

Transcription: Grand Canyon Historical Society
Interviewee: Jim Wurgler (JW) and Jodi Wurgler (JoW)
Interviewer: Tom Martin (TM)
Subject: Grand Canyon Clinic
Date of Interview: 11/18/2016
Method of Interview: In person at Wurgler's house in Williams, AZ
Transcriber: Steven Caristo
Date of Transcription: 02/01/2017
Transcription Reviewers: Sue Priest and Tom Martin
Keys:

TM: Today is the 18th of November. It's Friday. We are at the home of Jim and Jodi Wurgler. This is Part VI of the Grand Canyon Historical Society Oral History Interview with Jim and Jodi about Jim's career, their time in healthcare. We just sort of landed at Grand Canyon where...Jim, if you can tell me the year that you first came to Grand Canyon and what the Clinic was like as you compared it to Yosemite.

JW: Okay. Well, I had made the decision to make the move and had gone through the process of withdrawing, as it were, from the community and sending out a letter to the patients saying that I was going to be leaving and expressing my regret and so forth. So, I came over before school was out. If you recall, Wendy was going to be a senior, she was just finishing her junior year. Jodi stayed to close down the house in Yosemite and do all the last minute packing and all that stuff. I came over in May. My time for taking over the operation was June 1 of 1989. I did not have an Arizona license, so one of the things I had to do was to come over early. It had been more than ten years since I'd graduated from medical school so I had to take the exam that doctors take to get their license in Arizona. I do not like to take exams. I'm not good at taking exams. It was like one of those, "Well, okay. I've got to go down to Phoenix." There was a bunch of other doctors in the same boat...not the same boat that I was in, but had to take the test.

I'll share a little bit of a sidebar here which has got nothing really to do except for my experiences in Grand Canyon. When I got down there, one of the docs who was there was a fellow whose name I can't remember. He was taking over the head position as the medical director for AHCCCS in Arizona. At that time in 1989, there was a love/hate relationship sort of between the doctors who were in private practice and the people who ran the Medicaid program. It has never been one of those things that right from the beginning was thoroughly embraced. There was still this evolution of doctors getting used to dealing with an indigent population that was being covered by a government program. These things, like I say, always take...particularly the older guys, really struggle with it. So we sat around prior to going in and sitting down and taking the test. A bunch of us were chatting. This guy's first name was Leonard. He's still alive, still does stuff. He's retired, but I see his name periodically as being...and I say "Oh that was the guy that was at the testing site." I've learned something from him. A couple of the docs were just chatting, having a collegial kind of a conversation. But one of the docs made a pointed remark to Leonard telling him...they were asking what his job was. This other doc said "Oh yeah. When we submit a request for something that we need--special medication for a patient, any procedure that was not covered by the usual rules and regulations and required some clearance by a person at a bureaucratic level, you're the guy that is going to turn us down, right?" I'm a defensive kind of a person and I would've had to think for a minute. If he'd of asked me that question I would have gotten defensive about it. That's just one of my things. Leonard came back with...he kind of nodded and said "Yeah, that's a good point." I have used that ever since. Every time somebody says something and I feel like I'd like to respond to that because I don't really agree with it, but I don't want to get in a hassle, I say, "Oh yeah.

Good point.” It’s kept things on an even keel. Like I say, you learn stuff in strange ways in strange places. I mentioned the things I learned when I was in Vietnam as a physician and as a flight surgeon.

TM: So AHCCCS, that’s the Arizona Health Care Cost Containment System. Were you to use a lot of AHCCCS later at the Clinic at Grand Canyon?

JW: Yeah. Sure. Yeah, because it was the... You’ve dealt with AHCCCS as part of your life in medicine, too. It was just one of those things you have to learn to live with.

So anyway, the question was...back to our main thrust of our conversation. What was different about the Grand Canyon Clinic? One of the things that was different was, for this particular situation, I did not have my Arizona license. I was supposed to take over the operation of the Clinic on June 1 and we got up to the last week of May and you’ll remember what goes on the last week of May—it’s Memorial Day. So things were starting to build up and I still did not have my license. So I started having to call up people on the phone and say, “Is there something you can do down at the Department of Medical Licenses?” I ran into some brick walls initially, but then I got some help from Samaritan at the time. One of the docs who was one of their residents had been a resident that had gone to Payson to set up his practice. He’d gotten active with the medical society and the Arizona Academy of Family Practice and so forth. He had some clout. At least people would answer his phone calls. So he did contact them and we went right up to the day—the day before my taking over on June 1 as I recall. I had to drive down to Phoenix. There wasn’t time for them to put it in the mail and send it to me. Drove to Phoenix. Went to the office. Talked to some people. Signed the document. There had to be a document which said I was certified as an Arizona licensed physician. The difference between that and Yosemite was that Yosemite was an area of what’s called “exclusive jurisdiction”. The Park Service basically owned Yosemite National Park lock, stock, and barrel. I could hire docs there who just had a valid license anywhere which is the same way it works in the VA system. So I wasn’t required to get docs who had California licenses. In Arizona, Grand Canyon is a place of shared jurisdiction and that has all kinds of ramifications, as you can imagine, from just your knowledge of how bureaucracies work and so forth. In Yosemite, law enforcement, for example, in the periphery of the area around California had no jurisdiction in Yosemite. They had lots of cooperation and they had cooperative things going on, but law enforcement had to act in Yosemite, it had to be a Park Service person. In Grand Canyon, DPS can drive into Grand Canyon and they have full Arizona capability. Like I say, it was just one of those things that I had mentioned earlier at one point, where the only person I had to really satisfy at Yosemite was the Superintendent. In Grand Canyon, the state of Arizona had jurisdiction over my licensure requirements. I had to meet Arizona’s standards and requirements and so forth. It was no great importance except it’s the kind of thing you have to learn to live with and then deal with. Because you might’ve felt like, “Well, I’m a doctor and this is a medical situation and therefore I can make a decision based on my best judgment medically,” until it bumped up against some Arizona requirement.

One of the things I learned fairly early on was that in Yosemite I and the clinic was the medical control for the park rangers who provided the primary care and for 1,200 square miles. That’s how big Yosemite is. There are people all over the park in one capacity or another. Most of them are in Yosemite Valley, but there are people up in the high country. They have rangers stationed in various ranger stations, various places. We had the medical control, which meant that we had a radio in the clinic. If the park rangers had any kind of a medical problem or were going to bring somebody in or needed a nurse, for example, to authorize them to do a certain procedure they had to contact the clinic and there was this exchange of information. That’s not the way it is in Grand Canyon. In Grand Canyon, the medical control is Flagstaff Medical Center. So that meant that any time...and it didn’t really create that much of a

problem. I wouldn't even call it a problem. It was just different. They depended on me to be the person who had control over the medical resources. In Yosemite, this was handled more by the EMS coordinator. Both parks had EMS coordinators. And these things have all changed. You haven't been in medicine long enough to have seen much of that change, but prior to the Vietnam War ambulances in rural environments—even in city environments—were converted hearses. One of my favorite movies is...what's the one where they're in San Francisco and it's a Steve McQueen movie with the guy who's the really obnoxious politician? Basically it's a typical Steve McQueen...*Dirty Harry*. One of the *Dirty Harry* movies.

TM: Clint Eastwood.

JW: Lot of stuff going on at San Francisco General Hospital—inside stuff. Pictures inside. Residents and so forth.

JoW: *Bullitt*. If it's Steve McQueen, it's *Bullitt*.

JW: I'm sorry. It's *Bullitt*. That truly is one of my favorite movies. I could sit through that almost at the drop of a hat.

So anyway, the ambulances and so forth, they had *even then* in San Francisco were the converted hearses. Of course then, all of a sudden, in like about 19...I don't know, late 60s and early 70s, that's when the whole movement went towards bringing the paramedic EMTs first. EMT1, then there was EMT2s, then there were paramedics. More and more advanced care in the street that had to have medical control over it in some capacity. And that's still a work in progress, which really has nothing to do with our conversation which is why these things keep going on at great length.

