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Interviewer: Tom Martin (TM)
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TM: Today is September 7, 2016 we are at the home of Jim and Jodi Wurgler in Williams, Arizona. My name is Tom Martin this is Part III of Grand Canyon Historical Society Oral History Interview with Jim and Jodi. Jim, at the end of Part II was talking about sitting on a plane on the runway there in Vietnam and the plane slowly taxied down and then got up in the air and there was jubilation in the plane. What happened next?

JW: The trip back, flying from Vietnam to Seattle, was sort of anticlimactic. It's like "Okay. Well, I'll try and sleep." Basically kind of anticlimactic. Got to Seattle. Caught a flight on an Air Force plane, which was fun, down to Travis and you met me there, didn't you?

JoW: Mmm hmm.

JW: Yeah. That's where we kind of resumed our life. The way that the military worked, I already knew that I was going to be sent to Fort Devens, Massachusetts because as I related earlier in this conversation, when a military person is assigned to a certain location, when the time comes for them to go to a different location, they have a wish list. You can write down wherever you want to go, wherever there's an installation that has a requirement for your work status position. I was looking for a place that needed a flight surgeon and also needed a physician to work in whatever clinic they had. I had met a fellow at San Antonio, actually. He and I were basically the same age. I think I even mentioned him earlier in our conversation. We got along really well because we had mutual interests. He went on to Vietnam right after San Antonio. I went to Fort Rucker for the School of Aviation Medicine. When I got done with that I was sent over to Vietnam. And here's Bob Furst. I was assigned to the Fourteenth Aviation Battalion and Bob Furst, who was my orthopedist friend, was assigned to one of the hospitals in Chu Lai which is where I went. We got to be good friends there. He originally was from Concord, Massachusetts. Fort Devens was just a few miles from Concord, Massachusetts. He and I both then worked for the remainder of our enlistment time at the Army Hospital that was located at Fort Devens. He was assigned to the Orthopedic Department. I also got assigned to the Orthopedic Department because I requested it and also because it allowed to me to do my flight surgery work. I was going to be responsible for doing flight physicals. There was a small Army airfield outside of this town which was called Ayer, Massachusetts.

We spent 30 days in Oroville, California which is where we owned a home, had previously been in practice for a while, Jodi and the kids had spent their time there while I was in Vietnam. The Army, then, packed us up with all of our goods, including our fire wood for the fireplace, and shipped us back to Massachusetts, from California to Massachusetts. You can't get much further apart. When you're in the military there are certain restrictions on what you can ship, partly depending on your rank and some other things that add to the complications. We wound up in Fort Devens and I got some additional

experience working with an orthopedist. My private practice had always been general practice. Even in Yosemite, I was straight forward general practice. A lot of which was orthopedics because of the ski area and people climbing and stumbling over rocks and over things in the trails. I had never actually worked directly with an orthopedist until we got to Fort Devens. I actually worked in the Orthopedic Clinic and I actually had a ward of people sent back from Vietnam who were in various stages of having their injuries either treated, follow up care from Japan or from Vietnam. And of course I had a supervisor, an orthopedist, who basically was my mentor as well as a person who, when I made rounds which were just regular hospital rounds, if I had any need for a consultation I could always grab the orthopedist and say, "What are we going to do with this guy?"

There are a lot of complications that arise when you're in the military. You've got to learn how to deal with the mechanics/the business of being a military physician. You're always on a learning curve of some kind. I may have mentioned, Fort Devens was where I really came to appreciate the fact that I had been sent directly from Fort Rucker, where I did my School of Aviation Medicine which is only three months after I'd gotten into the Service and sent directly to Vietnam, much to my fear and loathing thinking it was the "kiss of death". Of course, I got over there, put in my time. It was not a really risky proposition. I tried to convince doctor friends don't worry if you get sent to Vietnam. That just rolled off people's backs like water off a duck's back. Nobody could convince another person you don't have to worry when you go to Vietnam. Everybody was very fearful of it. There was a postal area in Fort Devens. There was a post office on base. Everybody had a box. The guys who had never been to Vietnam and who were really susceptible to getting assigned to Vietnam, if they were needed or if somebody got mad at them or for a variety of reasons, they would approach their box and just be trembling with fear, breaking out in a cold sweat. If there was a certain colored envelope in their box it took great nerve just to touch it practically, much less open it, to see what was in it. It could very well say, "Here's a new set of orders and you're assigned to the next place." I didn't have to fear that. There was no way the military could hurt me. It was just a great sense of relief to be able to say I've done my duty in Vietnam. If they sent me overseas somewhere, maybe it would be Germany. Love to go there. But we weren't going anywhere. They'd sent me there. I got to work with an Orthopedic Department. I got to collect my additional hazardous duty pay for being a flight surgeon because I was required to fly a certain number of hours per month to continue to maintain that.

TM: Can you expand on that? Your work under the orthopedist—did you do orthopedic surgery? And can you expand on the flying that you did there? How did that work out to maintain that status?

JW: I did get to do some actual surgery. I got to work in the Orthopedic Clinic where anybody with an orthopedic problem would come there initially and have treatment assigned or they would figure out if they had to have surgery. That wouldn't necessarily mean that I would do the surgery, but if it was relatively simple surgery then the orthopedist with me said, "You can do this and I'll work with you and I'll be your assistant on this surgery."

TM: Like what?

JW: Like, of all things, operating on knees. The current ability for medicine was like it was in the Dark Ages back in 1969. In order to do anything in the internal part of the knee, whether it was a meniscus or a torn ligament or tendon, you had to actually open up the knee. It left a big scar. The rehab from it was weeks or months. The success rate, since even though you were to able to see technically/theoretically, you just didn't open the knee and everything was laid out, like it was really exposed. The knee was still held together by some very strong tendons and ligaments which you did not

want to disrupt because then repairing that was just like basically doing another repair job. The arthroscopic, the ability to use endoscopes and miniature lenses and lighting systems and remote control of small tools is one of the miracles of medicine as far as I'm concerned. Obviously you're very aware of all the different areas where scopes are used to do things that some of us would never have dreamed of. And now they're doing them robotically, robots are doing that kind of surgery. I keep falling further and further behind in my actual knowledge of what's current. When I do get a chance to either see it on some sort of "gee whiz" kind of program on TV or something that I read in the papers. Just like Donald Trump, I get my information from reading the paper.

JoW: Or the internet.

JW: Or the internet.

TM: Was there discussion at that time of the...was anybody doing any port type stuff or was it all just big surgery, big incisions?

JW: I'm not even aware that anybody was doing experimental work. I'm sure they were getting started. '69? Because in the next ten years, I don't know if I would say it became commonplace, but it certainly became... As soon as it became feasible to do it outside of the experimental and places where people were developing these techniques and so forth, they went really rapidly into actual use. Because it was such an improvement. Not only that, but the fact that the ability to do things like MRIs. If you look at the timeline for the development for the Magnetic Resonance Imaging, that's been another miracle. They're just treated like an everyday event now. You read the sports page and you see which one of the athletes is having an MRI tomorrow. It has contributed a lot to my trip through life to see these kinds of advances. It used to be almost enough to keep me practicing, but then I got mired down in the everyday/working in the trenches at the age that I had reached. It just got more and more difficult. I don't regret retiring, but I sure enjoy seeing the kind of advances that they keep on making and just the "gee whiz" kind of stuff.

TM: In the orthopedics then, I'm assuming you might have done some shoulder surgeries, some hand surgeries, just general orthopedic all broad brush type stuff?

JW: Hand surgery is kind of a specialized area. As you well know, it is a sub-specialty now. Some people just do hand surgery. It would be like if somebody had a fracture of their tibia and needed some screws put in, this was perfect.

TM: You were the guy.

JW: Yeah, with help from my friend. There were just a number of things that, with help, even reducing dislocations, there was a hospital there, there was an emergency department there. It was a base of many thousands of people. It was one of the two bases in the United States that dealt with sort of spy stuff. The other one was Sierra Vista here in Arizona. I have to confess that there was a time when I was starting to think the Army life is not so bad. Thirty days off a year, regular hours. It was not an issue of having to take a call except occasionally. The pay was adequate and I didn't have to send anybody a bill.

