

INTERVIEW WITH WILLIAM NEMACHECK
MARQUETTE, MI
JULY 14, 2009

SUBJECT: MHS Project

START OF INTERVIEW

MAGNAGHI, RUSSELL M. (RMM): Okay Bill, the first question I ask everybody is: What is your birthday?

NEMACHECK, WILLIAM (WN): August 16, 1946.

RMM: Could you tell us a little about your background? Are you from the Upper Peninsula?

WN: Born and raised in Bessemer in the western end of the Upper Peninsula. My dad was a merchant, he owned the Gamble store in Bessemer and my mother was a teacher but then I had two brothers and she was basically a stay at home mom. Later growing up my dad was, also had a teaching certificate and he sold the Gamble Store when I was in junior high school and then he went back to teaching in the Bessemer high school and in fact I had my dad as a teacher for chemistry, physics, and home room teacher for one year.

RMM: It must have been interesting.

WN: Yeah, right. Small town you know, there was only one teacher for that so.

RMM: Could you comment on and this is a question I was going to ask you, give you a call and ask you about your heritage? Bohemian, Czech?

WN: Yep it's Bohemian-Czech. I'm half English, half Czechoslovakian. My grandparents on my mother's side were from Cornwall. They came over to the United States through Ellis Island. My grandfather as a youngster went first to South Africa and worked in a gold mine to make enough money to take he, and his then girlfriend, to the United States. So he went to South Africa worked there for three or four years and when he was about 20-21 he came back to England, got her, and then came in to the United States through Ellis island. I've been there; I've seen their name in the book. They settled in Deadwood, South Dakota, where there was a gold mine where my grandfather worked and they were there when Wild Bill Hickok was buried on boot hill. My other grandparents...

RMM: Then they came from?

WN: Then they came from there to Houghton, the Huron Town. Up on top of the hill in Houghton is called Huron Town and that's where my mother was born in 1908. My mother passed away some years ago, she was 93. So she passed away in 2001. They moved from Huron Town to Bessemer and my grandfather in the course of, after he got done with the gold mining stuff, he became, he was a mason, particularly a stone mason. He moved to Bessemer and that's where my mother met my dad and they got married. My grandfather being a stone mason was the main contractor for the stonework on many

of the courthouses across the Upper Peninsula, the main building of the Marquette State prison, the main building of the Newberry State prison which, if you've been there, is all rock, and was the stone mason on all of those projects.

RMM: Now he had a company?

WN: Yeah he had his own company, right.

RMM: Did he work on the City Hall in Bessemer in the 1930's?

WN: Well not the City Hall but the courthouse. The county courthouse is in Bessemer, it's a big sandstone building and he did that building.

RMM: Right by the school?

WN: Right by the school. In fact he built the school too. Not the original school, he did the edition to the school.

RMM: So you could put together quite a checklist of all the major projects that he was involved in? Interesting. Usually you don't find Cornish people into...

WN: I understand, in fact in Bessemer, my mother and dad moved into his house, he built his own house where my mother grew up and then she ultimately bought it and that's where I grew up, right on the highway in Bessemer and my grandfather built another home in Bessemer right on the other side of the high school and it's a beautiful thing. I was just in Bessemer a week and a half ago for our 45th year class reunion and stopped at his house that he had built and lived in and he died at and we got a tour of it by the people that currently own it and it's a solid Lennon stone house. As you might expect it's immaculate and the people that have it have just kept it up. It's wonderful. It was really neat to go through it.

RMM: Now was the first house the one that your parents bought them?

WN: That was a stick built house but it had a brick veneer on it.

RMM: That was kind of a fancy...?

WN: No that was kind of more a plain Jane but...

RMM: Okay, because I'm thinking, going through Bessemer that way...

WN: The Lennon stone house that my grandfather lived in as I remember it was also where he had his office and the house had a walk in safe and that was, the front was kind of the home part was on one side and then went back and was up above and the left hand side was an office, a walk in safe and then another drafting room. My mother was his book keeper.

RMM: So he was into designing buildings?

WN: More houses, but then he subcontracted out and did a lot of brickwork and masonry work, stone masonry and so forth.

RMM: Now what was his name?

WN: His name was Rosemary, Alec Rosemary.

RMM: Do you know the story about the Rosemary name?

WN: Vaguely.

RMM: It no longer exists in Cornwall but it exists here and I guess people that come from Cornwall, it's amazing Rosemary's are still around. Then your...

