INTERVIEW WITH DR. CARL HAMMERSTROM
MARQUETTE, MI
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Subject: MHS Project

START OF INTERVIEW

MAGNAGHI, RUSSELL M. (RMM): Carl, my first question that I ask of everybody, what is your birthday.

HAMMERSTROM, CARL (CH): April 23, 1936.

RMM: Could you give us a little background on where you were from, where you grew up and so on and then how you got to Marquette, or maybe more importantly, in terms of chronology, how you got into your medical education, your interest in medicine?

CH: I was born in Detroit at the Henry Ford Hospital. My father was the resident physician in medicine, in metabolism, and that's an interesting story too. Shortly thereafter we moved back to my father's home town in western New York State, Jamestown, New York. He was pretty much the only internist in western New York State south of Buffalo. So I grew up understanding what the practice of medicine was like. Sunday, after church, I would go with my father as he made hospital and nursing home rounds. As I got a little bit older I did some work for him assisting in the laboratory - sharpening hypodermic needles, doing blood sugar testing, distilling water for him for laboratory things that we did. In those days there were no prepackaged studies [reagents]. You did a regular chemistry experiment to measure the level of blood sugar for instance.

RMM: This was about what year?

CH: Well, there was a break in there because of the war. On December 8th 1941 my father, his father and his brother drove from Jamestown, New York all the way to New York City to volunteer for the Navy. They were all rejected because they wore glasses. That was my first trip to New York City. No, second because I'd been to the World's Fair. Shortly thereafter my father got a commission in the Air Force. We went first to Savanna, Georgia and then to St. Petersburg-Tampa, Florida and then to Oklahoma City, Oklahoma where he was in various large air base hospitals as their chief of medicine. Then, after the war, he came back to Jamestown.

RMM: So when they went to New York, his father and so on, to enlist, they where enlisting not as sailors in the Navy, they where enlisting as medical people?

CH: My father was a physician completing his training; his brother was a medical student at the University of Cincinnati. My grandfather was a businessman. My father volunteered for the Navy medical corps.

RMM: But they wouldn't take him because of glasses?

CH: Because of glasses. The standards got a little bit different as things went along. My uncle served as a lieutenant in the Army Corps of Engineers. He fought in North Africa, Italy,

had fascinating tales about the Battle of Monte Cassini (U.S. assault on AXIS lines in Italy in WW2), building bridges at night and having the Germans blow them up during the day. He fought in the Battle of the Bulge (December 1944-January 1945), very, very interesting.

RMM: So he did get into the action?

CH: Yeah, my grandfather spent time working as an inspector in a ball bearing plant in Jamestown. Jamestown was then a thriving city and the Marlin-Rockwell ball bearing company was there. There were lots of Swedish craft people, machinists, who had [done] that sort of thing. Then in 1946-47, back to Jamestown and it was in those years, I was 9-10 years old, that I was doing those things. My father, my second year in high school, said, You're taking some exams tomorrow. I took entrance exams for Phillips-Exeter academy and did my last two years of high school at Exeter and then went to Harvard. [At] Harvard I studied an interesting combination; Scandinavian language and literature and physical anthropology. Physical anthropology allowed me, for credit, to take all of my premedical courses. Harvard had no premedical program. I was then accepted at John Hopkins [medical school] and I had a great interest in pathology and anatomy. I applied for a position at Mass General (Massachusetts General Hospital) and was given it but was told that I'd already had enough pathology background [so] that an internship would be wasted on me, and I needed more clinical work. They suggested that I find a place that would let me do 6 months of medicine, 6 of surgery. Those really didn't exist. The University of Michigan, for instance, [and] Harvard, their programs were to be straight (entirely) in one field or another. But [at] Henry Ford hospital (in Detroit) they let me do whatever I wanted to. My dad said, "Go take a look". I had six months of medicine and then my six months of surgery. I say that being out of the laboratory, getting my sense of smell back, and having an opportunity to talk with people instead of just being in a lab arguing about what something meant, I decided I would stay with medicine. And I was in the draft. I was called for a physical examination and was informed I had sugar in my urine and they wanted me take a variety of tests, all in Public Health Service hospitals. So that took a long time. Every subsequent exam I had was normal and it may have been someone else's urine that got tested but I finished my training. I was the chief resident physician and was working with the chief of medicine there to undo [?redo] the residency program and create a department of medical education. At the same time we were talking with the University of Michigan about affiliating with their medical school and then I got drafted. The last draft of doctors during the Vietnam War. I was able to get [a] six month deferral but I had to show up in Fort Sam Houston [in San Antonio, Texas] on the 2nd of January in 1968. At Henry Ford I had the opportunity to act as club doctor for the Huron Mountain club. For three weeks at the end of August, (19)65-67, together with Lynne and our children we were at the Huron Mountain Club. So I knew a bit about Upper Michigan then. We'd driven north from Detroit three times and navigated the dirt roads of south Marquette. Found our way on the old road to Big Bay; it was really something. Do you know the story about the sign at the Tourist Park area?