TM: It's interesting because it seems as though it's... Ayer, Massachusetts, that sounds kind of rural and yet there's a wide variety of problems that you would be dealing with during the day if you've got

thousands of people at a base, somebody's going to be falling off a ladder, just the typical rural clinic sort of things that you would see in the ER department. I can appreciate it might be a little like, "This isn't so bad."

JW: Think of what is was like at Grand Canyon. You and I both worked there. You are aware of the kind of stuff that we would take care of up front. Somebody came in with a dislocated shoulder, elbow, hip. These days anymore, the restrictions on in-house what they call "conscious sedation" has really curtailed the ability of people in our circumstances to do that. That was part of what I really enjoyed. In a place like an Army hospital they had the emergency department and they had doctors who worked there. That was their job. They would take care of the things that they could and those that they couldn't, they would call whoever was on call from whatever department was needed. They also took care of the local population of people who were retired military. If a person is retired military and they were eligible for care at a military facility, some of those folks would also be taken care of in the emergency department. I can't remember any of those people actually on my orthopedic ward. There was more than one orthopedic ward in this hospital. It was categorized to a certain degree or if there was a number of categories, there would be two or three of us who had half a dozen patients. I would have half a dozen patients. Somebody else would have half a dozen patients. They would be spread out on the wards. We didn't have any private rooms. I don't know, we may have had one. If you had somebody come in with a high enough rank, they probably wouldn't come to us in the first place, they'd go to Boston. But anyway that's just inside stuff.

JoW: I have a question. Did you ever take care of any injured people or people who had been injured in Vietnam? Did they ever end up at that hospital?

JW: All the time. Oh sure. This was part of the routing. That's why I said "People from Vietnam and Japan," because the way people were taken out of the field, they were treated initially in a facility in Vietnam. They would possibly be sent then to a next level up, commonly sent to Japan for the next level of care. Some of the reason why the movie M*A*S*H was so meaningful to me because they got a lot of the stuff right about what it was like to work in a hospital that was not really the kind of hospital that would say is a hospital in the States where you've got masonry buildings and fancy everything up to date. When the comedic M*A*S*H came along with Alan Alda and his group of crazies, if there's a repeat on the TV we'll watch it because it's so...and particularly if they've got Harry Morgan as the Colonel.

TM: So you were also flying at this time?

JW: In Vietnam?

TM: No, once you came back.

JW: I was supposed to fly and I got credit for flying.

JoW: You got to indicate that you were onboard an airplane. You were not flying an airplane.

JW: That's clear. The flying that I was required to do was just to be onboard. They had the ability. A few planes. They had doctors at Fort Devens. Particularly the radiologists would be flown from Fort Devens to Fort Drum, New York. Fort Drum makes the news. It'll come in spurts. The Tenth Division which is the ski outfit and the so-called Mountain Division was headquartered at Fort Drum. If they

needed a specialty service that they didn't need to send the patient out to another facility to take care of it. Like with radiology they'd take the x-rays. You've got to have somebody to read them. There was no such thing as…

TM: Attach it to an email and send it on its way.

JW: Yeah. Scan and fax. Even fax machines in 1969 may have been in its infancy.

TM: So it was easier to bring the radiologist in.

JW: Oh yeah. He was cheap. He didn't make any more money than I did. Except that he was a Major and I was a Captain. Except I became a Major and then I was probably getting close to his salary. Then I got my hazardous duty pay. He didn't get hazardous duty pay. He was just a passenger.

JoW: So were you, but you had a title.

JW: But I had an official title. I had wings.

TM: Jodi, what were you thinking about at this time out there in Ayer, Massachusetts having moved the family out from California? Do you remember at all your thoughts at the time? As Jim is kind of liking this flying around. He's a Major. He's making a lot of money. It's nice. The job's kind of fun.

JoW: I was busy raising a family of four and his parents came out to visit. Our kids started school. There was one in second grade and one in kindergarten. That's it. The others were at home. When he had time off we really got to know New England. We had our Volkswagen bus. We would go out on weekends and check out Vermont and New Hampshire and Boston. Did we go south anywhere?

JW: We went down to watch the races on Long Island. There was a racetrack there called…

JoW: Car races.

JW: Car races. Yeah.

JoW: He's a sports car race guy.

JW: We did go down there. Rode the ferry to get over there. Then to get the ferry back, if you've ever done ferry transportation, getting someplace… The ferries run on a fairly regular schedule and over a period of hours everybody gets to the location they want to be. But then everybody at that location wants to get back to the mainland at the same time. So you line up and even though they try to run them as fast they can it can take hours to get back. We didn't get back over onto the mainland until midnight. We had to drive four hours to get back to Massachusetts and I was on duty the next morning. I was young enough to do that kind of stuff and get by with it. But mostly we went north. It was just amazing driving through New England and seeing the farms, the old style houses that were built. Every house was three stories and had a big conducting sort of a building to the big barn. The thing is, trying to heat those things drove a lot of people just simply...they couldn't handle it...they could not afford to live in those kind of places. But the people who could afford to and particularly the ones who could afford to fix them up, they were just a wonder to behold. Every town in Massachusetts, the closer you

got to Boston, the founding date would have been 17-something, maybe 1800. That was just a turn-on to be in the presence of this kind of history. We just enjoyed the heck out of that.

TM: As a Major with wings, at what point did you decide, "I'm getting out."?

JW: They approached me. My actual due date for getting out would have been January. That's the date that I went into the military: January 4th, thereabouts. My date to get out was like January 4th. Nothing gets done in December. They were always out scrounging around looking for people who wanted out early. "Do you want out of the Army early?" So I accepted getting out of the Army, being discharged, which would have been just before Christmas. Two weeks into December.

JoW: Yeah. I'd say so because then we met up with our friends, the Hewitts. They had moved to St. Louis, Missouri. We were there on Christmas Eve.

JW: We did some things in those years, looking back on them I was so presumptuous. This one takes the cake. We didn't warn them we were coming. We were in this old 1960 Volkswagen bus.

TM: All six of you?

JW: It was a camper. The kids were small. They didn't have to be restrained.

TM: In 1969?

JW: Seat belts were not part of the…

JoW: I had brought significant presents with us because I knew we were going to be on the road for Christmas Eve. I had one of those small trees that I had sent him in Vietnam, so I brought that along. I fully expected us to be in a motel or something like that, we were going to have Christmas with the kids. For whatever reason he decided he was going to call up the Hewitts and just say "Hi," maybe have a drink with them or something like that.

JW: So I guess they did get a little warning.

JoW: And then they ended up inviting us to spend the night. Christmas Eve night. These are these same people that when we first met them and were invited to dinner there in Oroville, he was wearing his cutoff Levi's that were all stringy and ragged looking. They were just such refined people, but so nice. They were Canadian, both of them.

JW: They were so polite.

TM: You can never say "No." There's somebody on the phone, they want to spend Christmas Eve with us. "Sure!"

JoW: We were just going to drop in, say Merry Christmas.

JW: They really saved our bacon. Driving cross country in the middle of January... One of the stories that sticks with me is that this bus sometimes wouldn't start. Or you would turn the motor over. It was something with the starter somewhere.

JoW: It was a 1961?

JW: '60. We were on the New Jersey Turnpike on Friday night.

JoW: Was this when we were leaving town?

JW: We were. We were leaving town. We were packed up. We were going to take the southern route to stay away from the really icy north. I don't know how much dealings you've had with old Volkswagen buses. They don't stay warm very good with the old air-cooled engine. The people in back, which is right by the motor, they're not too bad off. But the people up in the cab, it never really got that warm. So here we were on the New Jersey Turnpike, Friday night, eight lanes packed, slow going, start/stop driving. Stopped for quite a while and I can't remember if I turned the engine off or if it just went off by itself. So the traffic starts moving. We were in one of the middle lanes. It was dark. The thing wouldn't even turn the motor over. There was a bus behind me, a real bus—a Greyhound. I saw in the mirror that's what it was. I jumped out of my car. Run back. He was hesitant. He didn't know if our bumpers matched. "It doesn't matter if they match. Just get me moving." Because that's all it took. The slightest push.

TM: And then you could put it in gear, pop the clutch, and off you go.

