

Class of 1966

Class Agent
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Dear Men of '66,



A REMARKABLE STORY, A REMARKABLE LITTLE GIANT-
JERRY BLOSSOM!

Dear Cal,

Thank you for your interest in my story, and I hope that it will be interesting for the class. I have never actually written anything biographical, so let's get started!

When looking back, it seems that I made many important decisions about my pathway quite independently. I was not to follow advice from friends and family, nor to follow conventional wisdom, logic, or the easiest way. It seemed that when something was not recommended, I was all in!

When I was in high school, many people wondered why I chose to go to Wabash. We all know the usual reasons against that. I saw Wabash brochures that asked, "Are you man enough for Wabash? It's not for everyone, you know." The more I learned about the college, the more it appealed to me.

Arriving two weeks early for preseason football practice was great for meeting people and making friends. I joined the band of Brothers. All but about three of us freshman footballers became fraternity pledges and moved right into the houses. But not me. I was interested in fraternity life, but I wanted to see the chapters during regular campus life. "Rush" was too superficial. I knew and liked guys from eight of the nine houses and was encouraged to take my pick. (Sorry about that, Phi Psis. I just didn't know any of you at the time.)

I moved into the space of my choice: a single room in Wolcott. (Martindale would have been too boisterous.) So as a prospective second-semester pledge, it would seem that the last house I joined would be the brand new TKE. Members of other fraternities simply dismissed them. They pointed out the lack of a house and no money and no known tradition or alumni support. Few gave them a chance to survive my four years at Wabash. The Tekes wanted to be a real fraternity in every way, but with some distinctive differences. The conventional wisdom said, "Don't go there." So of course I became a belated member of the first pledge class. 62 years later, the Tekes are still there—and still quite distinctive.

At Wabash, I should've joined more campus activities. The Glee Club would have been right down my alley, but I thought that I didn't have time for it.

I saw little game action in football, but football was in my blood. After three years, I left my place on the team (the bench) to a promising freshman. I enjoyed practicing and performing with the college bands directed by Bob Mitchum.

My interests narrowed to medical school. I was reluctant, however. Was I man enough to become a physician? Or to bear the responsibility of the doctor?

Both Wabash and the IU School of Medicine were tough. Certainly, there were leaders who did so well with little effort, but mostly there were people like me who were stressed. Med school isn't for everyone.

Three years into medical school, I was accepted into a brand-new program begun by the Student American Medical Association. After several years, the organization had finally done something worthwhile. It sent 100 medical students along with some nursing and pharmacy students into rural southern Appalachia. They wanted the students to explore the possibilities of living and practicing in a small town. Then, as now, there was a distribution problem with new medical graduates. They received a federal grant. I received \$100 per week for nine weeks. Local doctors provided housing and served as preceptors. I chose Western North Carolina near the Great Smoky Mountains. It was beautiful there and so different from Indiana. They actually hunted bear and wild boar in the neighboring forest. I went to Sylva, North Carolina. it was a tiny town that had plenty of doctors. People traveled many miles to see the good doctors of Sylva. My mentor was an excellent pediatrician, who was trained in Boston and at Duke, but preferred the lifestyle in the mountain town. He was severely overworked, but he loved what he was doing.

That experience away from the medical center confirmed my choice of pediatrics as a specialty. People asked why. It was the lowest paid medical specialty with a very demanding lifestyle. Once again, I followed my own path.

I returned to Indianapolis for one more year of medical school. After graduation I did a one-year rotating internship at Marion County General Hospital. It was both the most stressful and the most rewarding year of my life. The workload and responsibility pushed me to the breaking point; it was the worst during the first month of the internship. After some nights off, I often had to force myself to go back in there.

I received no academic honors at Wabash. But at the end of my year at the General, I was awarded most outstanding intern. Though I already had an MD, that year I truly became a doctor. I then completed a two-year pediatric residency at Methodist Hospital in Indianapolis.

