

INTERVIEW WITH JOHN LEHTINEN  
MARQUETTE, MI  
MAY 29, 2009

Subject: MHS Project

START OF INTERVIEW

MAGNAGHI, RUSSELL (RMM): Okay John. You don't mind if I call you John?

LEHTINEN, JOHN (JL): No, please.

RMM: The first question I always ask is what is your birthdate?

JL: 12-10-46.

RMM: Now could you tell us a little about your background, where you are from in the Upper Peninsula?

JL: Born and raised in the copper country. I went to high school at Hancock, undergrad at Michigan Tech, and from there in 1970 moved to Detroit to go to medical school.

RMM: How did you get interested in medicine?

JL: That is an often asked question with not a good answer. Nobody in my family was in medicine in any capacity. In high school I was interested in biological sciences. That was what my degree was in at Michigan Tech and as best I can remember it just seemed to be kind of something that developed an interest in. There were others going into medical school from Michigan Tech and so I just went. It just kind of happened. There wasn't really any one event or situation or any family member or anything at all that I can ever recall that said that that was the career for me. It just kind of evolved into what it ended up being.

RMM: Could you tell us a little about your background, your family background?

JL: Grandparents on both sides came from Finland – Immigrated if you will – to the U.P. much like many of the Finns that left Finland back in the late 1800's, 1900's. Most of them ended up being either farmers or copper miners much of what they ended up doing back in Finland. My parents both were born in this country so I am a second generation U.S. citizen but with both sets of grandparents from Finland.

RMM: Now were they farmers?

JL: Yes. They farmed up in the Copper Country and born and raised on a farm. My one grandfather worked a farm and also copper mined in the Quincy Mine. I can recall many of his skiing 9 miles to go to work and then skiing back home to do farm work in the winter time. When I tell people they had it rough back then, they have no appreciation for how hard it was for those individuals at that point and time.

RMM: Just an observation, this wasn't back in the 1900's this was in the 1950's that he was doing this.

JL: Yes.

RMM: Now where did they have their farm up there?

JL: In a little area called Salo. It's about ten miles north of Hancock. It's on the way towards Calumet.

RMM: Was it up by Boston Lake?

JL: It's near Boston. It's actual between Boston and McClain's park near the lake. I mean there are signs now that indicate arrows pointing to Salo but unless you knew where it was there is nothing that really identifies it. There were a lot of farms when I was growing up, now it is there's nobody farming there anymore and it's just being sold off and people are buying the property and homesteading and living there basically but no farming activity of any kind there anymore.

RMM: This one time I met a, there were some Italians that had farms up there. One of them I can't think of the name but they had a farm, they were on the Quincy hill there and they had a, they were producing potatoes for McDonalds. They were producing seed potatoes. I don't know, they were able to grow a certain type of potato up there that was very special and McDonalds wanted it.

JL: Wasn't Jeton was it?

RMM: Yes, yeah.

JL: Jeton?

RMM: Yep. They had a big potato barn and whatnot. I remember doing an interview, one of the stranger interviews, but doing the interview in December, in the barn, unheated, under a one light hanging there with all of these potatoes in the barn itself.

JL: I've been in that barn a number of times. They used to have multiple-acreage in potatoes and one of the 80 acres they had was right next to the property we lived on. So that's why I'm very familiar with them and they were probably one of the last potato farmers up there.

RMM: See because I'm talking about 20 years ago that I did the interview so that, they, the people I interviewed were older and probably passed away. So you're saying now all of that activity is finished, all the farming that went on up there?

JL: There is none that I am aware of. It might be little property owners doing a little bit of farming for personal use but as far as anything commercial, I am not aware of anything that goes on up there anymore.

RMM: But at one time that whole area was, I mean, had commercial farming?

JL: Absolutely, a lot of dairy farms, potatoes, as a cash crop.

RMM: Were they primarily Finns or where there other nationalities?

JL: There were multiple nationalities but mostly Finns. In the Salo area most of the people that lived there were Finns. Just look at the last names pretty much they all congregated together, moved into little settlements if you will. The neighbor farm that we had was a cousin of my mother. Brothers lived together. They lived together in Finland and when they all move here they moved kind of adjacent to each other.

RMM: Oh so it was almost like the village from Finland just migrated, in-laws, to the Copper Country?

JL: Yep.

RMM: I've heard that in other circumstances because you'll hear stories of how these poor immigrants came to the United States but then you get the other part of the story that they tended to all congregate. I know there's a fellow that described one of the families living on one of the streets in Ishpeming. They were all Italians and they were all from the....the same thing, same village, and the cousins here, and the grandmothers there and so on.

JL: Same kinds of things ended up happening up there.

RMM: Now did they first settle there as farmers or had they been working in calumet and then in that strike in 1913-14 a lot of them left mining and went into farming? Was that true?

JL: In our family it was, they were farmers, and they came to be farmers, and then went to mining or other things if they had an interest or a needed job or additional funding or money.

RMM: Because when you said Hancock high school it could almost sound like you live in Hancock itself which would be more of a town situation but you're talking about living in the country.