JW: It stuck with me. That was a scary moment to be stuck in the middle of the New Jersey Turnpike traffic on Friday night and not be able to move under my own power. As we wandered across country, it was cold. We got towards St. Louis and we gave them a call just to say we're going to be passing through. Can we come by and say hello? So they did have that warning.

JoW: That much. Yeah.

TM: So, the Army had moved you from Travis—

JW: No, from Oroville.

TM: From Oroville? Okay. Did you have a job to go back to at Oroville?

JW: Yeah. They held that job for me.

JoW: No, no. Yosemite did.

JW: In Yosemite.

JoW: We had made the transition from Oroville to Yosemite.

TM: And had started working there, right?

JoW: As a permanent physician.

JW: And then got drafted and had to leave. The senior physician there had been making noises about when he was thinking about retiring, but hadn't made any kind of a definite commitment that we knew

of. So they were expecting us back to take up our position as the third physician. I still had this feeling like, "Anybody who turns down a job in Yosemite is crazy." It was enjoyable. We talked a little bit about the pluses of being in Yosemite and some of the negatives, but the pluses far outweigh the negatives. It was the good life in most ways, so I couldn't complain about that. We were prepared to go back to Yosemite and say, "Okay fine. We'll just stay and play it out and see what comes down the road." We wound up getting back to Yosemite. The senior doctor there, every year they had an open house on New Year's Eve. It was Christmas Eve in St. Louis. We were going to be getting to Yosemite on New Year's Eve.

TM: So this was more or less a pretty consistent solid drive. You weren't lollygagging along.

JW: It took us two weeks. It didn't take quite that long, did it?

JoW: I don't remember that.

JW: Did we stop?

TM: From Christmas to New Year's is ten days or so.

JoW: It was only seven.

JW: That's a week.

TM: You'd have been boogying along.

JW: Yep. We boogied along.

JoW: As much as you can.

TM: As much as you can in a Volkswagen bus with six people in it in the wintertime.

JW: And a cat. We had a cat with us, didn't we?

JoW: Oh. No doubt.

JW: I think we did. Ave and his wife had this yearly event. They would move all the furniture out and put it all on their patio on New Year's Eve, rain or snow. They would cover it to keep it dry. They would have plenty of room inside the house. They had friends just coming out the ears. It was a big event. The big social event of the year was to have New Year's Eve at the Sturms. They knew we were going to be there. The house that the Park Service had assigned to the clinic for the third doctor, which my relief physicians had stayed in, they were no longer occupying that house. So we spent the night there. I think we got a babysitter. Threw the sleeping bags on the floor and went to Ave and Pat's party. At the party, he announced his retirement as of practically that night. The first year back from the military was a lot of hard work, just getting back into the groove. We were busy. Both of my partners took off over the Presidents holiday's that first year, left me with the thing by itself in one of the busiest seasons of the year because that's when all the people are out of school, on vacation, the ski area's busy. Given the nature of the skis and the ski bindings in 1970, we could count on always having anywhere from one to five fractured tibias. They would bring them down the hill and they would bring them to us. We'd

line them up in the beds and put them in traction. I was not that skilled at it. I hadn't had to do that stuff in the military. We had corpsmen to do that stuff in the military. We didn't have corpsmen at the hospital.

TM: And in 1970, this was a hospital. This was not a clinic.

JW: Right.

TM: So you had overnight beds.

JW: It was a 15 bed hospital.

TM: Okay. Just before we leave the military, what was your final rank in the service?

JW: Lieutenant Colonel. I received a document which I still have that in essence was a conditional promotion. If I had stayed in the military then I would have had the Silver Leaf. Not everybody wanted to take early discharge because there are always these stories floating around out there, "You still owe the Army some time." Technically speaking that would be true. If things really got nasty and they got down to the point where they had to have somebody with my MOS or not.

JoW: You still owed them a month.

JW: I was an MD. So if they needed an MD, I still owed them basically a month. That could be extended technically speaking as my understanding was. Theoretically, they could hold me to that for up to six or seven years. So the guys who were really nervous about having to spend any extra time... I could care less. If the Army wanted me back for a month it was no big deal. It might've given me an out, if I wanted an out. The guys who were really focused on their specialty and setting up their practice and paying back whatever it is that they owed and buying big houses and big cars, they were really nervous about the potential that they were setting themselves up for prolonged time of obligation to the military. So that's that story.

TM: Back to Yosemite. The two other partners. I'm assuming they were the senior partners then in this.

JW: Definitely, but one was more senior than the other. The one partner was a fellow by the name of Avery Sturm. He had been…

TM: But Avery, on the night you came back says, "I'm leaving. I'm wrapping it up."

JW: He had been there since 1935.

JoW: With time out for World War II.

JW: With time out to go to the military in Great Britain.

TM: He had been at Yosemite all that time except for his service in World War II?

JW: Yep.

TM: So, no wonder the place was overrun with his friends when he had those parties.

JW: He used to hang out with Walt Disney. Walt Disney would come. If you ever watched the things on TV about the Walt Disney story. He was a guy with some issues, which I didn't realize before. Walt would drive up to the driveway at Ave's house and honk the horn. Ave would come out and they'd drive up to Badger and go skiing. He was a good storyteller too. He would've been a really good candidate for what you're doing here. The other guy was Roger Hendrickson. Roger's first year at Yosemite, if I remember correctly, he had sort of done what I did. He was the third doctor. I'm pretty sure that that's the case. It would have been in the early 50s. He, then, went to the military. He got to go to Germany and spend his time over there. That's where he met Wally LeBourdais who was the Colonel who got me my waivers for being blind and too tall in order to be able to qualify for the flight physical to be a flight surgeon.

TM: So while both you and Roger were away, Ave was…

JW: No. Roger was never away while I was. He was gone in the mid-50s. I was gone in late 60s.

TM: Korean time maybe.

JoW: I don't even think Roger worked at Yosemite before Germany.

JW: You may be right. One of the famous stories about Roger, which is superfluous here, but it still tells you a little bit what it was like in Yosemite. There was this big oak tree right at the back door to the hospital. It was the place for the ambulances to pull in and just maybe ten feet away was this monster oak tree where you could climb up in to the limbs and do all kinds of stuff. Roger got into climbing. He actually learned how to do some rock climbing. He would practice some of his rope techniques out in that oak tree if things were quiet. One day somebody called the clinic. Roger was on duty and he wasn't busy. He was out in the tree practicing some of his climbing techniques. Somebody called the clinic and asked to speak to Dr. Hendrickson. The nurse answered by saying, "Just a minute. I've got to go get him out of the tree." I thought, "How many places would you have that kind of an environment where there would be the loose…"

TM: The freedom to go work on your rope skills out back if it was quiet.

JW: Yeah. That kind of stuff was one of the attractive things. It was not that rigid. I'll just remind you that when we went to Oroville and I started a regular practice/regular doctor stuff, get up in the morning, make rounds, see patients, make rounds, have supper. It was not seeing the kids before I left and not seeing the kids when I got home. I decided that was no way to... We've had enough evidence watching other doctor's families and what happened to them and their kids. The doc was out making a lot of money. He provided a really nice house, provided nice transportation for everybody, the kids got everything that they wanted except a parent. We just saw an awful lot of... Our take on it was that it was…

JoW: The family was more important.

JW: If we were going to make a commitment to be a family then that was... She took that really seriously as a mother.

JoW: Neither one of us had the idea that we needed to be better than the Jones's. I wasn't brought up that way. He definitely wasn't. I didn't marry a doctor because I had stars in my eyes about that sort of thing. We definitely got along fine about that. We also chose that I would be the stay-at-home mom, too. Because somewhere in those years it became the Female Revolution.

TM: Women were flooding back into the university.

JoW: Some of the women were leaving their husbands to go work and it really caused a problem there in Yosemite with some families. They split up because of it. I said, "You know, I really like what I'm doing. I like taking care of the kids and doing the things I need to do to make his job a success and easy." That's where our minds were.

TM: Between 1970 and '72, the hospital shut down.

JW: 1972 was the year it shut down.

TM: What precipitated that?

