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Wide-open Spaces

For a life of adventure and natural wonder, along with abundant professional opportunities, physicians have looked to Montana's vast plains and mountains.

By Eileen Lockwood

Its fabled nickname is Big Sky Country. On a fine day, the massive blueness surrounds you like a great cocoon. In fact, in Montana everything seems to be under a giant magnifying glass — big land, big rivers, big game, big fish, huge mountains, and more.

“The Montana of my youth was a world with dew still on it, more touched by wonder and possibility than any I have since known.” The words reflect the spirit of Norman Maclean’s book, *A River Runs Through It*. The book was, in effect, a love story about his home state, its pristine beauty, and fly fishing as a metaphor for life.

It’s a mere introduction to the unspoiled wonders of outdoors — hiking, biking, rafting, kayaking, mountain

climbing, skiing, and more. “There’s hiking in every direction but east,” says Kevin Stiffarm, the CEO of Pioneer Medical Center in Big Timber. And, he adds, “Depending on the season, there’s something to hunt all year long.” A short list: elk, bear, deer, antelope, and wild turkey. He and other townspeople are proud to point out that the 1992 movie version of Maclean’s book, complete with spectacular fly fishing scenes, was filmed on and near the Boulder River just south of Big Timber.

There is a flip side. “Gigantic” comes to an end with population statistics and cities, and, as Stiffarm can testify, hospitals and medical practices. This could be a clue that the state still holds opportunity for adventurous physicians.

Pioneer combines 25 acute care beds with a 52-bed nursing home in a town of 1,600. Its single hospital-employed practitioner moved to Georgia this fall.

Near Big Timber, Montana are the Crazy Mountains. The Yellowstone River is in the foreground. The movie, “The Horse Whisperer” was filmed in this area.

Stiffarm, luckily, found a replacement by November, a physician who had done some part-time work there and who was attracted by the facility and the fact that “we are making some moves toward initiatives.” Those include a recently purchased building for more space, a radiology system upgraded to digital capability for Internet transmission to specialists in larger cities such as Billings (65 miles east), a trauma receiving facility designation last June, and possible expansion of physical therapy services. The latter, adds Stiffarm, “has become a very valuable service to our community. More people are becoming aware of its benefits.” There’s one other physician in town, an independent practitioner.

An independent spirit

Although Stiffarm is in the process of moving to another city himself, this time in Wyoming, where there are “greater opportunities for my family” and a larg-

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Places to Visit

"We proceeded on..."

For any sportsperson—with the possible exception of a surfer—the Treasure State lives up to its name as a paradise for fishing, hunting, hiking, boating, and a dozen other outdoor activities, but the state also offers a full plate of scenery, history, and culture. Two super-scenic highways add spice to the territory. Beartooth Scenic Highway meanders in and out of Wyoming and Montana. The Going-to-the-Sun Road in Glacier National Park seems almost to achieve its celestial goal. Nine national forests also contribute to the landscape.

In 1805, a party of about 50 made its way across the state in keelboats and canoes, becoming what could be called Montana's first tour group. The leaders, Meriwether Lewis and William Clark, noted wonders of the area that can still be seen today. As one guidebook proclaims about Montana, "Nowhere else can you travel so far through a landscape so lightly altered since their voyage."

The National Park Service singles out 24 mostly unspoiled sites immortalized by Lewis and Clark's Corps of Discovery as its members "proceeded on," a term often used by the two leaders in their journals. The only physical proof of their passage, though, is at Pompeys Pillar, a 200-foot-high sandstone formation east of Billings, where Clark's "autograph" is engraved into the rock. The definitive museum of the expedition is Lewis & Clark National Trail Interpretive Center at Great Falls.

Great Falls was also home to another major hero, renowned western artist Charles M. Russell, whose museum, home and log studio are must-sees.

Although he ultimately lost his homeland to American forces, Chief Joseph of the Nez-Perce Nation, gave American troops a run for their money and battle besides. An even less glorious event, the infamous June 1876 Battle of Little Big Horn, the Waterloo of Lt. Col. George Armstrong Custer, is commemorated with a monument, cemetery, and museum 65 miles southeast of Billings. Thirty-five miles south of Billings, on the Crow Reservation, is a monument to Plenty Coups, the last chief of the Crow Nation.