TM: Well, except that, when you came to Grand Canyon, you were talking about medical control. Flagstaff had medical control, but you had *medicine control*, if you will, for the Med Packs, isn't it? How did that work? And even again there was a pharmacy there.

JW: Yeah, you know I've actually forgotten whether or not that pharmacy...I didn't have near the requirement like the prior thing I was signing off for all the narcotics and so forth in Yosemite and people thought that I was selling drugs because I was using so much opioids. I just did not have...I'm pretty sure that the FMC pharmacy, which is way more sophisticated, of course, than ours...

TM: FMC being Flagstaff Medical Center.

JW: Yeah. Flagstaff Medical Center.

Let me gather my thought for a minute about how that affected. I kept a radio. Once we moved here, I still had a radio that I kept in my possession. It was on my desk in the office. When I came home I would bring it home so that I was monitoring the stuff going on. I made an agreement with the EMS coordinator that since I was not... I was allowed, if you will, to continue to be the Medical Control Officer for the basic things like CPR, the first responders. It was the more advanced care, the Park Medics that we talked about earlier and then ultimately paramedics, that had to get the authorization from Medical Control at Flagstaff Medical Center. So these were things that changed how I practiced a little bit. We had talked earlier about the fact that the so-called pharmacy that we had in Yosemite, it was really a drug dispensing room. It was a drug room. We actually had a bona fide card-carrying pharmacist in

Grand Canyon. A pharmacy, even though it had access to the clinic itself, was a separate entity with all the accounting kind of things that go along with keeping track of medicines and stuff that's on the shelf. The nurses no longer had to do that. We kept a supply of basic medicines on the clinic side because the pharmacist would not be there at night.

JoW: And he would lock the door.

JW: He would lock the door. As it turns out, the doc would have to go into the pharmacy to obtain certain medications. We had basically a working agreement, the Pharmacy Board people agreed to this. Pharmacy people were very protective of their turf. Just like everybody else is. It was like, theoretically only the pharmacist would have a key to the pharmacy. We negotiated an arrangement. It wasn't a written agreement. The Pharmacy Board allowed the physicians to have access to a key that we could go into the pharmacy and dispense medication if it's done properly. They have a certain label and you've got to follow certain rules to make it work.

These were all things that were a little different about working here. Otherwise, things were pretty much the same—different format, different setting—but we had basically emergency capabilities, we had x-ray, and we had a lab. The lab was much more comprehensive here at Grand Canyon than it was in Yosemite. Of course we also, I think from the beginning, we had physical therapy here. Is that your recollection? At least from 1989. Prior to 1989 we had several different folks who worked in that capacity. So as of the past ten years I've lost track of how all that works. When I moved over from Yosemite, in some ways I had more resources and in some ways somewhat fewer resources.

Yosemite is a park that the population that visits is a bit more spread out and particularly it's much more of an outdoors park. The recreation that goes on outdoors: skiing in the wintertime, rock climbing, major type stuff in the spring, summer, and fall and sometimes in the winter, camping. I mentioned this once before that at the height of when we were there, the number of people occupying Yosemite Valley would be in the neighborhood of 25,000 people. That's between all of the people who work there, the thousands of visitors, the hundreds of campsites. All of them at risk of doing something that would be kind of peculiar and unique to people who are camping: cutting themselves, chopping themselves, falling over tent poles and tent ropes.

JoW: Then there are the bears.

JW: Of course, an occasional bear encounter.

TM: Squirrel bites.

JW: Squirrel bites are, you know, well at least they were when I was up at Grand Canyon. The ground squirrel population.

JoW: Probably more so.

TM: More so at Grand Canyon. Okay.

JW: Because they're so easily accessible on the rock wall.

JoW: Deer encounters? Were there more than just that one encounter out at Wawona?

JW: Are you saying “deer encounters”?

JoW: Yeah.

JW: That’s fairly unusual. She’s referring to an incident that occurred. Just very briefly, a five or six year old boy was feeding something to a young spike buck. The details are a little blurry in my mind. It’s written down and documented somewhere.

JoW: It’s in that book on Yosemite.

JW: The buck swung his head because the little boy did not realize, you don’t offer an animal food and then take it away. You’re going to lose that one. The buck went “like this” and went in one side of his chest with that spiked horn and basically just... He made it to the hospital. Well, maybe he didn’t. Anyway the little boy died. That’s been a case of a deer being a dangerous animal. Any wild animal can be dangerous as the old saying goes. So where were we?

TM: Well, we’re talking about differences in the Clinic and pharmacy medical control.

JoW: I know what you’re leading to. You’re saying that there’s such a variety of things in Yosemite where people got hurt and had to come to the clinic or be treated, whereas Grand Canyon...

JW: The population in Grand Canyon is virtually entirely on the South Rim. You’ve got the river and you’ve got a certain amount of stuff going on down. And the book *Over the Edge: Death in Grand Canyon* pretty well documents all of that stuff. The North Rim is what 10% of the visitation of the South Rim? There’s no real dispersed camping. In Grand Canyon the camping is on the surface. In Yosemite there are anywhere from four to ten or twelve drownings a year because the Merced River runs right through the central center of Yosemite. Very tempting. There are a couple of places where there’s really nice pools just above some waterfalls. You wonder why people ignore the signs which say “Don’t go over the railings” and stuff like that.

But the point is, there’s a fairly dramatic difference in the populations and also then the type of illnesses and injuries. There’s a great deal of overlap. A cut is a cut. A heart attack is a heart attack. The nature of the illnesses and so forth that I dealt with both at Grand Canyon and Yosemite... My major reference text that I used in both parks, once it was published, was a big thick book called *Wilderness Medicine*. I thought I couldn’t practice medicine without it. The truth of the matter is, that once I moved to Williams it was like, “No more *Wilderness Medicine*.” This is just your basic town and the basic illnesses and so forth. Very few things that are peculiar to wilderness activities, wilderness illnesses, injuries, and threats: lightning, avalanches, people slipping and sliding on snow banks and winding up at the bottom.

JoW: You’re still talking about Yosemite, huh?

JW: Well, Yosemite for the most part. Yeah exactly. There’s not any snow banks in Grand Canyon.

TM: Well, Grand Canyon in the winter, people were slipping on the ice and breaking arms.

JW: Exactly. In Grand Canyon when it would snow or there was a good layer of ice, we were going to have at least one broken wrist a day if not more, but a minimum of one. You could just count on it. Then

there would be the shoulder dislocations, occasional hip dislocation and the other things that would benefit by having us capable of dealing with them at Grand Canyon. Because it took two hours minimum to get to Flagstaff. Back in the early time, the years that I was at Grand Canyon, we did not have the capability of sending a Park Service ambulance to Flagstaff. We called the ambulance service up from Williams. They would come blasting up to Grand Canyon as fast as their ambulance would go, in the neighborhood of 80 or 90 miles per hour. They would pick the patient up and haul them down to Flagstaff which meant that if they had a dislocated hip... The longer a dislocated hip is still dislocated, the more potential there is for long-term bad effects: loss of blood supply and that sort of thing. Kind of a similar to a shoulder, but not as bad. I always felt like having us there and capable of giving people conscious sedation and giving enough muscle relaxation and so forth to reduce these things was a benefit. I still feel that way and I'm happy that I had that opportunity to do that. It was good part of my practice.

TM: Is that standard of care today at Grand Canyon, do you think?

JW: I don't know, but I don't think so. If Tom Myers is on duty up there, then yes, because he and I worked together for ten years and...

TM: Well-practiced in that type of medicine.

