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Interviewee: Jim Wurgler (JW) and Jodi Wurgler (JoW)
Interviewer: Tom Martin (TM)
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Keys:

TM: Today is November 12, 2016. We're at the home of Jim and Jodi Wurgler. My name is Tom Martin. This is Part V of the Grand Canyon Historical Society Oral History Interview. Jim and Jodi, at the end of Part IV we had talked about the 1970 riots in Yosemite. We had talked about the Drug Enforcement Administration and the people that had come around looking at this odd little clinic; going through all these drugs. It's different from any other clinic in the state. We talked about how you sorted that all out. We kind of left it with Chris Becker who would eventually come with you to Grand Canyon from Yosemite. So I kind of wanted to know a little more about Chris and then about Good Sam. I think one of the questions I had asked you that I forgot last time was: did you ever have any conflicts with Superintendents? I think that might have been Dick Marks, but I'm not sure. The answer was "No." Maybe that's what you said on the last tapes.

JW: I'll break in there. I never had a really dysfunctional...wrong word...a confrontational relationship with the Superintendent. A couple of District Rangers, maybe we didn't get along that well.

JoW: Chief Rangers. Maybe.

JW: Yeah. By and large I was very happy and honored to have an inside relationship with an organization which I felt is of the highest order of the value system in this country. Which is always under fire. You mention the words "public lands" and particularly in the west, that can line up people on both sides of that. I'm a huge supporter of public lands. The national parks have traditionally been known as the best idea America ever had. It's always a push and shove and pull/tug relationship with people who are hunters, who are ranchers, farmers, loggers, miners, drillers. Everybody always wants a piece of the public lands one way or the other. I feel that the Park Service with all its warts and pimples is just like my changed attitude about the Army. I think we may have alluded to this once, where before I became a member of the Army, I had a pretty dim view. Being an Army doctor had never appealed to me because of the regimentation and the control system. After being in the Army for two years as a physician, as a flight surgeon, I came away from that experience being very proud of the fact that I had served in the military. It's now a point of pride that I can point to. I'm proud to be able to say I'm a veteran.

Let's move on to Chris Becker. We had ended the conversation with me not being able to remember why it was that Chris, who had come to Yosemite in 1978 as a lab and x-ray technician... It's important to make this comment, one of the things that was really different about running a medical facility that had originally actually been a hospital, was that there was a tradition that there was a physician on call 24 hours a day, seven days a week, year round. There was no periods of time when there wasn't. That also meant that there had to be at least one nurse. That also meant that if... Whereas when I first went there the doctors took their own x-rays and did minimal lab work. We would do that--do a white blood count. A variety of very minimal basic tests. Part of that had to do with the fact that a lot of tests that are done

these days didn't even exist 50 years ago much less in a form that could be done by automation and using electronic and electrical technology, et cetera. When Chris Becker applied for a job and he just wanted a summer job. We did hire somebody in the summer. We talked about that—having a medical student who worked with us for the summer months. Then we also realized that it would be really nice, and we could afford it, to hire somebody who actually had the skills and the ability to set up a small lab and to be able to do the x-rays in a more professional manner. He had some training as an x-ray technician. In the mid-80s, he'd been there doing this stuff. It would have been mid-80s, '86 roughly, or something like that. He became part of the management team at the Clinic and he was doing less and less of x-ray. Finally he converted so that he was strictly just an administrator. When I asked him at dinner a couple of months ago—because I had forgotten why he had not kept on doing the lab and x-ray business—his response surprised me because I had completely forgotten it. It was because of night call. If you've never had night call, you don't understand what being on call at night means. Every policeman, every person in any capacity who works in a job where the services have to be done 24 hours a day, seven days a week—somebody's going to pull call. If you're at the top of the food chain as a physician...if you've only got three doctors and you've got 24 hours a day, seven days a week to cover and take calls and get up out of bed and come down, that also means you have an x-ray technician and a lab technician. Except that we only had one of those and there were three doctors. We basically went to two lab and x-ray people so that they would take a week of night call and be off of night call for a week. Christopher shared with me...and I suddenly remembered...prior to his week of working at night and taking calls at night, he would get physically ill. His stomach would go out of control. He'd get headaches. He'd break out in a sweat. I can relate to all that. It was no fun at all being called at three o'clock in the morning on a regular basis. When you've got that big of a crowd of people in a relatively small area, things are going to happen. It's been ten years now, eleven maybe, since I've had a telephone at my bedside. For pretty close to 50 years I slept with a telephone at my bedside and I anticipated that sometime during the night it was going to ring. It becomes a consuming part of your life. The closest that the average person would have is parents with small children—particularly the mother in our family. We had a deal. When the baby cried, she'd get up. I would sleep through it. When the phone rang, I'd get up and she'd sleep through it. That was big part of our relationship. Raised five children. Each one of those children goes through the same milestones: a month old, six months old, 12 months old. It's a shared responsibility. That's a biggie. That's the fascinating story of Chris Becker. He came over here to Grand Canyon and he was sort of the one that really kind of planted the seed. He came over and did some work to relieve the guy who was the regular man here. He enjoyed being over here.

TM: So Chris came over to relieve the regular manager or lab/x-ray?

JW: Lab/x-ray. He came over to work in the lab. He enjoyed Grand Canyon. He's a hiker. He likes to get out into the outdoors.

JoW: Was this bit while he was being Clinic Manager at Yosemite? Then he came over and filled in as—

JW: He maintained his skills. He would take call occasionally to relieve the other folks who were doing our lab and x-ray work. He maintained his skills. As far as I know he could probably still go in the lab and with a little bit of refresher work he'd be right back at it. That was how we kind of developed a little more of an intimate relationship with Grand Canyon. Plus the person who was the doctor here just prior to my coming over was a lady by the name of Cheryl Pagel. Who knows what she's got in the files. Cheryl was married to a ranger at that time. Her husband had been in Yellowstone or Glacier. She had worked in Cut Bank, Montana which is famous for being the coldest place in the west or the United States or has

been in the past. Bad weather, Native American unrest, population of people who do not have the greatest blessings of social status, funds and a whole host of things. She and her husband had a deal: he would get a job in a Park Service location. He would accept that job and she would go with him and find something to do, which meant up there it was Cut Bank. When this position down here opened up it was her turn. She got to take the job here at the Grand Canyon Clinic and her husband Joe basically transferred—some sort of a lateral transfer in the Park Service. That's how she wound up here. She came over when we were starting to look at Grand Canyon and say, "Gee, I was the holder of the concession contract in Yosemite. If I got involved or engaged with Grand Canyon it would mean that I would be working for a big major medical company/hospital organization." That was the Samaritan System.

Samaritan System in Arizona—Good Samaritan--has been here for decades. Almost centuries, not quite. The Samaritan System, which is now the Banner System, is the largest single employer in the state of Arizona. They have now something in the neighborhood of 12,000 employees. I'm sure there's some restrictions on that because I don't know what the big corporations... Who else has 12,000 employees other than maybe the Forest Service or some of the public lands outfits. Maybe the military. I had some serious questions. Did I really want to get... As we were thinking about the possibility of moving to Grand Canyon...and I guess I might as well get into that now. Christopher had come over here and was making noises about wanting to leave Yosemite. This is in '87/'88. He had come over there in '78. He was more than just an employee. He was almost an alter ego. Christopher was really engrossed in acting, filmmaking. He was a desert rat. Even the car he drove when he came to Yosemite was this Volkswagen Thing— the German jeep type thing. He had a really extraordinary, cynical...he could be sarcastic. His sense of humor was always entertaining.

