

Interview with Ed Litwin  
Marquette, Michigan  
October 1<sup>st</sup>, 2009

#### START OF INTERVIEW

Magnaghi, Russell (RM): Okay, We will start with my first question here. What is your birthday?

Litwin, Ed (EL): I was born March 10<sup>th</sup>, 1951.

RM: Could you give us a little bit of your back ground. In terms of where you are from and your educational back ground and how you got interested in your present work.

EL: I was born in Southeastern Michigan in Walled Lake which is a community of Detroit now. It used to be just a farming community while I lived down there. And my family had friends in Chatham up here in the U.P. they were friend of my dad's that he went hunting with. It was the biggest thrill in my life to come up here every couple of years and spend a week at their farm. Basically that was all I ever wanted to do was to move to the U.P. So I went to Michigan State and got a B.S. in Biology which wasn't good for much of anything and I was running tropical fish stores in Lansing. And basically I went to pick up my wife one afternoon that was doing EKG's in a hospital in Lansing and the respiratory therapists were watching a baseball game on TV and didn't want to miss the end of the game so they gave me a stethoscope and a white coat and showed me how to work a nebulizer. And told me to go out and take care of this list of patients while they finish the game. So I did that, and I picked Jan up again the next week and they said congratulations you didn't kill anybody off last week, you're a respiratory therapist and we are going to hire you on the spot. So it was kind of an on the job training, it turned out that East Lansing was one of the best respiratory schools in the country and I went thru that and it was a two year program then you take your national board exam and right after that I had a job lined up here before that ever happened. We had wanted to open a fish store in Marquette and decided that wasn't feasible and this just kind of fell into my lap and was a career that you can go anywhere in the country and get a job. So I lined things up here before I took my registry exam and came up here and the respiratory department was this beautiful art-deco building in the hospital that was the Northern Michigan's Children's Clinic. It was just a beautiful brass and very ornate woodwork on the inside and there was a plaque hanging in the department and I couldn't understand what the plaque was talking about it just had a picture of what looked like a kid inside a gasoline drum with what looked like a hoover vacuum cleaner underneath it. I was told a story about how it was some type of respirator that was invented here in the polio years. Nobody knew a lot about it and the department had Dean Volanski who works at Dell now do some research on it and then give a presentation on it, and was interested and I did some more research on it and because I was interested in hospital history people kept trickling stuff over to me. They called me one day and said, well, there is a trunk in the back of this closet we found and we are going to throw all this junk out, are you interested? I started latching onto stuff like that and spending some time in the museum learning more about history and I was particularly interested because of my respiratory back ground. It was this wooden lung that they developed that they used back in the polio years. That got used all over the country got started right here.

RM: I reserve that it was under the impression that it was invented but other places hadn't.

EL: It was a design that came up in a variety of different places but I know that here in the U.P. it was a maintenance worker here at the hospital and one of the trustees. That through the maintenance worker coming across the plans about using a vacuum cleaner to make an iron lung. They had kids dying in the hospital and the head nurse and a trustee Maxwell Reynolds said look, is there anything that you can do to help us? They had one iron lung there and there was already an adult in it. So he went to the boatyard and spoke with his workmen and 3 ½ hours later they pulled up to the hospital with this wooden box they had made, it was a two-holer, so you could fit two kids into it. And a Hoover vacuum cleaner to run it and a hand operated valve that they would change from inspiration to expiration. They stuck two kids in there and it actually worked, so they started building them and workmen from other communities would come here to learn how to make them and it was eventually written up in the journal of American Medical Association and used all over. To my understanding they still use them in third world countries. I've researched it a little bit more and I have seen the same design used in places like Australia and other places, where it was kind of built independently but as far as this part of the country goes, yeah, it kind of started right here.

RM: They should have put some kind of stay strong marker out in front of the hospital.

EL: We had a series of photos that showed these kids in these homemade lungs and they were hanging on the wall outside the respiratory and people would walk by and not know really what they meant so they did do a nice little display and I wrote up a little piece on it and it is hanging up there now. It's kind of a tribute to the Reynolds family and the help that they gave us.

RM: Now, if somebody really wants one, we can grab a metal detector and start digging.

