Tar Heel Footprints in Health Care

A periodic feature that recognizes individuals whose efforts—often unsung—enhance the health of North Carolinians

Dr. Jim Jones, The “Godfather of Family Medicine” in North Carolina

Around the age of 12, Jim Jones made two decisions that would change his life: he became a Christian, and upon learning about medical missionaries at church, he resolved to go to medical school and become one himself.

Jones grew up on a farm outside Pembroke, North Carolina, as a member of the Lumbee Indian tribe, whose members were at the time subject to Jim Crow laws. He dreamed of following in the footsteps of his hero, Nobel Peace Prize winner Albert Schweitzer, and opening hospitals in Africa. While his life hasn’t taken exactly the route he imagined, Jones has fulfilled the dream of providing health care to those with little access, in North Carolina and abroad.

“I’ve always had the belief that your quality of medical care should not be determined by your ZIP code,” Jones said recently in an interview with the NCMJ. “Just because you live in Charlotte or Greensboro or Raleigh, you shouldn’t have better health care than if you lived in Hampstead or Chinquapin or Murphy or Nags Head.”

Jones earned his medical degree from Wake Forest University in 1959, the first American Indian and in fact the first member of a racial or ethnic minority group to do so. But he didn’t know at the time that his application brought Wake Forest to a major decision about whether or not to change its policy of not accepting minority students. Jones says he is especially grateful to the former dean of students at his undergraduate alma mater, Mars Hill; Ralph Lee advocated for his admission to Wake Forest. Jones learned of Lee’s role much later, and was able to express his appreciation just before Lee passed away.

Jones trained at Emory University in Atlanta after medical school and served in the Navy before opening a practice in Jacksonville, North Carolina. As a member of the North Carolina Academy of General Practice, he became concerned about a trend away from general medicine toward specialty-only care in medical schools in the United States. The first thing he did in this position was commission a survey that confirmed his fears: 60% of North Carolina’s general practitioners were over the age of 55. In a decade, there would be few providers to replace him and his general practitioner colleagues, and Jones knew specialists would be unlikely to serve patients in the most rural parts of the state.

At the national level, a group of general practitioners petitioned the American Medical Association and the Association of American Medical Colleges to create a new specialty that would take the place of general practice but provide physicians who were broadly trained. The new specialty would be called Family Medicine. Jones traveled the state asking UNC, Duke, and Wake Forest to train doctors in this new field, but they declined. Around the same time, ECU was lobbying the North Carolina General Assembly for permission to open the state’s second public medical school. After push-
back from UNC over concerns about splitting state funds, the measure passed, thanks in no small part to advocacy from Jones.

“It became this big battle, and I became very visible,” he said.

Jones did not waste that visibility. After then-UNC President Bill Friday challenged him to ensure the success of ECU’s medical school, Jones left his practice in Jacksonville to help start the Family Medicine program at ECU, promising to stay for two years. He stayed for 20.

“In many ways, Jim Jones is the godfather of Family Medicine in North Carolina,” said Greg Griggs, executive vice president of the North Carolina Academy of Family Physicians. “Despite his many accomplishments and contributions [to how health care is delivered in our state], he still refers to himself as just a simple country doctor. I have been privileged to have Jim as a mentor, and he is truly one of my heroes.”

Jones served as president of both the North Carolina Academy of Family Physicians and the American Academy of Family Physicians. In his work with the national organization, Jones advised on the development of educational programs for general practice medicine in Egypt, China, and the Republic of Georgia, taking his influence across the world.

Dr. Allen Dobson, a family physician in Mount Pleasant, South Carolina, was in Dr. Jones’s first classes of residents after Jones became founding chair of ECU’s Department of Family Medicine. Dobson told the NCMJ that Jones has continued to be a mentor and friend for more than 40 years.

“I would like to say I am unique in my relationship with Jim, but the truth is, his greatest legacy to health care in this state is the generations of physicians he has trained, mentored, and supported through their careers,” Dobson said in an email.

Dr. Robin Gary Cummings, chancellor of UNC-Pembroke, where Jones is a member of the Board of Trustees, told the NCMJ he has considered Jones a role model for decades.

“Dr. Jones is a true representation of what can be achieved with hard work and determination,” said Cummings, a retired cardiothoracic surgeon, in an email. “He is a man of incredible accomplishments, yet one of great humility. UNCP and this region and nation have benefited from his leadership and career in medicine.”

Throughout his career, Jones delivered more than 1000 babies, built lifelong relationships with thousands of patients and their families, and helped facilitate the medical education of hundreds of members of the Lumbee Tribe. He was also one of the founding members of the North Carolina American Indian Health Board. The fact that ECU turns out well-educated doctors in all specialties, but mainly Family Medicine, and that many of them stay to work in rural areas, is his proudest accomplishment.

“As I look back on medicine, the part that I remember most fondly is the relationships that I have formed as a doctor with my patients,” he said. “Helping them achieve good health and then watching them and their children grow up healthy—you can’t do that in many specialties.”

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