

JOHN WINKLMANN

Dr. Fitzhugh Mullan,
interviewer

Mullan: Your date of birth?

Winklmann: 4/6/46.

Mullan: I'm sitting with John Winklmann in the Healy Community Center Medical Clinic. What's the proper title?

Winklmann: The Healy Clinic in the Tri-Valley Community Center.

Mullan: The Healy Clinic, which is in?

Winklmann: The Tri-Valley Community Center.

Mullan: In the Tri-Valley Community Center, in Healy, Alaska. The date is the sixth of August, 1996. It is a pretty rainy day, very foggy day, for anyone in the area to look at McKinley, they're not going to see much--easily, anyway.

John, tell me a bit about yourself, starting with where you were born and where you grew up.

Winklmann: I grew up in Pittsburgh, Pennsylvania, and went to grade school and high school there, worked for a few years after high school, and joined the Army during the--

Mullan: Pittsburgh was where you were born? Is that where your family's from?

Winklmann: Yes.

Mullan: What did your family do?

Winklmann: My mom was born in Ireland, and both of my grandparents on my father's side were born in Germany. We were a German-Irish community, I guess.

Mullan: What did your family do? What did you dad do?

Winklmann: My father was a oil worker for Amoco, and he raised nine kids.

Mullan: That sounds like the Irish side more than the German side.

Winklmann: They worked a lot. Yes. Actually, my father's been married--my mom died when I was young, and my father remarried and so he had four kids with one wife, and five with another.

Mullan: Where do you fit in the--

Winklmann: About mid-center. I'm the fourth oldest. Fifth youngest [unclear].

Mullan: What sort of family life was it? It must have been active with a lot of kids. Was it a good family life, or tough family life? How would you characterize it?

Winklmann: Oh, we thought it was great. We were kind of-- compared to the way my kids have to put up with nowadays, my dad never knew where we were. We were out in the neighborhood, or down in the woods, or swimming in the river, and he never knew it. My kids couldn't get away with that. I'd find out about it. But he had so many kids, and he was working all the time. I could understand that now. We had a good time growing up. It was a mixed neighborhood. Black folks were moving in. That changed things. That had an effect on everybody. My dad still lives there; my folks are still living there, same spot.

Mullan: Has the neighborhood continued to change?

Winklmann: Oh, yes. Crack houses now.

Mullan: They stay there because they need to or because--

Winklmann: That's their house. It's their home.

Mullan: It's pretty rough?

Winklmann: Yes, relatively speaking. They do all right. The folks around, they've been there a while, watch out for them.

They're in their eighties. My dad still drives around the city. They're doing okay.

Mullan: In terms of growing up, you went to public school?

Winklmann: Yes. I went to Catholic grade school--parochial school--eight grades in four rooms, and four nuns--[unclear] nuns.

Mullan: Is it actually in Pittsburgh?

Winklmann: I actually got a pretty good basic education from them. I still use some of the stuff that I learned back then now. Although we sure didn't like it then. That was in Pittsburgh.

Mullan: It must have been sort of the outskirts. You describe it as sounding a bit countrified--swimming in the river.

Winklmann: At the time. Yes, it was before suburbia came into being. So it was country. It soon became the suburbs.

Mullan: Going to a parochial school, was your family active in the church--active Catholics?

Winklmann: Yes.

Mullan: Was that meaningful to you, or was that just something that you did?

Winklmann: I think it was good, probably good base. We didn't think it was very meaningful at the time, but it's a good place to pick up moral values and to get some community direction-- general rules and regulations about yourself and society. We got all that from the nuns and the church community, I'm sure.

Mullan: Meaning that there was some level of respect on your part for the nuns and for the church at that time?

Winklmann: Oh, it was demanded. Yes. We were quite disrespectful to those folks.

Mullan: You say you were quite disrespectful.

Winklmann: Quite disrespectful, but out of earshot. In retrospect, that was good basic education, I think.

Mullan: For high school?

Winklmann: High school I went to a trade school for four years, and I graduated. I was a printer, or an apprentice printer when I graduated.

Mullan: This was a school designed to teach many trades?

Winklmann: Yes.

Mullan: Of which printing was one.

Winklmann: That's correct.

Mullan: How did you pick that, or you family picked that?

Winklmann: Serendipity. I can't remember.

Mullan: Did you like it?

Winklmann: It was okay. I had a little bit of artistic--a little bit of right-brain interest, and that satisfied that. It was all right.

Mullan: What were your thoughts at that time? Were you planning on going in printing straight away?

Winklmann: Yes. That's what I did. I just went and worked in that field for two or three years after I got out of high school.

Mullan: In Pittsburgh?

Winklmann: Yes.

Mullan: How was that?

Winklmann: Dollar twenty-five an hour. I got turned down for a dime raise once. I got offered a dollar an hour once. That's how it was.

Mullan: We're talking like--

Winklmann: 1965-66.

Mullan: So what happened then?

Winklmann: So I joined the Army.

Mullan: This was now Vietnam.

Winklmann: Vietnam.

Mullan: Was this your choice or theirs?

Winklmann: It was mine. It was mine, and my big aspiration was to be an ambulance driver. I thought that that would be the epitome of jobs.

Mullan: This was 1967.

Winklmann: '67.

Mullan: Why did you seize on that?

Winklmann: Oh. A friend of mine was hurt, in the hospital, I was hanging around the hospital a lot, and I was watching every night in the news, shot up, injured, and otherwise maimed American soldiers. I don't know if you remember looking at that. So I kind of--just a way to help. Sort of had that feeling, I could help. I figured I'd help drive an ambulance. Then it just became apparent to me in a short period of time that that was not the ideal job to pursue.

Mullan: What was?

Winklmann: What happened in the Army is I just kept passing classes. I went to jump school instead of going straight to Vietnam, and then while I was there, I took tests and passed them and was accepted into special forces, training, and then I spent the next two years in school in the Army. [unclear] being a special forces medic, which is real good training.

Mullan: What is it called? Directed--special forces medic.

Winklmann: Special forces medic.

Mullan: Right. There was some other term?

Winklmann: No, I said it was real good training.

Mullan: You first take special forces training, and then you take additional training as a medic?

Winklmann: No, no. Oh, yes, you do both.

Mullan: The medic is a corpsmen training?

Winklmann: It's sort of a corpsmen training, but it's a field specialized remote type of medical operations. Out of touch, out of supply--outside of the supply line. A lot of field medicine and things of that type. Actually, what we were trained for was to go work in Vietnam, at the time. We were to work with the Cambodians, or the Maknards [phonetic], or folks like that entailed, run clinics, teach indigenous people to do what we were doing, I guess. That's what it was directed at.

Mullan: So you spent about two years in these various training programs.

Winklmann: Yes.

Mullan: Then what happened?

Winklmann: I went to Vietnam and spent about ten months in Vietnam.

Mullan: This would have been 1970?

Winklmann: '69-'70.

Mullan: How was that?

Winklmann: It was great. Didn't get killed. If you came back alive, it was good. Great experience.