JL: No, living in the country. We were known up there as the bus kids. Everybody that rode the bus were known as the bus kids. As I think back on it things start coming back and you think about how people labeled you. My mother, we had a lot of Finnish brog if you will. You can't talk that way. You talk American, you can't talk Finn. It was just a push to really Americanize to my regrets today. I wish it wouldn't have been that way but when my grandparents died and my father had no interest in farming so we lived on the farm but I basically worked on other farms in the neighborhood and a lot of them didn't speak any English so I learned Finn pretty good. Enough to communicate with them but as with any language if you don't you use it, it's gone. So it's kind of lost and very few people with Finnish names, you ask them now do you parents speak any Finn? Well no but my grandparents did. It's just lost generation by generation. I remember coming here in 1980 and I had people from Trenary and Chatum. I can remember one 90 year old lady, she didn't speak any English, still spoke just Finn. So she started coming to me and my Finn started becoming a little bit better. We were both communicating but very few of those individuals that speak Finn that I see anymore, as a language.

RMM: So you just noticed as the years passed?

JL: Oh it's gone, there isn't the interest. Even when I try to tell my kids that it's part of our heritage.

RMM: They probably look at you funny.

JL: Yeah, what do I care about that, you know? But interestingly my son is a professional hockey player and he's played Finland a couple times as he was growing up and he's interested in potentially going over and playing now. All of a sudden he has some interest. So hopefully it won't be completely lost. That's happened. It's interesting that you ended up having the same thing happen to you.

RMM: Now this was in California, the other end of the country. Then you have like you saying my daughter went back and then learned some Italian and some French because she went on a research trip to Madagascar, then kind of brought the French up as an afterthought. I even found with your Italian culture you're so caught up with it that I guess it becomes part of your life I guess and it's not really important. Then I came back here and after a while did the study of Italians and kind of woke me up and I said "oh good god." They were doing the same thing that we were doing out in California. They're all from the same area except they got scattered here. So it made sense but yeah, that is interesting – that situation in both places.

JL: Yeah.

RMM: Okay, so then you just came from a regular background, no particular interest in medicine and so on. Then what year did you go to medical school?

JL: I did four years at Michigan Tech then I took a year of graduate work just too kind of get prepared. I used to call a year off to kind of regenerate and regroup before I left in 1970. Went to Wayne State and did four years down there. So this was right after riots in the late 60's. So here I am a UP guy going to Detroit. It was like; I'd been to Detroit maybe a couple times. Once to interview and maybe one other time. So me and going below the bridge, now I talk about, when I say the bridge, back then it was the Hancock Bridge. It wasn't the Mackinaw Bridge you know. So I better define for people which bridge am I talking about. So I was north of the bridge, ya know. But I got married in 1970 to an individual I met a Michigan tech and so we went down to Detroit and started the process down there. Medical school, then residency three years at a hospital call St. John's on the east side of Detroit. It was a new program and family practice. My goal had always been, once I get done with medical school I was coming back to the UP. Back then in the '70's looking at the practice of medicine up here I felt the best chance to come back was going to be in family practice. I could basically go where I wanted to go and provide health care coming back here. I started in St. John's they had started a residency program in family practice the first year I got there. So I was one of the first residences and the director of the program who was in name only, never was there, and he needed to have a name that was an emergency room physician and so by the second year. When I was a second year resident, second year in training, basically and the people I started with they left. So I was there alone myself. I had some new people came in as first year residents. So basically I was running the program as resident. That's how I got into medical education. I was doing it while I was training. At the end of my third year the hospital nurse said, you've been doing it for two years, why don't you just keep doing it? Okay I guess that's fine, I can put off going to the UP. Then the program here had opened up. Dan Mazzuchi had started working on the program here and they were advertising for a program director but I had just finished residency and I had no experience running a program so they had no interest in me. So stayed down there three years and then the individual down here who they had gotten, left. So Dan gave me a call and said are you interested? I hung up the phone, I told my wife, I says we're moving. This is October and I says next summer we'll be living in the U.P. So made a trip up here and kind of went through the things. In my mind I'm all, this how I'm ever going to do it. You know, done deal. Then in the spring I brought my wife Linda up and looked for homes and she had been at tech so she knew living in the UP.

RMM: Now was she from the Upper Peninsula?

JL: No, she was originally from the Kalamazoo area. She went into, her dad was a chemical engineer and she thought she was going to be a chemical engineer. It turned out that that was not, science was not her area of interest. So we came here and it was one of those days, I think it was 90 degrees, hotter than blazes. The bugs were bad. I mean this was May or something. Like kind of around May or something. Kind of around this time I guess. Next day it was snowing. I can just remember her saying, "are you sure you want to move here?" I don't know I said this is the U.P., yeah we're going to move. Then started on June 1<sup>st</sup> and been here ever since. I've been the program director for twenty years up until 2000. So I did it for twenty year and coming back here I could do one of two things. I could practice medicine which is what I wanted to do but at the same time I could train residents to practice in the UP. Which I had always seen as being a real problem is that we never had enough adequate health care providers – specifically primary care. So if the residency could produce people for the twenty years I was here, we probably had out of 100 graduate 60 stay here. That's a pretty reasonable goal. We've got sixty percent more. 60 more people than we might have had had the program not been here. I think it accomplished and still does accomplish what one of the goals was. It brought medical education to Marquette. I think it's been helpful as far as recruitment tool too for other physicians and other specialties to be involved in working in education.

