

Transcription: Grand Canyon Historical Society
Interviewee: Jim Wurgler (JW) and Jodi Wurgler (JoW)
Interviewer: Tom Martin (TM)
Subject: Grand Canyon Clinic
Date of Interview: 01/12/2017
Method of Interview: In person at Wurgler's house in Williams, AZ
Transcriber: Steven Caristo
Date of Transcription: 02/13/2017
Transcription Reviewers: Sue Priest, Tom martin
Keys: Grand Canyon Clinic, Chris Becker, Nancy Mecham, Roger Billica, Robert Schneider, Tom Myers, Cindy Christman, Don Dent

TM: Today is the 12th of January, 2017. We're at the home of Jim and Jodi Wurgler. This is Part VII of an oral interview of the Grand Canyon Historical Society Oral History Program. My name is Tom Martin. I'm at the table here with Jim and Jodi. Jim, the last interview we were talking about some of the operations of the Grand Canyon Clinic. I wondered if you could cover some of the types of medicine that you saw at the Grand Canyon as it would have compared to Yosemite.

JW: Okay. I have to kind of gather my thoughts a little bit since it's been a while since we talked. My recollection is that we had pretty much just gotten to Grand Canyon and were getting things...doing the things that had been doing, but adding to it in many regards. The nurse who had been here for many years was Lucy Egan. She was just highly regarded in the community—in the medical community as well as the Grand Canyon community—as being kind of the glue that had held the Clinic together for years and years. I would have to agree that she was a critical part of making it work. She always seemed to be around at the right time. When we asked her to do something she would jump to it and figure out a way to make it happen.

So, then of course, we've already mentioned the role that Chris Becker played. I believe we've covered that pretty well. One of the reasons that he left Yosemite and came to Grand Canyon was because first, he basically grew up in Nevada so he was sort of a "desert rat"—self-described. He was looking for a different...a change of scenery. He came to, as I mentioned before, came to Yosemite in 1978. He came over here just before I did in '89. He came to work both in the lab and x-ray because he had those skills and certifications.

Then we had the regular full-time lab and x-ray person who was Robert Schneider. He had been here for a number of years and he stayed for several years after we left Grand Canyon. One of the reasons this really has some significance is that the ability to perform lab chemistries in a rural environment... At the time, it required a major piece of machinery that did a lot of these things automatically but cost tens of thousands, if not hundreds of thousands, of dollars new. And, of course, that kind of stuff shows up frequently on the used equipment market and particularly since our parent corporation was Samaritan Health System which is now Banner Health. So we had access to one of these machines that would do 12 or 15 or 20 chemistries with one run. You know, draw blood, put it in the right slots and when it's done you've got anywhere from 10 to 20 answers. In the world of medicine in general, if you're not just completely flying by the seat of your pants, you need to have some numbers that you could count on to give you some notion of what you need to do to treat a person's particular illness.

This leads me to a totally different aspect of practicing medicine at Grand Canyon compared to Yosemite. Which is that...we've talked about this before...because Yosemite is very highly developed in

terms of people participating in all kinds of physical activities: climbing rocks and climbing mountains and skiing and rafting and particularly hiking. They had what are called the High Sierra Camps in Yosemite where people...all they'd have to do is carry a day pack and be able to hike in the neighborhood of seven or eight miles a day to get from one camp to the next where there would be a meal prepared by a staff and a person can sleep on cots with a mattress and blankets. It was a substantial step up from just putting everything on your back and trotting through the wilderness. If a person could afford it or had friends in high places, this was the way to go. I got to go on some of those and that's a big part of my memories from Yosemite of the good times.

Anyway, in Grand Canyon everything is upside down. In Yosemite you start at 4,000 feet and then you climb up to 10,000 feet and then back down again. It's basically hard going up and it's easier coming down. In Grand Canyon the mountain is pretty much upside down. This is how rangers and others tend to think of it. Because you start at South Rim which is right at 7,000 feet if I remember correctly. Because Williams is 6,700 and we are virtually the same elevation that the South Rim is. Then the North Rim is another 1,000 feet higher than that. But to get anywhere in Grand Canyon, basically you go down first. In shoulder seasons, you may start in ice and snow at the South Rim. You may then get down to the bottom of the Canyon which is a full mile in elevation difference—5,000 feet. Then in the summertime...then you have to climb out. Then you have to walk out carrying whatever it is that you carried down in there with you. So it makes people behave differently in terms of how they pack, how they plan their hiking trips, how they look at their physical preparation to be able to climb out. This is particularly important in the summertime, then, because the temperatures at the bottom of the Canyon at Phantom Ranch were routinely within a degree or two of what the temperatures are in Phoenix on a hot summer day. So as anybody who has lived in Arizona and done outdoors kinds of things and follows the weather in Arizona... Phoenix routinely, they'll have a whole month where the temperature every day is over 100. The temperature will be 110 or over for at least ten days in a row. And it just keeps getting worse at time goes by.

But this then generated a little bit of things that we've talked about—how to anticipate what kind of medical problems were going to be encountered and how they were going to be dealt with. In the early 90s the helicopters were available. There was a ship that was basically leased—a ship that was available to Park Service and rangers. Part of the problem was just finding a place where a helicopter can land or getting a person to those points. The Park Service had rangers posted at Indian Gardens, which is roughly halfway between here and the river if I remember correctly. But the kind of areas where people would have difficulty is... Initially, when I first got here, the bugaboo for people hiking into the Canyon would be dehydration. Very early in the years that we were engaged with the Park Service, not only at Yosemite but also here, in the whole issue of training and certifying rangers to be able to provide healthcare in the field and be in compliance with the certifying agencies such as the state health boards and that sort of thing, all these regulatory minutiae meant that there was just a lot of negotiating. Not really so much on my part as it would be on the part of the EMS coordinator for the Park Service. They had their own organization park-wide—Park Service-wide, not just Grand Canyon-wide. There was always this ongoing discovery—learning about people and what kind of problems they would have in the Tetons, Yellowstone and the east coast Parks, Smoky Mountains, et cetera, on and on.

