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**Interviewee:** Charles “Butch” Farabee (BF)

**Interviewer:** Tom Martin (TM)

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Today is Sunday, June 14, 2020. This is Part 7 of a Grand Canyon oral history interview with Charles “Butch” Farabee. My name is Tom Martin. Good afternoon, Butch. How are you?

BF: Well, good, Tom. Thanks.

TM: Good. May we have your permission to record this interview over the telephone?

BF: Yes.

TM: Thank you very much. In Part 6, we discussed quite a bit about the Yosemite riot that was in 4th of July, 1970. You arrived at Yosemite not quite a year later. I'm curious about the Yosemite hospital and the people that worked there. Can you open that up for us?

BF: Well, LMH, as we used to call it, Lewis Memorial Hospital was named after an early Superintendent about the 1921, '22, '23, '24, '25 era. And so, he helped get that hospital off and running. It was a full-service hospital, as much as you can have full service with three full-time doctors and maybe a visiting doctor in the summertime and perhaps a staff of ten nurses. You know, there was a pharmacy, and an X-ray tech and a dentist. But people in the valley, because of the isolation, often would go there and stay for, you know, people who lived in the park, residents, but that would be their family doctor. Their family, uh, where they would go for medical stuff. And people could end up staying there for several weeks at a time. It was that kind of a full service— There was a cafeteria or at least where they made meals for people. So, you would stay there for several weeks. And I think that came online about 1922, if I'm not mistaken, right about there, anyway. And they built it in the valley. Of course, it served the visitors, climbers, and hikers and just plain, old campers. Anybody that got sick or injured. It was a full-blown hospital, Lewis Memorial Hospital, until, I think, 1974 when in California, at least, probably elsewhere, the insurance rates were skyrocketing, and the liability problems for maintaining a hospital and medical practices became outrageous. So, in theory, at least, they reduced back and became a clinic, although, in reality, it was still a 24/7 operation.

TM: Really?

BF: In the sense that, at least, you know, two of the doctors live right behind the clinic, or the hospital, lived right within 100 feet of the back door.

TM: Okay, so, they were doing 24-hour doctor on call—

BF: Yeah.

TM: —but they weren't doing 24-hour overnight in a bed.

BF: No. No.

TM: Okay, good.

BF: Well, you know, I have to hedge on that a little bit because I suspect that people came in, like, late in the evening, perhaps for maybe an emergency. Very often maybe somebody I was bringing in or helping to bring in, you know, and they would end up being there for the next day. If it looked like they might be discharged for some reason, they might stay their whole time.

TM: Okay, so they—

BF: So, I don't— Don't interpret that as being nobody ever stayed there.

TM: Well, no, when I think of it downsizing as a clinic in '74, what that typically meant was that a doctor might be on call 24-hours a day, but there was a higher level of, a higher-level trauma care facility some distance away that ground transport could handle.

BF: Yes.

TM: So, you wouldn't have people recovering from gallbladder surgery, you know, for a couple weeks and then released from the hospital because it was now clinic.

BF: That's correct. And the gallbladder surgery, if it was some sort of an emergency, they might take it out right there. But if it weren't life and death, they would probably ship that person off.

TM: And where were they shipping people to?

BF: Well, they'd go to Mariposa, which is John C. Fremont Hospital. For something bigger, probably Fresno or maybe even into Modesto and Merced.

TM: Okay

BF: So, my first son was born in 1973 in the hospital at that time, and sadly, it was a stillbirth. It was a full-term, and at the time, they did not have a fetal heart monitor. So, they weren't able to monitor all that was going on, and my wife— The chief nurse, Kathy Loux, she was a friend of the family, etc., and she came in and couldn't hear a heartbeat on one monitoring session, and she got one of the docs, LaBorde, to induce, or he decided to induce her. And she was— You know, my son was born dead. But it was still a hospital at that time. That was in '73. And then in '74, it went to basically where they wouldn't take a planned pregnancy, except again, I was the exception, one of the exceptions. I wasn't the only exception. But my oldest son now, who is 45, Lincoln, was born there. And I think they made some minor exception for us because she wanted to relate to the docs and the nurses and staff there that she had, she still had faith in them in terms of their medical capabilities. So, Dr. Wurgler, Jim Wurgler, delivered my oldest son there, and everything was fine, and there were no problems. And by this time, they actually did have a fetal heart monitor.

So, because we worked on a daily basis, and sometimes, you know, once or more times every day, practically, we would bring somebody in who was seriously sick, or a broken leg, or some sort of an injury. Car wreck. We'd bring them in, and the hospital people, the guys there, would stabilize and do what they needed to do. And often, they would then send them on out of the park to a more complete medical facility in, as I said, Fresno, Merced, Mariposa, almost always by ground ambulance, although there were exceptions for that as well. This was just at the beginning of the Life-Flight kinds of helicopter emergency-evacuation period. So, they would fly in generally from, say, Modesto to fly somebody out, and

occasionally at night, again, that would be the exception, but it was something that would happen. And we would also use the Lemoore Naval Air Station on rare occasions on something that they had been involved with in the park, perhaps a rescue or if somebody was seriously hurt by— Of course, most of these rescues, you know, start taking place at dark anyway.

