A HISTORY OF HEALTH CARE IN THE GUNNISON COUNTRY

by Jan Carroll, RN, CNM, FNP

This is Jan Carroll's personal account as a nurse in Gunnison's first dedicated hospital that was not the spare rooms in the house of a local doctor. This was the modest brick building on East Denver Avenue, currently dwarfed by the two large health-care additions built behind it over the past 40 years. That comparatively small building was the entire hospital – emergency services, surgery, patient rooms and administration. When she arrived in 1966, the hospital was served by three general practice doctors (with emphasis on 'general'): Mason Light who had been there since World War II, Ron Meyer and 'Pete' Peterson, who had both come in the 1950s. Health care services we take for granted today, like regional 'Flight for Life', sophisticated testing equipment, specialized physical therapy, even ambulance service(!), did not yet exist in 'Gunnison Valley Health'. Even as late as Nurse Carroll's tenure from the mid-1960s through the mid-1980s, Gunnison Valley Health was transitioning from something closer to frontier medicine, to the modern facility we appreciate today.

My own involvement in health care in the Gunnison Country began in 1966 shortly after I moved to Gunnison with my husband and two young sons. I was recruited to work part time on the night shift, and on my very first night when I was being oriented, a patient became dramatically worse. We contacted her doctor who made arrangements for her to be flown to Denver where she would be placed on an artificial kidney in an attempt to rid her of the poisons she had self administered. I accompanied her on that trip (she never knew it and never received a bill). When I returned home the next morning, my husband, Don, asked me how my first night went. Well, as I told him, little did I know that this would be the first of many trips I would make with critically ill patients. It was our "Flight For Life" service which was quick, cheap, and without frills. Rocky Warren, a highly acclaimed pilot in Gunnison with a reputation for "down and dirty" flying altered his 4 passenger Cessna to accommodate one stretcher patient and an attendant. Quarters were cramped and one didn't really have good access to the patient's head and chest (the vital areas). An IV wouldn't drip at higher elevations (inadequate hydrostatic pressure), so it was rather a helpless feeling. Mostly you could just let the patient know they weren't alone, and you quietly prayed for a quick flight. If we returned to Gunnison at night, there were no landing lights to illuminate the runway. But not to worry. Rocky had it all figured out. He radioed a friend who would drive to the end of the runway and aim his headlights westward. Rocky then aligned the

plane with the pickup headlights (that were about as bright as candles) and the Tomichi Motel neon sign and in we'd come. On two occasions, I remember beginning to feel apprehensive. Both times the weather was worrisome with a blinding snow storm once and heavy lightning the other time. I checked Rocky's body language to see if he looked worried, and was immediately reassured to see him chomping away on his gum and humming a little tune. Not a tense muscle in his body, so who was I to worry!

One of three physicians who served the Gunnison Country at that time was Ron Meyer. Ron was born and raised in Dayton, Ohio. He attended medical school at the University of Chicago followed by a rotating internship at the University of Colorado in Denver. Upon completion in 1956, he spent a week touring the mountain towns in Colorado and learned that Dr. Mason Light was looking for a physician to join him in Gunnison. Although it was not Ron's intention to remain more than a couple of years, (he thought he would go on to specialize in orthopedics), he did accept Dr. Light's offer, and began what turned out to be a very challenging practice. He found a rather primitive state of affairs existing at the hospital as far as its physical structure and current advances in technology. He remembers the difficulties associated with the fact that there was no sink or running water in the "emergency room". (Accidents are always associated with dirt and blood.) "The room was a disaster!" there was only one table, a crook-neck lamp, no oxygen or surgical supplies at the ready. Everything had to be brought in from various other places in the hospital. To his amazement, there was no x-ray machine, and when he queried Wilma Kerr who was the hospital administrator, the Director of Nurses, and staff nurse all rolled into one, she said there might be something down in the basement. (He called her "Saint Wilma" because she always came through with his requests). In the basement, there was a WW II field x-ray unit. They brought it upstairs and put it to use with Ron calculating the correct exposures for myriads of different x-rays. Formerly, Wilma explained, they had just hauled the patient over to the doctor's office for needed x-rays. Oxygen tanks had to be brought to the patient and tents were used for long term treatment such as pneumonia and croup. When the doctor ordered oxygen, it was up to the nurse to gather the equipment and set it up for the patient. Surgery was performed – mainly by Dr. Light – with the patient having been given either ether or a spinal anesthetic, whichever was indicated. The circulating nurse cared for the anesthetized patient during surgery, recovery, and back on the floor. On more than one