JoW: Even on a dark side sometimes. If you don't know him you'd think hmm.

JW: I've always been a little bit afraid of digging too deep because I'm not sure what I might find there. But we are still friends. They live in Williams. They haven't worked for Banner for a long time now. We have a meal occasionally and go over some of our past mistakes and fun and games. So anyway, Chris was making these noises. I wasn't sure that I wanted to start all over with a new administrator at Yosemite. We had been there for a total of 23 years.

TM: A new administrator at Yosemite, a new Superintendent coming in?

JW: No, because if Chris left, he had to be replaced.

JoW: You should call it a Clinic Manager.

JW: Okay. "Clinic Manager" that clarifies the term.

TM: You were the owner of the concession that operated the clinic at Yosemite and Good Sam was the owner of a concession to operate the clinic at Grand Canyon?

JoW: Correct.

JW: That is correct. You got it. Also Williams. Samaritan also had the clinic here. I think they even ran it as a hospital for a little period of time. If I digress, I'll digress too far so let's get out of that one.

TM: That's fine. It wasn't a concession clearly in Williams, it was operated on a tax district or how did that work?

JW: Tax district. Yep. They provided the management for running the facility here in Williams. In some ways there was a similarity with Grand Canyon, but at Grand Canyon they operated under a concession contract with the Park Service.

TM: Which meant that...I have a couple of questions here. Certainly as a concession contract, the Park Service, if there is a profit made, takes a percentage of that profit and the contract is a ten year contract?

JW: Gee. At one time it may have been 20. None of those have been signed for years as far as I can recall.

TM: Then another question for Good Sam: did they have small clinics throughout the entire state?

JW: They had about ten clinics. They had the White Mountain Hospital over in Springerville. They had Page.

JoW: They had Bullfrog.

JW: They had a contract with Glen Canyon at Bullfrog Marina.

TM: A small clinic in Bullfrog there?

JW: On Lake Powell. That was kind of an extension of the Page Hospital facility. There was a place in Payson.

TM: Kingman? Yuma?

JW: No. They didn't do either one of those. They did something south of Phoenix.

TM: Tucson? Casa Grande? Nogales?

JW: Might have been Casa Grande. It wasn't Nogales.

TM: So they were spread out quite a bit.

JW: You have to understand a little bit of the business side of running hospitals.

JoW: Superior. Was there something at Superior? The mining?

JW: Superior. Yep. Hospitals went through a phase about 25-30 years ago. As the world of how hospitals obtained their revenues...there's always been this blending and mixing and fermenting of trying to figure out how to satisfy the insurance companies and the government regulations. The bottom line is: how did hospitals make their money? They made their money by keeping their beds full and having a lot of services that they would add on top of that--the surgical facilities, the OB facilities, radiology, pathology, on and on and on. But the point was that they were focused on... Think of Arizona as a huge

funnel and that Phoenix facility which was Good Samaritan Hospital was the mouth, the site where the funnel drained. Things got poured into the funnel all over the state. The theory was that if they needed really tertiary care, the most technical and difficult and expensive, you had to go to a university-related facility. There were maybe four or five in the state. There would have been at least one, maybe two, of the big ones in Tucson. There would have been, over the years, four or five in Phoenix. That was it. What other community in Arizona? Flagstaff has done a terrific job, in my judgment, of providing a really high level of medical care for all of northern Arizona. They were the closest thing, in my judgment—some people would argue with you about this, I know. In my judgment, Flagstaff attracted a group of medical providers, physicians, surgeons, and so forth. They had the advantage of being at NAU. The number of people who were attracted to Flagstaff—like doctors—they liked being in an academic arena of some kind. The orthopedists over there worked with W.L. Gore extensively on using the Gore-Tex material to make tendons and...

TM: Teflon.

JW: So there was this symbiotic relationship between NAU and the academic community and the fact that Flagstaff represented the kind of lifestyle, the interests and enthusiasm. It's just gotten bigger and bigger. I don't know that they actually really qualify for what's called a Category 1 or Stage 1 facility. That requires that a certain number of surgical people have to be in the hospital 24 hours a day. Certain surgical types and heart this... It's all very complicated. I'm working really hard to recover from all of this.

JoW: Recover from what?

JW: From being engaged and involved and trying to keep up with the ups and downs and ins and outs of medicine. I'm focused on sitting down and talking to people like Tom Martin.

TM: So at the time, things seemed to be going well enough in Yosemite except that who had become your best bud, your alter ego, in the Clinic operations suddenly said, "Hey, boss. There's a really attractive clinic in another state, not too far away, and it's really nice over there."

JW: Words to that effect. It was never, to me, that up front, but it was still an exchange of comparisons. We did a lot of comparisons. "We do it this way in Yosemite. Here's how we run our clinic. Here's how we staff it." We had roughly 20 employees. Anybody who worked there, it was just a done deal that everybody rotated through shifts unless they made separate arrangements with somebody else. "Hey would you take my shift tomorrow, next week, whatever?" They worked out all the details. The way that we operated the facility and now I may have told you this before and if so I hope people will overlook it...I finally put it together in my mind, "What am I trying to do here in Yosemite to try to provide excellent services to people that we take care of?" One of the things I learned early on, in facilities that are operated by the usual concessioners and business people, they look at the figures which say that there are 4,000,000 people visiting Yosemite every year and their focus is on 'how can we extract funds from the maximum number of people coming into our boundaries?' Same story at Grand Canyon. What I learned was that after keeping records, we looked at who our customers were and it was very consistent. Sixty percent of our visitation and revenues came from visitors during the season of visitation which ran from May to September. It used to be really short. But 60 percent of our revenue came from those. The shoulders have really increased a lot, just like up here at Grand Canyon. But it's still fairly consistent, it's still 60 percent of the revenue. The revenue would go up, but 60 percent of it came from outside visitors. Forty percent of it came from the locals. In the winter time, those ratios

were reversed. If we did a lot of ignoring of our local folks, they would drive to Fresno to get their medical care. Being kind of a turf protector, I found myself really distraught about that. Because within a couple of hundred yards of their home was a clinic. If they would rather drive 90 miles to see a doctor than walk up the hill to see somebody at the Yosemite Medical Clinic, I thought that was voting with their feet. That was a negative vote of the worst kind. So I dealt with my staff by saying, "I want this clinic to be so attractive, so capable, so attractive to the local population that if there were three clinics lined up on this hill doing basically the same thing, the majority of these people would come to our clinic to get the greatest satisfaction. To get the best care. They feel like they're treated better. All the things that go into people thinking and feeling that they are getting good medical care in a timely, compassionate, and feasible way. So that's how I tried to operate the clinic.

TM: I'll step in here. That would mean that you would absolutely need the trust of the community because if word got around that I had been to the clinic for whatever disease or pathology—if that word got out, that would be really devastating potentially.

JW: We had some...23 years in one place...all these strangers...the weirdest, unusual stuff. Automobile accidents, vehicle accidents, people falling off the walls.

JoW: But he's talking about the locals—local people. Loyalty from them.

JW: You're right about that. Because they're the only ones who would know whether or not the things...but you're right. We would have our dissatisfied clients. You just can't escape that, but we worked very hard to try. If people had a problem, we would really work hard to sit down with them or have a conversation—make amends if that's what was needed. There was this relationship established with the community. I feel that we wouldn't have had 100% of the people coming to our clinic. We would probably have had maybe 80%/75%, something like that out of three clinics. We always knew that there was room for improvement in anything we did, but this was our philosophy. To try and make it attractive, to meet the needs. "Making it attractive" sounds too much like we were just saying, "Okay. How do you dress up your...how do you cosmetically make something appear to be something better than it really is?" I'm saying that we were doing our best to make it, to have a relationship with people and to stay current with what was going on in the world of medicine.

