HARNEY COUNTY HISTORY PROJECT

AV-Oral History #15 Sides A/B

Subject: Dr. John Weare

Place: Burns, Oregon

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Interviewer: Pauline Braymen

Dr. John H. Weare came to Harney County in 1937 to work with Dr. B. F. Smith at the Valley View Hospital. He details his experiences in the community as follows:

JOHN WEARE: I came to Harney County on the Fourth of July, 1937, after completing a year of general rotating internship at Good Samaritan Hospital in Portland. I was raised in Nebraska and went to the University of Nebraska Medical School at Omaha, and then I came to Portland for my internship. It was the first time I'd ever been west.

After getting along towards the end of the year, we were looking about what we were going to do, where we were going to practice. Dr. B. F. Smith, here in Burns at the time, had just taken over the old Valley View Hospital from Dr. Ground, and taken over the practice for Edward Hines Lumber Company. He was looking for a young doctor to come in and help him with that practice.

Dr. Smith had a good friend of his who was on the staff at Good Samaritan Hospital who he referred most of his patients to, and he asked for this doctor to look around for someone to come to Burns. So Dr. Short talked with me about going to Burns and arranged for me to talk with Dr. Smith. And so I --- that was in the depression times, 1937, and I agreed to come to Burns for one year for $150 a month, and I've been here ever since.

PAULINE BRAYMEN: Did you think you'd stay when you came?

JOHN: No, not really. Of course I didn't know anything about the country at all. I really didn't know anything about Oregon. The people at the hospital there, when they heard I was going to Burns, said, "Oh, that's the last place on earth. It's the hottest place on earth to be." But after being raised in Nebraska --- and I'd left there right after the dust storms, and droughts, and floods of the Republican River Valley that I lived in, and also it was real hot that year I left there. I remember, and the temperature the day I left there was 116 in the shade. So I said, "I don't think it can be much worse than Nebraska at any rate." I thought I'd come out here.

I did have some friends there at the hospital that had visited Burns that said, "Oh don't believe all that you hear. I spent my vacation in June there visiting around on the refuge out there and I about froze to death the whole month out there." But I really came out; I thought, just for one year to get a little money.

PAULINE: Were you married?

JOHN: No, I was single.

PAULINE: Tell about Valley View Hospital.

JOHN: Well, there was two wards, there was a women's ward and a men's ward. I don't remember exactly the number of beds, but in the women's ward I believe there were four beds, and in the men's ward there were six or eight. And there were, I think, six private rooms in the hospital at that time. It seems to me we had about a sixteen bed hospital.

The offices were downstairs, and all the patients were on the upper floor which was a problem getting patients up there at times, patients that were stretcher patients. Many of the patients we carried up those stairs on a stretcher ... those stairs had a sharp right angle turn about three fourths of the way up that you had to turn, lift them up and turn them around that corner there. And all patients had to go up that way for some time.

And not only that, the X-ray equipment was downstairs at this time, and we had to get the patients downstairs, and they had fractures and all that. There was that problem of getting them downstairs to X-ray. We did progress to where they built a wooden ramp in the back there and we could put patients on the stretcher and roll them up and down that ramp which was quite an improvement over the other. It seemed like we'd come a long way when we got the ramp.

But people had those stairs to climb, and if they weren't feeling well, were heart patients and everything else, it certainly wasn't a very good situation at times. But it served very well for about those times.

At that time we were coming right up to a change. I could see that changes were taking place in medicine, and Dr. Smith and I could see that there were going to be changes. At that time, we were running our practices and the hospital both, and it interfered with doing a good job of either one, I think. Of course in those days in seemed like we had to run the hospital.

But we certainly were among the ones that promoted getting a different hospital, so that we could get out of the hospital business for one thing, and so we could have a better hospital. And of course things came together at the right time with the Hill-Burton Funds Act and matching monies were available. I believe we were the third hospital in the state to get Hill-Burton Funds to build the hospital. And it was just the year that the hospital was being built that Dr. Smith died, so he never got to move into the new hospital.

So when the hospital was finished down there, we decided we'd better be a little closer to the hospital. We had planned all along, Dr. Smith and I, on leaving Valley View for our office space and building someplace else. Dr. Smith favored in building more downtown on, well Dr. Smith's house was where Fenley's live now (59 West Washington)

catawampus from the lot that is still open there across from the courthouse. He kind of wanted to have the offices there. It would have been close to his home, and close to downtown, and he thought that would be a better location. And I'd been kind of leaning the other way, and then when he died we decided to put the offices closer to the hospital. The county had that whole block there and set it aside for medical purposes.(The location of the Burns Clinic and the Medical-Dental Building.)