JW: The increasing regulation, Medicare rules, and the amount of time and effort we had to devote to complying with even the minimal requirements at that time. You're familiar with JCAHO—Joint Commission Hospital. We had to either do a JCAHO exam or the State Board in California had a division that was certified to do exams in lieu of JCAHO if the circumstances were required. We were so out of compliance. Number one, our building was built of wood. Fire, stuff like that. It was wood. At that time it didn't have sprinklers. We had to have waivers for virtually everything. We didn't have committees. You know how every hospital has got a dozen committees for this and that. We functioned as what was called a "committee of the whole." The three of us would sit down and we would fill out the papers that were required. What it boiled down to was that 5% of our revenue was consuming 90% of our effort and time just to keep the hospital running. We finally decided that it was just not worth it. We initially elected to close the hospital completely. The doors would be locked at 8:00 or something, like 6:00 maybe. There would be a nurse in the clinic and we would still be on call to come down and see patients. But there was no bed capacity, no place we could put a patient just to watch them for a few hours. After a year of that we realized that doesn't work. So many people would come in in heart failure, relatively not that serious as an acute problem. It would be serious if you couldn't treat them. We could treat them. We could start an IV. We could give them diuretics. We could give them digitalis. In one to two hours we could have had their congestive heart failure under control. Once we couldn't put them to bed to watch them overnight we had to call an ambulance up from Fresno or Merced and have them transported down the hill. By the time they got to the hospital, they were ready to get up and walk out. We basically changed our situation so that we maintained the ability to keep somebody up to 24 hours. We could keep people overnight or up to 24 hours. We were able to get a waiver from Medicare on that so that we could get paid something. When I went there, the cost for… Anybody who came in and had to be hospitalized, kept overnight, cost them $20. If you were a member of the plan which was very similar to the Kaiser Health Plan where everybody paid in a nickel a day or something like that, they got it for $10. I don't even use those numbers with most people simply because they don't compute.

TM: But it's like "Wow! Ten dollars a night to stay in Yosemite Valley. Sign me up. I don't feel good. I got some chest pain."

JW: You would be amazed at the number of people who would knock on the door and beg us to let them rent a bed. In those days Yosemite Valley was really popular and every pillow, every accommodation had somebody in it. They were completely full. The campgrounds were full. The estimate of a busy summer night, any busy summer night, the number of people who were actually...which included the locals, the campers, the people working for the Curry Company and all of the beds that they had...was up in the neighborhood of 25,000 people in Yosemite Valley. Which is one of the things that makes it so different from Grand Canyon because Yosemite was a place that had… Traditionally, it was the place to go and be outside/camp outside. Think back to Grand Canyon. They had one campground.

TM: Right.

JW: If you stayed at Grand Canyon, you stayed in one of their...I don't know how many beds...I used to know the number exactly...like 900, and there would be something like 1,800 pillows or something like that. It was a little scary because there we were. There would be one doctor on call and one nurse on call. The rangers did any answering of... We would occasionally make a housecall under the greatest duress particularly if my partner had committed me to go make a housecall. But that didn't happen very often. The rangers ran the ambulance service after a certain time. Once they got into truly providing emergency services in the field they were trained to be able to start an IV and have the basic EMT skills.

JoW: And had a decent ambulance.

JW: And had a decent ambulance instead of the station wagon. Sticking your arm out the window to hold the IV up in the air. Then the rangers were responsible for at least doing work out in the field, but then they would bring them to us. We would at least have a place where we could put them. Watch them if it wasn't something that, "This is going to have to go down the hill." They did not land helicopters at night. Nobody wanted to fly. So there was a light and dark framework that limited access to helicopters.

TM: You could see the regulatory issues coming up, the payment issues coming up. Was the hospital a concessions contract or a special use permit?

JW: No, it was a concessions contract. I don't know what their arrangements are now.

TM: When Good Samaritan walked out on their concession contract at Grand Canyon they were sued on their way out the door by the Park Service for breach of contract.

JW: Really? I don't think I knew that.

TM: Yeah. I was wondering how it happened in Yosemite that they were able, then, to get out of that contract. How did that happen? Did the contract expire in '72 and they said "Hey, it's a great window we're just going to shut this down."?

JW: No. It was a negotiated. Dr. Sturm at that time…

JoW: Let me interject here. Samaritan didn't come on the scene until '86 or so. So, it was those three guys doing the contract with the Park Service.

JW: Dr. Sturm was actually the contract holder. He was *the* contract holder of the concession.

TM: So when he left in 1970 in like January 1st or 2nd, who then took that contract over?

JW: He convinced the Park Service to assign the contract to Roger and me. So Roger and I then became the official holders of the concession. I can't remember what year that contract expired. It was some time in the 70s. Roger and I then submitted our proposal. They sent out a Request for Proposal. We sent out our proposal which was in essence just a continuation of the contract which had been in place for decades practically. Nobody else wanted it. We didn't have to compete with anybody, really. Some people would ask some questions. They would get an occasional inquiry from an outside hospital or a group of some kind. In those years there were three parks that had hospitals. There was Grand Canyon, Yosemite and Yellowstone. They were all having difficulty keeping up with having enough revenue, finding physicians, just the whole business of running a facility in a really rural, isolated area and keeping it running. So nobody... They would come take a look and see the figures. Then they didn't actually submit any proposals. Somewhere, and I don't know if it's in that document/that DVD that I showed you, do you remember anything in there about contracts?

TM: I don't think I watched the second DVD.

JW: Doesn't matter. The point is, I've forgotten the details of the exact dates. I do know that Roger and I were given the contract, and they were for about ten years at a time. We also negotiated with the Park Service to provide us some subsidy money in order to keep it open 24 hours a day. In order to be able to have staffing and operate the facility 24 hours a day, 7 days a week, that there would be somebody there and a doctor on call. The provided it. They called it a service contact because basically we were providing a service. They looked at it like "Well, we go out and we hire architects. They're performing a service." Because they had really no good way to handle professional organizations like a medical facility. It was always a bit of a screwball kind of a thing to treat a medical facility as a concessioner. Because concessioner's haven't always had the best reputation, as you are well aware, for being fair-handed and for being really team players. The concessioners have always, and particularly in the old days, they felt that they had, and they pretty much were granted by the Park Service, a lot of leeway in their concession contracts. Anyway, Roger and I had the contract. He had two children who were born in Yosemite. By the time the older one was going to go to high school, they decided that they needed to move into a more normal environment. Where he could go to a regular school, not Mariposa High School. We talked about this last time, the kids went to Wasatch. I don't think the Hendrickson's were interested, in the first place, of sending their kid off into that kind of arrangement. Because that presented its own difficulties. Kids at boarding school, it separates the families. We were never enthused about that notion. Roger told me maybe around 1980, he gave me his notice that they were going to move.

JoW: The thing is, you'd gotten a third doctor, at some point there, even while Roger was still there.

JW: We hired some of our students. Don't you remember? These are minor points and probably not really relevant that much. What was relevant was that when Roger left basically it left me by myself. And I think we did have, certainly we did have a summer doctor. We were hiring some of our ex-students. I think I mentioned to you that we served as preceptors for students from UCLA for a number of years. There would be fourth-year students from UCLA Medical School and we basically did this in conjunction with the public hospital down in Fresno. It was called Valley Medical Center at the time.

Everybody always had some supervision. It wasn't like we were there by ourselves and said, "Come on" to the medical students, "We'll take care of you and then show you how to practice medicine." There were always these connections to a higher authority if you will. The reason it worked for us is because we were hesitant at first about agreeing. They came to us and asked us. VMC, the Valley Medical Center people, said, "Would you be willing to accept medical students to work with you a month at a time and follow you around?" We were hesitant, too. I in particular was hesitant about this. Because at least in those days, the reputation... There was kind a distinct schism between academic medicine and the docs of the day. The private MD was pretty much looked down upon because we weren't academic. We weren't necessarily admired by the academicians because we were just regular practicing physicians who didn't necessarily keep up with all the literature. We didn't do any research and we didn't write any articles. All of the things that are a requirement to gain the…

TM: Street cred.