TM: It seems as though there was a very high bar here. Not only did you have to have employees who handled pillow talk with their significant others at night about what happened at the Clinic—they'd have to be very careful with that because word would get out into the community. They had to work out shifts...small staff...that all had to work out. They had to be very skilled and very good at what they did. That's a high bar that it seems like you achieved.

JW: I would say that with the help, it was a team effort.

JoW: The nurses were good nurses and they got along. It was like family.

JW: One of the things I'm proud of about both that facility and the one here is that I, through the head nurse...she's the one who really made the decisions. She would send out the ads for help, "Nurse needed in Yosemite" and would do the interviews. But ultimately, I was the one who was hiring them and signing their checks. Initially, and I shared this on another tape, I thought initially that the most important thing was that I identify and locate and hire people who were able to demonstrate a really high level of academic excellence. How do you demonstrate to another person that you are of a high

academic...it depends on how many letters you have behind your name, right? And particularly in medicine. Those are the hallmark. That's supposed to indicate that you are extra good. What I learned is that's not really so much. It's what people are able to do and learn. Are they quick to learn?

JoW: Are they open to learning?

JW: Open to learning. What I did was, for patient care we only hired RNs because every nurse that worked there had to be able to do everything that RNs were certified to do: giving shots, starting IVs, a certain amount of actual care. Whereas in those days, a Licensed Vocational Nurse was very limited. They could only do certain things. Ultimately, not too long into my career over there, we did hire a couple of really good, open to learning, less than RN-certified individuals who turned out to be nurse helpers. The nurses very much needed that also. We had a staff of ten RNs. When you add up the number of hours in a week, they were working. I'm going to do hopefully a minimum of hearkening back to the old days. The doctor who had been there for many years, and I kind of took his place, was Dr. Sturm. The staff at the clinic worked 12 hours shifts, six days a week and that's when it was a hospital.

JoW: But the visitation to the Valley was not that great either.

JW: Medicine wasn't as complex either. That makes a huge difference. Dr. Sturm did a lot of surgery. He was just—

JoW: We've covered Sturm pretty much.

JW: We've covered Sturm, haven't we? I'll back down off of that one.

TM: Your point is that the type of people that worked there...the staff was, in a way, short, the hours were long. It was important to provide very good patient care otherwise people would go, like you say, down the mountain. They'd go shopping and they'd see a doc someplace else. In all rural clinics...am I going to drive to the nearest larger town with a bigger/better and seek out someone there or am I going to go to my local shop?

When was the first time you came to Grand Canyon? I think we talked about that.

JW: It was in November.

JoW: I want to interject something at this point. You are missing...at some point you had Good Samaritan by your play, but we weren't planning to leave at that time. That's what you need to cover: how you got involved with Good Samaritan.

JW: I was approached in 1986, if I recall correctly, about the possibility of arranging some kind of a business partnership agreement with Good Samaritan. I was naïve enough to think that...because you know that doctors...a lot of their relationships with other people are frequently referred to as joint ventures. There's a psychology behind that. Words were used like, "I understand you've sold out to Good Sam." Well I didn't really like to hear that. I hadn't sold out to anyone or anything. I tried to establish a relationship with Good Samaritan that would've allowed to me to continue to stay there and live and work, but I didn't have to take on all the burdens of being the owner.

JoW: And meeting payroll.

JW: That was not my favorite part.

JoW: And overhead.

JW: Overhead and having to deal with the business aspect of it and all.

TM: Did you have any training in business at all? I don't think that's come across yet in these interviews.

JW: I had *a lot* of OJT, but I did not have any formal training in--

TM: Payroll and hiring and firing and staffing and the business and spreadsheets.

JoW: That was the clinic manager. That's what he did.

JW: When things changed... Computers came online so to speak, became available and were used in office for a variety of things. Do you remember something called an Osborne computer? That's before your day. It was the first really truly portable...it had a little monitor screen. Innards were...I don't know what they were equivalent to. Becker still has it by the way. It's one of his prized possessions.

TM: Does it have like one or two megabytes of storage?

JoW: I guess they used floppies then.

JW: How much is a megabyte. I think it was less than that. It used floppy disks.

TM: Wow. That was a huge advance.

JoW: We'd back-up on tapes. I remember that part. The back-up would be on tapes.

JW: Your question was, "Did I have any formal training?" The answer is no. I learned from my...I had to do it. But I didn't do it, I turned it over to people who could do it.

JoW: So get back to Good Samaritan now.

TM: So they showed up and they were like, "We'd like to take you to lunch. We'd like to talk to you about your concession and maybe we want a joint venture with you."

JW: They wanted to move into California. They wanted to extend the lip of the funnel to California is really what it boils down to.

TM: Hang on. So the concept is: We have these rural clinics. Anybody who needs higher level of care is going to come to our central location. So they're hunting in the Sierras to move people to Phoenix if they needed that level of care?

JW: It wasn't that kind of relationship they were looking for. I used the wrong term. They weren't looking for a funnel just for the Phoenix facility. They were looking to buy hospitals and practices that potentially could provide them with inroads. There was this one particular guy. His concept of what he

wanted to see happen. He wanted to do this particularly at Grand Canyon. He thought the time was ripe to establish a mall of medical facility. Pretty insane. You look at it now and think of what he was thinking. This is 40 plus years ago. The concept was that you would have an organization of specialists. So instead of people having to go away to see a specialist, they would have the facility there. I'm not quite sure why he was so enamored of looking at the national parks. He thought that there was a big unmet opportunity. You look at the number of people. Four million people a year are coming through Grand Canyon. It's up to six now apparently. Crazy. I think he was sort of seduced by the numbers. Page would give them a little bit of an opportunity to see on a bigger scale. Page is so isolated and rural in its location. When the town got big enough and they were able to continue to operate a hospital there... It was a struggle many times, they had conflicts with some of the local docs who thought the hospital was taking away their business. There were small wars going on. The concept of being able to move into an area and bring specialty care in, which is a lot higher priced than primary care and is a much better revenue producer. He was a vice-president of the Samaritan system for a number of years. He was a good schmoozer. Ultimately his plan just didn't work out. He was getting close to retirement age anyway, so he probably ultimately just rode off into the sunset.

TM: Do you remember his name?

JW: I do, but I'm not sure if I want to share it.

TM: Fine. Fair enough. Let's keep going. Very good.

JW: It's kind of uncomplimentary and unnecessary, not a key part of the story.

JoW: Did he talk you into becoming a joint venture? Was that the deal?

JW: No. He was quite willing to let me pursue the possibility that we might be able to come up with a plan that would be a joint venture. They provided me with a name of law firm in Fresno to talk to somebody, to get through some of the basics of how do you put together a joint venture and how do you work with it? I realized after I'd spent \$2,000 on lawyers that joint venture between me as an individual with a small clinic and a big hospital organization that was riding the peak of Medicare. Medicare...the payments. The way payment was made early in Medicare and for years was cost plus 15%. The real "white shoe boys" looked at that and saw, "There's costs coming out the wazoo!" All we've got to do is—well, we won't pad it—but we can justify costs beyond belief and it didn't matter what the cost was. We still got 15% on top of that, 15% of the cost.

TM: Whether the cost was legitimate or not.

