



# Famed Flashbacks

## Health & Wellness ... from a patient perspective

By Fred W. Crans

**SCHAUMBURG, IL (December 22, 2025)** – In the American healthcare system, the providers are represented by three separate but equally important participating groups:

1. The Administrative, management and support staff who operate the facilities,
2. The caregivers who clinically serve the patients,
3. The patients who enter to be mended.

Chung-Chung! (Or Dun-Dun!)

For most of my 60 years in healthcare, I have been in Groups 1 and 2. I had seven years as a caregiver before I had my first day as a manager/support person. At 80. I have been exceptionally lucky to have largely avoided Group 3. I was hospitalized twice while serving in Vietnam – one for an infection in my leg and the second time for what was diagnosed as possible hepatitis. At 21 and 22, neither seemed that bad and, to be honest as both represented a break from the war.

Since then, I have been a patient exactly four times, and all for the same reason: Sometimes I'm unable to discharge fluid from the southern hemisphere. The first incident was in September of 2003 when I was driving from South Bend, Indiana, to Platteville, Wisconsin. I ended up spending time in the ER at the Platteville Hospital, getting catheterized, given some medication and discharged for home.

Eight years later came the second incident, this time while I was on a business trip in Canton, Ohio. Same issue – didn't release when I should have. I had to visit the ER again, get catheterized and go home.

Seven years later, the third time wasn't much of a charm. Drank too much Stout, seized up and made another trip to the ER – this time at the Ahuja Medical Center in Cleveland.

Then came Sunday, December 14, 2025. I went to lunch with my son and a few others in Akron, drank a huge Christmas Ale and once again, didn't make the necessary pilgrimage to the bathroom when I should have. I thought I could wait until we got back to Cleveland, but we encountered a huge snowstorm. Alas, a trip that normally takes about 40 minutes took almost two hours.

Too late!

Back to the ER.

But this time it was different than the others. One part was the same, however: When you know what is going on, you panic. There is no way your body's muscles are going to relax and let you go.

The sphincters are closed.

And when that happens, you panic.

The second thing is this: The first time it happened, I was 58. The second time, 66. The third time, 73 or 74. Today, I'm 80.

And at 80, I am constantly reminded of the words of comedian Rodney Dangerfield's doctor, Dr. Vinnie Boombatz, who said, "At your age, you should exercise, eat right and get proper sleep. And what do you have to look forward to? Declining health and death." Rim shot.

A trip to the ER at 80 puts those thoughts in your head. Youthful ignorance and belief of immortality has long since been supplanted by the sound of CBS' "60 Minutes" clock ticking in your head.

So this time, I went to Ahuja's ER with dread.

Still, as a seasoned healthcare professional, I couldn't help but watch and marvel the way the ER staff went about their business.

This was a Sunday evening at 6:30. As I walked in, there were about four other people sitting in the waiting area. I tried a Hail Mary by asking for directions to use the restroom.

No luck.

The lady that checked me in was pleasant and professional. She asked all the questions, got all my answers and told me to have a seat.

When you can't urinate, time drags. It seemed like hours but was probably only 15 minutes before I was taken to a treatment room. I

was so nervous that I couldn't sit down or lie on the bed. Then, the caregivers began to arrive. First was a young man who did a bladder scan, followed by two other men – one a paramedic and the other a paramedic student. They came to draw blood. All three were professional and upbeat, and we exchanged pleasantries. The two paramedics were impressed to hear that I had been a Corpsman with the Marines in Vietnam.

Finally, my nurse came in and introduced herself. The name on the window of the Treatment Room said "Jennifer," but my nurse had been too busy to change it when she came on duty. I believe her name was Jessica. She was in her late 30s. She wore dark scrub pants and a dark t-shirt with "RN" on the back. She was everything you could ask for in an ER nurse – professional, caring and capable. Next came the doctor – an Asian woman with bright eyes and a caring demeanor. She did a second bladder scan with a more sophisticated piece of equipment and told me that nurse Jessica would be back to insert the catheter.



Ahuja Medical Center and its staff came to Fred's rescue.

Let's talk about professional commitment. Inserting a tube up an 80-year-old man's mickey cannot possibly be something anyone would choose to do for fun. It is a procedure rife with embarrassment, and often bad jokes. Oh, and it HURTS. Trust me.

Nurse Jessica was wonderful, but there were problems with the insertion. The catheter didn't seat correctly, so she had to irrigate it and try again. When she came back to check, there were still problems, so she had to remove it and insert a Coudé catheter. That still didn't work, so she enlisted the help of the doctor. Finally, they got the catheter seated successfully, but later she had to inflate the balloons a little more because of leakage.

All the while, Nurse Jessica continued to apologize for the problems. As a student at Miami, I had worked in the ER at Baptist Hospital South Florida. In Vietnam, I spent three months working in what you would know as a M.A.S.H. unit, so I understand the exigencies of the job. Things are seldom easy. If there weren't something wrong, the patient wouldn't be there.

Nurse Jessica did a masterful and wonderful job.

During the gaps in treatment times, I realized that I was experiencing healthcare from a perspective that everyone will – eventually. I was a patient – scared, hurting and wishing I could be anywhere else.

Except for women who are having babies, most people do not find going to the hospital a joyous experience – and even for pregnant women about to deliver, the joy tends to emerge from the outcome and less the journey to arrive. Until the little bundle of joy greets the world, like me, those moms would rather be somewhere else – maybe anywhere else.

But I cherish the luxury of participating within all three healthcare groups – administrators, caregivers and patients – and if I were to issue a review of the work of the staff at Ahuja Medical Center on the evening of December 14, 2025, I would give them five stars – not the traditional four for exceptional service or in the case of cinema, Oscar-worthy.

Many Bellwether Hall of Famers have similar backgrounds to mine. They include those who have served in the military (see BLF's tribute to the military in this year's *Leaders & Luminaries* edition 8 at <https://www.bellwetherleague.org/II/II8/II-issue-8.php#gsc.tab=0>) as well as those who have an M.D. or R.N. after their names or direct clinical experience, including Roberta Graham, R.N., Bellwether Class of 2012, Dee Donatelli, Bellwether Class of 2015, Edwin Crosby, M.D., Bellwether Class of 2016, and Clara Barton, Bellwether Class of 2019, just to name a few. And there are Ammer Honorees and Future Famers with solid clinical experience, too, who make a difference.

We all know what we do, but only the patient knows how we make them feel while we are doing it.

Hats off to all the caregivers out there – past, present and future!

*Fred W. Crans, Bellwether Class of 2020, has more than five decades of healthcare supply chain experience and service in a variety of executive leadership roles that spans military and private-sector communities as well as provider, supplier, group purchasing organization and consultant segments. He currently serves on the Board of Directors of Bellwether League Foundation as Outreach Ambassador and as Healthcare Business Development Executive for St. Onge Co. For more, visit Bellwether League Foundation's web site at <https://www.bellwetherleague.org/>.*



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