Of course, any place in town wouldn't have been very far from the hospital compared to a city, but it certainly is a time saver to be able to run back and forth to the office, both ways. And of course if you have a maternity case, you can --- it's just a time saver. And you see more and more in the big cities too, instead of being downtown, doctor's offices are closer to the hospitals.

Dr. Clifford Weare came right after World War II. He was here when we built the Burns Clinic. The hospital was built in 1950; May 1950 is when we moved into the new hospital. Dr. Smith died in January just before that. Dr. Shambaugh was here about that time. Cliff came here directly from the service after the war was over, and he went to medical school during the war and came here directly after he got out of the service. He was with me when we built the new office building. And Dr. Shambaugh was here at that time, but not for very long. He was drafted into the Korean conflict.

In the old Valley View Hospital we had X-ray equipment and an operating room upstairs. One of the rooms was set aside as a delivery room. We delivered babies on a hospital bed; we didn't have a delivery table. Originally the nursery was off the hospital room. We didn't have a delivery table. Then a little later on we closed off a part of that hallway that went out onto the balcony and we made a nursery out of that. But that was some time later.

I think that the most hectic time we ever had up there was when the roof blew off

the hospital. I don't remember when it was, but one of these windstorms like we have around here came up and blew the roof off the south wing. The Hines Company got men up there in a hurry to cover things up, and put on a temporary roof and covered things up. Nobody was hurt.

PAULINE: What about house calls? Were people coming into the office and hospital more?

JOHN: Well, not entirely, it was changing. We did make house calls. I remember when I first came here to be with Dr. Smith we had to go out, just like hospital rounds and make house calls. You'd make rounds of calling on patients at home. That changed fairly soon. That was changing at the time.

PAULINE: Did you go down to the southern part of the county on a regular basis?

JOHN: Not regularly as far as seeing patients. Of course back in the period of tick fever, Rocky Mountain Spotted Tick Fever was more prevalent, and we didn't have any treatment for it. For the shots, I used to make tours each spring to give tick shots. I'd go down as far as Alvord Ranch with the county nurse, Mrs. Griffith. Mrs. Griffith's husband was one of the pioneer doctors here. In fact, Dr. Smith bought out Dr. Griffith, and she was the county nurse here soon after I came here.

And we'd go to Drewsey, and Crane, and Frenchglen and then we'd make a circuit down the other side of the mountain to the Alvord, giving tick shots at the ranches. We did that each spring for a few years there until tick fever calmed down.

PAULINE: It really was pretty serious, wasn't it?

JOHN: Yes, it was real serious. People died of it or were left permanently damaged physically. It was a life and death matter almost at that time. Today we still have some people that are exposed to it, that get tick shots, but we have treatment for it now. And in fact we haven't had a case of Rocky Mounted Spotted Fever in the county, I think now, for

ten years. We have Colorado Tick Fever, but not the Rocky Mountain. We don't have any protection for the Colorado Tick Fever, but it usually isn't as serious. There's been some of that around, but I don't know that we've had any cases of that here this year even.

PAULINE: Was there any problem in getting the county hospital idea accepted here?

JOHN: It wasn't real difficult. Of course there's bound to be some opposition to anything that pertains to raising money, but when it came to a vote of the people it passed eight to one. So you see it was really a popular thing. I remember at public meetings, Judge Higgs expressed concern about the doctors running the hospital, or building the hospital, for the doctor's benefit, this type of thing entered in. And I remember the judge making the statement that as long as he had anything to do with it; he'd see to it that the doctors didn't have anything to do with running the hospital. Of course the experience I'd had with hospitals, I was willing to go along with that. I didn't want anything to do with running the hospital. But I think that what experience I had had running a hospital, though it wasn't long, about six months there after Dr. Smith died until we moved into the new hospital, and most of what I did was see to the dismantling of it, Valley View. But I did have an appreciation of the problems of the administration of the hospital, and the problems they are up against. It made me more sympathetic to hospital administrators over the year, and nursing personnel problems that we have in getting nurses. We've always been, as a whole, very fortunate.

You don't get nurses to come to Harney County to nurse. Very seldom that we've had someone come in here for the purpose of nursing. They are just people here for other reasons, that happen to be nurses. Their husbands are state policemen, or work for the Forest Service, or were stationed at the Radar Base, or other things, and so while they were here they worked as nurses. And so I think we've been real fortunate over the

years. Sometimes when things looked real bad, and we'd think we'd have no help, it seemed like somebody would show up. Unless the girls get married, why if they go into nursing they don't stay here, they go somewhere else. It seems like in recent years we've had a few more who have married and stayed here than we have had. But I think over the years there's been very few we've hired who come to Harney County specifically to nurse.

