

HARNEY COUNTY HISTORY PROJECT

AV-Oral History #327 - Sides A & B

Subject: Dr. Frank White; With Video

Place: Harney District Hospital - Burns, Oregon

Date: October 13, 1992

Interviewers: Dorothea Purdy & Barbara Lofgren

Release Form: Yes

DOROTHEA PURDY: This is Dorothea Purdy, along with Barbara Lofgren and today we'll be talking with Frank White. He is a local doctor that has retired, at the Harney District Hospital in Burns, Oregon. The date is October 13th, 1992, and this is history number 327. Okay, I'll call you Dr. White, as that's what I've known you as. Can you tell us your first name and last name?

FRANK WHITE: Frank White.

DOROTHEA: And where were you born?

FRANK: Omaha, Nebraska.

DOROTHEA: And what were your parent's names?

FRANK: Well my father's name was Frank A. White, and my mother was Inez White.

DOROTHEA: And what did they do for a living?

FRANK: Well my father managed a coal and lumberyard, and my mother was a housewife.

DOROTHEA: How did you get interested in the medical profession?

FRANK: Well after, well I went to college during World War II in a V-12 program, and then I was in the Navy for thirty-four months. And when I got out of the Navy I went back to Iowa State where I started to go to college in engineering. And I decided I didn't want to do engineering, so I went back home and took pre-med at the University of Omaha, which is now part of Nebraska. And I just decided I wanted to be a doctor.

BARBARA LOFGREN: Had you known anyone that maybe influenced you at all?

FRANK: Nobody in the medical profession ever influenced me.

BARBARA: Uh huh. Did you do anything in the Service that triggered, I mean ---

FRANK: No, nothing in the Service ---

BARBARA: How did you come to ---

FRANK: There is no connection between the Service and ---

BARBARA: Uh huh. It just, you just thought maybe you wanted to be of service to people?

FRANK: Well, I just thought I wanted to practice medicine. I thought that was something different, you know, so that's what I did.

DOROTHEA: Did you have any brothers and sisters?

FRANK: Yeah, one brother he was an electrical engineer. He is seven years older, and a sister that's two years older, and she is a laboratory technician.

DOROTHEA: So, you have other brothers or sisters that are in the medical ---

FRANK: Well, my sister is a lab technician that's all.

DOROTHEA: Yeah, that's all. When you first came to Harney County, what decided you, what was your deciding factor?

FRANK: Well to get back, see I wanted to go to Oregon, and so --- I had been in North Dakota for two years, and things weren't real good in North Dakota. You got paid if they got a crop, if they didn't get a crop, you didn't get paid. And so, there was a few dry years and I didn't get paid very good. So, I decided that I wanted to come to Oregon, so I wrote to the Oregon Medical Association and they gave me a list of places where they needed doctors. And one was in John Day, and that's where I originally went to John Day, or Prairie City. And then I also found that the Weare brothers they wanted somebody, so I came down here and started with John and Clifford Weare.

DOROTHEA: Were there any other doctors with them at that time?

FRANK: Not at that time. See one of them --- they had another doctor, and he had just left, and so they needed a third physician.

BARBARA: Can we back up maybe just a little bit then? When did you graduate from medical school?

FRANK: I graduated in June of 1951.

BARBARA: And then where did you do your internship and residency?

FRANK: Interned in Omaha Nebraska Methodist Hospital for a year. Then I went to North Dakota, Leeds, North Dakota for two years.

BARBARA: That was your residency there?

FRANK: No, that was out in the little "boonies".

BARBARA: Oh, that ---

FRANK: '52 to '54.

BARBARA: You did your residency in ---

FRANK: Didn't have a residency.

BARBARA: Oh, you didn't have a residency?

FRANK: They didn't have residence ---

BARBARA: They didn't do that at that time? So, then your first, your first experience as being a doctor out on your own was in North Dakota?

FRANK: Yeah, Leeds, North Dakota.

BARBARA: Leeds? And what part of the state was that?

FRANK: That's the middle.

BARBARA: The middle.

FRANK: Of north, middle part. It's only about sixty miles from Canada.

BARBARA: Uh huh. And so, then you wrote to Oregon at that time?

FRANK: Well, I'd written to them before. For some reason I wanted to go to Oregon.

BARBARA: Had you ever been to Oregon before?

FRANK: No, never.

BARBARA: It just sounded like a good place?

FRANK: Yeah. Well, better than North Dakota.

BARBARA: Well that's where my husband is from, and I think probably he agrees with you too.

FRANK: Well the people, I can't, you know the people of North Dakota, I've been back there four

or five times since I've retired, and you can't beat the people back there.

BARBARA: It's just a harsh place though, probably.

FRANK: Oh yeah.

BARBARA: The weather wise and ---

FRANK: Yeah. I was at Williston for a month, and in the parking lot at the hospital there is electrical outlets at every parking stall.

BARBARA: Oh, for your head bolt heaters?

FRANK: For your car heater, so that gives you an impression how cold it gets.

BARBARA: Yeah, I understand that. So, then you came to Oregon, to Prairie City, John Day, and what year was this?

FRANK: That was in '54. I only stayed there about a month, and then I came down here. I was with the Weare's for --- well I was there I think in '54 and '55. And then Clifford went into the missionary business about '55 or '56, and then just left John and myself here for about a year.

BARBARA: Did they have just a general office, or was the clinic here at that time?

FRANK: The clinic was here; they called it the Burns Clinic.

BARBARA: Uh huh.

FRANK: And then I worked there for oh, three or four years. And then I broke up with the partnership and went on my own.

DOROTHEA: How many offices did you have before you built your own clinic?

FRANK: Well, I was in this little house across the street here.

DOROTHEA: Yeah.

FRANK: Bert Campbell and I rented that from whoever owned it. And we had, he had part of his office in the front, and mine was in the back. We were there for a year or two. And then I got together with Wood and --- well it wasn't Graham, the old dentist, Hibbard, and Richard Thompson and myself we formed a corporation and borrowed the money and built that medical-dental building. And that's been pretty near thirty years ago, close to thirty.

DOROTHEA: Well, I know you were in a brick building at one time too, I remember.

FRANK: Well that's across the street, the Burns Clinic.

DOROTHEA: No, it was another building down along this ---

FRANK: Oh, way down there, it was an apartment; I was there for a couple of months.

DOROTHEA: Probably while the new one was getting built.

FRANK: Well, I went out on my own first. And then Campbell came to town and he worked for the Burns Clinic, and he didn't, he quit them. And then he and I took this old house.

DOROTHEA: Okay.

FRANK: And then while we were in the old house we got this building built.

DOROTHEA: Okay.

BARBARA: Did you have your own lab people in your clinic at that time, or did they do the lab work at the hospital?

FRANK: Oh, we didn't do our lab work, other than just urine tests. Most of the lab work we just have go to the hospital. It's not economical to hire people, you don't have enough volume for laboratory work, so it's simpler just to, either draw the blood and send it to the hospital, or have the patient go to the hospital. It's still about the same, it's true.

BARBARA: Well, the Clinic now does not do lab work, it all comes over here.

FRANK: Right. They started to realize too that the cost is just too much. They don't have the volume.

BARBARA: Well, it costs a lot more to have it done at the hospital than it did at the clinic.

FRANK: Yeah, but see the difference is they are doing quality control here. They weren't doing no quality control over there. So, every test you run here, you run two tests, which boils down to it. Because they have to have a known, they have a known see, and then they have an unknown. The unknown is the patient. But to make sure they have the right quality, you know, the result is accurate. They run what they call controls.

BARBARA: I see.

FRANK: See you didn't over at the Burns Clinic.

BARBARA: And so how many people did you have working with you during the time that you

had your own office?

FRANK: I had two people. I had a nurse and the front office person.

BARBARA: And who was working with you?

FRANK: Well, I had a variety of nurses, anywhere from --- oh golly, well Teresa Clemens was one, she worked part time. And one-time Karen Morgan worked part time. And who else ---

BARBARA: Janet Mosley?

FRANK: Janet Mosley worked a long time, part time. And golly, I can't remember them all.

DOROTHEA: Did Melanie Harris work for you?

FRANK: Well, after she came back from --- she sort of did an internship with me, after she came back from that nurse practitioner thing. Then Joan Henry was the girl up in front for a while, for quite awhile too.

DOROTHEA: Dorothy Turner, did she start with you?

FRANK: She started when Campbell and I were together, she started. Then he quit, and took her with him to that trailer house across the street here.

DOROTHEA: Oh, that's right, yeah. So, he had his own office then after awhile? Yeah.