occasion, I would be the only nurse on duty to receive a patient on the evening shift, put him to bed, wake him up the next morning and take him to surgery; put him to sleep and wake him up in recovery and take him back to the floor. This was real continuity of care and I was asked more than once if I lived there. Dr. Meyer remembers a patient who was undergoing a cholecystectomy who developed breathing difficulties shortly after the incision was made. Dr. Meyer lifted the sterile surgical drape and began to methodically check the patient's pain perception. "He was numb up to his neck!" which meant that his diaphragm and chest muscles were not working well enough to aerate him. They had to interrupt the operation and assist the patient's breathing "for hours". This experience brought to Ron's attention the fact that there was not a breathing bag – or Ambu – at the hospital. CPR with airways, mouth-to-mouth resuscitation and then Ambus had not yet become established procedures in Gunnison. There was no back up system for power failures at the hospital.. Dr. Meyer remembers delivering a baby and repairing an episiotomy with a flashlight held in his mouth one night when there was a power failure The laboratory was woefully inadequate with a technician on call who was equipped to do only the barest minimum of blood work. Blood could be typed, but not cross-maatched. If a patient needed blood, a doctor, nurse, or donor from the communtiy was summoned. I donated a unit one night – laying on a table next to the critically injured recipient, my blood going directly into his body – then got up and finished my shift, although I felt light-headed for awhile.

Dr. Meyer remembers making two to three house calls per day for which the charge was $5.00. An office visit was $3.00. At the hospital, the charge was $28.00 a day for a bed in a double room. If the patient was treated in the emergency room before being admitted, there was a $3.50 fee added! Supplies used were not itemized. For the most part, they were not disposable. Sterile linens were washed and re-sterilized, as were needles, syringes, and rubber gloves.

Dr. Meyer was well trained in the use of forceps, and notes that their use revolutionized obstetrical care by making it possible to deliver babies that formerly would have died (sometimes their mothers as well) because the babies were too large or in an impossible position. New mothers were kept in bed for several days after delivery This routine turned out to be not such a good idea in that it contributed to the formation of blood clots in the mother's extremities.. The realization of the adverse effects of prolonged bed rest carried

over into all other types of care and we began to see a major change in the way health care was delivered. For example: outpatient surgery, respiratory care, rehabilitation, etc.

Those who practiced medicine in isolated rural areas faced challenges and adventures unknown to those in the city. When patients were too ill or critically injured to be cared for here, they had to be transported to medical centers. In Gunnison Country in the 1950's and 60's, C.J. Miller first provided ground transportation with his hearse, then with an ambulance. The service could be summed up as "You call, We haul, That's all." C.J. always insisted that a doctor or nurse accompany the patient, but was generous with his time and usually didn't charge the patient.

Dr. Meyer recalls slogging through deep snow carrying a stretcher on one New Year's Eve to rescue would be survivors of a plane crash in the Lake Fork Canyon. A survey crew in a helicopter had crashed and burned. Those who survived were suffering from burns and broken bones, and one had a fractured cervical spine which Ron suspected and was able to maintain in a stable position despite having to climb out of a canyon in deep snow with unpredictable footing. He was able to continue caring for the patient in the Gunnison hospital until the fracture was healed. On another occasion, he was called to a truck turnover on Highway 50. The driver was trapped in a position with his head bent over, but was conscious and told Ron his arms and legs were numb and he couldn't move them. Ron was able to "reduce" the neck fracture while the man was still trapped in the cab, after which the man told Ron his feeling was coming back. From then on, Ron's job was to maintain cervical traction and alignment. When they arrived safely at the hospital, Ron called Denver and was able to follow the explicit instructions of a neuro-surgeon who talked him through the application of stabilizing scalp tongs. The patient was then able to be safely transferred to Denver and Ron could give a big sigh of relief. Ron responded to several mine cave-ins which he said were frightening because he had to enter a mine shaft which might collapse at any moment. Putting his own life at risk to save that of another – a situation not unheard of in the lives of early day physicians.

