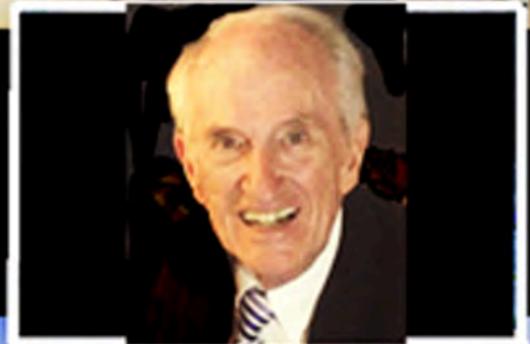




TERRY HAPPEL M.D.



FROM SHINING SHOES
TO FILLING THEM

F O R W A R D

At the age of 12, I was the bat boy for Cheyenne, Wyoming's American Legion baseball team. A pitcher named Terry Happel liked to crease the front of his cap to make it more prominent, perhaps to better display the logo. I've always remembered that because I thought he was cool to do that.

I also watched Terry make lots of buckets with the Cheyenne Indians and Wyoming Cowboys basketball teams, admiring his accuracy in putting the ball in the hoop. For decades that followed, I lost track of him, other than I heard he had become a physician.

In the mid-80s, I ruptured a finger tendon and hunted the Yellow Pages for a hand surgeon. Up pops an ad for Terry Happel MD, hand surgeon. At first I thought it couldn't be the Happel I knew, but verified it was with a phone call to make an appointment.

After our reunion, we played golf and our families socialized fairly often.

Terry was and is an inspiration for me because he met two goals that I had most of my life — become a noted athlete and accomplished surgeon.

Because of my journalism background, I was asked to help Terry write a book as he neared his 80th birthday. In doing so, I got all caught up on his life and careers, which honors and inspires me all the more because Terry is a close friend and remains a cool cat.

*~ Phil Riske
Chandler, Arizona
September 2018*

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Shining shoes, then filling them

Autobiography of an athlete, Vietnam veteran, surgeon, husband and father

By Terry J. Happel, MD

With Phil Riske

INTRODUCTION

I am usually not one to talk about myself – let alone boast – but loved ones and friends suggested I write about my 80 years of experiences. (Maybe they wonder what secrets I might have.)

A study by Emory University found childhood memories that begin around age three, eventually fade, which is called “childhood amnesia.”

Memories from age seven forward, begin to come clear.

All this is to say I’ve done my best to accurately relate events and emotions and at the same time acknowledge some memories are lost in a distant fog. Life has its formidable, educational, challenging and influential events, along with expectations, disappointments, surprises, and sadness. Mine has had all.

One of my most formidable times was summer trips to a small southeastern town in Nebraska, where my uncle introduced me to sports.

I also learned how to make customer’s shoes shine in his barbershop.

One of my earliest memories in Cheyenne, Wyoming was going under a surgeon’s knife. Later, I was shooting basketballs, catching footballs and pitching baseballs. Basketball in hand, I went to a cold and dreary state, and then on to Laramie, Wyoming for more basketball, more importantly for pre-medical studies.

It was at the University of Wyoming I met and later married a pretty and popular sorority gal. She was a lifesaver; teaching school in all but one of six cities we lived in and raising two girls.

I once thought about becoming an English professor. Instead, I studied the anatomy of a rat.

Later, I dissected and studied the anatomy of a human body.

I even did “surgery” in my garage.

At the University of Colorado in Denver where — on crutches no less — I was handed a diploma that said I was a medical doctor, culminating four of the hardest years of my life. Those years of nose-to-the-grindstone were

eased some by close friendships with fellow students and marked by the birth of our first daughter, Tracie, in 1961.

There's a saying, "Physician heal thyself." The phrase alludes to the readiness and ability of physicians to heal sickness in others, while sometimes being unable or unwilling to heal themselves. I mention this because there have been several times when I was unable to fix my own injuries, which required the work of fellow physicians.

As a Navy flight surgeon, I learned how flying can affect the human body. Second daughter, Dana, was born in a naval hospital in California in 1965. Two years later, I received orders sending me to Vietnam.



There, I was responsible for the health and welfare of 17 pilots on a beach on the South China Sea. Those were times of boredom, often broken by frightening mortar attacks.

After Vietnam, I went to another beach and watched missile tests at Point Mugu in Ventura County, California to round out my Navy career. With other Navy doctors, I moonlighted for two years in area emergency rooms, anxious to leave the Navy.

The next stop was the University of Arizona in Tucson for a three-year residency in general surgery. One thing I didn't expect was examining a popular Hollywood star.

I thought seriously about setting up a practice in Tucson after my residency, but it was back to where it all began — Wyoming.

A trip to the bank in Rock Springs enabled me to start a practice as one of two general surgeons at the Sweetwater County hospital. And I'll never forget the day I was 1,500 feet deep into a trona mine, where a miner was trapped in a cave-in.

After 11 years in Wyoming, it was back to Arizona, where I had a hand in lots of hand surgery.

And what are the odds two hand surgeons and close friends had to end their careers because of their hands?

Early in my medical career I wore surgery scrubs. In my final job, I wore suits

CHAPTER 1

BIRTHS & BASEBALL

One of my favorite subjects in high school was English. In fact, as I mentioned, I thought I'd like to become an English professor. I enjoy grammar and the history of English and other languages. I read a lot, mostly fiction and *New York Times* best sellers.

My Cheyenne High School English teacher was very attractive. I think her name was Mary Dudley, but I'm not sure. One day I wore shiny, cream-colored shoes, which she noticed and remarked, "You know, when you grow up to fill those shoes, you'll be a good-sized boy." I didn't quite understand what she meant because I was already near six feet tall and wore an 11½ shoe.

But I'm getting ahead of things.



Doc's barber shop in Deschler, Neb. He is with a customer on the right.

When I was much, much smaller, I shined shoes in my uncle's barbershop, which was located in Deshler, Nebraska. The town had the world's largest broom factory that produced quite an assortment of brooms for home and industrial use and reached the height of its prosperity in 1940, when almost 400 people were working there, more than half the town's population.

My sisters and I were born to Suzanne and John Happel in Hebron Nebraska, which is about seven miles from Deshler and is the county seat of Thayer County in southeastern Nebraska, just north of the Kansas state line.

Our birth certificates listed Mom as "Housekeeper," and Dad was listed as "Clerk of the District Court, Thayer County, Nebraska."

Mom was born in Tampa, Kansas, and Dad in Warsaw, Illinois.

I don't remember any discussion about how Mom and Dad met or how they ended up in Hebron, nor do I remember talk about our grand-parents. Hebron was founded around 1869 by a colony of Disciples of Christ. It was named after the ancient city of Hebron, a Palestinian city located in the southern West Bank. The population was 1,579 at the 2010 census.

A tornado in 1953 nearly wiped out the town.

THE HAPPEL KIDS

I was the youngest of we three kids.

Connie was oldest, born in 1931. Johnlyn, who later changed her first name to Jonny, was born in 1936, and I was born July 20, 1938.

I got along with Connie, but being the oldest she kept her distance.

Jonny and I were close and even more so as time went by. She had an inferiority complex because she was a tall girl on her way to six feet as an adult. Jonny had a lot of boyfriends. She married Cliff Totten, and they eventually lived in Park City, Utah. Cliff had played for the University of Wyoming football team. Jonny went to Colorado Women's College for a year.

Connie was a United Airlines flight attendant when she met her husband, Paul Kniss, who was a United pilot. He and Connie eventually settled in Cheyenne, where United's flight attendant training was conducted.

Flying for the Air Force, Paul was shot down in the Korean War and was a prisoner of war for six months.

A BARBER AND COACH

I can't recall exactly why my parents wanted me to go to Deshler in the summer. Perhaps my uncle, Arthur Kreissler, asked them to have me spend summers with him. I went there when I was old enough to ride the train, so I was probably around seven or eight years old.

My folks gave me a little money for the trips and put me on the train to Grand Island, Nebraska in the middle of the state. The trip took about a day. My uncle picked me up in Grand Island for the long drive to Deshler. He had picked up the nickname "Doc," probably because he was a barber and historically, a barber-surgeon was a person who performed minor surgical procedures, such as bloodletting and "cupping" therapy. Cupping therapy is an ancient form of alternative medicine where a therapist puts special cups on the skin for a few minutes to create suction to relieve pain, inflammation, help blood flow and relaxation. Barbers back then even pulled teeth.

Doc's shop, however, was simply — as the lyric goes — "a shave and a haircut, two bits."

Aunt Helene, Doc's wife, was German and spoke in broken English. Helene was Mom's adopted sister. I liked her a lot, and she and Doc (Photo) were so good to me. Doc was a very calm guy, very polite. I never heard him swear. He was an articulate conversationalist in discussions with customers and very well liked.



Most of his customers were farmers and people who worked in the broom factory. There weren't a lot of businessmen in Deshler, which maybe had about 1,000 people at the time. Most of the discussion in the shop was about World War II.

Doc had a son, Harry, in the Army, and he returned from the war, bringing with him a German bride. He too learned to become a barber.

My first barbershop jobs were shining shoes and sweeping up hair. The customers always asked how I was doing.

I learned to play cribbage and gin at the shop, which we did when business was slow and after the shop closed for the day. Cribbage is a difficult game to learn. We might have played for pennies.

Deshler is also where I learned to play baseball. Doc bought me a Rawlings glove, and I carried that glove with me everywhere. I took it with me to Cheyenne and probably used it in Little League games.

I played catch with Doc in his backyard; he pitched, and I hit, or at least tried to. We went down to the town baseball field, where he threw grounders to me for infield practice.

Doc took a lot of time off to coach baseball.

Deshler had a town team, Little League teams and teams for kids my age. I played wherever they put me, mostly as an infielder and pitcher. I think I was a pretty good player.

There was a golf course in Hebron, and Doc taught me how to hit a ball much smaller than a baseball.

I look at experiences in Deshler as the first stage of growing up. Hebron, Deshler, Doc and Aunt Helen were of significant importance in my life. The time spent with Doc led to my continued participation in baseball and other sports, which are threaded throughout my life

CHAPTER II CHEYENNE & CHEVROLETS

I was four years old when we moved from Hebron to Cheyenne. We lived in a small home in the eastern part of the city, about a half-mile from Alta Vista School, where I went to grade school. We were trapped in the house for several days during the famous 1949 blizzard.



Happel family in Cheyenne: (left to right) Me, Connie, Mom, Dad, Jonny.

We also lived in the Eaton Apartments, which were owned by Frank Baber's family. Frank became a close friend and he was a teammate on the Cheyenne High School Indians basketball team, where he was the center. He was tall for a high-schooler at 6'5." There now are guards in the NBA taller than that.

One of the first things I remember after moving to Cheyenne was going under the surgeon's knife for an appendectomy. (Appendicitis is uncommon in a child.) Dr. John Gramlich operated on me and he had to leave the wound open because my appendix had ruptured, so I have a pretty big scar.

Little did I know I'd someday be removing a prostitute's appendix. I have an aunt in Scottsbluff, Nebraska, and her husband, Jack Simpson, was a mover and shaker in politics and he also owned several gas stations in Cheyenne. Dad worked at the gas stations until he landed a job with the Union Pacific railroad, where he was a brakeman on the Cheyenne to Sidney, Nebraska run.

Dad taught me how to drive. We had either a Model A or Model T, I can't remember which, but you had to turn a crank to start it. We sold that car and we had a 1941 Chevrolet, which I drove to high school and to baseball practice at Pioneer Park.

I think we had another Chevy that Mom sometimes drove to work, but she often walked to work a half-mile away from the house.

Mom was extremely attractive and straight-laced. She was a disciplinarian and ran the household because Dad was gone so much on the railroad job. She became a licensed practical nurse and later worked for physicians and a chiropractor, Dr. Gordon Holman, who became president of the Wyoming Chiropractic Association. She also worked for Dr. Everett Gardner, a dermatologist.

I remember Mom's white uniforms were always perfectly pressed. She would wear her whites when she came to Pioneer Park right after work to watch me play baseball.

She and my Dad were very dedicated to seeing me succeed in athletics and all my endeavors.

The family attended Bible school, which Mom taught, and church services at the First Methodist Church.

CHAPTER III

COACHES & CURVE BALLS

I was always interested in athletics because of the competition, and my friends were all into sports.

I played Little League, Babe Ruth League, and American Legion ball, where I pitched and played first base. We played at Pioneer Park, which is near Warren Air Force Base in the western part of Cheyenne.

Legion baseball was a big deal. American Legion baseball is supported by Major League Baseball as a way to bring young players into the Majors, a place I didn't grace. My granddaughter's husband, however, is on a major league baseball team. More about him later.

The Cheyenne Legion team one year won the district championship and moved on to the regional championship in Hastings, Nebraska, where we won one and lost one. I think we lost the game I pitched.

I had three pitches: fastball, curve ball and drop ball, which is now called a slider.

I can't tell you how thrilled I was Doc came to Hastings to see me play. He said I pitched pretty well, but said I made a mistake when I tried to pick a guy off first base. I hope I made him proud; after all, he introduced me to baseball and spent a lot of hours coaching me.

Some of the guys on the Legion team I remember were: Tommy Allen and Dick Kueck, catchers; Ivan Weekly; Jack Richmond and Chris Mathewson, pitchers; Bernie Dunn played third base; Dennis Lohse, catcher, and Billy Wright, who became the head tennis coach at Denver University. Another player was Duane Eichhorn, a little guy who hitched his pant legs real high to try to influence the umpire's strike zone. He tried out for the majors, but didn't get drafted.

Our Legion team played various Wyoming teams, such as Casper, Sheridan and Worland. We played several state championship games at Warren Air Force Base, and I remember Tommy Allen getting run over at home plate and ending up with a punctured lung. He had to be taken off in an ambulance.

The Associated Press noted the good pitching season I had in 1956: "Cheyenne's hopes rest on the arm of Terry Happel, who has been the mainstay with a 15-7 season." (See clipping next page.)

Optimists to Meet Cheyenne In Legion Regional Tourney

SCOTTSLUFF, Neb. (AP) — Lincoln Optimists will tackle Cheyenne at 6 p.m., while Denver plays

Optimists Beat Hastings 12-9

HASTINGS—The Lincoln Optimists scored three times in the ninth inning to beat Hastings, 12-9, in a wild and ragged exhibition baseball game here Wednesday night. John Doulait's steal of home broke a 9-9 tie and two more runs scored on Yogi Hergenrader's single to deep center.