More recent events have made Montana the custodian of what may be the world's oldest tourist attraction, "150 million years in the making," according to organizers of the Montana Dinosaur Trail. Thanks to conducive sediment and shallow burial level, paleontologists have discovered more bones and more complete skeletons of the megacreatures in this state than anywhere else in the U.S. From Ekalaka in the east to Bynum in the west there are 15 sites with digs, walking tours, and museums. At the "mother of all sites," the Museum of the Rockies in Bozeman, visitors can learn up-close-and-personal about the lives of many of the prehistoric creatures from the apatosaurus and anatotitan to the triceratops and torosaurus, with a few T-Rexes for good measure. ■



ABOVE, The Nine Quarter Circle Ranch moves their summer "dude" horses from winter pasture to their guest ranch south of Big Sky. LEFT, The West Yellowstone area of Montana offers over 400 miles of groomed snowmobile trails.

er salary, a number of medical professionals are finding permanent fulfillment in Montana. William C. Anderson, MD is one of them. "When I moved out here my blood pressure dropped to normal," he jokes. That was 25 years ago.

In Forsyth, population 2,500 and 100 miles east of Billings, there is a small hospital, but Anderson chose to set up an independent practice. To some, that would seem like an automatic trigger for a 200/150 systolic/diastolic reading. Anderson's diagnosis is different. "There are pluses and minuses," he says. "You don't make as much money. You work longer hours, but you are not subject to the vicissitudes of local politics. That's a big deal, as it turns out. In a small

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LEFT, Old Faithful, the most famous of the geysers in Yellowstone National Park. ABOVE, The annual "Running of the Sheep" in Reed Point. BELOW, Flyfishing on the Madison River, and Dude ranching.



town everybody has equal legitimacy, and anyone can jump on your case. It helps to be somewhat of a loner. You don't depend on external validation. If you live for compliments, you die by the criticism."

Not all was roses, of course. Anderson had grown up in Fargo, ND, but attended high school in Forsyth and worked briefly on the railroad after that. However, he graduated from the medical

school at the University of North Dakota and completed a residency in Kalamazoo, where he met the girl he expected to marry. "We came out here to look at this place," he recalls with a bit of a grimace. "We came at night. As soon as the sun came up, she walked to the front of the hotel, looked at the town, and that was the end of our relationship right there." In other words, "There's a big divide when it comes to

who practices medicine (here) and who doesn't. It's got to be a lifestyle. That's a big order. You don't have the abstract professional relationship you would have somewhere else."

Many of Montana's residents are here because the open spaces, the sense of freedom, and a lifestyle where neighbors know each other seeps into their blood and captivates their sensibilities. As

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Norman Maclean put it, “The setting and the scenery seem to inspire a passionate devotion to place.” Anderson is probably a poster boy for this mind-set. He and his wife, who grew up on a ranch north of Livingston, MT, now live on acreage about two miles out of town. “I haven’t taken two weeks off more than once in 25 years,” he says, “but there’s more natural environment around me at home than at a camping site in the mountains. It’s quieter here with nobody running generators and watching TV in mobile homes. (At my home) there are wild animals all over the place.”

Not everyone at the homestead shared the thrill of the wild. “When we did vacation,” he admits, “the kids loved going to the Mall of America and Disneyland.” But, “my kids grew up with the values of these people.”

The four, now ages 18 to 25, attended schools that are “fine and totally adequate,” and grew up with skills they might never have developed in big cities. “You have a familiarity with different personality types. There are no cliques (because there aren’t enough kids to form them) so you have to get along with everybody.”

Anderson does note, however, that “the kids (who grow up here) all leave.” There’s good news, though. “They usually come back in their 20s and 30s with skills or abilities. If those are marketable here, they’re pretty happy. More kids are coming back than used to because

POPULATION:

MONTANA: 944,632
Billings: 100,148

CLIMATE:

Average Annual Rainfall: 14.77 inches
Average Snowfall: 57 inches
Days of Sunshine: 206
Average High/Low Temperatures: January: 30°/12° July: 87°/58°

TRANSPORTATION:

AIRPORT: Billings Logan International Airport
BUS: Greyhound
INTERSTATES: I-90 and I-94

COST OF LIVING:

INDEX: 98.8 (100 is average)
AVERAGE ANNUAL WAGE:
Industrial: \$26,776
Wage & Salary: \$64,722
NO SALES TAX

they’re making decisions based on lifestyle.”