FRANK: Yeah.

BARBARA: So, were you really busy when you first came to Burns? Was the mill going strong at that time?

FRANK: Oh yeah.

BARBARA: Was there a lot of people here that needed ---

FRANK: Yeah, we really had a boom here. Because they had the, the mill was running full blast. They had over a thousand employees. Then they had the Job Corp down there on the Refuge. And then they had the radar site. And we had five doctors, and they were busy, you know, we really were busy. And the hospital was really busy then. But see when the Job Corp quit, and the radar site quit, and Hines quit, and I guess Snow Mountain just has probably two hundred people where they used to have a thousand, it made a lot of difference in the economy.

DOROTHEA: Is there enough patients now to have, what do we have now, we still have four

doctors and a nurse practitioner. Or is she included in that?

FRANK: No, she is still on her own.

DOROTHEA: She's on her own, okay. Do they still have the patient business --- not as you used to at a thousand, but I mean, are they pretty busy?

FRANK: I don't know how busy they are. I know you just reflected on the hospital, when there were five of us here working we had the hospital, you know, twenty, thirty patients in the hospital all the time. They are lucky if they run, a big census is ten. And then usually I think they budget for five. And then there, you know, there was for quite awhile, there wasn't any obstetrics done here at all.

DOROTHEA: Now that brings me to the subject of the hospital. How was, what was the hospital like when you first came here?

FRANK: How do you mean?

DOROTHEA: In other words, I mean, I know that there was probably forty rooms for patients. Now there is probably sixteen or something like that.

FRANK: Yeah, but you've got to realize back then a hospital room was ten dollars a day, and your laboratory and everything wasn't very much. Now today you probably can't even get a room here for less than a hundred and something, or two hundred. You know the cost has gone up so much.

And the IV's and all the drugs and everything has just skyrocketed. And part of this is the government intervention in the thing. Well just for example the hospital, when Newton Hotchkiss was the judge, the inspectors come and said they had to have, you know, sprinklers and fire protection stuff. Well then, the county had to pay to put in a water main. Run a water main from the tower up here, I don't know, a six-inch main all the way down to the hospital so they'd have enough pressure to run the sprinklers. And then they'd come back the next year and they had to have something different. I mean the fire marshal was just continuously on this hospital for everything.

DOROTHEA: Uh huh. Well that's what I was wanting to know.

FRANK: And so, you, well then, they built the laboratory with this Pearl --- what's her name?

DOROTHEA: Was it Witzel, or Pearl --- oh yeah.

FRANK: I was thinking of Brown, but it's not Brown. Anyway, she left I think, sixty, seventy thousand dollars and they used that to build onto the hospital. As an example of what the fire marshal --- he picks on certain things, but here is a wing of the hospital and they're using chemicals and all kinds of stuff, but there is no emergency exit at the end, which there should have been. But they've never put one in yet, but the fire marshal never does anything about that. But he does the, swinging; they have to have doors now that put the alarm on, and the fire doors shut. There is always some crazy thing.

DOROTHEA: Yeah. How are the, how was the operating room when you first came here? You mentioned earlier something about the difference in the anesthetics now.

FRANK: Well when I first came here old Ruth Burdett was the anesthetist. And of course, she did, they did have an anesthetic machine, but it was like when I told you about doing tonsils. They would start you out on ether with a mask, and they would put an ether machine in their, a tube in their mouth, and you'd whittle out their tonsils. And it was a bloody mess, let me tell you. And I could never talk myself into doing tonsillectomies, because I'd seen this done when I was an intern, and this little kid died. And until they started putting, you know, putting a tube in the windpipe, we called it an endotracheal tube, and I started doing that, and then you have the control over the breathing, and controlled the bleeding. I couldn't get interested in doing tonsils, but once we got, you know, controlled anesthesia with endotracheal tube, and you could do a lot better job and a lot safer than what they were doing before. But it was scary.

DOROTHEA: Yeah, that reminds me when I had my appendix out the first time, and that was what was so scary is that piece of screen that was on your face, and that drip, drip, drip. And that's what it was then, and that was in the old hospital so ---

FRANK: ... But now they've got a thing in there, it's just --- I don't know how many thousands of dollars they spent. I mean talk about fifty or sixty or something, and it measures their blood gases, and the amount of ... they got. And they've got little wires all over and it gives their heartbeat, and their pulse, and the EKG. I mean it's one of the up-to-date types of equipment.

BARBARA: So, when you first started practicing in Burns ---

FRANK: It was pretty crude. (Laughter)

BARBARA: --- the facilities that you had, the equipment that you had was bare minimum would you say, to start ---

FRANK: Well it's all they had in those days.

BARBARA: Uh huh.

FRANK: But I'll say one thing, then they had better nursing care. I mean the patients were taken care of. The nurse took care of the patients. Now days we've got all this high-tech stuff and the patients don't get any better care, and the doctors fill out umpteen number of sheets of paper, and write all this stuff. And the quality of care is no better now than it was then is my estimate.

BARBARA: You probably had maybe twenty RN's available at that time?

FRANK: Well they had plenty of RN's for each shift.

BARBARA: Uh huh.

FRANK: They didn't get paid much.

BARBARA: And now you have maybe one on per shift. And then you have, I don't know whether you call them LPN's or whatever they are.

FRANK: Well they have an RN, and then probably an LPN.

BARBARA: Aides?

FRANK: Aide of some sort. But, you know, you're running twenty patients; you've got to have some help. But the patients got service, they got bed baths. And nobody figures to do a bed bath now. That's out of ---

BARBARA: Or a nightly back rub?

FRANK: Oh, back rubs, they don't, those are unheard of nowadays.

BARBARA: Yeah.

DOROTHEA: Is that everywhere?

FRANK: It's everywhere.

DOROTHEA: Everywhere? Because I wondered if we had gotten kind of out of, or if it's just

because we were so busy here that we really didn't have time to do that.

FRANK: Well it's not in the stack anymore. I mean the nurses are so busy passing medications, and the aides are just making the beds and cleaning up, and helping the patients from the bed and the bathroom. That's the way it is.

DOROTHEA: How about physical therapy? Today we have physical therapists that work with our patients. Did you do that, or did the nurses do that, or ---

FRANK: The nurses did that a long time ago. But actually, physiotherapy has been a real boon to the injured patient or anybody. Because with therapy you can get them back on their feet, and back on the job so much quicker. Because in the old days if somebody hurt their back, and if they didn't get back to work in six months they never went back to work.

DOROTHEA: So, then that's kind of true of everything. Just like when my mother had a baby she was in the hospital for ten days. Nowadays, when they have a baby they are out the same day or within three days most generally.

FRANK: Well you might even get a C-Section, you are here three days. But most of them are out -- they have the baby this morning they'll be gone tomorrow. And some of them just come in and go out the same day.

DOROTHEA: Me, I'd come in and rest for three or four days. Except I don't think insurance lets you do that anymore.

FRANK: Yeah, but that's when they was ten dollars a day.

DOROTHEA: Yeah, right, right.

BARBARA: What kind of --- you did a general practice, or you do a general practice type of ---

FRANK: See about 1970 they decided there wasn't going to be any more general practice, they called this family practice.

BARBARA: Family practice.

FRANK: The only difference I could see in Burns, difference between family practice and general practice was that general practice one patient come in the examining room, and family practice, the whole damn family came in. All the kids and mother, you know.

BARBARA: Oh dear.

FRANK: That's the --- in Burns. Now in other places it makes a difference.

BARBARA: But I mean, when you had your training you went in for, at that time, general practice?

FRANK: We called it general practice.

BARBARA: Uh huh.

FRANK: And then about 1970 they organized this American Academy of Family Practice, and they said anybody wants to take this test you can become a certified family practitioner. So, I went up, I thought well I'll try taking it. So, I took the test in 1970, and then they had to be re-certified every seven years, you take the test. And I took it every seven years until '87, and then I haven't been re-certified since '87. Then they called it family practice. Now there is no more general practice, you know, in this business I'm in now it's all family practice.

BARBARA: I see.

FRANK: And it's a certified specialty, family practice is now. Like the two young fellows here, they're certified family practitioners. They've gone through a residency in family practice.

BARBARA: I see. So, they know a little bit about most everything.

FRANK: Some of them, you know, are more inclined to do one thing or other. Like the two here I think they do a little more obstetrics than some. And some family practice fellows don't want to do obstetrics, they do endoscopies, you know, put this tube in your stomach or up the bottom. And they've gone into more of that. And some of them are, you know, if they've got a sub-specialty in geriatrics now, some of them will get involved in working with the nursing homes as a geriatric physician. So, there is, within family practice there is some sub-specialties or whatever they want to call it.