JW: All the docs followed my lead, if you will, because if I felt comfortable doing it and I would convince them that I would be backing them up. If I was gone and they didn't feel comfortable with it, that was fine, they could send them off down to Flagstaff. The transportation has improved and the primary care that the EMS people can provide on the scene is better. My understanding is that Guardian, I believe, has an ambulance up there now. Not true or true?

TM: No, it's true. At Tusayan they have Station 1. They have a Guardian, the Flagstaff Ambulance Company, and a station.

JW: Of course they also have the aviation capacity. That was the other thing that created a little bit of a heartburn for me. We were on the ground floor of the helicopter revolution, if you will, of transporting people from isolated places like Yosemite this year, mountains which go on forever. That was just really getting the machinery, the helicopters from the Vietnam War and all over the world. There was this constant improvement in the capability of helicopters. No longer just the little bubble type thing that could only carry two people, and on and on.

We talked about this earlier, about the issue that I had with the Park Service. They said I had to get permission to get the helicopter to come in, and we got that resolved. When I first came here, the helicopter would have to land in Tusayan at the airport. Which meant that if I had a patient at the clinic that I wanted to fly to Flagstaff, I had to contact the hospital and get an agreement...Flagstaff Medical Center because they were the controlling agency for the helicopter. They had not developed the agreement to allow them to fly into the Park and land at the heliport just south of the South Rim area. They had to go to Tusayan. And that, at least under the best of circumstances, is somewhere between 15 and 30 minutes' drive. Just to get from Tusayan into the Park. So there was further delay. What's the advantage of a helicopter? You reduce the amount of time between the primary care and the next level of care. If it takes just as long, or if all you do is save a half hour total, it hardly justifies, even at that time, the \$3,000 cost. Which it was then. I have no idea what it costs now. Probably three times that. In any event, we had a little bit of a...we still had to work to be... The helicopter people out of Flagstaff

insisted that they had to fly up to Tusayan, be transported from Tusayan into the clinic, do their assessment, then do whatever they wanted to do before they wrapped him up, packaged him and took him in an ambulance back out to Tusayan. So you can see the problem there. Time was being chewed up like crazy. It was kind of like... You know you had the feeling that we couldn't be trusted at the Clinic to get it right. You know how it is. I think it's still this way. If the rangers have started an IV or an IV was started in the Clinic, the people on the helicopter would come in and start their IV. I don't know if they still do that or not, but that was part of the protocol.

JoW: Did they use the same needle or did they take one out and put another one in?

JW: They would start another one and take out the other one. We weren't all that thrilled with that. That gradually improved over the years as we learned more and more how to trust each other. I think the heliport at the new maintenance area got more and more sophisticated as time went by, to a point. Although you would know more about that than I do.

TM: Well I don't. Where was that helicopter before? Because I was familiar with the heliport at the new maintenance facility which was brought online in '97 or '98-ish, roughly. What was happening before then? At that point was the helicopter...? Because the Park had a ship before the new maintenance. Where was it going?

JW: You know where the...what's the school, the Park Service Ranger School?

TM and JoW: Albright Training Academy.

JW: Right across the road from Albright is where all the maintenance buildings were. The building that the Grand Canyon Association used for years to store their books and stuff like that, was previously used to store the helicopter. And it took off...

TM: Right there in the maintenance yard.

JW: Yep.

TM: And yet Flagstaff Medical Center couldn't land their ship there.

JW: Park Service wouldn't let them.

TM: It's within a half a mile from the Clinic.

JW: But apparently they did not have a memorandum of understanding and the type of agreement that you have to work on to get all the "i's" dotted and the "t's" crossed. An agreement onto who's responsible for what and so forth. It's just one of those processes that takes a long time. And particularly once again, this business of the shared jurisdiction complicated that in my judgment. If the Park Service had had exclusive jurisdiction they could've dictated the entire process. As it was, they had to get the FMC and the Arizona State control of all the medical processes. There's a state level for these things. They had to agree to all this too. This is way deeper than... I don't know, maybe you guys find it of some...

TM: I do, because no one's going to know this down the road. I'm sorry. Nobody's going to know this kind of stuff. Of course I'm thinking, "Gee, so you've got the State involved, you've got Park Service involved, Federal Government...it's a Federal facility...okay fine, you've got a private enterprise involved meaning medical control for the Park is Flagstaff Medical Center and yet the contract for the Clinic is being run by another healthcare organization, Good Samaritan down in Phoenix." So right there there's four entities all trying to jockey around and one sick person that needs some definitive care.

JW: And you know, I guess looking back on it, it sounds like it was so dysfunctional you would wonder how anything ever got done or worked. Turns out from my perspective the people who were ultimately actually working with the patient and getting these things accomplished and so forth, there was a very agreeable level of cooperation and looking at common goals and all the rest of it. I never really felt that...except for the first time that I had to deal with transporting the crew in from Tusayan Airport all the way in to the Clinic. First couple of times that I had to do that, I kind of really got a little bit...I made a phone call or two.

JoW: Who went out to get them?

JW: The rangers. The rangers had the ambulance. The rangers had to be called. They had to drive out to... The folks from the high helicopter that flew in from Flagstaff to pick them up, they would land at the airport. The paramedic and his helper then would be picked up in a Park Service ambulance, brought to the Clinic, they would do their business, get the person on the stretcher, put them back into the ambulance and haul them out to Tusayan and get them on the helicopter.

TM: So was that because the Park didn't have any paramedics to take the person, put them in the Park ambulance and drive to Tusayan while the helicopter was coming?

JW: No, it was because Flagstaff Medical Center and the medical control and so forth, at that point, were not satisfied. They demanded that they personally had to come to the Clinic and make their assessment. That's where I alluded to the fact that there was this question of...we felt a little resentment.

TM: I can understand. This is crazy! It's not good patient care. You've got someone who needs to be moving to definitive care and they're waiting for someone else to take control of them, where they could actually be in a machine, going to another machine, while they wait. So how long did that happen before somebody got a handle/a top on that?

JW: It was a gradual...

TM: Couple years?

JW: Couple years. Yeah. Moving in that direction to the point where... I have to say, I'd be kind of curious to know how well that system is working now. I hope it's improved.

TM: Well certainly by '97. I can remember early on, you would get people moving and the helicopter might even meet them at Valle. Somewhere down the road the helicopter could come in and scoop them up out of the ambulance and get them back if they needed that time limit.

JW: I'm not aware. Of course, I left there in '99. I haven't kept up with that kind of minutiae, logistics of it.

TM: The concept was get this person moving, the helicopter will catch them up.

JW: Particularly everybody pretty much had learned the ritual of saying you've got one hour. The one hour grace time. That's when you save people is in the first hour. We were always behind the eight ball with that because one hour just gets them from the field into the clinic. We did not have the secondary level of care. We didn't have blood. We could at least take care of the airway and get fluids going. If they couldn't get a needle stick, the docs had the capability of doing a cut down. That was kind of a quarter of the way to secondary care—doing a cut down instead of just sticking the needle in. But then, like I say, there's all little pieces of improvement that put together amount to a big pile of improvement. Like I say, I haven't really kept up with all that. I don't know where else you want to go with this.

TM: We were talking about the differences in the type of care, the type of things you were seeing. I'm assuming since both Parks had permanent employees, there was a subset of things that you saw like diabetes, high blood pressure, the typical sort of things that the majority of a population in a small town has. Then there was the uniqueness of the land and the visitors in that unique landscape that would drive a different type of healthcare.

JW: I'm trying to think of some of the... I encountered rattlesnake bites in both Parks. We had an occasional scorpion sting and some of those can be pretty fierce.

JoW: A lot of heart problems because of the altitude.