Mullan: You were in the field a lot?

Winklmann: Yes. A little bit of everything. Everything you can imagine.

Mullan: Tell me about it. What sort of things?

Winklmann: I got assigned to an A camp, which was a team of eighteen Americans out on the Cambodian border in the Delta, and with about 1,000 Cambodian and Vietnamese soldiers. Our Vietnamese counterparts, which were Vietnamese special forces, we were advisors. That's what we did. We advised tactically and otherwise. In my case it was medically, and some practical stuff. But where we were just happened to be an area that was contested, so we sort of saw a lot of action, and didn't think too much of it at the time, but that's an experience. It teaches you that you don't want to do that. You don't want to live like that.

Mullan: Were you under fire?

Winklmann: Often enough, yes. And ran into things in the field, spent some time in the field, in the swamps. Just a little of everything. Water-skied on the Gulf of Siam. Went driving a jeep down the coast all by myself one day, for miles and miles to look at the pretty waterfalls. Just a little bit of everything. It's a beautiful country.

Mullan: I gather.

Winklmann: Ever been over in that area of the world?

Mullan: No, I haven't.

Winklmann: Oh, I imagine it's probably like Bali.

Mullan: At the end of ten months you came back to the States? Or what happened then?

Winklmann: I got out of the service.

Mullan: You completed the requisite time to--

Winklmann: Three years. Richard Nixon let me out of the service, sent me letter, thirty days early. He's my big buddy. That was on April tenth, and within a month, he changed my political thinking, and he was my enemy. Because that's when Kent State happened. Remember that?

Mullan: I do indeed. I was actually going to ask about that. What was your feeling about the war up to that point?

Winklmann: We were soldiers. We were American soldiers. What I did in Vietnam was honorable, for sure. Everything that I saw, the only atrocities that I saw were atrocities [unclear] committed by the North Vietnamese and the Viet Cong rebels on their own people. This is the women, and children, and babies. I saw the other side of that story. But nobody seemed to report it. I was a patriot.

Mullan: Did the anti-war movement bother you?

Winklmann: Yes, a little bit. Well, of course. It bothered me a whole lot when Jane Fonda did what she did, things like that. As far as there's a lot of folks running off to Canada, didn't bother me. Guys going to school instead of--that was, I think--I don't think that bothered too many people. It was just the lack of support when you're under fire. That bothered the most [unclear] biggest deal.

Mullan: When you came back and Kent State happened, and sort of resistance grew, and the reaction to resistance, how did that affect you?

Winklmann: I became a hippie. I changed. It changed my politics.

Mullan: [unclear] What happened? What went on?

Winklmann: Well, I was living in Pittsburgh, Kent State happened, the night that that happened. One of the kids that was killed was from the neighborhood. We didn't know her personally, but [unclear]. The general feeling at that time, there was a big split between adults and kids, and I was still a kid. I was still on that side of thirty. I don't know. I didn't like Nixon after that. I can't remember what he said. He said something. We all knew it was bad, that the kids were let out from Kent State, and most of them were from Pittsburgh, or a lot of them, and coming down the turnpike, the guards that take money--not the guards, but the money-takers on the turnstiles--

Mullan: [unclear]

Winklmann: --screaming and yelling at the kids. It was like adults against the kids. Have you read James Michener's book on that? He says that the best way--it almost came to war, he thought. It was headed that direction, and then everybody sort of stepped back from that--calmed down and stepped back.

Mullan: In terms of your own thinking about the war, clearly you reacted to the way kids were being treated, and the way it was sort of reigning political culture was treating those who were objecting. Did that change your thinking about the war, or was it just reaction?

Winklmann: Well, no. You've got to understand that there were guys trying to kill me, and that's the way we felt when we were there, by the way. It wasn't politics at all. It was real basic. That guy's trying to shoot me. I'm going to shoot him before he does. One way or the other. I guess I shot [unclear] people, [unclear] everybody. But it was just real basic. So you kind of have a tendency not to like someone if he's trying to do you in. That's hard. I still don't. I still am not over that. I don't think our [unclear] would be.

Mullan: When you said you became a hippy, what did you mean by that?

Winklmann: Oh, the lifestyle. Not so much politics. I was kind of apolitical. So what I was doing then is I went and got a job as a lab tech in a hospital.

Mullan: This is when you came back.

Winklmann: Yes.

Mullan: Back in Pittsburgh.

Winklmann: Yes. Did that for a year, almost two years, until I got into PA school. I was accepted at the University of Washington, Seattle.

Mullan: How were your credentials and your field experience treated first of all in the hospital when you went to get a lab tech job? Did they acknowledge--I mean, how did you fit your military experience into the civilian world.

Winklmann: Credentially, it worked. I'd say it got me the job. I had no training whatsoever being a lab tech, except looking [unclear] microscope. Other than that. I could identify emtимоeba [phonetic], and vermicularis, or whatever it was. I was good at tropical medicine at that time. This all lab--

Mullan: But the hospital is willing to train you.

Winklmann: Oh, yes. The thought that was a good [unclear].

Mullan: How had you heard about the PA program and how'd you pick Washington?

Winklmann: Well, we were hearing about the PA program when we were in the service. It started about 1968. That's when it started. I knew there was a friend of mine who was in the first class of Medex. We were trying to get in. The managed program was particularly attractive because it was subsidized, and you were paid a subsidy at the time, anyhow, to go to school there. When I finally was accepted into the program, I was making more money going to school than I was working.

Mullan: Really? So the deal was offered at Washington. You didn't have any particular connection to the state of Washington or Seattle?

Winklmann: That's right.

Mullan: Was it hard to get in?

Winklmann: Yes, it was pretty hard to get in. I think that's where my military training and experience came in handy. That brought me on the list for the interviews, and then the interviews, that was potluck, I think. The way they did it back then is you were interviewed by these perspective doctors who were looking for PAs at the time, and nobody knew what they were doing. So it was all just this big hodgepodge , and if you ran into someone that you liked and they happened to like you, they matched up like that. In fact, we flew up to Anchorage and had these two-day-long interviews, every thirty minutes with a different doctor.

Mullan: This was before you had been accepted in the program.

Winklmann: Yes. Oh, yes. That was the acceptance. You had to have the job essentially before you got accepted into the program. So you had to be chosen.

Mullan: You picked Alaska? This was the [unclear] area? The Washington, Alaska--

Winklmann: Yes.

Mullan: --[unclear] Idaho?

Winklmann: It's because that's where the school was.

Mullan: That's with the Medex.

Winklmann: I had already went through one of these interviews back in New Hampshire the year before. And I wasn't chosen then.

Mullan: This is for the Dartmouth program?

Winklmann: Dartmouth program. As is turned out, one of the persons that interviewed me out there, knew me. They had switched programs. Asked the same questions. Then this shrink would interview you. There was seventeen of us, they picked seven. I was one of them.

Mullan: This was for Alaska or for the program as a whole?

Winklmann: Alaska.

Mullan: How did you get assigned? I'm not clear to the Alaska component of the program.