RMM: Do you think, if you could kind of expand on it, to say incoming physicians does the program sort of add to the whole practice of medicine in the Marquette area, in Upper Peninsula, is it a plus to attracting other physicians to come here?

JL: I think it is for multiple reasons. One, you've got medical education program so by itself that says something about the quality of the kind of program you might have as a hospital and a facility and we have lot of docs with that that want to be involve and teach in their areas that they have some expertise in. When they're here realization being that if they work with these residents in training and those individuals go out and practice where they are going to refer their patients back to. Dr. X would have helped train them. Then they've already got a personal relationship already set up. So it's a natural recruitment of patients for a specialist in a given area. So that's been seen over and over again. Multiple patients have come this way because Dr. X says well you got to go see Dr. Y, he's a good doctor. I've worked with him, I was down there, and he'll do a good job for you. So the hospital benefits, the community benefits and it's a process that just builds on itself. I think you look at the quality of healthcare that exists here in Marquette now compared to thirty years ago there is a marked difference in the services that have been provided. So it's one niche I guess. It's one thing that helps to foster and facilitate that.

RMM: Now, could you talk a little about what the program was like when you first got up here and started working with it?

JL: Well the program had been in existence for one year. I think it started in '79. I came in 1980 and the original director was there for a year of two. The first residence was in July of '79. He left in august of '79 so he was there two months. He left and they had an assistant director, an individual who had just gotten out of residency down state so he was brand new. So he was here when I started as a director and he worked with me the first year and then he left. So from 1981 through the summer of 81-82 I was it I had no help. So 24/7/365 for that year. So at that point and time I gave up doing OV. I mean that was, just to survive I, then we got some help the year after and others were able to work on the

program. So I got some help. It was a struggle early on. It's a struggle for a new program to recruit people to come here.

RMM: You mean to recruit students?

JL: Yeah students to become residents.

RMM: Oh so they weren't standing in line?

JL: Oh no, no, no, no. I was on the road a tremendous amount of time trying to make contacts at medical school with seniors and those that wanted to go into family practice. Making whatever contacts we could make to try to get people to come here. You know as time went on we had a lot of interest. Once you establish yourself and people know you have a good end result then recruitment comes a lot easier. The first few years it was a struggle. You don't have the best applicants to pick from. I've gone from practicing family medicine to half time addiction medicine to half time sports medicine. So those drunk athletes, oh am I good. I picked up doing addiction medicine when we were running residency. The docs that were here doing it got out of it and back then there was the UP health education corporation where I had the residency it was always a concern that the hospital would quit supporting it. If they quit supporting it then the program was done. So one of my goals early on was to integrate as much of what we could do to help the hospital out and this was one of them. We needed someone to work in the detox program to take care of the substance abuse. So we got involved, in lots of other things to but that was one of them. So that was something that started way back 25 years ago and we continue to do it. In 1980 when I stopped or in 2000 when I stopped running the residency, I just kind of said well I'll take this over because I have an interest in doing it. So I'm the only board certified (inaudible) in the UP. There's no one else doing what I'm doing. So I do that in the mornings and in the afternoon I do a combination of sports medicine here in Marquette and a couple of days in Escanaba. It's kind of gone from; I'm still involved in education of residence that works in substance abuse field or sports medicine. I'm giving a lecture for the neuro science conference this afternoon on concussions and my perspective on concussions. I do a lot of talks around the UP. So I've had a mixed background of lots of this that I do and still do.

RMM: It sounds like you found the niche and the niche found you? Like the whole thing worked out. I interviewed other people and they come away from the area. You're the first person from the Upper Peninsula. So I didn't ask how you got here but everybody has their story. You were here which is kind of returning but then you kind of found a special niche but also providing a service to the community. Its very community oriented.

JL: It's that the one thing that most physicians have little if any interest with working with is substance abuse. They have lots of reasons and a lot of it is their own bias because for instance they may have family members who've had substance abuse problems and the difficulty with managing them and the frequent relapse and reality is the relapse rate for substance abuse is no different from anyone with high blood pressure, diabetes, asthma, or anything. It's 30 to 40% on all of them. Even the best managed diabetics over time quit doing what they're doing, quit following their diet. It's amazing when you look at the statistics. When you look at the statistics, it's a chronic disease with the same basic outcome as far as how well they're going to end up doing. But I enjoy it because it's a, you do have success stories and they're the most appreciative people in the world when you can get their lives turned around. They can get back with family and friends, so it is gratifying. There are things you can do, you can look at it and be frustrated or you can work at it as I enjoy doing. I had an individual a

couple of weeks ago that I'd seen a year ago in detox. I always ask people, we're going to get you free of your substance but what are you going to do to not use. What are you going to do to not drink? We'll I can take care of this. I've got a handle on it. I looked at the guy and said, "You've got zero chance of staying sober and you will be back to see me." "No, no doc you're wrong." So a couple weeks ago I recognized him and he said "You were right," so I had to laugh at him cause he remembered that little thing that I told him.

RMM: He had been drinking from the time that you talked to him so for the whole year?

JL: Well I think he had had a few weeks. Which is not atypical and pretty soon they're back to doing things the way they did. A lot of the time they use the substance to deal with whatever stress they have in life. That's how they deal with it. That's how they manage it, they drink. So they go back to doing what they did before and you know, but he was back and realized that he needed to do something different.