The Optimists will play the Nebraska State Penitentiary dormitory team today in their final exhibition before resuming tournament play.

Carlsbad at 8:30 Monday in the opening round of the four-state Junior Legion regional baseball tournament at Scottsbluff.

The Nebraska and Colorado champions are favored to fight it out for the title, won last year by Omaha Stars.

Kansas City Life of Denver carries a 18-1 record into the tournament and boasts a stellar pitching staff, headed by Paul Erickson, who is undefeated in seven starts.

Lincoln Optimists have the top over-all season record with 28 victories against one defeat. The Nebraskans also have solid pitching with Duane Steffen, Rudy Stoehr, Dick Welch and Yogi Hergenrader.

Cheyenne's hopes rest on the arm of Terry Happle, who has been the mainstay in a 15-7 season. Playing his first year of Legion

In all my athletic endeavors, I had the fortune of being taught by great coaches, and I include Doc.

Milt Riske, who also was Cheyenne High's football coach, and Fred Schmoker, who was the chief of police, were the Legion coaches. Schmoker used to take us fishing at Glendo Reservoir.

Riske had the reputation of being a tough coach, and he was hard-nosed, no question about it. At the same time, he praised you when you made

a good play.

Cheyenne Post 6 today is the premier baseball organization in Wyoming, with 31 state titles, including an unprecedented run of 15 out of 17 state championships since 2001. Post 6 won the 2018 state title as this narrative was going to print.

Joan and I have a major league player in the family. Dana's daughter, Alexis, met a pitcher named Garrett Richards at spring training several years ago. They married in 2017.

Garrett began the 2018 season as a starter for the Los Angeles (Anaheim) Angels and had a winning record until he reinjured his pitching elbow, this time requiring Tommy John surgery. As of this writing, he was re-habbing and is a free agent as well. He and Alexis would like to remain with the Angels.



Other than playing basketball, I can't think of anything to say about grade school and junior high at McCormick Junior High, which was on the northern end of downtown Cheyenne.

"Okie" Blanchard ([Photo](#)), a fiery character, was my high school basketball coach. We were the Cheyenne Indians, and I am not aware of Native Americans protesting the high school name as they have with college and professional teams

"Okie" was a little short guy from Oklahoma. He was something else. He'd get pissed off and turn beet-red, scream and yell, but his players respected him, and

rightly so: He was one of the most successful basketball and football coaches in America. His coaching career spanned 14 schools, including the University of Wyoming. He won an amazing 706 games and lost only 127. Jim Story was the freshman basketball coach and replaced “Okie” when he retired. Jim later refereed basketball with Herman Stumpf, who is one of my best friends.

We won the state championship my senior year, and I was selected First Team All-State.

Frank Baber was a big star. He earned a scholarship to Colorado State. Frank and I were buddies and fished the Medicine Bow Mountains for brook trout. (I did a lot of fishing on the Snake River and Green River when I came back to Wyoming after my residency at the University of Arizona.) I’ve been asked many times what’s enjoyable about fishing. Well, I just like the peace of being outdoors on a river or stream.

I didn’t play football the first two years. I think I was too little, but I did play tailback my senior year in the old single-wing offense. I specifically remember throwing touchdown passes to Ivan Weekly, who also played on our baseball team.

Don Creese was the head football coach, then Milt Riske.

I also played on the golf team.

GIRLFRIENDS

My first girlfriend was Wanda Merrill, a blond. I had other girlfriends, nothing really steady, though.

When I was a senior, I dated Sigrid Lacis, a Latvian. I really liked her, but she was dating a wrestler named George. I finally got her to break up with muscle boy and we dated.

For winning the state championship, we received little gold basketballs. I gave mine to Sigrid who wore it on a necklace,

When I came home from college, she was dating Joe Dowler, whose brother, Boyd, played quarterback for Colorado and wide receiver for the Green Bay Packers. Retired now, he coached and scouted for seven NFL teams.

Joe coached wrestling at Cheyenne High School and the University of Wyoming and he became associate athletic director at Wyoming.

CHAPTER IV

GET ME OUT OF HERE

Letters arrived from two universities that wanted me to play basketball for them.

I was offered scholarships from Iowa State and Wyoming. I can't remember why I didn't want to go to Wyoming, guess I just wanted to go somewhere else. I enrolled in general studies at Iowa State.

The Iowa State Cyclones, coached by Wyoming native Bill Strannigan, had a good basketball team, with all-star players. I got to play a lot on the freshman team.

Strannigan, who had coached at Colorado State before coming to Iowa State, would later coach me at Wyoming.



The Iowa State varsity team my freshman year played Kansas and its great center “Wilt the Stilt” Chamberlin. (Photo) He was 7’ 1” and weighed 250 pounds (and bulked up to 300 with the Los Angeles Lakers.) Wilt is considered one of the greatest and most dominant players in NBA history. He is the only player to score 100 points in a game.

I’m 6’ 1,” and after the varsity game against Kansas, I shook hands with Wilt, looking straight into his nipples. By the way, Iowa State upset No.1-rated Kansas that year.

As it turned out, going to Iowa was a wrong decision. It was cold and dank, and outside of my teammates, I didn’t make a lot of friends there.

Dale Johnson, who became an engineer, was a teammate and my roommate. He was from Marshalltown, Iowa, and we went there on occasion to take girls to the movies (not to hotels). Dale’s girlfriend was quite an accomplished actress and won the role of Joan in the Joan of Arc movie. She made other movies, some in Europe, where later she took her life.

I dated a petite, really cute black-haired girl in Iowa. As fate would have it, she later married Dale.

I finally told Coach Strannigan I wanted to leave and go back to Wyoming. He called Wyoming coach Ev Shelton and told him I wanted to return to Laramie.

Shelton later told the press I was a “promising prospect.”

I earned a full-ride scholarship (tuition, books, and meals) to play for the Cowboys but under NCAA rules, I had to “red-shirt” (not play) the first year because I had transferred from another school.

I enrolled in pre-med studies, probably influenced by Mom being in the medical field.

If I hadn’t earned scholarships, I would have never been able to attend college because my parents couldn’t afford to send me.

Aside from the scholarship, we were told the NCAA required us to have a “job,” and mine was wiping the balls down before practice. It paid \$15, but I don’t remember ever getting paid that.

(Colleges today pay student athletes stipends of anywhere from \$2,000 to \$5,000 for “cost of attendance” expenses beyond room, board and books.)

I was at Wyoming for three seasons: one as a red-shirt under Shelton, one as a starter under Shelton, and one as a starter under Strannigan.

I lived in what was called the “Ape Dorm” for a year where all the single athletes on scholarship lived. With football players, wrestlers, and basketball players, it was a pretty rowdy place. A lot of the football players were ex-military.

Football player Pat Smith, also a pre-med student, and I got to know each other well.

I COULD SCORE, BUT NOT FOR MARIJUANA

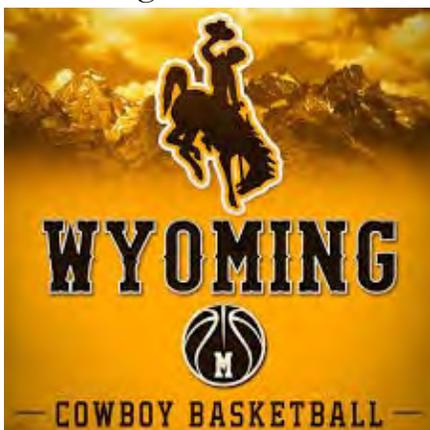
We had an average basketball team at Wyoming, although there were some star players. I played one year with Tony Windis, who went on to play with the Detroit Pistons. Windis was small for a basketball player at 6’1,” 160 pounds. He ranked second in Wyoming’s career scoring average, 21.2 points per game. I wasn’t far behind with 19 a game. I set a free-throw record of 26 in a row and had two high-scoring games: 35 points against Pepperdine, and 36 against Montana, with 21 in the first half.

“Wyoming, no longer the doormat that it was last season, boasts one of the Skyline [Conference’s] better scorers in guard Terry Happel, who tallied 36 against Montana at Laramie, stated a news release from the Montana Athletic Department.

If there had been 3-point shots, I would have canned 52 and 53 points in those games.

Shelton retired with 328 wins and 201 losses for a .620 winning per-centage.

Strannigan, who succeeded Shelton, had just six winning seasons in fourteen years as head coach and made one NCAA tournament appearance in 1967, in which the Cowboys were handed a lopsided loss at the hands of eventual national champion UCLA and its All-American center Lew Alcindor, who later changed his name to Kareem Abdul-Jabbar.



I didn't play my senior year because I was accepted to medical school.

Teammate John Bertolero was my roommate in the Ape Dorm and a good friend. John's parents owned a lot of theaters in South Dakota and Minnesota, and he wasn't hurting for cash — usually carried a pocket full of Andrew Jackson \$20s.

John had a serious stutter, and I often had to make phone calls for him. Drunk one night, he crashed his car into a sorority house.

People ask me about today's sports scandals, such as recruiting violations and drugs. While playing collegiate basketball, I never observed any cheating like that. I didn't even know marijuana existed.

STUDIES

The pre-med courses were hard, but you could get through them if you studied faithfully and paid attention in labs, where we dissected and studied the anatomy of a rat.

I maintained grades above a B. It was hard to keep grades up when traveling a lot for basketball, which leads me into a story about English class with professor Wilson Clough, who was crippled by polio.

Clough wrote 70 works in 133 publications, notably the *History of the University of Wyoming* and *Intellectual origins of American national thought; pages from the books our founding fathers read*.

"You know, you've missed a lot of classes because of basketball, so I can't give you an A," he told me

"That's okay with me," I said. I really liked him.

He gave me a B because I missed classes where our assigned papers were discussed, and a C in organic chemistry as I missed lab sessions because of basketball trips.

CHAPTER V JOAN, MY JOY FOR LIFE

One of the basketball players I lived with in the Ape Dorm had a girlfriend who was a member of Pi Phi sorority. His girlfriend was a good buddy with Joan Botero of Rock Springs.

I first met Joan on a picnic. She is 11 months older than I and was a year ahead of me in school. We dated for a year. She went to summer school, graduated and was teaching school in Laramie when we married in Rock Springs in August 1959.

Close buddies were part of my wedding party. Herman Stumpf was my best man, and Frank Baber, Joe Armijo, Cliff Totten and Don Carlson also stood with me at the altar.

We celebrated our 59th wedding anniversary in August 2018.

What's amazing about Joan was that she taught school in every city, except one, of the more than a half-dozen cities we lived in along my career.

I had a job that wedding summer at Frontier Refinery unloading boxcars of salt and loading them onto



trucks. (In earlier jobs, I was an orderly at Cheyenne Memorial Hospital and also worked for a company that made fiberglass boats. I raced one on Sloan's Lake in Cheyenne. When we lived in Rock Springs, we had a boat on Jackson Lake and an inboard Runabout on Flaming Gorge Reservoir.)

I earlier mentioned Chris Mathewson was a pitcher on the Cheyenne Legion team. Turned out Chris' dad was my boss at the refinery, and Jim Walden, who was a star quarterback at Wyoming, and I worked together there. His football nickname was the "Mississippi Gambler." He was on Bob Devaney's football staff at Nebraska and was head coach at Iowa State and Washington State.

Joan's and my abbreviated honeymoon was an overnight stay at Little America in Rock Springs. I went to work at the refinery the next day.

At the time, I had one more year at Wyoming before applying for medical school.

CHAPTER VI
MEDICAL SCHOOL MISHAP

I applied to Colorado, Utah and Oregon medical schools, which were members of the Western Interstate Commission for Higher Education [WICHE] program, which grants in-state tuition to out-of-state students.

I was accepted at all three, but chose Colorado School of Medicine in Denver because it was closer to home.

I borrowed a significant amount of money from family and friends for medical school. I don't remember how much, but Joan and I had a savings plan and paid back every dime over the years.

As far as medical school interviews, the schools already had all your academic information, but some were interested in my extra-curricular activities, which made playing basketball and getting good grades at the same time a real positive in the minds of the med schools.

In an interview in Denver, a good-looking female professor, an internist, asked me how my sex life was. Naturally, I was taken aback, but re-covered. "Mine's okay, how's yours?" I laughingly shot back. You can't ask questions like that now.

MED SCHOOL BABY

Joan got a Colorado teaching certificate, and we lived in a crummy little downstairs apartment. I couldn't even stand up straight without hitting the ceiling.

Joan was teaching out in the Denver suburb of Aurora, and we eventually moved out there to be closer to her school. She eventually got pregnant, and Tracie was born in October 1961.

Joan had to quit teaching while she was pregnant, but later got a job in the dean's office at the Colorado School of Medicine.

When I started med school, there were around 130 students, and at the end of four years, there were 98 of us. There were only two women in our class. There was a Navy pilot in the class and some former military.

Med school was extremely difficult. I spent most of my time studying.

Friendships in medical school were formed among the students with whom you were assigned to work.

One of them, Glenn Koepke, became a long-time friend, and our families spent a lot of time together. We were reunited when I went to the University of Arizona for my residency in general surgery.

Extra-curricular activities were limited because of the long hours of class and study load. Sometimes we'd get baby sitters and go have a few beers at happy hour on Fridays.

We had a freshman basketball team and we usually beat the second, third and fourth-year classes. I also played AAU [Amateur Athletic Union] basketball.

I played on a med school softball team and had an infield collision with Dr. Tom Starzl, a well-known surgeon for his work in kidney and liver transplants at the Veteran's Administration Hospital in Denver. Dr. Starzl lacerated his spleen, and I ruptured a disc in my back in the mishap.

Starzl became known as the "Father of Transplantation." He taught us kidney transplantation in dogs and performed the world's first liver transplant in 1963.

He called on me to be "second scrub" on that historic transplant. Second scrub is a student who is in the sterile operating field but has not met all the criteria for the "first scrub" role. Second scrub actively participates in the surgical procedure, doing such things as cutting suture, holding certain instruments and sponging and suctioning the surgical area.

