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# *A new division takes its first breath*

In the early days of launching a medical school at the University of Calgary, the hunt was on for hard-working, thick-skinned recruits to help develop curriculum. More importantly, it needed people who believed the fledgling program would survive.

Calgary was just coming out of a Christmas cold snap in 1971 when a young doctor who met those criteria arrived from Oklahoma.

“I thought, coming into it, that it would be all applause and opportunity,” Dr. Clarence Guenter says of his arrival. “Of course, it turned out to be more difficult than that.”

Guenter had spent the previous five years at the University of Oklahoma developing a training program for respiratory disease specialists. He’d received a request from Lionel McLeod, head of medicine in Calgary, to meet him at a medical research meeting in Atlantic City. McLeod was on the hunt for Canadian-born doctors who were studying abroad, in the hopes they might be convinced to come back home.

*“I was never much taken by authority... I was looking more at spontaneity and opportunity.”*

*-Dr. Clarence Guenter*

The offer was tempting for 33-year-old Guenter and his wife, Marie, who were no longer sure the U.S. was the right atmosphere for their young family with the political climate unstable and the country struggling through fall-out from the Vietnam War.

“It was a very turbulent time in the U.S.,” he says. “There were riots on the campuses and students getting killed. We looked at each other and said, ‘Do we want our children to grow up in this or do we want to go back to Canada?’”

Guenter decided to take the meeting in Atlantic City. McLeod, however, failed to show. Despite the optics, and the disparaging opinions of most of his mentors, Guenter eventually connected with McLeod. Fueled by youthful enthusiasm and a minor rebellious streak, Guenter agreed to make the move to Calgary.

“I was never much taken by authority,” he says with a smile in his voice. “So when my bosses said, ‘That’s a dead end’ or, as one of my mentors at Stanford said, ‘Choose wisely,’ meaning don’t go there, it wasn’t heavy for me because I was looking more at spontaneity and opportunity.”

## 1972–1978

Although the naysayers were vocal, Guenter was undaunted.

“My academic boss in Winnipeg said, ‘You know they’re going to turn that medical school into a Safeway store.’”

If Guenter’s first impression of his new employer was somewhat tarnished, his greeting upon arrival certainly didn’t add any shine. It was Christmas break and the university was closed. He showed up for work at the relatively new Foothills Hospital to discover no one had any idea who he was or why he was there. The receptionist called around the half-empty building until she finally found someone who could help. A confused new colleague opened his own office and told Guenter to store his belongings there until they figured out where he was supposed to be.

The situation was slow to improve. A year later, they were still sharing that small office.

Guenter had been hired as an experienced lung specialist in the hope he could help fashion a training program and establish a lung disease subspecialty. But the fledgling medical school had its own bigger struggles to manage, not the least of which was its challenged reputation among the skeptical Canadian and international medical community.

“The whole city

lacked specialized expertise,” he recalls. “Whether you were talking about heart disease or neurology or any of the areas where we now simply expect it to be in place. I was told I wouldn’t be able to make a living here as there was no need for a lung specialist.”

At the time there was an environment of distrust across the medical community, which Guenter says prevented many physicians from seeking the opinions of outside specialists like him. It took three months for Guenter to receive his first referral. And even then it was from one of his own colleagues at the hospital.

“He just felt sorry for me,” Guenter laughs. “But I made sure I did a good job of value added on that patient so I’d get a few more!”

And there were other hills to climb besides convincing local doctors of the benefits of specialized opinions. The Foothills was only five years old, still half-empty and much maligned. CT scans and MRIs were far off in the future. The ICU had only four beds and a collection of primitive ventilators. There were no piped gasses or central suction.

It was Guenter’s job to help turn this rudimentary setup into a full teaching hospital, complete with pulmonary laboratories, a more robust ICU and outpatient clinics, and a world-class curriculum

that was strong enough to produce competent medical trainees over the course of a three-year program.

In case that wasn’t enough to take on, Guenter and colleague Dr. David Shaw were also busy trying to convince the Royal College to accredit the University of Calgary for a postgraduate Pulmonary Training program.



*Dr. Clarence Guenter, Foothills Hospital Stampede Breakfast, July 1989*

The situation put them in a catch-22. Without accreditation, they couldn’t attract trainees. Without specialized trainees, they couldn’t attract the broad spectrum of patients they’d need to win the college’s approval. They decided to bring in some help.

“Protocols were pretty light in terms of recruiting back in those days,” says Guenter. “We started looking for one key person, someone between 30 and 40 years old. Someone with moxie.”