RMM: Is there a set number of times that they will come back and try to get restarted on a program of recovery?

JL: Yeah, it's real variable. Some people are able to do it one time and get through it very well. Most of the time though they will be sober for a while and then relapse and then have to come back for further treatment. They learn what they need to relearn, now we have access to medications that really help in that regard, as far as working on their brain chemistry which like I tell them, you change your brain chemistry permanently so now I'm going to change it for you so you have a better chance to stay sober.

RMM: So this has, the drinking then affects them physically?

JL: Oh yeah. They have changed brain chemistry and I tell them, "You're never going to go back to the way it was. You think you're going to go back to the way you were before drinking, it isn't going to happen. You've changed brain chemistry. It's permanent, now we need to work from this point on." I always ask when they started using and if they started using as teenagers again then they have a lifelong problem ahead of them because their brain chemistry was changed at the time it was developing as an adolescent. That's when it's evolving into an adult brain and if they're using substances at that point and time then they are in for a life a misery.

RMM: This is for liquors and...

JL: It doesn't make a difference what the drug is. So all these people that say marijuana is innocuous; it's a gateway drug to everything else. I see it commonly. Every one of them has the same story all I have to do is change the name. It's unbelievable. This medical marijuana thing that's going on right now, it will be interesting to see how it all plays out but you know, what we see here is just a snapshot of everybody else in the country. We're not better or worse than anywhere else. It just is what it is.

RMM: Now these programs that you hear about, the Betty ford program and whatnot, are they, they're just a fancy institution that basically would be providing services that you would provide?

JL: Same thing, Hazelton, Betty Ford, there is a good amount there. With the name comes the price tag. If you want to go to Hazelton you can spend 3,000 dollars here in Marquette to do 21 days or you can spend 30,000 at Hazelton to get the same end result. "But I've been to Hazelton," Oh okay, well good.

Are you using or are you sober? "Well, I'm using" Oh okay well they spend thirty thousand for what. A lot of people want to go to the best place. Well if it keeps you sober great, it doesn't make a difference where you end up going but, yeah there's multiple programs out there but in the U.P. we're the only one basically at the lighter substance abuse treatment program, inpatient and outpatient.

RMM: Now do people stay on site or...I mean with the programs?

JL: Yeah.

RMM: This is all new to me. I didn't know that we had something like that. The other thing I wanted to mention was as an outsider, a person on the street. I thought that when you started this program, I was here when the residency program started; I thought I was a very wonderful idea. I thought you had people standing in line to get into the program. Then you're telling me, no, no we had to go out recruiting people.

JL: So we had a good run of good quality candidates then about late 95-2000 then it started to switch. There seemed to be a shift away from primary care. There seemed to be more and more people not going into family practice coming out medical schools. So the recruitment became more and more difficult. Again for those 15 years it was 100% American. 95 on closer to 2000 we were now looking at foreign medical grads because that was what was available. So now you look up at the makeup of the medical staff at the hospital and there's a lot of foreign medical grads that are now a part of the medical staff. Most of them well trained and very good, but as that transition was going on I can recall many patients saying I can't see Dr. whatever, I can't understand him. He's not American; I don't want to see him. There was a real bias but it doesn't seemed to much of an issue now ten years later but back then, and there still are people that want an American Dr. that can talk English. Not that they can't talk English but some of their accents are pretty tough. So it's transitioning, it just took a lot longer here than in other parts of the county where there were a lot more foreign medical grads coming in. So recruitment it's tough when you're looking at the number of physicians that are coming through here in the hospital. It's just always an ongoing process trying to find doctors in specialty areas.

RMM: So it's still a problem?

JL: There's jobs to be had. I mean the people want to come and live here are from up here or they want to get to a small town you've got a better chance of recruiting them. Maybe a great opportunity whether it be a husband or a wife, but if the spouse doesn't want to live in this, if they want to live in a metropolitan area, then dream on. It isn't going to work. We've seen that happen many, many times.

RMM: In terms of recruiting like foreigners and so on. What is the retention rate? Once they get here do they stay or is there a constant movement of people in and out or...?

JL: Well what we've found weather they are American or foreign medical grads, once they've lived here for 3 years and are married and have families they want to continue to live here. Once they've put in the time and they've adjusted to live here. What can I do to stay here and practice? I think that just the fact that you're here helps retention rates. There's always people that are going to leave and go to other areas. Whether it be to their home area or some other area that they want to end up going to but I think that traditionally most of them have gone to smaller communities whether it's been here in the UP or other areas but they typically have gone to smaller more rural rather than metropolitan areas.



RMM: So you mean they leave Marquette to go to a smaller place?

JL: Yeah, we help somebody else out as far as a community that's in need of a primary care physician services.

RMM: But then they also have the connection to Marquette General?

JL: Yeah.

RMM: So you would say it's been, in terms of your tenure, it's been successful?

JL: I think so. I think it's accomplished what we set out to do initially. What we've been able to put out as far as practitioners in the U.P. and hospital has seen a lot of growth as a result of that I think it's been a win/win all around. I think that back when this was getting discussed medical students with Michigan State and then playing the residency here I think a lot of those people had a lot of foresight into what it could end up being and ended up to be. There's a lot investment of time and money on a, we think this is what it's going to do. We think this is what it's going to end up accomplishing and had a lot of believers back then and people willing to take chances and all of that has come and more as a result of that.