TM: Right.

BF: And, you know, the shift might wait around, and the docs would come out, and maybe do some quick stabilization, and put in an IV and do whatever they had to do, and then maybe would end up flying them off, generally, to Fresno, because their air station, Lemoore Naval Air Station, was actually south of Fresno. But because we work with these guys, and the staff, and the women and who are all nurses at the time, I mean, all the women were nurses. We got to know them both socially and professionally and have the utmost highest respect. Dr. Wurgler, as an example is somebody that, even though he's now deceased not too long ago, I still have on a pedestal. That's how much respect I have for Doctor Wurgler. And even though I could call him JW, like a lot of those nurses and staff, and I think he encouraged people to do that, pretty much out of respect, I would— I don't think I ever called him JW. I was always Dr. Wurgler or Doc, and partly that's a holdover from my dad, who was a medical doctor who was one or the other people I have on the pedestal.

So, we would, they would have parties there at the nurses' dorm, which is right attached to the hospital, as well. The hospital itself, or the clinic, was roughly a 15- to an 18-bed facility, and I think in its heyday in the '30s and the '40s and the '50s, there is probably a pretty full house most of the time. But that was the size of the place. And they had, they did have X-rays facilities and a basic pharmacy, I think. And then attached to the hospital was a dentist's office, and Charles Woessner was the longtime dentist there for several decades. So, again, just because we worked with these people on a daily basis, we would also socialize fairly often with them with parties at the nurses' dorm with, you know, Christmas parties in the hospital itself, that kind of thing. And the residents and climbers from Camp 4, often, would come and go, and some great relationships and friendships came out of that, that Kathy Loux I mentioned a moment ago.

TM: Yeah. Can you tell me more about Kathy?

BF: Yeah. Well and so, Kathy was— She'd gone to school back in Baltimore. She and a girlfriend decided that— This is during, like, about 1971 or '72. They got a wild hare and decided they would go West, and they ended up at, I don't know, it's not Old Faithful, but it's in Yellowstone where there's a hospital there.

TM: Yes.

BF: And they ended up, she ended up working there. And very common sensed, very attractive woman. I mean, she could swear like the best of them but had a real heart of gold. I actually wrote an obituary for her when she died here about a year ago. So, she was the head nurse. And a lot of these nurses would, you know, a couple of them, like Kathy, would stay around for some time, a number of years, but a lot of them would come in for a year or two and have their wilderness experience and then, sort of, move on. There were a couple of marriages, some real serious relationships with a lot of heartaches attached to it, as you could imagine with that, and particularly between the Rangers and the nurses. So, collectively it was a great relationship. And this hospital was literally only maybe a third of a mile from my house. So, Yosemite Valley is not all that big when it comes to the housing area itself, and so you get to know people pretty well. You see almost on a daily basis at the grocery store or someplace.

TM: Yeah.

BF: So, it's very comfortable as a rule. And the relationship between the Rangers who were doing most of that transports and the emergency response were— It was very good. And as I say, you know, there wasn't a doctor there 24 hours a day, but there were on call and very often, and it would not be an exception for us to have them called out at 2 o'clock in the morning to help with some incident that, some car wreck that we were bringing some people in on occasionally. Dr. Wurgler, in particular, since he had training and had been in Vietnam and probably missed a little bit of the adrenaline from that angle, we would put on the

helicopter and send off on a rescue on something that he was capable of taking care of from a climbing standpoint. And we taught him how to repel and some of the very basics, but we weren't going to put him off the face of El Cap, and quite sure that he didn't want to, anyway. But, so, he enjoys that, and you know, there's some nice photos of Dr. Wurgler floating around with him in his flight suit, getting on and getting off the helicopter.

And the other doctors, there was a Dr. Hendrickson, Roger Hendrickson, was actually there a lot longer than Dr. Wurgler was, was sort of a—Somehow, I don't know the exact relationship, but somehow they had this contract with the Park Service. And Dr. Hendrickson's son was killed climbing in Yosemite Valley after I left, I think, actually. A year or two after I left. But they would have these other doctors, sort of, come in for a year. They'd want to get some practical hands-on wilderness kinds of medical experience, and Yosemite had a place for them to live, you know, and they had a lot of hands-on emergency stuff, as well as family practice kinds of things. It was a beautiful arrangement for them, too. A very good experience. Hendrickson was the same cut as Dr. Wurgler. Just both total gentlemen. Both totally very competent. You knew that you were in good hands when Dr. Wurgler was on the other end of the radio when we called in and said, "This is what we've got." At that time, for a number of years, I was the one, one of them, may be the one, there might have been two of us that were giving painkillers, you know, shots, painkillers and starting IVs, even though technically I had very little experience or training. I should back up and say a moment— Actually, I did have some training on how to do that. I went to the first EMT class that the Park Service held back in Camp Lejeune, North Carolina, which is the Marine Corps base. And so, I actually had—

TM: What year was that?