RMM: No.

CH: Across the Dead River bridge there was a big sign that said, "CAUTION, VERY WINDING ROADS AHEAD. BE CAREFUL". When you crossed the railroad tracks going to the ore dock there was another big sign that said, "REMEMBER, WE WARNED YOU". The trail [road] to Big Bay was a cowpath. It was really something! I knew Charles Wright (Kenneth Charles Wright, MD, internal medicine) was here (in Marquette) and George Wilson (George Wilson, MD, internal medicine) was here. They were highly regarded at Henry Ford. I wound up being stationed in Germany, the 5th general hospital (U.S. Army Fifth General Hospital in Stuttgart/ Bad Cannstatt, West Germany). As it came time to think of what I was going to do after 3 years as an obligated volunteer we started looking around. The riots, beginning in Detroit in

’67, and then a year later in Baltimore, and then the unrest in the other big cities - [these] really changed [how] things were around the hospitals. I’d been communicating with friends. Nobody lived in the city anymore. They all lived in the suburbs. They had one and a half to two hours on either end of their working day of commuting and I really wasn’t happy with that idea. Washington’s birthday of ’70, I went “absent without leave” and we were skiing in the Austrian Alps. We were not allowed to do that but we all did it on long weekends. But that weekend an avalanche closed the Arlberg Pass, the railroad tunnel, the Flexen Pass to the town of Zurs and I was stuck. Fortunately, also there was the pilot for General Burchinal (David Arthur Burchinal, deputy commander in chief, U.S. European Command from 1966 to 1973) the Air Force general who was the commanding officer for the U.S. forces in Europe. He (the pilot) called General Burchinal who called my commanding officer and put me on the leave roster. At any rate I had only one thing to read, “The New England Journal of Medicine” and I even read the ads. There was an ad there signed by Charlie Wright that they were looking for an internist in Marquette. So we wrote a handwritten letter, kind of slaphappy, mailed it at the post office in Zurs where people were standing in line trying to make arrangements, trying to get to their next ski destination. When I came back to look around, visited Marquette, along with going to Boston, going to Baltimore, going to the Quain & Ramstad Clinic in Bismarck, North Dakota, because I knew about those places as integrated clinics with high quality. I just very much liked the people here in Marquette and decided that this would be a great place to raise children. So that’s how Lynne and I wound up here in February of ’71. The medical group then was Charles Wright, John English (John W. English, MD, internal medicine), Elston Huffman (Elston F. Huffman, MD, internal medicine), and George Wilson. I became the 5th internist. There had been a fellow here named Emami (Firooz Emami, MD, internal medicine - relocated his practice to Naperville, IL) who had left and so I had a full practice; Emami had been here several years and I was busy from the minute I arrived.

RMM: Oh so you just walked into his…?