JW: Street cred in academia. I in particular had issues with being concerned that students would be coming up from UCLA and witnessing two or three country doctors practicing medicine and would find it really lacking and would be very contemptuous of the fact that we were not cutting edge medicine. Personality trait for me. But we did agree to take it on as an experiment. We set up the criteria for it. We didn't want to have first-year medical students or second year. Because they really would just be following us around, wasn't anything useful that they could do. So we said, "Okay, fine," but here's what we have to have: a fourth-year medical student who's actually into their fourth year. That was pretty much it. They were one semester or one year away from getting their MD degree. So they'd already been through, almost always had been through, a variety of different disciplines. They'd had internal medicine. They'd had a surgery rotation. They'd had a pediatric rotation. They'd had an ob/gyn rotation and there were a lot of electives that they would take. Medical schools, being what they are, particularly what they were then, and UCLA in particular, which is a big gun kind of a medical school, they would publish every year a book of the available externships. That's what an externship is. An internship is after you've gotten your degree. That's a requirement. When I graduated from medical school I could've gone right directly into practice in Texas. Any kind of post-graduate degree was not a requirement. It was highly recommended, but it wasn't a requirement. Most of us felt totally inadequate to even think about doing that, but legally we could have done it. Things have obviously changed. It used to be an internship and a residency. Now internship is considered post-graduate I. Year I, Year II and Year III. Family practice has a three year residency program. It used to be an internship and two years of residency. For the students, we anticipated that they would be able to do a preliminary... Fourth year students, even third year in medical school back in those days, I have no idea what's going on now, they would actually be assigned to rotations in hospitals so that the senior students would have already gone through all these things I've just talked about. When I did it in my school I made it a point to try and go to the hospitals where things were busiest, where there was stuff going on.

TM: So you could see a lot of stuff. Yeah.

JW: Parkland Hospital... I figured I was so inept at what I was doing, I had to have a lot of practice to be good enough to feel comfortable doing what I was doing. I spent several rotations in Parkland Hospital which is where Kennedy went when he got shot, really busy. The students got to do a tremendous amount of stuff. There was a motto there that was "See one, do one, teach one." That's kind of how I really got my fingers into the meat of the matter. These students from UCLA, in order to come to Yosemite, had to have certain things that they had already had and had to be in their fourth year. The

first year was just a rousing success. The students loved it. When you look at how medical education was structured then, every patient who got admitted had about three, four, five doctors. The senior resident was the guy who was the first in line to be able to sit down to do the interview with the patient and start the process of treatment. Then the second year resident. Then the first year resident. Then the intern. The last one who got their hands on the patient, to be able to just be there when they were fresh out of either the ambulance or their Model-T Ford or whatever, was the medical student. The sixth one would have been the junior. The fifth one would have been the senior medical student.

TM: So really removed.

JW: So when they came to Yosemite…

TM: And you said "Go see them."

JW: There was a table that had charts on it and the charts were just lined up. We didn't do appointments. Patients had the opportunity to express, the local folks in particular would say, "I want to see Dr. Sturm, I want to see Dr. Hendrickson, I want to see Dr. Wurgler." We would ask them, "Are you okay having a student see you?" first. Some of them would say no. Most of them would say yes. But the visitors didn't have any choice. If a medical student was available, he was the first one that they got to see. It was such a revelation to the senior students of how it was to sit down with a patient who hadn't had all these questions asked, hadn't had kind of a...whatever goes on in people's minds. "This is what he wants to know. I'll tell him what he wants to know, what I think he wants to know." If you walk into a room with a patient who you've never seen before, they've never seen you, you're starting from phase one. You understand that because you've had some of that yourself as a physical therapist. When you did your physical therapy thing you were the first physical therapist to see them once you got out of school. So it was…

TM: Terrorizing.

JW: Yeah. The students, they weren't sitting there criticizing us because we didn't spout off the latest research information or deliver a spontaneous lecture on anything. We were just practicing medicine and they got to start at a level much higher than they'd ever had before.

TM: What year was that that you started that program?

JW: About '74 maybe. '75? Early.

TM: So, at that time you're still watching people for 24 hours, but you're no longer considered a hospital.

JW: No, I take it back. Because when they came, they were seeing hospital patients. So it had to be somewhere in that 1970, 1971, '72 when it started. Yeah. Am I right about my recollection that we closed it in '72?

JoW: I thought it was at least maybe a year later. Wendy was born in March. You didn't close it that same year, did you?

JW: I don't know. We might have. I'll try and search my records.

TM: In that time frame. Okay.

JW: That's the time frame anyway. So from that time on, the Yosemite externship was so popular that in order for a student to get... And it was a matching thing. They had this book that listed all the externships. They would go through it and say, "I want that one. I want that one." Then they'd fill out a form that says, my first choice is this one, my second is this one, my third choice is that one. And I don't know if they ran them through a computer, but that's how they would get picked.

JoW: That sounds like the Army and your wish list.

JW: And your wish list and all the rest. So in order for a fourth-year student at UCLA during those golden years, if they wanted to come to Yosemite, regardless of what they wanted to do for the rest of their lives, they had to put down Yosemite as their first choice. Because if they didn't put it down as first choice there was not going to be any room. Of course that meant there were only 12 students a year who got to come up. We were told by some of the students that did make it... I don't know if they had a lottery. If there were more than 12 people who put in, how did they make a decision?

TM: Right.

JoW: So you really had them all year long?

JW: We had students all year. Yeah. A month at a time.

JoW: I don't seem to remember that part.

JW: Some were more memorable than others.

JoW: I thought it was just summer time.

JW: Brian Roberts is the one I was thinking of. You want me to continue with expanding on that?

TM: Yeah, Brian. You were talking about memorable students and I'm like, tell me more. Tell me some memorable student moments.

JW: There were some students you could just see had all the requirements. They were really good. They had good relationships with people. They could separate the wheat from the chaff. They could dig into the good stuff. Not an intellect, it's almost an inherited trait that can be encouraged. We had one student in particular which was the most memorable of all, but for the wrong reasons. He was one of these guys/kid whose very survival depended on him never having a bad grade. Somehow we learned. I think we learned it from other students. He went to school at UC Irvine and he was the kind of a guy who would get an assignment from a class that was sort of a pre-Med type of class and he would run over to the library. He would check out all the books that would be potentially usable to the other students who were also assigned to write a paper of some kind.

TM: He'd run over to the library and check all those books out so that those students couldn't get to them?

JW: So those students wouldn't get a chance at them. He was that kind of a grievously, egregiously... It was a character trait that had all the wrong stuff. He hadn't made anything less than an "A" throughout all of his pre-Med training and all of his medical school schooling. He already knew he wanted to go into dermatology. We heard from some of the people going into the Dermatology Residency Program. They were very unhappy to see him accepted by the department. They didn't have any opportunity, well they didn't ask. They never approached people like us and said, "How did this guy do in your preceptorship?"

TM: You set up an intake program. You get these students in here. They're going to be here for a month. They're going to be part of the team. They're going to look at the list and they're going to say, "There's somebody here from...a traveler from Illinois with a stomach upset. I'll go see them." That program that you set up had no way to assess the…

JW: We didn't. I said the Dermatology Department people. They did not approach GPs like us who were doing the preceptorship. When they accepted their applicants into their Dermatology Residency Program, they would certainly look at the record. We basically submitted a... We graded people.

TM: That's my question. What sort of structure did you have? A discharge summary or, "Okay. This student was with us for 30 days and they were able to do blah blah blah and they did it fairly well or they need more improvement in..."?

JW: They had a form for us to fill out and basically we would give them a letter grade. And then they would ask a series of questions as to how they did in certain areas. There was an evaluation done on each student.

TM: This student knew he was going to get a letter grade from you guys?

JW: Yeah. He was pretty much assuming that he would get an "A" because he was really smart. He *was* smart as a matter of fact. Smart in the sense that he was smart enough that he didn't have to go check out these books. That was his insurance policy. His ethical meter, his bad ethics meter, was over on the peg. It couldn't go any worse. Well it probably could, but.

TM: Did you see that in the clinic as he was working with patients and staff?

JW: Yeah.

JoW: Finish the rest of the story.