(When I finished my general surgery residency in Arizona, I was recommended to Dr. Starzl to become a member of the surgical faculty at the Denver VA, but I wasn't interested in doing that.)

Starzl went on to establish the transplantation program at the University of Pittsburg.

ANATOMY LAB

Every doctor, no matter how long they've been out of medical school, will remember the first time they walked into a dissection lab. They'll remember the smell of the embalming fluid, the feeling of peeling back the cover to reveal the cadaver underneath, and being handed a scalpel and asked to make their first incision.

For anatomy lab, partners were assigned alphabetically, and mine was John Hamilton, who also became a good friend.



Illustration: A humorous poster published presumably for anatomy students at Colorado University School of Medicine.

Medical students today start right out with clinical work, but we had nothing but class work and anatomy lab the first two years. Anatomy lab was three days a week, three hours a day, plus lectures, all for an entire year. There were a lot of tests, mostly multiple choice.

Working on a cadaver didn't seem creepy. I went home, however, smelling like a cadaver.

Most cadavers were male for some reason. I think we were provided background information on the deceased.

There were always a lot of jokes in anatomy class. The most popular one was about an anatomy lab with one female student we'll call Susan.

Plotting their prank, several of the

guy in the class went into the lab late at night and amputated the penis of a cadaver and placed it in the vagina of Susan's cadaver.

In the next morning's class, Susan took the sheet off her cadaver, while the men tried to choke off their laughter. Susan showed absolutely no reaction, just stood stoically. Very matter of fact, she finally said, "Looks like one of you guys left here in quite a hurry last night!"

Anatomy class was having your "bible," *Greys Anatomy*, on the table, referring to it while dissecting the structures you're studying at the time. I kept my *Greys Anatomy* for 30 years. There also was a dissection manual, and lab partners would coordinate the dissections. We all learned together and helped one another.

The most complicated anatomy is found in the brain with all its cranial nerves. I had to go deep into the brain to find them all. Neuro-anatomy was indeed the most challenging.

Anatomy professors are pretty dull; it's hard to make it all exciting. I had one professor, however, who made what would have been dull, interesting. For example, to show what the trigeminal cranial nerve controls, he

smiled, squinted and contorted his face like a clown. He was the most delightful professor.

All the work in anatomy, physiology, pathology and so forth was vital when beginning to see patients. That's when it all came together.

Professors who were aware a student was having problems tried to prevent them from washing out. That would look bad for the medical school.

The basic science classes took a lot of work, and I didn't get into clinical medicine until my third year, when you actually start seeing patients.

I learned about taking patient histories and performing a physical exam.

In the fourth year, I expanded my clinical work making rounds with interns and residents, and as a clinical professor watches and rates you.

As I said before, medical school is no slam-dunk, especially for married students with kids — it was nose to the grindstone for four years.

Never did I think about quitting or that I couldn't make it. I'd made too much of a commitment to my family, my relatives.

I graduated in the top 10 percent of the class — eighth or ninth, I think.

Mom and Dad came to Denver for graduation ceremonies, where I received a diploma that declared I was an M.D.

I finished medical school three months before graduation because I had finished all my electives (pediatrics, radiology, emergency medicine), which took up most of my senior year, while I was seeing patients.

It's amazing how medical school has advanced because of high-tech. Anatomy is now taught through computerization and digital illustration. (Photo:

The man is wearing a "Holo" visual device to see a representation of a human body in 3D and with it navigate



through the layers of the skin, muscles, blood vessels and organs to the skeleton. Image by Microsoft)

CHAPTER VII FREAKING OUT IN THE NAVY

After med school, I chose to serve my internship in the Navy at Oak Knoll Naval Hospital Oakland, California.

Joan could not teach in Oakland because she was pregnant with Dana, and it was at the naval hospital where Dana was born and also where I first signed a document with my new title, “Terry Happel, MD.”

In the internship program, I worked in obstetrics, pediatrics, internal medicine and surgery. We saw quite a few men with injuries from the Vietnam War.

I was on surgery rotation one day and felt a pain in my knee but just figured it was from basketball. But then I noticed when I crossed my legs, a big bump protruded from the side of my knee. It was diagnosed as a tear of the medial meniscus cartilage.

Off to surgery I went.

The anesthesia resident did a one-leg anesthesia block. Over a period of time, the numbness wore off. Demerol, a narcotic, was used a lot for pain at that time, and I got a shot of it.

My knee started to wake up, so I figured I’d get out of bed. Not a smart move. I landed on the floor. The Demerol caused me to hallucinate — I saw big spiders coming at me. It was scary stuff that lasted for about 15 minutes. The nurse said my blood pressure spiked to over 200, and I told

her I was seeing all this weird stuff.

Off to surgery again to repair the repair. I had general anesthesia that time. I’ve had other narcotics when I had surgeries for shoulder and hand injuries, with no side affects.

It was time to return to Denver for medical school gradu-

ation ceremonies, and Joan, Mom and Dad were there.

I showed up on crutches, with a twice-repaired knee and the memory of that totally weird experience with Demerol and spiders.

When I completed the year of internship with the Navy, I was the senior intern because I had finished med school three months early. As the senior



intern, I delivered a speech to the highers-up that ran the internship program, including an admiral.

Here are some excerpts:

“I’m sure that all of you have been associated with the annual turnover of interns. You can’t help notice an underlying paranoid tendency in almost all of us. Perhaps unjustified, nevertheless present.

“From the moment we drive through the hospital gate for the first time, there begins a year of acquaintances with many people to whom we feel we must prove our capabilities and qualifications. This may be because we do have a certain amount of fear and apprehension, for we have been turned loose with the little black bag and a diploma, which theoretically entitles us to a vast amount of knowledge.

“In a way, the internship becomes a modified obstacle course, and as the year progresses, the intern runs into various stumbling blocks, which he is sure have been deliberately placed.

“But as the intern gets a little bit more salty and he approaches the end of the course, he looks back, and the appearance of some blocks have changed into character-building materials.”

CHAPTER VIII WEARING A G-SUIT

So now it's time for the family to make the long trip to Pensacola, Florida for flight surgery training. We stopped in Cheyenne to see Mom and Dad.

Dana was pulling on her ear, indicating an earache. Mom gave her some medicine. When we were near Colorado Springs, Dana appeared to be having a seizure as a side effect of the medicine. We took her to a emergency room. As soon as the doc came in, her symptoms vanished.

We were traveling in a Buick with no air conditioning. It was so hot on the way to Florida, the interior lining of the roof in Mississippi melted and came down on us.

FLIGHT SURGEON

A flight surgeon practices aviation medicine, which is the study of all the possible effects on a pilot from stalls, spins, dives, rolls, high speed, water landing and other flying situations. Eardrums are commonly affected by high pressure and sometimes rupture.



I learned to fly a T-31, a single-engine plane (Photo) that resembles a fighter somewhat. I was very disappointed I couldn't solo because I had ruptured a disc in my back during an ejection chamber exercise.

During ejection training in high-performance jets, you're ejected in the seat at about 8G forces. It's a significant hit. In the training chamber, I was wearing a G-suit and helmet and was shot up about 12 feet at lower than 8Gs. This was the second time I ruptured the disc in my back, which required several days in traction, but no surgery.

We also were trained how to escape the airplane underwater.

LOSING DAD

I had to go back to Cheyenne in 1966 because my dad was hospitalized in critical condition with heart and pulmonary disease. He had emphysema that resulted from exposure to smoke and other elements on the railroad job. He also smoked.

Dad died a few days later when Dr. Francis Barrett, who served as the doctor for railroad workers, said Dad couldn't survive his illnesses. He had not been doing well for several months, and it just got worse and worse. The family discussed the situation, and we decided to stop further treatment.

Dad had a large funeral at the Methodist Church in Cheyenne, with many relatives and friends from Nebraska and Cheyenne in attendance.

I was extremely sorrowful. My Dad was such a nice man, very attentive to me, and we got along very nicely.

CHAPTER IX

MY TIME ON THE BEACH

When I completed flight surgery training in Pensacola, I was assigned to the First Marine Aircraft Wing. The Navy takes care of the Marines.

My next assignment was Vietnam, where I arrived in October 1966. With the exception of mortar and rocket attacks, which were frightening, and a few other circumstances, my time in Vietnam was fairly routine. That said, I was responsible for the well being of 17 pilots flying million-dollar airplanes, which was no small undertaking. I became very close to those men.

On a typical day, my pilots were briefed, took off, attacked the enemy, returned for fuel, shot the bull in the squadron room, then many times went out on a second, sometimes third missions in a day.

We were at Chu Lai Air Base, which was 35 miles south of Da Nang.

We were smack on a beach of the South China Sea, a very beautiful area (when it wasn't raining). There was a Marine fighter squadron just across from us, and a Phantom F-4 fighter unit was nearby.



I was assigned to the A-4 Squadron, the Green Knights, AMA 121. The pilots flew the Skyhawk model A-4, made by Douglas Aircraft (Photo: F-4 landing on our base).

It was pretty crude living. We each had a little area in our huts with a futon (mattress) and little desks that were left by a previous squadron. There was room for four men, one in each corner.

We had electrical power and lighting. There was some running water for an occasional shower. Needless to say, there were no washers and dryers, so we filled ammunition boxes with soap and water, threw in socks and underwear and kicked the box to jiggle it, pretending it was a washer.

We didn't have a lot of clothing — flight suits, shorts and socks.

We had a clothesline to dry clothes. There were water wells and a water tank, and we could get water out of the ocean, but it was pretty salty. We had desalination equipment.

When we went to Japan on R&R, we had a travelling footlocker, in which we packed out civilian clothes as well.

TOUCHING HOME

I missed Joan and our two small children. Dana was barely a year old then. Joan was teaching school and had babysitters for the kids.

Communications home were very difficult. There sure weren't any smart phones. We got most of the U.S. news by radio. There were no newspapers in Vietnam.

When we were outside of Vietnam, such as when on R&R, we made phone calls on an international phone, but the time was limited. Phone protocol was a hassle.

Per instructions, I'd have to say, "High, Joan, over." Then she'd say, "High, over." The "over" meant the other person could talk, and if you didn't say "over," things got all garbled. There were some satellite phones.

I mostly wrote letters.

The majority of my paychecks went to Joan. I did buy some clothing in Japan and reel-to-reel music tapes, such as of Henry Mancini and Frank Sinatra.

After I was in Chu Lai for six months, I saw Joan in Hawaii for a week on R &R.

I had a dispensary at Chu Lai where I examined people if they came in with a cough or a cut, minor stuff like that; we didn't take care of serious injuries. We had antibiotics and medicine for assorted gastrointestinal and skin problems. It rained frequently — sideways. Our feet were always wet, causing skin problems.

I was like a general practitioner — didn't need a lot of medicines. We had no x-ray capabilities.

DAMN MORTARS

We did have frequent mortar attacks, mostly at night and from less than a mile away. Also, there were occasional rocket attacks. We could hear the mortars coming and had eight seconds to get in my bunker.

I qualified to carry a .35mm pistol, my only weapon.

I was making a tape recording for Joan one night, and we heard a thump. On the tape you could hear someone yell, "Is that incoming or outgoing? Oh, shit, that's incoming."

Except for the mortar attacks, we generally got a good night's sleep.

There was a hospital — sort of like a MASH unit — about two miles away, where I helped out on occasion. A MASH unit is more exciting than handing out Pepto Bismol. There were no serious injuries or fatalities in my area.

Alcohol, controlled by the military, was available in the Officers' Club. What and how much was available varied

The USS Hope medical ship came by every Tuesday and picked up men with head injuries. The ship went up and down the coast and picked up patients from the various MASH units.

I had a pilot who suffered from “Fear of Flying” syndrome, a psychosis that creates a fear in the pilot over the safety of flying. I took him to a psychiatric hospital in Tokyo, and he returned to fly again about a year later. We had a plane shot down while landing. Needless to say, when one of my pilots was killed, I was tremendously saddened.

One time in Okinawa, where we'd gone for bombing practice, I removed a cyst from a pilot's neck and all I could find to sew him up were some steel sutures. Later, his plane crashed, probably because the engine was hit. He was burned so badly he couldn't be identified. I was present when his body was being examined, and I saw the steel sutures in his neck. We knew then who he was.

There was the time I got a severe case of dysentery. I sat on the toilet hooked up to IVs for quite a few hours. I was probably hoping there wouldn't be a mortar attack; I wouldn't be able to get to my bunker.

Pilots, meanwhile, were doing their job. Some of their sorties, by the way, were going after “elephants in the open” because elephants carried supplies to the Viet Cong. A forward air controller on the ground determined the pilots' targets. He had communications as to where to direct a bombing or machine gun strafing strike. Those landmarks were then radioed to the pilots. Viet Cong sometimes overran the forward controller's position.

PASSING THE TIME

There was an officers club on the base and outdoor movies on the beach, mostly old Westerns. Sometimes we had to wait until 10 p.m. when the sun went down depending on the season.



We also kept our eyes on two-foot lizards that would patrol the beach. The creatures disturbed some of the guys, and they wanted to get rid of them. Most, however, wanted to have the lizards in their huts because they ate bugs. (Photo: Jungle Beach Dragon lizard common to Vietnam)

Besides movies for entertainment, we also played cards, mostly “acey ducey” and bridge.

After we were in Vietnam for a while, all the squadrons went on R&R to a Marine airbase at Iwakuni on the southern tip of Japan, quite a distance from Tokyo.

After we arrived, our squadron leader at a morning meeting announced “We’re going to church.” He had been there before. “Going to church” meant going to a bar called The Brown Door. There were about a dozen of us. We drank French champagne and other stuff that I can’t remember. After a few drinks, it was again announced we’re going to go to church. Church this time was a bowling alley. I bowled 170 and 12.

Most of us were inebriated.

We could go off base at Iwakuni and enjoy the Japanese restaurants. We played golf on an airbase course there and observed Japanese girls with tiny scissors manicuring the grass. There were quite a few golfers in our squadron.

JUNGLE SURVIVAL TRAINING

After I’d been in Vietnam for three months, I was sent to the Philippines for jungle survival training, something the Navy wanted medical officers and pilots to go through.

I was assigned to a little Filipino guy, and we spent a week in the jungle. He taught me how to survive under challenging conditions. He spoke very good English. I would say he was about 30.

He wore shorts and a shirt, and I wore my flight suit and tennis shoes.