Back in our time, when Dr. Smith and I had Valley View, we did hire Maxine Krause who came in here for a job, and Juanita McCraw Mayo (later Juanita Mayo Rose). But by the time we got into the new Harney County Hospital, it seemed like its been mostly people who have come in for other reasons.

And of course I've certainly seen a big change in nursing as far as what nurses do. Used to be you didn't have any aides. Then R.N.'s did the bedside care of the patients. And of course in those days you had special nurses who did special nursing. This is the way you took care of your sicker patients. If they could afford it, you'd have a special nurse for them. It was just routine. If you had a surgery case, you'd line up three nurses for specials on the case. You don't have a special any more, sometimes, but very seldom. Well, we do have some, but it's mainly somebody to sit with somebody, and not the regular care of the patients.

Then the matter of the intensive care units, this type of thing, while it's expensive, I don't know our charge up here is now something like $100 a day, give or take. But still to me, it's the best buy we have in the hospital as far as the hospital services are concerned. Because if you get a special nurse round the clock, it is going to cost you more than that now. And being in the intensive unit you have nurses that are specially trained for this type of work, plus all the equipment you have in your intensive care unit. You might say its put the special nursing out of business, but with the shortage of nurses, that has a lot

eliminated before that anyway.

Now there's been a period of time in here the last ten years, maybe longer, the R.N.'s job has become to oversee the treatment of the patients and the medicines, and of course there are the nurses that work in surgery and the delivery room. But the bedside care of the patient has been turned over to aides and LPN's (Licensed Practical Nurse). Mostly here it's aides and the LPN's do some of the treatments under the supervision of the R.N.'s.

But there has been some part of this coronary care and intensive care that has both the need and the demand by the R.N.'s to do bedside care. Its been getting to where they are doing more bookkeeping and are getting away from the patient, and they don't have the feel of the patient, and taking care of the patient. Some of the R.N.'s have wanted to do more of this, and their willingness to do this, and demand, and asking to do this. Plus shortage of doctors and the need for filling the space here, that the paramedical person can help and fill in, in this area more. Like Dr. Cliff's girl, Sally, after taking her nursing she now works with a pediatrician in Portland. She does well-baby examinations and routine examinations, and can do a lot of these things to help out.

It's a coming change. And there's been some problems with the laws of the States because it can be illegal to treat. And there's been some resistance from doctors on it. And there's a question of the economics of it. How much do you charge the patient if the paramedic does the work? Do you charge the regular price on it? Most of them charge the same charge, because they are under the supervision of the doctor. And of course it varies according to the nurse. And for years different doctors have designated certain things for the office nurse to take care of.

The new Harney County Hospital was a 35 bed to start, and it is somewhere around 50 now. Of course we took a bed or two out for the physical therapy, and of

course the pediatric ward has about five beds in there. We made eight and nine into intensive care so we've taken four beds there away from the general floor, although they are still used quite a little bit at that.

And the other big changes has been in the practice of OB work. Used to be a woman was ten days flat in bed, and two weeks in the hospital, and you had to have a large maternity section because they stayed so long. That started to change during the war. Beds weren't available and they started moving them out faster. They found out they could, and now women don't stay more than three or four days any more.

Once in awhile we'd have an old Indian lady up at the old hospital that would get up and go home the same night, and we thought it was terrible, and thought sure she was going to be a wreck for life, you know. But it didn't seem to bother. But now we have women that do the same thing. They might not get up and walk home as far, but ---

I came to Burns at an interesting time in medicine, just at the time of change. It was just the start of the antibiotic era when I was just starting. When I was interning, the sulfas were first being used in the hospitals a little bit. The first sulfa drug I saw before I left my internship in Portland. They started coming out after I came to Burns. I can remember the first pneumonia case. We had an Indian man that came in that was bound to die, they always died. It was after I had been here a year or two, and I can remember old room four up there at the head of the stairs, the first room on the west side going north. They brought him in and he was in bad shape. We were sure he was going to die. And we gave him the sulfa drug, and in two or three days he was out of it, and it was just like a miracle. It really was for us at that time because we had never had anything much to treat with. Then in the time of World War II, penicillin was coming out, and then the others came after that. I've seen both sides and this has sure made a difference in the practice of medicine. Before antibiotics you just treated symptoms. It was pretty much

palliative medicine outside of what surgery you did. You didn't have many drugs that did anything, except Digitalis, quinine, morphine and aspirin, and that was about your ... that did anything. The rest of them were just little pink pills, as far as doing any good. So medicine is a completely different thing now than it was before.

