

INTERVIEW WITH JACK KUBLIN  
MARQUETTE, MI  
JUNE 3, 2009

SUBJECT: MHS Project

START OF INTERVIEW

OLDS, RUSSELL (RO): First could you tell us your birthday?

KUBLIN, JACK (JK): 5/08/1934.

RO: Could you tell us your background? Where did you grow up?

JK: I grew up in Fort Wayne, Indiana. Moved to Detroit in 1935 where I attended school and then went to a Jesuit high school and then from there I went to Georgetown University. I got a bachelors of science in 1956 and from there I went to the University of Michigan and I got my MD in 1960. I interned at Providence Hospital in Detroit and then I went to Mayo Clinic and did a residency in ophthalmology.

RO: The Mayo Clinic in Rochester, Minnesota?

JK: Yeah. Then when I was there I spent two years in the public health service in the Indian Health Service in New Mexico at the Gallup Navajo Indian Hospital (Gallup Indian Medical Center) as chief of ophthalmology taking care of the eye needs of Native Americans. Then at one point, while I was there, I started looking for places to settle. At that time primarily I was looking at the southwest, Albuquerque, Santa Cruz, California. I looked at that. My parents were in Florida so I went and looked at those possibilities. I went to Del Ray and Fort Meyers. I got an offer in Albuquerque but I didn't know if I wanted to go with that. Then, I could have stayed in Rochester, so I was very undecided. It just so happened that I was staying in the house, a flat owned by a lady, Lila Kendal, who had also been the landlady of Fred Sabin (Frederick C. Sabin, MD) who was at that time an ophthalmologist practicing in Marquette.

RO: Is that your field, ophthalmology?

JK: Yes. So my wife's parents, who had been born in Ishpeming and Marquette and lived all over the country, retired in Skandia [Michigan]. So, after I married in 1960, we would travel up here to visit them from Rochester (Minnesota) and our landlady from Rochester reminded us to contact Dr. Sabin when we were here, which I did. And, as I say, through this period I was undecided about where to practice and I started talking to Fred Sabin. We liked each other and he persuaded me to come here so I eliminated all of these other possibilities with the thought that, "I'll go to Marquette, and, if I don't like it there, I can always move in a couple of years [to] somewhere else". Of course we came here and joined Fred Sabin and Daniel Hornbogin (Daniel P. Hornbogin, MD). Daniel Hornbogin's father actually inaugurated the practice. He practiced in the old Savings Bank Building at the corner of Front and Washington [Streets] and Dan, his son, went to medical school at Northwestern.

RO: Where is Northwestern?

JK: In Chicago. Then he took a residency in 'eye, ear, nose and throat' and at that time the specialties were not split. You would practice 'eye, ear, nose, and throat'.

RO: It wasn't just ear, nose, and throat it was eye, ear, nose, and throat?

JK: Yeah, so Dan was down there and his dad died suddenly in 1929 and Dan came back to pick up that practice which he did. Fred Sabin joined him in 1955 or '56. Fred was preceded by Harry Koenig (Harry Koenig, MD, Ishpeming, MI, ophthalmologist) who split from Dan Hornbogin in '55 or '56 and went to Bell hospital (Francis A. Bell Memorial Hospital) in Ishpeming where he practiced until he retired in 1997.

RO: That was at Bell Hospital?

JK: Yes. So I was here (in Marquette). At that time, there were St. Mary's and St. Luke's [Hospitals]. I had privileges at both hospitals. At that time we had a general call schedule that everybody (all the physicians and surgeons) participated in. You would take any call from the emergency room whether it was regarding the eye or whatever. So, as an ophthalmologist, I served general call, and then I had to go see the patient in the ER regardless of [the type of] problem unless I was sure that it was [in] another specialty's [field of expertise] and then they (the appropriate specialist or specialists) were called. It was preferred that the doctor on call would go to the hospital and see the patient regardless of your specialty. I was primarily doing eye surgery at St. Luke's hospital and then at St. Mary's hospital I'd also see head patients. At that time, in 1966, they (the Marquette doctors) had just moved into the new building of the medical center out on [1414 West] Fair Avenue (Marquette Medical-Dental Center, later Upper Peninsula Medical Center or Penn Med). So that's where the new office was and that's where I went to practice ophthalmology. I was in the new office right off of the bat.

RO: Which hospital did you say that was on Fair Avenue?