He took a pistol, a slingshot, what looked like pebbles, and rice — that was it. All I could take was my camera. I took tons of pictures, but they’re missing, probably lost in all the moves the family made.

He led, I followed. I think we went several miles into the jungle and didn't see a soul. It might have been a section of the jungle was isolated for the training.

He showed me all the different edible plants and roots and pointed out the ones and certain flowers not to taste nor eat.

The jungle temperature was probably in the 90s, and it was very humid and rained a lot. Fresh water was available from streams.

There were several poisonous snakes in the Philippines, and the King Cobra was one of the more prominent ones. We didn't see any snakes in the daytime and at night, sleeping could be uneasy.

I learned how to make a little pot for cooking out of bamboo; it was like a pressure cooker. We cooked what was available — vegetables and a lot of rice.

And screeching bats!

It was amazing how accurate my guide was with his slingshot. We were in an area that had these monster bats with four-to-six-foot wingspans. The guide knocked them dead with his slingshot.

We cooked those ugly mammals and added vegetables and a kind of a gravy concoction. The edible part was the bat's breast meat.

I lost seven to eight pounds that week.

I spent a day in Manila, walking around with another guy and observed the "jeep-neys." Jeepneys ([Photo](#)) are part of the backbone of the Manila's public transport. The design is based on U.S. Jeeps that were abandoned and repurposed after World War II. They were painted with colorful designs.



GOING HOME

Joan, as usual, was amazing. She was not stressed out about my being in Vietnam.

She took care of the children and taught school in Garden Grove, California during my assignment. It was amazing how strong she was.

Joan did break her hand on our shepherd dog. To discipline a shepherd, you taught to whack his nose, and that resulted in a fracture of her hand.

On another time, the dog got his head wedged in a cinderblock fence, and Joan had to call the fire department to free him.

I was proud to serve America in Vietnam in the face of all the opposition to the war.

And I can't say enough about my pilots, who risked their lives daily. Most of them went into commercial aviation. Three of them died in action.

As we prepared to leave Chu Lai Air Base, we didn't talk much about the war, we were simply glad to be going home. I realized I had been in a reasonably safe place. There were plenty of people protecting us.

CHAPTER X NOT A BABY DOCTOR

After Vietnam, I had to spend a certain amount of time as regular Navy and was deployed to the Naval Air Station at Point Mugu on the Pacific Coast in Ventura County, California near Oxnard. That is where the Navy tested air-to-air and ground-to-ground missiles, which were fired over the ocean.

My job was as an assistant administrator, and it was boring, so I and other doctors formed a group and went up to Thousand Oaks hospital and contracted to cover its emergency department, which we did in 12-hour night shifts. We also contracted with a second hospital up the road from Thousand Oaks for emergency room coverage.

There was no base housing available for six or seven months, so the family lived in an apartment in Ventura until base housing became available.

Joan taught school in the Camarillo school district. The state hospital is located in there, and that's where star comedian Jonathan Winters was treated for psychiatric disorders.

We were out on a picnic with some neighbors and their kids on the ocean shore and I felt my first earthquake. You could really feel the motion and shaking of the ground.

We still had that big German shepherd we had when I was in Vietnam. He was five. One of the neighbors took him for a walk, and for some reason, we don't know why, he jumped one of the kids and tore a large part of his scalp.

We were given the choice of putting him down or give him to a canine unit. I took him to an Air Force base, where they had a canine training program, but he was disqualified because his canine teeth were worn down and weren't long enough to qualify.

I asked the vet if he'd like to see the scar on this kid's head made by "worn-down" teeth.

I called the sheriff's department in Ventura, and sure enough they took him and made him a patrol dog. It wasn't so bad losing him because we didn't have to put him down. When we were moonlighting at Thousand Oaks Hospital, covering 12 hours at night. I got called up to the OB floor for a woman in labor because the obstetrician wasn't there.

Everything thing went fine as I delivered my first baby since one in medical school.

Next day, I went back to say hello to the new mother. “Oh, you’re Dr. Happel,” she said, and I told her everything went well.

She said she really liked me and asked that I give her some business cards so her friends could come and see me with their babies.

I said, “Ma’am, I can’t do that because I’m Navy and just filling in from the emergency department.”

She broke out sobbing. “You’ve got to be kidding,”— her husband was standing right there — “we’ve waited three years to get out of the goddamn Navy so we didn’t have to have a Navy doctor deliver our baby.”

I was anxious to leave Port Mugu and the Navy, because I was bored.

I did enjoy flying with any pilot I wanted. I took a ride in an F-4 Phantom, and the pilot lit the afterburners to Mach 2, both climbing and diving. The G-forces were incredible, even in a G-suit designed to counter G- forces.

In my Navy career, I went from Ensign, to Lt. Junior Grade, to Lieut-enant to Lieutenant Commander, just short of Commander.

I earned the Vietnam Service Medal with Fleet Marine Force Combat Operations Insignia with Bronze Star, Republic of Vietnam Campaign Medal with device, and National Defense Service Medal.

(Years later in Chandler, Arizona, Joan and Tracie had left our apartment to do some shopping. In the short time they were gone, burglars hit our place.

They stole all of Joan’s jewelry and a jewelry box of mine with a few military items and some railroad pocket watches Dad gave me.

I had a big jar of coins that were left untouched.

The bad guys stuffed everything into a pillowcase, never to be seen again.

CHAPTER XI GENERAL SURGERY RESIDENCY

My medical school friend Glenn Koepke told me the University of Arizona was going to launch a general surgery residency program. I was interested and did enter the first-ever general surgery residency program in Tucson, as did Glenn who planned on going into orthopedic surgery. He was working in an urgent-care center and later purchased two of them.

When I started out, an interim general surgeon, Dr. Ben Walske, who was the chairman of general surgery at the VA, headed up the program. I had an interview with him, he reviewed my credentials and hired me as one of the first residents in general surgery.

A few months later, Dr. Erle Peacock, (Photo) who was founder of the University of North Carolina Division of Plastic and Reconstructive Surgery and the UNC Hand Rehabilitation Center, came from there to the University of Arizona to head up the Department of Surgery and its first residency program.

Peacock brought a woman resident with him from North Carolina, the only female in the program. She was a plastic surgery resident. Peacock had introductory one-on-one meetings with each resident. In my meeting, he said, “You didn’t pick us, and we didn’t pick you. I guess we’ll find out if you’re my chief resident.”



In my third year, I became his chief resident. You learn to be a doctor in medical school, but residency is where you refine your diagnostic skills, surgical technique and post-operative care.

Joan, the girls and I lived in a rented house in east Tucson near Glenn and LuAnn Koepke. Joan got her teaching certificate, and the school she was assigned was in the Catalina foothills.

We became good friends with Bill and Jo Page. Jo was a teacher in Joan’s school. Bill was a banker and a member of Tucson National Country Club, where I played a few rounds of golf.

As a physician, I was eligible for membership in the Skyline Country Club. Played golf there too, and Tracie, who was 10, took tennis lessons. Her teacher was impressed with her game and said he wanted to take her to

New Jersey and coach her to become a professional player. Joan put her foot down on that notion.

Tracie was an accomplished swimmer, winning a state high school title and a participant in Junior Olympics.

We continued to see the Koepkes. He decided not to pursue orthopedic surgery and continued to work at his urgent-care centers.

Later, when I was in Chandler, I got a call that Glenn collapsed and died while jogging. I went to Tucson and delivered a eulogy at his funeral.

University Hospital was six months from opening, so the residency program was conducted at the VA hospital in Tucson. When the university's hospital opened, we residents rotated between it and the VA hospital.

I went to the operating room everyday and was on call every other night and every other weekend for three years. Occasionally, I went in on Saturday and came home Monday night. Even as chief resident, I took call. Residents eventually complained about the long hours, and the American Board of Medical Specialty finally ruled residents could work no more than 60 hours per week, which was a significant cutback.

As a first-year resident I was assigned to a surgeon and went with him on all his stops. A surgery patient was the resident's patient, meaning they did the physical workup.

You might start out operating on hernia, gall bladder, and then do some intestinal surgery and other forms of operations.

We did a lot of vascular surgery, some hand and pulmonary surgery.

I was exposed to and really liked hand surgery. In that field, I worked with Dr. John Madden, a plastic and hand surgeon. Later, Peacock wanted me to stay another year and take a plastic surgery residency, but I just wasn't interested in that. A lot of hand surgeons did plastic surgery residencies.

Years later, I went back and served a fellowship in hand surgery with Dr. Madden.

Peacock sometimes went on rounds with the residents, which department heads don't usually do. A couple of exchanges between us made us dueling smart-asses. Dr. Peacock was very Socratic — you weren't spoon-fed. As an example, he'd say, "Go read the book, then come back, and we'll talk about it." Very dogmatic.

One time he asked me to scrub on a breast surgery, and I asked him what kind of an incision he was going to make.

"In about two or three minutes you're going to find out," was his somewhat cocky reply. I was waiting for the day when I could get even.

We were making rounds one day, and he informed me he had to go to Los Angeles to make a speech. He knew I had once driven from LA to Tucson and asked, “What do you think the best way to drive to Los Angeles would be?”

“Why don’t you get yourself a map?” I answered with a smile.

He appreciated the touché.

Those light moments were pretty much an exception to the formal relationships residents had with him. After the first year and he got to know you, things were a little less formal, but he did formally boot three residents out of the program when I was there. One of them was kicked out because he thought he was above everything, he didn’t think he had to attend M&M (Morbidity and Mortality) meetings.



REVIEWING CASES

(Illustration of an M&M meeting)

Complications do arise now and then with surgery. There are infections sometimes that follow surgery, or a blood vessel might have been nicked. Each Saturday at Arizona there was an M&M conference to review and critique that week’s cases. Peacock

and attending surgeons questioned us about we handled the cases. We all participated in reviewing those cases, including the faculty’s private patients. I was apprehensive at first in the conferences, but I liked them because I learned a lot, and the conferences made you aware of the details of a particular patient.

I was an assistant surgeon for the most part the first year, but I could do surgery independently in the second year.

Normally, surgical residency is a four-year program, but Dr. Peacock gave me credit for my internship as a portion of my surgical residency, which put me at four years, so I was qualified to take the American Board of Surgery exam.

I became chief resident and operated very much independently my third year.

I had my own clinics and had people working for me. Things were going fine when the department blew up in a political brouhaha.

In a turf battle between Dr. Peacock and the university over who should control and fund the surgical department, the university dismissed Dr. Peacock, who turned around and sued the president of the university for \$11 million damages and reinstatement as professor and department head. Peacock, who left the U of A for New Orleans, won his case three years later.

As you know, Tucson is where lots of western movies are filmed. One day, who should show up at the emergency room but Paul Newman. He had been thrown off his horse and had a concussion.

I was on neurosurgery call and examined him. He was a little tipsy from a few too many beers. I examined those big blue eyes with an ophthalmoscope. "All you're going to see back there is a six-pack of Coors," Newman quipped. He was a very nice man for a high-powered movie star. Had it not been for all the politics over the Peacock issue, I probably would have stayed on the faculty at U of A as an attending general surgeon.

When Peacock left, the writing was on the wall for me.

As a surgeon you obviously have to know internal medicine, and surgeons consider themselves a step up from general medicine. Surgery takes brainpower and manual dexterity.

There's a long-running joke about the difference between an internist and a surgeon and it goes like this. The internist always says, "Don't do something, just stand there." The surgeon says, "Don't just stand there, do something."

CHAPTER XII ON MY OWN BACK HOME



Had it not been for the blowup with Dr. Peacock at U of A, I might very well have stayed there to become a member of the College of Medicine faculty. I had an offer from a Tucson physician to join his practice, but it didn't interest me.

You'll remember I went to medical school in Colorado under the WICHE (Western Interstate Commission for Higher Education) program that allowed me to go to med school for Colorado's in-state tuition rate. That involved a handshake agreement that I would return to Wyoming and practice for at least four years.

Before leaving Tucson, I went to Rock Springs, Wyoming, Joan's hometown, to check things out, mainly because the hospital had only one general surgeon, and the city was buzzing with activity — and money — because the minerals industry was at its peak, and Sweetwater Country was recognized as an important mining center in the United States.

At that time there were three trona/soda ash mines, and the massive coal-fueled Jim Bridger steam-electric plant was being built near Rock Springs at Point of Rock, Wyoming.

That said, had the hospital board not had plans to replace the 80-year-old, 20-bed hospital, (Photo above) I would not have chosen Rock Springs to set up my first practice outside an educational setting. The old hospital, which had seen its better days but was safe, had an interesting history uncommon to other early hospitals.

The initial authority for construction of the "Miners' Hospital" was included within the Constitution for Wyoming when the territory was admitted to the Union on July 10, 1890. A 30,000- acre tract was set aside for the construction of the hospital, and voters designated Rock Springs as the location for it.



The new hospital (Photo) opened in 1978, four years after I started working in Rock Springs. I was part of a hospital contingent that advised on design of medical departments and facilities.

During my initial visit to Rock Springs, I met Dr. Paul Yedinak, the city's only general surgeon. He was a Wyoming graduate, medical officer in the Army Air Corps, and a past president of the Wyoming Medical Society.

"Here's my office, and there's your desk. Come on up," he said. It was pretty much that handshake deal that brought me to Rock Springs, and he offered me three month's free rent.

I was about to start my own practice, which I was confident would do well because there was plenty going on that would bring in surgery patients.

Off to the bank I went to borrow enough money to live on until I started to make money, set up an office and hire a nurse.

We lived in the middle of Rock Springs, near the high school.

A lot of surgery was performed on patients who had been injured in auto smashups on nearby Interstate 80 and in the mines, as well as crime-connected injuries, such as shootings, stabbings and assaults.

Miner wins struggle with death

GREEN RIVER, Wyo. (AP)—A worker trapped nearly 24 hours in a new mine shaft at the Allied Chemical Co. plant west of here was reported in good condition Wednesday night after he was rescued.

Dr. Terry Happel at the Sweetwater County Memorial Hospital in Rock Springs, Wyo., said Joe Beaucamp, 28, of Green River, had suffered from exposure and was dehydrated following the ordeal but otherwise was uninjured.