EL: Yea, they had to do a lot of digging.

RM: Now would you tell us a little bit about the, we could go either way do you want to talk about your real career and how things went with respiratory therapy once you got here. Tell us the year you came up here to Marquette.

EL: Yeah, I came here in the October of 79'. It was snowing when I came up here, I remember that. I was relatively new to the field, but I was lucky because I had worked in all the hospitals in Lansing and at that time being in the medical field was one of the big jobs down there for respiratory. So I worked with some of the best people in the state. It was fortunate for me and I came up here and once I became registered I did stay up here for therapy. Treating people with Asthma and COPD but then I was offered the opportunity to teach new respiratory therapists. It was such a new field there were so few credential people that they were advertising all over Michigan and they couldn't even get anybody to come up for an interview because there were so few of our teams and positions available. So we set up our own little school informally and basically I did everything that it took me two years to cover and I covered it in ten weeks with these new students. Then they went off and got formal schooling in Chicago, there was a summer course you could take that would then make you eligible to take your board exams. So some of the, I still think there are a couple of our teams left that are working there that I had trained. The department head will hire college grads so they had a good education back ground but not much health care. I would put them thru this condensed course that got them to the point where they could work competently on the floors and then they went out for formal schooling and took their board exams, all of them passed their exams on their first try so I was pretty proud of that. After a while though, there were more and more of our teams available and we didn't really need the school at that point and I

transferred over to education and because of my respiratory back ground at that time it was mostly nursing education so I was able to bring some different perspective to teach in some areas where they needed the expertise. I am still doing that today; I run a ventilator class there and talk to the nurses here from NMU basic oxygen therapy and stuff like that. The bad part is that I no longer do floor therapy anymore and I don't really come into contact with the patients anymore and the stories that they would have.

RM: So then you were, as I interview different positions they would tell about how they would introduce their field. So you were kind of on the cutting edge of respiratory therapy.

EL: It was a relatively new profession here at NMU, yes.

RM: I mean there were not a whole lot of people up here that were qualified or what not.

EL: The people they had there were well trained and they were at the point where they were transitioning from people like me who were on the job trainees to becoming credential therapists. So the department head at work there was already credentialed. The guy who became the department head that I worked for, we took our exams together at the same time. So yeah, we were just on the cusp of what used to be inhalation therapy which was mainly oxygen therapy to the point where it branched out and we were doing more critical care. Ventilator management administering medications to patients doing breathing tests and a whole bunch of new things that just came out at that time. It really was the beginning of the field for me.

RM: So this was the new phase of the old field.

EL: Yes, that is right. My understanding was that oxygen therapy started right around 1900, nineteen-teens mostly the University of Chicago. Most people died of pneumonia back then, elderly people who developed lung infections died of pneumonia because there wasn't any antibiotics then. The story that I've always heard is that the chief of staff there was an elderly position he didn't approve of oxygen therapy. He said that your patients died pink instead of blue, in other words they stole time from the patient to make them look better when they died. The story that I heard is that he developed pneumonia and slipped into a hypoxic coma from the lack of oxygen. As it goes his residents were all standing around, and because he could not object, they put him on oxygen tanks. So they put a tent around him, he became indignant that they did this to him, demanded that they take it down. He then got short of breath and decided that maybe there is something about it. So that was one of the first hospitals to use it. Well, oxygen came in these big tanks called H tanks. They were about five feet tall and weighed a couple hundred pounds. So again, this is the story that I've heard and I've been chastised by the national society for repeating this. But supposedly they needed something to wheel around these tanks, so they went to skip Rouin and Eric Lynus to come in and push these tanks around. So the noble profession of respiratory care kind of got started with a bunch of bums on the street of Chicago. Yea, I was sharing that story at a conference and had people come up from the national AERC that came up and said that they had been trying to kill that story for years. Whether it's a true story or not it makes it a good story either way. But yeah, when I had gotten into the field they were just developing new drugs to treat, inhale drugs that you would break up into a mist and then breathe as an aerosol medication so that was something relatively new. So of the things that we did back then that were considered therapeutic were basically ways to generate income for the hospital and work therapeutic. They were probably counterproductive, but infection control was kind of rudimentary then and respiratory at the beginning had a reputation as a way to spread infection from one patient to another because the

equipment hadn't been sterilized properly in between patients. So it had kind of a rough start as a profession by the time I got into it, the schools was being formalized and regular curriculum and there was a nation board. It's almost like nursing, there is a national exam that you have to pass to become registered or certified. So, yeah, I was kind of worried about the transition.