JW: I thought about actually giving him a failing grade and I figured, no I can't do that because I can't justify that. I even thought about giving him a "C". Then I thought no, I'll just give him a "B", then I'll write some comments about the things that I felt he hadn't really gotten. He wasn't getting the sort of things that I felt were really crucial. He just nearly freaked. He got the message about the "B". He came back to Yosemite, made a special trip back to Yosemite, to try to talk me into revising the grade and not giving him a "B". It was just one more strike against him. For a person to be that obsessed with having that kind of... You know there's an old saying and I usually mess it up when I say it. The "A" students make the best researchers, the "B" students make the best grades, or maybe that was reversed, the "C" students make the best doctors. I was always really happy with that because I was always a "C" student. The fact is that having an "A" grade in medical school certainly was, and still is, very important for the people whose goal in life is to progress into the rarified atmosphere of the people who accomplish the

most significant research findings. You'll find these are the people that win Nobel Prizes and worldwide respect. I'm right there with them. I respect them.

JoW: They write the articles in the journals.

JW: What would we do without them? It's not an "either/or" it's "both/and."

TM: Somebody's got to understand genetics after all.

JW: And statistics.

TM: That was a student that clearly needed some assistance and you were able to do that by telling his superiors, "Hey, there's some trouble here." What students do you remember that were the other side of that?

JW: That was the majority of them. Most of them were just super good at their energy, their enthusiasm, their ability to assimilate information. There was one female student by the name of Helen Clyatt. She had gone to Claremont College. We would get into conversations sometimes about... This was in the 70s, remember. There was an awful lot of turmoil going on the world in terms of Vietnam, the rights of people, civil rights, and a whole host of things. Helen was at the forefront of some of this stuff. We would get into these conversations. We never got at each other, but she would tell me, "You know sometimes a little anarchy is a good thing." Or she'd say "It's not a bad thing." She was a free thinker in that regard. She became interested in climbing. She married a guy who was one of the river guys, John Yost. They had Oars.

JoW: Oars Company.

JW: There was a guy by the name of Wendt who was one of the principals of the Oars. George Wendt. Not the actor. Helen married John Yost and ultimately she accepted a position when we needed a third physician. Before she got married she came back and worked with us for a while.

TM: So, the people that put Yosemite number one on their desire list, I wonder if that was self-selecting for people that were interested in that type of medicine and the type of people that you might want to see in that field.

JW: Yeah. There was that. There were certainly people who just wanted to come to Yosemite. And certainly there were people who were also really turned on by the style of medicine that we had, rural medicine. Just like we did at Grand Canyon, we had two types of patients. We had visitors and we had locals. Visitors had brought in their peculiar challenges and types of problems. Locals had the high blood pressure and the diabetes, the chronic conditions that never got well. I was always grateful for having the two kinds of medicine because I really enjoyed suturing up a laceration and sending them on their way. I was doing something helpful for that person and I didn't have to babysit them for the rest of their lives. I got the pleasure of doing both those things. That was true in Yosemite. Same story at Grand Canyon.

TM: You mentioned Chris Becker. I bring Chris up because Chris is going to go with you to Grand Canyon. What else about those Yosemite years was helpful to you in your future at Grand Canyon?

JW: The fact that I had something like 20 employees. I used to tell my patients who objected to the fact that I had to give them a bill, "If I had an oil well in my backyard, I would pay for everything that has to be done here with the profits of my oil well. I don't have that. I don't have rich parents. I don't have any other source of income. In order for me to maintain this facility 24 hours a day, 7 days a week..." Even in those days, which you can't compare numbers, the daily nut, spending all expenses and so forth over a year, we had to generate $4,000 income a day to stay in business.

TM: In 1970-when?

JW: Mid-70s.

JoW: Does that count the subsidy too?

JW: Yeah. But the subsidy only made up about maybe $300-$400 a day. Our subsidy was something like $100,000. $80, $90, $100, I don't know. The point is that when you compare what a dollar was worth in 1970 to what it's worth now, it's about 10%. The dollar today is worth around 10% of what it was worth in 1970. Maybe it's 20%. No, more than 20.

TM: That's a lot of money to have to raise every day.

JW: It was and we didn't. Some days we would make thousands. There would be a dislocated hip. I'd do a vasectomy. This is something else that I used to really... We did appendectomies then. Set the bone. A whole host of things.

TM: Relocate a shoulder.

JW: Yeah. Those were big dollar items. Plus, the other really big item that other doctors almost never had anything to do with...we ran a drug room. We didn't have a formal pharmacy. What we had was a drug room which contained virtually $30,000 worth of pills in 1975. Given what pills sold for in those days that was enough for us to be able to dispense probably at least 95% of whatever we wrote for. The thing is, we didn't have a pharmacy. So if the patients wanted a prescription obviously we wrote a prescription and they drove an hour to where there was a pharmacy to get the prescription filled.

JoW: If it was open.

JW: Just the knowledge of how the pharmacy business works, how ordering medicine works. The head nurse did all the ordering. She was always talking to us. We were always looking at order books and catalogs. Just the business of keeping a medical practice alive and running. We had an X-ray division and we had a lab division. We had the pharmacy. We had physical therapy, so-called, that was run by a gal who really technically was more of a massage therapist, but she actually had the title. She was trained at a time when physical therapy was a whole lot of just sophisticated massage therapy and ultrasound and some other things like that. But just the business aspect of keeping all that running. I had a business manager. He had previously worked for the Curry Company. They had downsized. He had been in business management. He could teach me a lot and he was one of the very first people in the universe, as far as I knew, who really learned how to use a computer. He was an early adopter. Chris Becker was another early adopter of the computers.

JoW: You need to say what Chris Becker started out at the clinic as.

JW: Chris came to Yosemite as a lab and X-ray technician. That was strictly going to be his job. That's what he did for several years. He lives here in Williams.

TM: I didn't realize he'd come back. How about that?

JW: He's a couple of years away from retirement. When he left Grand Canyon, they had bought a house down here and…

JoW: They bought the house before they left Grand Canyon and was commuting.

JW: Yeah. He was commuting for a year or two. Because of his computer capabilities, the people whose system we purchased... Samaritan was involved by that time. Samaritan was involved in 1986. I moved here in 1989 with Samaritan. Samaritan took over the Yosemite operation.

TM: As a concession contract?

JW: Yeah. As a matter of fact I was able to get the Park Service to assign my contract to them.

TM: Did they buy that from you then? Or did you just transfer it over?

JW: No, they actually bought my pharmacy products. They were pretty generous about crutches and all the stuff that goes along with it. I did get that. They didn't pay me for "goodwill" which usually is part of the sale of a practice, but that was kind of beside the point. They at least kept me on as an employee.

JoW: They got the accounts receivable obviously. Not the building because that belonged to the Park Service.

TM: So, Chris comes in as an X-ray/lab guy.

JW: Yeah. People tended to migrate toward what their interests were and skills. I may have mentioned earlier that, for example, all our nursing staff were RNs. I want people who are not just LVNs. I want nurses who can do everything that nurses can do, which meant that they could start IVs, give any shots, and they could perform certain medical procedures that certified Licensed Vocational Nurses were not able at that time to do. All those things have changed over the years to a certain degree. I learned a lesson from my insistence on one category. Back in the early 70s as the whole business of putting into practice in civilian populations much of what was learned by what was done in Vietnam in terms of getting people from the point of where they had received their trauma, their injury or whatever it was, to some kind of definitive care. Not just wrapped with a bandage or pressure dressing. That's where the Golden Hour concept really came from. The number of people who could be saved or their extremities and so forth saved. That first hour was when most of the benefit occurred. It dropped off in a hurry after that hour. More people died if you didn't get them to some kind of really resuscitative, sophisticated care. Not tertiary care, but sophisticated care which you'd call secondary level.

TM: Which is what you were providing.

JW: I was providing in Vietnam, primary. I was a primary care provider in Vietnam.

TM: Not in 'Nam. I was thinking in the Yosemite Valley in the early 70s. It sounds like that's…

JW: In the Yosemite Valley. It would be an overlapping to a certain degree. If it was anything beyond... If a person had internal bleeding, I did not have the capability of interrupting and interfering with…

TM: There was a matrix developing that you would figure out, "I've got to send this person," or "No, we can handle that here."