RMM: Back when it started was there a model that you would follow or was this one of the first programs?

JL: Well for family practice it was pretty much run basically the same way. The difference was just locally what was going on or how you did things. I can remember when I was up in October we were having a reception with the local docs in town. It was at the old train depot, that used to be the Huron Mountain club, now what used to be?

RMM: The Marquette Club.

JL: Yeah and that's where we were at. So Dan's introducing me to all these people. I remember Wally Pearson coming up to me, Wally senior. Wally says, you're the guy coming in on the white horse going to tell us all how to obstetrics, is that you? I'll never forget that. I was thinking, wow what did I just get into here? Wally had a little twinkle in his eye and said nice to meet you and we became good friends. He was sending a message because the previous guy that had been here was trying to tell him how to run his practice. That was, I always said when you come into something new it's kind of like getting on the expressway you got to get on at the right speed. You can't be going 100 when everybody's going 10 or you can't be going ten when everybody's going sixty. You know, you've got to merge and fit it. That was the goal of my first couple years. Get to know the people, the lay of the land, how to make things work, how to get what I needed to get done and a. You've got to take a...I learned...my on the job training I had no management experience, no business experience, I learned as I went. I can remember when I was running the program down in Detroit. I had a mutiny because I was trying to expand the program and do more things to create revenue and no, no. I said we're going to do it or I'm going to get somebody to do it. We'll we're not going work then, we're going to quit. Okay quit. Everybody walked out besides one person. Everybody gone, all the nurses, out of twelve people, they all left. Oh I tell you, I got called in front of the president and the hospital and the board and I had so many people come up to me and say I wish I had your guts. I'd love to be able to do what you just did.

RMM: So it worked out?

JL: It worked out. Some of the people we got back. The ones I didn't want back we didn't rehire. We brought in new people. We struggled for a while but we eventually got it running the way it needed to run and then turned the program around. We had some real dead weight that had been hired initially on and just, they were going to do it one way, one speed and that was it. They were just not going to change. So we're going to play Texas Hold-em. Who's got the bluff here and who's got the cards you know and in hindsight was it the best way to do it? I don't know but back then I don't know that I had a lot of choices. I never did anything like that up here. I found better ways to do it I guess. You learn by experience, how to get things accomplished without going to that degree. So that was, and my background personality is pretty easy going. I can go with the flow so I don't need to see instant results right now. I can work on some things long term and get it to where it needs to be. So it was just kind of a, I think I was a good fit for the program, just based the way I am coming into the situation that I had, trying to turn it into what it needed to be.

RMM: Not to put you on the spot here but would you feel that your growing up in the Upper Peninsula, being familiar with the area and so on helped you in your position and ultimately made the whole thing work? Did you ever think of that kind of connection?

JL: Well I never did but I believe that to be the case. I think it helps to have been up here. You have a better appreciation and understanding of the way things are. The way people live up here. You understand people. What people are looking for and how to provide that service? I think some of the more difficult issues for new physicians coming in, is they struggle with that. The ones that were here learned it, they had to learn it if they were going to survive. It was a meeting of the minds if you will. Learning the culture and that sometimes is very difficult for physicians coming, especially foreign medical grads. They have no appreciation for it, living in America number one, much less a regional area like this that has some different background and history. How to utilize that as a strength and help you with practicing medicine. If you can add a...I've got a guy on treatment this morning and he struggled with substance abuse all his life and he's doing the best that he's ever done. He told me, if I could take you back home to meet my family, God, I'd take you right now. It's unbelievable how much better I'm doing right now with the things you've done for me just in the two weeks I've been here. You know those are always the kinds of patters and acts but again he's a guy from the Soo. We have some commonalities as far as his interest in hockey so we can talk in a lot of different areas. Be it sports, be something to do with working in mining, whatever. Doing it for 20 years in family practice helps. That's the helpful part in substance abuse. They understand what's going on and you explain to them what you're doing and why you are doing it, which they never had before. It really gives them a better chance of staying sober. Yeah I think my background experience growing up here, all that contributed to being able to do what I do right now. Also I enjoy doing it up here. My wife said in 1980 when we moved back, she said, he finally unpacked his bags after 10 years. That was a very good analogy. I was there temporarily. I was on loan down there temporarily doing what I had to do and when the opportunity came I was gone. I told the people down there when I got the call, the director of medical education and the CEO of the Hospital, I'm gone. Well what do you mean you're gone? I said yep I got a job in Marquette they called me this morning, I'm taking it. Well you haven't even been up there. I said I know, I'm going, I'm just letting you know, I'm giving you my notice right now. It was that quick. The call came, I didn't know how long it would take or if it would come but when the opportunity presented itself especially because I was already doing that down there, it was just like well....

RMM: They trained you?

JL: And I was going to come back.