*“I was told I wouldn’t be able to make a living here as there was no need for a lung specialist.”*

*-Dr. Clarence Guenter*





*In 1973 Dr. Guenter (seated, left) was joined by the first administrator of Foothills Hospital, Redge Adshead (standing, left); Robert Black, Chairman of the Foothills Hospital Board of Management; Phyllis Davis, head nurse of the new ICU (seated, right); and unidentified members of the Ladies Auxiliary on the occasion of the acceptance of a new ventilator and monitoring equipment.*

## 1978–1997

Dr. Bill Whitelaw was working in Montreal, funded by a three year investigative grant with the promise of a job at McGill and funding for external training. It was a comfortable position for any specialist early in his career. Until a letter arrived from Guenter in Calgary asking Whitelaw to consider joining their growing medical school.

"I already had a job," Whitelaw reminisces. "So, I wrote him a letter back saying the interview would be a waste of money. I put the letter in my coat pocket and promptly forgot all about it."

Weeks went by and the letter stayed hidden inside his coat. When he finally found it, he relayed the story to a friend, still intending to drop it in the mail.

"Never turn down the opportunity to interview for a job," he recalls being told. "It's his (Guenter's) money, so let him spend it!"

Whitelaw vividly remembers touring the school in that first meeting with Guenter. The research labs were locked but as they peered through the windows, he says it seemed like acres of open space, vacuums and hoses just waiting for eager researchers with big questions to answer.

Whitelaw took the job, but not before heading to Edinburgh on McGill's dime (and blessing) to get more clinical experience in respiratory medicine. A Toronto grad with a PhD from McGill – already one of the top three respiratory physiology research centres in the world – and a grant from the Medical Research Council of Canada, meant Whitelaw was an 'in' person that Guenter knew could help authenticate Calgary's developing program.

"He was our blue chip," says Guenter.

Soon the Foothills had an operational pulmonary function lab, a functional ICU and an outpatient clinic with enough patients to give future trainees exposure to a wide range of lung diseases. Guenter, Whitelaw and Shaw compiled every piece of supporting evidence they had for the application package and, in 1978, the University of Calgary's Respiratory Medicine training program was approved.

The medical school hadn't become a Safeway, after all.

## 1997–2003

Over the course of its first decade, the Foothills Hospital and Calgary's medical school went from being seen as an example of needless overspending to a sought-out teaching hospital attracting trainees and mentors from across Canada.



The Respiratory Medicine training program was among the school's greatest attractions. Its reputation for expertise, camaraderie and optimism became known throughout the school and beyond. To this day, Guenter and Whitelaw pass the credit for creating this atmosphere back and forth like a hot potato, neither wanting to own the glory. To them, it was serendipity.

To Dr. Bob Cowie, it was a life saver.

Like Guenter, it wasn't just work that drove Cowie towards Canada, it was also concern for the life that lay before his sons should they stay in South Africa. Apartheid and conscription were still in force. All white men over the age of 17 were required to serve at least two years in the South African Defence Force or the South African Police.

Cowie's oldest son had just been called up for military service when a letter from Whitelaw arrived asking Cowie to consider a position in Calgary. He was also considering a job offer from England, but Cowie's experience working in Montreal had him thinking Canada would be the better option. As if to carry on tradition, he also arrived to find a hospital and medical school closed for Christmas. He and his family were, however, warmly welcomed by the Whitelaws.

Cowie easily settled into his role running the TB service at the Foothills Hospital. With markedly fewer patients than he was accustomed to in South Africa, Cowie focused on prevention and, beginning in 1991, used his 'spare time' to research and develop treatment



*Dr. Clarence Guenter handing over American Thoracic Society responsibilities to Dr. Ken Moser.*

programs for asthma, bronchitis and chronic obstructive pulmonary disease (COPD).

Along with Drs. Stephen Field and Gordon Ford, funding was secured to start the Calgary Asthma and COPD program, which continues today and operates out of all four Calgary acute care sites.

Cowie was happy to focus on these projects, understanding the help they would bring to the community and trainees.

Cowie was program director for the Respiratory Division's fellowship training program from 1993 to 1998 before passing the reins to Karen Rimmer. In 1997, he was offered the lead role for the Division of

Respiratory Medicine. "I eventually took it, kicking and screaming, because other eligible candidates were still busy developing their careers. I thought it would be a good idea to given them a break," Cowie said.

That break lasted six years, during which time Cowie took it upon himself to join national committees to help boost the department's profile across Canada. As a result, more people began to look to Calgary for respiratory specialist work and training.