When I began working at GVH in 1966, "coronary care" consisted of putting the patient on complete bed rest – which meant that he was barely allowed to sit up even to use the bed pan. We gave him bed baths, fed him, took his pulse and gave him digitalis for three weeks

or more. There were no cardiac monitors, and recognizing and understanding the significance of various cardiac arrhythmias was just beginning to come to the fore. Bill Cavanaugh, the hospital administrator, told me the hospital had recently purchased a machine for use with cardiac patients and asked me if I would check it out. The machine was in a closet and, as far as he knew, nobody was using it. I did "check it out" and found it was one of the first portable cardiac monitor/defibrillator models on the market. When I read the "operator's manual" and looked at the graphic illustration of applying the defibrillator paddles while (IMPORTANT) taking care not to electrocute oneself, I gasped and went back to have a further conversation with Mr. Cavanaugh. I had had absolutely no training, and was not knowledgeable about current developments in coronary care – and neither had the other nurses. We would be the ones most likely to use this machine when a patient suddenly arrested and the doctor wasn't there. As a result, Mr Cavanaugh sent me to the University of Colorado to attend the latest coronary care course. I returned and gave classes to the hospital nurses, and the doctors subsequently traveled to medical institutions to update their knowledge and skills. We began to monitor our coronary patients, and become more pro active in their care. This was probably the beginning of technologically driven health care in Gunnison.

One Sunday morning when I was on duty and nothing much was going on, a few of us – Dr. Meyer included – were visiting at the nurse's station. In walked Frank LeFevre with his mother, Mable. They were on a bike ride (Mable was in her late 80's or early 90's and rode an adult tricycle) and Frank said Mable was not her usual perky self, so he thought he would stop in and have her checked. From the closet, we wheeled out our portable cardiac monitor/defibrillator and hooked Mable up. We discovered that Mable had a complete heart block with a pulse of 32. This rate was not adequate. Well, we just happened to have a disposable external pacemaker kit in the drawer of the monitor, so Ron got out the instructions and we took Mable to the x-ray table. This electrical pacer was introduced by Ron into a vein in Mable's arm and then carefully advanced, turned, and twisted at appropriate times in order enter larger central veins and finally the right atrium of her heart. X-rays were taken at intervals to check the location of the pacer. Mable was awake and chattering away during the procedure. When Gene Watters returned with the x-ray and held it up to the ceiling light, we all looked up (including Mable and the cook from downstairs who was stirring a big batch of cookie dough and had heard that something big was going on

in x-ray). The pacer had taken a wrong turn and was somewhere near the liver, so we all chuckled and Dr. Meyer withdrew it a little and tried again. The second effort was successful with the pacer located at the base of the right atrium. The other end of the pacer was attached to the battery operated power source – a little box secured to Mable's wrist. Dr. Meyer set the pulse rate at 60 and turned it on and Mable was good to go. I would like to say she rode off on her tricycle, but in fact, she was kept in the hospital overnight, then flown to Colorado Springs the next morning to have an internal pacemaker placed. Frank and I accompanied her and on the way, Mable told me about her father, Dr. Cummings, who had been one of the early doctors in Lake City. Mable was soon to be seen riding her tricycle again.

Early in my 20 year plus tenure at GVH, I frequently worked the night shift. The nursing assistant who most often worked with me was Ruby Vandenbusche. She was quite a colorful woman, short in stature, but big in heart and loud of voice. The patients loved her, especially the big, gruff men for whom she made the strongest, blackest coffee I have ever tasted. She would start this ritual at 4:30 a.m., which in her judgment was an appropriate time for anyone who was worth their salt to be up and about. Or, if they couldn't be up, at the very least they could be jogging their mind awake with her coffee, and then get on with the business of healing. It was just Ruby and myself with the patients. Nobody else was in the hospital, the doors weren't locked, and we felt secure in our safe haven. In addition to patient care, we cleaned and sterilized surgical instruments, put up packs, sharpened needles, soaked linens and mopped the floors after surgery and delivery We had no radio communication with the ambulance,("We haul, that's all.") so when an emergency arrived, it was a surprise. And we often had to play "catch up".