RM: Then, how did you get into your second career? Or interest with history.

EL: Yeah, I always enjoyed U.P. history, it has always been so colorful at the hospital, and this old building that we were in had this old plaque hanging on the wall and had to do with the Polio Epidemic in 1940. I wasn't clear about the information on the plaque and the department head did a little research on it and actually interviewed some of the people that were involved. Dean Volanski works at Bell Memorial in Ishpeming now, and he did a nice presentation on it at a conference that I attended and I kind of picked up on it after that. What I ended up doing was going to the museum and looking through the archives and looking at old newspaper articles about the polio epidemic in 1940 that hit up here. How the hospital responded to that, and I was curious because it is such an isolated population and it didn't really have any resources to call on. And at least 120 kids a week would be dropped off with polio. They would have a coast guard boat bring the kids in; they had an airplane that the state brought up here. The kids were transferred by hearse sometimes from outlying communities. They were literally dumped off on a doorstep of this clinic that was there. The clinic would kind of assess these kids and the worse ones would end up being admitted to the hospital. Just a small percentage of polio victims developed a respiratory paralysis, usually goes to the extremities more some of them had a really rapid onset of symptoms and the respiratory muscles would be paralyzed and they literally quit breathing. Iron lungs were then the only way to keep people alive, and there weren't that many of them. There was only one here in the entire Upper Peninsula I read several stories of how they would load people into ambulances and try to get them downstate to Ann Arbor. There was no bridge then, so they would have to wait for the ferry and chase cars off the ferry to get ambulances on. I know at least twice a patient died on the ferry crossing the strait. So when they were able to get an iron lung up here it was a big deal. But there were so many people coming down with polio, and such a high percentage were kids that it exceeded capacity. I heard that at St. Louis hospital there would be kids on gurneys lining the halls and you would literally have to scoot between them sideways and they were dying every day because of a lack of ventilation. This plaque was put together by a couple of doctors who were friends of Maxwell Reynolds and his family. It was kind of a tribute to them and they had actually gotten just about all of the information wrong on it, the date was wrong, the number of respirators was wrong, they called it the Upper Peninsula of Michigan, so it was a nice effort but it kind of steered things in the wrong direction initially. I go into the historical society and I sort through the stacks and looking at the old newspaper articles and then talk to some of the people and some other sources and get closer to the truth. There was a politician in Michigan, Senator James Cousins, and I grew up down state, there was the James Cousins memorial highway and the Cousins building in Detroit and they didn't mean anything. Well, he took \$10,000,000 out of his own pocket because he thought that innocent children weren't getting good health care. He built health clinics and he would stock them with the latest equipment, hire the best doctors who had just graduated from U of M and provided free health care. He built one clinic in the Upper Peninsula and he just happened to pick Marquette because we were centrally located and it was good transport to Marquette and there was a good hospital here. So that was right at the beginning of the polio years. It was just really fortunate that the clinic was there. To me that is one of the big transitions that made us a regional medical center. We had specialty positions there at one time if you were a kid and you needed an orthopedic surgery, Boston hospital or St. Luke's hospital in Marquette Michigan were the only two places to go. So we had services that you could get hardly anywhere else in the country. We had the best equipment, the best trained doctors, and all of

this was provided by James Cousins. Because people got the idea that you came to Marquette for specialty care, you came because we were able to meet a crisis like the polio epidemic on our own. To me that is one of the things that made us a Regional Medical Center that we are today. We gave the people that pride in the hospital and the ability to see that we had things here that you'd go to much bigger areas and not be able to find. I got somebody from the Reynolds family come to the hospital probably around 1940 or 1941 and walked through the hospital with a super 8 movie camera and shot colored footage of these kids that were in the homemade iron lungs. It's just a short piece but the Fraser family was nice enough to loan that to me. It's just heart rending, it's like these photos that remind me it. You see these kids that...