Like his predecessors, Cowie focused on recruiting personable, enthusiastic doctors. "Bill's objective was always to try and recruit people who he thought would get on with

# One blue chip at a time

Despite its start-up challenges, the Calgary respiratory program never seemed to have any trouble attracting quality candidates or students.

One of the program's first trainees went on to become the head of pulmonary and critical care at the Calgary General Hospital before taking on the role of head of ICU at the Foothills Medical Centre. Dr. Dean Sandham eventually became the first Department Head of Critical Care Medicine for the Calgary Health Region and the Faculty of Medicine, and later the Dean of the Faculty of Medicine at the University of Manitoba.

Dr. Chris Mody, (Division Head 2003–2013) remembers coming on board as an intern in 1981. He jokes it was the skiing that lured him but, upon further reflection, recalls an excitement that was hard to resist.

“Calgary had a young, dynamic, can-do attitude that shone through,” he says. “And the faculty seemed so much more enthusiastic than others I’d experienced.”

In fact, the newly minted Respiratory Division took off under the leadership of Whitelaw, due to his focus on attracting competent and compatible colleagues from across Canada and around the world. For two decades (1978–1997) as Division Head, it was his goal to bring in only those that fit the team. As Guenter points out, it was still a relatively small division so there was no room for competing egos and combative personalities.

everyone else. And it worked,” said Cowie. “It was a happy division and a delightful place to work.”

## 2003–2013

One who didn’t enter the division head role kicking and screaming was Chris Mody. “I thought it (the role of Division Head) would be an opportunity to move the division to the next level in expertise and cutting edge clinical care. I thought maybe it was an opportunity for me to give something back.”

Before taking on the lead role, Mody spent years focusing his research and career path on the study of infectious lung diseases, thanks to a well-timed inspirational conversation with Dr. Guenter early in his working life. That conversation influenced everything from how Mody would mentor new residents to how he carried out his role as the division chief.

“During my training we had a discussion one day about whether I would choose a research path that aligned with my skills or one that aligned with my interests,” says Mody. Guenter said, “Pick interest. Every time.”

I had a special affinity for respirology and although I entertained the idea of other disciplines, none of them exceeded the interest I had in respirology.”

To pursue his interest Mody left Calgary in the late 1980’s to study with experts in Dallas and Michigan. It was there that his research career was launched. The experience was transformative in many respects. At one point while in Dallas, Mody recalls a pulmonary fellow coming to him for advice on a patient. Mody reviewed the case and asked the fellow why he hadn’t measured the patient’s lung volume, a piece of information that would have been critical to the decisions of care back in Calgary.

“That piece of information wasn’t available in Dallas,” Mody recalls. “Well, let’s just say I was outside of my comfort zone. I called Dr.

Whitelaw in Calgary and said I couldn’t imagine practicing pulmonary medicine this way. He convinced me that there are multiple ways to make decisions about patients, then encouraged me to learn the Dallas skillset because it would make me a better and stronger clinician.”

In that moment of mentorship, Mody came to understand one of the most valuable lessons of his career. That, while it may be risky to send a

promising young doctor away for training because they may not come back, it is also essential.

When Mody took over as Division Head in 2003, he introduced the Advanced Pulmonary Fellowship, a program aimed at encouraging

young medical trainees to do exactly what he did: leave.

“We said to trainees, ‘If you want to stay in Calgary, we want you to go

*“I thought maybe it was an opportunity for me to give something back.”*

*-Dr. Chris Mody*

## *“In each category of disease in pulmonary medicine we basically had a world expert.”*

*-Dr. Chris Mody*

to the best place in the world for the thing you're interested in, learn how to do it from the best people in the world, and then come back," he recounts.

"Frequently, the response was, 'Well if I do that, I might not come back.' And we said that was okay. And almost all did come back to Calgary."

Mody says the aim of the program is to give trainees the chance to pursue their passion in a way that will continue to inspire them throughout their careers.

"It was an incredibly valuable tool for training," he says. "But especially for recruitment of individuals to the division in Calgary, not only because people came back but because they had trained with world experts. So in each category of disease in pulmonary medicine we basically had a world expert."

After a decade at the helm of the division, Mody went on to become Head of the Department of Microbiology, Immunology and Infectious Disease, a position he holds to this day. And so, it was Richard Leigh's turn to take over the lead job.

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### **2013–2016**

Husband-and-wife doctors Richard Leigh and Margaret Kelly were looking for a change after studying

and working at McMaster University in Hamilton, Ontario.

"I knew of Bob Cowie and, being a fellow South African, that he would

understand my background and my training," said Leigh. Bob Cowie extended an invitation to visit in the summer of 2003.