Small-town idiosyncrasies

In some ways, it took David Kane, MD a while longer to become acclimated to Columbus, population 1,931, even though both he and his wife grew up in nearby small towns. The chumminess “can be overwhelming at times. When I came here (people were expecting) curbside consultations or advice in the grocery store or in the post office.

I didn’t like that at first, but now I take it as kind of a compliment and I can deal with it more easily. But it’s nevertheless flattering.”

In fact, his thinking has undergone an almost 180-degree change. Now, he says, “It’s always gratifying that our patients are not only our patients, but they are our friends and almost like family to a degree,” says Kane. “When one comes into the office, the first thing he or she says might be, ‘How are the kids in college?’ or ‘How’s your mom?’” The level of trust sometimes prompts a patient who’s gone to a cardiologist in Billings, for instance, to tell the hometown physician, “The cardiologist told me to do this, but I didn’t start it yet because I wanted to talk it over with you first.”

Small town life notwithstanding, Billings, now far and away the largest city in Montana with a population of 100,118, is a quick 40 miles east of Columbus. Population there has recently sprinted thanks to oil, natural gas, and

coal deposits now being more aggressively exploited. Part of the population surge can also be credited to the city’s education and medical facilities.

In fact, in the towns within a 50-to-75-mile radius, hospital administrators “bait their hooks” with Billings’ cultural, shopping, and restaurant amenities. “The Magic City” offers symphony orchestra, chorale, opera, live theater, zoo, art museum, historical museum, and several big festivals, such as the Wine and Food Festival and Harvestfest, which incorporates the Billings Book Festival.

The main attractions for Kane are the chances to go backpacking, camping, fishing, hunting, and skiing. And, unlike many another young practitioner who might go directly to the warm-weather paradises, he says, “I like winter. I don’t want to go someplace where there’s no snow.”

Kane and his colleague, Richard Klee, MD, started practicing in Columbus 18 years ago and have stayed the course. Both work at Stillwater Community Hospital, with 13 critical access and skilled nursing beds. “We serve all the small cities around us,” Kane says. “Some patients come from all over, and they will come back. One, the father of a local resident, flew here for treatment.” All in all, the patient population ranges in age from infants to centenarians. Kane’s oldest patient lived to be 105.

It takes a special person

Like Kane, Klee, and Anderson, many physicians are strongly devoted to their state with its aura of freedom and independence. In fact, Brian Zins at the Montana Medical Association office proudly cites at least one two-generation

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practice in a tiny village in one of the remotest areas of the state.

Zins indicates that the practice of medicine itself is no different than anywhere else, but the difference, of course, is in the territory. "You might be in a town of 1,000 in Tennessee, for instance, but 30 miles away from a big city. In Montana, the nearest city is often 400 miles away." The elating news: "The unique opportunity of practicing real medicine is there."

Nevertheless, some small hospital administrators lament that, for all too many physicians, city amenities and other considerations trump the lures of wide-open space. "I do a lot of physician recruitment," says Lee Rhodes, the CEO of Roundup Memorial Healthcare in Roundup, 40 miles north of Billings with a population of 1,800. "One recruiter shared a survey with me showing that 1-to-2 percent of physicians want to live in this size of a town."

Even then, other considerations can come into play, such as wanting to be near elderly relatives in other places or better opportunities for the doctors or their spouses.

Rhodes himself recently lost not one but both MDs in Roundup. One went to Boston because his wife was accepted at Harvard Medical School. "He gave six months' notice, so I brought in a replacement, but the replacement didn't work out."

The second, an Egyptian, was in Roundup on a J-1 professional visa from the U.S. government and might have stayed even longer but for the fact that he wanted to be near a mosque where his children could be educated in the Muslim faith. He found a position to his liking in Tennessee, leaving Rhodes

empty-handed.

Rhodes does have a couple of replacement prospects: He is hoping to bring in one couple "who can be excellent fits, but the advantage for them and the disadvantage for us is that they have lots of options." He's also interviewing a former Marine now living in Alaska. The good news: "He and his wife have decided they want to live in Montana. In the meantime," he says, "we're bringing in a temp, but that's expensive. Also, temps aren't as busy as the regular physicians because people don't know them."