RM: It's just that the problem was getting bigger...

EL: Yes, for some of them, the majority of polio victims had leg paralysis or arm paralysis. There were treatments for that, and that's where the orthopedic surgery came in. But yeah, a minority of them developed a respiratory paralysis and they were pretty much goners if they were not able to be ventilated. The iron lungs were all made for adults, and there was already a patient in the one that we had. It took these guys 3 and a half hours to come up with a design and it was just based on a popular science magazine article that this guy had read that suggested you might be able to use a vacuum cleaner to make enough negative pressure to ventilate these kids. There was no FDA or anything back then so they decided that it was a good design and threw it on a truck after they built it and brought it here. Darn it, it worked, so they started cranking them out. And the community really supported this also, you'd have to change from breathing in to breathing out and there was a hand operated valve and there would be nurses who just would stand there for two days operating this. One of the merchants in town said, you know, I've got this turntable displayed in my store window, can you use that, any way that you could use this turntable to power that? So they used this turntable to change and power this valve that would open and close this. So instead of having somebody do it by hand they could use this. I also read that the power use to go out frequently and these iron lungs could be manually operated, I cranked one of these before, and it is a lot of work to do this. People would walk from down and line up day or night to do this. Nobody had to call or ask, they would just do this day or night because they knew that these kids relied on this to stay alive, so they would come in and crank the iron lungs.

RM: How long did this crisis last, when they needed the iron lung as of life or death?

EL: Pretty much through the 40's. It wasn't until \_\_\_\_\_ come up with the polio vaccine.

RM: So it wasn't just a one year or one season thing.

EL: Summertime was usually when they were dropped off and the winter and the fall. But the spring and Summer time was when polio would usually peak. And nobody knew what caused it back then. They probably thought it had something to do with eye color at one time. Some thought it had something to do with drinking Coca-Cola. They thought swimming pools, so if you were a kid in the summer you usually stayed home and didn't invite your cousins up from downstate. You didn't go to the public beach. People still go polio. They tried all of these sorts of things, but nobody really knew that it was caused by the virus or how it was transmitted. So with all of these folk remedies and all sorts of things, don't get your teeth taken care of in the summer was another thing, because they thought that tooth extractions had something to do with it. So people were floundered, they were trying anything that they thought would help. For somebody to come up with a simple thing like this that could actually save people's

lives, save these kids' live was quite remarkable. It came from a maintenance worker at a hospital and a hospital trustee.

RM: So that, getting into that history got you going then, as the historian for the hospital?

EL: Kind of by default yeah, nobody else was interested in it and I saw these old documents and paperwork that was just going to be thrown into the trash. I decided that I was curious enough for it, that I wanted to hang onto this stuff. Because I started hanging on to it, the word kind of went around. And so anytime somebody would retire if they had any junk in their closet that had anything to do with hospital they ended up sending it to me. So yea, by default I became the historian.

RM: So what is the collection like today?

EL: I've got a couple of cardboard boxes, a lot of old brochures from different campaigns that the hospital had when they were trying to expand for fundraisers and what not. Copies of the newspaper articles that I was able to get from the historical society, I've got a couple of tapes that are interviews with old nurses that worked there poor quality but enough that you can make out what they are saying.

RM: Would they be transcribeable?

EL: I think so; I haven't listened to them in a long time.

RM: Were they cassettes?

EL: Just like this, yes. These were probably recorded in the 70's I'm guessing. 70's-80's. Because those nurses had retired, people had moved on, and there was kind of a break in our history.

RM: This is a great story that has gone further back than I thought could exist for these people who retired in the 70's and even the 60's.

EL: I know that some had worked here in the children's clinic and later on in the hospital. It is their reminiscences of what it was like then. You might recognize here in some of these photos here, there is Doctor Elzinger, he was the orthopedic surgeon. And his son was a doctor here for a while too.

RM: These are from him. All of these photographs, I was supposed to email you some copies too.

EL: Then Bay Cliff had some to do this too, the one up in Big Bay. That's were a lot of the kids that needed rehab went, they weren't sick enough to stay in the hospital, and the hospital was over loaded. Bay Cliff is where a lot of them went for their physical rehab afterward. That was the start of the rehab program at the hospital as well. You can recognize that in some of these rooms.