Beaucamp was trapped when he fell Tuesday evening from a scaffold during a cave-in at the new trona mine shaft. Beaucamp was trapped at a depth of 1,500 feet and was buried up to his neck in sludge.

A spokesman for Centennial Development Corp., which was sinking the shaft, refused to comment on the accident or rescue.

I could do any surgery any I felt comfortable with — there was no one to tell me not to do something, as can be the case in an educational setting.

One of my early experiences in Rock Springs scared the hell out of me.

I was called to a trona mine, where a miner, Joe Beaucamp, was trapped in a cave-in 1,500 feet below ground. I was taken in an elevator to the site of the cave-in. Workers tied ropes to my legs to prevent me from falling as I leaned down to help the guy. A couple of guys were down there trying to free him

He had been buried up to his chest for three hours. His arms were free and he had been digging to get free.

I was able to start an IV in his arm to protect his kidney function and gave him morphine until he could be pulled free and taken to the hospital.

The dirt was crushing his torso and extremities, and crush injuries can lead to kidney failure as intracellular constituents are released from muscles into the blood stream. This process is called rhabdomyolysis, which the kidneys can't handle.

We watched him overnight and checked his kidneys. The readings were abnormal, so we sent him to Salt Lake to be placed

on dialysis.

A few weeks later, a recovered Beaucamp came to my office to thank me. (Clipping: The local newspaper coverage hardly captured the seriousness of the situation and efforts involved in freeing the miner.)

Others patients we worked on had been shot or stabbed or otherwise hurt as a result of criminal activity associated with all the money flowing from mining.

Rock Springs drew national attention in the late 70s when “60 Minutes” with Dan Rather came to town to report mainly on prostitution, but also dealt with all kinds of allegations of gunrunning, prostitution and murder. I knew two individuals allegedly involved in some of the less-than-legal goings-on.

I took a lot emergency call to meet patients and grow my practice.

One night a prostitute came into the emergency department with appendicitis, which I operated on. Her pimp showed up and asked what he owed me. I told him the charge for an appendectomy was \$600. He reached in his pocket and gave me six \$100 bills, and asked about when she could go back to work. I said four to six weeks. Chances are good they weren’t going to settle for that much lost business.

MOM’S PASSING

In 1975, a year after I came to Rock Springs, Mom came from Cheyenne to visit us and fell ill.

Joan and I were in Jackson when I got the call from Dr. Yedinak that Mom was in the hospital for a severe asthma attack and then had a stroke and could not respond.

I took her to University Hospital in Salt Lake. Joan and Johnny were there. Mom was placed on a ventilator. There are several tests that have to be run before a patient can be taken off life support, which was eventually removed. It was done as agreed to by members of the family who were there. The neurosurgeon advised Mom’s chance of survival was zero because of the damage caused by the stroke.

I was devastated by my mother’s death. We were extremely close.

Funeral home owner Pete Vase took her to Cheyenne. She had a sizeable funeral in the Methodist Church, where she once taught Sunday school. She was so respected in the community. She was still working for dermatologist Dr. Gardner when she passed. He was at the service as was Dr. Gordon Holman, the chiropractor she had worked for.

Mom is interred at Lakeview Cemetery next to Dad.

GROWING THE HOSPITAL

The Sweetwater County community was very supportive of the hospital as we worked very hard to recruit specialty physicians and nurses to bolster the staff of a dozen or so doctors who were there when I started. We recruited an internist/anesthesiologist, a pediatrician, an orthopedic doctor, radiologists, intensive and emergency care personnel, a neurologist and

physician assistants, who came in under contract with an organization in Colorado.

With the addition of new doctors, we made the necessary changes in the hospital, such as the intensive care unit, to accommodate their practices.

We grew to be a hospital with 24-hour in-house coverage, initially using physician assistants, and then physicians. Related to that, we developed via a grant a telecommunications system through which we could communicate with ambulances heading to the hospital.

The county board of supervisors was a great help by approving a recruiting program, and a bank agreed to provide loans to new doctors to get them started in practice. As chief of the medical staff, I worked closely with the county and hospital boards.

Besides operating on as many as four patients a day and thousands in 11 years, I was getting an education on hospital administration.

Speaking of administration, we recruited a hospital administrator from New Mexico, who came with outstanding credentials. Turned out he was an alcoholic and later committed suicide.

MY FIRST OPERATION IN ROCK SPRINGS

The first surgery I did in Rock Springs had unusual elements, part of which harkened back to research on dogs during my residency in Arizona. The surgery was on a middle-aged man with a “pseudo intestinalis-obstructed bowel.” In such and similar cases, the patients can have only water for quite a long time because they aren’t able to digest food.

Years back, a physician at the University of Pennsylvania found Beagle dogs would survive a year given only a high concentration of glucose and a variety of vitamins, a process called hyper-alimentation, commonly used in surgery of the digestive system.

I was among the early surgeons to use hyper-alimentation on a patient in Wyoming. He healed up nicely in three months.

With prescriptions for IV alimentation, you had to be good friends with pharmacists. “You want me to mix that stuff up to give to a patient?” they would say.

I presented a Rock Springs hyper-alimentation case to the Southwestern Surgical Congress. The surgeon who headed up the congress asked me to join his practice at Creighton University in Omaha, Nebraska.

Like other occupations, surgery becomes routine. You go to work, do several operations and go home. The exception is emergency and life-and-death surgery. Trauma is never routine — that's what I like.

I operated on people who presented in the emergency room with critical bullet and stab wounds who would not have survived without immediate care.

Bullet wounds can be very tricky because a bullet will ricochet all over the place in the body and usually damage several organs. I remember one case where a shot went through a lung, the pancreas, and we found the bullet hidden behind the liver after quite a search.

Sometimes no matter how well the surgery went, a few patients expire because they lost too much blood.

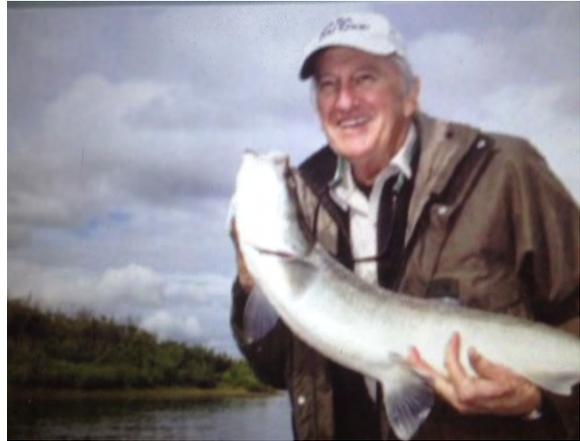
THE GREAT OUTDOORS

Rock Springs was a wonderful place to grow as a physician and to enjoy the wonderful outdoors.

Sometimes I'd take a week off from the hospital, so we spent a lot of time in Jackson. (Photo: Me with the catch of a sheefish)

We had two boats, including a 16-foot Runabout with an inboard engine that could go 70 mph and a 22-foot Bayliner. Joan and a friend drove to Seattle and pulled the boat back to Rock Springs. (We brought the Bayliner to Arizona and kept it at Lake Powell for a while.)

As far as hunting in Wyoming, the state draws from applicants for licenses, and we usually were drawn for elk, antelope and deer. Moose licenses were drawn every five years, and Joan got one. She also got her moose with a 30.06. She liked to hunt.



I don't like venison very much — a deerburger or jerky were just okay. Antelope tenderloin was my favorite. We made a lot of hamburger. Joan liked game meat, and the kids would eat it if you didn't tell them what it was.

We hunted a lot with Larry Crawford, Mike Vase, co-owner of the Outlaw Inn, and Dr. Ed Fenstermacher joined us when he came to join the hospital staff.

David Hansen, who was a standout wrestler at Wyoming, was a steady fishing partner. Don Anselmi, chairman of the Wyoming Democratic Party and Outlaw Inn co-owner, liked to hunt goose and duck near Jackson. (I don't care for goose, too greasy. Duck is better.)

Crawford, who lived in Green River, was a manager of one of the trona mines until he underwent neurosurgery on his neck in Casper and had to quit his job and take disability. He later managed the bus depot that was part of Teton World Travel, a travel agency Joan and I bought. The bus service ran from Rock Springs to Jackson with a stop in Pinedale.

Larry later had a fishing business.

Joan enjoyed working at the travel agency and went to Mexico and Hawaii on cross-promotional trips with other agencies that needed an agency to handle their clients' travel plans to the Jackson Hole area.

We did a lot of hunting south of Jackson, where we knew a rancher I had operated on a couple times, and he let us take his horses and went hunting with us. If we made a kill, he would help us dress it. We'd carry the animal out on the horses or on a four-wheeler, and the kills would go to Pinedale to be cut up for freezing.

Hansen taught school in Casper for a couple years, but didn't like the job, so he established Dave Hansen Whitewater and Grand Teton Fly Fishing, where you sign up for a fly-fishing and whitewater rafting trip down the Grand Canyon of the Snake River.



The Snake River (Photo) was my favorite place to fly fish in late September or the first week in October. The surroundings were absolutely pristine, so beautiful. The colors of mountain maple bushes just knocked your eyes out. Fishing was great down river because the water was low. You'd see an eagle or osprey dive and snag a fish right out of the river.

Crawford, Hansen and I took a 10-day and very memorable fishing trip, starting out on the Snake River in Idaho and ending up in Washington state. It was a beautiful trip, however our drift boat got caught in a real rough area, and swirling waters tossed the boat, all our gear, and us off the boat. We recovered everything downstream.

There's always the story about the fish that got away, but that trip was about the boat and fishing gear that got away.

I was asked if I'd rather hunt or fish. Fish is my answer. When you kill a game animal, too much work follows.

A VISITOR, HORSES & MISHAPS

My reputation as a surgeon resulted in the University of Arizona sending a woman senior medical student to shadow me for a six-week surgery rotation. She observed what general surgery is all about. She lived with us and enjoyed riding our horses.

Joan and I had three horses and together we repaired an old a corral for them.

Tracie one day was cinching the saddle on one of the horses, he spooked and the cinch lacerated his scrotum. I called a veterinarian friend, John Radosevich, for help, but he was out of town, so one of my physician assistants from the hospital helped out. I gave the horse some Novocain not knowing how much it would take to numb the area. We sewed him up and he healed well.

Radosevich sometimes would call me for assistance with a case, such as the day I helped him with a C-section on a mare.

Tracie avoided injury in the horse incident, but Dana and Joan had their share of injuries. Joan broke her ankle skiing, which required surgery, and Dana, who was a very good skier, broke her leg on a trampoline we had in the yard.

DR. ED FENSTERMACHER

I have a friend, Rex Beougher, who taught me how to fly fish. He and I and Joan owned an art and framing shop in Jackson, and Rex and I on occasion stripped wood off old abandoned barns to use in making frames for art and photos. They were really attractive.



Rex's former wife worked in the operating room at Colorado General Hospital in Denver, where she knew surgeon Dr. Ed Fenstermacher. (Photo) She had told him what we were accomplishing in Rock Springs. Ed graduated from the University of Colorado College of Medicine in 1970, then completed residencies in general and plastic surgery and later a fellowship in microsurgery at University of Louisville Hospital.

(Eventually I took a 10-day training course in microsurgery, which included practicing on rats, as Ed and I also did in Rock Springs.)

Ed wanted to practice in a rural area and came to Rock Springs to check things out. Long story short, he joined our staff.

Coming from a large hospital as a fellow in microsurgery to little old Rock Springs was a little unusual, but we were setting up a first-class microsurgery program, which sold Ed on the hospital. The hospital obtained a surgical microscope for us.

Ed was completing his plastic surgery residency in 1976 and was doing emergency room work in Rock Springs under a contract with a Colorado Springs group. He did some surgery.

In 1977, he finished his residency and practiced for a short time more in Rock Springs before taking off a year to work with a plastic surgeon in Australia.

He returned to Rock Springs for a short time after an around-the-world trip and went back to Louisville for a six-month fellowship in micro-surgery.

Back to Rock Springs for Ed to start his formal practice in plastic and microsurgery. During this time, we recruited Dr. Joseph Oliver, an outstanding orthopedic surgeon and a wonderful guy. He came to Rock Springs for the same reason others and I did — plenty of work to be had.

Joe graduated from the University at Buffalo, School of Medicine and Biomedical Sciences. He completed his orthopedic residency at Henry Ford Hospital in Detroit.

He got so busy we recruited another orthopedic surgeon to help him.

Joe and Ed had their offices in a trailer until we finished our medical office building up on a hill near the new hospital.

Ed and I obtained medical rats from Denver to practice microsurgery on using the high-powered microscope that the hospital provided, which probably cost \$75,000-\$100,000. There are very specific ways you operate under a microscope. We set up a small facility across the street from the hospital for work on the rats, which we did once a week.

I operated with Ed on many micro and vascular cases, some which took hours to complete. We were a good team: I was more of a planner on how we were going to do operations, and Ed led the way surgically as he was a more accomplished microsurgeon.

We worked on a couple rodeo cowboys who were in bucking competitions and tore their thumbs up pretty badly because they wrap rope very tightly around their thumbs. It was a pretty common injury.

Joe Oliver, John Radosevich, the vet, and I owned a couple quarter horses that we raced just for fun.

Ed and I had a lot of similar interests. We did a lot of dove hunting and fishing and we jogged four days a week, even in the dead of winter. My German shepherd, Smokey, ran with us. On one of the jogs, we were running up a hill near the hospital, and a car was coming down the hill and drove right over Smokey. I thought he'd been killed, but he emerged from under the car, spinning and rolling and came right back to us to continue the jog. He lost a little bit of hair, but the whole incident didn't bother him at all.

Ed also was an instrument-rated private pilot and owned a Cessna 210, which we used for recreation and business. We made trips to Mexico and other distant destinations. I was the "navigator."

Things finally settled down with injuries related to criminal activities and mine injuries, so there was less need for plastic and microsurgery. After five years, Ed and his wife moved to Arizona where he set up plastic and hand surgery practices in Mesa and Chandler. She was a nurse practitioner in the Rock Springs emergency room, and they had married in Jackson Hole.

JOAN'S HEALTH

Joan was in high school when her father died; they assumed it was a heart attack. He was 52.

The last year we were in Rock Springs, she had chest pains during an aerobics class.

We took Joan to the LDS Hospital in Salt Lake City because we didn't have a cardiologist at Rock Springs because we didn't have a catheter-ization lab.

