



Life, Flight and Liberty - Part II

An Essay by Henry Nicolle

Back in March, I had an unexpected ride in Classic Air Medical's very spiffy Bell 407 helicopter. It was a pleasant and uneventful trip from Rawlins to Casper, Wyoming. The flight crew was professional and congenial with an additional complimentary sense of humor. Their mission was a life-flight to get me to surgery at the Wyoming Medical Center in Casper before my old heart had no further need for assistance.

In Casper, I was taken directly to the Catheterization Ward, where a stent was immediately inserted in one of my heart arteries. I was saved by that method from facing the shelf life expiration date on my mortal packaging. I was then summarily transferred on to post-op (post operation) where the surgery and my body's responses would be monitored for complimentary success.

With entry in the post-op ward, I began four continuous calendar days of bedridden, routine experience, consisting of twenty-four hour observation and attention by the nursing staff, a couple visits by the surgeon who had installed my stent, constant electronic monitoring of my heart performance and many other little things that have been lost to my memory. Oh yes, there were a LOT of pinpricks in my fingers and blood draws. What fun! None of those were particularly painful nor were they worth any comment except for the frequency and quantity. The nurses were all notably very skillful and well practiced with their tiny needles. There were no "do-overs".

About a day and a half after entering post-op, I was transferred to a recovery ward. The recovery ward was a slightly less intense experience than the post-op ward. The frequency of finger-pricks and blood samples was reduced to a more tolerable level. The greatest trial that I had was the enforced inactivity of four continuous days in bed. My normal body functions had slowed during the first two or three days but as they returned I was prohibited from leaving the bed. I had to deal with how to perform nature's duties flat on my back or sitting on the edge of the bed with a urine bottle. It's a good thing I'm not embarrassed by anything in this world. If I were a sensitive person, the lack of privacy would probably have been a little problematic. I considered it all part of the adventure and learning process of things beyond my previous experience.

One of the most remarkable observations that I had during this entire experience was the extreme politeness and courtesies exchanged between all the hospital staff from the janitors to the surgeons. I have never in my entire life seen so many people be so polite to each other so often and so consistently. These folks, had they been in any other environment would have worn out the common "please", "thank you", "if you have time", "can I assist", and so on and so forth. Sometimes I actually chuckled at the "over-the-top" and automatic expressions of common courtesies.

I will say for the record that at every stage of my emergency and adventure, I experienced not a single discourtesy, unnecessary inconvenience, lack of or any delay in response to questions or comments that I could offer. I do not recommend that anyone have a personal medical emergency, but in the event one does occur, Wyoming Medical Center, in my experience, would certainly be among my premier choices for refuge.

Ending four days in the process of installing the stent and recovery to more or less normal, the hospital staff prepared me for discharge. Wyoming is a wide open place. Interestingly enough, "You can't get to Rawlins from Casper". That little exaggeration brings me to another stage in my adventure and education. I left the hospital and checked in at the nearby Masterson Place for the night, a convenient and affordable motel for hospital visitors, providing me an opportunity to research my way back home to Rawlins.

Actually, you really can get to Rawlins from Casper, but if your transport is not with you, the method of your return to Rawlins is not so simple as one would imagine. Bus transport is possible and affordable, but sparsely scheduled. Taxi and Uber options are several hundred dollars expensive. I phoned my friends and acquaintances in Rawlins who I thought I could ask for assistance without causing them any excessive inconvenience. As it turned out, most of my friends were out of town, taking advantage of the warming Spring weather. My next door business neighbor however, volunteered even without my asking, to drive up to Casper and cart me back home to Rawlins. That is a long drive!

I accepted his offer and we had a very interesting drive, filled with tourist descriptions of the geology and history of our part of Wyoming and accompanied by conversations on the complications of federal policies relating to the realities of financing medical expertise and facilities in a state and county characterized by an extremely small population (one such as Wyoming happens to be). These are realities with very challenging elements, heavily influenced by political policies and economic practices far removed from our local control or influence. Along our travel, I was both surprised and pleased to learn that I was in the company of a seasoned Rawlins businessman and member of the Memorial Hospital Board of Trustees. I could not have asked for a better tour guide or expert on the subject of medical access and related institutional policies and considerations.

Ultimately, we arrived back in Rawlins. My good-hearted neighbor now having spent a half-day and half a tank of gas in a friendly gesture that I cannot forget or effectively repay. But, that kind of neighbor is common here in Rawlins and our neighboring communities. We are a fine community, a remnant of old-time, small-town American community tradition.

I have been happily back in the saddle now for four months or so. I have a recovery regimen for my stent implant that will extend to March of next year. Among other notable observations relative to my adventure are the costs of medical intervention and medications. The total cost of the operation and institutional recovery was a little over \$30,000. With the addition of the helicopter ride and Memorial Hospital emergency and recovery services, my total debt for this experience is approaching \$90,000.

Medication costs are insignificant in relation to the overall expense. I was prescribed a contemporary substitute for coumadin/warfarin that, in the prescribing physician's words, ". . . would be a little pricey." When I checked with Rawlins' City Mart pharmacy, I learned what "a little pricey" really meant. It meant more than \$500 per month for a year! For a 3% reduction of potential but relatively minor side effects, I opted out. With the advice of City Mart's pharmacist, I chose the equivalent in old-fashioned warfarin rat-poison at less than \$17 for a two month supply.

My observation is that these several examples are simultaneously illustrate our extremely inexpensive and deliberately (perhaps criminally over-expensed) medical options.

If you are willing to read, I intend to explore our federal policy driven health and medical system practices and costs as they apply in our daily lives. At our immediate, grassroots level of our continuing Great American Experiment, "Need" and "Want" are admixed; "justified", "mandated", "useful", "desirable" and "necessary" have been conflated in the creation of our modern American conceptions of medicine in the health and welfare environment. Ignorance, apathy, greed, conflicts of interest, expedience, ulterior motives and many more influences spring to mind for the discussion. Please join me. Your opinions and comments are essential for the development of a bottom-up, rational consensus.

Henry Nicolle
POB 1194
Rawlins, Wyoming USA 82301
henry@henrynicolle.org