BARBARA: And when students are going to medical school now, most of them specialize in surgery or cardiology or things like that. Are there not too many family practitioners now, or most of them specialize in one thing or another?

FRANK: Well, let me tell you how medical economics has spread it out. There is the

cardiovascular surgeon, his average income is a half a million a year, and that includes the neurosurgeon. Then down comes the orthopedist about four hundred thousand. And at the very bottom is the family practitioner, and his average income is eighty thousand. So, you can see when these guys are in medical school what they are looking at. They're not looking at the family practice at eighty thousand; they are going into cardiovascular surgery at a half a million. That's just the average. There is other guys that are making a million. And ophthalmology is a high paying specialty.

DOROTHEA: What are the year's difference in these years of medical school and training?

FRANK: Well the four years of medical school is the same for everybody. And it depends on what kind of a residency you go on. You know you go to urology, orthopedics, cardiovascular surgery, and they have what they call slots. They make an application to do what they want to, and then sometimes they can't get into it. Just like the Cramer boy, Andy Cramer, he wanted to be a urologist and he couldn't get into a urology residency, so he is in the general surgery residency. And so, I mean, they don't always get what they want. But they all shoot for the cutting specialties where the big money is at.

DOROTHEA: Is that why we have such a hard time getting doctors to come to this area?

FRANK: That's right. As time goes on, there is less attraction for family practice. I've been in, oh probably eight different states in the rural areas; every one of them --- that's what I'm doing is filling in temporarily until they get a permanent physician. And they just aren't doing it; they're not coming into the rural areas.

DOROTHEA: Are you still doing surgery in these areas, or are you just doing office?

FRANK: I don't do any surgery at all.

DOROTHEA: You don't do any surgery?

FRANK: No surgery or obstetrics. If you're working in emergency, you will sew up some lacerations and non-displaced fractures and things like that. But most the stuff you just ---

BARBARA: But if a woman comes in ready to deliver, what do you do?

FRANK: You deliver. I did that, I had to do that. I was in Red Lodge, Montana, and they had four

and a half feet of snow in April, and this girl had been going to another town about fifty miles away to a doctor to have her baby. And there is no way to get out of Red Lodge. Her father brought her up to the hospital at 3 o'clock in the morning, with four-wheel drive, and she was in labor. And I was in the hospital that night because I couldn't get back to where I lived. And so ---

BARBARA: You can't turn them away.

FRANK: No. At 3 o'clock we delivered a baby. That was the only one they have ever had, they had there for a year.

BARBARA: Well maybe we can talk a little bit about insurance and malpractice thing. And that maybe has gotten a lot of family practice physicians out of the OB work because of malpractice, is that right?

FRANK: Well it stopped all the obstetrics here. Because it just was, I mean the insurance --- well when I quit doing obstetrics was about '87, and the premium then was about sixty thousand a year. And there is no way you could do it and make out. And so ---

BARBARA: Is it true that an OB man is responsible for that child until the age of twenty-one?

FRANK: Twenty-one.

BARBARA: How many people are aware of that?

FRANK: A lot of lawyers are aware of it, all the lawyers.

BARBARA: Well, I mean a person like me coming in wouldn't know that. The reason that I picked up on that was because when we talked with Dorothy Voegtly she mentioned that the physician's responsibility was until age twenty-one. And why is that?

FRANK: It's the way the law is. That's the way the lawyers wrote it. The thing is with obstetrics is, what happened is, well just like you see now women are smokers, and they are drinkers, they are taking drugs, and they have a funny kid. Well it's the doctor's fault; it's not their fault. And so, they go to a lawyer, and the lawyer says oh, we can get you lots of money, and he gets half of it.

BARBARA: So really the lawyer, I don't know whether we should say this, but the lawyers probably are causing more problems than the patients.

FRANK: Well that's obvious, yeah. Well if somebody gets a funny kid, because the mother was an

alcoholic, well they blame the doctors. And then again, these women taking coc (cocaine) and marijuana, they get a funny kid. And they go into labor early, and so they get a preemie, and then it's, you know, eighty to a hundred thousand dollars for a premature in an intensive care for preemie-atics. And all that has to be paid by somebody, so they sued the doctor.

BARBARA: This probably discourages some people that maybe were leaning towards medicine not to go into it because of the costs involved in maintaining a practice. Just as a general practitioner, or a family practitioner, your insurance is still really high, I'm sure.

FRANK: It depends on if you do obstetrics or any surgery. If you do just medicine, you know, then it's about the lowest rate. Well, see when I started, made my application to medical school, I applied to Nebraska at Omaha, and Creighton University both in Omaha. And I got accepted to both of them, so my G.I. Bill would pay for it all at Nebraska, which was a state school. But I went to Omaha U. taking pre-med, and there was about forty guys in pre-med, and about thirty of them made application for medical school, and only two of us made it. And they had a big waiting list. Now there is no waiting lists. They're actually; some schools are out recruiting now.

BARBARA: Will this eventually close some of the medical schools down if they don't have students coming in?

FRANK: Some of them have already closed down. I saw some in Chicago have closed down.

BARBARA: And are there doctors going into schools maybe trying to encourage people to go into the medical profession then, if we are so short?

FRANK: Not many doctors encourage their kids to go into medicine. I mean over in Bend, maybe the urologist his kid is going. There is not very many.

BARBARA: And what does it look like for us in the future with our medical people? Are we really going to be hurting?

FRANK: No, I think you are going to be really hurting for primary care. Primary care, I mean family practice, the pediatrics and OB. Now the OB got so bad that, see the welfare wouldn't even pay enough to the doctor that he could even recover his insurance premium. And so, they had to up the anti. But it got to where nobody would do obstetrics for welfare here, at least in Burns. And

then they do it over in Bend because they've got volume. There is three or four of them, they've got all the obstetrics over there and then they've got enough volume that they can do some welfare.

DOROTHEA: Talking about obstetrics, I know that you delivered a lot of babies in Burns. You also kept probably kind of a portfolio on this.

FRANK: There is a book back there.

DOROTHEA: How many babies ---

FRANK: I haven't the slightest idea.

DOROTHEA: You don't know? Haven't the --- could you make kind of a guess on a year?

FRANK: Well, I averaged about thirty a year.

DOROTHEA: And you were in practice for how many years?

FRANK: I was in practice here for thirty-three years.

BARBARA: Well that's a lot of children.

DOROTHEA: So, I know that there is lots of --- that you probably delivered them, and then you delivered their children.

FRANK: Right, and that's the time I decided it was --- it's getting a little bit far along.

DOROTHEA: This is time to quit this, huh?

BARBARA: And did you really enjoy your work as a doctor in Burns during the years?

FRANK: I enjoyed it. But the system is altogether different. See like in the emergency room back then, we had to take turns on rotation. A certain day was your day, and alternate the weekend. And we had to do our own billing. And then you were lucky if you got forty percent of what you billed on the emergency room. Well now see these guys get paid. They don't do any billing on the emergency room; they get paid so much a day. Something like --- like if Wendel is on call today, he gets eighteen dollars an hour from the hospital, and he can still work in his office. And weekends, they get twenty-seven dollars an hour, and they may not even come up here at all.

DOROTHEA: Just being on call?

FRANK: Right. It's a lucrative business. But it wasn't when we were here. You just ---

BARBARA: Well, earlier we were talking about the red tape, the paper work, the government, the

Medicare, the Medicaid, what has it done to the medical profession?

FRANK: Well it made you a bunch of paper bookkeepers. You know it may look good on the paper that you took good care of the patient, but the patient may not be in very good shape. I mean it just takes so much time to do paper work. You got to, you know, you have to do a history, and a physical, and it has to be --- now in the new set up you have to have, it's coded. They have a code system now, they didn't have. It just started here in the last year or two. And they've got code numbers for every procedure, every diagnosis and treatment. And then you're supposed to have this all in the history and physical. And then you have to do progress notes, daily. And if you do surgery you got to have this all --- indications for surgery. You've got to have a system, and you've got to have it all documented all the way down. And it all has to be code able. And the codes, the reimbursement is based on the code. And that's the system that's in right now. And it started about a year ago. But it is, everything has to be coded. There is procedure codes, treatment codes, diagnosis codes. And they have to, you can't have a history and a treatment that doesn't --- the treatment has to correlate with the diagnosis. If it's completely irrelevant then there is no reimbursement at all.

BARBARA: But everything does not fit into nice little niches.