RMM: Do you feel that, just kind of from what you're saying here, do you feel that there would be room for some kind of a program that northern could offer, myself, others, like lectures or something that would help to bring new physicians into close contact with the local culture, the heritage, the foods, the way things are done? It's not going to be, I mean some of the stuff you can't do. You have to live here, you have to be here for a while but having materials available possibly to read or give lectures or something over at the hospital. Make it a volunteer situation, but it would be promoted as a way of becoming familiar with the area. I know I was talking to a catholic nun, I was giving some lectures in St. Peters cathedral and she from Thailand or something and so now she's here and asking me well who are the people and I could tell her and I gave her a lot of books and whatnot to help her out. She was quite excited because now the key was opening the door to this area and otherwise she could learn about it but it might take here five years.

JL: Right, I think that would be an excellent idea. When I was the residency director, all the new people that came in during orientation that was one of the things we did. UP culture, talk about different things and we had different people come in and talk about various aspects whether it be about health care or ethnic background, what was done up here, all different areas to give them some exposure to what they're coming into. It gives them a better perspective when you run into people that do this for a living, maybe this is the type of person you're going to be taking care of. I think it's helpful for any of them. I'm surprised the hospital doesn't do it. Maybe they do, I'm not aware that they do, but I think that that would be a great idea. Cause there's lots of resources available and if they can get a feel for what they're going to encounter, that's going to be able to help them practice medicine. Or take care of patients, regardless of whether physicians for nurses or anybody that's in the healthcare field.

RMM: You go into talk, you know somebody from some place and even if you know some general thing at least you can throw it out there and start talking about it.

JL: Exactly.

RMM: It's not that you're going to have a detailed knowledge of copper mining or something.

JL: Any information can be real helpful in that regard especially if they're not familiar with this country. Even if they are from this country, this part of the world, it's a unique geographic area. It has some; it's an intriguing area for some people that come here. There's lots of history.

RMM: One day a faculty member asked me, he was going to a conference, and he said would you cover the class. I said, "What is the...just go in and show a movie." I said well what are you covering, it was towards the end of the year – it should be World War II. I said do you mind if I give a lecture on WWII in the Upper Peninsula. Oh that fine. I gave a lecture; I gave it the other night pretty much off the top of my head. Some students came up to me, which kind of shocked me. They came up to me and said I never knew that. Then I'm thinking, I am teaching here, we are teaching teachers. Don't they teach this? Then I started thinking, I haven't written the book, I have it almost done, on the history of the UP, if you had the book there's a chapter on WWII, we'd be all set. So it's kind of my fault as well but now that I see that there is a demand it might be something that I can pursue. It's not a big, it's relatively simple for me to give a lecture but for the people on the receiving end this would be all new information.

JL: Oh, absolutely. No doubt. I think there is a market for it. I mean you have enough new people coming in over the time that and even people that have been here for a while might benefit just from the perspective of having to open their minds and realized that a lot of people live here and don't realize this stuff. It's kind of like they live in a vacuum. Sometimes you kind of have to open the door for them and then all this other stuff is going on.

RMM: Now here you're talking about the hospital. We can turn it around and look at Northern. We're bringing people in and they're coming from a distance and are totally clueless as to what is going on.

JL: Absolutely, and you still look at students that come from different regional parts of the U.P. and people ask, you have some of the most vicious competition among areas of the U.P. when it comes to competition in sports or whatever. I say yeah you do but when playoff time comes and they cross the bridge they're UP's team. Everybody in the UP is rooting for that team regardless if they've been your worst, bitterest competition. There's a UP team and you root for them. You have that regional pride in what they have but somehow people are able to put that aside when it comes to overall good, they recognize the UP as a region. Us. You see that so frequently. So that's been always interesting and some people who come from out can't believe it. You just go at each other so hard and then all of a sudden you're rooting for them. No that seems to be so foreign. That's a uniqueness of the U.P.

RMM: Now we've been talking here. Is there anything I left out or something you would want to add that I didn't mention or?

JL: No, I think I've been one cog in a wheel as the development of medical education and where it's at. I made a contribution as others have and still continue to do. It was a good ride. For me at 20 years it was time to get out and I didn't realize, it was more other people saying we're just kind of stagnating, we're not doing anything. At the time you never want to be told you're not getting the job done but after you get out and look back you think man I should have done this 5 years ago. I mean you're on a marathon and you're just doing so many things and juggling so many hats and you're trying to manage and teach. Bill Shorta took over for me. He's putting 60-70 hour weeks in. He just talked to me a week ago and he says, I know what you're doing, I didn't believe you, when I took over, and you told me what it was going to be, I didn't believe you. I didn't realize how much you were doing early in the morning late at night, weekends, everything. Until he started doing it he didn't appreciate all that was involved, how many hours it required. It's one of those things because you're involved in so many things you can never say no because it would ultimately impact the job you're doing. Then I'm trying to do a lot of sports medicine because I've gone to three Olympics, I'm trying to run this and do Olympics things on weekends and after a while you just.

RMM: So then you worked with the Olympic training center?