Joan's cardiac catheterization revealed triple-vessel disease. Joan was a smoker.

There were no stents available then, so she underwent a quadruple bypass and recovered fairly well.

About three months later, we were at a restaurant in Rock Springs, and she had chest pains again. We knew what was going on. We flew her to Salt Lake, and an angiogram revealed three of the bypass grafts had failed.

The docs decided they could do a balloon angioplasty. They couldn't do anything on the other failed vessels, so Joan was living on one coronary artery.

The cardiac doc gave her a year to 18 months to live. That was in 1985.

She continued to have angina aggravated by the 7,000-foot elevation and cold winters in Rock Springs. Those conditions were catalysts in our decision to move to Arizona.

LEAVING FOR ARIZONA

By 1985, I had performed thousands of surgical procedures, and we had recruited a general surgeon from Lander, Wyoming. I wanted to specialize in hand surgery, and given Joan's health situation, we decided to move to Arizona. Joan was very supportive of the move.

Ed had said there were many general surgeons in the East Valley area of Phoenix and suggested I go into hand surgery, which I had been interested in for some time.

I talked to Dr. Madden, my old hand surgery professor at the University of Arizona, about his fellowship program in hand surgery, (which I completed after moving to Chandler.)

Still in Rock Springs, I began prepare for a practice in hand surgery. Through connections I had at Utah School of Medicine, I obtained a cadaver arm (Photo: example only) and dissected every part of it for three months — in my garage



because of formaldehyde odor. I had to return it to Salt Lake because it was considered hazardous medical waste.

Hospital colleagues and friends were very disappointed we were leaving Rock Springs, where I spent more than a decade of growing as a

physician, making great friends, and having a wonderful relationship with the wonderful Wyoming outdoors.

CHAPTER XIII
FOR HE'S A JOLLY GOOD FELLOW & HAND SURGEON

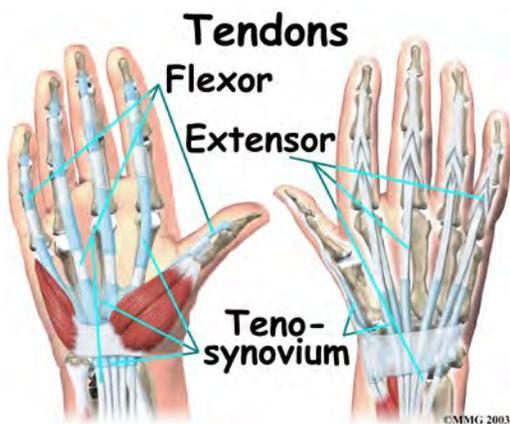
We landed in Chandler in late 1985 and rented a split-level house in Ahwatukee, a southern suburb of Phoenix. The air conditioning wasn't strong enough to cool the upstairs, not to mention the expense, so we moved to a house near what now is named Chandler Regional Medical Center.

A couple months were spent getting hospital privileges in the East Valley, which is comprised primarily of Chandler, Mesa and Tempe.

THE FELLOWSHIP

I was anxious to get a fellowship in hand surgery to expand my knowledge in the specialty and take advantage of other benefits that come with a fellowship (one of which is not necessarily higher pay).

I didn't know at the time whether my old U of A professor John Madden had a fellowship program, but learned he did when I called him. After the political debacle over Dr. Peacock, Madden cuts his ties with the U of A, and sponsored a fellowship program through the University of New Mexico. (Peacock had brought Madden to Tucson from North Carolina.) He encouraged me to enroll in his six-month program, which would require getting hospital and surgicenter privileges and living in Tucson during the week, except when on ER call. I think the fellowship paid me around \$1,000 a month.



My med school friend, Dr. Koepke, helped me find an apartment, and his brother, who was a veterinarian, gave me two cats — two cats that didn't get along. "Squeaky" was a goofy Alpha female — I don't know how else to describe her — and I brought her back to Chandler. Squeaky used to sit on top of my German shepherd, King. She managed to survive feline leukemia for a

number of years.

Madden was a showman, a true teacher, a true educator. He drew colorful illustrations to educate his patients, similar to the example above.

His mantra still rings in my ears: "This is how I do things; this is how I want them done."

I had the tremendous opportunity to follow him around each day, assist him in surgery, and observe him inform patients as to what their hand

problems were, what he was going to do to fix them, and what would follow after surgery. It was a treat to observe the way he related to patients in his clinics regardless of whether they were surgical patients.

Madden took pride in what he called the “three-legged stool” —the patient, the doctor, and the physical therapist. Therapy after hand surgery is key to recovery. I later employed a hand therapist in my office.

Madden used a special post-surgery hand dressing designed by Dr. Peacock, as did I in my practice later.

The fellowship was a way to expand my knowledge in the specialty, learn more about physiology of the hand and specific anatomy in the upper arm. I learned the complex-ities of the more difficult pro-blems you might run into in hand surgery.

We operated two days a week, and Madden did all the surgery, while I assisted.

Hand trauma involved a lot of flexor and extensor tendon injuries. Surgery for arthritic joints was frequent, and I learned much about reconstructive surgery on joints diseased from rheumatoid arthritis (Photo) and joints worn down by osteoarthritis. Surgery for rheumatoid arthritis isn't so common today because of new medicines.



A Fellowship in hand surgery requires membership in a designation called Added Qualifications for Surgery of the Hand and membership in The American Society for Surgery of the Hand.

Memberships in the latter two groups have requirements that change over the years, but generally they require several of practice in hand surgery, a certain number of cases, and references from members.

As I did in starting up a practice in Rock Springs, I took emergency room call to build a list of patients and started getting referrals from other doctors. I also visited doctors in their offices to introduce myself, explain my practice and tell them I wouldn't be encroaching on their practices.

THE PRACTICE

I built a tremendous hand surgery practice in Chandler, including lots of microsurgery and very complex rheumatoid reconstruction. Some days I did a half-dozen operations.

For several years running, *Phoenix Magazine* voted me among the Top 5 Hand Surgeons in the entire metro area.

At one point in my practice, I was fly-fishing in Utah and received a call on my cell phone from a surgeon friend in Chandler, Dr. Ed Hernandez. It went like this:

“Terry, what are you doing?”

“I’m fishing.”

“Well, get your ass down here — you’re the president of the medical staff.”

In that position, I became much more familiar with the physicians who practiced at Chandler, and it prepared me somewhat for what was down the road after I retired from surgery.

Doctors in Rock Springs got along well, but in large cities where there’s so much competition, medical politics and discord often come into play, especially over referral patterns.

As my hand surgery practice grew, Walter Heilman, who worked for John Madden in Tucson, showed up at my door wanting to go to work for me as a surgical first assistant, which he did. Walter was a good assistant and helped my practice a lot.

A CASE I WON’T FORGET

I received a late night call one about a young suicidal woman. She was a schoolteacher in Mesa in her mid-20s and had cut nearly every artery, vein, nerve and tendon in both wrists with a kitchen knife. The woman’s husband was in bed, heard her fall and found her on the kitchen floor.

She told me she really wanted to die.

I don’t know to this day how she cut the second wrist with the first one was so badly lacerated. We call injuries such as that “spaghetti wrist.”

I operated on her for nine hours, and she was taken to ICU. It took a year for all her post-operative care and to completely heal. Nerves are the last to grow, and her what’s called “protective sensation” returned. An example of protective sensation is being able to feel hot and cold.

I was confident she would recover completely because I did what was required and there were no complications. I should have written a paper on the case because it was so unusual.

During that time, hand therapists designed several types of braces for her hands. Social services counseled her on her obvious mental problems while she was hospitalized and later underwent in-patient psychiatric care. I visited her there to make sure her hands were taken care of.

Her insurance didn't pay much, so her mom, an accomplished artist, brought me an oil landscape she had done as partial payment.

All's well that ends well — she returned to teaching. One of the gratifications from hand surgery is seeing patients do something they couldn't before.

(Speaking of medical insurance, I had once billed Medicare for a four-joint repair and received a small check as payment for removal of a Bartholin gland . . . which at the opening of the vagina.)

I should add here many patients who come to the ER, are uninsured, but we take care of them. Patients do have dignity and want to do something about the bills, such as the mother of the suicidal woman. To give some value to the care provided, we would charge \$1.

We hear a lot of negatives about government's role in healthcare, such as making laws that tend to intrude on physician decision-making, but I would add programs, mainly Medicare and Medicaid, certainly assist the uninsured and reduce losses for the hospital.

COUNTY TEACHING

I love to teach and fed that desire at Maricopa County Hospital, where I helped residents in surgery and lectured once in a while. I got to know Drs. Bill Lovett and Bob Wilson there, the organizers of what was a fellowship program.

County prisoners were operated on at the county hospital and were all guarded. Most of them had trauma-related injuries, such as fractures and lacerated tendons.

THE ARIZONA OUTDOORS

Recreation in Arizona was very limited compared to Wyoming. We had a cabin in Pinetop, where we did a little fishing. Hunting licenses in Arizona are hard to get. I hunted dove on dairy land in east Mesa with a sheriff's deputy who was a patient of mine. Several times he cut his fingers pretty severely while dressing game he had hunted.

On one of the dove hunts, Lincoln, my yellow lab that was a misbehavior, disappeared. We found him picking up other hunters' doves. (He had a real soft mouth.)

I drew a deer license once, but I don't think I used it.
So many of Arizona's days are hot, one just stays inside.

JOAN

Joan was doing fine when we moved to Chandler. Her heart had formed some collateral vessels to bypass the damaged heart muscle. The cardiologist found some narrowing in one of her cardiac vessels, which was stented. Later, she had some atrial fibrillation, which responded to medicine.

Joan has had back problems for years, scoliosis in the thoracic and lumbar spine. She's had many interventional pain nerve blocks as surgery was ruled out because of her heart.

WHAT ARE THE ODDS?

You'll remember in my stories about Rock Springs, that Ed Fenstermacher moved to Arizona to set up a plastic and hand surgery practice in Chandler and Mesa. Ed and I shared a Chandler office and expenses.

In the ironies of all ironies, our own hands led to our retirements.

Ed was involved in a bad car accident in which his steering wheel spun around quickly, severely injuring his hand. I operated on it, but it was so damaged he could no longer do surgery and took a disability benefit.

Ed became a medical director for the Arizona Health Care Cost Containment System and other insurance companies.

It was my turn to have hand surgery for problems that developed over the years — several operations to be exact. I blame my hand, knee and shoulder problems on my years of athletic competition.

I had complications after the initial surgery that required additional operations. Madden suggested I consider retiring and take disability because I could not longer perform the kinds of surgery I wanted to.

LEAVING THE PRACTICE

I had numerous patients waiting to see if I were going to retire (not all of them surgical patients) and continued to see them in the office. I could have done minor operations such as trigger finger or carpal tunnel, but after my 16 years in hand surgery, it was time to put away the scalpel. I didn't want to reach the point where I had to struggle to operate. I wanted my last operation to be done as well as my first operation.

Yes, retirement from practicing medicine was a big hit, but everything turned out okay because I had an *alternative*.

While it didn't offer the outdoor recreation of Wyoming, the move to Arizona was beneficial for Joan and the family, for my medical practice and for the experiences that followed my retirement as a surgeon.



(Photo: Family dinner in Chandler: from left around the table: Austin McGlumphy, Alexis Richards; Dana Tate; Jim Tate; Tracie Trimarco; Joan and I.)

CHAPTER XIV THE ALTERNATIVE



The alternative to hand surgery I spoke of was not retirement from everything medical and playing golf everyday. The alternative was becoming a medical officer at Chandler Regional Medical Center.

Staff members in the Rock Springs hospital said I was chiefly responsible for the growth of what became a jewel of a hospital in rural Wyoming. In Chandler at first, I was a little apprehensive about no longer functioning as a surgeon and even more apprehensive about how to modestly describe my roles in this writing

A friend told me my roles in leading special projects at the hospital were really no different from being in the operating room, where I called the shots surrounded by a cast of expert support people.

I was beginning on a journey of doing things I'd never done before.

After 16 years at Chandler Regional Medical Center, however, I'd like to believe I was instrumental in the amazing growth of the not-for-profit hospital by taking the lead in pet projects that changed the face of the hospital.

Those projects encompassed palliative care, Level 1 trauma, evaluation and improvement of emergency services, open-heart surgery, revival of the

Institutional Review Board, Wound Center and hyperbaric chambers, critical care medicine, in-house critical care program for doctors with ICU patients, the Crimson Initiative for data on doctor quality of care, the hospitalist program, and in-patient psychiatric services.

Having done most of my hand surgeries at the Chandler hospital, I was very familiar with its early days as a stand-alone community hospital, its growth potential, and its leaders.



A BIT OF HISTORY

As I did in my beginning narrative about the Rock Springs hospital, I'll provide some historic mileposts leading to growth at Chandler.

While still practicing, I was member of the Chandler Regional Medical Center governing board. It was obvious at the turn of the decade the rapidly growing City of Chandler would be much better served if the hospital were part of a system of hospitals. In 1999, the year before I was employed by Chandler Regional Medical Center, the hospital chose to merge with Catholic Healthcare West (CHW), the parent company of St. Joseph's Hospital and Medical Center and Barrow Neurological Institute. That move meant \$30 million for Chandler, which was the spark plug for growth.

In 2007, CHW became Dignity Health, but with the same Catholic tenets. The hospital's name was changed to Chandler Regional Medical Center in 2011 and today it has 338 beds, and a third tower will add 95 beds.

The name Catholic Healthcare West became too limiting from a branding perspective, and the system was expanding beyond ownership of just Catholic hospitals. CHW already had 16-17 non-Catholic hospitals when Chandler joined the network.

Mercy Gilbert has grown to 220 beds, with many pediatric beds.

BECOMING A MEDICAL OFFICER

In my 16 years at Chandler, I worked under five chief executive officers and led a variety of major programs that have cast the hospital to the forefront of Valley medical facilities.

It all began when CEO Dave Covert ([Photo](#)) hired me under contract for hourly work with the medical staff, which I had served as president. I was

still sporting a large wrapping around my hand from my surgery, which I wore for months.

In the contract position I could no longer serve on the hospital board.