Not all administrators have staff problems. CEO Scot Mitchell at Wheatland Memorial Hospital in Harlowton is happy to say, "I haven't had to look for doctors for 15 years. We've been very lucky."

In some ways, Anderson, Kane, and Klee are anomalies because they chose to practice in the Big Sky Country as young physicians. They're not daunted by travel distances, as are some recent city-slicker arrivals. Kane can't help chuckling when he cites arrivals from "the coasts" who are surprised to learn that it's a 50-mile drive to see a movie.

According to John Schroeck, the director of the Montana Primary Care Office in Helena, "Doctors who want quality of life and beautiful environment, and who have already made their money and are not concerned about that, like it here." He adds, "We call it the scenery tax." Current statistics indicate that 94 percent of the state is deemed a "primary care health profession shortage area (HPSA)." State quotas allow 30 foreign doctors on J-1 visas to practice in a given year. Three to five usually apply. There's no limit on the number of Americans fulfilling government student loan repayment and tuition obligations. About 50

of them are currently practicing in the shortage areas.

For primary care physicians, that could mean a bonanza of jobs that, in context, might equal the draw of the gold, silver, copper, manganese, zinc, uranium, palladium, oil, coal, and other minerals that have lured prospectors and mining companies over the years. In fact, early arrivals nicknamed this huge territory "The Bonanza State." Its current moniker has been refined to "The Treasure State."

Filling the gaps with technology

Thanks to today's fine-tuned technology, isolation means something different than it did a century—or even 50 years—ago. Grizzlies, moose, bighorn sheep, and mountain lions may be more prevalent than people, and colleagues may not be next door in places like Big Timber and Harlowton, but diagnostic help is as close as the telephone and the Internet, and more and more small hospitals are installing sophisticated imaging devices.

In Harlowton, for instance, Mitchell says, "Our hospital is probably one of the best-wired small hospitals in the state. It's completely wireless, and now we're working on electronic medical records."

The system offers "all the latest automated equipment," including CT scan services, ultrasound procedures, and bone densitometry. Results from digitized scans transmitted to a radiologist in Wyoming come back in 30 minutes. Other images are checked by specialists elsewhere.

Also thanks to technology, there can be an almost split-second response in

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emergencies, especially in trauma cases. "All employees," says Mitchell, "have alpha numeric pagers. A nurse can activate radio communications with ambulance, sheriff, police, and fire departments." With a push of the button, he adds, "people come running. By the time patients actually get to the hospital, there are six, eight, 10 people waiting for them. Before, it would be the nurse." When all else fails, helicopters rush patients to Billings.

City fare

In turn, the two large hospitals provide for the smaller facilities in several ways that have dramatically improved health care in the hinterland, reassuring local practitioners that while they may be isolated, they are not alone. In fact, says Mitchell in Harlowton, "Most (rural) hospitals have management contracts with larger health-care organizations."

For instance, five are affiliates of Billings Clinic, one of the city's two ma-

JOR HOSPITALS that includes a 200-doctor multi-specialty group practice. Benefits to the rural hospitals can include management assistance, purchasing, paying administrator and lab personnel salaries, specialist training sessions, telemedicine linking, and technological equipment. More than 50 doctors in 18 specialties also put some 260,000 miles on their odometers every year traveling to add their expertise to patient care in 12 Montana communities, as well as towns in rural Wyoming and North Dakota. Billings' St. Vincent Healthcare provides similar services to other communities.

With or without outside help and state-of-the-art technology, the result of wide open spaces and sparse population is self-reliance, and that, says Anderson, can have its ups and downs. The reward: "I think it's about believing in it and doing something you believe in doing."

He goes on to say, "I would recommend rural Montana, because there are all sorts of opportunities here for self-ac-

tualization."

In fact, his recipe for anyone itching to escape a nerve-wracking big-city existence: "If you want to try a small town, being a doctor would do it. To the kind of guy who wants a full experience and a good family life, it's a great experience."

And, no matter what, people in most of Montana's low, low population areas are determined to keep their hospitals. They've proved their determination by raising surprising sums of money for building or rebuilding. In other cases, wealthy citizens have financed health care, either in buildings, endowments, or trust funds. As Mitchell in Harlowton puts it, "The hospital can't survive without the community, and the community can't survive without the hospital." ■

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