Winklmann: They called me up and said would I be interested in working in Alaska.

Mullan: You submitted your initial program to Seattle.

Winklmann: To Seattle. That's right.

Mullan: Seattle farmed, probably, the applications out, and yours went to Alaska.

Winklmann: A portion of that class is designated to go to Alaska, and that's what they--I guess, heavens knows what Dick Smith was doing back then, as far as putting people where they put them, but they probably had the right idea. He got the right folks here, I think. There were seven of us that came up here.

Mullan: Now, when you were accepted into the program, did you do your training in Seattle, or did you do training at Anchorage?

Winklmann: Seattle.

Mullan: Seattle. And it was--

Winklmann: Didactic training and clinical rotations.

Mullan: In Seattle or you came up here for that?

Winklmann: In Seattle. Then a year of preceptorship.

Mullan: How long's the total program?

Winklmann: It was twenty months at the time. It's two years now.

Mullan: It was called at that time, it's Medix or Medex?

Winklmann: It's Medex.

Mullan: The years you were in the program?

Winklmann: '71 and '72--class #4.

Mullan: That was a full class?

Winklmann: Yes.

Mullan: So the notion of what a PA was, at least, begun to be accepted?

Winklmann: Not here it wasn't.

Mullan: No?

Winklmann: No. There was kind of a big fight getting into the hospital in Fairbanks. It was all brand new.

Mullan: And there was one doctor that had spoken up for you?

Winklmann: Yes.

Mullan: Who was that? How did that work?

Winklmann: Dr. Joe Ribar. He was a family practitioner, general practitioner, that had been working for [unclear] since 1953, delivered half the kids in town--

Mullan: In Fairbanks.

Winklmann: In Fairbanks. He died a few years ago. The whole town came to his funeral. Intelligent guy, but down to earth. No pretentiousness. Really knew what he was doing, but he was a regular guy, too. I spent a year working with him.

Mullan: This was after you graduated.

Winklmann: No, before I graduated.

Mullan: This is the preceptorship parts.

Winklmann: That's right. Then there was--

Mullan: In Fairbanks?

Winklmann: In Fairbanks. Yes.

Mullan: In other words, there happened to be a PA from Duke who was hired to come down here a year earlier, but he didn't work out.

Mullan: He'd come down here, as in come to Healy.

Winklmann: Yes. Came down to where the clinic was over on the mine in a different [unclear]. The job as open, so I came down and interviewed for the job. Haven't gotten out of here since.

Mullan: Now, tell me about the job, including a bit about the mine, and [unclear] if you don't know, for the record.

Winklmann: The job was very poorly defined. It was kind of you learned what it was as you went along. But it was just initially taking care of an emergency every once in a great while, and a lot of little stuff--urinary tract infections, and colds, and minor broken bones and things of that sort--and not too many of them, because the population wasn't here. There were only maybe 300 people in the whole area. Over the years it kept growing at a steady state.

Mullan: Just on the mind, the mine as I understand it was a coal mine that's been here for a long time. Been here since--

Winklmann: They've been mining coal here since 1930s, maybe even earlier than that, twenties.

Mullan: This is a family-owned strip mining operation, but at that time the United Mine Workers were active, and they were pushing the mining company to provide care.

Winklmann: I think the local miners were pushing the United Mine Workers to supply that. So the United Mine Workers entered into a deal with the clinic in Fairbanks to supply them with a "satellite" clinic.

Mullan: The clinic in Fairbanks being Dr. Ribar.

Winklmann: That's correct. That's right.

Mullan: So you came down medically under his aegis.

Winklmann: That's right.

Mullan: Your principal patients were the workers at the mine, but everybody in town was--

Winklmann: Everyone.

Mullan: --fair game from the beginning? How did that work?

Winklmann: That's true. Everyone in town, or in the general vicinity, had access to the clinic. But to get access to the clinic you had to travel twenty miles back into the canyon there where the camp was, where we lived.

Mullan: That's where the clinic was.

Winklmann: Where the clinic was. So that wasn't working real well, so we moved the clinic out to the highway.

Mullan: That made it more accessible to everybody.

Winklmann: That's correct.

Mullan: Who employed you at that point?

Winklmann: I was employed by Fairbanks Clinic, a private multi-specialty group in Fairbanks.

Mullan: The mine paid them, or how did that evolve?

Winklmann: The United Mine Workers subsidized the shortfall, which was considerable to begin with. Our wages back then weren't much, and the overhead wasn't anything like it is today. We weren't near meeting what it was costing to do this thing. So

the United Mine Workers subsidized them, whatever that was. It lasted like that until 1978. Then there was a union switch.

Mullan: In terms of the United Mine Workers being out?

Winklmann: The United Mine Workers were out, the Teamsters were in. At that time, the Teamsters pretty much ran the state of Alaska. Pretty powerful union.

Mullan: They were not into health care?

Winklmann: They weren't into subsidizing health care. Not only that, they--you know how it is with HMOs now, if you--they were affiliated with one medical clinic in Fairbanks, and it wasn't the one that I worked for.

Mullan: The Teamsters were.

Winklmann: The Teamsters were.

Mullan: They really were into the state if they're into medical care.

Winklmann: Yes. The initial idea was for me to go work for the other clinic, but I refused to do that, because I think it was over some little thing, they just didn't want to give me the same deal that I had with the people I was working for. So I refused

to leave. We wound up for a short period of time, about nine or ten months, there were two medical clinics here, which is great.

Mullan: You continued to work for--

Winklmann: Fairbanks Clinic.

Mullan: Right. And the other clinic sent someone down as well?

Winklmann: The other clinic, but it set up a clinic back where we were, back in the mine.

Mullan: With a PA?

Winklmann: A PA, yes. It was nice to have company, but there wasn't enough business for everybody. They had about a third of the business, and we had the other two-thirds. So it was just a matter of attrition [unclear] at the time.

Mullan: Then they left and you continued on.

Winklmann: In the end, yes. I made an agreement that the Fairbanks Clinic, the people I worked for bought their clinic off of them, moved it up to Nenana, so they had another satellite clinic up there. You pass through it on the way down. Kind of a nice Alaskan-looking town. We just continued from there. We

spent a few more years, we were in a trailer, and then we moved up here.

Mullan: When you say "we," describe to me a little bit the operation and all that it entailed.

Winklmann: Initially it was myself and my wife. Eventually I had to hire a nurse, and there's been several of them over the years, although Sue's been here since about 1980 or so.

Mullan: She's an RN?

Winklmann: She's an RN. Now we have a collections billing person. Everybody works on insurance, I guess. We have two nurses and a receptionist. About five or six employees, not all full time.

Mullan: What is the nature of the practice? How is it developed over the years? What's it like now?

Winklmann: Well, here's what happened. In 1986, the Fairbanks Clinic decided that it was not--they were having financial troubles, and it was not economically feasible for them to keep the satellite clinics open. They shut one down that they had over in Delta, they shut one in Nenana, and I was next on the list. So I what I did is went there and offered to purchase the

clinic off of them, and they were more than happy to sell it to me. So that's what I did.