PAULINE: I know you've been particularly interested in heart care, and I've heard it said that our hospital has as good equipment and facilities as you would find in a hospital larger than its size.

JOHN: Well, we do have monitoring equipment. We have four monitors available at all times. I believe even yet it is a little bit better than what other hospitals of proportionate size have, yet we certainly find, not infrequently, that we will be using all four of them at the same time. We have the problem in this community, as far as medical care, all the way through is in as small as it is, we really aren't large enough to support a specialist in any line. So it means that we've had general practitioners, they call it family practitioners now, what it is that a man has to do more than run a line but make a living, so we've had no specialists in here at all, except the family practice. So we've had to do more things.

And being isolated and far away, of course, we just had to do more things than what you'd ordinarily do. We have to have more equipment here in the hospital because of that. I think we can justify that our hospital needs to be better equipped than if we had another hospital closer by that we could move people to. Heart care must be immediate. There's talk now of moving the patients by helicopter to a bigger center, but there is always a risk for a certain time. Of course this is the thing they are saying all over the country, even in the cities. Because even in the cities, the hospital isn't close enough. They are now training ambulance drivers to do de-fibrillations right on the scene, and they bring them in all connected up, just like they do on the TV show "Emergency". This is not far-fetched. So this idea of moving them to Bend or someplace like that is all right for

afterwards, but to start with it is not completely practical, and is not going to be the answer. We are going to have to take care of them here. And so we do the best we can.

There are programs where the doctors have been trained, that they can go to and take training. Dr. Sykes and Dr. Campbell and myself are three of us that have taken these heart courses from here at this time.

We've been able to cut our mortality rate in half up here from coronary cases since we got the monitoring system in. Whether these figures are really significant, for the number of cases we've had, but we've gone back over our figures as to how many had died. And before we had our coronary unit and taking these figures, we're going into our third year now, the first two years we had a fifty percent less death rate. It surely must mean something. We have good surgery equipment here at the hospital. The hospital has kept up on equipment that the doctors can handle here.

Although it is an old hospital now, it'll soon be twenty-five years old, its changed. We have different needs and things. Like the OB section, that's a section that isn't overcrowded. We seldom have our OB section full anymore. We get them out faster and the lower birthrate. We don't have as many deliveries here as we used to have. We only have about half as many deliveries as we used to have. Oh, in years past, we used to run up 180 babies a year, and I know it has dropped down as low as 90. Maybe as many as 120 now. So we have those rooms down there that are empty a lot. I don't think we're ever full with babies. All the rooms with mothers. Sometimes we have other kinds of patients, as the Board of Health will let us. You can't put contagious cases down there, and you are kind of limited about putting men down there too.

I think the community has really been fortunate to be covered as well with doctors as they have over the years. You can just look at John Day and Grant County, and look

at the problems they've had, and I don't know the answer or the difference. I really don't know the situation up there, and I can't say what it is down here. One thing, the doctors get along well together and they cooperate, and they work together. All the people here have worked with me, are people that have come to work for me, or with me at the time, and when they went on their own there was no hard feelings. They had their own personal reasons for wanting to practice alone.

There has been hard feelings in the past. I came into this kind of situation when I came to this town. There were two camps in town, Dr. Smith and Dr. Homan. There were bitter feelings and they would hardly speak to one another. The town was divided. The one drugstore, Reed's Drugstore, was Dr. Smith's drugstore, and the Home Drug was Dr. Homan's drugstore. And here I was, just a young fellow in the middle. The problem was that Dr. Smith had the hospital, he administrated the hospital. Dr. Homan had worked for him and they had a falling out over something, I don't know what, and never cared to know. But they would hardly speak to each other, and didn't trust each other at all, and there were real bitter feelings. So here I was at the hospital.

So I was in the position of working with Dr. Homan whenever he needed help in surgery, I would assist him. Or if he needed someone to cover for him, I would.

But Dr. Homan would just know that his patients weren't getting as good care as Dr. Smith's, and I would know that Dr. Smith had told his nurses to be particularly careful so there wouldn't be any excuse for that kind of feeling. It was kind of an unpleasant situation as far as I was concerned, and kind of ridiculous too.

(The next few minutes of tape was too faint to report word for word.)