JL: Still do. '96 I was the head doc in Atlanta but between '92 and '96 there weren't many weekends I wasn't involved in some capacity, traveling and evaluating medical staff to take for Atlanta. After '96 I said that's it, they wanted me to go to Beijing, 2006 they called me and said we need you go. I said I've done it twice, I'm a volunteer. Finally a year ago, the only guy that could call me in the country, called me and said you've got to go. He said I'm going to be there and I know we're going to need the help. Okay, so I went to Beijing and it was a good experience and I had a little different role than I typically would have had and so from that perspective it was alright but still. Everyone asks what'd you see, that's the most common question and I say, one event. You went to the Olympics and you saw one

event, I say yeah one event. I was there working. I was not there as a spectator. I did not get to see a whole lot. You're not there to do that. They have the perspective of what you see on television. You're working your butt off 24/7 for three weeks straight. That's what you're doing. I helped take care of the lady that got stabbed over there. So I spent the week in a Chinese hospital trying to manage her. It's just different. Instead of working here, you're working over there but you're working harder. You know it's a great experience and it's great to have been chosen, to be asked to do it. Those are all nice things but most docs, once they've once they say...

RMM: Here's somebody else to do it?

JL: Give somebody else a chance. It's all volunteer, you don't get paid for it.

RMM: So they put you up?

JL: Yeah they provide room and board, fly you over there but you're donating you time basically, your expertise.

RMM: How did you get into sports medicine?

JL: I was actually doing it in Detroit when I was a resident. They wanted every resident to get involved working with the high school. This was my first year of residency so it had to be in '74-75 by the time I graduated in '77 I was a team physician for 12 high schools in the metro Detroit area because there was nobody else doing it. I had a lot of interest, I played sports growing up, so I was actively involved. The most difficult time I had was when I was team physician for the two teams on the field playing at the same time. Which sideline do I stand on? That was the most difficult problem. So decided to stand in the end zone and rotate around the field. Not give any perceived favoritism especially if I took a player out. Well you're working for the other side or I can see that. Then when I came back here my goal was...Dr. Cronshnoble was the Dr. for hockey, was to get involved in that sport, that's my sport. I still play it. I'm one of the coaches at Northern's hockey team. That was my goal. Well Ed died and then Phil Denis and surgeons took over. I was always at the rink and eventually I took that over. Lo Meyer was the gymnastics coach at the time and he was talking to me, "why do you help me out? We don't have anyone covering the women's sports here" so this is back in '81 I think. I started working with women's sports and within five years I was doing all the sports. Everybody backed off and I've been doing it ever since. I'm the physician for Northern, all northern varsity athletics. Then the training center started in '85 and since I was already doing, really the only doctor doing sports medicine, they said well can you do this too? Oh why not. So that's kind of how it evolved.

RMM: Now you get paid for that service?

JL: I do? No, it's all voluntary.

RMM: Oh my.

JL: Yeah, it's all voluntary. It's a labor of love. If you don't enjoy doing it...

RMM: I guess so, oh my word.

JL: You can't make a living being a sports medicine physician. You have to have something else that you do to generate your salary and then put this in as an add on.

RMM: But how do you find the time?

JL: You fit it in. Do weekends, weeknights. Fit it in whenever you can.

RMM: But then it's not like a particular sport, hockey is played at a certain time and then it's over with? Then you go on to a different sport. You go from sport to sport?

JL: Year round. That's why we've got trainers. So when I'm with the hockey team in Alaska. I'm on the phone. I'm doing sports medicine on the phone. I got trainers doing what I want them to do.

RMM: You didn't say you retired?

JL: No, I'm not retired. What am I going to retire to with the way the economy is? There's nothing there to retire to. You got to look at putting another 10 years into to hopefully have something back to where it might have been. People say, when are you going to retire? I say retire to what. I'm doing what I want to be doing, I've got it set up the way I want it set up, took me all this time to get it this way. Why do I want to give it up now? So I enjoy doing what I do and the day I don't, I guess I'll decide to do something different.

RMM: A very impressive career.

JL: Yeah, I've done lots of things. Juggle lots of hats; somehow seem to find a way to do it. You do a lot of it you get better at it. That's the key. You've got to enjoy what you're doing. That the one thing I see about kids growing up now, that they have passion with everything they do, being a hockey coach, that they have passion. That they strive, not only in sports but that's a good illustration. So many kids don't walk the walk but they talk the talk type of thing. They don't really want to commit and do what it takes to succeed. Whether its sports or anything they do in life. When we recruit, if I interview anyone that has passion, I sign him right on the spot. If you've got passion for what you want to do then I can work with you...

[SIDE A ENDS]

[SIDE B BEGINS]

JL: ...Some are just putting the time in. You can always face that. The challenge is to see if you can motivate somebody and hopefully get them motivated enough to get excited about what they're going to do. Or do something they can feel good about. That's what I; I still have passion for what I do. That's why I continue to do it.

RMM: It's almost, do they have the passion, but then will they have the opportunity? Then you provide them with the opportunity. Then the two come together and it works out. Like I had a fellow, I went into class and I just kind of threw out the net to see if anybody had the passion to be interested in doing some work, working with me basically doing a publication with their name on it as the editor. This one fellow comes up with, three of them come up; two of them Palmer boys that we had to work with for the summer. The other fellow was all excited. He wants to go on to graduate school and he's not really interested in regional history but, I said the things you're learning you can then put into whatever

publication you're doing. He's just turned on, excited and so on, so he's from Maine. So he went back to Maine and we had, a woman had given us a scholarship, we didn't know anything about her. We tracked her down in Maine so anyway, he's gone on his own and found out when she died and how we can get more information so we can at least say, this is what the women did. Right now we can't really tell you anything about her but it was interesting seeing that. Then I had another fellow that kind of did the same thing from Ishpeming and have now kind of hired him as my assistant secretary. We'll he had given you the call. He got everything set up. So when I got back from vacation I just kind of walked in on step and rolled right along, which was great. If you find these people then you give them opportunity then it's kind of a, you see it as a benefit to everybody.