WN: My dad's side the Nemachecks came over here and settled in the Appleton area and my dad's dad was a captain in one of the mines in Bessemer in the Yale location which is south of town. There's Yale, just like up here the location is named after the mines, the Tilden, Anvil, and Palms and all them. So that's where he grew up and he and his dad worked in the mines in Bessemer.

RMM: There wasn't a Czech population in Bessemer?

WN: No, not necessarily.

RMM: So he was kind of the only one. Where there any in Ironwood?

WN: Some but nothing large.

RMM: Okay, because I guess the big concentration of them was down in Menomonee.

WN: Right, then there's me and Bob Coliczeck.

RMM: We were talking about that, I was talking about that with Bob one time because I did a little paper on the Czechs and the Slovaks and we were talking about it and Bob said well actually when he was mayor you were the CEO of the hospital, Jamrich was president here and the...

WN: And Dave Svanda was City Manager.

RMM: So the four leaders of the local institutions where all Czechs or Slovaks.

WN: Yeah that's kind of ironic.

RMM: So then you got your education and so on in Bessemer?

WN: Yeah I went to school in Ann Arbor at Michigan. I was in the school of engineering in the Bessemer engineering program and they had a dual program that was tailored after hospital work. It was a joint curriculum between the College of Engineering and the University Medical Center and I was in that. When I graduated from the U of M I worked for what was called a hospital improvement company which was affiliated with the U of M and in fact worked up here at various U.P. hospitals.

RMM: Would they sort of bring you in as the...

WN: Yeah, it was kind of a consultant position and Don Carros was the administrator at St. Luke's back in the 1968-69 area and he ended up hiring me and I was the first IT person. Back then we called it data processing, so the first data processing person at St. Luke's and then started the first IT department in the hospital.

RMM: And this was in?

WN: 1968. Actually I take that back, I started working through the university program in 68-69 but I started working full time at St. Luke's March 1, 1970.

RMM: So that gave you the entre into Luke's?

WN: So I was part of St. Luke's hospital at that time and of course the merger happened some two years later.

RMM: So then how did you progress then? I guess not so much how did you progress but what do you remember of the whole merger at the place there? Was it a simple process or complicated?

WN: Um, yeah it was, I guess in some respects the medical staff as I remember normally would have a more difficult time with the merger of the medical staffs because of medical staffs competing and so forth between hospitals and programs and what have you but ironically enough as I remember it anyway the medical staffs really at St. Luke's and St. Mary's were the same people and I might be wrong about this but as I recollect, I believe part of the impetus was that both hospitals elected the same person as chief of staff at the same time. Then what happened, Don Carros who hired me, died, the administrator of St. Luke's, you probably know all of this.

RMM: No.

WN: Okay, so no, he died. He came to St. Luke's Hospital he was originally at Pontiac General in Pontiac Michigan. He succeeded Bob somebody.

RMM: Before we go on how do you spell Carros?

WN: C-A-R-R-O-S. I believe that he was ill although he never told anybody about it but he called us in one day and said that he was going to be leaving. He was going to get a big check-up and was going to just be gone for a while. He wasn't gone much before then and within a week later he committed suicide. He shot himself at camp which was out on M-28 towards Munising where those cabins are just past the first turn off. He shot himself behind the wood pile and died. So you had a time where the administrator from one place, also the problems of mergers or what to do with the extra people so to speak and so you had a vacancy and the medical staff if not the same chief of staff or the leadership of the medical staffs either by individual or by actual position were roughly the same and so there was impetus to maybe do something. Both hospitals were suffering financially and there were 600 employees at St. Luke's, there was maybe 300-400 at St. Mary's. Excuse me I think it was 600 employees out of the whole set up, roughly maybe 300 a piece between the two hospitals. I remember people wouldn't deliver stuff to the hospitals because they were afraid they wouldn't get paid. The egg

man, it might have been a woman, but the egg man wouldn't bring eggs unless you paid for them cash on the barrel when he or she brought them.

RMM: This was at either hospital?