BF: That was in '73. So, I was— I probably misspoke a little bit in the fact that I didn't have some training, but it was pretty minimal, and it wasn't, like, you know, I did the day in and day out. But in order to, sort of, be certified, you'd have to do X number of IV starts. But it was always very comforting to have Dr. Wurgler, Dr. Hendrickson or one of the other doctors or even Kathy Loux on the other end of the radio. In fact, more often than not, it would be one of the nurses, often Kathy but not exclusively Kathy, who would be on the other end of the radio giving us advice. But it was always comforting to have one of them looking over your shoulder and telling you what to do or agreeing with your assessment and that sort of thing.

TM: Okay.

BF: So, I don't know what else to tell you about the hospital, particularly. One— An interesting side that I discovered when I was working on one of my books, on the death book, is that they actually— There's one birth certificate that I found in Mariposa in the county records while I was working on this book where they cremated a baby at the clinic, and I, to this day, do not know exactly how that that worked out, I mean, how that was done. But they had a little morgue there, as did we over in our rescue cache. We built one, which was more often than not in use, unfortunately. We had our fair share of people dying. So, and as you may know, in Yosemite and Yellowstone, some of the Rangers are deputized as deputy coroners. So, I wasn't— In my case, I was a deputy coroner for both Tuolumne County and Mariposa County for about seven years. And so, I have a number of death certificates with my name on it, which is, you know, sort of strange, since I didn't have any real training in that regard. But when somebody falls 3,000 feet, it's not hard to determine—

TM: Right.

BF: —the cause of death, anyway. So, I don't know what else you want me to run, you know, mumble along on the hospital or Dr. Wurgler.

TM: Well, let me ask some questions then. What seemed very unique about this relationship, not every national park has a hospital in it.

BF: No. I guess, I mean, I really don't know this, although it is a question I've sort of pondered, trying to figure out myself.

TM: And that relationship is unique because you can get a health care provider on the radio to help you with field triage on your way to more definitive healthcare. That's a real boon.

BF: Yeah. Well, I think Yellowstone and Yosemite come to mind. In my mind, I'm real quickly going through some of the bigger parks, trying to figure out who else might have had a hospital.

TM: Grand Canyon and Yellowstone certainly did.

BF: Well, that's right. I forgot about Grand Canyon.

TM: And that was about it.

BF: You know, and the fact that I lived there for six years, I don't know how I forgot the Grand Canyon.

TM: Well, you were getting there. You were warming up to it.

BF: [Laughs] Yeah. Well, sure. But, interestingly enough, I think they were actually there are a number of parks that had doctors in them. That I've never traced the lineage on all of this, but the bigger parks, you know, the Glaciers, the Mt. Rainiers, the Olympics, Zion. I'm trying to think. Sequoia, Death Valley had to actually have doctors, and the doctors were— There's probably some sort of contractual relationship in there that I've never totally tried to figure out.

TM: Right.

BF: But, so, they may not have been hospitals but there were physicians, certainly during the high-visitation seasons, which generally was the summertime. Death Valley, of course, in the wintertime. So, it wasn't like a lot of these places didn't have some sort of medical care, but that was even sort of hit and miss. If the doc was gone, or out of the park at 6 o'clock in the afternoon on Saturday, then you're out of luck. You had to go to Plan B, whatever that might be. So, I— I'm not— Did you ask me a question and I've already forgot what it was, Tom?

TM: No. That was good. It was, and I hadn't appreciated— I assume that the parks without hospitals or clinics in them had no one, and you've made a good point that the bigger parks would have doctors in them.

BF: Well, there was in the '20s, from about 1925 to about the mid-1930s, the Park Service had these— They call them brassards, and they were round inch-and-a half to two-inch in diameter patches that would go on a uniform. And they would have some sort of a thing inside of it, you know, a drawing, a logo or a motif or something in it that, in theory, would designate or identify whether you were the Superintendent or the Chief Ranger or Ranger or the Interpreter or a Naturalist, as they used to call them then.

TM: Okay.

BF: Or an electrician. They had one for physician. And I've seen pictures of it, but it's one of those things where if you were a patch collector, you'd spend a lot of money trying to find one of these things. They're pretty rare. But the fact is that there were enough doctors floating around some of these parks that they actually had this insignia, this brassard, on a uniform coat.

TM: And these would have been Park Service employees. I mean, the people in the Yosemite clinic, did they have Park Service—

BF: I don't know that, actually. I wish I did, because that's just a nice piece of trivia that I— You know, in a perfect world, I would trace it down already, but I haven't.

TM: I mean, I just remember at Grand Canyon clinic, I don't believe anybody had a park ser— Well, there was a radio there, a Park Service radio, but nobody had Park Service uniforms, you know, on coat racks.