Our particular problem at Grand Canyon was relatively unique because people wouldn't really get into trouble until they started coming out. They would hike into the canyon. They would start in the morning. Weather wasn't too bad, wasn't too hot. By the time they got down to the river, if they hadn't been replacing the fluids that they lost through sweating and evaporation, they then would turn around and start coming back up the trail. Somewhere after hiking maybe an hour or two uphill, people would start

getting nauseated. They would start demonstrating the symptoms of heat illness. Eventually, if that wasn't attended to in a timely way it would eventually lead potentially to heat stroke which is... Of the three heat disorders, the heat stroke is the one that really needs to be treated as a bona fide emergency because people die of it.

There was a ranger on the force when we first got here by the name of Nancy Mecham and she was an RN. She had particular interest in doing research and learning.

TM: I'm just going to jump in for a second...that's M-e-c-h-a-m. Nancy Mecham?

JW: Alright. Just so we know. I think it is because I always get confused about that. Is it the usual "Meachem"? But I think you're right, it is M-E. We can Google that.

Anyway, she would be posted, for like a week at a time, maybe more, down at Indian Gardens. The folks who were the ranger force down there, they'd be up at three and four o'clock in the morning to start their...what do you call it? They would just get out on the trail to see who was in trouble. At that time, this seems so impossible to talk about now, the cellphones that were really truly portable... I was just reading yesterday, the smartphone was introduced to the world ten years ago. Did you know that? The smartphone was introduced to the world ten years ago.

TM: In 2007.

JW: In 2007. So here we are talking about the 1990s. So primitive! Big boxes and the amount of battery capacity was based on how long a person could hold a one to two pound object to their ear and not have to stop and sort of recharge because they were so heavy. You did not hike with them. People did not hike with cellphones, really, in those days. Plus, once the rangers found somebody who was medically incapacitated for whatever it looked like, it was a guessing game as to whether or not they were dehydrated or overhydrated. That wasn't even really appreciated at that time. The whole issue of fluid management was a big deal for athletes, the colleges and universities and high schools in the South. There was a fairly high mortality rate back in the 70s, 80s, 90s of high school kids who... Conventional wisdom at that time, for coaches who coached that age group, was that you developed your toughness by not taking fluids—by not drinking water. It was a test of your resolve and whether or not you were tough enough to be in this football game, on this team. Was that you, like I say, would not...

The Army knew better than this for decades because the Army people would be issued salt tablets. So along with their canteen of water they had salt tablets. The issue of whether or not a soldier under a commanding officer of some kind—next level up, Sergeant, Lieutenant, Captain, whatever—if a soldier, I was told this over the years and I was once a soldier myself, if a soldier was rendered incapacitated—could not serve his duties as a "fighting man"—as a result of either sunburn or of a water/salt related incapacity, the higher level person was the one who might get court-martialed because he was not taking proper care of his men. If a Private recruit stripped down to his shorts and decided to get a lot of sun—get the old sun bath business going and all the rest of it—if he got so badly burned that he couldn't function and perform his duties, that was considered to be a lapse in the leadership of the next higher person and it would wind up as high as the Company Commander. Like I say, the Army probably had a reasonable handle on this, but the sophistication that they had was: you drink lots of water and you eat lots of salt. That sufficed pretty much for the time. Partly because of the deficiency and the ability to actually study what's going on. When you have a company of recruits who are 18 years old and one or

two or three of them collapse on a 20 mile hike, what caused them to collapse? Well, you don't have your \$200,000 chemistry machine at your side to draw blood and all the rest of it.

During our time at Grand Canyon—and not because of anything we did—the sophistication of, the ability to miniaturize, the capability of all kinds of stuff...

This is going to be a sidebar. You can do with this what you want to. I was watching TV last week and they were talking about the Affordable Care and the whole issue of... They were particularly talking about whether or not NASA was going to try and send a person to Mars. What's our friend, the guy with the mustache, the astrophysicist?

JoW: Neil DeGrasse Tyson.

JW: Neil DeGrasse Tyson. He's the head of the Hayden Planetarium in New York and has really popularized a lot of the star-gazing kind of stuff. He made the following point: if you walk into a hospital intensive care unit...probably a little bit exaggerated, but not much...you walk into a facility where there are people hooked up to machines and there's all kinds of stuff going on. Anything that has an *on/off* switch on it, you've got to turn it on, you've got to turn it off. Any device that has to have a switch on it to work was developed during the time of NASA's sending men to the moon. They were developed by physicists who had no interest in medicine. I thought that was so cool. That just sort of...I just love hearing that kind of stuff.

I'll do another sidebar here. Just after we got here, I was invited to go to Houston as a member of a group of doctors and other people who were engaged...who were NASA. It was an invitation to come be a consultant for NASA. The reason that I got into that was because the guy who preceded me at Grand Canyon was Bill...

TM: Billica. Roger Billica.

JW: Roger Billica. And of course, Roger was aware of the fact that there was this ongoing work on trying to figure out how to take care of people in the field. This whole business of wilderness medicine was just starting to get really going and that they had established a curriculum for wilderness medicine. Roger, of course, knew what his own experiences were and he knew that I had come from Yosemite with 20 years of experience there. So he was kind enough to invite me to come down and serve as a "consultant". One of the ways that NASA was working to try and figure out how do you take care of a person in a spaceship 250,000 miles from Earth where there's only like two other people. How do you figure out have they gone into some kind of diabetic crisis, have they developed some acute illness? You know, what is it?

The Kodak Company was one of the leaders in trying to develop systems that would use a dry process, rather than a bunch of chemicals that you pour into test tubes and stuff. It was based on, I believe, the Ektachrome capacity. Somebody who's going to check this years from now, they'll have to look it up and see what the deal is. But, Robert Schneider, the lab tech, he had looked at whether or not the ability of these dry process chemistries was because technically speaking it would be cheaper and you don't have to store stuff in refrigerated areas, you know? Dry process by definition would be something that was light—lightweight. Every ounce that you took to outer space requires x number of gallons of fuel to do it. So they are very, very cautious about all this. This was during the Apollo time when they had these monster big rockets to fire off into space. The people at NASA had really gotten into the notion that the Ektachrome dry process was going to be their *go to*. That was going to be their *go to* system of how to establish the ability for people in space with a minimum of training to be able to do chemistries and help

them. Then they would talk by radio to Houston/central, whatever. Well, Robert convinced me that this was not a very accurate system. That you could not really count on the results to be accurate enough. I'm a true believer and I've preached this my entire medical career: No number is not as bad as a bad number. Or turn it around. A bad number is worse than no number. Because you've still got your eyes and your ears and your nose and your hands and so forth. But once you plug blood or anything else into a machine, it's kind of like what we have with computers these days. If the computer says that something is...people will believe the computers instead of their lying eyes. What are you going to believe? The computer or your lying eyes? I brought this up and it threw the people at NASA into a tailspin.