JW: Yeah. So, things have changed beyond belief. You've been a part of that. Having to go through the drill. Devising forms that you would use in the Physical Therapy department to meet the rules of what the ICD numbers were, and on and on. Those things have been developed in order to equalize and to make the costs reasonable and not letting it get totally out of control. People like Samaritan, they were riding that wave. That one guy in particular.

TM: In 1986?

JW: Yeah. Early 80s—mid-80s. They bought an airplane. They bought a printing company. They had all this money that they had to spend. So they were looking at California. They were looking with their microscope and were like, “Oh! Yosemite!”

JoW: They already had Grand Canyon, right?

JW: Right.

TM: But that makes sense because it's in Arizona.

JoW: Maybe they were collecting national parks or something. That's what I'm wondering.

JW: They weren't really. We entertained that thought. It's also the notion that people, doctors like me, who had no formal training in business operated facilities so poorly that they could come in and bring in their accountants and their billing systems. They saw places like mine as being potential gold mines.

JoW: The thing is, you still haven't sold the business or the concession contract to Samaritan. You haven't gotten to that point.

JW: I'm not sure how much I remember about that.

JoW: You obviously didn't want a joint venture.

JW: At some point in there I did. In 1986 we went through the process. I had to go through the Park Service. The Park Service had a rule about one concessioner is not allowed to transfer his concession to another party. That would take it out of the hands of the Park Service having control. We negotiated with the Park Service and since Samaritan was already running Grand Canyon they had a track record. The Park Service could look and say, “Okay. Grand Canyon is satisfied. They haven't done anything really bad. They've been healthy by keeping the facilities going.” Because all of them were always on the ragged edge of collapsing for lack of funding. Costs would go up and the revenues just never...it was difficult to keep them going up. The other thing that we had going for us in Yosemite is we were not able to provide enough revenue to pay all the costs of having a facility that ran 24 hours a day, seven days a week. Couldn't do it. So we negotiated with the Park Service. The people who handle the money in the Park Service, I've forgotten what their title is, they actually proposed that we come up with what's called a Service Contract. The Park Service is able to contract for all kinds of services: plumbers, building, streets, and some things major. They can hire an architect to put together a plan to build a building. That's a service. The contract that the architect gets is called a Service Contract. What we did was we looked at what our costs would be if all we ran was just a five day a week, nine to five clinic. If you sit down and do the math on the number of hours and how many people you need, its labor costs. It's a high, labor-intensive business. If all you do is run a GP type of a clinic, runny noses, immunizations, just the standard things that most people would say, “Okay. You're a GP. You're just running a GP office.” We had two practices. I may have mentioned this before. By having the place open 24 hours a day and having an x-ray and a lab and a drug room/pharmacy, we were providing multiple services. The x-ray in particular actually paid off. There was a profit taking pictures. There was a certain amount of profit in the medication side of it. Everything else pretty much, just because we ran so many hours, we had to have those ten RNs. If you have a doctor's office five days a week, you can have one RN. We were able to demonstrate that by providing the level of medical services that we did, it was more. We had two practices. We had our family practice/GP, locals mostly, and we had an emergency room or an

emergency department—the name they’re using now. We were providing urgent care. Even here at Grand Canyon it was a problem because there would be people coming in the front door, the walking wounded, and there would be people coming in the back door who weren’t the walking wounded. They were the ones who had to be taken care of. Broken bone or a cut or were having a heart attack or who knows what. We were able to demonstrate to the Park Service that we provided a service that was costing us a lot of money, that we could not recover our costs just by charging more. So they provided a subsidy. So for many years, I think we got our first subsidy in Yosemite sometime in the early 70s, that was part of the whole practice system there. That’s what Chris Becker did with the numbers. They would put the numbers together and say, “Okay. This is what we need to continue to operate.” The Park Service would run it through their system and we’d come to an agreement that the Service Contract for that year would keep us in business. This was yearly contract. This was something that had to be renegotiated.

TM: So the concession, then, was for sort of a nine to five operation and then there was a service contract for after-hour care on top of that?

JW: To a large degree. If you looked at the original contract and what services we were supposed to provide, very early in the century, back in the 30s roughly, the Park Service became an organization in 1916 and the Army ran Yosemite. The Army provided medical care and they had a hospital. That tradition continued and as the world moved into the 30s, the... I’ve got too many thoughts going through my mind and I lost the one that I was headed for.

TM: We were talking about hospitals, the military--that military model. The Park Service comes in and so the Park Service embraces that model of health care.

JW: The original contracts that were written, to a certain degree, you could look at and say, “Okay. This is what the Army provided at their facility.” You’d have surgical, deliver babies, a variety of things that were the sort of thing that a military organization would provide for their troops. The way the original concession contracts were written...they didn’t refer to it and as the military did and so forth, but you could read between the lines and say, “Okay, they took this out of what the military was doing.” We had to demonstrate the fact that these were not the kind of things that could continue. We could not continue to provide this broad spectrum of services including surgery, OB, all the things I’ve mentioned, on just the revenue we’d get from doing the things that we do in the office. That’s when the Park Service then came up with the solution of looking and saying, “Okay. You’re more than just your doctor’s office. You are also this urgent care.” They didn’t call it that then—urgent care facility. As I recall, they were the ones who came up first with this notion. They couldn’t justify. They couldn’t say, “Well okay fine. You need some money? We’ll just write a check for you and we’ll call it a subsidy.” That doesn’t work. They had to have a justification for what we were doing that was an essential part of the Park being run in a manner that was both professionally acceptable and that would provide the services that the Park Service... If we weren’t doing it, the Park Service technically might be required to come up with their own plan where they would say, “Okay, we’ll go hire a doctor and he’ll be an NPS doctor.” NPS doesn’t have doctors. If you really took this to an extreme of trying to follow the track of people, how do you figure out how to make this work? The way they made it work was to figure out, “Okay, this service is part of what the Park Service has a commitment and is required to provide for the public.”

TM: It was a necessity. It was a needed service.

JW: Yeah. The Park Service provided the water, the sewer, garbage collection, law enforcement.

JoW: Electricity.

JW: Firefighting.

TM: The building.

JoW: Buildings and electricity. All that.

JW: Yeah so we were able to put this into a category which they said, "Okay, the Park Service has a responsibility to provide these services, but we're going to hire you to do this for us."

TM: Ah. Got it.

JW: So that's how we survived. This whole system basically was sort of being done similarly at Grand Canyon, but not nearly as capably. So when I made the deal with Samaritan to have them, they paid me for the drugs that I had on the shelf, they paid me some money for goodwill. I didn't have that much other... Everything else belonged to the Park Service—the building, the equipment.

JoW: The furniture and all.

JW: The furniture in the clinic. Yeah.

TM: What you really had was the goodwill of the community to come to your clinic.

JoW: The accounts receivable. Didn't they pay for that?

JW: Yes. They did buy the accounts receivable or a portion of it anyway. We did not go to Brazil on what they paid us. [laughter]

TM: I see. [laughter]

JW: But it was satisfactory. We were in as good a shape—no worse, no better. It was just like, they just kind of took over. And, we were able to convince the Park Service to let us transfer the concession rather than have to go through that entire process where they put out an RFP and people bid on the contract and it goes on forever. We were able to avoid that.

JoW: And now you were an employee of Good Samaritan.

JW: Yeah.

JoW: Then he became an employee.

TM: 1987-ish?

JW: 1986. That was the year that I got hepatitis B and I was out of action for a month, totally out of action.

TM: How did that happen, doctor?

JoW: Have you ever heard of...what's the needle called...the Tyrolean Traverse that you did on that day? What's that called there in Yosemite?