Mullan: That put you in business for yourself?

Winklmann: Yes.

Mullan: That was a town supportive, or were you in any way beyond rooting for you? Did they provide you with funding or space?

Winklmann: No. Well, they do. The rent's reasonable here. That way, although I don't think it's on purpose.

Mullan: So you're in a community center which is town property, but you rent it from them.

Winklmann: That's right. It was really kind of rough for the first couple of years, then we've been able to--there's been enough growth.

Mullan: Rough financially?

Winklmann: Rough financially, yes. Then we were just getting ready for everything to blossom and just be right, and then all these changes started happening like HMOs, and CLIA, and all the--and Medicare, Medicaid problems, Medicare, Veterans

Administration [unclear], workmen's compensation, and insurance companies refusing to pay, and this and that.

Mullan: Which has made it more difficult to collect.

Winklmann: Oh, yes. It was a lot more fun to begin with than it is now. It's becoming quite a headache, all the regulation. There's too much time spent on the paperwork.

Mullan: Now, as a PA, can you bill directly, or do you still have to go through a physician who's your technical supervisor?

Winklmann: What we did is I pay a physician to be a supervisor, and make sure the insurance, everything's paid up, the insurance and everything. PAs work with doctors, period. That's always going to be like that, that's not ever going to change. So what I do is I just happen to not to work for one single doctor, I work with a community of physicians [unclear] time.

Mullan: In Fairbanks?

Winklmann: Yes. But I am pretty much under the formal direction of one person, a pretty good doc. So I have to bill through-- essentially the idea is if I'm seeing a patient, he's seeing the patient. Legally that's the way it is. Some things we have to bill through the physician, and some things we can just bill directly.

Mullan: I know you're saying the billing is more difficult, and the ground rules are changing and continuing to change, but as a solo PA in business in a community such as this, I gather it's a viable business, you're still here. Characterize it a little bit. Is it a good business, a poor business, a marginal business?

Winklmann: I would say marginal. I don't know. We have a big investment. If I can collect on the investment somehow, that would be all right. But I'm not sure I have--

Mullan: In terms of equipment and good will?

Winklmann: Well, the physical plant. I don't know whether that stuff is--this stuff depreciates faster than [unclear] some of it. I paid a lot for it and it's not worth too much. So I don't know what's going to happen. It would be real easy for--I'd be out of business over night. All it would take is an arbitrary decision by some joker in the insurance industry to say, "We're not going to pay for your services anymore." That's the end of that. I'd be done for.

That's happened. Not on a large scale. That's happened with certain insurance companies.

Mullan: Tell me about your population and, I gather, it varies a little bit from summer to winter. Who do you see, and how do they pay? What are they like?

Winklmann: Oh. Yes. We see a lot of the Teamster mining workers and their families.

Mullan: Is that most of the population of Healy is that, or part of it?

Winklmann: That's probably a good half, 50 percent, or it's related to the mine. Then there's the services like the school district, then there's the railroad, then there's the power plant. The largest impact on us, here, is right now during the summer. It's the Denali Park down here.

Mullan: Denali National Park.

Winklmann: Formerly Mt. McKinley. That just draws in over half a million people in the summer. They come through here, this is like a funnel. The folks are coming from Anchorage or Fairbanks, and they've got to go through here. So that keeps us going pretty good. The mean age is probably up in the sixties, which means there's a lot of seventy, eighty and ninety-year-old folks come here. It's rough country. They can't take it. Then they bring these folks in, and within twenty-four hours they're out of here. So they don't have much time to see what they can see, and they're gone. They're kind of on this type of a tour for a few weeks--they go on a tour. They get in here pretty sick some time.

Mullan: What conditions do you see and how do you handle them?

Winklmann: Oh, it brings out their congestive heart failure, or their angina, or their myocardia infarctions, or strokes. More so, you see the folks, someone on the bus will get a normal virus, pretty soon the whole bus gets it, and they're all throwing up, and half of them are dehydrated. So it's just-- replacing some fluid and making them feel better, and stopping them from throwing up.

Mullan: Do you do that right here as opposed to sending them on to Fairbanks?

Winklmann: Yes. Unless they're sick--unless they look real sick. That's just if we think they have to spend the night in a hospital, then they go up to Fairbanks. The rest of the stuff, the bad stuff, we stabilize and get them up to the hospital, as soon as possible.

Mullan: This would be like auto accidents or--

Winklmann: Any cardiac events, for sure, most of them. But any big cardia event, respiratory, and some COPD flare-up that's causing some compromise, broken bones and things like that.

Mullan: Most of the travelers have insurance of some sort?

Winklmann: For the most part. Actually, probably half of them have Medicare, as a matter of fact. So the people that are under sixty-five pretty much pay for the folks that are over sixty-five. That's the way it looks. I'm sure it's no different here than--

Mullan: Medicare doesn't pay its fair share?

Winklmann: Oh, no. They don't get near it. I'll tell you, I have to pay to get a nurse to come out in the afternoon. In the evening, if I get a call eleven o'clock at night, I have to pay her forty-five dollars. If I come up, now I have to come out, too. If someone that's seventy years of age has a--

[Begin Tape 1, Side 2]

Mullan: First tape, side two.

Winklmann: --seventy years of age has a sore throat and they want to be seen at eleven o'clock at night, which happens, for the [unclear], we kind of, unless we can prove that it's really a mundane problem, we wind up seeing those folks. Medicare will reimburse us for, to see that person, they'll give us something on the order of forty-nine dollars.

Mullan: Does that have anything to do with being a PA as opposed to being a physician?

Winklmann: No. Nothing. Not too much.

Mullan: It's just the rate.

Winklmann: Not too much. I used to think it did. I used to take it pretty personal. I don't think the docs are getting paid at any higher rate either. So it's cost shifting. So what we have to do is cost shift. For the time being that's working.

Mullan: I'm trying to get a feel for this sort of general nature of your patient population.

Winklmann: Oh. Okay. The people here are workers, pretty much. They live in Healy, are workers or the family members of workers. There's not a lot of welfare, although there's a few folks living out and about out around the woods, but not much. Pretty much to live here you have to work, because it's just hostile. You have to keep warm and [unclear]. So it's those areas. It's either the mine, or the railroad. When we first came these were all camps around the area.

Mullan: What defines a camp in Alaska [unclear].

Winklmann: It would be the equivalent of a village. It would just be a small conglomeration of homes put together for the purpose of living in a little community.

Mullan: What's the distinction between what's here now and what a camp was?

Winklmann: Well, the camp, everything was fractionated like that. All the miners lived together in the camps across the river. The railroaders lived down in the railroad town on the railroad, and all the Golden Valley people lived up at Otto [phonetic] Lake in the Golden Valley subdivision, and then a few other people lived around. All the park people lived down at the park.

But now, there's a subdivision here. I've got a picture on the wall back of the door I'll show you. All those folks live in the same subdivision. There's no more mining camps back up behind the canyon. There's no more railroad town. The big blue building that you turned left at this morning, was the old railroad hotel that used to sit down ten miles away. So it's more of a melting pot community.

