

The Desert Doctor

Tom Debley

Editor's Note

The following is the first chapter from the new book soon to be published by The Permanente Press: *The Story of Dr Sidney R Garfield—The Visionary Who Turned Sick Care into Health Care*, by Tom Debley, Director of Heritage Resources for Kaiser Permanente (KP), and edited by Jon Stewart, Communications Director of Kaiser Foundation Health Plan. In 2003, when the Heritage Resources Department was created, there was a paltry amount of material collected together. Today, the archive holds thousands of pages of Dr Garfield's own words and many contributions of his colleagues and others—upon which this book is based—all documenting the story of the creation of KP by cofounders Sidney R Garfield and Henry J Kaiser. This biography is the first time a narrative focuses on Sidney Garfield, telling the story of his vision.

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It was an inauspicious beginning—as it would have been for any new physician, let alone a young man of great vision and ambition. The year was 1933, four years into the desperation of the Great Depression. Sidney R Garfield, having completed his surgical residency at Los Angeles County General Hospital, launched his medical career by leaving the growing metropolis and constructing a compact, 12-bed hospital in the southern end of the desolate Mojave Desert east of Los Angeles. His father, Isaac, helped the 27-year-old with a \$2250 loan, about \$35,000 in today's dollars. His prosaically named Contractors General Hospital, a mile or so off the then new, two-lane transcontinental US Highway 60, was about halfway between Los Angeles and Phoenix. The nearest town, a roadside outpost called Desert Center, was about six miles to the east. The locale, as described by one observer, was a "hot, dusty region never meant by God for human activity or habitation."

With jobs almost impossible to find, even in medicine, Garfield looked to this remote spot when he

learned about construction of the Metropolitan Water District of Southern California's aqueduct designed to bring Colorado River water to Los Angeles. Thousands of men were laboring under dangerous and physically demanding conditions in the harsh desert environment. Garfield reasoned they would need on-site medical care.

Desert Center had been founded about a dozen years earlier by an itinerant preacher and cotton farmer at a spot where his car had broken down. It was an aptly named dusty and lonely wide spot on the highway where a traveler could get a meal at the 24-hour café, buy gas, and refill the canvas water bags to use if the car engine overheated while crossing the desert. It was about 50 miles east of Indio, the largest city in the region where Dr Gene Morris, former intern at Los Angeles County Hospital, had grown up and had returned to set up a medical practice. Morris told his friend Garfield about the construction project with thousands of aqueduct workers covered by California's progressive system of workers' compensation, but with no medical or hospital care available near their work camps. The two young doctors formed a partnership and built their wood-frame hospital on the edge of a construction camp. Garfield named it Contractors General Hospital and ensured that it was modern and well-equipped with creature comforts, including air conditioning—an innovation installed in the White House in 1930 but not in widespread use, especially not in rural hospitals.

With 5000 aqueduct construction workers now at jobsites spread across 150 miles of desert, getting patients, they figured, would not be a problem. The two young doctors were gambling that on-the-job injuries alone would bring them plenty of patients insured for industrial accidents—enough to make the hospital an economic success. They were right. Men suffering from on-the-job injuries did come, but Contractors General tended to get only the relatively minor cases. Insurance companies shipped serious cases—the ones that provided the most significant income—to hospitals in Los Angeles. To make matters worse, the insurance companies discounted the physicians' bills for the care



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they did give, claiming they overtreated patients. “We got a patient,” Garfield explained, “and we would treat him with tender loving care and we would bill the insurance company, and more often than not, they would come back and discount our bills, saying that we treated the patient too many times.” Even when the insurance companies did pay, they were slow in paying.

Another problem arose when the aqueduct workers came in with all sorts of illnesses clearly not covered by their workers’ compensation insurance, including venereal diseases from prostitutes who also set up shop near the work camps. That would not have been a problem, except that few of the men could pay their medical bills. The cost of treating nonpaying patients soon put a major financial strain on the busy little hospital. Discouraged, Dr Morris sold his share of the partnership to Garfield. Garfield was now on his own, with just one nurse, a housekeeper/cook, and her husband, who served both as orderly and ambulance driver.