JW: Yep. They were teaching people to kind of have that kind of skill and they were called MICN, Mobile Intensive Care Nurse. Nurses had established a credentialing system whereby they were taught how to provide advanced primary care in a mobile situation, an ambulance. When you think about the progression of the institution of an ambulance. You had ambulances since the Civil War. They had ambulances in the Greek Wars of some kind, so that's not a new concept. The ambulance concept was very limited as being strictly just a method of getting a body from Point A to Point B.

TM: IV and meds and stabilization of body parts and so forth.

JW: Even into the late 60s in the civilian population of the United States, the majority of ambulances were still a converted hearse. The ability to provide for a provider to be in the back of that vehicle and provide the kind of services like chest compression, start an IV, oxygen, certain limited number of medications, eventually intubation, the ABCs. That was just really getting to spread in the civilian population. As the rangers who were providing this field capacity… There were no nurses working for the Park Service except there was one here, Nancy Meacham. Nancy was one of the rare people who was a bona fide nurse who was also a bona fide Park Service person and worked both sides of the street to a significant degree. The male rangers in Yosemite who had a lot of emergency circumstances to have to answer to, over 1,200 square miles, and much more accessible than what Grand Canyon is. Grand Canyon basically has a road along the rim. Anything down in the Canyon that happens, that either has to be brought out by hand or by helicopter. Yosemite was much more spread out and much more oriented towards people doing stuff. The Sierra Club was really big in Yosemite, you will recall. Ansel Adams and all his gang of thieves, they really initiated people getting out into the wilderness and doing stuff. So doing stuff was a big deal in Yosemite and people get hurt. The rangers were the ones who responded to those things. As things got more sophisticated they also, then, got involved with people having heart attacks. What can a ranger up in Tuolumne Meadows do about... They couldn't do much of anything. Once again all they had available was transportation. We'll get into that because that's just a really long story about how that all evolved.

TM: Let's get into that next time because I think it's important to capture this because this is a transition that happened in the Park Service. It's now a big deal. When that ship goes out, there's someone on board that can do medical management with a patch phone to a physician and do some amazing stuff on the transport ride back.

JW: Initially that was us. We were the base control. Initially as I saw the handwriting on the wall that... Previously if I needed an ambulance to transport a patient to Fresno or Merced, either one of those places were basically two hours away by vehicle. I would have to call the ambulance, the Park Service would not provide the ambulance to take them to Fresno. I had to call the ambulance service in Fresno. They would drive up to Yosemite, pick up the patient and drive back two more hours.

TM: That's a four hour round trip. The Golden Hour doesn't last that long.

JW: This was the bottom line of why we finally decided we can close the hospital in good conscience. Because the ability to provide the kind of services that we could provide in the hospital could be duplicated in a Mobile Intensive Care Unit. The ambulances, by getting to the modular capacity and the rapid increase in the training that went on—EMT I, EMT II, Paramedic, they developed a category called Park Medic. It was accepted by the certifying agency that there was an actual Park Medic status. There was a guy here at Grand Canyon by the name of Ernie Kunsel who was really at the forefront of developing increased capability of the rangers. He actually was more aggressive than I was. I basically went along with the crowd. I taught EMT I. Somebody else taught EMT II. Ernie was really, along with the doc who was one of the originators of the Bonfiglio…

JoW: Roger?

JW: Not Roger.

JoW: It was the female.

JW: Yeah. She, as a matter of fact, is one the reasons I went with Samaritan. I had a long conversation with her about how much of my autonomy would I be giving up by being a subsidiary or worse, an employee. Basically I went from being self-employed to being an employee. Back. I was an employee under Ave Sturm when Roger and I took the contract. We were the self-employed. When he left, I was the sole self-employed. Then when Samaritan took over the operation at Yosemite then I became their employee. Cheryl Pagel.

TM: Pagel. Thank you!

JW: You've opened up now a whole new horizon. I've got a couple of questions to just wrap up what the discussion has been. I think this is a great place to end. Let's go to round four with this journey. I want to go back to Chris and how Chris got powered up a little bit and about the med room because that was a concept at Grand Canyon that I was curious about. There's no pharmacy, but there's a bunch of meds there. Where else in the country was that an operation? And then there was one other thing that you had to think about as well to tie this all up.

JW: Hold those thoughts because I want to get back to what I learned from the MICN issue which was that initially when we realized the hospital is closed, we have ambulance, and we have people on the ambulance who are qualified to take care of people on the way and sort of gain a little time getting them to the hospital with some actual therapeutic processes going on, and that we were the radio control over these people. I felt that in order for me to provide the top level of competence, I would have to hire people who had the MICN credential—Mobile Intensive Care Nurse. I had a couple of those folks. They were able to do that, but they weren't really good at the rest of it. It turns out that they were so focused on this one aspect of their career that they did not really grab the basic work that was involved in being a nurse at the Yosemite Clinic. The radio work was only a small percentage. Their actual engagement with the rangers out in the field was only a small percentage of what they did. Very quickly I learned that we can teach our nurses to do that. All I need are nurses who are really teachable. People who are teachable, not so much just smart. There's a difference. Some people are smart, but you can't teach them. I was just fortunate enough to have a series of nurses who really saw what we were doing and really bought into it. Still maintain some contact with them. I learned the number of initials at the end of a name do not necessarily tell you all you need to know about a person and do not

have total control over your ability to provide the service that you're focusing on. So that's what I learned from the MICN thing.

Now, the first question you asked about was about Becker. Chris only planned to stay in Yosemite like a year or two maybe. It was just a lark. So many people who wound up in Yosemite… Both in Grand Canyon and in Yosemite, a lot of people come thinking that, "Gee that sounds like something I'd really like to do for a summer." Then it extends into a year and then they really get hooked. Not everybody does. But enough people and they're usually the ones you want to keep around anyway because they're engaged, they're enthusiastic, and they're good friends and neighbors. Christopher and his wife were going to be there for a very short period of time. They got acquainted with another couple, a nurse and her husband who worked for the equivalent of the Grand Canyon Association. Some remodeling occurred in about 1972. We converted a couple of garage stalls to three. No, it was two bedrooms and a center room that was used as a... The nurses' dorm was an upstairs facility that had about eight rooms in it. Underneath the nurses' dorm was parking for the doctors and for whoever else was lucky enough to get a stall. We took away...let's see…

JoW: There were two doctors and the ambulance, I think, parked in one of those stalls.

JW: I got the first stall. The ambulance got the second stall and the next three stalls were converted to housing.

JoW: Apartments.

JW: And Christopher and his wife and…

JoW: Whoever was sharing. That couple was sharing…

JW: The other couple. The nurse and her husband. They got along famously. They were able to live in those kind of cramped circumstances. The thing is, housing in Yosemite... A lot of people lived in tents. During the remodeling that was done on the clinic in approximately 1972 or thereabouts, we basically bought a tent and set it up between our house and the nurses' dorm and a couple of nurses lived in the tent during the time of the remodeling.

JoW: We ran an electrical line. One of the boyfriends was an electrician for the company. He ran a good heavy duty cord out so they could have the heat or a radio or whatever they needed it for. It was a big 9' x 12' Eddie Bauer tent with a peaked roof and they moved in cots.

JW: We kept that sucker until last month when she was cleaning out the garage and I took a pickup load of stuff down to the Packard's place in Flagstaff. What's the name of the bar? Avalanche?

JoW: Altitudes. It's behind Altitudes, isn't it?

JW: Altitudes is a bar on Beaver Street just south of the railroad tracks. There's a big warehouse kind of a thing. People who have been really active in the like Goodwill and the thrift shops. These people are into it really major.

TM: Like a freecycle sort of deal.

JW: Yeah. Definitely that. So that's where the tent wound up.

JoW: We finally gave away the tent.

JW: It was still mostly in one piece.

JoW: A bear had been through it once and had ripped one side. This was at another time when we were using it as a family.

JW: Anyway, back to Becker. We had a mutual arrangement. As long as he wanted to stay, we needed his services as a lab tech and X-ray.

JoW: And his wife, Ione, had gone to work at the Curry Company as well.

JW: In their administrative offices.

JoW: In the insurance department.

JW: They had a double income so that worked well for them.