BF: No. No. Well, that was a separate contractor.

TM: Yeah. No, it was very different. What other stories do you have about Kathy Loux? I'm going to head to Jim Wurgler, but I don't want to leave Kathy just yet.

BF: Well, let me think about Kathy. Well, one that— I just mentioned my stillborn son, who we never named. But one accident that I've actually written up in this one, in my death book that is— Actually, there's two that I'll bring, I'll tell you about, but the first one is probably about 1977 or '78, and a double, a trailer— What's the right term? A tandem trailer that was carrying hot asphalt, so each of these big trailers had hot asphalt in them. And they're repaving the road between the, they call it the dam intersection. That's where Highways 120 and 41 split off. And they were repaving this, and so they had flag control, traffic control. They had blocked one lane as being paved and the other one was for traffic, except that you had to stop and go with a sign.

TM: This is in the park or outside the park?

BF: Yeah, in the park. Right in— Not very far— In fact, it was in the valley district, I mean, in the district that I was part of. By this time, I, long time ago in terms of this chronology, stopped being the night shift supervisor. I'm the Assistant Valley District Ranger, and I was for, like, seven or eight years. So, this other Ranger and I are out, and I just— I guess checking on things, and it was summertime, lots of traffic, and this double trailer was coming down hill, and it was in the lane that had been blocked off because it was going to dump— You know, it was a belly dumper. It was going to dump the hot asphalt. So, trust me, Tom. Kathy Loux will be in this story here in a moment.

TM: I'm patient.

BF: So, some visitors from Germany, there were three of them in this car, it was a rental car, I guess not fully understanding what was taking place, ends up pulling out into this lane of traffic and starts passing people, and they meet this truck coming downhill. And it's on a curve, of course, there has to be a curve, and then there's not a cliff but there's a big gully. It's about 40-feet deep on the uphill side. And just as the dump truck and the car meet, they turn, and they both go over into this 40-foot gully, which is a culvert. So, as it turns out, the front of this dump truck is at a greater than a 45-degree angle, sitting on this car. The car is flattened, and the asphalt, which is hot, has shifted forward and has covered this car. We get the call. There was a seasonal Ranger, law enforcement Ranger, protection Ranger who was the first to respond. He knows that this is going to be a big deal, so [he] calls for help. This other Ranger and I, both of us pretty senior, at least in terms of emergency operations in the park, respond and we're there within not too many minutes, probably 10 minutes or so. So, we have this double trailer, 45-degree angle, the wheels are resting against the embankment, sitting on top of this flattened car with asphalt, which is still hot, covering this car to the point where, as I'm going down, I don't even know there's a car there initially. It's that covered and that flattened.

The driver had bailed out as he was going over this embankment, and he's not hurt particularly. He had picked up a hitchhiker, a lady hitchhiker, and there was nothing wrong about that or anything. Probably shouldn't have done it, but he did, and she bails out as well, and so neither one of them are particularly hurt. But when we get there, we do not know what's what. I think we'd been told pretty quickly that the driver of the truck and the possible passenger are fine. And we're down on top of this before we recognize the fact there's a car underneath this. So, now all of a sudden, I'm taking the lead, and I'm calling for help and the fire trucks.

TM: Oh, so, the asphalt driver jumped out. His hitchhiking lady jumped out. But you don't know— But the car with its passengers, unknown number, is under a bunch of asphalt under this truck.

BF: That's correct.

TM: Got it.

BF: It turns out there were three people in that car. And one was in the back seat, two were in the front, and as you probably will guess, none of them are going to survive. But we bring in, I have, I think, two of the park's fire trucks from the valley have come up, and they're bringing their— They're all in their turn-out gear, and they're now starting to throw water on top of this other Ranger and I, who now have shovels.

TM: Let me get this straight. You've got shovels, and you're trying to dig through the asphalt, and the fire department has shown up.

BF: Yeah. I called for the fire department, and it's so hot down there that, one, I'm bordering on having heat exhaustion.

TM: So, you've got shovel in hand. How did you know there were people in the car?

BF: Well—

TM: You must have assumed that, hey, there's—

BF: Well, I think pretty quickly we recognize that there's somebody in the car. We didn't know how many at this point. There was obviously a driver. And I don't think that was me talking to the driver of the truck, but it might have been the seasonal Ranger that was conveying some of this information. But over time, over the next couple of hours, the fire department is shooting water onto this scene now to cool things off, which, of course, is almost counterproductive, but you have no choice, you know. And everything is hardening up, which is not what you want, but what's the alternative, right?

TM: Right.

BF: So, we brought in a couple of the park's biggest front-end loaders to help stabilize this belly dump tandem-trailer outfit, with all these girders and things that support the belly dump. And we've got cables stretched out, stabilizing things. We've got the fire trucks pouring water on top of us. Early on, I probably am bordering on being, having heat exhaustion because of the hot asphalt. So, we ended up getting a— We got the Merced Fire Department, which is about a two-hour drive from this spot, bringing up their Jaws of Life because the park, at this point, did not have a Jaws of Life. So, they brought up a couple of firemen that knew how to operate this thing, and they brought up two Jaws of Life, both of which were broken in this exercise.