JW: The altitude. Particularly, the altitude sneaks up on people at Grand Canyon. People don't think of the fact that on the rim you're at 7,000 feet. You know that its 5,000 feet down to the bottom of the Canyon, but nobody thinks that that's not really the center of the earth. It's still all part of the crust. In Yosemite, the lowest point in Yosemite was in the valley—4,000 feet. You read the physiology texts, or at least the ones they were publishing 50 years ago, 4,000 feet was not supposed to be a problem because of the ability of hemoglobin to grab onto the oxygen molecule. We would see on a regular basis in Yosemite, people who would come to the 4,000 foot level, had to be just marginal at lower elevations, and that was just enough to tip them over the edge.

TM: Wow! At 4,000.

JW: Heart failure, particularly congestive heart failure, is the kind of thing that we would see on a regular enough basis to be familiar with it. In Grand Canyon it would happen sooner. 7,000 feet is clearly a high enough elevation that a susceptible population is going to have to deal with. The other thing that is profoundly different about Grand Canyon is the fluid management, dehydration. One of the things that I really delighted talking about, at times, was the environment that we worked in. At 7,000 feet it's really usually not really hot. Not hot enough to create a serious heat-related disorder. One the other hand, hiking out of the Canyon, they're a dime a dozen. Nancy Mecham, she was at the forefront of actually being down in the Canyon and participating and witnessing hands-on/on the scene, people who were either overhydrated or dehydrated. When I first came here, and as far as I know, there's still this debate that rages on about which one is the best fluid replacement. Is it Gatorade or is it one of the other substitutes that have been around now for 20 or 30 years and whose names I don't keep track of because I'm no longer a hiker and I don't take care of patients? And trying to figure out how do you get

enough salt into people along with the water? I don't know how much. Just being in the clinic, I have no idea what's happening these days. I know so many of these things are being dealt with out in the field now. They've got little hand chemistry devices, you know? Is the potassium too low? Is the sodium too high? Those things can be done on the spot. You could talk to Tom and get all this information. Because I know Tom Myers has kept up with it and he's actively engaged up there. Plus he's a river runner.

The thing that I found really intriguing was that on any given day I might have to treat a patient who was on a river trip, who fell into the water and wound up with hypothermia because the water is so cold. While the people standing on the bank, trying to help him out and trying to move the boats and all the rest of it, they could wind up with heat exhaustion or heat stroke.

TM: Same incident?

JW: Yeah. And certainly people... I could see somebody come off of the trail, hiking out of the Canyon. On one hand they would drag somebody in who I would have to treat for hypothermia and they would drag somebody else in who was in some sort of a heat-related disorder. It was an exciting time to be at Grand Canyon.

JoW: I remember one time were having dinner in Bright Angel Restaurant. There were a bunch of young people who were all at a table next to us. One of them just fell out of her chair. She fainted. She'd made it that far, but you know... You had made some comment about it.

JW: That was really not that uncommon. People would manage to get out of the Canyon. And this was particularly early on, before the Park Service really started publicizing and putting up signs about how... And even having people posted at the trailheads telling people, "No, you can't go down there in those heels." Or not carrying enough water or too much water.

JoW: And that's the other thing. "I drank water all day long." But they weren't eating anything else. They weren't even eating a candy bar or jerky or something that would at least supplement that straight water.

JW: So, there was that. The other thing was...and I think that's changed a good bit. The airport out there is not nearly as busy, I don't think, as it used to be. When we first got to Grand Canyon in '99, in the summertime, the Grand Canyon airport was either the second or the third busiest. Was it first? It was up there in the top of the list of number of flights in and out. That created an occasional encounter, I think just within the first year, because Bethany Cummings was my helper doc at that time. One of the twin engine...what's the make of the plane?

TM and JoW: Otters.

JW: Yeah. Twin Otter. Taking off, lost power for whatever reason, augured in. I don't remember how many people were killed. Not everybody by any means, but eight or ten, something like that. They could hold 19 passengers, I think. Something like that. The occasional aviation mishap was one of the things that I never had to deal with at Yosemite.

TM: I'm imagining the size of the clinic staff might have been about the same, maybe a little bigger at Grand Canyon, but maybe not, and suddenly you're overrun. I can imagine this is a multiple casualty trauma event. You've got people in the clinic. The locals have come in on appointments, you've got a

couple of people in the ER in the back that have come in as a walk-in emergency, and then on top of that you're going to put multiple injuries from some sort of trauma event.

JW: Yeah. Mass casualty sort of thing. If you've got five doctors and twenty nurses and lots of rooms and lots of stretchers and so forth, you can handle a certain number of mass casualty. You got one doctor and one nurse and one so-called emergency room, two patients can be overwhelming if they're hurt bad enough. You're always dealing with the logistics of trying to figure that out. The thing that saved us, as far as I'm concerned in both Yosemite and Grand Canyon, is that in the mid-60s they started training the rangers and becoming more and more proficient in their ability to deliver the basic life support: ABCs, breathing, circulation, airway. When we would get one of those situations where there would be several patients that needed to have a body and pair of hands or somebody who could at least do a blood pressure, the rangers would come to the rescue at the clinic. So that has been just a hugely valuable asset. I'll mention two people here, one whose name I can remember, the other one I can't. Lucy Egan. Have you heard Lucy's name?

TM: Yeah. Lucy smoked like a chimney. She had a room named after her at the clinic.

JW: Yeah. Lucy had been there for years. She was the head nurse and was the person that everybody in town...if they wanted anything. It was kind of like calling Nell Brown down here. She had been the head nurse at this clinic and everybody in town knows her. If they've got a problem with anything they can't get through for whatever, they'll call Nell. People would call Lucy. Lucy knew all the strings that need to be pulled and all the rest of it. The other guy worked with Lucy. Remember I mentioned Cheryl Pagel's name before. She was a doc who was really oriented toward teaching and toward promoting as many people as you could get up to speed and capable and able to participate and do hands-on things if necessary. When Cheryl was here...she preceded my being here...we talked about that. Lucy was active, but she didn't do any teaching. This other guy, the name will come to me maybe. I know I can get it from Becker if it was important. He was very active on the ski patrol also at the Snowbowl. He divided his time. He was a ranger, but he was one of these people he was really... He was an NPS ranger when I say ranger. He was a big gun, very interested and enthused about education. He took the basic EMT book which was an 80 hour course and he expanded it on his own. He thought that people who were going to be doing this stuff should know more than was actually required of them. So he pushed people. He had established this basic core of rangers who were part of the EMS system as it was evolving and developing. So when I got here I had the benefit of having a bunch of people who had gone through this guy's classes and his teaching and so forth. I benefitted by walking into a situation where it was probably better than Yosemite because this guy was more aggressive about seeing to it that people had a broader understanding of the pathophysiology, what makes bodies work and the whole business of how oxygen works in the body and so forth. At the very basic level, you don't teach people how oxygen behaves itself in a cell. All you care about oxygen is that you're getting it in and the heart pumps it around. Like the orthopedists say, they don't care anything about what a person's heart is doing as long as it's pumping blood to the bones.

TM: Was that Ken Phillips you were thinking about?

JW: No. Ken followed him.

TM: This was before Phillips?

JW: Yeah. This was before Phillips.

JoW: Do you remember what his capacity was? He was a ranger, but was he like Ken Phillips who was a SAR guy?

JW: He was the EMS coordinator.

TM: Sounds like he was a seasonal if he was doing Ski Patrol in the winter.

JW: You know, I had never thought about that. I've always assumed that he was permanent.

TM: Okay. Well, let's back up a minute. What else can you tell me about Lucy? Do you know when she came to the Clinic and what drew her to Grand Canyon? Did she have a partner that worked for the Park or did she just come to work at the clinic as a nurse and stayed?

JW: Basically I think that's it. I wish I could...I don't even know how to...

JoW: I think her husband Jerry had to have been retired. Jerry didn't do anything. He had had health problems and everything. But he had been a furniture salesman or something down in Flagstaff.

JW: That's correct.

JoW: I don't know how Lucy ended up at the Grand Canyon though.