CH: I just walked into a busy practice and it [there] was expense sharing (there was an agreement among the doctors to share expenses and to share an on-call schedule). Though they said that they would guarantee I would earn $30,000 (per annum). At Henry Ford they were paying first year surgeons $10,000 a year and they’d offered me $12,000 at my own clinic. From a financial point I wasn’t really going to be at risk. There was no place to live here because there was a lot of construction going on, the power plant, the mine(s). We lived around [town] for a while until Bill Neumann (William Neumann, MD), who was an orthopedic surgeon here, finished building his home and then we moved into the house he had [occupied] in Shiras Hills (subdivision). As a medical group we met every Wednesday (7:00 AM). We had breakfast together and we talked about things that were important to us – relationships with the hospital(s) (St. Luke’s and St. Mary’s Hospitals at that time, later Marquette, General Hospital) [and] plans for the medical-dental center (The Marquette Medical-Dental Center, later named The Upper Peninsula Medical Center or Penninsula Medical). It was clear there was potential for a larger group. It seemed a shame to be sending patients elsewhere. Charles Wright had, with his relationships with Henry Ford [Hospital], arranged for small residency opportunities. They’d (the physicians in this practice) go there (to Detroit) for 3-4 weeks, and he spent time learning about kidney dialysis and so he was the first physician here who did kidney dialysis.

RMM: Charlie?

CH: Charlie. Charlie also went for a couple of weeks to learn how to pass a catheter into the heart to measure pressures. I’d had very good training and, as a result of being pretty much on my own in the military, I did all the biopsy work [on] anything that I could feel - a thyroid,

a lymph gland, [whatever] I could stick a needle in. I'd been to the Karolinska (Karolinska Institute in Sweden) to learn about passing needles between the ribs into the lung to biopsy lung tumors but we didn't have radiographic equipment that would allow me to do that. Bronchoscopy was a very rigorous thing; it (a bronchoscope) was a straight instrument. I was not interested in doing bronchoscopies. But, we felt we needed a kidney specialist (nephrologist). We wanted a neurologist. We really needed to have a cardiologist. Gastroenterology was important and so was infectious disease. I did most of the infectious disease [work]. [It] fits together with lung disease. (And infectious disease(s) encompassed the bulk of time I spent during the five years I was at Henry Ford). I did the liver biopsies, kidney biopsies, and was invited by Jim Acocks (James R. Acocks, MD, the physician who specialized in treating tuberculosis patients in Marquette) to join the lung study group with physicians from Michigan, Wisconsin, and Minnesota, that still meets every summer. There I met all of the academic people and created relationships. I got invited to the American Lung Association board, got to be known in the medical schools. From '72 or '73 when Michigan State (Michigan State University) came nosing around about the health education program, I was one of the people along with Tom Mudge (Thomas J. Mudge, MD, Marquette surgeon) who met with them about what could possibly happen here. Tom and I both told them we weren't really interested in the medical school but that we'd be a superb place to train internists and surgeons who'd had their internships and maybe a year of residency. Of course, that's not what Michigan State had funding for. So, we wound up with a funny little medical school and Dan (Daniel Mazzuchi, MD, a nephrologist and former associate dean of the MSU Marquette program) I'm sure has filled you in on that. I was, for several months, a director on their board but as the program got up and running I became their first coordinator or whatever you want to call it for internal medicine and, as an employed person by them, I was no longer to be on the board. I was going to Escanaba at least one day a week and we'd have students in preceptorship's here and I was going once a month to East Lansing where we were developing the curriculum. That was an exciting time, but at the same time, our internal medicine group decided that we would fund recruiting to begin to expand the medical community. There where 35 people in medicine in Marquette when I came, the whole medical community. I was the fifth internist. It was something.

RMM: How many are there today?

CH: Well there are over 200 when you count our residents. It's amazing. We were able to recruit Dan Mazzuchi and his wife, Connie, and that's a whole other interesting story. Dan came to town with a list of questions that Connie had prepared.

RMM: He didn't tell me this part.

CH: And I guess we passed the test.

RMM: Were they all related to community?