TM: Okay, so there was a dry chemical analysis of blood and there was a more wet chemically-oriented analysis of blood and what you had found was that the dry analysis results weren't as good as the wet analysis. Is that right if I understand this as a non-medical technical...?

JW: Yeah. That's basically it, yeah.

TM: Alright. Thank you.

JW: So, like I say, they had all their eggs in this one basket as to how they were going to provide a lightweight, accurate system to be able to... This whole notion of trying to have a relatively untrained human being on a team of maybe three people in a capsule or space station. Because this was when they were just really... I was a consultant, basically, as part of the development of the space station. Once again, they were having to look at all these different systems: how you do this, do that, space suits, you know, on and on. They had put all their eggs into the Kodak basket for being able to have a system. Trying to teach a totally untrained layperson—not a medical person—how do you put in a central line? Well you know, astronauts are really sharp people, but there's a limit. So who's going to watch the line? So they teach them to put a line in maybe through the infra...whatever it is up here? Whatever this bone is?

TM: Clavicle.

JW: The clavicle. Infraclavicle. There's a big blood vessel in there right into the jugular. So fine, you get the tube in there, hook it up to your machine and then what? In an ICU you've got 24 hour nursing staff. They're the ones who are taking care of all these people once the folks have come in and put in the tubes here and there and all the rest of it.

The submarine service, as a matter of fact, are the people who have this figured out. Because they would come up with a number... So you had a medical emergency in space, how long would it take to rig up an ambulance system on a rocket? Even if you were prepared to do it. They talked about "When we develop the space station, we'll include an escape module." Okay, yeah, right, but you've got to get it up there in the first place. But they're prepared to go through those things. The people who were down in a submarine under the kind of pressures that they have down there, they are stuck. They cannot leave down there. It takes two weeks to get the pressure down to the point where they can bring a person... Because, you know, in the submarine service they have capsules on the ocean floor that once they get the waternauts/the aquanauts...get their physiology to the point where they can actually just swim in and out of these capsules to a certain depth. I mean, we're not talking about the...

TM: The Mariana Trench.

JW: Yeah, right, right. But when they've got people working... If you try and put the equivalent of a space station into a certain depth of water, they can't get to the surface any sooner than you can get from space to the surface. The submarine forces/the Navy people had put together this system where they had virtually everything on what amounted to disks that could be played. Not really on a phonograph but the equivalent of a digital disk. That was same size, like a 12" digital disk, that the person who was the designated corpsman... They don't send doctors down on these things, but the aquanauts or it would be the designated guy who's in charge of the health care, would be able to deal with the emergency that they were presented with and they had pretty well covered the waterfront. Someplace in NASA there's even a quote from me on one of the things when we gave our presentation saying, "Well, if you really want to know how to deal with the situation in space, talk to the submarine service. Talk to the Navy." Thrilled the Navy guy. He was just beside himself. Giving him the props.

So that was a digression that I did not intend to get into.

TM: No, this is very good because there was a question I had. You started off this history today, we were talking about blood chemistry and the machine to do that at the South Rim. When you showed up, was Robert there? Or had he not come in yet? That machine when I showed up in the mid-90s, it was a machine bigger than this dining table. It was a big machine and every day he would have to run through a series of tests—just test the numbers and make sure it was calibrated. That probably quarter of a million dollar machine, I'm assuming, when did it show up? Was it there when you showed up?

JW: Within a year or two of us getting there. So, we had pretty good capability. Once we got the body of the person who was sick into the Clinic, we had pretty good capability of doing the kind of stuff that would be done in a hospital with full lab capacity but focused on the kind of things that we needed to know. None of the esoteric stuff like, what's your testosterone level and what's your...any kind of hormone levels. Any of that kind of that stuff. These is strictly the chemicals that are in the human body that are essential for life: water, sodium, chloride, phosphates, a variety of other things. Those were the kind of things that would get really out of balance if a person was, first off, not drinking enough fluid or drinking too much fluid. So every day we used to have these discussions about what's the best chemical replacement for a hiker, just in general. Because the rangers were talking about this. People would ask, "What should I take?" Well, Gatorade was at the top of the list. Gatorade was the first of the replacement fluids that you could take orally and not through an IV. This was developed in Florida at whatever the people...who are the Gators in Florida? University of Florida? You're young and keep track of this stuff. Whoever it was. It was the people there who got the credit for developing the fluid and also then got the rewards because then they patented it. But as you well know, you're a hiker, aren't you?

TM: Yeah.

JW: Ok. Even then, even in 1990 there were these competing companies putting together replacement fluid substances and particularly in powder form. The really big breakthrough was having a powder form.

You go to foreign countries where they have cholera. Deaths from cholera are caused by loss of fluid and electrolytes from constant unremitting diarrhea, mostly. So UNICEF or the UN segment that does health care came up and you can Google this, you can say, "What is the formula for fluid replacement?" It's the sort of stuff that every country has in relative abundance. All they've got to do is know how much sodium bicarbonate and how much salt to put into a given amount of water and that is a life-saving substance. Crazy stuff.

So anyway, the people in the United States who were in essence copying Gatorade but coming up with their own formula...well is it better to use dextrose or sucrose? These arguments would occupy people around a campfire all evening. The fact is that there were several that were probably of equal capability. Some of them tasted better than others. But anyway, this became then as...particularly Nancy was down there at Indian Springs, seeing a lot of people with heat and fluid problems. So she would take notes and put together the information that she had.