JW: But it's a story and if we were really... I'm almost certain that Christine Quigley, does that name ring a bell with you?

TM: Yeah.

JW: Jan wouldn't know because Jan came after, but Chris was here for all that stuff.

JoW: She was here even before she became a nurse-type person.

TM: Where is she now?

JoW: Which one? Chris?

TM: Yeah.

JoW: Albuquerque?

JW: She's Albuquerque, Silver City, sort of. I have trouble making...

JoW: Yeah. Her husband Charlie is in Albuquerque, and Chris is living there now because of him. She goes out to Acoma and takes care of the native population out there, but they have a home in Silver City, too.

TM: Tom Myers had talked very highly of Lucy and I was like, "Why?" What was endearing about her?

JW: She just had this calm demeanor and *get it done* mode.

JoW: She was almost like you. She came from the old order. You learn to do things with bubble gum and bailing wire. She knew how to get things done even if you didn't have the most sophisticated thing. That's sort of the way you operated too. I call him the Country Doctor.

JW: And the Country Doctor's nurse, right?

JoW: And Lucy would have been that for the RN—it was the Country Nurse.

JW: I'm pretty sure she had a connection with Flagstaff Medical Center in terms of working there. There was an opportunity for her to go to Grand Canyon either to fill in for somebody...I just don't know and speculation probably doesn't help. But if it was something that we wanted to pursue, I'm sure we could get more information.

JoW: I wonder if we could Google her.

TM: We could, but it just seems like she was someone that endeared herself to the community so much so that a room was named for her. Of course then, after you and Tom left and Samaritan walked out, new management came in and they did not have the connection. They dynamited the whole front and it was gone. But just trying to understand a little bit more about her and capture a little bit more about her.

JW: She was not one of those folks who just did her job. Whatever situation came up that needed to be pursued or to be solved, she would figure it out. And the help that she needed to make it work.

JoW: And for the most part, wasn't she happy?

JW: Yeah.

JoW: A very agreeable type of person as well.

JW: Her big failing was her smoking.

TM: At altitude.

JW: At altitude.

JoW: Finally got her.

TM: That's tough.

JW: My recollection is that her husband died at home up there. I don't remember what year it was. It was somewhere at the mid-point of our time there. We were there for ten years. As a matter of fact she called me on the phone. She had gone home for lunch. She called and told me, "Jerry's not living." She didn't say, "He's dead" or "He died." Words were Jerry's not living. I went over as quickly as I could and found him.

JoW: They lived right next door to us.

JW: Yeah. They lived right next door to us. Then she continued to work. She never actually told me this until the very end. She had a heart attack at the Clinic.

TM: At work?

JW: At work, yeah. The EKG. She was actively having a heart attack. I can't remember all the details except for the fact that we made arrangements to fly her down to FMC. She must've been lying on the gurney, though I won't swear to that. I can't remember that. She did share with me that she was disappointed that she was going to Flagstaff. She really had wanted to die at work at the Grand Canyon. So we got her down there and she died.

JoW: Did she really die on that occasion?

JW: Yep.

JoW: I thought then she moved to Flagstaff and died while she was down there.

JW: You know, I don't think so. But I would not want this to be...of course it's going to be part of the permanent record. One more thing for me to check into.

TM: You're uncertain.

JW: I'm uncertain. But I do remember that she was disappointed that she didn't just go ahead and turn up her toes. She did not want to continue living, is what that boiled down to.

JoW: If she couldn't be working in other words.

JW: Yeah. Right.

TM: What other interesting people do you recall during those ten years at Grand Canyon? Either interesting cases that you had with tourists or interesting locals that you encountered and befriended or worked with.

JW: Now it's interesting. Tom. Tom's book. Tom Myers' book is the one that...

TM: Back up a minute. How did Tom Myers show up at the Clinic?

JW: I think that's an interesting story. He'll share it and tell you all about it.

TM: I want your side of the story.

JW: Tom had showed up. He'd gotten his MD degree at the University of Arizona and had done an internship, or first year of residency, at Barrows in Phoenix and was really burned out. He was really discouraged. For whatever reason he had just simply become disenamored. There's a better term for that. Disgruntled, really.

JoW: With medicine?

JW: With medicine. Yeah, he was trying to figure out what he was going to do, what else he could do that would satisfy his... Of course as you know he's a hiker and a boatman.

TM: He's a very bright man.

JW: He's a bright guy. He loves Grand Canyon. So I don't know who talked him into coming up and talking to me. But we made the appointment. He came by, came to the Clinic and we sat. I don't know how long we talked. It was probably at least an hour. It was a long conversation. Because we chatted and I shared with him my basic philosophy about how I felt about providing care to people and the way in which I did it. I still don't see myself as being just your basic "walk in the door, perform a perfunctory conversation and walk out." That's one of my biggest faults.

JoW: Like a "Doc in the Box."

JW: Well..."Doc in the Box" or just a...

JoW: No, no. I mean you don't want to be the "Doc in the Box."

JW: So-called.

TM: Sorry for our transcribers or our readers, what's a "Doc in the Box"?

JW: A "Doc in the Box" in its current interpretation is these Urgent Care Centers where it's not really a doctor's office. It's not the kind of a place where people establish a relationship with their primary care provider. Although there's a certain amount of overlap depending on the doc who's working in the box. But they are limited care. And they like to call themselves, and it's actually appropriate, Urgent Care Centers. So your basic Urgent Care Center in a corner box type of a building.

JoW: Strip mall.

JW: Has some very basic services and limited services. Although once again that also has changed to a certain degree. One of the docs who used to work with me, a fellow by the name of Bill Bowie, who's more interested in cross-country skiing than he is in practicing medicine and doing other things. He's unmarried. He works like about seven days a month at an Urgent Care Center in Sonora, California which is just outside of Yosemite, an hour or so. And he actually lives in a ski area up at the top of the Sierras, out of Sonora.

JoW: Bear Mountain?

JW: I think it is Bear Mountain. The point is, you asked about what was a "Doc in the Box"? The patient comes in, they've got a complaint, you take care of the complaint, and they're out the door. You may never see them again or have any kind of an established patient/physician relationship.

TM: So, you're talking with Tom Myers about the type of medicine you practice and you don't want to do the "Doc in the Box" thing. Expound upon that a little bit more. What else did you tell Doc Myers? What else did you tell Tom Myers that day in the hour long conversation?

JW: I have to tell you, now that you're pinning me down, I don't know exactly what there was in the conversation that convinced him that he wanted to give it a try. It was like, "Why don't you just come on up and work with me for a year and let's see what happens?" I didn't really expect, I don't think at the time... I thought, "Well okay. He'll come up and work for a year and he'll figure out what he wants to do and whether or not he wants to go on and take a residency program, particularly into a specialty." Because that's the way things had gone. I guess I gave him a feel for what it was like to be a GP or a Family Practice Doctor as they're called now.

TM: It seems like that specialty there at the Grand Canyon is being a generalist. You have to know a little bit about everything and that's its own specialty.

JW: Well it is. And that's why general practice has gotten such a bad name over the years. I had a license plate made for my car that said "Just a GP." Got a picture somewhere, don't we, of that license plate?

JoW: Could be.

JW: Anyway, I may have told you this story before that early on in our marriage and so forth we were more social. We would go to social gatherings and a variety of things. And in those situations, you're meeting people. How you get to know people? Well, you go to places where you meet people. And people would want to know, "What does your husband do?" "He's a doctor." "Oh, what's his specialty?" And her answer was, "He's not a specialist. He's just a GP."

JoW: No, I wouldn't even say "not a specialist" I'd just say, "He's just a GP."

JW: I hassled her about this. I said, "I'm not just a GP!" And so that's always been the family joke.

JoW: So that's why he had a license plate made.