CH: About the schools, about educational opportunities for here, about the hospital, about shopping. Can you buy this or can you buy that?

RMM: That's before online catalogs and so on?

CH: Absolutely, we had to wait. If somebody was out of something, they'd order it and you'd wait until the truck came next Thursday.

RMM: If the truck got lost they would say well it's someplace between Milwaukee and here.

CH: Maybe. We recruited George Patrick (George Patrick, MD, cardiologist) as our first cardiologist. Marc Himes (Jon Marc Himes, MD, nephrologist who came in 1979), we recruited Dan's brother-in-law, John Wojcik (John D. Wojcik, MD, gastroenterologist) and then things began to have a little more impact. People were talking to friends. I had written an advertisement we put in *The New England Journal of Medicine* that wanted more certified specialists in internal medicine, pathology, immunology, endocrinology, fly-fishing, skiing, canoeing, deep water sailing, and we ran that at the internal medicine group's expense.

RMM: Oh, you put that in there.

CH: We put that in and we got…

RMM: Both the medical and the recreation sports?

CH: Yeah that was part of list – tying quality of life to the quality of people that we were looking for. We had many applicants and were extremely fortunate that all of the people that we recruited could have been on the staff of any medical school in the United States. John English kind of coordinated that and John has been such a good record keeper that he probably has still got files on all of those things. But we took turns introducing people around. We always had some kind of a community function and invited particularly the younger members of the medical community to come and we worked hard trying to induce people to make the decision to come and join us. At the same time we were privately planning on enlarging and improving the medical center. Charlie Wright probably is the person who's got as much information about that as anyone. He, John English, George Wilson and Elston Huffman were part of the nucleus that built that original building where internal medicine is now (the easternmost building of the U.P. Medical Center). Just as I came they built the second building where the radiology unit is (just to the west of the original building, also with a brick facade). The upper floor was pretty much empty but it was utilized for a variety of things. A number of the physicians' wives and friends were allowed to use that space for painting classes until the space was needed for offices. Then we began a long range plan and we built the first [building of] concrete construction with the thought that that could be extended higher in the air [if needed for future growth]. It has all of the necessary things for that but what we didn't really understand is that when you build a third floor onto a two floor building the second floor can't be used [during construction] because you need that space to work on building a third floor. (Because all of the services are above a suspended ceiling.) So we built the first building with [adjacent to] the atrium with plans to duplicate it on the other side of the atrium and we finally completed that a couple of years ago. The development of the medical center, itself, was an interesting story. John English was in charge of our own (Marquette General Hospital) internal education program and we had Friday clinical conferences [at noon]. At first we bought our own lunches and then the hospital saw the advantage of paying for our lunch. We took turns developing topics, making sure there was balance for [between] medical and surgical [topics] trying to entice people to come and speak to us. By that time I was pretty active in the medical society (Marquette-Alger County Medical Society), the Michigan State Medical Society and the AMA (American Medical Association) was realizing the need for outreach to communities for medical education instead of holding huge conventions for medical education (Continuing Medical Education Courses - CME). I arranged to put a couple of those on here at Northern [Michigan University] and then at the hospital. John did yeoman work. Robert Manning was his right-hand person and the university was gracious and lent us the use of all your audio-visual equipment. We paid Bob a stipend to help us develop slide shows and we began the development of the medical library and that was all physician initiative, not the hospital. The medical library is an excellent library and we've turned that into mostly an electronic resource with some textbooks available for the variety of students that are there. We gradually replaced bound volumes of medical journals with electronic subscriptions. We have