So initially, as you've already kind of pointed out in our conversation, the answer to getting rehydrated was to drink fluids. So we would have people then go overboard. They would take gallons of water, literally. They would haul gallons of water so that they would drink half a pint every fifteen minutes or ten or five—whatever goal they set for themselves. By the time they got down to the bottom...and they would tend to get bloated. The people who were hyponatremic—fluid would leave the blood vessels and go into the third space. I've forgotten all of that stuff—the fact is that they would be in trouble and it would also wind up causing brain swelling. The people who were drinking too much fluids, they were getting into kidney troubles. They were having seizures on the trail. A neurological deficit would develop on the trail. So what did a ranger do who was carrying in his pack: Band-Aids and Ace wraps, maybe a blow-up kind of a splint possibly. They did not have the information or the ability to do anything more than package them up and get them out of there as quickly as possible. Basically get them to the Clinic, unless they were actually at death's door in which case they would fly them on down to Flagstaff. But for the most part, they brought them to the Clinic. So we were seeing, almost every day, multiple people with some form of a heat and fluid disorder. We had the machine that we were able to say, "Oh okay, this person needs sodium or this person needs water." Where it finally reached... To the best of my knowledge, they're even more sophisticated about it now than when I left there in '99. My understanding is the rangers now carry in their backpack a small device, somewhat bigger than a smartphone, substantially bigger unless they've miniaturized it further. But they can do a finger stick and get, within a couple of minutes of time, the answer to what's going on with their electrolytes. They also then, of course, as part of that whole picture we received training. The other thing they would carry in their backpack is fluids—IV fluids. They could start an IV and they could start actually the process of replacing whatever needed to be replaced or limiting whatever needed to be limited even before they packaged them up and got them into the helicopter. That occupied a substantial part of my interest for the ten years that we were there. Just sorting through. I mean, you talk about it and in 15 minutes you give the story of ten years' worth or 20 of people working on it.

The other thing, of course, that we... I don't think I've really gotten into the business with Tom Myers who came up. We have talked about him coming and agreeing to come to work with me for a period of time just to see how things...you know, whether or not we were compatible and if this was really what he wanted to do. Both things were...you know, we were compatible and it *was* what he wanted to do. The one thing that he was not able to do... As you well know, Tom Myers is first off, he's a historian and he's also a card-carrying *Grandcanyonophile* of the worst sort. With our schedule, when there was just two of us on staff year-round and we were still basically providing 24 hour care, it meant that we would be on for 36 hours and then off for 12. Thirty-six and twelve. Thirty-six and twelve. We didn't do a lot of shifting around. We would also sometimes hire a guy/people, particularly ER/emergency room types who will come and work sometimes for a week and give us opportunity to take some time off. But Tom never got enough time to really do what he wanted to in the Canyon. He wanted to walk from one end of the Canyon to the other. I think he still does this on New Year's. I believe they still hike to Phantom Ranch.

TM: He just did.

JW: Just did. And took the family?

TM: Oh yeah.

JW: Oh yeah. I so admire the fact that they do that and it's a really important part of his life. He could see the handwriting on the wall. If he stayed in Grand Canyon he was going to lose his capacity to be able to do some of the hard-core, hard work of hiking and climbing and all the rest of it. Not be able to do some of the things he wanted to.

To shorten the story here, the years that I had been the person in charge of the facility at both Yosemite and at Grand Canyon, colleagues that I would run into or people...we would get the word out. We used to advertise. In the medical journals, there used to be a section in the back of the journal that listed "doctor wanted" "physician wanted apply to..." whatever. Whenever we really were looking for somebody and hadn't been able to tap in to any of our network, then occasionally we would do that. But then we'd also go to meetings, go to seminars and things which mostly people do online now. It used to be that every medical organization worth its title would put on a post-graduate course of some kind. Family practice was the same thing. I think they did a week. Of course, it would be in Phoenix or Tucson and it would be someplace that had a golf course and someplace that had really nice accommodations, etc. So everybody benefitted to a certain degree. We would have docs come down here from New Hampshire and Maine and Minnesota.

TM: This would be in the winter when the weather was nice?

JW: In the middle of winter. They just loved it—the ability to come down and go swimming and play golf, etc. Plus, the organization put on a pretty good session, training.

TM: Continuing education?

JW: Continuing education. Exactly. Thank you. But these days I don't know where all that stands now.

TM: It's still going on, I believe. You can do it online, but that one-on-one collegiality is still important as well.

JW: Everybody would talk to each other. "Oh, where are you from?" "Grand Canyon." So that would launch a conversation, you know. With Yosemite it was the same thing. Only more so because California's got 30 million people in it and the doctors to go with them. So any organizational thing that I would go to, there was this immediate recognition. They may never have heard of Jim Wurgler, but by God they sure had heard of Yosemite. So it was always a conversation starter and to a certain degree the same thing here. People would ask, "Jeez, how do you get a job there?" I can't tell you the number of people who expressed an interest, you know, superficially. But as soon as they understood/really had a grasp of the rural environment, the...

TM: Wait a minute! You mean I'm going to work 365/12?

JW: Yeah. So we did not have people clamoring to join the forces at either place. We would be always kind of on the lookout. So when Tom approached me in approximately '98, '99...whatever it was...and told me that Becky had decided that they were going to move to Flagstaff, I just did not have the whatever it took—the enthusiasm, the willingness—to put out the kind of effort to search for another person because not everybody worked out. Not all the people that I hired, for a variety of reasons over

the years, were the kind of people who decided they *did* want to, as a matter of fact, spend the rest...a big part of their life...