JW: And you're right. It's one of the joys of the practice. I think about this occasionally. My so-called medical career was mostly spent in two places, moving around various places, 23 years at Yosemite, 10 years at Grand Canyon and 5 ½ years down here. I was allowed to have two practices, in particular, Yosemite and Grand Canyon. I had the local population who were folks who needed ongoing care. They were regular folks. They would come sometimes regularly. Sometimes more regularly than I wanted. Sometimes not very regularly. It was like they were part of a family a patient/staff/physician/team. The other practice was the urgent care part. I really enjoyed the urgent care part. "Oh, you've got a laceration? We'll just throw a few stitches in there and have a little chat while I'm working. Oh, you're from Wyoming? I was born in Wyoming." And just on and on and on. There would be this...

JoW: Or if they were from Switzerland.

JW: Or Switzerland. All over the world. There was one guy that came in that was particularly... You were asking about interesting people. A gentleman came in with some sort of medical problem. I don't remember his problem even, except for the fact we got to chatting and there were two special things about this guy. He was from Minnesota. So we chatted. "Oh, my wife's family's from Minnesota. They lived in Belgrade." He knew about that. I said, "She has a cousin. His name is George Morgorine." He looked at me with this look on his face. It was his college roommate. Going on from there, not only that, but then it turns out that this guy's son is a doctor. I've learned over the years it was way more

productive... Instead of feeling like I was in competition with a patient's doctor. Patients who like their doctors think they are the best doctor. And they say, "He's notorious for doing all this stuff." Right. Fine. Good. So those people I would sometimes offer, "You want me to call your doctor?" This guy in particular, I said, "Would you like for me to call your son and let him know that you've been here and what we're doing?" He said, "That'd be great. I wish you would." So I called the son and we chatted for a while. Well guess what? He's one of the team doctors for the Green Bay Packers.

JoW: Oh, it's that one?

JW: We had a nice chat. It was a very gratifying experience. And even more gratifying was, not too long after that a package comes in the mail from Minnesota.

JoW: Or Wisconsin.

JW: A Green Bay Packers t-shirt.

JoW: And it was big enough to fit him.

JW: Yeah. It was a XXXL or something. I guess that was one of those events that sticks in my mind. That's the kind of thing that Tom likes too. He really likes to get to know people.

JoW: And their history.

JW: History. And like I say, that's been a downfall for me because I've never been really fast.

JoW: Fast how?

JW: Fast in taking care of people, in running people through. My usual output would be two patients an hour. And I really struggled to get to three. Anymore there's the people who hire and fire docs and so forth, they say, "You've got to see five an hour or six or whatever."

I even looked at moving back to Oakhurst, California which is just south of Mariposa which is just west of Yosemite and where her parents had come to live. She'd grown up in San Diego. They both grew older and infirm and as that went on and on they finally had to... Basically she was spending almost more time taking care of them than at home.

JoW: We moved them from San Diego when they became infirm. My brother and I moved my parents to Mariposa from San Diego.

JW: During that time, I forget the details, but the point is they wanted... We were talking about, "Can I get a job closer to Mariposa?" I could've gone most anywhere. But there was a particular opening in this town of Oakhurst. So I started trying to get serious about making a move and even went so far as to contact the hospital that ran the clinic there at Oakhurst. It was a hospital that I had used to send my patients to in Fresno. I thought they were good. Provided a good sort of a place for me to work as an employee. They'd pay our way to go spend the night in Oakhurst and check out their new facilities they were building. I could never force myself to say, "Okay fine. I'll take the job."

JoW: Because?

JW: Because I could not see myself having to see four patients an hour. That was their requirement.

TM: So what is it about having two patients an hour? One of the things I remember when I was at the Clinic, was at the end of the day you would go home with these canvas bags full of charts. Because your charting wasn't done for the day and you had taken that time to work with real people in a clinic setting. Charting could happen later. You would take that home and do that at home to have extra time with people. What is it about medicine that is important in that person-to-person contact?

JW: It's probably not just medicine. It's a people thing. Let me share with you... I think I mentioned to you, maybe at some point that when I was in high school, I don't know if this teacher had approached my mother because she was getting her Master's and she needed to be able to administer some aptitude tests.

TM: Right. Right. I remember that.

JW: The two things where I excelled or showed exceptional enthusiasm was Science and Social Studies. So I have this whatever it is... And of course I grew up in a household where my dad was a Methodist minister which is ministering to people and empathy and things that go along with taking care of people both physically and emotionally. It's always been kind of part of my makeup. Well sitting and talking to people and listening and hearing the things that are troubling them takes up a lot of time. Just a lot of time. And I never learned to just shut it off. Because I know some doctors did. The patient would come in. They'd sit down in the room. The nurse would've said, "Okay. Chief complaint?" You know, one thing. This always went on into more than one thing. The doctors who were good at managing their time were able to tell the folks, with one hand on the doorknob, we've taken care of the problem you came in for. Make another appointment and we'll take care of it. I just didn't have that capacity.

TM: And yet I don't hear on the street, people complaining that they spend too much time with their doctor. I mean if we're looking at five or six people an hour...

JW: Okay. There's more than one way to look at this. One of the ways to look at this is not particularly a positive way. My style of allowing people to unload whatever their burden happens to be...those people are attracted to me so I tend to... This became a problem particularly in Yosemite because the doc, the senior physician who was there when I first took up the summer job in 1966, had started in 1935. The only time he had been absent from Yosemite was when he went to the Air Force in World War II. He was in the Air Force for, I don't know, two or three years, whatever. He was the ultimate, what's the TV character who's a physician, Marcus Welby kind of a doc. I'll tell you another little story about that, but he was the kind of a doc who... He was good at being able to get in and out, see people, take care of the problem, and they all thought that he spent a lot of time with them. Now that's a gift.

TM: Interesting.

JW: There's a gift. But he did. If they needed time spent, he would spend the time. But when he retired he had this... The files were full of Dr. Sturm's patients who did not want to see the summer doctor or the medical student or the nurse practitioner. They wanted to see either Dr. Hendrickson or Dr. Wurgler. Hendrickson and I were Sturm's partners. He and I inherited these patients, probably split them fairly evenly. And then Roger left. Roger Hendrickson. So I pretty much accumulated the patients who were the long-term residents who had expectations of a certain level of attention and so forth. Not only that, I

would then have doctors who would work from one to three years or whatever. And then, particularly in the summertime, we would have a doctor who'd work from four to six months. Our local folks weren't about to see them. On the other hand, these are the people that could be treated as urgent care. They would come in... They didn't want to spend a lot of time in a doctor's office in Yosemite. They were there to get something taken care of and go on with their business.

The other thing that I was going to mention about Marcus Welby. The redheaded doc, Bethany Cummings was a doc that Samaritan recruitment people had hired to come and work at Grand Canyon theoretically long term. When I took over on the first of June, it was going to be me and Bethany Cummings and a resident. That was going to be the summer medical staff for 1989. Bethany, she was good. She was well-trained. She was skilled and all the rest of it, but she did not like my style of practice. Her dad was a doctor and I'm satisfied that he probably was more like me. But her comment was that she didn't go into medicine and take the training and so forth to practice a Marcus Welby type of practice. You're familiar with Marcus Welby.

TM: Yeah. TV show and he's the local doc that everybody enjoys and likes and solves everything.

JW: Did neurosurgery on the side. The impossible dream if you will. But she saw the kindly... Do we still have that statue that says, "The old doc?" The doctor with his white coat on saying, "How are your bowels?"

JoW: He's right up there. There he is.

TM: So it's a small statue. Looks like its three or four inches high. It's carved out of wood. It looks like Jim Wurgler with glasses here. And it says "General Practitioner. Well, how are your bowels?"

JW: That is a lot of people's view of a General Practitioner. So anyway, Bethany left after the first year.

TM: Do you think Bethany was trained in speed?