CHW made a smart move by encouraging all its hospitals to have a chief medical officer as part of the executive team. I was the first one in Chandler and the go-to person for phys-iceman-executive matters. I later held the same title and responsibilities at Mercy Gilbert Hospital.

The role was overwhelmingly time-consuming, with the chief responsibilities for ensuring individual physician quality and tending to patient complaints.

In the end I had around nine departments reporting to me.

As chief medical officer, I was recognized as Hospital Executive of the Year in 2009 by *Arizona Business Magazine*.

MY PET PROJECTS

PALLIATIVE CARE

Palliative care was my baby. I was in a planning meeting with 10 people in 2004, where Dave Covert asked the group for the meaning of “palliative care.” No one answered at first, so I raised my hand.

“Good, you’re going to Burbank Wednesday” [to discuss with CHW setting up a palliative care program].

At this point in the story, I must say Dave was an astute chief executive office, more so a gem of a man. He was a tremendous mentor as I transitioned from surgeon to administrator. He was so supportive of my special projects.

Dave was not only a boss, he formed friendships and drew appreciation for fishing trips to San Diego he organized on an annual basis.

Simply put, the goal of palliative care is to improve quality of life for both the patient with serious illness and the family. It’s to help those people feel better and to treat emotional, social, practical, and spiritual situations that illnesses can create.

While receiving palliative care, people can remain under the care of their regular doctor and still receive treatment for their disease. Physicians, nurses, dieticians, social workers, psychologists, massage therapists and chaplains may give palliative care.

There wasn’t space in the Chandler hospital for a palliative care lounge so we assigned some beds for it. There was room at Mercy Gilbert Hospital

and above the door it says “Terry J. Happel Palliative Care Lounge,” noting my work to set it up.

(That year marked my sixth as chief medical officer for both Chandler and Gilbert hospitals, and with several drives back and forth daily, it was getting to be too much, so Gilbert hired a replacement for me.)



OPEN-HEART SURGERY

The hospital's executive team decided to do due diligence on the idea of establishing an open-heart program since we already were doing high-level cardiac catheterizations.

I contacted John Goodman and Associates, a cardiovascular consultant group from Las Vegas in 2002.

We also consulted the nursing staff and all ancillary staff that would be impacted by the open-heart program.

The open-heart program changed the lay of the land in the hospital because of its demands on other departments and services. We had to have two operating rooms dedicated to cardio-vascular surgery. We had to establish a four-bed cardiac ICU separate from the regular ICU beds to avoid the spread of infection to the open-heart patients.

Establishing the open-heart program took about a year.

When we began planning the program, we felt we could do 300 hearts per year, which required two heart surgery operating rooms. We did around 250 the first year and they have steadily increased since.

Bottom line: The open-heart program was very busy and soon began turning a profit.

I want to mention Mike Jukich, who was a perfusionist, which is a non-physician technician that operates the heart-lung machine. We contracted with him for safety priorities for open-heart surgeries and had a non-exclusive contract with his large group, which served most of the open-heart programs in the Phoenix market and did most of the open-heart operations at Chandler.

He was extremely helpful when we set up the open-heart program as he had expertise in open-heart programs, and he was a great help for operating personnel. He's been a very good friend of mine over the years.

EMERGENCY ROOM EVALUATION

The first year I was at the hospital, I saw an unacceptable amount of patient complaints about the emergency room personnel, who were under contract with an outside group.

Patients complained doctors were not listening to them, they were not told of their diagnoses, and they were snotty and self-centered.

I had a national consulting group review the emergency room operations for three days, and it was recommended the outside group be replaced.



I convinced the executive committee to issue a request for proposal (RFP) for a replacement group. We selected a group of a dozen emergency room doctors from around the East Valley that had formed to respond to the RFP. We did retain two doctors from the original group.

Dr. Forrest Holden (Photo) was in the new group and a very experienced emergency physician having run several Level 1 programs, including at John .C.

Lincoln in north Phoenix. He also did critical care work.

Dr. Holden was my first medical director for the new group. He reported to me monthly and dealt with patient and physician issues in the ER.

After a year or so, he wanted to get more involved in administrative medicine. I had so many balls in the air with numerous projects, I asked the executive board if I could have an assistant chief medical director.

The executive committee agreed to have Dr. Holden assist me for a certain amount of hours, while he also worked in the ER

A lot of his work was with case managers to review the work of the hospitalists regarding the length of their patient stays in the hospital and other matters.

Dr. Holden and I had to respond to all patient complaints that went to the Department of Quality — in writing — a huge job. Later on when the patient census grew significantly, so did complaints. To be able to handle them all, the Department of Quality finally hired a patient advocate who handled all the complaints. I reviewed the letters the advocate sent to the patients.

The workload was incredible just handling patient complaints and physician contracts in addition to the numerous meetings I was required to attend. About the time I was establishing the intensivist program in the 12-bed ICU, Dr. Holden decided he wanted to go back to critical care medicine. He was one of the four physicians included in the contractual relationship I formed with them to do in-house critical care medicine.

Dr. Holden is a very intelligent and quiet man, who helped me tremendously over the years, and I consider him a very good friend. He still works at the hospital.

Two other ER physicians with whom I had close working relationships, were Dr. Paul McHale (Photo) and Dr. Brian Tiffany. Dr. McHale, who was also one of our early medical directors of the ER group, was a natural born leader and an expert fly fisherman.



McHale set up several fishing trips to Montana to fly fish on the Missouri River. They were excellent trips for ER and other physicians, making a great time for a dozen or so of us. Dr. Tiffany flew his own plane to Montana for the fishing. He tried his best to become an expert fly fisherman with the help of a guide.

That same ER group I chose grew to approximately 40 doctors and several physician assistants and also developed the scribe program early on. Scribes gather patient information for the doctors and is a very popular function with the physicians. Some of the scribes were pre-med students from Arizona State University.

McHale later became president of the hospital governing board.

Dr. Tiffany also was the first medical director of the ER group and a very experienced emergency room physician. Very importantly, he was much involved in clinical research, including serving as chairman of the Institutional Review Board.

The emergency room is a good example of how physician groups secure work in a hospital. There are a lot of ER physicians in the market looking for a job. Because we staff the ER (as well as anesthesia, radiology, pathology and lab departments) through an exclusive contract with physicians, we couldn't even accept an application from a doctor for an ER job unless the group under contract approved.

LEVEL 1 TRAUMA CENTER

A Level 1 trauma center is an area of a hospital that's equipped to treat the most high-risk of injuries — gunshot wounds, serious car crash injuries, for example. But the most common reason patients enter the trauma unit is because of a fall.

Trauma centers offer more extensive care than emergency departments, and the difference between a trauma center and emergency room can be life and death.

In 2014, it was high time Chandler had Level 1 trauma in order to beat Desert Samaritan to the punch. Starting up Level 1 is a huge, huge deal. There was a ton of work to do before our plan went before the state, the Joint Commission for Accreditation and the American College of Surgeons [ACS].

In order to qualify as Level 1 with the ACS, you have to have all the emergency services available: vascular surgery; neurosurgeons (from Barrow Neurological Institute), cardiac surgery; hand surgery; in-house general surgery; a research program, in-house anesthesia (with a backup within 30 minutes), orthopedics, OB/GYN, and residency programs in general surgery and orthopedic surgery. ACS also stipulated we had to have 1,100 trauma patients the first year.

A Level 1 trauma center completely changes hospital operations because of what's all involved.

The first thing that must be done is research into the demographics of the area, which took us several months. We got all the state data, such as number of accidents in the East Valley and to which facilities they were taken.

There are some financial benefits to having Level 1 because the hospital is paid more for trauma patients. The hospital board and Dignity Health approved the plan.

It was my responsibility to organize the contractual arrangements with all the trauma specialists and, working with the medical staff office, set up their call schedule, a significant undertaking.

There was some initial backlash from general surgeons about emergency room call, so we split it up between the general surgeons who were not taking trauma call and the trauma-qualified surgeons. The trauma-qualified surgeons are fellowship graduates and are in-house 24-7.

Aside from the physician side, there is a huge contingent of other providers: ancillary services, radiology, emergency services, laboratory and nursing services.

At the end of year one, we had seen more than 2,000 trauma patients, (the total today is around 4,000 per year), and trauma was on its way for accreditation, which was awarded by ACS in 2016 after a two-day review in the hospital. From startup to accreditation for a trauma unit, two years was somewhat shorter than usual.

It took us about 18 months to become reasonably profitable. Our move to Trauma 1 certainly took business from the Scottsdale trauma system.

IN-HOUSE ANESTHESIOLOGY

When I was practicing hand surgery, the anesthesiology program was kind of unsettled. It became clear we needed to structure it better. Two anesthesiologists were the leaders of a small group of anesthesiologists. We developed an exclusive contract with Dr. Terry Ambus and Dr. John Mulligan ([Photo](#)) for service to all departments requiring anesthesia, except for open-heart. Ambus was the medical director.

As an example how well the exclusivity process works, when surgeons call to schedule an operation, they automatically have an anesthesiologist, instead of having to bring their own. The group grew significantly from 12 when the hospital had only 120 beds.

The open-heart program has contracts with three outside anesthesia groups.

I evaluated physician satisfaction with hospital departments annually, and anesthesiology always

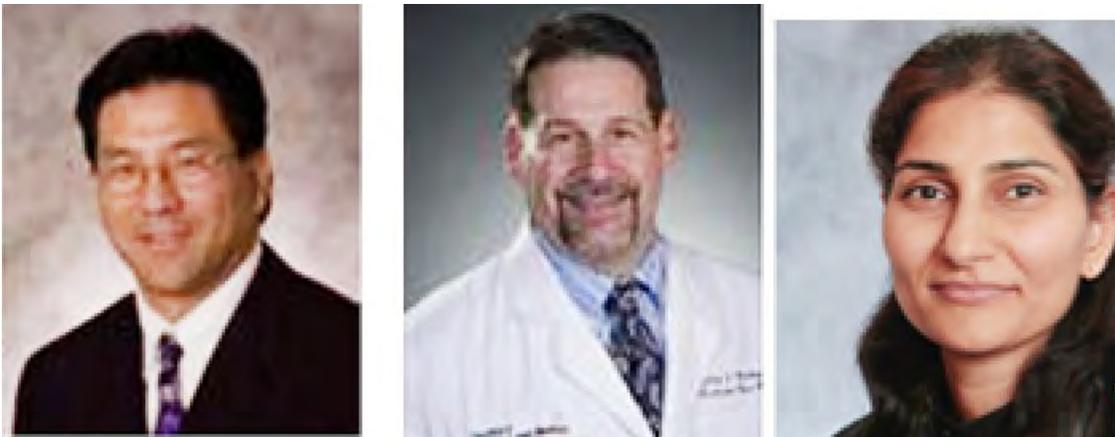


scored the highest among the hospital departments. Ambus and Mulligan became good friends of mine.

IN-HOUSE CRITICAL CARE

We originally had a 12-bed intensive care unit, and clearly as the hospital got busier and busier, and as we took care of a lot more serious illnesses, it became obvious we needed more intensivists in the ICU. The gold standard for ICU is 24/7/365 coverage to monitor length of stay and other parameters of quality care. With later expansion of the medical towers, we went to a 36-bed ICU to meet the need of an increase in patients and because of the superb work of our intensivists.

At that time, however, we had no intensivists in the ICU, so any member of the medical staff could admit a patient to the ICU; and most admissions were from hospitalists, who with the nursing staff agreed there needed to be more intensivist care.



At that time, we had three only critical care physicians interested in ICU work. They were (Photos: left to right) Drs. Gary Nagamoto, Phil Husband and Ritu Khanna.) It was difficult finding critical care doctors for some time, but Drs. Nagamoto and Husband then decided to quit their office practices and come aboard as contract in-house critical care physicians. We had a hard time figuring out how to financially structure the deal and ended up obtaining their services as employees via a downtown physician's group that represented 200 doctors. There were some objections to the setup, but things worked out well.

Dr. Holden from the ER, who had been my assistant chief medical officer, later joined the critical care team.

As with most other departments in a growing hospital, we needed to expand and bring on more intensivists.

Later, we went to the Department of Medicine to relate what would become policy: Everyone admitted to the ICU would be subject to consultation by an intensivist who worked closely with physicians whose patients were in the ICU. We had established the gold standard of critical care.

Drs. Nagamoto, Husband and Holden are still working in the ICU.

I worked closely over the years with Dr. Nagamoto in a lot of endeavors, medical and non-medical. I've always considered Gary to be the utmost of a physician and close friend. I've always cherished his opinions. I got to know him well when he was president of the medical staff for two years.

WOUND CENTER & HYPERBARIC CHAMBERS

I had always been interested in the biology of wound healing when I was a resident in general surgery. Dr. Peacock in Tucson was always concerned about wound healing and wrote a book titled "The Biology of Wound Healing."

As a resident, I did some research on wound healing. Collagen plays a crucial role the healing of wounds of skin and other tissues.

As Chandler grew, by 2000 we saw more and more patients with lower leg wound healing problems, so I thought we should consider an outpatient wound center.

I visited such a center at Arizona Heart Hospital, which was not doing very well because physicians weren't interested.

I had a wound center consultant come to Chandler to do a financial *pro-forma*, which I took to the executive committee. The committee approved the program, although it isn't a big money maker, but it is a great pro-gram for the community.

The center began with almost instant success at a small office near the hospital because it was the only one in the East Valley. Physicians referred quite a few patients, many of who were older and had diabetes and arterial disease. It is a Medicare-approved program.

We contracted with a company that ran the Arizona Heart program, which was managed by Terri Harris, who became the director reporting to me and remains the director today.

She was very instrumental in making our program a huge success. Her background is as a radiology technician who got into the wound care business and became an expert in running the entire program.

The company we contracted with hired a vascular surgeon from Chandler, whom I had recommended.

Our program is podiatry-based, and the podiatrists had consultants to work with the center.

The program also provided work for ancillary and diagnostic departments.

After about at least a year of operation, we considered using hyperbaric oxygen therapy, which is a medical treatment that enhances the body's natural healing process by inhalation of pressurized 100 percent oxygen in a total body chamber.

(Photo) (Patients can watch TV during treatment, which could take as long as seven hours.) Atmospheric pressure is increased and controlled in the chamber, and the



therapy is used for a wide variety of treatments, usually as a part of an overall medical care plan. In addition, I contracted with ER doctors to monitor and oversee our two hyperbaric chambers, which necessitated getting a larger office to accommodate two chambers. The docs had to undergo training for the wound center. The company hired a hyperbaric technician.