Williams, I may have expressed this before. The Grand Canyon Clinic was a clinic that was operated—not truly owned by because the Park Service owned it, the building and all the rest of it—most of the furniture and equipment and just the expense of operating, paying the help and all the rest of it, that was Samaritan and then Banner Health. Williams also was under the umbrella of Samaritan. Tom and I both had been down here on a number of occasions. They needed somebody to cover a weekend or holiday. I think my first Christmas that we were in Grand Canyon, I spent here in Williams because the docs who lived in Williams, they wanted to be gone or with their families of whatever. So I helped them out. Anyway the point is, they were always looking for a doc, also. They had the same problems. So Tom and I approached the Clinic manager, who'd been the Clinic manager for a number of years and was kind of like Lucy in that she was the glue that held this facility, Cindy Christman, and asked her if Tom and I could share a position. We decided, okay well, we'll have Tom work a month and then have me work a month. That actually worked well with the exception...the problem is that I was always behind in my paperwork. I don't care where I was—Yosemite, my residency, Grand Canyon. Stacks of charts on the desk. I would put it off and put it off and then I'd come in and try and clean it all up. And then I'd make phone calls. And then the phone calls would initiate the process of 'Well I need to call this person down in Phoenix about that and I need to...' So it just never really...I could never just say, "Okay, this is my month off and I can go and do anything I want to with it." Now Michael Collier made it work for him, big time, because he was such a focused guy and would plan his life. He knew when he was going to go to Alaska and fly around and take pictures. He would feed it into what his work schedule was because he was allowed pretty much to do the same thing: to work a period of time and be off a period of time. But when...that's kind of what finally really...okay, I'll be even more specific and it's all her fault because I had...what's the word when you're hesitant?

TM: Reluctant?

JW: Not just reluctant, but not able to make up my mind. Not able to commit to say, "Okay fine, I am no longer responsible for all these people living here at Grand Canyon. They depend on me as their doctor to be available to do this and do that and all the rest of it." One day she says to me, "What are all these people going to do when they carry you out of here in a pine box?"

JoW: They'll find someone else to take care of them.

JW: That was kind of like the Zen moment when I said, "Yeah. You know? They will have to figure out something else. I can't be that kind of a support system as a physician for the rest of my life or for the rest of their life." That's when Tom and I got serious about the job down here at Williams. We moved down here and rented a house over on Sherman.

JoW: January of 1999 that we moved in.

JW: Down here, even then, the Clinic was not really open 24 hours a day. It was...had the facility...I don't know, ten o'clock at night or something like that. I've forgotten the details.

JoW: As I remember, the doors closed at eight o'clock

JW: Yeah it was.

JoW: And then they had an emergency phone or something. Remember?

JW: Not there at the Clinic, I don't think.

JoW: Well whatever. Okay.

TM: We had that at Grand Canyon. That would go to dispatch and dispatch would send over...

JW: Of course we didn't have that arrangement down here. The thing that really sticks in my mind, and I have may have mentioned this before, too, when we moved down here it was the first time since I had been a sophomore in medical school, which would have been 1956-7, that I had not slept with a phone next to the bed. I even had one in Vietnam. I don't think it worked half the time but there was a phone there that they could call me up. I've got that story straight, don't I?

JoW: Yeah. I used to say, I didn't include your college or medical school years, whatever, but I would say that this is the first time in 40 years that the phone is across the room. It's on a table across the room.

TM: Let's kind of open it up a little bit because I do remember something that Dr. Myers had said. That the locals at Grand Canyon started using the after-hours emergency services because they knew there was a doctor, a nurse and a lab tech—somebody to push the x-ray. They knew that was there in the middle of the night. They also knew that if they made an appointment during the day, not only would they have to wait, but they would lose work hours at work. So they could show up at three or four in the morning, pick up the emergency phone, that would dispatch off to Park Service Dispatch who would call the nurse. The nurse would come over and say, "Well I have a problem, so and so." The nurse would go, "Oh, I better call the doctor." You'd come in. "You need an x-ray." So it was a way that some of the locals used as a way to immediately get in the backdoor and get in to see a doctor. Now, this is what I have heard as a rumor.

JW: You know that never... If that was happening, I think mostly it happened after we left. But I can see the potential for it happening. If it was happening, I was largely oblivious to it. My take on it is that if a person came in after hours, we would tend to go ahead and be fairly flexible if it was early evening or at a reasonable time because we really didn't get called much after midnight. If we got called after midnight it was always trouble. It was going to be drugs and/or alcohol involved, usually, or trauma of some kind or somebody with a behavioral health problem. Although they tended to hit the door a little before midnight, but it always took at least two hours to resolve it—to get them on the road down to Flagstaff. All the logistics of making arrangements to get them down. The business of people coming in at three o'clock or whatever... See the thing is, we had a really stable staff. By that I mean...these are people who were...the staff were members of the community. The people who were on the staff were recognized people in the community and the community basically didn't get by with mistreating them. First off, they knew if they showed up at the door and particularly with a story that didn't really add up to being that much of an emergency, they got sent home. But with the things now...with North Country, their staffs don't have that kind of engagement, I think, in the community to a large degree. Since Tom has continued to be there... Now this is before they went into the deal... They now close the doors at eight o'clock and there's nobody available. Right? If somebody calls, it goes to dispatch, the rangers answer the call and the ambulance service just hauls them into Flagstaff at great expense, I might add. Anyway, Tom now has a much more current view of how things are working. I don't know if that responded to your question about that.

TM: Yeah. Yeah. No, it was just...that was something that I had heard. Sort of thinking about the straws that were too many for the camel, if you will. That eventually had you guys go, "You know what? Let's go to Williams. Let's just do a job share—month on, month off. We'll split one position, the two of us." Just kind of land back into more of a normal medical practice, if you will, where you're not on a two people, 24/7/365 job.

JW: Yep and you know the ability for people to get from Williams to Flagstaff is pretty reasonable, until this winter. People were accustomed, down here, to being aware that if they had a certain problem it would be really a true bona fide emergency...911 was the answer. But if it was something that somebody felt that...a laceration that needed to be sutured... And as far as I know, these days they hardly suture lacerations. They staple them, right? That's what I hear anyway. Things have just been...so many changes in the world, that now I'm behind the eight ball on those things.

TM: Things are definitely changing. I did have a question for you. I wanted to go back to the 1990s. It seemed as though there was a period...talk about hyponatremia: the ability to drink so much that your mineral content in your blood drops. And as you mentioned, you go into seizure and kidney failure. It's a fairly serious medical emergency as much as uncontrollable core temperature where you start overheating and all of the physiological things that happen when you basically cook yourself in too much heat—with heatstroke as you mentioned. It seemed as though in the early 90s there was a push that people just needed to drink more. They just weren't drinking enough. When was it that it was really implanted on your radar screen that the Park and Nancy Mecham and the Park Service needed to get a better handle on...it wasn't just drinking, but you had to drink and eat? Because the Park did then make that change to say: you know there was a time when I really want you to push water and you saw that on the wayside signs at the trailheads. You saw that change happen in those signs.