RM: No was this in the building that you were talking about? In the Cousins building you said at first.

EL: There were two buildings there was the JCM Building (James Cousins Memorial) Building, and then there was a free standing children's clinic next to it. Originally, the clinic was not affiliated with the hospital and eventually the hospital did take it over the way that Cousins set this up is that the fund would dissolve after I think 25 years. Because, he felt that organizations would be more interested in self-preservation than that of taking care of kids so he set it up where he set up the clinic and if it was

successful then it would be taken over locally. If it didn't it would just die on its own. So there was a beautiful clinic there that I started on, but next to it was a patient care building and the story that I heard about that, the JCM building they basically had so many kids admitted into St. Luke's hospital that they didn't have room for adult patients leftover so they went back to James Cousins and asked if they could get some funding to build an addition to the hospital. He built this JCM building; this would have been in the 1930's around 1938. The story that I heard was that there was this politician that did not feel that it was appropriate to have buildings named after people while they were still alive. He asked them to change the name. They thought they were doing him an honor by naming after him. So it was abbreviated to the JCM building and that is what it is still called today. If you were to ask 100 people over there, I don't know how many could tell you that. But that is what the story is.

RM: So do you have, are the records in any kind of order? Do you need any help; do you have any kind of interns?

EL: I am the only one that seems all that interested in the history there. I get questions that are referred to me and I am usually able to go to my cardboard box and I have it filed. So one has to do with early hospitals that were here before St. Luke's started, then the early days of St. Luke's, and then post 73' and post-merger. There are other things that I was interested in, the polio epidemic in particular; there was also the influenza epidemic, the Spanish flu when it got up here, and how all of that affected the hospital. I kind of tailored it to my own interests more than anybody else's.

RM: Yeah, and you don't get a lot of use of the material, except upon request.

EL: And one of the administrators in the past felt that it was important enough that he asked me to do that at the new employee orientation. So every month I'd give a short presentation about the hospital history and that is what I am trying to focus on with this and why we became a regional medical center and why it's not ... or Ontonagon or one of the other hospitals up here. Like I said, I thoroughly believe that it had to do with the clinic and our response during the polio epidemic. Some of the stuff that I've got is just remarkable. They use to do an annual report for the hospital; they would list in there that people would donate. The hospital wasn't funded by government or bonds or anything, it was pretty much all in the community money. As a matter of fact, one of the fundraisers when they first wanted to build the hospital was show iron works had recently been able to hold a ball there. And they attracted one of the most famous bands in the United States. They had just finished a tour in Europe, it was the Calumet and Hecla brass band from copper country they got them to come down here and 1500 people came to hear them play. They had a bake sale, auctions, they auctioned off, what I heard was that women would make a cake or pie, they would wrap it up in a fancy box that had ribbons on it, so that they would be able to identify that box, when their spouse or boyfriend better put the highest bid on it because they were going to be able to share that with the lady who made it. So, that was one of the ways that they raised funds. With the brass band playing it was one of the best things. In the early reports people would donate venison, or jars of blueberry jam, whitefish that they had just caught some organizations in town would sponsor one of the rooms so they would take care of all the furnishings or maintenance for a certain room or a family would do that. So it impressed me how much a community effort the early days of the hospital were. It is really what kept them afloat for some time. Another thing we did early on, there were logging camps all around here and it wasn't just at this hospital several of the hospitals up here did this. They would send a salesman out to these logging camps and if they could suddenly up and buy something called a hospital ticket and it was basically free healthcare for a year. So if they came down with small-pocks or got injured while out logging all they had to do was get themselves to the hospital and all of their care needs were taken care of, that was a really important

fundraiser for generating income for the early hospitals. Both St. Luke and St. Mary did that. Just earlier this year somebody that was retiring said, I've got this old entry book here and it is from the 1890's and it is beautifully handwritten and has a list of all of these loggers at these different camps and the amount that they paid so that they could get their healthcare for free.

RM: So your records go back kind of to the origins of the hospital. Do you have the material of both?