JL: Maybe when I was growing up I had it but it seemed everybody I associated myself with had it too. I guess there were a few, it seems like I can identify more and more that don't have it. I don't know if it's because of our society and too many things. People don't have to work hard to accomplish anything or don't know what it takes to work hard. It all just comes to easy. We see that in hockey all the time, kids that are good at a young age and it comes to them naturally and then they continue to move on and go to higher levels and pretty soon that isn't enough. They really haven't developed the work ethic to be able to know what to do. We see that at Northern all the time, guys come in and they've been studs wherever they've been, high scoring. They come here and they struggle. It is a battle, it is the battle of their life, and some just can't handle it. They have to leave and quit. Others figure a way to do it. Talk about an example of what life's going to be like for them. If they can figure out how to do it and work through it they're going to have some success in life, whatever they do. Others quit on themselves and I hate to see it. I try to work with them and give them hopefully different ways of doing things, but if it's not their then there is nothing you can do.

RMM: My daughter, we were on vacation, this is years ago, she's 34 so, it was a while back. We were down in the south and we went to Andersonville prison and she got a book on a Michigan soldier who was a prisoner there. Then she's relating how some of the people died and some did survive. So we then had a joke, between her and I. Would this person survive Andersonville? It's kind of the one with the guts, the pizzazz, the energy, the focus and so on; they are going to survive under any circumstances. The dead beats they're going to be drinking the dirty water as it's going out of Andersonville and dying of cholera. So you notice that around here both with faculty and students. The interesting thing about faculty is that they will castigate me for overworking them. I said, I'm department head don't worry about it. Wait a minute, you're doing more than the union contract. I don't care, I added a course. I chose to teach two courses in the fall. I had one online with 50 in the class and one on Michigan I think there's 30-40 people. I'm only supposed to teach 20, 20 people per class. These people are interested in so I'm going to teach. Then the park service over in, the superintendent, over in pictured rocks. I was talking to him and he said you know were doing a, Ken Burns is coming out with a new series on the national parks and the parks service would like to get both of the schools to offer a course on the history of the national parks and use the video etc. to get a lot of publicity and so on. It was after we enrolled students. My wife and I want to see all the national parks at some point. So I'm into national parks. I said what the heck yeah we'll offer the course. Earlier I'd offered a course on the history of doing oral interview. Showing the students how to do it and then sending them out which means we'll get more interviews through their work so it's really benefiting... Not so much benefiting me, it's benefiting them and the community in terms of saving these memories in the archives. So I've ended up teaching 4 courses instead of two. They said you're not getting paid for it and I said well I am. We are gathering information that's coming in here. I'm happy. If I'm happy, I'm paid. Okay. I agree with you about retirement. If you have monetary problems now but if you're happy with what you are doing. One time I even went through and looked at famous people, generals,

doctors, Freud. They all wrote their books, became the success they were in their late 50's and into their 60's not at 32. They have to develop to reach that point. So when I see people jumping out and retiring I think you weren't too happy with what you were doing. Or I have an odd view of life. I have to work I have to have some focus. You seem to have that as well.

JL: Exactly, you've got to get up in the morning and enjoy what you're doing and meet the challenges and try to enjoy what you're still doing. I've got a younger son who's playing pro hockey but he's had to work hard for everything he's got. The end result right now is he's got a college education at Northern and he's been able to go on and do something he enjoys to do, which is to play pro hockey in the coyote system. There aren't many kids from Marquette that can make that claim but he's had passion for the sport. He's ready to start working out, the next three months he's going to be in intense workout all on his own. He doesn't need anybody to drive him, he knows what he needs to do and he's going to do it. When I see that, he's going to be successful, I don't think he's going to play in the NHL but him right now, him and his wife, they're in it for the ride. It's enjoyable to sit back and watch that happen. Not only for him with what he's accomplished but anybody that is willing to put any time and work at it.

RMM: Okay, I didn't ask you though, when you played various sports, what, you played hockey?

JL: Yeah.

RMM: Just hockey or were there others like basketball?

JL: No I played football growing up, played hockey basically growing up. That has been the sport of my life. That's what I've played all my life, I still do.

RMM: Well you are quite and individual. It's wonderful meeting you.

JL: I can say I can talk about a lot of things and its interesting doing it because you kind of lose perspective. You just don't think about it. Stuff doesn't come back. It's there but nobody has developed and interest or talks about it but it's lost. It doesn't, I don't know if it gets put down in anything people can recall but for medical education in the U.P. I think it's important to not lose sight of what's happened, where it's at, and where it's going to end up going.

RMM: The idea, what we want to do with this when the project gets done is to have the interviews bond and available at the archives in the hospital and at Northern for future researchers that might want to do something or they want to study. For instance you are a fantastic example of a yooper who has done very well and has had this tremendous commitment to the community. You're kind of a model to what people kind of talk about.

JL: What do I need to sign?

RMM: Now let's see, down here. This is just that I didn't force you to do the interview and then this is just the...

END OF INTERVIEW