As if nonpaying patients, slow-paying insurers, rattlesnakes, scorpions, and scorching summer temperatures that rarely dipped below triple digits were not discouragement enough, a new threat to his struggling enterprise arose. One day a sedan turned off Highway 60 in a cloud of dust and headed up the dirt road toward Contractors General. Two men got out and identified themselves as representatives of a finance company. They had come to seize Garfield’s Ford panel truck, which had been outfitted as an ambulance.

Garfield had not been able to afford an ambulance, and a local undertaker in Indio had offered him a deal: He would rent the ambulance to Garfield for \$25 a month if Garfield would help him get undertaking work from the aqueduct project. But after more than a year, there had been few deaths. The unhappy undertaker wanted out of the ambulance lease, so he went to a finance company in nearby Riverside, took out a loan using the ambulance as collateral, and then neglected to make the payments. When the finance company complained, he told them to repossess the ambulance.

Without an ambulance to pick up the sick and injured, the hospital would be out of business. Desperate, Garfield telephoned an attorney-friend in Los Angeles, who called the finance company’s attorney. The finance company called off the repo men, who drove away leaving a very relieved Garfield in their dust. The victory was short-lived. The next day, the repo men returned and again demanded the vehicle. Garfield again called his attorney, who said, “No, don’t let them do it. They

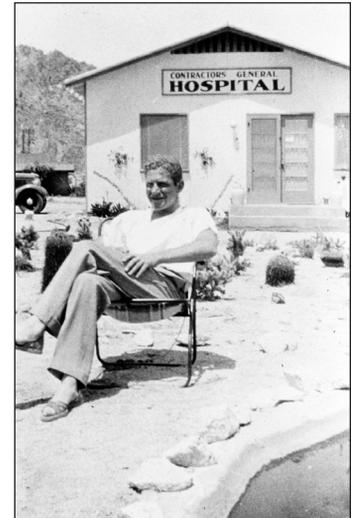
can’t take it away.” Garfield hung up the phone, went outside, reached through the window of the ambulance and yanked the key out of the ignition. Now unable to start it, the repo men tied a rope to the ambulance’s front bumper to tow it away. Garfield slashed the rope with a knife. When they started to retie the rope, Garfield called to a staff member to bring out the rifle they used for recreational target practice.

“Go ahead and shoot,” said one of the men defiantly, calculating that a physician would not pull the trigger.

“They had me stumped there,” Garfield said later. Instead, he again sliced the rope. Finally, the men left, again without the ambulance. But they reappeared two days later with the county sheriff, who carried a warrant for Garfield’s arrest for assault with a deadly weapon. The sheriff, a good friend of Garfield’s, explained he had no choice but to take Garfield to jail because of the warrant. His plight had gone from bad to worse. The ambulance was gone, and Garfield, if convicted of assault with a deadly weapon, could lose his medical license.

Fortunately, he rejected his first attorney’s advice to plead guilty and pay a fine. With a second attorney, he instead went to trial and won a not-guilty verdict. But being found not guilty was not enough for Garfield, whose honor and reputation were at stake. He sued the undertaker, the finance company, and their attorney for malicious prosecution and won. He was awarded \$3000, a portion of which he promptly used to finance a new ambulance.

The ambulance incident was, in some ways, emblematic of the first phase of Garfield’s extraordinary career—the daring desert years of creating something from nothing, of struggling against daunting odds to achieve his ends. Given his determination to succeed, whatever the obstacles, he exhibited a characteristic refusal to allow second thoughts to give him pause. Indeed, Garfield, in these early years, had a vague sense he was working toward something larger than personal success. Today, across the road from old US Highway 60 and the still operating Desert Center Café, where Garfield could celebrate his legal victory with a 50-cent roast beef dinner, stands California Historical Marker No. 992, in Garfield’s honor, to announce to occasional visitors that something very special and enduring was born in this lonely corner of the desert. ❖



Sidney Garfield at his 12-bed Contractors General Hospital, 1935.