FRANK: They make it fit. It all has to fit.

BARBARA: So, you kind of have to make some things up as you go along to fit in there, I mean --
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FRANK: Well ---

BARBARA: I mean it may be close to this one, procedure, or diagnosis, but ---

FRANK: Yeah. But of course, in family practice you don't have that big a problem. But you take -- well take a neurosurgeon, he's going to do some laminectomy, which is an operation on the back, but then the patient has got diabetes, and maybe he's got a lung disease on top of all this. So, they've got to have, the neurosurgeon he has his codes for what he does, and the pulmonary doctor has his codes, and the diabetic doctor has his codes, and I'll tell you it --- And then with the Medicare on top of all this, and it all has to be code able, and to correlate with the diagnosis. And

then you have to have a primary diagnosis of why the patient is in the hospital. And then you have all these secondary diagnoses, and each doctor has to justify why he saw this patient in consultation. In the bigger hospitals, you can't imagine the paper work, and the rules and regulations.

BARBARA: And I suppose if you have a certain diagnosis, they only let you stay in the hospital two or three days.

FRANK: Oh yeah. Well that's ---

BARBARA: If the patient is not doing well, and they need to stay longer then ---

FRANK: Well then you have to go through a whole bunch of justifications to keep him in.

BARBARA: So, some people may be sent home a little bit early.

FRANK: Well that's called DRG. Diagnosis related --- diagnosis. Well actually like somebody can come into the hospital and see if they got pneumonia. Well they look in the book, and there is twenty-nine categories, and they have to be out in three days. And then for stroke, if somebody has had a stroke, you can't admit them here, because you don't have any way to treat them. There is no treatment for stroke other than rehabilitation. And they say you can do that on an out patient basis, you can't admit them. But see now they can go to Bend and be admitted because they are going to do an MRI and a cat scan and all these other things that you can't do here. They will keep them in Bend as many days as they can. So, the little hospital is hurting.

BARBARA: Well maybe we might mention Air Flight, what it has done for rural areas. If you can't treat a stroke patient, perhaps you either take them by ambulance or Air Life to a major hospital then for treatment.

FRANK: Well, what they do mostly diagnosis, you know, because you can do rehabilitation here, and that's what they do there. But they'll do a diagnosis and tell you whether they've got a thrombosis or just what. But they'll keep them enough days until they do that. But there is no specific treatment.

DOROTHEA: They don't really transfer a lot of stroke patients on Air Life or ambulance, do they?
They usually ---

FRANK: They usually, you know, not bad enough then the family can take them there themselves.

But the idea about stroke is changing, they're trying to call it a brain attack, like you call a heart, a heart attack and try to treat it more vigorously. Because there is better ways of treating a stroke than just let them have a stroke and paralyzed, and see how they come out.

DOROTHEA: Yeah, because this is --- my dad had one of those, and he was in the hospital one day and they wanted to send him home. He couldn't even walk. So, I know that, you know, there is a lot about stroke that this hospital can't do. So ---

FRANK: Well, I think it's going to change. Because they're trying to emphasis, like I said, a brain attack, like it is a heart attack. And trying to treat stroke patients like you do the heart attack.

They've got a thrombosis. Instead of in the heart it's up in the brain. And we're going to start using these, these what they call thrombolytic drugs, like they use on the heart on the brain. And then there is other medications now that after they've had a stroke they can keep them on so they don't get a repeat stroke. But this hasn't come up full-blown yet. It's just in the early stages, and you're going to see more of this sort of thing.

BARBARA: Does Burns have the --- when patients are released have the support from therapy, home health type care here that maybe larger areas, I mean that they could take care of the patient maybe better on an out, a home type situation than we have capability of doing here?

FRANK: Well, I think the home health care has really come along.

BARBARA: Has it?

FRANK: When we first --- well it's been a long time ago, but they had home health but never did much about it. Remember when Cliff Weare's mother --- sister-in-law ran the --- Phyllis ---

DOROTHEA: Uh huh, Phyllis.

FRANK: Not Phyllis ---

DOROTHEA: Well, Phyllis was his wife, yeah.

FRANK: His wife, yeah.

DOROTHEA: Adele.

FRANK: Adele Oliver. Well, they had home health care, but it didn't amount to anything. And then after she quit, then they got into home health, and the county promoted it. I pushed a little bit

here and there. But we got a real good home health service now. These people get excellent care. I mean the doctor can write up what he wants the nurses to do, and then they do that, and they check back with the doctor periodically. And then if they need some other kind of things, the Senior Citizen has this home service where they come in and clean house and do everything, you know, for them.

DOROTHEA: Well also they're starting, or they've got a grant just recently to start in with the Hospice program. Can you tell us something about what this is about?

FRANK: Well Hospice, not here, but places I have been, is like someone is terminal cancer, rather than put him in the hospital, they don't. You know when somebody dies in the hospital they get tubes in here, and tubes in there, and there is not much dignity to it. At Hospice, they either have a facility for that, or they do it on a home health basis. And with my experience, is that these people, if they can, if they have a lot of pain they can put what we call a pump, a morphine pump on these people and the nurses will come in, the Hospice nurse will come in and refill the Hospice, refill the morphine pump on a daily or hourly --- and these people are pretty well free of pain. They can take large doses of morphine and still get up and do things. And not be --- they are relieved of their pain so they can be up and about.

DOROTHEA: Is that you beeping?

FRANK: Yeah, that's me. ... (Called to patient.) ...

SIDE B

DOROTHEA: ... retired from working as a general, family practitioner, how did you get into the traveling?

FRANK: Well initially, I saw some ads in the medical journals, and I thought well I'd try one of them. So, I still had my office, and I was really cutting down on it. So, I went --- my first assignment was in the Navajo Indian Reservation in Arizona. And I was there a month, and that was a world experience in itself. It's like going to a third world country. Those people didn't even speak English down there, it was just all Navajo. And the kids would speak English, but some of

the older ones couldn't. You'd have to have an interpreter. And that was my first assignment, and I thought well that wasn't too bad. So as luck would have it I got Melanie Harris who was leaving where she was up in the upper part of the state, and she wanted to come back here, so fortunately I was able to sell the building and everything to her, and then I just went into it full blown.

BARBARA: And you basically retired, and you said that you pretty much took care of what you needed to do, and became bored, is that right?

FRANK: Yeah, in ninety days I had everything done I was going to do. And I just decided I wanted to ---

BARBARA: You still missed practicing medicine basically is what it was?

FRANK: Yeah.

BARBARA: You didn't want the paper work maybe, but you enjoyed doing the job?

FRANK: Well see the thing, this kind of work, you don't worry about anything. All the paper work is taken care of. You don't worry about employee's benefits or OSHA, or any of the regulations to speak of. All it costs you is your groceries. They furnish you a car, a place to live, and they pay you.

BARBARA: What more could you ask for?

FRANK: And you don't work if you don't feel like it, and you don't have to take every assignment they offer you. You just work when you want to. And if you don't want to work, you don't work.

BARBARA: Now is this with some kind of a corporation that does this type of thing?

FRANK: Yeah, this outfit I work for is Locum Tenens, and that's all they do.

BARBARA: Is a what?

FRANK: Called Locum Tenens, it's Latin for rent a doc. And you can either take an assignment, and especially if you --- if you have a license in the state, well then, you're more likely to get an assignment if you want to go there.

DOROTHEA: So, you have to be licensed in every state that you ---

FRANK: Yeah, you've got to either have a temporary license or permanent license. And it's as much paper work to get a temporary, as it is a permanent. So, I presently got nine different state

licenses.

DOROTHEA: What states are these?

FRANK: States? Well Nebraska, North Dakota, Idaho, Montana, Utah, Arizona, and what did I leave out, Alaska, let's see, I think that's it.

BARBARA: So, has it proven rewarding to you? You probably don't get involved with the patients like you would if you had your own office and continued that, because you would see them on a regular basis, or all the time, and these you maybe see the person once---

FRANK: Well, you might not see them again.

BARBARA: Yeah.

FRANK: I was in Red Lodge, Montana for four months, it wasn't continuously, but I got to see the same patients over, you know. But still you didn't worry about, you know, the paper work. Other than you had to dictate what you do, not history and physical. But you, the nice thing about this is you don't stay long enough to get in the local politics. Because every place you go, there is local politics. And there is lots of it here. Some of the nurses like the doctors, some of them don't like the doctors, and it's just --- and the local people and all that kind of stuff. But you don't stay long enough to get involved in that, which is nice.