INSTITUTIONAL REVIEW BOARD

Having an institutional review board [IRB] enables hospitals to conduct clinical trials. The one at Chandler had become inactive, so I pushed to get it restarted. Eventually, Dr. Brian Tiffany became medical director and still is, and Julie Lynk (Photo) was manager. Brian was a clinical research investigator.

I was appointed executive sponsor by senior managers and reviewed the applications to ensure they met corporate protocols.

The IRB was composed of people from different fields. A social worker and a director of quality from the hospital were on the board, for example.

Employees of the hospital could be members, and there was a certain number of people outside the hospital who were interested in research.

When a physician wanted to do a clinical trial, I did an executive review of the protocol for conducting research as required by Dignity Health, and if I approved it went to the IRB for approval or changes, a complicated process. The board acted on around six applications per year. There was research done on stem cell therapy, emergency medicine, cardiac, trauma, and scorpion bites in children.

We obtained scorpion antivenom from Mexico, and the research went on for a couple of years. Children can have serious respiratory and neurological problems from a scorpion bite, but now they're treated in the ER and sent home, whereas previously they would be admitted to the ICU because venoms that existed at the time didn't work well.

Research projects under the IRB were paid for sponsors, such as a drug company, for example.

Having an IRB was just one way to add credibility to the hospital, and research was required for a Level 1 trauma center.

The IRB is alive and well today as research projects continue to grow.

THE CRIMSON INITIATIVE

This project involves a 3M software system that evaluates physician quality of care by data on the doctors case loads, length of stay of their patients in the hospital, meeting Medicare requirements, cost per patient case, every conceivable quality care parameter you can imagine. Overseen by The Advisory Board, the program could also evaluate groups of physicians by specialties. (The Advisory Board is a best practices firm helping health care organizations worldwide to improve performance using a combination of research, technology, and consulting.)

The Advisory Board had what they called the Crimson Initiative, into which 3M provided data on physicians.

Docs who were cited in the initiative were not penalized, it was just a matter of going over the data and educating physicians on how their data compares them to their peers and to standards of care established by Medicare, for example which is the largest payor to the hospital.

Some doctors would complain the hospital was rushing them to release patients who weren't well enough to go home.

After a year's worth of data, Chandler compared favorably with other hospitals, and the data showed a savings of \$1.3 million just in reduction in length of stays in the hospital.

IN-HOUSE CONTINUING MEDICAL EDUCATION

Physicians are required to keep up with that's happening in their areas of practice, and this is done through regularly scheduled Continuing Medical Education (CME) sessions.

At Chandler, we got approval to host Category 1 CME seminars, which were conducted by our physicians. We rotated the free sessions according to specialty. The hospital is making CME more convenient for doctors who practice there.

HOSPITALIST PROGRAM

It might surprise a lot of people that many primary care doctors over time realized they couldn't take care of patients in the hospital very well, mainly because of the time demands of seeing patients in both the office and hospital.

The term "hospitalist" was coined in 1986 by a San Francisco internist to identify a new breed of physicians who manage the care of hospitalized patients.

Doctors who choose to only see patients in their office refer those who need hospitalization to a hospital with a hospitalist program.

Chandler has had a hospitalist service, and 80-85 percent of Chandler patients are admitted and discharged by a hospitalist, except for labor and delivery and some surgical patients.

Hospitalist patients, however, remain the patients of their primary care physicians.

The hospitalist physicians are internists, who usually work 12-24 hour shifts, depending on the coverage provided by their group.

When I became chief medical officer, we had five hospitalist groups on call, and the program wasn't well organized. I completely reorganized it and reduced the groups on call to two, which also served Mercy Gilbert. The groups were named Pioneer and Alliance, each with 20-25 physicians.

The program grew so substantially, the two groups had to recruit more physicians.

As time went by, it became clear we needed leaders of each group.

Dr. David Tomich and Dr. Pedram Ayazi (Photo) were my picks. They both got involved in medical staff positions. I continued to mentor them. They became medical directors and spokesmen for the groups. They worked with me in quality efforts and problem physicians, and also met with nursing staff and senior management. They came up to snuff, no question about it.

When patients are released, all the information regarding their hospital care is sent to their primary care doctors.

Research shows hospitalists reduce the length of stay, treatment costs and improve the overall efficiency of care for hospitalized patients. Hospitalists are leaders on several quality improvement initiatives in key areas, including transitions of care, co-management of patients, reducing hospital acquired diseases and optimizing the care of patients. Our two hospitalist groups were leaders in terms of quality among all the hospitalist groups within Dignity Health.



IN-HOUSE PSYCHIATRIC SERVICES



We reached a point in the hospital when social workers could no longer handle the number of medical patients who also had mental problems. Psychiatric beds were scarce in the county.

The social services director recommended a psychiatrist she knew who might serve as an in-house psychiatrist and, as it turned out, I contracted with Dr. Dan Merrill. (Photo). We had a second contract for ER consultation. I named Dr. Merrill as medical director for the program over the years.

As the need required, we ended up with additional psychiatrists who were on call 24/7/365. They got patients out of the hospital quicker and with the appropriate psychiatric medicines. Later, the emergency room also utilized the in-house psychiatrist.

Chandler was the only acute care hospital in the Valley with in-house psychiatric consultation services

PHYSICIAN CONTRACTS

My office was in charge of all physician contracts, which were very time-consuming.

At one point, we had 700 physician contracts in our files. Every two years I had to do those contracts for emergency room call, medical directors for each medical department, department chairmen, hospitalists, and other consulting physicians. The contracts had to be written to meet legal criteria, including stipends according to fair market value, depending upon whether they were emergency room contracts or for department directors or for medical directorships, which were most of the contracts.

Some physician contracts, such as for medical directors, had limited payable hours.

Put together all the contracts with all the meetings I had to attend, and it was an incredible workweek. On any given month, there could be 30 contracts to finalize, each taking a significant amount of time.

We were fair with the doctors — we had to pay them according to “fair market value.” We could get into real trouble with the federal Office of Inspector General if we didn’t do the contracts properly.

The contracts were sent to Dignity’s legal department for approval, and then returned to my office for physicians’ signatures. I did the contracts for Mercy Gilbert as well.

Cindy Sehr was our legal representatives on physician contracts and did an unbelievable job working with my office on those contracts and other matters.

I should note here there appears to be a trend toward physicians becoming actual employees of hospitals, such as what Banner Health has done recently, rather than working through physician contracts. I think we’ll see more of that because the hospital would have more control over the doctors. That said, I don’t think Chandler Regional Medical Center will employ physicians on a grand scale

KEEPING THE PEACE

There is a natural head-butting between doctors and hospital administrators, commonly because of a lack of understanding between the two positions. It all depends on how well the chief hospital executive handles conflicts when they arise. There’s always an antagonism between hospital executives and most physicians.

And at times there was a clashing of the minds among administrators, but we always worked things out. Fishing trips were one way to foster good

relationships among administrators and physicians. And they fit right in with my life-long love of fishing.

On one of those fishing outings to Montana, Tim Bricker, one of the five CEOs I worked under an excellent fly fisherman, were playing cards one night in a little cabin. He was aggravating me with the way he played gin. “DEAL!” I told him, with an added expletive. He looked at me feigning shock, replying with his own expletive, “I’m your boss, he joked. He told that story at a senior management meeting to the delight of all.

DISRUPTIVE DOCTORS

One of my responsibilities was to handle physician discipline situations. There was a standing quip that my office door said “Sheriff’s Office,” or “Principal’s Office.” I told the medical executive committee, jokingly, the sign on my door also said “The Psychiatrist Is In.”

The medical staff established the Code of Conduct, and all medical and nursing staffs were very aware of it. I was stern in enforcing that code. That was my job. I met with male and female physicians three or four times a month over violations of the code, such as inappropriate behavior, such as crude language or misbehavior in the operating room. Also discussed were problems involving quality of care criteria set by each medical staff departments.

Docs would have a variety of excuses for violating the code.

I had an outline I followed when I met with them. I discussed what the complaint was and what effect it had on other people, including loss of respect by fellow physicians. After a though discussion, I asked them what they would have done differently.

Two physicians during my tenure lost their hospital privileges, and several others resigned rather than go through a full investigation.

A CALENDAR FULL OF MEETINGS

Administration at the hospital was built on a meeting structure, which was very time consuming. In my position, I could go to meetings eight hours a day, not leaving much free work time. There were senior management meetings, my meetings with those who reported to me, medical staff meetings — my calendar was full of meetings.



Patsy Murrieta (Photo) was the manager of my hand surgery practice, and when I went to Chandler, I took her with me as my administrative assistant. (Altogether, she worked with me for 34 years.) It got to the point with the meeting load I had Patsy block out “private work time,” so I could get things done.

RETIREMENT

Thinking about retiring, which I finally did in June 2016, I met with CEO Tim Bricker who said that when I was ready to retire, he wanted to post my position to get applications, review resumes, and decide whom to interview. The interview process selected Chandler cardiologist, Dr. Roger Bies for chief medical officer at Chandler Regional. Dr. Yagnesh Patel who was interviewed, was chosen as quality director at Mercy Gilbert.

As part of the process, Tim Bricker contracted with Dr. Bies to work with me for several months to observe all the responsibilities attached to the position of chief medical office and he certainly found out.

The job requires the person to be intellectually honest; proactive; a problem-solver; a conflict resolver; a meeting manager; lead by example; a team player; self-confident; a person with a sense of humor; motivated; a do-it person, and skilled in communications.

THINGS I'D NEVER DONE BEFORE

I've been asked more than once how did I succeed in going from a general surgeon and a hand surgeon to establishing programs such as open-heart and trauma. And the second most question was which career — surgeon or hospital administrator — did I most favor?



First of all, I sure didn't do Chandler hospital work on an island. I had great support from Dignity Health consultants and my executive committee. I did a lot of background work before bringing proposals to the executive committee, so I had to know what I was talking about.

In Rock Springs I was chief of surgery and chief of the medical staff, so I brought some of that experience to Chandler.

It was all a matter of doing due diligence and dealing with people honestly and up front. The best part was having the confidence of my colleagues.

Surgery was my first love, and hospital administration was a terrific way to close my career in medicine.

As I reflect on my careers in Wyoming and Arizona, I have to say, without a doubt, Wyoming is "home."

THANKS

I must give special thanks to some outstanding hospital people who supported me greatly

Patsy Murietta, my administrative assistant

Jeanette Hendrickson was director of the medical staff.

Lani Wilson took Jeanette's position when she retired.

Kay Tracy headed up the Quality Department.

Linda Dallyn was director of Social Services.

Julie Lynk, manager of the Institutional Review Board.

Annette Taylor, research coordinator and later helped with the trauma program.

RETIREMENT RECEPTIONS

Dr. Bies hosted a wonderful retirement reception at his home that I thoroughly appreciated.

A hospital-sponsored reception on June 5, 2016 at San Marcos Resort, brought approximately 100 family members, friends and colleagues together for a heart-warming event, which I can watch again and again on compact discs provided to me.

Colleagues praised me as a surgeon and as a hospital administrator. Their comments follow:



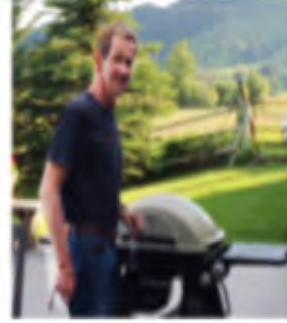
Dr. David Tomich:
 “Next to my family, Terry was most influential in my life. He’s and original.”



Dr. Terry Ambus:
 “Who’d think you would make such a transition to the other side, but you were a great middle man.”



Dr. Brian Tiffany:
 Some of the best days were in a boat with Terry, floating down a river, fishing.”



Dr. Ed Fenstermacher:
 “You are the best general surgeon I’ve ever seen.”

MY SUPPORTIVE FAMILY

Dana Tate, daughter, Chandler. Children: Alexis Richards and Austin McGlumphy

Tracie Trimarco, daughter, Loveland, Colorado. Children: Anthony, Taylor, McKensie, great-grandson Terrance, Amity, great-granddaughter.

MY LATE SISTERS

I mentioned in the introduction of this book “Life has its formidable, educational, challenging and influential events, along with expectations, disappointments, surprises, and sadness.” With that I have written about the passing of my parents and I conclude with my sisters.



Connie Kniss, my oldest sister, past away in 2003. Connie died of an aortic rupture in Los Alamos Medical Center in New Mexico. She had two sons, Jon, a Los Angeles attorney, and Brett who worked in atomic energy in Los Alamos. She was 72. Per her wish, her ashes were spread over the Tetons. Connie’s first husband was shot down in the Korean War. He and his plane were never found. Connie became a United Airlines flight attendant, having trained in Cheyenne where United had its stewardess school.

Connie’s second husband, Paul Kniss, was a military and United pilot and was a POW for around six months after his capture in Vietnam.

Connie was well known in the aviation industry. She worked for Jackson Hole Aviation for several years and was then involved in the startup of Teton Aviation Center in Driggs, Idaho. She retired in 1998 and she and her husband moved to Cheyenne.



Jonny Totten: In 2014, I was called to Salt Lake City, where my other sister, Jonny Totten, was hospitalized. Jonny, who, lived in Park City, Utah, died in 2014 of lung disease the day after my birthday. She was 79. Jonny had two daughters, Rhondi Peters and Amberly Kropp, both nurses, and five grandchildren.

Jonny grew up in Cheyenne and moved to Park City in the early 70s, where she began a long career in real estate. She also was active in various community projects. A nursing scholarship fund was established in her

memory. She and Joan were good buddies.

POSTSCRIPT

Joan Happel

I began thinking about retirement in 2014 and that same year, Joan had a physical exam, and neurological and radiographic diagnostic sections revealed she had had a stroke at some unknown time.

It was a traumatic yet appropriate decision made by the family to have Joan placed in a group home with patients like her. That was in 2017. All Joan's needs are being met. She is comfortable, safe and receiving excellent care around the clock. She appears to be happy in her own small environment.



LIEUTENANT TERRY J. HAPPEL MD
Navy Flight Surgeon