JW: No, she was just trained in a typical family practice setting. And I suspect, yeah you know, I think there is certain expectations in a training program. Part of the problem is that if you're in a training program, you got a half a dozen docs who are seeing patients and so forth, you got one guy/one person who sees two or three patients in a day, everybody else has to pick up the slack. There's a lot of pressure to conform and do what is... I'm not quite sure I did.

I worked in a clinic in Oroville, California. It was kind of an OJT residency program. There were four physicians. Three young guys like me. I was probably the slowest one of the bunch and I always felt very guilty about this. Occasionally I would say something to one of the senior nurses about... I would just apologize basically because I was not seeing... The nurses would basically pat me on the back and say, "Don't you worry about it" because they valued my style. The patients valued my style. And they were just willing to put up with it.

TM: It's interesting because it's a journey in quality over quantity. I would assume that if you were spending 30 minutes with a patient that the nurse could get some other stuff done.

JW: There was that too. Yeah.

TM: So they were able to keep up, if you will. But it is an interesting journey in healthcare about time with people. You think, "Okay, can you just fix the watch by putting the screw in there and tightening the bolt, that's it, thanks have a good day?" It's more complicated than that.

JW: And you know with people... Chris Becker has got some really interesting understanding of people and their needs. One of the things that he would quote on a regular basis, he says, "It didn't matter, everybody that walks up to the receptionist table in a doctor's office is convinced that they're going to die." The thing is, you've been around other staff members enough to know that there's a certain amount of complaining about people who frequent... Sometimes the staff doesn't think that they really should have even been there. "That's nothing, you don't have anything. You should see what it's like to be really sick." So that attitude will come forth. One of the things I would really try to impress on the staff was that the most important person in setting the mood of a patient who was coming was the receptionist.

TM: That's right.

JW: We had some receptionists, occasionally, who didn't really quite grasp the concept. So they usually got rotated around somehow. But the people who were the most effective in bringing to the patients' needs, empathy is still probably the number one on the list.

TM: When you came to Grand Canyon in June of 1989, the hospital which had a surgery center, it had labor and delivery, it had inpatient beds overnight, that had been closed by that time.

JW: Yeah. None of that.

TM: Yet the Clinic still had night call. So you would work the day and take the pager home and see how it went. 24 hours a day, 7 days a week, 365 days a year. How did that go in the winter when the resident was gone and it was either you and/or the other doctor? You and Bethany or...

JW: Turned out it was me and Tom. For nine years basically it was me and Tom. To have to fess up, it meant 36 hours on and 12 off. Because you know you'd go to work in the morning, work during the day, take call at night, work the next day and then have the night off. We did manage to get more than a day at a time. We would sometimes get a relief physician come in. That was really the crowning blow for Tom Myers. Because he wanted to be in Grand Canyon partly so that he could do Grand Canyon. He wanted to hike. He was really... Butchart was one of his heroes.

JoW: Harvey Butchart.

JW: Yeah. Harvey. Of course, then he got into the rafting and all the rest of it. He finally realized...

TM: Writing books.

JW: Yeah. He finally realized... And then the kids were growing older. I think Becky had concerns. They both kind of wanted to go back to Flagstaff. They both grew up there. He never really said, "The school system here is so lousy that I don't want my kids..." It's not that bad. I think some people would say so. We felt that as a small rural school, that the school there does a good job. Or did at least. I have no idea what the circumstances are now. But anyway, Tom came to the conclusion that he wanted to be able to not work quite so hard and to have a little more time to do the things that he wanted to do. It was very

frustrating to live at Grand Canyon and not be able to actually participate more than a few hours at a time. I thoroughly understood that. That was sort of the thing. When he said that he was going to leave, that's when I decided to start thinking, "Okay, what's in the future for me?" I had a pretty good notion that it was going to be difficult to replace Tom. To find another young doctor who would put up with the hours and would be as much of a really participating partner. A lot of people thought... You tell them where are you from, Grand Canyon. It was really bad in Yosemite to say, "Oh, how do you get a job there?" Send me your résumé. It was like, that was as far as it got for most people.

JoW: Or they'd come and be interviewed and the wife couldn't take being that far away from everything that was happening—shopping, movies, everything.

TM: The remoteness.

JW: You know, this has been a team effort here as far as I'm concerned with Jodi. A lot of partners, not even just wives but partners, would really chomp at the bit that you didn't have a supermarket. The shopping was nil for all intents and purposes. You had to drive 90 miles to get to a store, to a movie, to all these things.

JoW: Clothing shopping.

JW: And it just simply was that's what we did. I wouldn't say that it was just what we did. I felt that the family... We would do things that were fun to do. For example when we were in Yosemite... I can't relate to the kid thing here in Grand Canyon. Because all we had was one child at home.

JoW: And she was only here for a year.

TM: And then gone.

JW: Then she was gone. We still have enjoyed traveling and I don't mean traveling all over the world and so forth. We enjoy a drive.

JoW: Road trips.

JW: Road trips at the drop of a hat. Road trip? Yep. Okay. We had a Volkswagen Bus and a couple times a year we would drive down to the coast near Morro Bay, if you're familiar with that. Mostly it's just directly west of Yosemite. It's not Southern California, it's kind of middle California area. We'd spend a week.

JoW: Camping.

JW: Camping. We had this ritual. We would stop in the little community, town of Morro Bay. There was a bookstore there in an old house, not a Barnes & Noble. We would stop at the bookstore and all the kids, all five of them, would go into the bookstore and we would spend, I don't know, half an hour/hour, whatever. They would look through the books and so forth. Everybody got a book. That was so then we would go set up the camp. We had a nice big tent.

JoW: They had the books to read. When they weren't messing around outside.

JW: When they weren't out tide-pooling or playing in the sand or whatever.

JoW: Well, the other thing is that we made regular trips to San Francisco. We had friends that lived in Oakland and we could stay with them. Then we would partake of things to do in San Francisco even if it was to go *The Nutcracker* at the Opera House, things of that sort. We didn't make ourselves isolated when we had a chance. We had to...

TM: Get out.

JoW: I suppose we sort of do the same thing here at Grand Canyon, but like you said there are no children involved, but he and I still would go off and do things ourselves.

JW: Particularly if there was food involved.

JoW: A reward system almost.

TM: So you would have to work with Samaritan to get somebody up to cover that 24 hours. Because if you were going to run away for a week, you couldn't tell Tom, "Alright, you're going to be 24 hours a day for 7 days." Could that work? Is that how you did it?

JoW: Didn't you go to Chery Pagel many times. She had finally moved down to Samaritan and had a place down there where she dealt with residents, I guess. Didn't you go down and say, "We need someone for a vacation time," you know or whatever?

JW: I didn't go through the recruitment office because that's not their specialty at Samaritan or Banner. But the family practice program, usually there were guys who needed some extra money and would have some time that they could take. We also would advertise sometimes off the street. Anyway, we would be able to get relief.

TM: Vacation coverage.

JW: Vacation coverage. Yeah.

TM: But still only two of you, three in the summer, but in the winter it can be busy too especially around Christmas or Thanksgiving, the Park can fill up again.

JoW: Well, not so much then. I don't remember it being all that awful, awful in the early days at Grand Canyon, do you?

JW: Not really.

TM: So winter was a little quieter, little relaxed.

JW: It was not that...

JoW: Ongoing intensity.

JW: Intensity. That's a good term.

JoW: That it is now.

JW: Yeah. I really put a lot of responsibility on the backs of the nurses. It wasn't just that they were active as a receptionist and took the name and the information and jotted down... They actually developed a... And Lucy was a part of this. They would do a primary evaluation. They would get a feel for whether or not a person had a problem that we needed to jump on or if it was something that you just put them in line and we'll get them in when their name pops up.

TM: So a little triaging.

JW: Yeah. Exactly. That's an excellent point. A significant number of nurses who worked for me both at Yosemite and at Grand Canyon went on to become Nurse Practitioners starting with Christy Brickley. I take that back. She had her Nurse Practitioner credentials when she came to us, didn't she? I don't know. It doesn't really matter.