DOROTHEA: Are you ever called back to the same place, like I mean say if you're going to Phoenix and you're there for two weeks, are you ever called back to go to Phoenix three or four months later?

FRANK: I have been in Montana; I mean that's why --- four different months, but not consecutively. In fact, I was there in June or July of this year just for a week to fill in as a doctor wanted to go on vacation.

DOROTHEA: In this same area?

FRANK: The same town, yeah.

DOROTHEA: Same town.

BARBARA: How do you, maybe getting back to that question of involvement with patients, how does a doctor kind of set himself aside so that he doesn't get really wrapped up or too concerned

about this person? I know you care about a person, but I mean you can't really --- I don't know if you understand what I'm trying to say?

FRANK: Yeah, I know what you mean. Well see the thing is when you're in private practice, you sort of --- well if somebody you know doesn't have much money, you just don't do a lot of extensive things, because you know they can't pay for it. And so, you try to get by the best you can. But see now when you do Locum Tenens you don't care whether the patient pays or not. Because you're going to give them the best brand of medicine you know. If they need a certain, if you think they need a certain procedure, it's expensive, but maybe you think they need it, well you're going to have it done. Because you don't, sort or categorize patients because of their income or their nationality, or anything. Because you just see them all on the same basis.

BARBARA: You don't worry about a patient, how he is coming along after you've left there?

FRANK: Oh, yeah. Well usually you have them come back in a week or two, or you're usually working for somebody, and if they have any problem you tell them to come back and see this other doctor who is gone, or who will be back. And so actually it's more pure medicine, you're not worrying about, you know, how much money you're making, or bills, or anything else, you can just practice medicine for medicine.

BARBARA: Is it more rewarding for you?

FRANK: It is more relaxing, you don't have to ---

BARBARA: You don't have the stress factor involved then?

FRANK: No. It's a pure form of medicine I think.

BARBARA: Uh huh, uh huh.

DOROTHEA: So, in other words you really enjoy what you're doing?

FRANK: Yeah, well you don't get too much of it at one time. You see you only work a month, and then off a month, and work a month.

DOROTHEA: Okay, so that brings us to your more personal life. We know you're married. Who did you marry, and how did you meet?

FRANK: This girl's name, Doris Carlon. And how did I meet her? Oh, she came, I was working

in the Burns Clinic and she came, and she had pneumonia. She had been out testing some cows, you know, and they were doing Bang's tests or something, anyway she had dust pneumonia. So, I treated her for pneumonia, and that's how I met her.

DOROTHEA: Okay, you mentioned cows. I kind of think that maybe she might have been the first woman veterinarian in Harney County. Is this true?

FRANK: Yeah.

DOROTHEA: Okay. You have some children; how many do you have?

FRANK: Three, Tom, Jon and Mary Lee.

DOROTHEA: And are any of them in the medical profession?

FRANK: No.

DOROTHEA: You didn't advise it?

FRANK: They saw how hard their father had to work; they didn't want to work like I did.

BARBARA: And what are they doing? And are they married, do you have grandchildren?

FRANK: Well the oldest boy has got two kids. And Jon has got one. And Mary Lee isn't married.

BARBARA: And where does Jon live?

FRANK: Jon live?

BARBARA: Uh huh.

FRANK: Here in Burns.

BARBARA: Here in Burns. And your oldest?

DOROTHEA: Tom.

FRANK: He is in McMinnville.

BARBARA: In McMinnville.

DOROTHEA: And what does he do?

FRANK: He is a schoolteacher.

DOROTHEA: Okay. And Jon is a ---

FRANK: Jon is a mechanic.

DOROTHEA: --- a mechanic.

FRANK: And Mary Lee is a herd's person.

BARBARA: She is in business with Doris.

FRANK: Well they call that a herd's person.

BARBARA: Herd's person.

DOROTHEA: You heard about that, huh?

FRANK: Huh?

DOROTHEA: You've heard about --- they're not a cattleman, they're not a rancher, they're a herd's person, okay. What do you do in your spare time? You say you had ninety days you were done doing everything you wanted to do, what were some of these things?

FRANK: Oh, I don't know, I just tinker. I don't play golf or tennis. I just --- oh, well most of the time I --- well see there was a month we leased --- oh that lady Geneva Nelson had a place up there, we leased that and I spent a month up there building fence on that terrible place.

DOROTHEA: Yeah, it was pretty run down. So that's where Doris had her cattle. You also have a place in the Silvies Valley that you kind of like to go to.

FRANK: Yeah, over the years I built a cabin up there.

DOROTHEA: And I think you bought that probably about in 1955 or '56. Probably ---

FRANK: About '55 or '56.

DOROTHEA: Right after you came to Burns, right?

FRANK: Charlie had it initially, he homesteaded it, and then Howard Patton bought it from him, and then I bought it from Howard Patton.

DOROTHEA: And you still have that place?

FRANK: Right.

DOROTHEA: And you like to hunt?

FRANK: I like to hike around, but I'm not real enthusiastic about shooting something.

BARBARA: What were some of the other things that you were interested in during your, maybe latter years of practice? I know you became a county commissioner. Can you tell us how you became involved in politics, and what you liked about that phase, and maybe being involved with

the hospital with your county commissioner job?

FRANK: Well the, see the thing is that, well see this is a county hospital initially. And the idea was try to get more funding for the hospital. And I figured well, one way to do that would be, be a county commissioner, and then you could influence the judge and the other commissioner to fund more things for the hospital. Well that worked out pretty good, because old Newt Hotchkiss was the judge, and I got him mainly involved in, you know, interested in the hospital. And like when the county, and that kitchen went bad, they funded a new stove, and they put in new stuff like the water sprinkler system. The county did a lot of --- And then he took a real interest in the hospital. He pretty near come over here every day to see how things were going, and the people, if they needed things and stuff like that. And so, it worked out pretty good.

BARBARA: And so what year did you become a commissioner?

FRANK: Well you'd have to take '87 and subtract 22, and that would be 5 and '62, '65.

BARBARA: '65.

DOROTHEA: And how many years were you a commissioner?

FRANK: Twenty-two.

DOROTHEA: Twenty-two years?

BARBARA: What are some of the major things that you contributed to during those twenty-two years? What do you feel good about having accomplished during your time?

FRANK: Well I think --- well eventually they got the road, the forest receipts reversed, you know. Initially the county got receipts from the forest, but it was on the net. And the net didn't do much. And then they got this passed where the county got twenty-five percent of the gross. Well then, they could actually buy some new equipment. When I was up there it was all net. And they bought an old crawler tractor, a D-8, and it had a sixty-day warranty, and at the end of sixty days it was down, you know. They just bought junk, and they didn't do much for the roads.

But see when they got on the gross receipts then they could start paving, they bought new equipment, they got --- instead of buying old graders and old trucks, they got new trucks. And you can go around now and see the county has done some roadwork. There is some paved roads, and

they've made a real improvement. And that's, well we started out initially paving when I was in there. And they didn't know a thing about paving. They went down to Lake County where they had started paving before we at Harney, and they found out how they did it. And so, they came up and did it out there. And they do a pretty good job, really, considering they don't work very hard.

(Laughter) But they do a good job of paving.

BARBARA: And what else?

FRANK: Well this planning and zoning was probably another thing that got organized, and that was a big ordeal over the years to try to get that worked out with the Senate Bill 100.

And well like I say, we got the home health organized. I think the biggest thing that in all those years though that we got a Senior Center that, I don't think there is, they don't have to be ashamed of it at all.

DOROTHEA: I think we have one of the nicest Senior Centers in, through the help of the county court and Phyllis Lissman.

FRANK: I think so too.

DOROTHEA: I think she looked at all these little tiny little bitsy ads and ---

FRANK: Well, I know when old Newt was there; he was pretty generous to them.

DOROTHEA: Yeah.

FRANK: You see the other thing is about that same time when they had this payment in lieu, that's through the BLM, and they had, I think three extra payments that one-year. So, one of them they used for the senior center, another they used to lower the taxes by that amount, and then they kept the other third. But that one third of the payment in lieu almost built that senior center.

DOROTHEA: Uh huh.

FRANK: You see initially where the old hotel was, the Arrowhead, the county got that land back, because whoever owned it didn't pay the taxes for five years, so the county got that. And then Bill Allen bought the property where the senior center is now; so, then the county just swapped him properties. And then they got a hold of the property where the senior center is, and then they had the payment in lieu and they went and built that.

DOROTHEA: Well from what I understood about that, wasn't quite big enough in the parking area; they needed more room for that.

FRANK: Well they needed more room, yeah.