EL: I don't have much on St. Mary's other than the newspaper articles.

RM: Do you know what happened to that?

EL: No I don't. I would imagine a lot of it went to the hospital; there was a hospital that was run by the order of St. Francis, the same group that runs the Escanaba hospital. Their main, central office is located in Iowa, so I imagine that they might have it.

RM: Probably, they just might have taken everything back.

EL: Yes, I would guess so. A lot of the medical records got transferred over to the other hospital. I am sure a lot of the historic stuff got sent back to the Iowa office.

RM: It would be interesting to check and look into that, see if they could make copies.

EL: The stuff that I have got, like I have said, is mostly something that somebody would stop by and say "oh, I found this" or "I was going through my mom's old stuff and I found this brochure and would you like this" So I just hold on to this stuff.

RM: Well that is good that you are interested in this stuff.

EL: I was surprised that there wasn't more of an impulse to hold on to this stuff. Administration has changed and people come and go at the hospital and the history was just kind of broken and disconnected.

RM: Do you have any records that extend to the presidents or what happens? For instance do you have any business records and financial records of the hospital?

EL: I am sure that stuff like that they have to hold on to that. I know that the hospital has offsite storage where they keep a lot of old things, records and stuff that they need to keep legally one way or another but there is not a lot of call for it. On the other hand, again when the hospital had an early retirement program a year or so ago and I ended up with a lot of stuff then. And somebody, in the back of their closet had a stack of annual reports from the hospital and these are from the 40's and 50's and even up into the 60's. They were just financial statements of how the hospital was doing and how many different sorts of cases they saw in the course of a year.

RM: These were originals; you didn't have a copy of them.

EL: Yeah, I believe they are. As far as why they ended up with me, I do not know. I think it was only because of the trust of my interest in that stuff.

RM: It's interesting, because there is no policy that things have to be sent to your office.

EL: Absolutely not, and medical patient information is a totally different issue and that is all taken care of and they archive that, they store that and microfilm it so that they can make records. But as far as administrative stuff, I don't believe there is any regulation or sort of hospital policy about that. And part of it is our society, what happened yesterday is what happened yesterday and I want to know what is going to happen today and tomorrow.

RM: Do you have a special place or room where this is kept?

EL: Oh no, we have a storage area where we have a lot of the different equipment that we use for different courses and for teaching, and on the shelves there I have a couple of boxes and I have a pile of stuff on my desk and another drawer full of things.

RM: So it is really just partly educational and partly material.

EL: Yeah, it was more of just a hobby for me than a job duty. Just because I had that sort of interest.

RM: That is good to know, because a lot of times when students are looking for a topic for a paper, such as a U.P. winter sometimes I know the material that they are going for, but having them come over and then do a paper on the early history of the hospitals in Marquette. Now there is something that you have, there is the patient history of the hospital and so on.

EL: Yeah, and a lot of what I have is just that. It was pieces that may be nurse's works in the 50's where they researched the history back in that time. I ended up with a carbon copy of that. One of the employees that use to work there for a long time when the hospital first started it was on Ridge St. and that's where St. Luke's first was. What I understand is that a lot of patient care was up on the 2<sup>nd</sup> floor, but they didn't have an elevator so patients who came into town to get their x-ray, they had an orderly there Frank Stolt was his name and one of his jobs was to carry the patients down on his back. He would put them onto the cart and then get them to their x-ray and then bring them back upstairs. When he retired he wrote a little piece, the city threw him a dinner party because he was so well known. He wrote a little piece about his reminiscences and so on at the hospital and the early healthcare in Marquette. So I was able to get a hold of that a copy of his talk. Then there was I think it was WDMJ I think the guys name was Boyer, Ken Boyer yes. And he would do the history talk on the radio. I had some of the transcripts of the talks that he did on healthcare in Marquette. Like I said, a lot of this came through the historical society and the files that they had there.

RM: I know that one time I was working on something down in the library I was doing research and then we were talking about something and I was wondering what I might find in the records and they had something about one of the hospitals there were four people, A nurse, the director, and there were two that were \_\_\_\_\_. I think there were two general practitioners. Well the ...doctor and the eye doctor use their...