a library to compete with (rival) the Henry Ford [Hospital] library that I'd left. There was no emergency service (Emergency Medical Services - EMS) when I came here. The fire department had a couple of ambulances that were painted red, which were really hearses, and there were a few firemen that had an ambulance license. (All you needed for an ambulance license was a physical examination). Jim Keplinger (James B. Keplinger, MD, general surgeon) and I did the physical examinations for the firemen with the understanding that the fire department would then let us do some training for them. Bob Manning, of course, with his interest [and experience] in the Coast Guard and his volunteer stuff for the American Heart Association became the point person for teaching cardiopulmonary resuscitation (CPR). We became very proficient at that. Together with Tom Rumney (Thomas Gerald Rumney, MD, orthopedic surgeon) and Adam Brish (Adam Brish, MD, neurosurgeon) and Jim Keplinger we started a certification program for emergency medical technicians (EMTs) and we ran that in the old nurses building that is now the administrative building (the Wallace Building). The orthopedic surgeons had developed a training guide and we used that. At the same time, up in Calumet, Dr. David Gilbert had a great deal of interest in emergency care and he trained people there. In fact, he bought one of the first modern ambulances that was in northern Michigan and built a garage and station for them, there in Calumet, with his own funds. Dave and I both were active in the medical society (Upper Peninsula Medical Society) at that time and got some support from them. And we began going to national emergency medical services (EMS) meetings and worked on a curriculum together with Northern Michigan University in hopes that we would have a fully certified EMT school here. That was an interesting lesson in politics for me. We developed the curriculum and we had it approved by the state department of education. But Sault Ste. Marie was interested in it and Portage hospital was interested in it at their school of nursing. In spite of Jacobetti's (Dominick Jacobetti, state of Michigan House of Representatives) power they blocked Northern from having the school. We had a powerhouse training program. Robert Manning worked with a member of Northern's board at that time (I can't remember his name) who was an executive of Edison Electric. Robert would remember all of this stuff, but we got money from them to bring people up from the Detroit Fire Department. We got a couple of really good mechanics to take auto body equipment hydraulic cutting instruments, to make them for us, because we didn't have funds to buy them. So we scrounged up little hand hydraulics and things. We made our own "Jaws of Life". We had training sessions that would run a whole weekend in which we'd turn cars upside down and teach people how to put fires out and teach people how to use a giant can opener to take the roof off of a vehicle and extract people when the car had been crushed. Just a lot of interesting things and Robert can give you background on that. Cause he was very good we all owed him because he'd been so good for us in the educational projects. So when Bob said, Robert said, "Can you help me on this", you couldn't say "No". Dr. Jim Keplinger and I had been at Henry Ford [Hospital] at the same time and it was interesting: during the first three days of the riot (the 1967 Detroit riots) nobody would come downtown [Detroit] but Jim and I lived nearby and we were senior so I ran the medical side of the hospital and Jim ran the surgical side. We saw military stuff (wartime-type injuries), 50 caliber machine gun wounds.

RMM: During the riot?

CH: Yeah, during the riot. Howard Johnsons (the national hotel and restaurant chain)was building a hotel right across the Lodge (Henry Cabot Lodge Freeway) freeway across from Henry Ford Hospital as a place to lodge patients for the hospital. Rioters got up into the steel work and were able to fire into the emergency room of Henry Ford Hospital and they got a couple of semi-trailer tractor trucks and parked them as a blockade for the entrance to the emergency room. It was something. I lived a block away. We had our own beautiful brick home there and our colored neighbors sat up on their porches all night long and protected us.

RMM: You stayed in the house during the Riots?

CH: Yeah, there was no place else to go. We couldn't get away.

RMM: And you were in the hospital.

CH: I was at the hospital and finally, when people where beginning to come in, somebody took Lynne, who was then pregnant, and our daughter Marybeth to the suburbs for a couple of days till things quieted down. That helps you understand why we really didn't want to go back to inner-city Detroit. I started a school (in Marquette). We didn't have but one or two respiratory therapists. I started a school of respiratory therapy with Dan Vader (Dan is now an attorney in Escanaba) and Dean Valenski and we'd take bright young people. Dean Valenski graduated from Northern (NMU) in Business but he couldn't get a job so we offered to train him as a respiratory technician. We had a training program inside and then would send people to Chicago for a few weeks for a refresher course and to take the certification exam. So that's how we built that (the respiratory therapy school). In a fashion similar to the story that you've heard about the packing box iron lung, I'd go to respiratory meetings and hear about things that were going on and we'd just hand-craft what we needed to make things work. We'd demonstrate that they worked and we'd get some money to buy equipment. Together with Al Hunter (Alan F. Hunter, MD, cardiothoracic surgeon) and Adam Brish, we started [making] demands for intensive care [services] and that's an interesting story because we had to jury-rig everything. It just took us years to get adequate intensive care going. You should ask Al Hunter about that. Lots of fun building a big hospital in the wilderness.