DOROTHEA: So that was the purpose of that.

FRANK: And then the county has gone along pretty well with that for the ... programs they have been involved in. And they've funded, now like Phyllis' salary, or the director's salary. They included in their insurance program, and all the other things like the fuel and a lot of that kind of stuff.

DOROTHEA: How much traveling did you have to do? I know we talked to Dale (White) and he said now he does a lot of traveling.

FRANK: He does too much.

DOROTHEA: When you first started, were you required to kind of go to school and learn different things?

FRANK: By the county?

DOROTHEA: For being a commissioner?

FRANK: No. The only thing, they have an annual AOC meeting, that's the Association of Oregon Counties, and that's all you needed to go to. Some of them didn't even go to those. But see Dale has gotten involved in all these programs. And he's been president of the Oregon Association. And he'd rather travel than stay home.

DOROTHEA: Well he, from what we understand, if you don't keep up on all of this stuff, well you kind of get behind.

FRANK: Well, the Association of Oregon Counties will give you all the information you need, because that's what they do, you know.

DOROTHEA: Uh huh, uh huh.

FRANK: But see he wants to be president of this, and chairman of this, and he was chairman of the public lands. And I think he wants to be president, if he isn't already, of the National Association of Counties. I mean that's what he is heading for. But he's got six years now.

DOROTHEA: Yeah.

FRANK: He'll probably retire at the end of six years. So, he's probably going to shoot for some big executive job with a national association. And he's a, well I don't know, he likes to go to meetings on county expense.

DOROTHEA: Where do you think that the commissioners and the judges are, county judges, are headed? Are we going to, in Harney County, I'll have to use that because --- are we going to need more commissioners, and what is their jobs going to be down the road?

FRANK: Well, I'll tell you what they've done, say for example Lake County; they've eliminated the county judge. And they have, you know, the chairman of the board. And see the thing is that Dale fought that, he didn't want that here because see the county judge is elected every six years, and chairman every four years. So, he's hung onto the probate and juvenile and that kind of thing so he can maintain the judge thing. And I think he likes the title of judge. But he has no judicial or legal

DOROTHEA: Okay, if we eliminate the judge, then who does the job that he's doing now?

FRANK: Actually, you can have a district judge, is what you need, a legal person. A person with a law degree that could do justice of the peace, and do the motor vehicle, the fees, you know, and the fines for both the City of Burns, Hines, and the county. And he's opposed to that, or was in the past, and I'm sure he still is. Because he wants the six-year term rather than the four-year term. And ---

DOROTHEA: Some of the people that you worked with as commissioner, who was the commissioner at the time you went in as one? And how many commissioners are there?

FRANK: Well, when I went in there was Butch Arntz and myself, there was only two.

DOROTHEA: There is only two?

FRANK: And they were part time. The judge is full time. See like when I went in Newt was there, and he was getting ten thousand a year. I think Dale is getting over forty thousand now. I mean he has upped his salary. When he was working at the hospital, it was over fifty thousand a year. He was one of the highest paid commissioners in Eastern Oregon.

DOROTHEA: Was he a commissioner before he went in as judge?

FRANK: Was he a commissioner?

DOROTHEA: Yeah.

FRANK: He never was a commissioner, he was always a judge.

DOROTHEA: He never was commissioner. You worked then with Butch Arntz, and then who, when Butch --- did he die first?

FRANK: He got killed.

DOROTHEA: He got killed.

FRANK: And then George Purdy come on.

DOROTHEA: And George Purdy was on for several years.

FRANK: He was there for at least eight years I know.

DOROTHEA: I think they said twelve in the obituary.

FRANK: Well maybe twelve.

DOROTHEA: Then you were with Earl Tiller, is that --- who took George's place?

FRANK: Well see, George and Dale White ran against each other for the judge job.

DOROTHEA: Oh, that's right.

FRANK: And George lost, which I think was a mistake. George needed the job to keep him out of trouble.

DOROTHEA: Uh huh.

FRANK: And so, he lost, and then he lost out, and then Earl Tiller ran. And he was there for a long time. And then Lee Wallace put him out of business.

BARBARA: And what year did you retire from ---

FRANK: I didn't retire, I ---

BARBARA: Or resigned.

FRANK: I resigned in '87.

BARBARA: '87. That was when you quit your practice too?

FRANK: Yeah.

BARBARA: And what do you feel was the best thing that you were able, during your years as a

commissioner, to do for the hospital?

FRANK: Well I think I, you know, I influenced, like Newt and the budget board, and stuff to finance a lot more ---

BARBARA: To recognize what needed to be done.

FRANK: --- to be done up here. Then it got to when Dale was doing it, he tried to be the administrator, and it just can't --- you can't run a ship without a captain, and that's what it boiled down to. They had to have a person here all the time. But he wouldn't agree to that. And I had suggested before that they go to a district, you know.

DOROTHEA: Well now as a county commissioner, do you also, does that put you on the hospital board?

FRANK: It did then.

DOROTHEA: It did then.

FRANK: The county board was on the hospital board. That was the board.

DOROTHEA: The County was the hospital board.

FRANK: The County was the board.

DOROTHEA: Who is on the board now?

FRANK: I don't know.

DOROTHEA: You don't --- it's not the county though?

FRANK: No, there is no county official on the board. It's completely, the people voted in this district.

BARBARA: So, it is separate from the county now?

FRANK: It's separate.

DOROTHEA: Now this is the Harney District Hospital.

FRANK: The County just turned over the property and everything to the district.

DOROTHEA: So, they're all new people, and they're people around the county.

FRANK: I guess. They run for a term of office.

DOROTHEA: Okay, so it's like running for judge and ---

FRANK: School board.

DOROTHEA: School board.

FRANK: They get paid like a school board, nothing.

DOROTHEA: Okay. Did you get paid as a county commissioner?

FRANK: Yeah.

DOROTHEA: A certain amount, like twenty cents a mile?

FRANK: I think it was about --- oh well you get paid monthly. You get about two hundred dollars a month, or something.

DOROTHEA: Did that ever raise?

FRANK: Well it went up --- well when I first started with Newt it was a hundred dollars a month. And then I think it got up to about five hundred dollars. And then they paid you extra to be, you know, in the hospital, when the county was running the hospital. Then you got your, well you got your medical insurance, you got your retirement, and then what did they have, off the job disability. And they still have all that stuff.

DOROTHEA: Can you remember when you first came to Burns, the people, what did you think of the people?

FRANK: Well they were different from where I was in North Dakota. In North Dakota they were all farmers. Here you had ranchers, you had agricultural people, and then you had a lot of government people. Back in North Dakota you didn't see any government people, and you didn't see, just a few ranchers. But mostly farmers, just wheat and flax and whatever. Different, whole thing was different.

DOROTHEA: You said when you first came to Oregon you went to Prairie City. How long were you up there?

FRANK: I was there a month.

DOROTHEA: You must not have liked it up there.

FRANK: Well at the time they had a doctor that, he was having a little problem with the board of medical examiners, and the guy that was, oh, the lay person on the board, the executive director

suggested that since they're having an investigation up there, that it would be wise not to go there.

So, I decided I wouldn't be there.

DOROTHEA: And then did you go to John Day, or did you come to Burns from there?

FRANK: I went to Burns from there.

DOROTHEA: From there. So, the people were, were they friendly, were they ---

FRANK: Oh yeah.

DOROTHEA: Did you have a hard time building up your medical profession? Or ---

FRANK: No.

DOROTHEA: They were more or less friendly. Oh I, you know, how it is, you hear Harney County have got the friendliest people in Oregon. Well, I just wondered about this.

FRANK: Well, I didn't have any trouble getting patients.

BARBARA: Who were some of the doctors that have come and gone during your years here?

FRANK: Well, now let's see, probably --- Bert Campbell most recently, and then Clifford Weare.

And Morrison is still here, and John Weare of course he's left town now, he's living in Arizona, but that's about it.

DOROTHEA: Dr. Sinkey?

FRANK: Oh yeah, Sinkey. He's in Arizona too.

DOROTHEA: Is he in Arizona also?

FRANK: Lake Havasu.

BARBARA: Let's see we had a Snook, wasn't it?

FRANK: Oh, Snook was here too.

DOROTHEA: Snook was here.

BARBARA: And then the one that died during, the young doctor that died.

FRANK: Oh yeah, Crowley, yeah, I forgot about him.

DOROTHEA: How about the oriental ---

FRANK: Oh yeah, there has been a couple of those guys.

BARBARA: Some have come for just a very short time.