JW: There's a rock formation in Yosemite called Lost Arrow. It's a spire that comes off the cliff that's just off to the right of Yosemite Falls. It's always been kind of a popular climbing spot. Even for people who are relative novices if they've got a person who knows what they're doing and has the capability because it's not like one of those things where you start at the bottom of the valley and climb up to get that. You hike up to the rim of Yosemite Valley. A person goes down the wall, it's a saddle, and over to the Lost Arrow spire, climbs that and in the process they set up the Tyrolean Traverse. This became kind of a popular thing. The good climbers would establish a good relationship maybe with the nurses for example or another group of people.

JoW: Because the nurses were single if you remember.

JW: The nurses were all single. They had done a Tyrolean Traverse with the nurses who wanted to do it. They didn't all want to do it. They did it, I can't remember if it was one year or two years in succession. Whatever. They were talking about doing it again. Finally, I was really envious and I said, "I'd like to go on that. Why won't you take me?"

JoW: Didn't one of the other doctors...Bill Bowie was going?

JW: I think maybe so.

JoW: I think he was going. I'm pretty sure Bill was.

JW: Doesn't matter. The fact is that I was able to talk them into an invitation to go on the Tyrolean Traverse over to Lost Arrow which meant hiking from the Valley which is at 4,000 feet up to the rim which is 7,000 feet.

JoW: And it's straight up, pretty much.

JW: It goes right next to the falls to a certain degree. So we were hiking up there. I was 50 something. I was finding myself totally fatigued. I'd walk about a 100 feet and then I'd have to stop and rest on the hike up to the rim. Finally got up to the rim and I was just wiped out. That was the hard part. The easy part was doing the Tyrolean Traverse because you just put on all the straps, hooked up and went over.

JoW: They'd pull you over.

JW: Pulled me over, pulled me up. I stood up on the spire, scared witless.

JoW: Almost block and tackle.

JW: And then—

TM: Came back.

JW: One of the reasons maybe they didn't want me to go was because I did weigh 200 lbs. Anyway, got back over. Everything was cool. Then we started walking down. We had to walk down from the same trail that we'd walked up. This is going to be present there for posterity, but hey, that's the way it goes. On the way down, I had had some fluids. I had stopped along the way to urinate. I was standing there and looking at the stream. "Man, I must really be dehydrated. That's really dark." I got down to the bottom. Went home. Ate. The next morning I was feeling really cruddy. When I went to the bathroom, urine was still really dark. So I thought, "I better go take a look." I can't remember if I asked you to look at my eyes.

JoW: Yes. You did. We were out to breakfast. Because this was like Father's Day weekend. I think we were over at the hotel.

JW: I thought it was Mother's Day, but whatever.

JoW: Whatever it was. He says, "Are my eyes...do my eyes look yellow?" I said, "Yeah, a little bit." The light was dawning.

JW: I took myself into the clinic and we did a test and sure enough full of urobilinogen. By that time even, there was really showing. Once I looked to see what my eyes looked like, they were clearly yellow. Then they did a blood test. The ironic thing about this is, in those years the conventional wisdom was that if you get hepatitis, the only cure is bed rest. It presumably was damaging to be really physically active. You stay in bed, you don't want to hurt your liver. I'd gone up to the top of the falls and back. That may have had something to do with the fact that it really hit me. I had to not be at the clinic for month.

JoW: Really? It was a whole month?

TM: You're also infectious, aren't you?

JW: Hepatitis B, not so much. It's A.

TM: Hep A.

JW: Hep B is the one you get by finger stick.

JoW: Which is what had happened.

TM: Oh.

JW: The guy's name still stays with me. Those many years and nobody will ever... Let's just say that I had gotten the finger stick suturing a laceration during the Christmas week of 1985. Hepatitis B is one of those things that incubates for four to six months. I got stuck in December. I developed the hepatitis in May. I learned from Chris Becker. He kind of kept this information from me because I think he was afraid. He just didn't want me to have to know this.

JoW: He thought you were going to die.

JW: The guy that I got the finger stick from died a year later of HIV. So then it was a series of blood tests and so forth. Fortunately it was a solid needle because, like I say, it was on a suture so it wasn't a hollow needle. I got just enough of an exposure to get the hepatitis, but not the HIV.

JoW: Myself and some of our immediate family had to have shots of some sort.

JW: Gamma globulin.

JoW: That was it. Even Megan our granddaughter, because she was staying in the house with us at that time.

TM: So that puts you out of commission for a month.

JW: Yeah and that was a summer month, too. It was a bad month to be out of action. But hey, it worked out. We were able to hire a guy to come in and work for a month.

JoW: You had asked what year it was that Samaritan bought the concessions contract and then you said, "That was the year I got hepatitis." I was wondering how we got there.

TM: And you had yet to go to visit with Dr. Pagel?

JW: I'd had a conversation with her. I had met her and we had talked.

TM: How did you meet her?

JW: Because there was this camaraderie. There were only three national parks that had permanent health facilities in them. It was Yellowstone, Grand Canyon and Yosemite. So we kind of made up this small group of people who would talk to each other and just kind of keep track of each other. "What's happening in Yellowstone? What kind of things are you able to work out with the Park Service?" The other thing is...and I've mentioned this before...we were precepting medical students from UCLA Medical School and Cheryl, as part of the Samaritan Family Practice program in Phoenix...she would get a resident for a month at a time. Were we were still doing that when you were...?

TM: Yeah.

JW: Okay. So you know what I'm talking about.

TM: Okay, but I didn't know how this had started.

JW: It was by virtue of the fact that Samaritan had the Family Practice residency. I'm not sure, but maybe Cheryl may have been instrumental... There was another doc here, his name was Roger Billica. He went on to NASA. Roger may have been the instrumental person. Between he and Cheryl, they benefitted by having a resident come up from Phoenix and spend a month. They would do it for June, July, August, and September— so there were four months at that time. How'd you know Roger?

TM: Because he had come to the Park and had given a presentation on his job as flight surgeon for NASA and it was stunning. It was absolutely amazing. Of course, he'd say that he worked at the Clinic. When did Good Sam come to the Grand Canyon Clinic? Do you have any idea when that happened?

JW: I came back from Vietnam in 1970 and there was a private doc. I think his name was Leo Schnur. I believe that he had the contract. As far as I know, he did not work for Good Samaritan. Now do I have the wrong...?

TM: A lot happened in the 60s. In 1964 the hospital moved from where the GCA has their building now to the new facility which is now where the clinic still is today. There was a big fund to make money for that, to make that happen. Dr. Garbayo was there at the time and I think Dr. Schnur may have already left. I'm not sure about that by then. Paul Schnur, Leo Schnur's son, is alive and in Phoenix and we've done an interview with him. In the 50s his dad was running the clinic. I think his dad may have closed up shop by sometime in the 60s.

JW: Yeah. That date of 1964, I had completely forgotten that it was that early that that new building was built. I'm pretty sure that the Public Health Service got involved some way to help push the notion of building a new hospital. One thing that I do remember is that my ex-partner Roger, we kind of kept track of that whole thing of the Federal Government providing a special fund to build a new hospital. It turns out it was a disaster because they couldn't operate it with a skeleton crew. The hospital wing had a nurse's station. The emergency department side of the wing had a nurse's station and they had to have at least two nurses in order to keep the place open. From our perspective, looking at it from Yosemite, it was the failure of the powers that be, Public Health Service and other people involved in putting this together, they just were not accustomed to having to look at something and say, "If you can't bring revenue in, you can't have that particular facility. You have to design your facility to meet the ability of your facility to provide funding."