I'm actually trying to think outside the box, and I knew that there was a sky crane lifting logs right outside the park on some sort of a salvage thing. So, I asked the guys in the fire office to see if that could be put on standby, thinking that maybe we might have to stabilize this belly dump truck from the air. Fortunately, we never had to do that, because it probably would have been catastrophic, you know. One of Murphy's laws on that one, I guess. But that's what I was— That's how convoluted this operation was turning into. Well, so, Kathy Loux brings the park's ambulance out. Now, I don't think she actually even had a government driver's license, but in those days, we really didn't care about the real specifics like that. We pretty much did what we thought we needed to do, and if there's a consequence, then we'll have to deal with it afterwards.

So, she brings the ambulance out. And so along the way, she gets down to this truck— Not the truck, the car that's pretty much flattened out, and there's one place where either we've uncovered it or perhaps it was just hidden by bushes or something, but there's a place where she could actually get her hand and could feel an ankle. This was in the back seat, and the victim there, who I don't remember if it was a man or woman, but the victim had been pushed down into the well between the front seat and the back of the front seat and the seat itself, actually.

TM: Makes sense.

BF: But she's got her hand on this ankle, and I will never forget what she said to sort of nobody in particular, but there are several of us right there within earshot, but she says, "I hate to tell you guys this, but I've got a pulse." And it's like, "Oh, no!" you know. This really puts much more of a complicater on this whole incident now. So, pretty quickly the pulse disappears, and the person in the back ends up dying. And one of them has died— Well, ultimately, the autopsy will reflect that one of them died from asphyxia by inhaling asphalt. And two of them are dying or have been killed by asphyxia and being, basically, roasted or scalded to death.

And in order to stabilize this dump truck, I have scrambled up into all these girders and angle iron things that are supporting the bellies on both of these dump trucks or trailers. I scrambled up there to tie off one of these cables from one of these huge front-end loaders to help stabilize this truck because it's sort of teetering there. And there's— So, I'm up there by myself, and I'm trying to do the hook, you know, around the cable, and there's a slight shift in this trailer. And my reactions automatically take over. I don't even think about it. I'm out, diving off of this truck onto this embankment, which is probably 10 feet below me but at an angle, and as I'm going off the truck, I clip my leg on one of these angle irons, and it is so painful that I go into shock. So, they get me up into this ambulance now that Kathy has been manning, or womaning now. And I'm out of it. I'm totally gone now for the rest of this event. But she's in there ministering to me with shock. Well, as I say, I'm going into just pain shock and, of course, I lived through it just fine, but Kathy was so professional but in such an almost casual way, because at some point, we recognize we're not going to be able to save anybody. We need to do what we can do in order to protect people that are on the road, the paving operation personnel that are actually trying to resolve this. They bring in the lights to stabilize, or not stabilize, so we could see what was going on at nighttime. So, that was my story about Kathy and that one.

But the other story is a lot more poignant to me and generally when I tell this story, I try to keep from crying or at least tearing up, is this other nurse and I have gone out, taking a climber who's got a basilar skull fracture. We're in the park ambulance. It's November. This is about '75 or '76, I guess, someplace in there. Maybe '77 or '78. And so, we take him, and we transferred this guy with the basilar skull fracture to an ambulance that's come up from Fresno, and we're on our way back into the park. We get into Wawona, which is a part of the park, and there's a hotel and a gas station and things like that there. And about four or five Rangers are stationed there, as well. And we hear on the park radio in the in the ambulance, no call signs or anything, but "Do you want me to bring the EMT kit?" Those were the words which signals to me that there's something going on. So, I get on the radio and basically call out in the blind, although I did recognize the voice, saying, "I've got the park ambulance. I've got a nurse from LMH. Can we help you guys?" And they said, "Yeah, come up. Come up to the Ranger station." So, I get there, and there's a 6-year-old boy.

His name is Colin Neu, and he's conscious. He's got a tamponade under his armpit to try to control the bleeding. And Colin has been gored by a deer. He went initially, and for years— There's actually a back story here, too, but for years I thought he was feeding this spike-horned deer in the meadow. And I always told everybody and initially wrote one of my books saying this, that he was feeding the deer. The deer nuzzled the potato chips out of his hand, the deer went down to eat out of the bag on the ground. Colin reached down, the six-year-old boy reached down to pick up the bag. The deer spooked a little bit, raised its head, and stabbed him in the armpit. And it turns out it nicked his aorta. So, but he's still conscious. We get there, and the nurse gets on the line and calls the LMH and talks to Kathy Loux, and, "Which way do you want us to go? Do you want us to come into the valley with this patient, or do you want us to start heading towards Fresno?" which, of course, had a much more definitive surgical outfit and was much more capable of handling this, certainly, in the long term. So, they concurred, and so Kathy gets back on the radio and says go to Fresno Valley to, actually, Fresno's Children's Hospital. So, okay, so we load this little boy up— So, we're heading towards Fresno. We are told that we will have an ambulance meet us from, not Fresno but from Oakhurst, to transfer our patient to them, and then they will take this boy on into to Fresno. So, I'm driving. I'm going about a Code 2 ½, which means I would turn on the siren whenever I need it to, but in order for the nurse in the back, who is monitoring the vitals on this boy, I've got the siren off, so she can hear what the heck is going on. And there's icy corners. This is in November. And I'm not speeding. I'm trying to maintain some sort of civility on how I'm doing this.