JW: Yeah and you know the really big push, from my perspective, occurred after we left in the early 2000s. They finally put all the pieces together and realized that just telling people to drink more got them into trouble. Trying to make a judgment telling them, "Well you should drink this much." It was the culmination of being able to replace and it was the salty stuff, too. Potato chips, have a bunch.

TM: As Dr. Meyer's says, "Goldfish". Those little salty crusty cookie things.

JW: Yes. They also then, I think, kind of makes... I don't know who's responsible for making this happen, it's probably typical bureaucracy. It started at the lower echelon of people on the trail—the rangers who actually were doing the search and rescue, if you will. They would then discuss it with the folks at a higher level. There would be this information going up, certain types of information going down, but it had to finally be... I expect the folks down at FMC who basically were the ones who were training the Park Medics and the EMTs and the different levels that exist in the Park, they also, I think, deserve a substantial amount of credit for being willing to go to the Park Service—talk to the folks at the Park Service—and initiate the kind of conversation that needs to go convince people that 'you guys know enough about this.' Then, also, if you say, "Look, if you can keep people able to function on the trail by changing what they eat and drink and you save one helicopter flight, it becomes an issue of what's in the financial best interests."

TM: Well that and safety as well. We sort of take it for granted that the helicopter's safe, but those people's lives are at risk in those machines as we have seen tragically in Flagstaff in years gone by. So absolutely, the ability to triage people on the ground--*fluff them up* is the Park term--to get them up the trail on their own power and get them to their car and going home is way better than anything else.

JW: Now, what do they call it?

TM: *Fluffing them up.*

JW: Fluffing.

TM: Yeah. They get down to Phantom and they realize I cannot do this, I need a helicopter. The ranger's job is to *fluff them up*. However it takes, a couple days and calm down those real wicked blisters or get their electrolytes under control, whatever it needs and get back into shape, then get them up the trail on their own power without having to jeopardize the flight personnel. Not only expense of the machine.

So rumor has it you've been on the City Council of the little town of Williams.

JW: Yes.

TM: What got you into running for that position? How did you manage that?

JW: It came sort of indirectly through the Chamber of Commerce. When we got here the person who was the CEO and President/Executive Director, whatever title they wanted for the Chamber of Commerce, was a lady by the name of Donna Cochran. We knew her because her husband was the person who was the painting contractor for a house that we built in Mariposa. So Jodi and Dan Cochran...he was really good to work with. He was as enthusiastic about identifying exactly the right color as she was. Donna is an artist painter. So we knew about her. There's a picture around here somewhere by her, isn't it?

JoW: Yes, but they're somewhere else.

JW: Doesn't matter.

JoW: They're not....well that's one there.

JW: That's one of Donna's. She had been a person who had been in the Yosemite area. She had learned...

TM: Oh that's gorgeous.

JW: She had done some of her learning how to paint with some people that we knew through Yosemite because they were engaged in...like up here, there are these civilians who do stuff. Some of the people who work in the...not the library but the place where they keep all this stuff.

TM: Archives? Museum collection?

JW: Archives. So there were a couple of artists in the Oakhurst area that she associated with. So, like I say, we had like a kind of... When we moved down here she asked me—after we'd been here for maybe a little while—if I would be willing to serve on the Board of Directors of the Chamber. Not all that many physicians, you know... First off, I was really oriented, both through Yosemite and Grand Canyon, for the importance... In order to maintain a viable, survivable organization/business, if you will, I had to pay attention to the people who were going to be my customers, my patients. We talked about that earlier in this. How the situation changed from summer to winter. 60% of locals in the winter were our

customers and in the summer it was 60% visitors. But if you ignored the locals in either one of those capacities, you could not generate enough revenue. So I was really into the tourism aspect of things. Of course, what's Williams got to offer? Tourism. So Donna asked me if I would be willing to... And we were friends, you know, and we had these connections and networking and all. So I agreed to do that. Well the next thing you know, I've become the Secretary and then the Treasurer and then the Vice-Chair and then the Chair and then the Immediate Past-Chair. So I just went through this and got to know the business people in the community and the people. Anybody who has any dealings with matters that were pertinent to the function of the community of Williams.

I guess I probably...I think it's fair to say that I'm a problem solver in terms of trying to find a way to make things work. I'm not a good paper problem solver. I'm not into that. But the fact is that I work well with people. I have mutual respect for people who have different capacities. So anyway, I went through this Chamber thing. Then one of the Council members about maybe ten years ago...that'd be about right...I retired in '05...so about '07 roughly... One of the requirements to be on the City Council is you have to be a resident within the boundaries of Williams, within the city limits. One of the members had been elected when he was in the city. Then he had decided to move out of town, outside the boundary. He was going to go ahead and just serve his term and not run again. There was kind of a bit of a rabble-rouser kind of a guy on the Council who was not... One of the reasons he got himself elected was because he felt that there were some things that needed to be corrected in terms of the functioning of the City administration, the City staff and the Council's basic philosophy of how to make a small community work. He pushed the issue, in essence forcing the other guy to resign his position on the Council. So that happened and then the Mayor, who's John Moore, I don't even know for sure, I know he was on the Council prior to running for Mayor/becoming Mayor, he and I had a conversation. What it boiled down to was, in a way, he asked me if I had the ability to change my mind. We didn't discuss change my mind in what way, just whether or not I was open to looking at alternatives. That's kind of what it boiled down to. I said, "I can do that." So he was the one who then was engaged in identifying a couple of/three people who were eligible to be appointed.

JoW: Appointed, not voted in.

JW: Appointed to the Council, not voted in.

TM: To fill an empty seat for a certain amount of time until new elections could be had.

JW: Right and that was about a year, maybe a year and a half, roughly. And of course, by then I'd been in town for enough years and I'd practiced medicine here.