RMM: You had mentioned that you could talk more about the development of the Medical Center? How did that proceed?

CH: Yeah, Lincoln Frazier (Lincoln B. Frazier, 1905-1996, Marquette businessman) was on the St. Luke's board. He was a businessman in the concrete business and he saw a need for an office building and he built a three story building that's next to the old St. Luke's that they have used off and on for the blood bank (blood banking services). That was [initially] a doctor's office building. It wasn't particularly attractive to meet the needs of people. Jim Lyons (James Lyons, MD) the orthopedic surgeon, Warren Lambert (the OB-GYN surgeon), the internists, the original Dr. Elzinga (Dr. Eugene Elzinga, orthopedic surgeon), Wally Pearson (Wallace G. Pearson, MD, OB-GYN specialist) came to join the old group.

RMM: Charlie Wright?

CH: Charlie was an internist (internal medicine specialist) along with John English and Elston Huffman). They decided that they would build their own [medical office building] and they started buying the land out there [on West Fair Avenue] even before the high school was built [across the street]. They worked with a Wisconsin company, Erdman (Marshall Erdman and Associates, Madison, WI), who had been a home builder but Erdman got into building physicians' offices like you would build mobile homes. Components would be trailered in and put on a foundation. That was the first one; it was, just basically, mobile home materials that were put together in a little bit larger format. They had rather ordinary heating and cooling units that were [made for] home not industrial [applications]. My brother who is an architect was with Skidmore, Owens & Merrill (SOM) in Chicago at the time and we were talking about building and he said the first thing you need to do is to see what you've got. He came up with one of his colleagues and surveyed and he was just appalled.

RMM: This is after it was built?

CH: Yeah.

RMM: Now that's the south, kind of the woods covered, kind of woodland architecture? [Actually the south and east parts of the U.P. Medical Center now].

CH: There was no security and no fire barriers. They just went through a long list of things that needed to be done and their suggestion was, "Build a modern building and then tear these down and put something modern in their place". We were frugal and things worked, so they are still there (the original two buildings). We built fire breaks and we put in a sprinkler system and we had the electrical system set up so that is was more secure. [We] Went to industrial air conditioning and heating but we operated that as a committee. We had a board of directors. We met and we hired business people to help us with management. It really is a remarkable home-built [medical building].

RMM: How did that progress then? That was built in about what year then, the first part?

CH: I think around '64 (1964) maybe '65. It had been here 4 or 5 years when I came in '71.

RMM: Then they built the section behind it?

CH: Yes. We hired people to act as consultants and we would try and do some long range planning on what space we were going to need for the next five years and usually hit our goal or exceeded it.

RMM: So you did end up with, as you said earlier, empty space that would be used for art class?

CH: Yes.

RMM: As you built the medical center then this became the magnet for physicians coming to town?

CH: Yes, because they would see how well we were working together, that there was a good facility for them and that we had on-site radiology with well trained radiologists. I think that's one of the things that's been successful in bringing back students that we've trained who've gone on to residencies and then come back (like Michael Altmann and Miles J. Mattson, urology). We've been very successful in getting people to come back.

RMM: You were here in the 1960's, you came at a later time, but even in the '70's it was still kind of hobbling along in terms of equipment and so on. So when did the thing with the EMT and the ambulance come about? Was that in the 70's?

CH: Yes.

RMM: Painting the old hearse red to use.