She's in the back and following us is a car with the mother and a male friend who is driving and in the back of the ambulance is the boy's father. So, there's me, the nurse, the boy, and the boy's father in the ambulance. So, we get out of the park, 10- or 15-minutes' worth out of the park, and the nurse yells up to me. She says, "Butch, you better pull over. I can't get a pulse." So, I pulled over, which fortunately there's a pull-out pretty close. I pull into it, throw open the back doors of the ambulance, and we get a backboard under this boy real fast. And now we're performing CPR. She's bagging the boy, and I'm doing compressions. The car with the mom and the unknown male driver pulls in behind us pretty quickly, within a minute or two. This male comes up and says, "Can I help you guys?" Something like that. Now, I have to paint the scene a little bit in that I do not know who this guy is. I don't know anything about him. To this day I don't know his name, know his relationship to the family. He could have been an uncle or a friend or I don't know. And I said, "Yes, get in the front seat, drive, and don't kill us." So, now I've got this unknown driver in a government ambulance, and it's a full-size ambulance. This is a big-time ambulance now. Driving down this curvy mountain road with this nurse and I performing CPR on this boy. And that it becomes pretty, pretty clear when we got there, the boy was a little bit of coherency. At least he was, you know, sort of responding to us. But over the next half an hour, you know, he becomes quiet. So, I'm pretty sure that this boy is either dying or about to, is about to be dead.

And the ambulance comes up from Oakhurst. We switch. I recognize that this boy who has been gored inside the park is going to die. So, I end up— I tell myself I've got to go with this boy, you know, go all the way into the hospital with him. So, I'm in back— So, now this new ambulance driver, and both of those are EMTs. I basically have at this point much more training than they do. But there isn't much that we're going to be able to do anyway. So, we're doing CPR in the back of this ambulance that's now going, you know, it seemed like 100-miles-an hour, but probably was 60 or 70. And when you're in the back, trying to keep from throwing up because of the curves, and then, you know, it's the terrible situation. So, we get into Fresno Children's Hospital, and they have a— There's a surgical group waiting for us. The ER is all ready to go, and they take the boy immediately. And, I don't know, maybe an hour later— But when— Then so, the nurse that I'm with from the LMH Hospital in the valley, in the meantime, of course, has taken the park ambulance back into the park. We haven't let it sit there. And so, I'm with another ambulance out of Oakhurst. We are sitting there in Fresno, and one of the surgeons comes out, and I end up talking to him, and, of course, I'm in uniform. And he said even if we had been there, it would be touch and go whether we could have saved this boy's life. So, I was pumping him out the whole time, and, you know, we had— There was nothing. I mean, there was really nothing at our level, for sure, that we could have done.

TM: Right.

BF: And I had two boys at home that weren't too much younger than this. So, that always makes me sad, and another Ranger and I ended up sending flowers to the funeral in care of just Yosemite Rangers. So, I guess peripherally Kathy was involved in that, but your immediate— Well, not your immediate. Your question was, had to do with Kathy Loux.

TM: Yeah. No, this is a tragic tale, but, you know, at the same time, there was nothing you would have done different. That's the idea of, you know, trying to keep circulation going and respirations happening.

BF: Yeah.

TM: That's standard, absolutely standard protocol provided as best as it could have been in a very, very difficult time.

BF: Well, yeah, and that was, of all the incidents I've been on, and probably 1,000 EMS calls, emergency medical system calls, and over time, 150 body recoveries, this is one that sort of always was very painful to me, and I would reflect back on over the years. The rest of them sort of blur. You know, I've forgotten about most of them. If I see a photo, of course, I can go back and remember, but none of them have had any real life-long impressions on me except that one. And again, I think it had mostly to do with the fact that it was a young boy, and that I had kids not too much younger than that. But just as a summary for Kathy, a true lady, terribly common sensed, terribly smart, could take command of a situation when it was warranted, which was often the case with the Rangers because we didn't know what we were doing half the

time. But the other time, she'd be, could be over there helping babysit after hours because you might need somebody to help out for four or five hours when you had, you know, and I'm saying "you" meaning collectively the staff in the park.

TM: Yeah. Yeah.