Dr. Weare stated that Dr. Homan had his office in the red brick building behind what is now the Burns Times-Herald. He used the hospital but for delivery of babies. He used the home of Dorothy Denstedt who acted as his nurse. Since they just used a

regular hospital bed for deliveries in the hospital, there wasn't all that much to gain anyway.

JOHN: I remember my trip to Burns over Mount Hood. Cecil Bennett came down to Portland to get me, and we came through the mountains. And of course I was raised in Nebraska, in the flat lands you know, and I hadn't had a car or any money or anything, and we were coming over those mountains with Cecil driving 70 or 80 miles an hour. And I was scared that we would never get here, that we'd ever get here alive. I really had never seen sagebrush or that kind of country.

It was pretty wild, a lot of things happened that first year I was here. I hadn't been here a month I guess when the Welcome Hotel burned down. And then they had the shooting up here, Dr. Meyer's wife's murder deal that happened. There was quite a lot of excitement about that. And of course the town had two, three houses of prostitution that were wide open at that time, and there was always at times violence off and on around those.

I remember I'd write to Emma, I was here a year before we were married, I'd write her that this was a pretty wild west kind of place. There was a big shooting down at the Egan that first year.

PAULINE: How did Emma feel about Burns when she first came?

JOHN: Well she, well, I tried to prepare her the best I could and I would tell her what a terrible place it was. And on our honeymoon on the way out here, when we came into Wyoming where the sagebrush would only be so tall in some of the most barren places, she would say, "Is it like this in Burns?" And I'd say, "Oh, worse than that! It's worse than that there." And so when we got here it wasn't quite as bad as I'd led her to believe. Of course most everyone who comes here from the Middle West is cold for about the first year. It is so hot back there that it seems cold here all the time. But she wasn't here very

long, she really liked it here and she's always said she liked it here. She's from Iowa.

(A few minutes were spent discussing the weather in Nebraska, and then Dr. Weare continues.)

PAULINE: The doctor's wife has to like it or the doctor won't stay?

JOHN: Well, that's a problem in getting doctors to come here in the first place. When we try to induce doctors to come here, the doctor will come in and like the setup and everything, but the wife takes one look at Burns and says nothing doing, we've got to be someplace where we can do better than this to start.

I think the people here, getting back to why doctors have stayed here after they got here, we do have good working conditions for the doctors at the hospital. I think this, and the doctors are treated decently by the community, as is the hospital on the whole. The attitudes towards doctors has been on the whole very good, and I get some of this, that this is the problem in John Day, that a couple of factions there have given the doctors a bad time and it just isn't worth fighting because you can go someplace else where you don't have to take it.

Of course there is a natural resentment by some people against authority of any kind, or the economic level a doctor is able to achieve through his practice. But on the whole the people here are good to the doctor. And the good working conditions and the tools to work with are important.

Another problem up at John Day with the young doctors, they are scared to come in cold with no one to back them up. And when you're dealing with life and death conditions, so often you've got the life or death of a patient in your hands, and it depends on your decision and it can worry you. It's nice to have a little backing until this comes more routine for you. And this is one thing we have had here, an ongoing thing here where when someone new comes in they have someone to work with.

And we have trained the community that you don't have to be one doctor's patient alone. Dr. Smith and I started training the community in this idea, and while it isn't so much that way anymore, we have pretty well trained the community to accept the idea that another doctor can take care of them in an emergency without having to see their own doctor or insisting that their own doctor must see them every time. And this makes it more livable.

This is one of the problems in small communities where you have one doctor alone, is that it just works him to death. And I can't say its been that way in Burns. I haven't had to work that hard all the time, where you don't get your rest. Of course when you're younger you can take more of that.

But they are good to me now. With six doctors on call, they let me be off call at night now, and so I'm just on call every sixth weekend, or when someone is out of town. I still have been on call more than most of them. I used to be on call every night, although Dr. Smith and I did change off those first few years. And then with other men coming in we've always had two, at least two and usually three, so it hasn't been that hard. It's a good place to work and live as far as I'm concerned.

PAULINE: You've served on the Burns Grade School Board for 16 years?

JOHN: I did that. Of course, most of us will do as much as we can. I've been health officer all these years. This is something that somebody has to do, and it is essentially a non-pay job. It takes a lot of time and it really needs somebody that can give more time to it, more can be done. Besides health officer and being responsible for the county health office, the mental health program has come in under that, and the medical investigators program. And these are all things that, while I do them, I couldn't very well do them if I wasn't in a group situation with my associates so that I could take the time to attend these meetings and all these things out of the office. It means someone else has to take up the

slack. Now the middle of November, we are required by law to attend the annual health officer's convention.

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