Mullan: Or a real community.

Winklmann: Yes. Oh, yes. So we watched it turn into a community, and we're a part of that.

Mullan: Tell me about that. What is your role? You're the doc in town. How are you seen, and how do you see yourself in this community?

Winklmann: I don't see myself like a country doctor or anything like that. A lot of people around here call me Dr. John. But they don't really mean this being medical doctor John, I think that's just their nickname for me.

Mullan: Are you sure?

Winklmann: Well, I'm pretty sure. It's usually respectful. I haven't done anything more than anybody else around here, community leaders, and health care, and some people, and certainly a lot less than some other people. We still do. We still get involved in the community. When you have kids--do you have kids? As the kids are growing up, you're involved in all the different things that are pertaining to them. You go from dance classes to hockey eventually. That's what I mean, and eventually automobiles. So you wind up in different groups, and your kids are in--you become friends with the parents of the kids that are in your kids school, and you kind of grow up--

Mullan: You think, though, your practice would be seen differently if you were an MD as opposed to a PA?

Winklmann: Oh, I think so, a little bit. For some people, yes, sure. No doubt about it.

Mullan: Okay, now, I don't want to put words in your mouth, but it would seem to me that even though some people may distinguish

between a PA and MD, your presence must provide a lot of security in the sense that there's somebody medical in the community that can treat most aches, pains, and emergencies. As I say, I don't want to force that analysis on you, but--

Winklmann: I know what you mean.

Mullan: --in rural health, generally that's an important element of being there, that you are there, and that adds a certain degree of substance and security to that community. When communities don't have it, they fight hard and they complain a lot.

Winklmann: No doubt about it.

Mullan: You must be, I sense, filling that role. [unclear] reluctant to say so.

Winklmann: No, we probably are. It's nice to have help available when you need it, especially that kind of help. But in the absence of that, a good example is right up the road in Nenana. That's too bad. They just can't get someone in there for some reason.

Mullan: Is it that the community's too small to support a PA even?

Winklmann: Up there? There's two different cultures. It's half Native Alaska and half white Alaska.

Mullan: That doesn't work socially or doesn't work financially?

Winklmann: I think it works a little better socially than it does financially. It's two different medical systems, and they just won't--

Mullan: Integrate the resources.

Winklmann: Absolutely not. No.

Mullan: There's not much Native American presence here?

Winklmann: There's not. There's a few. I have a few patients. We take care of a lot of people from Cantwell which is about forty miles south of here, and they're half Athabascan Indians down there, about half the town is.

Mullan: These are insured people, or you treat them for free, or Indian Health Service pays?

Winklmann: Those folks are often the charges of our buddy Tom Nighswander.

Mullan: The Indian Health Service.

Winklmann: Yes. I met Tom many years ago, but I met him again a few years ago when he came by to talk about providing that care to them. They have a good medical system. They have the best. From a paperwork point of view, we like to see those things.

Mullan: It's as if they're insured. You get paid for them.

Winklmann: Yes. There's no hassle. It's a no hassle type of thing. We're honest, so we don't--they don't spend too much money, and they are no hassle.

Mullan: To pursue a little bit this question of the role of primary care provider, how do you see that role developing? You came out cold, one of the first few generations of PAs who came in the community, who had not really had health care here, it failed a one-year experiment, and you've grown that concept over going on twenty years now. How do you define that, and what sort of feelings do you have about the success, or lack of success of that model?

Winklmann: I think the whole idea eventually is to provide that certain level of medical care to the general population here, until it gets to the point where it can support a physician. I think that's the whole idea. I think ultimately there should be a doc around here. But logistically, a doctor here would have the same troubles that I have, and that's that you can't just be here twenty-four hours a day, seven days a week, forever and

ever. You have to be gone. I've kind of solved that with another PA here for the time being. I'm not saying two PAs are better than one doc, but for coverage reasons--

Mullan: Explain a little more about the PA who spells you.

Winklmann: Well, it gets busy enough in the summertime we hire PAs to come work. Or if I have to take a vacation, I have to hire somebody to come in and work. The place is always open. And that's a costly proposition to do that, but we've always kind of kept the place open. In the summertime we have to, because heavens knows what's going to happen [unclear].

Mullan: Is that easy to do to find another PA?

Winklmann: No, not always. It can't be just any PA, it has to be a certain one. What I do now is I hired someone and we pretty much split up the week: three-and-a-half days, three-and-a-half days. I work four days and three night, and he works three nights and four days. This is over the weekend. It works out well.

I think eventually there will be a doc here. I'm sure of it. I'll tell you what'll happen. It'll get to the point where it'll be--heavens knows what's going to pan out with the medical changes and the practice, in insurance, and what have you in the country. It'll eventually get to the point where there isn't just enough people there to support a doc. What do you need,

2,300 people or something like that? We don't have that here. Eventually we will.

Mullan: That leads me to a question that comes up in a number of different ways, and I'd be interested in your answer to it. In the early days of the mid-level movement, both the PA and the NP, it was seen that these would be resources that could address the problems of underserved communities, particularly Merl and Ervin. As those types of practitioners have matured and the systems matured with them, NPs and PAs, in many cases have found good employment in non-underserved areas, in mainstream areas. Now, PA and NP educators and leaders often say, "Wait a minute. If the competencies of these people are sufficient to practice, they don't have to be limited or focused on under served areas, they should be in the mainstream. Do you have feelings about whether that's fair or appropriate, to have PAs seen as or largely employed in marginal areas and that, as you've described, they may just be holding the reins until the horse is moving fast enough to have a real doc in the driver's seat, or not?"

Winklmann: I think that there's plenty of room for PAs, mid-level health practitioners, however you want to call it, nurse practitioners, in urban as well as rural settings. There's plenty of room. I know just from what I see in Fairbanks--the second part of your question I'm not sure I understood. One thing about my job is it's real self-satisfying. When I have the time and I sit down and I reflect and look back, you see a kid

who will graduate, her [unclear] is like this. That's kind of a big payoff. You can't get that anywhere. So just being able to do that is worth that to me. As long as we can afford to live there and doing that. So far we're able to do that. We don't live extravagantly necessarily, but we're not poor either. We just get by, keep up with the Jones so to speak. That's something, because there's some of these kids who will graduate from school over here and go to work driving a truck at the coal mine making 75,000 a year.

Mullan: Why don't we talk a little bit about the town and some of the public health aspects of it. You were going to say something about the background of the bars and churches.

Winklmann: Yes. When we first came here, there was four bars and two churches. Now, there's probably six or seven churches and one bar. If that gives you any idea on how the community goes. There wasn't a cemetery when we came here. That was kind of a big turning point, I think, on making the community here. In fact, there wasn't a community here. It was just all these fractionated company camps. When the people came to work started having babies that were born here, it made a difference. That's really the big difference. Sort of like they just put out roots. Folks started building houses and--

Mullan: What's the public health aspect of what you're doing? You must be aware of sort of "epidemics" in the community, like with STDs. How does that role work for you?