TM: Lab tech at that time... I remember Robert Schneider doing the lab work there at Grand Canyon. You basically had to be a chemist. There was a lot of complicated machinery that needed to be cleaned and checked every day.

JW: That was his major. Chris majored in Chemistry. He had already done this kind of work in Las Vegas. Las Vegas is where he grew up. A lot of stories about that. North Las Vegas. He had worked in labs before and was really familiar with what was current and what could be done in our environment and what couldn't be done. He was great at finding inexpensive ways to accomplish things that... I'll offer you an example. We even were able to maintain a very basic level of bacteriology to grow things in an incubator. One of the things that we were able to do at that time would be to plate out, I can't remember what the organism was, but it need a CO_2 environment to grow. I didn't do well in an oxygen environment. It needed CO_2. In most labs you would go to the catalog and you would find a machine which provided this which would cost incredible amounts of money because it was for medical stuff. Even in the sophisticated labs, basically they had an upside down bowl that you'd get the CO_2 in and it would not leak out because…

TM: Turn the tank on and fill it up.

JW: It would pretty well stay because it had…

TM: No place to go.

JW: Yeah. I forget the details. Guess what is made when you put an Alka Seltzer tablet in water. It's CO_2. He figured out. He said, "Okay. We can just put a couple Alka Seltzer tablets in water in a cup and put a bowl on top of it that has a surface so it doesn't escape and we can provide that CO_2 enriched environment for this particular bug to grow."

TM: Simple solutions.

JW: It's called the "MacGuyver Solution" now, right? So Chris, he also got interested in the computerization of the front office.

JoW: How did he learn about X-ray? He learned to do that portable X-ray thing too.

JW: He had done that too.

JoW: Had he? Okay. Actually he didn't have a portable X-ray by the time he got there. They had converted to the...you put on the wing that also had an X-ray room as I remember.

JW: We had converted the...oh, you're right. The point is we had acquired some medical equipment. Wally LeBourdais who was the Colonel that Roger had served under and who had been the guy who had gotten the waivers for me to get into the aviation medicine thing, he then joined us as a partner when he retired from the Army. He knew about the fact that when Army equipment needs to be replaced they try and sell it or give it away and it goes onto these big lists. Here's what's available in Fort Ord or some other place. Fort Ord wasn't that far away and we got all kinds of stuff from Fort Ord because Wally knew all the strings to pull. We got a decent X-ray machine. I won't even try to describe the machine that was there when I was there, but it had to be one of the earliest models. This was a GE that had the overhead track so it could be moved this way and also from side to side.

TM: Which is a fairly big heavy structure.

JW: It is. Yeah. The room, when it was set up to accommodate this, they had reinforced it in order to accommodate the heavier equipment. Those are the kinds of things where you said, "How did I get to know how to deal with running a clinic in Grand Canyon?" This is the kind of stuff that was just daily things and required being solved one way or the other.

JoW: OJT.

TM: It was the drug room, too. How did you manage to dispense medications without a pharmacist? Was that happening? Was Ave doing that when you showed up?

JW: This, I'm almost positive, goes back to the very origins of the Park Service. If you've been paying attention, the Parks that had anybody there who were the guardians of the Park was the Army for years even decades. Yellowstone, they claim, was being the first one of all time. Yosemite was right there at the same time when Abraham Lincoln signed the document for the guardian of the big trees. That then evolved into... I was just looking up the superintendents list of all the superintendents who have been superintendents in Yosemite from the very beginning of Yosemite's existence to the 1990s. Hadn't been updated on the spot that I looked at. Multiple, multiple original so-called superintendents were Major this, Captain that, Lieutenant somebody. For decades, from the time that they first established Yosemite as being an area that required protection of some kind, the Army provided. And what does the Army provide its troops? Healthcare. There was a hospital in Yosemite long before the hospital that I worked at there. It was an Army Hospital. What else does the Army provide for their troops? Medicine. So the original basis for having a dispensing facility... The Army would have had some kind of a qualified pharmacy tech or maybe the doctor did it. Who knows? I never looked into it to that degree. The fact is, that the tradition of having medicine dispensed from a facility located in Yosemite Valley went back to its very beginnings. They moved from one place into the Army Hospital and then they built

this new hospital which was named Lewis Memorial Hospital. It was named after the first civilian superintendent of Yosemite who didn't want a hospital in his park. They named it Lewis Memorial. His name was Washington Lewis—W.B. Lewis. I just learned that this morning. The dispensing was done by the nurses. Their RNs. That's one of the things that RNs can do. That's something that LVNs can't do without having an RN to be the supervisor. Another reason why we had RNs, because the RNs could be trained to count pills and pour out liquids. Because that's all they did. They didn't do any compounding or anything of that nature. They learned how to determine what the costs were because we had a form that pharmacists used.

TM: I'm assuming that Grand Canyon would have been the exact same structure. As Yellowstone would have been the exact same structure.

JW: Initially they were, but my understanding... When Chris and I got there they actually had a bona fide pharmacy with a bona fide, certified, card-carrying pharmacist. His name was Dwight. The point is that from the time of my very first employment opportunity, which had been in Oroville where Butte County Hospital was located, there was no pharmacist at night. The nurses were not allowed to be in the pharmacy. I was the doctor. And as the doctor, I would evaluate the patient and I would determine what medicine they needed. Then I would go down and unlock the pharmacy and I would go into the pharmacy and pick out the things that were needed, count them out, put them in the bottle, write out the label.

TM: Write out a list—a pull list.

JW: This always struck me as being one of the really strange things in life. For the most part they didn't want... The guy who was the pharmacist in Oroville was this old German guy. I got along really well with him. He was okay. He knew that the docs were the only ones he could really trust and say, "Okay, I'm trusting you, the doctors, to not steal anything or mix things up or do something wrong." So he placed some of his faith in the doctors. It's where I learned to deal with dispensing drugs, medicines if you will. That's where I got my first taste of it. It also always struck me as one of those deals where there are certain areas that during the day that I would not be considered competent to take care of, but when it was time for them to go home…

TM: Your competency shot up!

JW: I became competent. In Yosemite, Dr. Sturm was the chief honcho and Roger actually was his employee. Then I became his employee. The nurses were the ones, from day one when I got there in the summer of 1966, it was the nurses who dispensed or the medical student which was Mike Adams. He would help out in any way that was needed. Whoever was available would grab stuff off the shelf and pour pills onto the counter. So it was a team. Both of those places were very much team operations.

JoW: You've got to tell the story, though, with the drug room. Of course the drugs that are really bad, what's the class?

JW: Just basically the opiates, but there's another name for them.

JoW: They'd be locked up and of course the nurses would have an inventory. They made sure they counted stuff and made sure it matched the inventory that was left and all the rest of it. Remember when the government, the FBI, wasn't it the FBI that came to check you out?

JW: DEA.

JoW: DEA came. Yeah. That's an interesting story.

JW: I don't know how much time you want to take on this.

TM: Let's break here. We're going to start again with DEA and Cheryl Pagel and the Samaritan takeover of the shop that eventually got you to Grand Canyon.

JW: Okay.

TM: Is that kind of where we're at in the scope of events here?

JW: That's a perfect sequence.

TM: In the meantime, I'm thinking about Chris who is sort of the X-ray/lab guy, getting into computers. He's going to be a part of this Grand Canyon story as well.

JW: Very much.

JoW: And of course the original clinic manager retired.

JW: No.

JoW: Where'd he go? He went into real estate.

JW: That's true.

JoW: That opened up the front office for Christopher to say that he would like to try being a clinic manager.

JW: That really happened at the time that Samaritan took over because they felt that they didn't need to have Dick.

JoW: No.

JW: No? He retired before that?

JoW: I think so.

TM: So what we're going to do is...I'm putting that down as "how Chris became a manager" and you guys are going to think about that before I show up again.

JoW: Yeah. In fact you should text Christopher.

JW: I might even have a chat with Christopher.

JoW: You may just call him up. Never mind texting him.

TM: Okay. So that's a good place to pick it up. Today is September 7, 2016. This is the home of Jim and Jodi Wurgler. This is the end of Part III of our interview—our Grand Canyon Historical Society oral interview with Jim and Jodi. Thank you very much.