BF: She'd be happy to help out. So, she had just— She was never married, never— Well, she was married at the end, actually. But she never had any kids. She adopted a couple but didn't have any kids of her own. So, she died of cancer way too early. So, anyway, what else can I tell you about Kathy that you might want to know about?

TM: Well, what about Jim Wurgler? What was your first impression of him when you met him?

BF: I don't remember, Tom. You know, early on, everybody is sort of feeling each other out. Mostly, I think, it's them trying to figure out who's this idiot that's going to the back door with somebody, which often was me. Well, over time, of course, you had super respect for Dr. Wurgler, and he had, you know, he's married and had, I think, five children. And at this memorial service for him not too many months ago, a couple of his kids remember, and we got to talking. They remember me coming over, and they were little kids at the time, and I wasn't that much older, maybe 20 years older than they were, perhaps. And they lived right next to the hospital. And he was there for— Well, he was there the whole time I was there, plus a couple of years before that. And I'm not sure exactly how many years after. You probably have a better feel for that than I do. But let's say roughly 15 years in Yosemite Valley. And he would see lots of people come and go, and superintendents come and go, and was sort of laid back in many ways but super professional. Certainly very capable. He was a surgeon by training, and I think in Vietnam he did a lot of that, sort of, the M.A.S.H.-style emergency operations, you know, the emergency room. So, he was good on that, when we had a car wrecks, and plane wrecks, and trees falling on people, and lightning, and climbing accidents, and drownings, and things. He was calm and professional and measured in terms of wanting to know information. And we would respond the same way because we knew that Dr. Wurgler would want that of us. It wasn't that he had a whip or anything, but I think out of respect for him, as well as the rest of the staff, so I'm not trying to single him out totally, but we had so much respect for their capabilities and the position that we were putting them into that we tried to respond as professional and as calmly and as common sensed as we could. So, I think Dr. Wurgler and the others made us much better.

And Dr. Wurgler ends up— There's a whole program in the National Park Service now called the Park Medic program that is a model for other federal agencies. And you had asked me to mention this last time we talked about John Chew, and I'm not going to get off onto that yet. I'll stay with Dr. Wurgler, but Dr. Wurgler was our medical advisor. He was the one that would, basically, would take the risk, the responsibilities, the liability for telling us to do certain things, not do certain things. That sort of thing. So, he and I developed this relationship, sort of, because of that that was a little bit different than a lot of the other Rangers, anyway, at least during my tenure. I think that there were several others after my time in Yosemite that sort of filled in that gap, as well. But, you know, I truly admired him. I very much liked him as a person. It wasn't that I went over to his house and sat down and had supper with him, although I did after he retired. But I, as a Ranger in the field, you know, never get it. That wasn't particularly the relationship we had, but yet it was still, you know, pretty casual, pretty laid back unless there are some emergency going on. He and I taught advanced first aid. I was the advanced first-aid instructor in the park, or one of them. And he would come over and help out and fill in on some of the more difficult things or at least to add some professionalism to what was going on. And then he started teaching EMTs or EMT classes in the park, and I would come over and help, assist with that and provide some classes. I would help out with some of that stuff. As I say, way back when— I still have him on a pedestal, and that's how much I admired him.

I ended up writing, when he was retiring from Grand Canyon, I ended up because of my time in Washington, D.C., and having built some relationships there and sort of knowing the players, I ended up getting an honorary Park Ranger. I wrote the justification for him to be recognized by the Secretary of the Interior as an honorary Park Ranger, which even in the memorial service here several months ago, Jodi, his wife, referred to and was very complementary, in this case, to me because of my writing that up, and the

fact that he enjoyed that so much that news articles, follow-up news articles after he retired in Williams, Arizona, would refer to him as the “Ranger Doctor,” and it was because of this write up or this honorary Park Ranger that he got. So, that's how much I respected him, how much I enjoyed knowing him. It was—I can't remember exactly. It was probably, roughly, late '80s when he died. So, it wasn't like it was totally unexpected, I guess, but it was a shock and certainly a loss to the Park Service family when he died.

I could tell you some other stories about Dr. Wurgler, I suspect, if I think about it but, on a day-to-day basis, he was just there. And you know, we'd deliver somebody to the back door, the emergency room. And oftentimes, he or the rest of the staff would have us come in and either assist or at least watch so that we could get some sort of OJT kinds of experience. And on occasion, “Well, Butch, do you want to start this IV?” “Well, okay.” You know, this person's unconscious. They're not going to know when I screw up. And that's the kind of— He was a training doctor. He was good. He knew our capabilities, and I think pretty much without exception the Rangers that worked with him adored him. So, anyway, that's Dr. Wurgler, I guess.

TM: Nice. Anybody else at the clinic you'd like to mention?