In 1970, Robert's Mortuary in Montrose bought the ambulance from the Miller Funeral Home in Gunnison and held the contract with the Board of County Commissioners for M & G Ambulance Services. Ernie Davis moved to Gunnison with his wife and two young daughters and became the manager of the Gunnison branch. He was well liked and in 1972, the local hospital board encouraged Ernie to get his own ambulance; after which the county awarded him a three year contract. One year later, C.J. Miller appointed Ernie as Deputy County Coroner to act in his absence. In 1974, Ernie enrolled in an EMT course being offered in Montrose, CO. Twice a week for 6 months he drove to Montrose to attend a three

hour evening class and returned after midnight. As part of the course requirement, he spent two weeks at Denver General Hospital. Here he was certified to provide initial IV therapy in the ambulance. The second week, he joined the ambulance crew which was an invaluable learning experience for him. For those who live and work in rural areas, the benefit of high volume, repetitive experiences can only be obtained in the cities. Ernie became the first EMT in Gunnison County. The major benefit to him was "my self satisfaction in being able to help people". The more proficient he became, the more help he could be. He began to teach courses in Gunnison, and over the years, he assembled a highly trained and skilled ambulance crew. These courses were open to anyone interested, and gradually there were many EMT's scattered throughout the community able and willing to respond to emergencies when called upon. The emphasis of the Gunnison Ambulance Service changed from that of picking up the injured and racing to the hospital to that of: 1. rapid response, 2. assessment of the sick or injured, 3. prioritization of their needs, 4. administration of life saving and/or stabilizing measures, and finally, 5. transport to the hospital. Commensurate with advanced learning and acquisition of skills by the ambulance crew was the development of technology in radio communication. Now arrivals to the hospital were not surprises, and a doctor and a prepared staff were waiting to receive the trauma cases. If the injuries were so severe that they could not be handled in the long term here in Gunnison, Ernie could alert the ER doctor who could them set in motion the process to secure a Flight For Life Service. All along the way, the patient would be attended by highly skilled medical personnel. Gunnison County Ambulance Service could now proudly say, "You Call, We Haul, But That's Not All".

Ernie suffered the first of three heart attacks while answering a call. He said he knew what was happening and it "hurt like hell", but he finished taking care of the patient's needs before addressing his own. Eventually, he had to retire, but he did so knowing that the Gunnison Ambulance Service was in the hands of certified, skilled professionals. Ernie's dedication to serving the people in Gunnison County – an area comprising 4,000 square miles – did not go unnoticed by his professional organization. He was awarded the Distinguished Service Award by Emergency Medical Technicians Association of Colorado.

Two other physicians who chose to practice "the art of medicine" in Gunnison in the 1960's, 70's and 80's were Dr's Mason Light and "Pete" Peterson, both of whom are now

deceased. Their practices were large and "all encompassing", meaning they offered total care to everyone who entered their clinic or the hospital. They were "on call" every night for their own patients who subconsciously took it for granted that they would see their own doctor whenever they had a need. I remember numerous times hearing patients apologize to Dr. Peterson when he padded into the emergency room in his bedroom slippers (he lived next door) to see them. Invariably he would say, "No no, don't apologize. I knew that and accepted that when I went into medicine." Then he would playfully flick off the lights leaving us in total darkness, or he would shoot a stream of sterile solution from a syringe thoughtfully prepared for him by the nurse (me). Dr. Light, on the other hand, was trusted and admired for his surgical skills and was considered "The Surgeon" in Gunnison for many years. He once checked records to find he had delivered 2800 babies.

What we did to and for our patients during those years was not terribly invasive. Surgery was done mostly to remove diseased tissues (or deliver a beautiful baby). Trauma care was restorative. Some of the first implants were plates and screws to stabilize broken bones, but that was not done in Gunnison. The relatively small staff of nurses and nurse-aides provided all the patient care, including respiratory treatments, physical therapy, and rehabilitation. There were no separate departments, so the patient was not shuffled around by many different people. That was a good thing. The vast majority got well, and they gave us the credit in spite of what we did!