TM: Ten years or so.

JW: We actually practiced medicine here exclusively only like seven years—'99 to '05. But I'd gotten to know... By being on the Chamber...

TM: But this was 2010, so you'd been in town. You'd been a known commodity for a decade.

JW: Yeah. So that I was appointed to fill out and then I decided to run for election. That would have been eight years ago because I went through one four-year term and then I decided to run for a second four-year term. Then I finally decided this year, I said, "Okay, I think I can last another four years," and ran for reelection in '16. So got reelected.

JoW: So now you've been on the Council at least ten years. So it would have been '06 or '07 when you were appointed.

JW: Yeah. That's right. It would. So anyway, that's the logic. It's been an interesting journey because I've gotten to be appointed to a variety of boards and let's see, what else? Well NARBHA of course has been...

JoW: How'd you get involved there?

JW: The people at the Guidance Center. One day over at the Clinic, the guy who was the executive director of the Guidance Center in Flagstaff asked me if I would be interested in serving on the board of the Guidance Center.

TM: So this is the Northern Arizona Behavioral Association?

JoW: Behavioral Health.

TM: Behavioral Health? Thank you.

JW: Yeah and it's focused on the population that is served by this particular... The Guidance Center and NARBHA and so forth are pretty much the Medicaid population. These are people who don't have private insurance, don't have enough money to pay for behavioral health care. The state was sued 20-plus years ago for not providing adequate behavioral healthcare. That thing was just dismissed like last year. So money has been forwarded to Arizona, shockingly, for... Its money well spent as far as I'm concerned. The other thing is that we had provided space at the Clinic at Grand Canyon for one of the providers from the Guidance Center to come to Grand Canyon and serve the population up there. Now I don't have any idea if they're... I don't think they're still doing that. I don't think they've done it that for a long time.

TM: They were when I left. Then they did telemedicine for behavioral health which was pretty neat as well. Just because it allowed that service to continue. But that was up to a couple/three years ago.

JW: So anyway, I already had established a relationship with the behavioral health environment. So when they asked me to be on the Guidance Center I said, "Sure, I can do that." As a member of the Guidance Center Board... Each board of multiple providers in the five northern Arizona counties had a person from their board assigned to serve on the board of NARBHA. It's a long story and it's not anything that is of any pertinence to anything except for the fact that that's how I got in there. I was on both boards for a period of time. I was on the Guidance Center Board and I was on the NARBHA Board. Then somebody at the state level decided that there was a conflict of interest—that I couldn't serve on both boards. So I had to make a choice. I chose to be on the NARBHA Board because I felt that I had more opportunities there to be engaged in a broader universe, if you will, geographically.

JoW: Also, didn't they need a doctor/an actual MD on that board and they hadn't have one?

JW: Not that I know of. So anyway, I decided I'll resign from the Guidance Center Board and I'll just stay with the NARBHA board and see where that goes. Well, here we are. NARBHA 1.0 doesn't even exist anymore. They joined forces with Health Choice of Arizona to create an organization/agency that provides both physical health and behavioral health and it is called Coordinated Care. Once that was put together and a bid was made to the state for the funding of this new organization, in lieu of just

NARBHA itself, like I say, it ceased to exist as NARBHA 1.0. The retained earnings that were obtained from the way the contract was written with the state and the Feds, allowed a new organization called the NARBHA Institute. I am now on that board and chairman of that board. There's only four of us on the board. I'll probably be doing that for a while. As long as I can serve on the Council, I figure I can probably still serve on the NARBHA Institute board. But either way it works. If I become physically or mentally incapacitated to the point that I can't serve on both, I won't serve on either.

TM: Right.

JW: Anything else that you can think of?

TM: No. I think we're slowly drawing to a close in what has been an incredibly wonderful seven visits here to capture an amazing journey, an amazing life. Any last reflections on looking at medicine, on looking at rural medicine, on looking at the state of the Union today and where...you know what are you hopeful for in the future?

JW: First, I want to pay my respects to North Country. What's the official title for North Country? Not Behavioral Health. It's North Country Healthcare?

TM: Is it Community Health Service, North Country Healthcare?

JW: Right. They have now 15 locations in Arizona where they are responsible for survival of a healthcare providing capacity in 15 basically rural areas in Arizona. Which to me... Just doing it for one, you know, was all I could deal with. So I know that there are...everything's not perfect. Nothing's ever perfect. The fact that they have been able to continue to find the funding and the staffing, it's got to be a struggle because it was a struggle for me just trying to keep one clinic functional and viable over a period of years. So I give them full-bore credit for being able to do that.

I don't know what the future holds for...depends... You can take a really pessimistic perspective or you can say, "Things will work out eventually." We keep coming to a crossroad of some kind. I don't know the exact numbers. Healthcare in the United States makes up 20% of the GDP. The Gross Domestic Product of trillions of dollars, 20% of it is spent in healthcare. Way more than any other industrialized country. Here we are starting a new presidency, a new administration, people vowing to get rid of the Affordable Care Act. I know that there are people with cooler heads who are engaged in trying to figure out how to prevent chaos, how to prevent disaster, how to continue to provide for the care of people who...many millions did not have access. Another thing I'm sure you probably are well aware of, huge medical bills are the number one cause of bankruptcy in this country. That still exists and it probably will for a while, but it's not nearly as bad as it was prior to the ACA.

So it's...we are...I forget...it was on TV I think. One of the talking heads talking about...or maybe it was on radio...talking about the issue of... A lot of people, including me, have asked the question: how could there be enough people in this country who would vote to elect the person that we just elected? So much baggage that he brings to the table and even to the point of it being...some of us believe possibly a fatal error of some kind. The question is... Okay he's been elected, it means there were enough people in this country who in essence ignored what the rest of us were saying. That this is an evil person who wants to do evil things. Who's likely to bring down even possibly our democracy and other things, the worst case scenario. But this same person who asked the question, says at the same time, "You also have to acknowledge that there were enough people in this country to elect Barack Obama for eight

years.” So it’s like, okay, I take great comfort in acknowledging that I’m troubled that his legacy is being so...

JoW: Destroyed?