By the summer of 1973, I was ready to go. Young pediatricians were entering their office practices. They had nice suburban locations, near midsize or large cities equipped with fine up-to-date hospitals. They would routinely form groups of two or more pediatricians or join established groups of pediatricians. I returned to remote rural Western, North Carolina. Friends and family, of course, thought I would be much better off with a conventional plan. My colleagues and faculty staff could not imagine going there themselves and living with Beverly Hillbillies.

Sylva already had plenty of doctors, so I found a community even more remote and isolated. Everyone of all socioeconomic levels was in need of good medical care. There was a hospital, but it was very small and primitive. Murphy, North Carolina was to be home. I was the first pediatrician in the town of 2,500. The area without another pediatrician had a population of 50,000. The economy was poor. There was still an out migration as people saw opportunity elsewhere. The population was still in decline. There were five other doctors in

practice. One was limited to surgery. One was an 80-year-old gentleman who wasn't expected to take emergency calls. There were two physicians with impairments, and just one I could trust with my patients in my absence or even a night off. There were no ER doctors.

The town really could not recruit physicians effectively. I went to where no one else would want to go. As you can imagine, I was welcomed by everyone.

Out of the 100 medical students on the project, only four of us went into regular practices in rural Appalachia.

Over my stay of seven years I participated in establishing a new community hospital. I was chief of the medical staff and on the board of directors. We were able then to attract more specialists and general practitioners. I needed a change and left in 1980. There have been pediatricians in my office ever since. My first replacement had been a younger member of the same project, placing medical students in the mountains.

I joined a pediatric emergency practice in a Children's Hospital in Knoxville, Tennessee. I remained in the Smoky Mountain area that had become home.

Once again, I chose to be different. The pediatric ER is someplace where no one wants to be. Every patient has a problem to be solved and treated. There are no routine appointments. Work hours are heavily weighted toward evenings and nights. The doctors take all comers and all referrals from rural towns and city physicians. Our group also covered the intensive care unit and inpatients who had no physician on staff. At night, one would be the only pediatrician awake and on duty for a population of approximately 1 million people. With no interns or residents available, it was the first hospital in the United States with a fully trained pediatrician in the ER 24 hours a day, seven days a week. With all this, I was often stressed out.

Emergency medicine was a new specialty and pediatric emergency medicine even newer. When I began, there were only 60 physicians practicing full-time pediatric emergency medicine in the United States. By 1992, subspecialty board certification was available. I was grandfathered by years of practice and could take the exam without further subspecialty training. I took that exam the first day it was given and joined the first group of doctors to be board-certified in pediatric emergency medicine.

The hospital has now had pediatric intensive care specialists for several years. Another group provides inpatient services only. Our hospital provided that service as far back as 1973. I know of no other hospital before us. They are now called "hospitalists." We were hospitalists before there was a name for it.

I once read a survey that ranked ER doctors as number 337 down a list of desirability in occupations. ER nurses were next at number 338. But I like the challenge. That was my niche.

I was there for 37 years. I also had cases that seem to seek me out because I was willing to see them. Many of these were child abuse and child neglect cases requiring extra time and going to court. There was no compensation, especially in Murphy. Few doctors were willing to get involved. They now have specialists for that. They are called specialists in pediatric clinical forensic medicine. I gladly turned over that work to those specialists when they finally arrived at Knoxville.

I retired from East Tennessee Children's Hospital after 37 years. I had a very fulfilling practice because I was there and available to take the cases.



When Carla and I were married in 1987, we had five kids with ages from 11 to 19. We had someone in college for those next 12 years. They were almost always two or three at the same time.

Part of that ER lifestyle is that when you were off you were undisturbed. We have enjoyed travel, especially winter vacations in Mexico in the Caribbean. When I came to this area, I took up whitewater canoeing, bicycling, and backpacking. Now I do just short trail hikes in the mountains. I deliver Meals on Wheels one or two days a week and do some church mission work. We also celebrate plenty of family weddings and graduations, and we have two great-

grandchildren now. Nowadays, instead of being dismayed, people consider me to be lucky to be living in such a nice area.

So, by following a different path and being at or near the beginning of things, I have had quite a rewarding life. And though I will never have the style of Frank Sinatra, or Elvis, "I did it my way."

These fleeting years,

Cal