EL: Yeah optometrists... off the list...

RM: Yeah you just kind of record these people...its fantastic at the original St. Mary's hospital is still standing down on cathedral and there is a house by it. There is a house then there is the original hospital.... Just like a two story house you can kind of see how...

EL: For all of the research that I have done I just talked to somebody two months ago that said, "You know, I am living in one of the old hospitals here in Marquette. It is here on the north side of town it was another one of these hospitals that a physician had opened on his own. He built an OR in it." He said, "Yeah there's a big skylight above it," and underneath the floor there is still the big drain for flushing off the table after the surgery and it would all run down the drain. He said "yeah, when we put in the flooring it was still underneath there." I know that in the early days, physicians were renters and they would basically just rent a floor in a house and hang their name out in front of the house and that would be the hospital. St. Luke's had moved and sort of opened it was called the Marquette General Hospital I think, and they had to move after two weeks because they just kind of out grew the house, they moved to a house on the south side of town and they were there for a few weeks and for a couple of years they just bounced around to where there was enough room to put up their beds and lay on a shingle. Of course, as the city got bigger it became obvious that they needed a more modern facility and Peter White he sold a lot on Washington St. and thus provided the fund for them to buy this house on Ridge St. and that is where the first St. Luke's hospital started. The Longyear family then donated to furnish the whole inside of the hospital. That opened in 1915 at that time the story that I heard was that this was an area where people, it was a common pasture area for people to bring their cows and horses in, and the only thing here was the little Northern State normal school, the teachers college there was really nothing other than that up here.

RM: There is a picture I know of at the archives, I think I picked it up for a dollar. It is a picture of Northern, usually they took it at the front of the building on Presque Isle and ... This one someone took from over by the hospital, and so it was taken from almost in front of the hospital and then seen across. So you can see the fields and then you see the Northern building and you know that it is after 1915. But the smokestack is belching out coal smoke, all this black smoke and the street which would be college, is a dirt road and there is a mother and a child that are walking down the street. You get the idea of where St. Luke's was across the field.

EL: It was out in the boondocks...

RM: But it's one picture that is just sitting there... Photograph. So I looked at it...Just kind of...

EL: You were able to recognize where that was from.

RM: It's a good picture of the mother and her child on this old dirt street. And the building here which was Kaye hall was built in 1915. So probably somewhere around the same time as the hospital...

EL: I saw a picture from about that same time and it would have been east of the hospital and you were looking across the snowy field and you can see that there were a couple of potato farms or potato patches there and mainly just cut off stumps. Unfortunately you do not see anything to the north, so you can't see the campus, but it is some kind of impression that it seems like it is stuck in the middle of nowhere. Nothing else was around it at all.

RM: There first house on Presque Isle was next to...it was built in 1907 by a ... that was the first house on Presque Isle and everything north was considered, it was all low lying land as part of the mouth of the dead river. And then they developed Northern...okay, I guess some in terms of how do you do view the premier prospective with the history and the future of the hospital are there any things or ongoing

feedback and the hospital and such. I'm sure you were here for that in '79. So you've seen how it has progressed.

EL: Yes, I have been impressed while looking through some of these older records especially. Where the hospital had very lean times and had been operating in the red quite often there is a wonderful note that had been written on a broken type writer by the head of nursing about how we need to cut costs and the staff has to be diligent in making sure that we are not wasting money and that we need that to keep the hospital going. I hear the same thing every couple of years, history certainly repeats itself. So we were going through these periods where we kind of contracted and all the hiring peruses kind of consolidated our services and then had a expansion then stayed there for a little while and then undergo another expansion there is always different personalities that come and go and have a lot to do with the different directions that the hospital takes. Things that I think are a lot more formalized than I think they use to be. But that is the pattern that I see here, always concerned about cost and that we are spending too much. One of the pieces that I go was a comparison of what food costs in the local restaurants compared to the hospital for the patients. This was right around the 19-teens and twenties, the most expensive item was roast beef at 75 cents. So they were just showing that the food in the hospital was a bargain, at that time they had just raised the room rates – a private room now costs \$45 for the week instead of \$25 that it cost previously.

RM: So there is information about food and what the reserve was and such?