CH: But Bob Manning and Jim Keplinger and I made sure that all of the firemen knew CPR. Dr. David Gilbert (David H. Gilbert, MD, Calumet, MI, surgeon) had his crew well trained. They were, as I understand it, the first EMT group in Michigan that was certified to use defibrillation. It's been fun to watch all of that. When I was in medical school cardiovascular surgeons were just beginning to do endocardiac surgery. Some simple valve work had been done but Henry T. Bahnson and Denton A. Cooley started doing arterial kind of work. The original defibrillators were as big as a refrigerator and they were not things that were portable. The medical student colleague of mine was among the group that developed the basics for cardio-pulmonary resuscitation. It's really fun to watch that go. When I was at

Henry Ford that was one of my responsibilities as chief resident, we were carying things around in big mechanic's tool boxes and I thought to, "Get big, rolling tool boxes from Sears, put large wheels instead of small ones on them, so that we could rush materials around the hospital". We had one defibrillator for 1,100 patients at the Henry Ford Hospital outside of the operating room. They had them there. It was really exciting to be part of all of that.

RMM: So now, before all this happened then, if you had a problem, the fire department, about the best they could do was load you into the ambulance…

CH: And take you to the emergency room.

RMM: And hope to God that you made it to the emergency room, but nothing was done on the way. Could they even call in the early days? Maybe radio?

CH: Yeah, we had simple radios but that was just to alert people that you were coming.

RMM: But there wasn't an exchange of information?

CH: Very little information [was exchanged] and the people who where transporting [the patients] had only very basic skills. We taught them how to use a simple bulb syringe to try to get secretions out of somebody's month. We did mouth to mouth resuscitation. You couldn't get enough leverage inside of those hearses to do effective chest compression but we tried to teach people about how to do it that. Gradually things came off (progressed). We started with the young firemen. We got them interested and then they began to want more training. And then, gradually, the whole business of emergency surgery became a thing of its own and it got out of city fire departments (though in many large cities it's still part of the fire department or police department).

RMM: So then this helps you to understand when in the 1970's I remember, I knew Bob Manning, I remember him talking about coming over to the hospital working with the physicians doing the CPR thing. That was his big thing on campus. That was sort of all heard. It was kind of interesting, everybody said Bob was a frustrated medical student. He didn't make it into medical school and I think one time somebody said, as a joke, "Did you hear Bob Manning has been accepted to medical school?" and their response was, "Finally he's made it", because he was so, in the mid 70's there, he was just so, that was kind of his second job.

CH: Robert is a consummate volunteer. He did a lot of things for the Boy Scouts. There was, at one time here, a Sea Scout unit and of course Robert's story is a book in itself. He had gone to the maritime academy.

RMM: Was that the maritime academy or the Coast Guard?

CH: The Coast Guard. He was in the Coast Guard and was stationed, I think, in Annapolis. As you know, he was interned with his mother in Java by the Japanese and then was raised by relatives in Chicago where he was befriended by people at the yacht club (Chicago Yacht Club) and Robert learned sailing there. So he was in the Coast Guard at Annapolis and they asked, "Is there anybody here who knows about sailboats?" Robert said, "Yes sir". He was appointed an ensign out of the ranks to take care of President Kennedy's sailboat. After Kennedy's death, of course that position didn't exist anymore and Robert didn't have the qualifications to go to Annapolis. But they suggested that he go to the Coast Guard Academy and from the Coast Guard Academy he could become an officer and that was an alternative route for him. That's sketchy but that's some of Robert's background. It was then suggested that he ought to have a university degree before attending the Coast Guard Academy. Harden (Northern Michigan University President Edgar L. Harden) had come and there was this

business that everyone should have an opportunity to try and that's how Robert ended up at Northern and how he got his degree. [He was] Very skillful with the electronic things and he wound up running audio-visual [services, at NMU] and when John English needed assistance and requested it of the president (President Harden) that's how Robert started doing that but all along he was doing volunteer things with the Boy Scouts, with the heart association (American Heart Association). It's a most remarkable thing.