JK: That was the medical center. We called it the Medical Center of Marquette. It was out on [West] Fair Avenue and that is where we practiced and that's where I've been ever since, in different offices along the line, but that's where I've been practicing ophthalmology ever since. At that time there were about 18 doctors who were involved in the foundation (founding) of the medical center and they had already built the building. It opened in January of '66 and [I] got here in July of '66. I also had privileges at Bell hospital at that time, so it was a very informal medical setting, an informal medical community. Any time we had a meeting, all of us were there, our wives were there, and socially we hung out together and it was a pretty intimate, friendly, small medical community with, however, some excellent medical specialists in it.

RO: Can you emphasize your involvement with St. Mary's? You said that...

JK: St. Mary's was the catholic hospital in [Marquette], now of course where the Jacobetti Center is (The D.J. Jacobetti Home for Veterans). They had an emergency room and that emergency room also was covered when you were all call. You were expected to go over to there or St. Luke's if there was an emergency. You were supposed to assess the patient and call the specialist if one was indicated. Some doctors preferred St. Mary's. It was, it was the hospital run by the Sisters. So the Catholic obstetrician practiced over there primarily, but the other obstetrician also went over there.

RO: Okay, I was going to go through this one by one but you've covered half of the questions. We had your birthdate, you said your home town was Fort Wayne, Indiana?

JK: That's where I was born, we moved to Detroit when I was age 3. 1935, not when I was three, I was one year old.

RO: Where you on any committees?

JK: We all, of course, were obligated to serve within the given section at the hospital. For example there was the medical section and there was the surgical section. I think the GP's (general practitioners) had a section also. So you had to attend the section meetings which were maybe once a month. So the surgeons would get together to discuss their problems and scheduling and complaints and so on and thrash that out in a monthly meeting. Then in addition there were the monthly [medical] staff meetings, or rather every quarter, where everyone got together and went over staff matters in general. We were all supposed to serve on a committee within the staff structure. So there was the surgical, medical, and GP section. Within the surgical [section] there would be orthopedics and obstetrics. No, I think Obstetrics had their own section, so orthopedics, general surgery, thoracic surgery (if there was one), ear, nose, and throat, and ophthalmology, they were all within the surgical section. Then there were committees, also within the staff. The executive staff (executive committee of the medical staff) was made up of, maybe, the previous chief(s) of staff [and the current chief of staff], a vice-chief of staff, secretary and treasurer. There was one chief of staff, I think, elected each year. Usually they (chiefs of staff) were reelected for several years before they had to step down. In addition to that there were the various other committees. There was a committee for medical records that was a real big, important committee and various other committees that I can't think of the names now.

RO: We have a question on how your practice developed. Now you said that you weren't really sure where to go?

JK: Yeah, I was undecided and then this opportunity came and then I decided to come here. So I was salaried for two years.

RO: Where?

JK: In Marquette. I received \$23,000 a year.

RO: What year was that?

JK: That was 1966, and then there was a small bonus depending on how hard I worked, on how much business I generated and then our formula, which worked extremely well I think, was that you paid overhead based on your production. So, the three of us would total up the money that we made as a group, and then, of that total, of course, there would be different percentages generated for the three doctors. The one with the highest percentage of the income also paid the highest percentage of the overhead [expenses]. That worked generally very well. Then there was the (usually) small amount of advertising - that I had arrived in the community - and then the (my) practice kind of built on itself without much additional advertising. Word of mouth, primarily, is what spreads your reputation and [if] it's a decent reputation you're going to get more patients coming to you.

RO: Now is that kind of what brought you to Marquette, this whole word of mouth because you said you were unsure, so it was a combination of things that brought you to Marquette?

JK: Actually that's a really good question. It was an accident that I came to Marquette. It was really that I was undecided with these other ones (practice opportunities) but I did know that I didn't want to be in the desert. I knew I wanted to be near water. Aside from that it was a big guess. I really didn't know how I was going to feel about this eventually but, as time went on, I obviously grew to like it here. Now I would be anywhere else.

RO: Did we leave anything out or is there anything you'd like to emphasize?

JK: Well, I think that our staff gradually increased in manpower, I say manpower because it was mostly men. A few people a year would come [to practice in Marquette]; internal medicine added on gradually as did general surgery at maybe one or two or three people a year. Some of the doctors really felt strongly that we needed an intensive care unit, and I think that was certainly the case, although hospitals of our size frequently did not have ICU's at that time.

RO: Which hospital is this?