TM: It also sounded like the Park did not have a procurement contract to cover the after-hours. Whoever was running the hospital, they were sort of supposed to do it on their own and that was that.

JW: There's a question in my mind that I may have been instrumental in getting that there. I'll tell you why I think that's a possibility. A quick resume. I think that I sold my share of the organization to Samaritan in 1986. Sometime between 1986 and 1989, which is the year I moved over here, that's when I came over to Grand Canyon ostensibly because they needed somebody to fill in for the doc who was here because he needed to take some time off. So they talked me into coming over for a month.

JoW: But then they asked your opinion of why doesn't it work.

TM: That was Good Sam who asked you over?

JW: Yeah. That was kind of part of the deal. That was the carrot. I was being manipulated. I really didn't realize that I... Because at one point the guy who was in charge of the clinic arrangement... His name was Chuck Bill. He grew up down in Clarkdale. His dad, Dr. Bill, had been a doc. He was well-respected. I think he was a surgeon. Chuck went to work for Samaritan and he then was kind of put in charge of the care and feeding of the clinic system. He was sort of the manager at the Samaritan level of all these clinics we talked about, including the one in Yosemite. I learned later that his goal in asking me to do this was to get me to take over the Grand Canyon Clinic. I didn't have a clue. I thought, "Oh. They just want me to go over there and work and give them my opinion about what things they might do to help make it work better or whatever."

JoW: I still remember he told them what they needed to do to, but the bottom line was, “You either need to fish or cut bait”, he told Samaritan.

JW: Okay so here’s the deal, what I found when I came over here. This facility was not being operated... It was being operated as though it was a nine to five clinic. Samaritan was staffing it with all the required people basically for nine to five, nine to six maybe, whatever. All those evening and weekend hours, and holiday hours and so forth, they were out hiring *locum tenens* type people. A shift at a time basically. It was really expensive. Of course Samaritan had deep pockets so they were basically just paying it. The other thing is that there were days when they would only see like three to five patients. It was not really popular. It did not have the loyalty of the local residents.

TM: They must’ve been losing money just like water through a sieve.

JW: I think they were. I don’t know that I ever actually looked. I know I had a chance somehow. And Christopher, of course, really had a chance to look at it. But what came out of my experience working for that one month was that I told them, “If you’re going to run this as a 24 hour facility, you’re going to have to staff for that. You can’t have this separation of your staffs.” That was the bottom line. Operating the way they were, they were never going to come close to breaking even. That’s when I’m pretty sure that I was the one...Chuck Bill may have gotten the idea from being over at Yosemite where they already knew that we had that service contract. They may have already started that. So don’t give me the credit, but I certainly pointed out to them that this is how you’re going to have to pay for this. If you want to have a facility that is available 24 hours a day...and we weren’t actually open 24 hours a day towards the latter part of my time up there. I’m thinking at one point that we would have a nurse on call. There was a phone at the backdoor that went directly into dispatch. Somebody needed some medical service, they would get on the phone, call dispatch, dispatch would sort of screen a little bit and then call the nurse. Then the nurse would screen a little bit more. Most of the time she’s the one who had to get up and go over to the clinic, open the door, bring the person in. Now obviously if it was something urgent, the dispatcher immediately—he didn’t do any of that stuff, he called the nurse. This is one of the things that... I got spoiled. The nurse always saw the patient first. I grew dependent on that. Because at least you could ask them, “Did they have a fever? What’s their blood pressure? Are they breathing?” That’s how the system worked. We staffed for that.

TM: Let’s back up a minute. So they brought you over for a month just to sort of see what was going on. Jodi, did you come along too?

JoW: Yes. I think it was in November. November, Thanksgiving time.

TM: What were your thoughts? “Okay. We’re going to go to Grand Canyon for a month. That’s fine.” Did you have any thought or first impressions of the Canyon when you came in?

JoW: I didn’t mind. I don’t mind moving around. The thought of us possibly moving to Grand Canyon from Yosemite...we’d already been in Yosemite 20 years and I was ready to move on. I like getting to a new house and seeing what I can do with it. It doesn’t have to be a great and glorious house. I like to make lemonade out of lemons. It’s a challenge. So, it didn’t bother me, the thought that I’d be moving to Grand Canyon. Also, we used to take our—I think it’s mentioned somewhere in the first parts of these things—when we had vacation time in Yosemite, we would come to the southwest.

JW: Do you ever see anything southwestern when you’re here?

TM: Not in this house. No. I see no Kachina's, I see no kiva ladders, I see no Navajo rugs.

JoW: It's the Navajo rugs and pottery. That was pretty much what we would pick up when we'd come to the southwest. It sounded like it'd be an adventure. Sort of fine and wonderful to get into the real Indian culture and be exposed a little more.

JW: I would confirm that. There was never any question of, "If you think you're going to go to Grand Canyon and I'm going to go with you, think again." None of that. She enjoyed the novelty of instead of living at the bottom of the hole, living at the top of the hole.

TM: Can you talk to that a little bit? The Parks like Zion and Yosemite which the visitors come in and the employees look up. There's a sense of "I am small and I'm looking up," versus Grand Canyon where "I'm big and I'm looking down." Did you get a sense of that? Is that a valid impression or did you see that in the parks?

JoW: I get more of a thrill being "down" in Yosemite or Zion, particularly Yosemite. It's beautiful. It really is. I have a sense of awe there. Grand Canyon, looking into the hole, you don't get it at all. It's so immense. It can be good for morning and at sunset because the shadows show things a little more. It's so immense you just can't get it.

JW: I think that you have to actually physically go down into the Canyon to get the real effect.

JoW: That's one thing, I only got halfway each way. I went to Roaring Springs on one side and I went to Indian Gardens on the other side. I never took a raft trip. I was never really down there. I've got to say that we went out to the edge of Toroweap where it's a straight down thing. That really gets you. You do get a feeling there, but as far as the immensity of the Grand Canyon, you can't see it all at once. Whereas Yosemite, you can zero in on Half Dome or the Yosemite Falls or Bridalveil Falls or El Capitan. If you weren't looking up there, there are the meadows and azaleas and you know.

TM: You were in the Park. You were right there.

JoW: We were right there in the bottom.

JW: Look out our bedroom window and see Yosemite Falls.

JoW: When Yosemite Falls was running in the springtime, it rattled our windows. We had sash windows because it was a house built in 1929. The windows would rattle from the thunder of it.

TM: What was it like to leave a community you clearly knew? "Oh there's Fred. I wonder how his blood pressure's doing. Oh there's Debbie. I wonder how her kids are doing with the colic."

JoW: They move on. The thing is, the Park Service...we were there for 20 years and we kept seeing people moving on. We would run into them at other Parks, so that's sort of the way it went.

TM: So you weren't necessarily anchored into the community as a care provider that would see people cradle to grave because they were coming and going in a very mobile community?

JW: There would be a few of those. Particularly the concessioners.

JoW: The concessioners would stay on.

TM: It would be the senior management of concessioners not necessarily their employees.

JoW: Some employees stayed until retirement.

JW: Dishwashers. There's a certain category of people that are drawn to these protected environments. People in the maintenance area, for example, the Westmoreland family. There were people who did, as a matter of fact, spend a big part of their life living and working there. Most of them were happy. Some of them weren't. I was always happy to see the happy ones. I wasn't necessarily that thrilled to see the unhappy ones.

TM: Was there a sense of...I wouldn't say abandonment...but a sense of connection to a place and people that you were going to have to leave?

JW: They gave us a really big farewell party. I don't know how many people were there, but it was like hundreds.