Winklmann: It works pretty good. I get a pretty good idea as to what's going around and how much of it. We tried to stop a strep outbreak a few years ago. I learned a hard lesson there that you can't do that. We usually get a pretty good idea on what diseases are going through.

Mullan: How about with privacy? Is that difficult in such a small community? You know who's pregnant. You know what teenagers.

Winklmann: It probably is on STDs and on those types of issues, we probably lose some patients to that.

Mullan: Lose them in the sense that they go elsewhere?

Winklmann: They'll go into Fairbanks to deal with that particular problem, it's just fine. The other half of the people I have no problem with. [unclear] get along very well. There's never been a problem like that. That goes all the way from the high school kids on up to the adults. They're like that. About half and half. I always asked myself that question, if the shoe was on the other foot, what I would do. In a situation like that I might go off to Fairbanks, too. So we lose some of it.

The people that come in the summertime, the summertime population, we're just as good as anybody else to them. In fact, I worked a couple of years ago, I worked back in an HMO back in Pittsburgh in the middle of the city. Access to medical care here is better than access to medical back there, by far.

Mullan: Because--

Winklmann: We're available. We're available anytime. There you can't get into the system.

Mullan: Tell me about your own growth and development as a practitioner. Do you feel that your competencies after twenty years in practice, eighteen years, whatever it's been in practice, are better now, or different now than they were when you started?

Winklmann: Oh, sure. I probably learned most of what I know since I've been here. You kind of learn with the job. The other half of that is I never, and you probably realize as much as I do, it seems like you never know enough. there's always something that you don't have. So it's always relative. Just as scared now, often, as I was back then. I just didn't know any better back then.

Mullan: Do you do anything formal in terms of either continuing medical education or reading or audio?

Winklmann: What I do is, we're required to get 200 hours every two years--is it every two years--and to take a recertification exam every six years. I usually double the hours. I usually get a 400.

Mullan: What do you do to get those?

Winklmann: I go out to the University of Nebraska Family Practice Review for two weeks. It's probably the best course in the country that I've found. I've been looking at one in San Diego. Pat doesn't know about this. Go around like that. A little bit to Seattle, Texas a couple of times.

Mullan: How about relations with the medical community, how have they developed for you over time?

Winklmann: Our relationship with most of the medical community--there's some doctors that just won't ever belong with PAs, for whatever reason. There are some doctors that I haven't ever talked to since I've been here, and they have, too, and some that we've gotten to know. This is a full spectrum, but for the most part, we can deal with just the whole medical community. It's just a matter of everybody realizing what we're doing here.

Mullan: There's one physician that's particularly your [unclear] receptor?

Winklmann: Yes.

Mullan: And that's who you call most of the time when you've got a question?

Winklmann: No. If it's an orthopedic problem, we confer with an orthopedist, for surgical problems, a surgeon, and so on.

Mullan: The preceptor is a family physician?

Winklmann: Yes.

Mullan: He's a family doc?

Winklmann: He's a DO. He's good. He helps out.

Mullan: Tell me about family life. We went and picked this story up--we didn't put Pat into the story. When did you get married and how did Pat factor into your life here?

Winklmann: Well, I met Pat before I left Pittsburgh to go to school in Seattle. I think I proposed to her over the telephone from Seattle, and sent her a ring in the mail, and proposed to her over the phone. She was happy to come with me. Thank goodness!

Mullan: What was her background?

Winklmann: Pat was working as a secretary in Pittsburgh, living at home with her Mom and Dad. Good Italian family. Couldn't wait to get out of there. It was interesting. We kind of felt a little bit like pioneers when we came here.

Mullan: You got married just before you came to Alaska?

Winklmann: Yes, we got married and came to this job. I walked right into this job. So that was then. It took us a month to get over here, to travel up this way. We had a good honeymoon. But we felt like pioneers. Back in those days, we didn't know what to expect. I told this story before. In fact, it's on a television program.

When I first came here, my idea was to leave, to go to the South Pacific and ride motorcycles over sand dunes. That was my aspiration at the time. Of course, that wasn't realistic. As things turned out, when the community started to come together here, and you started seeing some building, and there were some signs of community, [unclear] the school and everything. People were starting to have babies. A few babies were born. We were thinking about having kids. Once we had the kid, then that was the hook. It was really the hook, because we got a little cabin out in the woods. Once we got that, then that was like we were going to stay here.

Mullan: You have how many children?

Winklmann: Two.

Mullan: Born when?

Winklmann: In '78 and '82.

Mullan: I gather Pat has worked with you in the practice.

Winklmann: Yes.

Mullan: Tell me about that.

Winklmann: Pat started off helping working as sort of an informal nurse with no training, and the receptionist. Then over the years she's kind of taken over the work of--a little bit of jack-of-all-trades as far as the billing, accounts receivable, and all those things are concerned. Now, since we own the business, she does a lot of that paperwork, too. Paying the bills, accounting, and things of that type.

It's really hard to work with your spouse--very difficult. If I had my druthers, I would probably choose not to do that. But we kind of have to, however, for economic reasons.

Mrs. Winklmann: It works okay.

Mullan: It strikes me that you have lived out the kind of nineteenth or early twentieth century model of the way medicine

was practiced in this country, certainly in many rural areas, but I think in many urban areas, too, where the general practitioner, and the general practitioner's wife were an essential team, where the GP did what was needed, and the wife provided a lot of backup, both in terms of family and in terms of business. I've interviewed my series of oral histories. Several, now elderly, retired, world GPs for whom this was the model in the twenties and the thirties, I don't know if you ever thought of it that way.

Winklmann: No.

Mullan: In fact, the role that, although I've been putting words in your mouth about the role of the community, it sounds like the two of you were important players in this community, both for your clinical presence as well as other activities, which is often the way the GP was in rural communities, wherever, in previous years.

Winklmann: Perhaps.

Mullan: [unclear]

Winklmann: No. We haven't. I never thought of that. It's a great opportunity. It has its good points. It's a trade off. It has a down side.

Mullan: How so?

Winklmann: When it's fifty below and blowing at thirty to forty miles an hour, and someone's injured real bad. You're kind of stuck with it. I'd like to live next to the hospital in a situation like that. I don't like those situations. You know, I'm kind of new. I invite that kind of a scenario to happen all the time. I'd just as soon not see that. I'd rather avoid that kind of a patient if I could.

Mullan: That leads me to sort of a mega-question. How do you feel about your work? How do you feel about the type of clinical path you've chosen for yourself as you look back over?

Winklmann: I'm happy about it.

Mullan: Tell me why.

Winklmann: Oh, because of experiences. It's a general practice, so you see a little bit of everything. We're certainly not experts at anything, but get to know a little bit about everything. That brings in a whole array of different folks. Whereas if I worked as an orthopedist, you see a lot of workers. Here we see little old ladies from Germany, and native people from the north slope. You see a little bit of everything, culturally and otherwise.

Mullan: You find that satisfying? Why does that make you happy?