FRANK: They just stayed here long enough. They came here on a two-year deal, until they stayed here long enough they got their citizenship and then they left. Musa was one, and the last guy was a Chinese doctor. He only stayed long enough to get his citizenship and then he went to California.

DOROTHEA: Oh, is that where he went?

FRANK: Yee or Yeh, or something like that.

DOROTHEA: Yeh, Yeh.

BARBARA: What do you think about the, bringing medical students over to observe, or do so many week type of thing?

FRANK: They've been doing that for a long time, not only here, but other places. And it has a plus and minus. I know two or three that we've had here when I was here, they didn't go into family practice. One of them, well one was that Ritchey kid, do you remember him?

DOROTHEA: Uh huh.

FRANK: He went into dermatology. He was here all summer and worked with the Weare's and myself. And then there was another kid that came in here for a summer, and he didn't go into family practice either, he went into radiology. I don't think anybody that's ever come here has stayed in, went back into family practice. They didn't --- that's too much work day and night, weekends.

BARBARA: So maybe it's turning people off more than it's interesting them.

FRANK: Well of course, you've got to remember the University of Oregon Medical School is specialized. That's there, they're mostly specialties, and they don't emphasize family practice like they do back in the middle, central states like Kansas, Nebraska, Iowa. And they probably get more family practice out of the Middle West than you will around in Oregon. They just aren't oriented to it.

DOROTHEA: Well, do you think that any of these guys will, or girls, will come back to Burns after they do a few years of medicine?

FRANK: Well, there is an economic problem. I came across one girl down in the Navajo, down in Ganado, and she got her pre-med and her residency in internal medicine, you know, through the

government grants. She owed a hundred and fifty thousand dollars on her education. And, you know, unless they get into someplace that's deprived of physicians, what do they call it, in need, then they can get some forgiveness, up to twenty thousand a year. But if they go to some place where they don't need somebody real bad, you know, a hundred and fifty thousand dollars is a lot to pay off. It takes --- and you figure the interest on it, they've got to ---

A young fellow up in John Day, they encouraged him to come and they told him they would pay the interest on the loan if he would come. Well the interest on his loan is twelve thousand a year. They will pay the interest on his loan, and he has to pay on the principle, and that's not tax deductible either, you know.

DOROTHEA: Uh huh.

FRANK: And you take some of them, anywhere from ninety to a hundred and fifty thousand dollars on the education, they're going to go some place where they are going to get some forgiveness.

DOROTHEA: So, in other words, Burns would be inviting to somebody like that?

FRANK: Well, I think that one of these two guys are on that, they got in on this need type of thing, and they are getting a twenty thousand, up to twenty thousand a year forgiveness on their loans.

BARBARA: Aren't some of these smaller communities paying the doctors a certain amount to come?

FRANK: Yeah. Well to come and visit?

BARBARA: Well, I mean to pay them so much a year to help them get started, or is that wrong?

FRANK: Well, usually they'll, you know, like in John Day just helped this guy, they told him they would pay his interest. And I don't know if he is still there or not. His name was Holland; he may still be there.

DOROTHEA: I don't know any of the doctors in John Day.

BARBARA: I was thinking when they were going around trying to recruit physicians to come, that they were offering them some money to come and practice here.

DOROTHEA: Well I think ---

FRANK: Well they have recruiting outfits like this one I'm working for, they also do recruiting. And then there is Coker and Jackson, and a whole bunch of them. And the running, the average, usual fee for one of these, they call head hunters, to get a doctor to come and sign a two year contract, is twenty thousand dollars. There was a client, like this hospital would have to pay twenty thousand dollars to these headhunters to get a physician to sign a two-year contract. And there is dozens of these outfits in the business now, because there is big money in this, in this Locum Tenens and recruiting physicians.

And it's a, not only family practice; they are talking about radiology, internists, neurosurgeons and the whole ball of wax. There is a bunch of these guys out there, and everybody is trying to get them. And whoever can be the most enticing to them, that's where they are going.

DOROTHEA: Well isn't this true, something about, somehow about nurses too?

FRANK: Well yeah. They have the same thing with nurses, you know, this outfit I work for, they have what they call Nurse One. And they're just rent a nurse. I came across one up in Wrangell, Alaska; she signed a contract for three months. They had to work three months for this outfit. But they're traveling nurses.

BARBARA: Well kind of like Humana Hospital has nurses that travel around the country and work in their hospitals.

FRANK: Well of course, Humana has got hospitals all over, from Anchorage to who knows where.

BARBARA: Hawaii and the whole bit, yeah.

FRANK: Yeah, those are HMO type things.

DOROTHEA: Are you going to try for Hawaii so you can go up there and get a good tan?

FRANK: I don't want to go to Hawaii.

DOROTHEA: You don't want to go to Hawaii?

FRANK: I have no desire to go to Hawaii.

DOROTHEA: You're kind of like me, everybody thinks I'm strange, but I have no desire.

FRANK: It's expensive and there are "sharpie" people there, and the wages are low.

BARBARA: You said that when we first came in that you were really impressed with the improvements that have happened here at Harney District Hospital.

FRANK: Oh yeah, well look at the carpeting, and different curtains up. They used to have some old straggly things that look like that, even in this room. And they've done a lot of, you know, painting. And people, they've got people that have donated to this, to different equipment.

DOROTHEA: Well, I think they have asked also, organizations to, what do they say, take a room, or adopt a room or something?

FRANK: Yeah.

DOROTHEA: And they keep this room then, with new curtains, new paint, new rugs, whatever.

FRANK: Yeah. See when the county owned it; run it, people resented doing that. Because the county charged, they got their tax bill, and people would just be damned if they wanted to give something to the county again. So, this is completely away from the county and the tax well. And I think that's a good move.

DOROTHEA: It's a good thing. I understood that they were going to try to get a chapel in here for the bereaved people and things. Have they done that yet?

FRANK: I don't know anything about that.

DOROTHEA: You don't know that?

BARBARA: Do you think we're going to keep our hospital in the years to come?

FRANK: As long as you keep some doctors, you can keep it. But you're so isolated, but you know, if these two young guys --- well of course the older guy he is going to retire, Morrison is about to retire, so that just leaves two. If they will stay, but ---

BARBARA: The work gets --- if you can't get anybody else in to relieve them, if they get overworked then ---

FRANK: Well, these young guys don't like to work, let me tell you right now.

BARBARA: Oh, is that right?

FRANK: That's right. Compared to what I used to do. They don't like to work.

DOROTHEA: Do they do any surgery here?

FRANK: Oh yeah, this ---

BARBARA: Nicholson.

DOROTHEA: Nicholson.

FRANK: Nicholson, he's a pretty good surgeon. But you see he's from Canada, and that's where his wife lives I guess, I don't know.

DOROTHEA: Is he one of the older guys, or is he thinking about retiring?

FRANK: Yeah, he is older. He must be in his sixties, or close to sixty-five.

DOROTHEA: Well I know Morrison, every year he threatens to retire, but so far, he hasn't.

FRANK: Well, if he could sell his building, his interest in that building, he would retire.

DOROTHEA: So ---

BARBARA: What are some of the other things maybe that you were interested in during your years of practice? Or did you ever have any extra time to be interested in something else, have time to do anything else?

FRANK: I don't know, I just practiced medicine I guess.

DOROTHEA: Did you go skiing?

FRANK: No, I don't ---

DOROTHEA: Don't ski?

FRANK: No, and after I've been to Red Lodge I wouldn't ski if you asked. I patched up more people that had wrecks skiing, I'll tell you. These people come down a mountain and try to wipe out a tree; I'll tell you it's a mess. I had two of those. Dislocated shoulders, and busted up knees, I'll tell you, you just can't --- Skiing is a rough deal.

BARBARA: That's probably why ---

FRANK: Unless you just sit in the bar and do drinks is the only way to ski, I'll tell.

BARBARA: Put your feet up in front of the fire in the lodge.

FRANK: That's it.

BARBARA: Well, what do you look forward to doing during your so-called retirement years? Do you want to continue on with your traveling around?

FRANK: Yeah, right, I'm working at it, going to Arizona for the winter. (Laughter) I don't know if it all is going to fall through or not, but I've got a couple potential jobs.

BARBARA: And what about Doris, can you talk her into maybe going and spending some time with you?

FRANK: I was in Greybull, Wyoming in April and she wanted to see some bulls over near, where was that, someplace over there. And so, she came, she flew to Billings and I picked her up, and she went to, over there and looked at some animals and stuff, and then we came home through the park, Yellowstone and the Tetons. And that's the second time she ever --- the first time I was down in the Grand Canyon for three months, and she came down the last week. And we hiked down to the bottom and back up, and that was a something.