Arriving on the Thursday of Stampede, Leigh was met by Cowie at the airport. "I remember that being a very persuasive act on his part, to let us know he took us pretty seriously. We were still just grad students in many ways at that point in our lives. No one else was giving us too much respect," said Leigh.

Then, on another bitterly cold (-35°C) New Year's Eve, Leigh and Kelly officially made Calgary their home. Leigh arrived in Calgary alone, while Kelly remained in Hamilton for another six months to complete her PhD. It was another fortuitous hire for respiratory medicine in Calgary.

Leigh arrived with a CIHR Clinician-Scientist award and began as an Assistant Professor at the University of Calgary on January 1, 2004. During the first six months Leigh split his time between thesis writing and grant writing while working closely with David Proud who had been recruited two years earlier from Johns Hopkins to reinvigorate the Respiratory Research Group.

Soon, Leigh was also working with Cowie and Stephen Field in the Calgary Asthma and COPD program, eventually becoming the program's Medical Director. Leigh also took on leadership positions with the Alberta and Canadian Lung Associations.

Ten years after arriving, Leigh saw an opportunity to take his leadership interest to new heights. Leigh was the first person to volunteer for the Division Head job!

"I wasn't Division Chief for very long," Leigh says. "I always feel like a bit of a fraud when I think of people like Bob Cowie, Chris Mody and Bill Whitelaw who have done such long tenures compared to me. Hopefully I didn't run the ship into the rocks!"

In fact, Leigh was a fine captain, steering the division in the tradition of his mentors. In 2016, following a similar path to Guenter, Leigh's leadership calling had him take the helm of the Department of Medicine in Calgary.

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### **2016–Present**

Leigh knew he had to find someone to carry on the division's reputation for being collegial and supportive as well as focused on innovation and patient care. He set his sights on a somewhat resistant Dr. Ward Flemons.

Flemons had come back to Calgary as a trainee in the mid-1980s with an interest in respiratory and Whitelaw's legacy.



Timing was on Flemons' side. He was able to translate his interest in research into a three-year Alberta Heritage Clinical Research Fellowship under the tutelage of Whitelaw and John Remmers, a world-class physiologist recruited from Galveston.

Remmers came to Calgary as an Alberta Heritage Scholar in 1984. He established the Foothills Hospital sleep lab and went on to develop the first North American commercially available CPAP machine which revolutionized the lives of thousands of sleep apnea patients and put Calgary on the international map with pioneering work in this new field.

After completing his clinical and research training, Flemons took over as the sleep lab's clinical lead from Whitelaw in the mid 1990's.

Flemons had been introduced to the idea of quality improvement by Dean Sandham in 1993 and in 2001 began as the Department of Medicine's QI physician under Sandham, who was heading up a new Calgary Health Region quality portfolio.

Eventually, Flemons would take over the regional role from Sandham when he left to become the Dean of Medicine at the University of Manitoba. In 2009, Flemons found a path back to the Department of Medicine where he worked more closely with the Division and with Leigh.

"I'd like to think it was my integrity and honesty that made Ward think he could work with me," says Leigh. "So, with some arm twisting, Flemons agreed to become the sixth Respiratory Medicine Division head.

*The new emergency transport helicopter arrives at Foothills Hospital on March 15, 1974 with its first patient—11-month old Joshua Walters of Lethbridge, who was having problems breathing.*



Glenbow Archives NA-2864-24863

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## 2018 Celebration

On an agreeable November day in 2018, Flemons gathered the division's past and present leaders in Calgary once again to share lunch with former colleagues before attending an awards banquet in their honour. Four awards were given to current trainees in the names of Calgary's respirology pioneers, Guenter, Whitelaw, Cowie and Mody.

Their collective modesty downplayed the impending spotlight that would recognize their individual and collective achievement and legacy that very evening. With the importance and benefits of 'team fit' very much in evidence, the group reminisced about 45 years of frigid Calgary winters, Whitelaw's signature bow ties and a series of

impressive practical jokes. When the laughs subsided, Guenter asked Cowie whether taking the job in Calgary had been the right move. Cowie replied, simply, "The best."



*Left to right, November 6, 2018: University of Calgary Respiratory Medicine Division Heads: Dr. Ward Flemons (2016–Present), Dr. Chris Mody (2003–2013), Dr. Bill Whitelaw (1978–1997), Dr. Clarence Guenter (1972–1978), Dr. Richard Leigh (2013–2016), Dr. Bob Cowie (1997–2003).*