Winklmann: Oh, because it's good experience. Good experience.

I filed some stories in there, you know. Even the drunks sometimes are good stories. We get to see all levels of society. I like the kind of--I'm not sure if that's what you were asking, but I like the variety. That's okay. Even the big emergency when it's over is a lot of fun usually, when it's down the road. It's terrorizing when it's otherwise.

Mullan: Would you do it again?

Winklmann: Yes. Probably. I'd probably buy some land along the highway next time, instead of--I'd probably invest a little bit better. But yes, sure, I'd do it all over .

We took a sabbatical a couple of years ago and went back to Pittsburgh to live, about eighteen months. I loved it. I could do that again. But it was very difficult. I didn't mind being that way, but my place in the community was different. Right away I felt like--here, you know, I'm kind of on the same level with the principal of the school, as far as pecking order is concerned. I think I am, anyhow. They may not think so. Back there, one of the first things that happened to me when I got to Pittsburgh, is that the grade school principal that happened to be a nun put me in my place. Told me to get my car the heck out of the parking lot in certain terms, and she didn't want to hear my story. So it didn't matter. That wouldn't have happened

here, but back there, that's just the way I was in that community. But I liked it. That didn't bother me too much. We went to lots of baseball games and played city living a little bit.

When we came back it was a lot of fun to come back, too. It's a different culture. It's a western culture. A little bit slower paced life. It's a little more--you notice things. If someone up the road loses some ducks, you hear about it. If you lived in the city you wouldn't hear about that. That becomes an issue. At [unclear] you're looking for the ducks. It's kind of an easier--you know your neighbors and what they're doing and how they're doing pretty much.

In Pittsburgh, I lived beside a guy that said to hi to me once in eighteen months, and that's because I was staring at him. So we kind of like living here because of that. Like I said, there's no crime, essentially, no juvenile problems now. For the most part, there's--

Mullan: What do you see doing in the future? Where are you going to be ten years from now?

Winklmann: Ten years from now? Well, I know what I'd like to do. I'd like to work a lot less but live in the same spot. I'd like to put in fewer hours. If I'm still here, I'll work fewer hours. Or maybe I'll be in Alaska and I'll commute to work for short periods of time somewhere else. That's what I see myself

doing. Then I'll be retired hopefully with enough to keep going on. I don't know. I don't plan that far ahead.

Mullan: But you like Alaska. That's pretty much a given?

Winklmann: Yes. I think I could live other places though.

Mullan: Right. It sounds like it. But you give me a word for the affinity that you feel for Alaska. Clearly you like it, and you were going here, and you've stuck.

Winklmann: The beauty of this place right here. Fairbanks is completely different. It has its own unique beauty, but the beauty of this place is you can really appreciate it when you climb up on the mountains around here and look down on the town, the valley, whatever. You get an idea about the general geography here, and how vast everything is. If it's a nice day, you just can't beat that. It's the prettiest place on earth. So yes, that'd be hard to give up for me.

Mullan: How punishing are the winters? Yes, I put that word in your mouth. How are the winters?

Winklmann: They're not bad. They're extremely bad for a short period of time, one or two weeks at a time, then they'll usually warm up. But we play hockey all winter out back. We play 'til twenty-five below. There was only one day we had to worry about

frostbite last year. They're not bad at all. Sometimes there's some really [unclear]. Sometimes it's kind of a novelty. If there's a bad storm, so you can't get out of your house. It's kind of a novelty. It's kind of a nice experience to go through. Then you go to work and you have to take a snow machine to work or something. You get to do something different like that. Or someone has to come and get you.

Mullan: You told me a lot about your life and work. Is there anything that I haven't touched on that you'd like to comment on?

Winklmann: Oh, gee, I don't know. The only thing I would say, this is probably not the best atmosphere, situation, time of the day for me to give you this information, because I've got all kind of other stuff. It's the first day of the week for me, and I've got all this other--I've got last week's patients that are still getting sort out, and then--

Mullan: You've done well.

Winklmann: We've been okay so far. Eric saved me there. Yes, there's probably a lot.

Mullan: Why don't I just ask a couple of stories about patients. You mentioned about your first mauling.

Winklmann: Yes. Actually, shortly after I moved here, the first summer we moved here, was the first really big emergency. What it was is we were called to come down McKinley Park, that there was someone who had been attacked by a bear apparently. What had happened to him, we found out afterwards, is that he was a wildlife biologist, of all things, and he was also an amateur photographer. So he was out taking pictures of these bears about fifteen or twenty miles back in the park. Just off the highway there was a sow and two cubs. He got so entranced and just shooting the bears, and that he made the mistake of getting in between the cubs and the sow. As soon as he did that she came after him. He climbed a tree, and she grabbed him by his little toe--I saw the wound--and pulled him down out of it, and then proceeded to chew up his left axilla. He had a big scalp wound on the side of his head. That was the big--this one was a bad injury. It involved the plexus in there. But there wasn't any major bleeding from the axilla, and there was some pretty good bleeding from the scalp at one point in time.

At any rate, when I got down to this guy, they had him in the back of the van, and at this point in time, there wasn't anybody in the community that was capable of starting an IV. I had that experience. That made me valuable, I guess. At any rate, the first thing--I saw this man. He was laying on the floor in the back of an old van, and there was all kind of people around. I looked in and I saw somebody's hands down at this guy's neck. I thought, "Oh, my goodness. He's been bitten in the neck. This is bad." What it was is I gradually pulled the

guy's hand away from the wound, what he was doing is he was putting pressure down here to stop this bleeding that was happening up here. So I just sighed and went, "Oh, gees," and put a dressing on, and gave him some pain medicine. It made it to one of these bear story books you'll see in the stores around here, *Alaskan Bear*.

Mullan: What other kinds of--

Winklmann: Beautiful shots of bear. You should have seen his film when he got it back. It was just incredible.

Mullan: How'd the guy do?

Winklmann: He survived that. They repaired his axilla. I think he had some neurovascular damage, but I think they repaired a good bit of it, and he did pretty well.

Mullan: Are there other stories of moose or other kinds--

Winklmann: I have another bear story, a better one than that.

When you get thirty miles south of here, if you took a left there, and it's called the Denali Highway, this will be the only way into Mt. McKinley. Beautiful drive if you get a chance to take it. About halfway out there there's a little bar and cabin and outfit, that's out there by the end of Butch Gracious. This enterprising hunter from Buffalo, New York, come up and drove out

there to see Butch Gracious, and Butch put him in his airplane and flew him out to a cabin to go hunting for grizzly bear. I'm not sure if he was hunting for grizzly bear or not. As it turned out, the grizzly bear was hunting for him.

Anyhow, he was out walking one day by himself, which is not a good idea to do in Alaska, to go anywhere by yourself under any circumstances, especially out in the wilderness. He was out there walking by himself and the bear jumped him. He never saw him coming, and the bear jumped him, and he proceeded--usually what grizzly bears do is they rip you up with their teeth and their paws, and then you run, but they leave you go. You usually survive a grizzly bear attack--statistically you do. If a black bear does that, they're not as apt to attack you, but when they do, then they usually finish the job.