BARBARA: That's a chore.

DOROTHEA: You'll ride the donkey next time, huh?

FRANK: They won't let me.

DOROTHEA: Oh, they won't let you?

FRANK: I tried my damndest to ride those mules.

DOROTHEA: Well, why won't they let you?

FRANK: Too heavy. I think you can only be 190 pounds.

DOROTHEA: Uh oh, I've got a problem. I got a problem; I better not go there.

FRANK: Yeah, that was seven some miles down, and nine miles back up. And I'll tell you ---

BARBARA: I understand they fly quite a few people out that can't make it back out.

FRANK: Well yeah, I was working there, and they have heart attacks and all kinds of stuff.

BARBARA: People don't realize how hard it is to come back out.

FRANK: Oh yeah. Well, I think the shining example was this family from Norway, and they decided they would all hike down to the bottom. Well when they got down there, Mama got sick and got hypothermic, and the rangers stuck her in the creek to cool her off. And then they hoisted her out of the canyon with a helicopter and brought her to us. We had a little clinic there. Hell, she couldn't speak English, and we couldn't speak Danish or whatever it was.

And the park guys, you know, they just baby-sit the tourists, that's all they do down there. And they found somebody that could speak whatever language she had. And they came over and they interpreted for us. We got her fixed up good enough, and then they had, these park people have to go find her a place to stay. So, they found her a place to stay. Talk about baby-sitting, but that's what they do with these people.

And it's just --- well they told me there was 1.8 million people go through that Grand Canyon a year. And those park rangers, they just baby sit, that's all it is. People, I came across some guys that were on a rope going down the side of the canyon. Of course, if the rangers would have saw them, they would have nailed them.

And then we had Japanese that can't speak English, and it snowed one night. Here is two Japanese, they bang into each other, you know, and then we had about ten Japanese in this clinic and not a one could speak very good English. Fortunately, nobody was hurt very bad.

BARBARA: Oh dear.

FRANK: Then the ranger shows up, and whoever the guy was driving, he lifted his passport, and he said you can get it back when you go to the magistrate. They were going to fine the hell out of him.

BARBARA: Oh yeah. Well, that's the only way they can keep people in line is ---

FRANK: Yeah.

BARBARA: Do you think you'll get Doris down to Arizona this winter then?

FRANK: I don't know. If I get a good place in Yuma, that's where I want to go.

BARBARA: Uh huh. What do you think about Doris, do you think she is going to retire with her Hereford business?

FRANK: She is never going to do that.

BARBARA: Any time soon?

FRANK: She'll do that until the day she drops.

BARBARA: Do you think so?

FRANK: That's all she likes to do.

DOROTHEA: I think that's in the blood, I think. I think ---

FRANK: She just likes to do that. Then she and Mary Lee, that's all they do.

DOROTHEA: Well, Mary Lee travels around showing the bulls once in awhile.

FRANK: Well, she hauls them here and there, and then Doris goes with her part of the time, part of the time she doesn't.

BARBARA: So, is there anything special that you'd like to do in the years to come?

FRANK: It isn't doing ranching, I'll tell you. (Laughter) They know that.

DOROTHEA: You don't like to ride a horse, you mean?

FRANK: Well, I don't mind riding a horse. But I had one horse and she died.

BARBARA: It's too much work, huh, really?

FRANK: I'll tell you, it's just too damn much work building fence, and there is something, you know ---

BARBARA: There is something to do everyday.

FRANK: Every day something is broke down, didn't work, or stuck, or ---

DOROTHEA: True.

FRANK: --- just a lot of hard work.

BARBARA: Do you see yourself, when you do retire, staying in Burns?

FRANK: I believe it. I got a cabin up there, that's where I go to retire. I've worked on that place for thirty years, and I have it fixed up real nice, I think.

DOROTHEA: I haven't been up there, I've been in Burns for twenty years, and I think I've been up there once since we moved to Burns. So, I imagine there is a lot of improvements.

BARBARA: It is pretty nice. We had a sorority summer party up there one year I think. You were probably working that day, I don't remember you being there, but it was very nice.

FRANK: Well I --- yeah.

DOROTHEA: Yeah, whenever you don't know where Dr. White is, you know where he is.

(Laughter) If you can't find him, you know he is in the hills.

FRANK: Well, nobody bothers you.

DOROTHEA: Do you read when you go up there, what do you do when you go up there?

FRANK: Well, I just tinker around. Oh, I read, yeah, medical literature and stuff.

BARBARA: Talking about reading and things, what is required of a doctor yearly in order to keep practicing? Do you have to go back to schools?

FRANK: The American Academy of Family Practice requires, to be members of, fifty some hours a year. You can accumulate it over a three-year period. Now some states, like Arizona, you have to have twenty years, twenty hours of continuing education a year to get re-licensed. It's just on the honor system. You just tell them if you did or not. And some states require more than that. Oregon doesn't.

BARBARA: Do you go to meetings, do you go to seminars, do you do readings on your own?

FRANK: Oh, you do reading on your own, and fulfill the hour requirements. Some of the meetings are sort of a farce. They go to the most expensive places you can think of. It gets a little spendy when you pay a hundred and fifty dollars a night for a room, and then pay five hundred dollars to go to meetings.

DOROTHEA: And of course, they always charge you extra for those meals.

FRANK: And then the meals are pretty spendy. I mean I'm not getting that good of money now.

BARBARA: They're pricing people out of doing that type of thing really.

FRANK: Yeah, because when you do more stuff, just like go through a magazine, and then answer the questions, fill in the card and you get three hours or something like that each time. And then you can get home video study courses, and you can get all your hour requirements without spending this horrible amount of money. I mean it depends on whether you're going for the vacation or the --- and then you can go on cruises now. And you have lectures on the cruise, so you can write off part of the expense.

BARBARA: So maybe people are incorporating their vacation time with their seminar time.

FRANK: Yeah, the IRS allow you three outside the United States medical meetings that are deductible. But anything beyond that, you can't deduct the whole cruise, you can deduct part of it.

BARBARA: Have you traveled to Europe or anyplace to go to anything at all?

FRANK: No. The farthest away, I've been to Mexico, Puerto Vallarta and Alaska.

BARBARA: So, you kind of like to be a homeboy, is that what you're saying?

FRANK: I think there is a lot to see in the United States, before I decide to go someplace else. I would like to go to Australia or New Zealand and the Cayman Islands, but I haven't got a big desire to go to Europe.

BARBARA: There is a lot of conflict over there.

FRANK: They're always shooting each other, or some other damn thing. And they don't speak English for one thing.

DOROTHEA: That's what I was going to say, and I couldn't understand, and they couldn't understand me, so I'd have a problem there. But I'm the same way, I've traveled to a lot of the states in the United States and I've enjoyed that more than I --- I've never had a desire to go to Hawaii.

FRANK: One part of the United State I have never been in is the New England states. I've been in every other state in the union but, and Hawaii. And I hadn't been to Alaska until last year. I hadn't been there at all until last year. And the first, I went up to Wrangell for two weeks, and then I went up to Anchorage for six weeks. And then I went back to Anchorage this year for four weeks.

DOROTHEA: Do you like Alaska?

FRANK: Oh, sort of. It has its beauty, but then a lot of ice and snow, let me tell you.

BARBARA: It would be harsh too.

DOROTHEA: Is it really dark and light?

FRANK: Well the summer, I was only --- I've been up there in June, July and August, the only times, and it is light, you know. It's not as light as it is now, but at eleven o'clock at night it's still light, and at one o'clock. And people will say they go fishing at two in the morning, well they do. But then it's the reverse in the wintertime.

DOROTHEA: Yeah.

BARBARA: Well looking back --- I see our red light is on; we're about to the end of our tape.

Looking back on your career as a physician, are you glad you chose it, do you wish you might have done something else, or are you pretty content in what you've done?

FRANK: Oh, I think I did all right. I would have probably liked to have been an orthopedist or radiologist, but I just didn't have the finances to do that.

DOROTHEA: Well that little red light tells us we're about to run out, and so before it clicks off, we want to thank you for your time, and we've enjoyed it. Now if you still have time, we'd like to do a little video, and we'll go through some of the same questions.

BARBARA: About ten minutes.

DOROTHEA: Probably about ten minutes is all it will take.

FRANK: Oh, is that what you do there?

DOROTHEA: Yeah.

FRANK: I wondered what that was.

DOROTHEA: Thank you.

FRANK: Okay.

(END OF TAPE)

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