community have always been hallmarks of MVA, whose mission is to provide quality health care to all residents within its service area, regardless of their ability to pay, ensuring accessibility and comprehensive services for the community.

Notes about M.H. Ross:

Born in New York City in 1918 to Jewish immigrants from Poland, Ross moved south by the late 1930s where he began working as a union organizer in several states. He always advocated racial equality and anti-discrimination. From 1943-46, he served in the 406th Infantry in Germany during WWII, and returned to organizing with the Mine, Mill and Smelters Workers Union. In 1946, 25 hooded Klansmen in Macon, Georgia came to his home threatening his wife Anne that they wanted to lynch him. The Ross family relocated to North Carolina where he became an arbitrator for United Furniture Workers. From 1949-1952 he attended the University of North Carolina Law School, but despite graduating at the top of his class, the NC Board of Bar Examiners refused to allow him to take the bar exam, citing that he practiced law unlawfully while working as a union arbitrator. He was accused of being a communist and questioned about his religious beliefs during a 3 hour hearing with the bar examiners. It was speculated that he was refused the bar based on his opposition to racial discrimination. He was never allowed to practice law. Ross dedicated the last thirty years of his life to healthcare administration and to the history, experiences, and well-being of coal miners. From 1958 through 1980, he was Chief Executive Officer of the Monongahela Valley Association of Health Centers. From 1980-1987, he became associate director of the Rural Practice Project in the School of Medicine at UNC. He died in January 1987. From inception of MVA, Ross supported recognition of a collective bargaining unit for MVA employees initially through the International UMWA. By the 1980s it transitioned to the Office and Professional Employees Unit that continues today.