At any rate, he got jumped by grizzly bear, and he was getting batted around. The bear took a big bite right out of his left buttock--big piece of buttock was missing when he came in here. He told me the bear picked him up by his neck, which I believe, because I saw the wounds, and head in his mouth, and shook him like a rag doll, and tossed him down into the creek bed, where he stayed and played dead, and the bear wandered off. He got up and walked back to camp, and Butch Gracious, as bush pilots usually do, is they fly over and check on their charges out there. He flew over and he saw this guy waving a bloody T-shirt, and he landed, and picked him up, and brought him in here, and put him on the ambulance, and then they brought him here. He's laying in the room in there with a bite mark here--

Mullan: On his head.

Winklmann: On his head and his neck, and a big chunk of tissue missing from his left buttock.

Mullan: Hold on a second.

[Begin Tape 2, Side 1]

Mullan: This is John Winklmann, tape two, side one.

Continue.

Winklmann: What this bear did, he just picked him up like that-- that's what was incredible to me. Not only was that, but he didn't get anything real important in here.

Mullan: In his neck.

Winklmann: In his neck. It was just a puncture wound on the top. I had to send him to Fairbanks because of his--well, just because of the type of attack it was. He needed some kind of bigger repair than what I could do for him for his rear end. But that was pretty remarkable.

Mullan: Other patients come to mind?

Winklmann: Yes, there was a moose once. Do animals count?

Mullan: They count.

Winklmann: One time I was at the beginning of the summer. The calves are all born around Memorial Day. Well, what happened is, we were in here working, and summertime onslaught was just starting.

This Fish and Game guy comes up and he says, "Hey, can you come down and look at this moose? I have this little baby moose down in the truck. Can you come down and look at it?"

I was swamped.

I said, "No. I can't. I've got people here."

Back in the old days I was a vet around here, too. I kind of got out of that business. Because once someone knows that you take care of the animals, then that's all that they bring you. At any rate, I told him no, but he was persevering.

He said, "Look, you're the only chance. I'm not taking this thing into town. I've got work to do here. When you get a chance, why don't you come down."

So when there was a break, I went down, and it broke my heart. There was this little baby moose, and it wasn't but a day old, or two maybe at the most. It was found on the beach about twenty miles south of here. What happened, when the moose are born they go to the water--go in the river. This little calf was following its mom, and was inadvertently kicked by her, and pretty much partially inukiated [phonetic] the thing's eye. His eye was sort of halfway hanging out. Just a mess. The calf wasn't doing good, you could just tell by looking at it. So what

we did is, under local anaesthetic, anaesthesia on the moose--I had just finished my preceptorship, which is a lot of it I spent in the operating room, so I picked up some surgical techniques. I knew a little bit about what to worry about. I knew there was an artery there somewhere, but I could tie it off. That should be able to help. We planned on taking the eyeball out, anyhow. We couldn't leave it like that.

Mullan: How big is a baby moose?

Winklmann: Oh, it's like--

Mullan: Size of what? Size of a dog? Big dog?

Winklmann: Oh, no. Yes, it's about--he'd fill up this table here if you laid him down on it.

Mullan: We're talking the size of a calf.

Winklmann: Yes. Like a brand new baby calf you would expect. Just like that. Just like a cow. At any rate, we did it on the floor down in the fire department there. We're going along, and everything is fine. Everybody was holding the calf. We got pictures of it somewhere around. There was fifteen, twenty people from around the community were standing there watching. It was a dramatic scene. I could sense that. We were talking

along, so I thought I'd add a little bit of excitement to the whole thing, and I started talking.

I said, "Now, we're getting to the end here, when I cut this, I want you guys--everybody be careful."

I knew it was tied off.

I said, "Everybody's got to be careful, because it can just bleed like crazy here."

Then everybody'd step back a little bit. Just fooling around a little bit like that. But anyhow, at any rate, we took the eye out, and I was so intent on that joke, and watching everybody's reaction, everybody gasping and everything. I forgot to put something under the eye. It rolls down off the sterile field and rolled across the floor. Everyone went, "Oh, God," you know. So it's kind of dark humor. There goes the poor calf's eyeball, but he was laying there just fine. We took him home. He stayed in the next door neighbor's kitchen for a week. We had to run a leash [unclear] on the willow branches around here. It was too early in the summertime. We had to go up toward Fairbanks. This is down the canyon to get those.

Mullan: [unclear] eats?

Winklmann: Yes, we gave her some of those. We didn't know. We gave her some of those and milk from a bottle. We were told by the biologist at the time, this is a long time ago--this is about 1980--'82, something like that. That's a nice try, but the thing's going to die. It can't survive without its mother. A

day-old calf just can't survive without its mother. Six months later we went up to the University of Alaska and visited the thing. It was this big. It was like a yearling. It was a yearling.

Mullan: You turned it over to the university?

Winklmann: Yes. We kept it for about a week and a half, and the Fish and Game guy came back and said, "Thanks a lot," and took him into town. We sent a medical record along with him. The vet up there, I never took the [unclear]. You've got to do that. You can't leave the [unclear] anymore. I didn't know that. So he finished the job, so his eye shot [unclear]. Then they put him in a study. You can't turn him loose with one eye, so they put him in a study for moose feed study. The little animal got a good life. He's eating everything he wants.

Mullan: That's great.

Winklmann: So that was our most famous animal patient.

Mullan: Pat's, my wife's, favorite--she grew up without a dog. When we first got here, I went and spent \$200, an ungodly sum at that time, on a dog--a registered malamute, which is supposedly half wolf and half husky, or something like that. This was a very pretty dog--little dog--but very tough to train. Just really obstreperous. It just seems no matter what we did, we

couldn't teach him. As it turned out, it turned out to be, as things go, the worst dog I've ever seen in my life. She loved it. She thought it was just great. Part of the problem was probably our, back then, we weren't sophisticated enough to know to get the dog neutered. Back in the early seventies that wasn't an issue anyhow, ever. It just wasn't an issue like it is nowadays. This dog grew to be a big, strong husky, half wolf dog, and when he could, he took off, and he ran. One time he ran away. He was fifty miles north of here when the police found him shot. He came back and recuperated from that.

Mullan: Someone had shot him?

Winklmann: Yes. He had his own brain, and it wasn't what we taught him. He was going to do what he wanted to do. That's the kind of animal it was. It was just terrible. Anyhow, we lived north of here, and the prevailing wind is usually from the south, so the dog goes in heat down here, which is five miles away, the dog smells it up there and moans all night. That's what he was doing. He was out there moaning all night. So one day, after not sleeping all night, I took 20 mg. of Valium home and gave him a shot of Valium. I figured I'd put him to sleep. I didn't. What it did is it turned him on. This is the most--[howling sound] all night long. Wouldn't stop. That's the story. Boy. What a [unclear].

Mullan: Well, we moved from medicine to veterinary medicine.
Good. Thank you for the tales.

[End of interview]