WN: No, it was at St. Luke's. I don't know about St. Mary's at the time because of course I wasn't privy to what their situation was but I know at St. Luke's it was to the point where a lot of the purchases where cash and credit was not very good. I remember the dietary department, our people would be going out to what was then Jacks IGA and Jack who started all that, to buy the bread and food for the cafeteria for the patient meals because whoever was delivering, I don't know that it was Reinhardt or Cisco it is today. It was probably Bosworth and the Cohodas brothers for all I know. Basically times were tough and there was an impetus to and there was duplication all over the place between surgeries being done at both places and many times medical staff members would hold one place up against the other, you know, if you don't give me what I need I'll move all my patients over to the other place and vice-versa. You know how that goes. All in the same town and I think all that stuff, the economics of the day and the absence of the administrator at one of the places, common leadership at least in the medical staff and board members, I know on St. Luke's board, evidently on St. Mary's board as well that had an interest in pursuing and putting together of the two hospitals into one and so meetings began and I think informally between some board members and then as there seems to be some sort of consensus more formalized meetings were held. Then ultimately the first step was Bob Gilstrep who was the administrator at St. Mary's at the time. Gilstrep was appointed the administrator of St. Luke's even though they were two completely separate entities run by two separate boards. Both hospitals had the same CEO and the same medical staffs by in large and then there was a period of time, I don't know how long in there, Gilstrep must have died in October of '72, I'm sorry not Gilstrep, Carros. Of course the merger was July 1, 1973 and so from October or November or December or January 1 maybe it was, Bob Gilstrep was the administrator of St. Luke's and the administrator of St. Mary's simultaneously for about that 6 month period leading up to the merger whereby then more formal discussions went back and forth between the two boards and then ultimately on July 1, 1973 the two boards joined together. Of course there was another factor relative to the Third Order of St. Francis, the sisters not only had the hospital here in Marquette but the one in Escanaba and the one in Menomonee. The Sisters of the Sorrowful Mother had the hospital up in Hancock and so the Catholic presence in health care in the U.P. was rather strong. The sisters owned a hospital, a different group again in Wakefield, so there were just a lot of religious groups in this area and it took a while. I know the bishop was involved and so on and the sisters were reluctant at first to sell or have a merger and so forth. Ultimately it did happen after a lot of work by a lot of board members and in essence St. Luke's hospital bought St. Mary's and the merged corporation was St. Luke's Hospital Corporation who then got an assumed name of Marquette General Hospital.

RMM: So this sort of whole merger evolved due to the economic circumstances of the times, the duplication of services and so on?

WN: Right and I think there was... I think the community was ready for it. You know, there was just a lot of good reason at the time to do it and eliminate duplication and I think there was the vision that things could grow and be bigger and so on. Immediately after the merger, well not immediately but between 1973 and oh the next 3 or 4 years there wasn't a lot done in terms of expansion or changes because the first new building at the St. Luke's sight was, where Marquette General is today was the '81 building which was the eight story patient tower. It was completed in '81. it took two years to build so it started in '79. It took a year to design and so forth. It took probably 18 month to get all of the approvals

needed through the state in order to do it. So you're talking backing up to '76 for when that planning began but prior to that after '73 there was a lot of work done in terms of where should the merged hospital actually be – at the St. Mary's location, at the St. Luke's location, or at a new location? On the highway, not on the highway? The bypass had just been built. It seems like it had always been there but it had just been built and so there was the question should it even be in Marquette or should it be up the road in between Negaunee and Marquette? The airport was looked at, a feasibility study was done that looked at all of those locations and it was after a lot of soul searching and there was the economics of it again. The St. Luke's hospital was decided on as being the place. Part of the reason for it was that it was difficult to walk away from so many already existing assets. But there still was a lot of property at the St. Mary's site also. I think key to really making things happen, I forget the date but I'm sure it's easily found, but Harlen Larson, Elwood Mattson, Wally Bruce, some of the folks West ____, who was secretary or whatever at the time, people that are all gone, were extremely instrumental in working with Dominic Jacobetti to have the State of Michigan Veterans Facility established in the city of Marquette and to have the state purchase the St. Mary's property so that two things happen. One, the property didn't just turn into the way the orphanage is now but was kept and was kept up and then provided all kinds of employment. There's a lot of people working there yet today and so to their credit, Jacobetti had his hand in a lot of things that generated a lot of jobs and kept a lot of things going in the U.P. I remember those trips to Lansing and the meetings that were held and he was of course then in his prime as the chair of the Procreations Committee. He held court down there and it was a show. I mean you no doubt have seen some of that. Thinking back on it those were the vestiges of the good old boy times that will never be, that will never happen again.

RMM: It was one of those experiences?