JoW: How about Kathy Gallagher. She was a Grand Canyon person.

TM: There was Kathy, there was Luann. I was trying to remember. When I first started there was a team of nurses there that seemed very tight, worked together very well, seemed to work with you and Tom very well.

JW: Was Karen Vandzura there?

TM: Karen Vandzura was there, but there was a team before her, I seem to think. Kathy...not Gallagher.

JW: Oh...Laucks. No, she was a Yosemite person.

TM: There was someone else I'm thinking of, was her husband a ranger? Wasn't Luann.

JoW: Well, Kathy Gallagher, her husband was a ranger.

JW: No. He was a concession guy.

TM: She did go on to be a nurse practitioner, Kathy Gallagher, didn't she? She ended up working for Orme School there.

JoW: Right.

TM: What was her name? I can see her face, but I can't...and they moved to California I think when they left. Anyway, there was a team of people and the one thing that I saw, for those two years that I worked there when you and Tom were there, was a cohesive team of people that were working well together it seemed.

JW: You're right and I consider myself really lucky that people did. They would rise to the occasion. We needed to have people who would not just go park themselves somewhere and say... They participated, it was a good team.

JoW: And probably if they didn't want to practice in that style of nursing they moved on. You know? It's a funny story, there's a nurse who interviewed at Yosemite. Everything's Yosemite, we keep talking about it. She came up and she said, "Oh yes, I want to work here." Then she finally came with all her stuff and moved in. I think it was only like 24 hours and she packed up and moved out.

JW: She was not ready for prime time.

TM: So it seemed like not only did the individual have to be comfortable with the place, but the individual's family structure had to be comfortable with the place as well. I mean, you and Jodi being very happy in a rural environment in that type of setting.

JoW: As I've said before, the nurses usually weren't married. So they didn't have that conflict. So it was basically the medical providers. It was the husband, wife, and children that seemed to make a difference.

JW: I got a complaint once from one of the nurses in Yosemite. I forgot exactly what the circumstances were. We were having a staff meeting of some kind and there were some issues that we were dealing with. One of them made the comment, "Well if you'd quit treating us like your daughters..." It really took me aback. I thought, "Whoa, wait a minute." Not everybody was always really pleased with my style and I recognized that it was a legitimate observation. I don't know that I was able to change, but I tried to keep it in mind.

TM: It's what it was. So it's getting on now to 3:00. There's a couple of questions I have still about what it was like to practice as a veterinarian. Because you couldn't understand the language how did you treat people? I'm curious about that. I'm curious about, again still, some of the unique cases that you might have dealt with.

JoW: What do mean a veterinarian?

JW: Where your patient can't speak English or can't talk to you.

JoW: Oh okay. I thought you meant literally, because there are...

TM: I'll tell you the story, Jodi because I'm thinking about it. I was doing some physical therapy in my little bomb shelter and I come walking up to the front. I told Jim this story I think. There's a beautiful man in a very skimpy little bathing suit and he is shaking a gorgeous woman in a skimpy bathing suit. And she's got this long flowing dark hair. She's just a rag doll. And he's just shaking her. He's shouting at her, "[foreign language]!" Some sort of foreign language. I walk past this going on there and I go into Jim and Tom's office. Jim is kind of kicked back in his chair a little bit staring out the window in his very focused kind of way. I was like, "Dr. Wurgler what's going on over there?" He said, "You know, Tom, sometimes being a doctor is like being a veterinarian. You know something's wrong, you just don't know what." Do you remember that? I don't know if you remember that.

JW: No. That's one of the things that escape me. I was probably in some sort of a philosophical mood. But, you know, it did create some problems and I have to say that we had resources particularly in the vacation industry that exists on the south rim.

TM: Hospitality section.

JW: People who worked for the... And Grand Canyon is even a greater example. There's more variety of nationalities that visit Grand Canyon than I recall dealing with in Yosemite. Yosemite, of course, is located in a state that had, even then, 30 million people in it. So the largest group of people who came to Yosemite were from California. Then some of the foreign nationalities would come in there. But by and large the Germans spoke English.

JoW: French.

JW: The French, enough to get by.

JoW: We'd get a lot of Mexican or Hispanic.

JW: Yeah, and I had enough conversational Spanish to be able to get some of the basic things.

JoW: And there was also Asian. But also, there were people within either the concessionaire or the Park Service who did sometimes speak that language, who'd been an interpreter.

JW: And that's particularly true here. Also, the people who are the best at this are the people who have done a Mormon missionary deal. There was one guy that worked for one of the airlines up there who had been in Japan, I think. He was really good. He was a fairly regular person to come up and interpret for us. He established some relationships with some of those folks. He went to visit them in Japan at their expense.

TM: Wow!

JW: The other thing that came down the pike, I hardly ever used it, AT&T/the telephone company, whoever, I think they still have it. You can dial in a certain number and you can get an interpreter on the phone from like 150 languages.

TM: With two headsets and they say something and the interpreter interprets and talks right back to you.

JW: Either that or the early ones, you would just hand a family member the phone and the interpreter would talk. And then it was like...rather than two headsets it was more just a transmission of knowledge through verbal communication. The one person who left me totally baffled was this elderly Scottish man who was brought in by his family because he had a complaint of some kind—not feeling well. I couldn't understand a word that he said.

JoW: The Scotch brogue.

JW: The Scotch brogue was so heavy that it was like, "We're not speaking the same language."

JoW: Maybe there was some Gaelic thrown in there.

JW: Might have been, but it was the brogue.

JoW: Did the family help then?

JW: Sure. Because they were able to communicate.

TM: To translate.

JW: You know, we would occasionally get animals in. This is particularly true of Yosemite just because it's a camping/outdoors activity there much more than it is at... People don't bring their pets, or didn't at least then so much. What's it like now? Do they bring their pets to Grand Canyon? Of course enough of them do to make the kennels functional.

TM: So the answer would be yes.

JoW: Tell them about the dog that you had at Yosemite.

JW: The Dalmatian?

JoW: Was it a Dalmatian? I thought it was a Poodle.

JW: Whatever it was, it doesn't matter. He got in contact with a porcupine. That was not that unusual. But, the dog's owner came in and the dog had been raised in France and only understood French. The dog would follow commands, but they had to be given in a language that he understood.

TM: Right. Then it was like, "Get the pliers and just pull them out."

JW: Fortunately I had had some experience in medical school in a dog lab so that I had gotten fairly adept at being able to inject a vein in at least a dog. It's really difficult to remove porcupines from a dog without some sedation. I was able to make that work. For me, if I was there I could give the dog an injection and get him just deep enough so that I could pull the spines out.

JoW: Some other things you used to...fish hooks getting caught in people.

JW: Yeah. Fish hooks were really...

TM: Not Grand Canyon...that would have been on the Merced. Could they fish in the river?

JW: Oh yeah.

JoW: Trout.

JW: We became very adept at removing fish hooks.

TM: Well, what I'm thinking is I'd also like to talk about how it was that you came to leave Grand Canyon and some of the failures. People don't always live. Sometimes they die. And how did that impact you?

Our options are to try to soldier on now for another hour or so. Or come back and do, I think, one more interview. We can cover it up. What are you thinking?

JoW: It's up to you. Just like last time.

TM: Ideally from my side, if I can run ahead of you, I'd like the two hours because I don't know where we could go.

JW: You'd like another two hours is what I'm hearing?

TM: I'd like another two hours of your hide if I can get it.

JW: I'm good with that.

TM: Okay. In that case we're going to wrap up this interview on Friday, November 18, 2016. We're at the home of Jim and Jodi Wurgler. This is the end of Part VI Interview with Jim and Jodi about Jim's career in medicine as part of the Grand Canyon Historical Society Oral History Program. So thank you very much.