RMM: So then he would be a person to interview for this hospital program because he wasn't attached to the hospital or the medical center but he did play an important volunteer role in the process?

CH: Correct. The physicians gave him a stipend to assist in the educational program and then, I think, gradually the hospital became willing to be a part of that. They kind of came along at about the same time that the two hospitals merged and the library thing became more formal, or the educational program became a bit more formal. At about that time we were beginning to ask the hospital for assistance for recruiting physicians and gradually the hospital took that whole function over. It was all kind of a fun little homegrown nickel and dime thing with a lot of volunteer effort.

RMM: Okay, well that sounds like the whole story or a good chunk of it. I found all of this very fascinating because all the interviews I've done now which is over a dozen of them, they all center around the same thing. Starting with nothing and then tracking people and then talking to Charlie Wright and then learning about the cardiovascular area, all of this comes together so I'm kind of privileged to be in the center of it, getting all of these pieces together and then people said, "Gee, I would like to read all of those parts". Okay, very good. Thank you.

CH: I think another resource for you in regards to the medical education program, I think, is Bob Glenn (Robert B. Glenn, former Provost and Academic Vice President at NMU) . Very early on Bob was on the board (Upper Peninsula Health Education Corporation) and was the participant in a lot of those financial decisions they had and the eventual relationships among Michigan State Univdersity, NMU and Marquette General Hospital as opposed to being a separate thing. So Dr. Glenn has got the continuity.

RMM: Do you think Northern Michigan University has a, even though it doesn't have a medical school though there has been some talk but has a closer, friendlier relationship between the university and the academic end of things and the hospital and medical community in Marquette, is that something special or kind of typical of anyplace.

CH: Russ, I don't think that our medical community could have developed without Northern Michigan University. The university presidents and faculty have always been supportive of the medical community. Having the facility here has been a great resource for spouses of the physicians and I think this [is] being a force towards excellence for the Marquette school systems. Early on I think the relationship of the physicians with the school system was much stronger. Physicians on the school board; physicians helping to form opinion locally in relationship to educational needs. Some of that's changed and become more pragmatic perhaps. I don't feel that school funding is any less than it was but people are a lot more concerned about taxes. But one of the things that has helped draw strong professional people here (to Marquette) has been the presence of Northern Michigan University [with] it's openness to having people from the community participate and having a reputation for a very good educational program. I think, by the same token, you'll find if you ask around that the physicians of the community have been very strong supporters of Northern Michigan University and donors. We have. Almost always there's been someone from the university on the hospital board or, in the older days, boards. I always said we missed a really great

opportunity when St. Mary's and St. Luke's got together and if we didn't want to be "Marquette General Hospital", we could have been St. Lary's or St. Muke's. We had physicians, like one of the Urologists, Dr. Hopkins, who had been president of the medical center early on, who saw how counterproductive it was to have the two hospitals searching for identities and competing with each other. We have tried to urge that perhaps we'd consider building a brand new hospital complex and putting it, lets say, where the airport was (on HWY 41 West, near Negaunee) to be able then to better serve Marquette and Ishpeming instead of having three hospitals that were competing for a variety of things (and we had some really typical areas of competition in regards to oncology). We had the medical oncologists here but the cobalt unit (radiation therapy unit) had been given to Bell Memorial Hospital (in Ishpeming, MI) by Cleveland Cliffs (Cleveland-Cliffs, Inc.) and they had the radiation therapy there. So when it came time to try to upgrade things there was a great political battle. It was sad to see. I don't think the medical community could have developed without having Northern Michigan University here, without the support of Northern Michigan University for a lot of the things that we wanted to do and as a place where our families could have educational opportunities.

RMM: I think it's sometimes forgotten or it's not brought together. The idea that these two institutions work together and the many parts that are important to the survival of the medical world here. Okay are there any final thoughts, anything I left out? You'll remember when you get home?

CH: That's always the case but if you have questions or if you want to get a group together to try to refresh each other's memories I'd be glad to participate in that.