JK: Now this, at this point, this is Marquette General because the two hospitals, St. Luke's and St. Mary's, were joined and so an ICU did form. Dr. Mudge (Thomas J. Mudge, MD, general surgeon), I think, was a primary catalyst to get another surgeon and he somehow met Al Hunter (Alan F. Hunter, MD, cardiothoracic surgeon) who was from the University of Michigan. That's where he (Dr. Hunter) trained as a cardiovascular surgeon. He persuaded Hunter, who was an outdoorsman, to come to Marquette. And, with coming to Marquette (Hunter obviously had been involved in bypass surgery at the University of Michigan), and being very interested in pursuing that (coronary bypass surgery) he gradually founded the heart program. He got a couple cardiologists (George Patrick, MD, and, later, Thomas G. LeGalley, MD) [to practice in Marquette]. (One (Dr. Patrick) ended up leaving). And he got permanent staffing for cardiology and at that point, when he had a cardiologist, he could start his heart surgery [program] because before that he couldn't. I don't know what year it was '75 or '76. Al started doing bypass surgery and there was an epidemic of heart disease around here. A lot of people with [had] clogged [coronary] arteries. He started doing bypass surgery and putting these people back on a normal life path with exercise and preventative stuff and this really put us on the map as a major hospital in the UP. It also generated huge amounts of money for the hospital to spend. So this was, I think, a major development that occurred in the 70's (and at that time when you got a heart program you were recognized automatically by all of the hospitals in the state as being completely up to date and having an exciting situation). So that really established our reputation and I think as a result of that [Marquette] continued to get additional specialties. We just kept getting one cardiologist after another, Dr. LeGalley being the one that came after the initial one that left, I can't think of his name, George something (George Patrick, MD).

RO: What year was this?

JK: This was, again, in the late 70's. That's an event that was really a signal event in our existence here. I was chief of surgery a couple of times. One time, and then I came back. There were some problems so people wanted me to do it again. I was Vice-Chief of Staff. I decided to not to be Chief of Staff, they wanted me to but I didn't want any of that stuff.

RO: It says in my notes that you were a committee member. Was that part of it or not?

JK: Well, I've been on the board of the medical center for many years and I was president out there (of the medical center board) for a while and I've been on that executive committee for more years than I can count. Now I'm an ex-officio member, not an elected member, but they want me to be on as ex-officio for what I can bring to it as far as my experiences.

RO: I'm sorry, you said?

JK: Ex-officio.

RO: What does that mean?

JK: Well, kind of an extra. You're out of office, or in other words, you're not elected by the stockholders in the corporation but you're there in an advisory capacity.

RO: Would you like to emphasize anything about your field? What impact the hospital has had on your field of ophthalmology? Ophthalmology is eye surgery, correct?

JK: Eye surgery and treatment of surgical and medical diseases of the eye.

RO: Okay. What is the impact that St. Luke's/St. Mary's or Marquette General have had on your field? You had your own office but...

JK: Well we did our surgery there at the hospital but, by in large, the innovation and the modernization of our approach to ophthalmology was really in our hands. We may have requested that the hospital buy some equipment but the initiative rested really in our hands and if you get some good specialists who love medicine as I do then you will see that they will initiate the changes that bring the practice up to date as there are changes in the field (and there are every year) so, in large part, that is at the initiative of the doctors, not the hospital. We did the surgery at the hospital for a few years but in recent years we've been doing the surgeries in the outpatient surgery center in the medical building on Fair Ave.

RO: Did we leave anything out? Is there anything else you'd like to add?

JK: Well no, I think we could probably go on longer but I think there are some other doctors that are going to contribute quite a bit also to this dialogue. I think I know a number of people who you're going to interview. I'm sure you will continue to get other perspectives on this.

RO: We'd love to hear your side too. I mean, it's interesting. We have people from all different specialties, there was oncology, radiology, pediatricians, x-ray technicians. I mean we have a whole bunch of different perspectives and we had mentioned ophthalmology and on my list I remember I had you as both that and a committee member. So it's just interesting to see how ophthalmology developed in the U.P.

JK: Yeah, we did have outlying clinics. I started doing that in the 70's. We would travel. We'd go to a community, see eye patients in the hospital setting, or, actually, in a doctor's office. So we had a pretty far reach as far as outlying clinics. We had Newberry. Actually, for a short period, I went to the Sault. We had, at times, Escanaba, Iron Mountain, Iron River, and even Ironwood, at times. So at that time we had a sense of bringing good eye care to rural areas that simply were not well served. So, we had those clinics and then we would bring those patients usually back to Marquette for surgery. Although in Iron Mountain, when we went to the VA hospital, I'd do the surgery at the VA hospital. We were on the road quite a bit. Currently Dr. Winkler (Neil R. Winkler, MD, ophthalmologist) goes over to Newberry and Dr. Rooney (Sean M. Rooney, MD, PhD, ophthalmologist) goes over to Baraga and they see patients there that were referred by optometrists and then they do the surgeries at those localities.

RO: Alright, well thank you.

JK: You're welcome.

END OF INTERVIEW