BF: Well, just a, you know, I guess the slang is “a shout out” to all the nurses that were there over the years, and they would come and go. And I don't—I can only remember maybe one or two names, but not because that they stood out any more than anybody else. It's just that I happen to remember their names, I guess. But collectively they were just real treasures for us. I don't hardly remember a bad one, in terms of being hard to work with or unfriendly. I don't remember any of that. And they knew what— You know, they, and oftentimes they would handle stuff that maybe they weren't supposed to because they got so good at some of this trauma that we're bringing in that oftentimes they probably would take it upon themselves. They might call one of the docs at home and say, “Well, what do you think about this?” And so, they'd go on. They would let us participate and assist, and they were really quite a treasure for the park. And the, um— Well, I have one more Dr. Wurgler story real quick.

I probably have a lot more, but this is one that just popped in my mind. So, my oldest son is six months old at this time. His name is Lincoln, and he develops a sort of a serious rash. This is in the summertime. Dr. Wurgler can't figure it out. They actually— One of the nurses moved out of her room at the nurses' dorm, which is right next, I mean, which is 50 feet away from the emergency room door, moved out so that my wife and my baby son, my six-month-old son, can move in, because they don't know what's going on with this kid. And this is pretty quick. They haven't decided to send him off to more definitive care in Fresno or Modesto or wherever. So, we're in the back. I'm over there and— Talk about fortuitous, I'm in this nurse's room with my wife and little son, and I had just put on some saline solution on a cotton swab, and I'm going to swap out my son's eyes, which are sort of glued shut by mucus that's coming out of his eyes. I'm going— I'm trying to clean those eyes off, so I just put the saline solution onto this cotton ball, and I'm standing there, and my wife is sort of shifting. She's got our son in her arms. She shifts, and she catches her, the webbing between her big toe and the next toe on an angle on the bed metal frame and it slices her open, and she goes into instantaneous shock. I mean, it's so painful, so quick. I grabbed my son out of her arms and lay him down. I'm yelling— Actually, I'm screaming to anybody that can hear me, and there's some nurses above me up on the second floor. I'm screaming that I need some help. I get my wife into a shock position. I mean, I basically pushed her down onto the bed, raised her legs, and I had this cotton ball with the saline solution in my hand, and I immediately put it on within 15 seconds. It's on her cut, which has been sliced open. One of the nurses comes down. We end up getting a Gurney out of the emergency room, which is 50 feet away, put her on it, and Dr. Wurgler is there within just moments because he's living in the house next door. And he's there within just a couple of minutes and is sewing her up within probably, I bet you, within 10 minutes, for sure, maybe even less. And she ends up taking, roughly, like 15 to 18 stitches on this webbing and, you know, up between the two digits on her toes, of her toes. But we still don't know what's going on with my son. And so, now that he is there, and she is sewn up and, you know, the story about why we're there. I mean, he knows why there's this issue, but he doesn't necessarily know we're in this nurse's room now. And as it turns out, the next day, of all the things that could happen, a pediatric, um, a doctor who his specialty is pediatrics but also diseases. And he's a visitor, you know. They have these visiting, you know, rotating around the state of California or at least the San Joaquin Valley where doctors would go to these small clinics and hospitals around some of these small little towns and share knowledge.

And it was the next day was this pediatric specialist in this sort of thing, and he is able to diagnose my son with a thing called scalded-skin syndrome, which has, as I recall, about a 50/50 chance of survival.

But it's pretty easily rectified, too, by certain kinds of antibiotics. And it's a— What am I trying to say? It's a germ but— Anyway, they're able to get him on the path of recovery pretty quickly, while also Kathy and some of the nurses and some of the other wives end up going to my house and scrubbing my bedroom, where my wife has got this little baby, as well as the [room] where the crib is and other things. And that was, sort of, epitomizes the relationship of residents in the valley, at least some of us, with the people at the clinic, as well as just, you know, the rest of our family, which means the other, in my case, the Rangers and their wives and families.

And Dr. Wurgler said he had never seen one of these. And this specialist, he said he'd only seen one or two of them, but he was able to quickly diagnose it. And Dr. Wurgler just loved the fact that here was this new kind of a thing that he didn't know anything about that he could learn from. So that's— I will shut up about Dr. Wurgler at this moment anyway. I don't have anything else to say. [Laughs]

TM: Well, it's been an hour and 10 minutes. Maybe this is a good place to wrap up Part 7.

BF: I sort of run down at the hour and 10 minutes.

TM: That's all right. That's good. No, this has been a wonderful hour recounting not only the Yosemite clinic but the relationship between the clinic and the Park Service and its needs in trying to take care of park visitors.

BF: I think I'd like to, if you don't mind, not today, but whenever we talk next time, take maybe 10 minutes and explored this Park Medic program which I have a lot of pride in although I've not remained contemporary. I don't know what the status is except that it's being currently used throughout the entire Park Service and other agencies.

TM: That would be great.

BF: So, okay.

TM: Good. All right, we've got a topic for next, for Part 8. This is good. Okay, and with that, this will conclude Part 7 oral history with Butch Farabee. Today is June 14, 2020. My name is Tom Martin. And Butch, thank you so very much.

BF: My pleasure.