EL: Yes, a little bit. One of the things that I latched on to was an old ledger book and somebody had pasted a lot of old hospital paperwork in there. Things that had to do with the early days of the nursing school they started a nursing school in 1899. There was a list of things that you needed to bring if you were a nursing student coming to the school and right down to the number of pairs of underwear and you made your own uniform and they had the pattern for the uniform there. They would like you to have some high school didn't have to complete it. You had to be a good moral character that was important for consideration or if you were seen smoking or lounging in front of the theater or a bar you were out of the school. If you had family ties or a sick relative or you were married then you couldn't stay in the school. Outside obligations and distractions from student duties were unacceptable. So yeah, they were really strict about who got into the school, and the standards that you needed to maintain there. One of the buildings on the campus, the Wells building was originally put up as a dormitory for the student nurses and over the years I heard a lot of interesting stories because they had a house mother there and they had a curfew and you could only be out until a certain time. But some of the nurses thought that they could get past the mother and grease the windows so that they wouldn't squeak when they opened at night. There was ivy growing on the outside of the building and I heard that there were window ledges that you could hide maybe a bottle of pop or a beer on and keep it cold and out of sight. When I first started there the JCM Building next door, the elevator shaft went up to the top to get to the roof and we were able to get outside there and grab a couple of chairs and I know that midnight shift they would sit out there under the stars and eat their dinner and take a little bit of a breather. I couldn't imagine how many regulations and OCEA rules that violates nowadays but, people always did that and they never got in trouble and nobody got hurt and it was just what you did.

RM: Is there anything that you can think of that I didn't ask?

EL: No, my interests mainly had to do with the old history of the hospital. Really before the merger when I got there in '79 there was still a lot of talk about the merger and there was still a lot of people coming over. We were still running and we still had facilities on the south side. The hospital had rehab services

there, I think we had an office there, dialysis was over there. I can remember running out in the middle of a snow storm and throwing our gear in the car and racing across town because they had a sick patient or code over there and I was on the code team. So we had to get there as quick as we could. It was a real relief when they finally turned that over to the state and they renovated it for the veteran's facility. Yeah, it is just a really wonderful history up here and a lot of really interesting stuff happened up here healthcare wise. A lot of people came to Marquette because of one of those articles of these fliers that had been sent out to try and lure people up here and so they could acquire health for care consumptives. So there was one for tuberculosis I understand that the early boatloads brought a lot of people with TB, a lot of people with asthma, hay fever. Harlow who had the first cabin on the south side of town my understanding was that they had to take the top floor of that and convert it to a sick ward because so many people were coming off the boat sick and there was no place to put them and so the Harlow's kind of started taking care of them when they saw this.

RM: These were people with respiratory problems and so on.

EL: Yeah, and the idea was that it was such healthy and clean air up here that and sunlight and clean air are really the only treatment that they had for TB back then. So yeah, a lot of people with respiratory issues came up here then. My profession in respiratory I just thought that this would be an interesting piece.

RM: Yeah, it's kind of interesting that you bring that up, because there was one woman in particular... They talk about people going out west for, and that just going out there was something. Or asthmatic fever was what it was for. But then again the Mississippi valley and what not probably had a lot of malaria.

EL: Yeah, malaria and yellow fever.

RM: And then when you go out west, is like going to health paradise. So you had a full health travel business for heading out west that was going to help, and people still have that. But, sometimes we tend to forget that a lot of this in the U.P. parallels what happened out west. So we kind of just benefit from the clean and fresh air. The story of that summer health migration through spread to the west also happened up here.

EL: I don't know what these people thought in winter time, we had some pretty serious snow.

RM: Did they come year round, or did they just stay for the summer?

EL: I wouldn't be surprised if they went back.

RM: Hay Fever, I think there is some kind of natural immunization too....South Marquette...

EL: Yeah, that's where the water tower is. Yeah, and that's one of the things that they catered to was people who just came up for the summer with different health problems.

RM: Anything else?

EL: I don't think so.

RM: Okay, well again, I learned a great deal.

EL: Yeah, it was a lot of fun for me.

RM: Thank you.

EL: Thank you very much too.

END OF INTERVIEW