JW: Destroyed is part of it, but disrespected. All of the ugly stuff that’s been happening in terms of race issues, gender issues, the things that always...just the survival of our democracy. It’s almost like every day as I turn on the TV and watch way too much of it, I keep having this sense of hope that there are enough people who are willing to stand up for what’s right and what I consider to be finding solutions to problems. There’s always going to be problems. You can’t just wave a magic wand and make them go away. You can’t just ignore them. There seems to be, in all the turmoil that we always seem to be going through, today we are engaged in three wars. When you look at our national debt and all this stuff that we haven’t been paying for for all these years. We like to say, “We’re not at war with anybody.” Well, not the old war, but we’ve been in Afghanistan for 16 years. We have to face up to the reality.

TM: It’s interesting and to get out of a recession—a deep depression, if you will—that we’ve been in, you know, 2000 and what was it? 2008. We had to put a lot of funding into that by simply increasing the deficit. So the stars are aligning now in some very uncomfortable ways. I was wondering the sorts of things you talk about in Council. Trying to look down the road. Trying to figure out how to run a city. How to keep the potholes patched. How to keep public safety funded: police, fire, these sorts of things.

JoW: Drill for water.

TM: Water is of course, in this community of Williams, Arizona... I believe your wells are 3,000 to 5,000 to 7,000 feet deep, some phenomenal distance.

JW: Nothing over 5.

TM: Well that’s only a mile. No biggie there.

JW: To say nothing of the cost of bringing the water up. That’s like \$10,000 a month for electricity.

TM: Heavy lift pumping.

JW: Anyway, in response to what I hear you asking, that’s *one* of the reasons... What I’m about to tell you is the major reason that I’m still on the City Council. Everybody in town knows that I’m a flaming liberal. I’m probably on the opposite side of the coin of at least 60% of the population in terms of philosophical things. Politically that is an area that simply is left at the door when I walk into City Hall. My associates—there are six of us on the Council plus the Mayor—we never are engaged in the kind of stuff that you get on big City Councils where there are always people who are pushing their agenda. Our only agenda, all seven of us, is just to figure out how to keep the lights on and how to accommodate the needs of people in providing clean water, a safe sewage system and eventually/hopefully do something about the roads. Although they’re on the bottom of the list of the stuff we spend money on right now. Like I say, it’s a pleasure and joy working with the colleagues that I have. We have different interests. The guy on my left works for the Forest Service. He’s got kids in school—one in high school. He’s devoted to looking at ways to make the system/school work and all. I’m sitting there feeling good about the fact that I can be engaged in trying to do our best to make the school, improve the school, keep the Clinic functioning, provide an environment for the business people who provide \$5 million worth of sales taxes to keep the city operating. The guy on my right is a fourth generation/third or fourth

generation Williams guy. So conservative. He's a rancher and ranchers tend to, you know, have their own philosophy. He and I are on the same page. We're not sitting there casting barbs at each other. John Moore is the Mayor. He's the best politician of the bunch. He can go down to Phoenix and talk to people and everybody knows him because he dresses in his cowboy gear and he's got this black hat that he wears. He's just recognized widely.

JoW: He's the person that's on the billboard on I-40 that says "You're Wanted in Williams." That's the Mayor.

JW: Yeah. The guy next to him is a retired...he lives across the street, Don Dent. He's a native of Williams. He and I probably are about as far apart... He does not really respect, in my judgment, the role of the retail people. It's almost like, "Awh, these are just business people." It's kind of like, "Okay, but these business people are keeping us going." The guy next to him is a conductor on the train.

JoW: The Grand Canyon Railway.

JW: Grand Canyon Railway. Right.

JoW: Well there's BNSF.

JW: It's not BNSF. *The* train.

JoW: What's interesting about Don Dent, he was an insurance agent/broker. But that's not retail, is it?

JW: I've never been able to figure out how he justifies not having the kind of enthusiasm for being able to provide a really favorable retail environment for the people who are selling. It's almost like he's a...

JoW: You know what, I think that the idea of retail means the gift shops, which has tacky-tacky schlock stuff. Not all of them.

JW: Rubber tomahawks is the classic description.

JoW: Although I've never seen a rubber tomahawk.

JW: Me either.

JoW: But they have rubberband guns. You know the wooden guns that the kids use and all. But however, I think that's his problem. He probably thinks there's too many of them.

JW: He may get fed a lot of this, I think, maybe from his wife, too. She may have some issues having to do with whether or not we have quality merchandise.

JoW: Oh no. No.

JW: You don't think so?

JoW: I don't think so. You can take that back. Strike that.

JW: Strike that. Don't record that. Anyway, who's the last one in the row?

JoW: You already did. Oh that's right, we got a new one.

JW: One of the incumbents was not reelected this year and a new person who's actually...she...

JoW: It's a woman.

JW: It's a woman. First woman that we've had on the Council all the duration that I've been there.

JoW: There was a woman before, at some time before you ever got there.

JW: She is the person who's in charge of the Civitan. Are you familiar with Civitan? Civitan is an organization that takes care of people with disabilities. All kinds of disabilities: mental, physical. They've got a camp north of town here and people come from the cities and so forth. They do a fantastic job, really good. She, Dawn, her Civitan organization has an office and a training center down there to train people how to work in retail establishments and stuff like that if they have that capability. So she's the newest member of our Council. Once again, I was on the Chamber Board of Directors with her, so I already have established a personal relationship with her. We understand each other and are pretty much on the same page. So it's one of the things that I feel a sense of 'doing good'.

JoW: Your social activism, is that it?

JW: Yes, yes. My socially active self. So anyway, that does it.

TM: That does it. Thank you so very, very much. Jodi, thank you.

JoW: You're welcome.

TM: Is there anything else you'd like to add to this that you thought...?

JoW: No. Not really. Thank you for doing this with our life story.

TM: Thank you for letting me. This has been a lot of fun. This concludes Part VII Oral History with Jim and Jodi Wurgler for the Grand Canyon Historical Society. Thank you very much.

JW: Thank you. Maybe our grandchildren will thank you. I don't think our children want to have anything to do with this. But the grandchildren and maybe the great-grandchildren.

TM: We live and hope.