TM: And that happened at Grand Canyon as well when you left Grand Canyon. That's the community trying to pay back their respect to you as that community's physician, but for you on your side...

JoW: We were ready to leave. As a matter of fact, I talk now about how beautiful it is and all the rest of it. I do get a thrill when I realize that we did really live there in this place and watched the waterfalls in all the different seasons, et cetera. The first ten years I had no desire to go back. I really didn't. It's just because we'd lived there so long and you didn't see it through the eyes of a tourist usually. It was just day-to-day existence. Mundane, going to the store, doing things with the kids, taking them to school, making them lunches, Boy Scout meetings, getting the kids off to church every Sunday. You know what it's like when you're a tourist, you don't see the nitty gritty because you're looking at all the highlights of why you're there at a national park. When you live there you're looking down a lot and you're saying, "Why did those people leave that dirty diaper by the road?" All this other stuff—the litter of cigarettes and stuff, cans and bottles. These are the things that really get to you. You own the place, finally. You know what people are doing that misuse it and you sort of get disgusted about it. It's time to leave.

JW: I'm going to share something with you that will probably end our day here. Well, maybe not.

TM: It could. We're...

JW: It could. I'll see how you feel with this. Once again we realized that we're down in a hole. It didn't matter what time of year it was, the sun would clear because of the movement from side to side, but never cleared the eastern escarpment before eight o'clock. All year long...eight o'clock. In wintertime...eight o'clock. Because of the movement and so forth. But, going down we were starting to be in the shadow of the walls, three-thirty, four o'clock. Now here's where things get personal. I don't know if we've talked about this on this journey.

JoW: I don't think so.

JW: About the Navy taking over the operation of the...?

JoW: There was a brief thing, but we didn't go into the psychology there.

JW: During the war, the Navy basically operated the medical facility, for one thing. I've still got a foot locker that says "USN" on it out in the garage.

JoW: A portable x-ray in a foot locker. It's not the x-ray that's in there, but that's what was in it.

JW: That's really beside the point except that the reason they were there is because they took over the Ahwahnee Hotel as basically a convalescent hospital. They would have a bunch of military service people down there. Initially it was supposed to be a more active rather than just convalescent as I recall. Bottom line is they found the environment was so depressing to the guys who were coming back from being badly injured and shell shocked and a whole host of things.

JoW: They felt like they were in a hole down there.

JW: That they had to stop using it as that kind of a...almost like a psych ward in a way. It made people worse. I had patients who would come in and they would tell me they were having symptoms, whatever they were. Depression can produce such a variety of things. After I would work with people for a while I would share with them the fact that this could be a really depressing place. Then I'd go through the Navy story and how they had to actually change their plans because people who had a propensity to do that. Where the personal part is...it wasn't until I'd been gone from there for a while that I realized I was telling my patients what was happening to me. I got really depressed down in Yosemite. I was so busy that for the most part I didn't have time to be depressed. I would find myself just very low. Even though it was beautiful—it was gorgeous. Like Jodi says our response to going back to visit... I had a fellow who had lived there and he was in charge of something called the Yosemite Institute. Bright guy. Very active. I think he went to Channel Islands and was involved in the Channel Islands non-Park Service aspect of things over there. Anyway, he would come back to Yosemite periodically. He would share with me, "You need to be prepared," because you drive into Yosemite Valley from the Mariposa point of view and he would have tears, but it was tears of joy. The beauty to him was so striking that his tears were of feeling that sense of awe and being such a party to such a spectacular sight and the sounds and the whole thing. Most people go there for their rejuvenation. We were not able to go there for several years just because it was just too depressing, I guess.

TM: Did you see that at Grand Canyon as well with the locals?

JW: No.

TM: Interesting.

JW: And not only that, there are several things that really...and I think we've mentioned this... We used to have a screened house that we set up in our patio in Yosemite because the bugs were so bad.

JoW: Mosquitos.

JW: Mosquitos and so forth. The other thing is that, of course the sun, eight o'clock to three-thirty...I sit here in my little house here and I can see the pre-dawn, then the sun all day long and the last rays coming across our backyard.

TM: Not only that. You're working. At work you're never outside. So when you go to work the sun hasn't come up yet. You're in the office all day long. You go home the sun is set. I'm going to back up a minute, Jim. I don't think I asked you about this, but I'm curious to know if there's a connection here, too. We haven't talked about the passing of your father and mother. When did they die?

JW: My mom died, I believe she was 76. That would have been about 1976. She and my dad were both born right in the 1899-1900 years, I can't remember for sure. She developed a form of cancer of the lung which was just so ironic. Most people think that if a person has cancer of the lungs it's because they smoked. Well my mother was so anti-smoking all of her life. I won't go into detail.

TM: You talked about this.

JW: Okay. So you probably know that. He or she gets cancer of the lung and dies when she's 76. Then my dad lives for another 12-13 years. Because he was 83 when he died. He died of cancer of the colon.

TM: Was that 1983-ish?

JW: Yeah. 1983-ish.

TM: It's interesting, with the passing of my father some years back now, I was depressed I think for a couple of years. I didn't really know it. When he passed, I was glad because it was really bad at the end. We were glad to see him leave the body and go. Then I went into this funk. Again, you're in this place where the Navy has already recognized, "Hey, be careful here." That's why I thought, "I'm going to ask him about that."

JW: You know I never tied my own personal depression with the loss of my parents. Because I can look back and recognize that this is something, it runs in the family. My dad had a problem. Both of my sisters have had problems. At one time all three of us were on anti-depressants at the same time. The thing is that one of the things that we learned at Yosemite and at Grand Canyon is that if you live in a place that you really care about and are engaged in and have hopes/desires to be part of a community—warts, pimples and all—you, just as she described, we, not everybody does this, but we see the side that's annoying and irritating. The dirty diapers by the roadside, the trash that never gets picked up, et cetera. We learned that just looking at a place and seeing that the grass is greener, if you move to that place the grass does not stay green. It's probably more internal than not, but that's one of the reasons why I have been able to put up with what I consider to be a very distressing political climate in Arizona. The fact that the place is run by conservatives, that decisions seem to be made based on what's good for people at a certain level on the socio-economic scale and frequently to the detriment of people who don't have that kind of clout. Maybe it's the vibes coming from the volcanic field. I don't know what it is about northern Arizona that I find, "Okay, I like living here." We've formed a small nucleus of friends and we enjoy quite a variety of people's company, but friend-wise I'd probably have more really close friends if we lived in Flagstaff. Because I know that there's a lot more people over there who have a similar philosophical view. On the other hand, they tend to be unhappy, too.

TM: What I was imagining was, the musicians that go to Juilliard get sick, absolutely sick, of having to play that piece once again and the audience that hears them play is in tears. So there's a 'familiarity breeding contempt' almost sort of issue and yet the Naval officers of whoever was at the Ahwahnee when the Navy had this facility, they weren't there that long, but they obviously were quick to realize, "This isn't helping."

JoW: They were there for several years, though. It wasn't just a quickie thing. The Navy was in the Park...

TM: But you'd think that the sailors would come in and they'd be there for a month or two and then they would move on.

JoW: That's true, I guess. We don't know that for sure.

JW: We don't have that much knowledge about the actual workings of that whole thing. We were told by people who had lived through some of this, apparently they had set up cots in the lobby of the Ahwahnee Hotel.

TM: That could be depressing.

JoW: That beautiful lobby.

TM: It's interesting because some people at the South Rim of Grand Canyon, they look into, as you mentioned, the hole in the ground and they sort of shield their eyes from this because they just don't want to look at it.

JoW: I'm not quite that bad.

TM: No. What I've learned from some of the interviews is that people just don't want to deal with that.

JW: I can see that, although I never reached that point. To me, one of the really neat parts about Grand Canyon and living there is that when a storm pops up we're there to enjoy it. I think I've mentioned earlier, that one of things I did sometime up there...I'd get in my car early in the morning in the summertime so it was light—it would be early—and it would be comfortably warm, not too cold. I'd just drive down, park in the circle in front of the El Tovar no-parking zone. Nobody was there. I was there by myself. I would just get out of my car and walk over to the wall and sit there and enjoy the view.

JoW: Probably had a cup of coffee with him.

JW: I would have a cup of coffee with me.

JoW: Or go in the hotel and get one.

JW: It was still free.

JoW: You could do that in the mezzanine. They'd have coffee at the mezzanine.

JW: You're supposed to be staying there. Not a lot of people are aware of that. It was a good way to start the day and I never reached a point where I avoided it because it made me feel down or depressed or dissatisfied.

JoW: To take back what I said about Grand Canyon, there were special moments there, too, I remember. You could be there when it snowed and you could see the snow outlining a lot of the crevices and the cliffs or the benches and all the other stuff. Or when there was a cloud layer down in there, which you don't get to see that often as a tourist, you've got to be there at the right time. Or when there was a lightning storm, we would get our to-go coffee cups, fill it with red wine and we'd go and sit just where you start going down towards Cameron and there's those pull-outs where you can see into the Canyon. We'd park there and drink our wine and watch the lightning light up the Canyon and all. There's that, you know. I enjoyed walking through the woods to the store, the marketplace. I found my way. It took a while because there's no point of reference. When you're in a mountainous territory or whatever, you know which way you're going. I finally got to identify the power lines through the woods and I'd know where I was then on my way to the store.

TM: That's interesting because Hazel and I would do the same thing. We had a place where we could take a picnic basket—the wine and the cheese and crackers--and watch the sun go down and maybe we could hear people off in the distance, but we'd find a little place.

JoW: That's one thing you learn about national parks, you get off the beaten path and you really can...

TM: We never grew tired of that. It wasn't like it sounds like it was in the Valley for you where there was no place you would go with the picnic basket to watch the waterfall or watch the El Capitan.

JoW: Let me see. We didn't do picnics because of the bugs, the mosquitos. When there would be a storm passing over and there was lightning, we'd get in our Volkswagen bus with the top that opened...it was a camper. We'd load the kids up in there and we'd go out onto the road next to the Ahwahnee meadow where everything is sort of open and we could see the lightning hitting around on the cliffs above. Of course, whenever he had time enough off we would get in the car and go into the high country where it was open. You had vistas and it was open and it was renewing to the psyche. Of course we'd take backpacks in the high country. Day-to-day there weren't a lot of places to go there. The kids would go down to the river and play in the Merced River with their friends and all that. That was never my thing. I don't remember doing stuff down in the Valley like that. Like you say, picnicking. We'd get our stuff together and we'd go up and picnic. We'd go to Lake Tenaya or to one of the lakes before you get there or something like that.

TM: So 20 years Yosemite, it's time to go.

JoW: Yes. That's where we're at. He finally sold his concession and then we made the decision that we would go ahead and go to Grand Canyon. Did you cover that our last daughter, our last child was a senior in high school. We had to run that one by her. "We have this opportunity to move away from Yosemite and go to Grand Canyon and if you don't want to go, we won't do it." She said, "No. I'm ready too."

TM: How did that work for her at Grand Canyon? Did she do okay there?

JoW: Oh man! She was valedictorian. She had come from Mariposa High School where she was sort of in the middle of the road, I guess, there. It doesn't say much for Grand Canyon, I guess, that she came with her smarts, shall we say, from California and she ended up excelling. She also made some really good friends. The students in her class, before she even started, knew that we had come to town, that there was this senior in high school girl. Mercy Aiken, Bruce Aiken's oldest child, she came with Troy. His father was the principal at the school. They came and knocked on our door and we were just barely moved in. This was in May when we had moved to Grand Canyon. They said, "We hear that you have a daughter. We were wondering if she wanted to go somewhere with us." Amazing.

JW: I tell people they knocked on the door and said, "Can Wendy come out and play?"

JoW: It was almost like that and they're 17 years old. In Yosemite she had some friends, but they were the type of friends that liked to bully. And she was the third man always. She got picked on because Wendy is a nice girl. She really is a sensitive nice lady. Even now.

JW: It was a transforming experience for her. She was going to school. She was born there in Yosemite so that meant that she started kindergarten, went to the eighth grade, then on to high school. They didn't have high school in Yosemite so from 9 through 12 they had to bus ride for an hour.

JoW: It seems like we talked about that.

JW: For whatever reason she was easy to victimize. She was susceptible to stuff, being teased and that sort of thing. Coming here it was like opening a whole new world for her. The Aiken kids, there were three of them that she ultimately hung out with and they did things together.

JoW: Mercy also had her friends, but there were all inclusive.

JW: It wasn't like there were these cliques and she was going to be accepted in one clique, but treated badly by the other clique. It was a small enough school that you couldn't get by with that, I guess. She had a good year at school. She was valedictorian.

TM: That must've been very helpful for you guys as parents I would assume. In a new location to see her thrive that way.

JoW: Yeah. It validated the decision we'd made, that all three of us had made. Of course all of our other children were either married or off to college. We only had one in college, probably Robbie, at that time. What I mean is that he was like our fourth child. So it wasn't like we were leaving the rest of the family. They pretty much had their own families going or their own lives going pretty much.

TM: So that worked well.

JoW: Yeah.

TM: Maybe this is a good place to break because it's right at the transition now. We'll pick up with a month at Grand Canyon in 1987, that first month there. Then a decision is made to move and then kind of what happened from there? How did you drag Becker along? Or did he drag you along?

JW: He was here before we were.

JoW: No, he wasn't.

JW: He wasn't? Oh sorry.

JoW: I don't think so. No.

JW: You're right.

JoW: Because we had to negotiate a trailer for him, a double wide.

TM: Then we'll talk about housing and then one of the things I'd like to ask you about...I never did...one day at work you called everybody together and told us that there was someone somewhere in maintenance, I think, that might come or they'd be some sort of mass shooting event. You were concerned that this person might become armed and dangerous and you wanted everybody to know about it. Then we all went back to work and I was like, "Does that happen a lot around here?"

JW: That would've been kind of a surprise, wouldn't it?

TM: What were some of the interesting things that happened?

JoW: That would be interesting for me to hear too.

TM: You remember that. You might not. The more interesting—enjoyable and not so enjoyable—types of health care that you had to provide at this new clinic versus the Yosemite clinic. These are sort of the things I've been thinking about.

JoW: And your challenges with the pharmacy. I mean a real pharmacy.

JW: A real pharmacist.

JoW: A real pharmacist, yeah. None of this here drug room stuff.

TM: So those are some of the things I'm pondering about for the next session.

JoW: And he had a real physical therapy department, too, here. Whereas at Yosemite it was just Lois, it seems like.

JW: She was not really a bona fide physical therapist. She was a glorified massage therapist who had some valuable contributions to make, but nothing like having a really formally trained, experienced, skilled person with a broad view. Not just all I've got is my hands and my thumbs to massage, as good as that is.

JoW: And a little heat. I remember Lois saying "heat".

TM: So this concludes Part V. Today is November 12, 2016. This is Part V interview with Jim and Jodi Wurgler as part of the Grand Canyon Historical Society Oral History Program. Thank you so very much again.