WN: Absolutely an experience. I mean honest to Pete but as much as some people kind of kid about Dominic Jacobetti he was a person that it didn't matter if you were democrat or republican and he didn't think about them that way. I mean he was just 100% about the Upper Peninsula, unbelievably so. He made things happen. There's a lot of thanks that a lot of people need to still give to him for things that he did many, many years ago that are still here being used today – a lot of stuff on Northern's campus, not only in Marquette but all over. So anyways he had a very big hand in it because the sale of the St. Mary's hospital became the down payment for the loan for the development of Marquette General today. There wasn't only the patient tower which provided the basis of at that time, I hate to use the word state of the art stuff but it was as progressive a health care facility built then as was available anywhere in the state and with it went the operating rooms which were the same and all the support services that were the same. So as the '81 project that the sale of St. Mary's allowed to happen then in that whole planning time from, it might have been '74, '75, '76. '77 was when again the combined board now from both boards, I mean everybody that was on either board, it wasn't like well you know only two from this place and all from the other, it was whoever was there was on the combined board, I don't even know if it was the same number. Chances are it wasn't but however many there were and Harlen Larson who was the, Frasier was the chairman at St. Luke's at the time and Link was very influential in town and involved in a lot of stuff and Elwood Mattson was the treasurer and Wally Bruce was there. On the other side of the coin Harlen Larson was the chair of St. Mary's at the time and West Gener was over there. Mart Copo who just passed away and in his death resigned from Marquette General's board you know so I mean he's been there for it all and in the Marquette General era Harlen was elected as the Chair and the officers pretty much became a mix of both places. Harlen had a vision that just wouldn't quit. At the time of the merger for the first year, Bob Gilstrep who had been at both places where he was the administrator of Marquette General and after a year he left, I don't know if it was by his own accord or not but then Bob Nelberg became administrator and Bob had

been the personnel director under Gilstrep. He was the personnel director at St. Mary's. No, I'm sorry, I take that back. He was the personnel director at St. Luke's and so he became the personnel director of Marquette General and then a year later became the CEO of Marquette General and was the CEO for 25 years.

RMM: Now was he the first CEO?

WN: No, Bob Gilstrep was for a year. Then we had a management team, Bob was the administrator, Harlen and Elwood Mattson and some of the board members had a vision of making Marquette the center for health care in the Upper Peninsula and tagged us all with the job of doing that. The other thing that's important to not forget, I think, is...

[SIDE A ENDS]

[SIDE B BEGINS]

WN: ...A certificate of need meaning that you had to get approval from the State of Michigan for certain services, even to this day there are 13 health care services that you need state approval on in order to have those services at your hospital. Those include hospital beds, MRI's, CT scanners, it includes such things as PET scanners, EMS services, neonatal care services and so on. Back in the 70's the list was bigger, much larger, and for almost anything had to get a certificate of need and the way they did certificate of need purposes the State of Michigan divided the state up into regions and the certificate of need laws had formulas by so many different services were allowed in each region. It so happened that dividing up of the state, the Upper Peninsula became a region, region number 8. There were 8 regions in total. What that meant was that from the allocation of health care services by the state through the certificate of need process is that all of the U.P. was deemed as a region and so in essence, for instance take linear accelerators for cancer treatment, there's one across the street here at Marquette General, when the certificate of need was applied for back in late 70's, early 80's, for that linear accelerator, region 8 was only allowed to have one because the rules are based upon population and access, miles, there's all kinds of things but in many respects population plays a key, only 1 for every 500,000 people. Well as you know oddly the Upper Peninsula has been 300,000 people since the beginning of time. It just won't change. And so in many respects what we did as a management team and what Marquette General did early on as a board and an organization, we went after every conceivable certificate of need application we could so that we could secure those services for Marquette. In an essence they were franchises.

RMM: But you were only going to get one for the U.P.?

WN: In many respects the rules, the certificate of need rules only allowed for one in the U.P. I've said this many, many times when I was working over there, Harley Larson was the chairman of the board and I'd give him the credit although the board as a whole was extremely active. The board was a very active board in vision and policy, not in operation so much but of course they wanted like any board wanted to see the hospital succeed and grow and prosper. What is at Marquette General today could have just as well have been in Iron Mountain or Escanaba. It would have had to have been in a central place to make sense because if you're going to have one CT scanner which is the way it was when the first one came, what's happened, CT scanners is a good example. When CT, when that technology became available region 8 was allocated to have one, Marquette General got that allocation. That was back in the 70's. Since then 35-40 years later now, CT technology has become a baseline in health care and the certificate

of need laws have been totally changed and relaxed so that basically now every hospital can have one. So that's how things evolved and changed. There are still 13 elements of health care services. Heart transplants is one, Marquette General cannot do heart transplantation because there's not enough people to justify a program whereby the program would have enough cases to keep the crews sufficiently updated in their technique to be able to do them well. I always got why doesn't Marquette General get a helicopter? Why don't you have your own helicopter rather than having the U of M coming here with their helicopter and Duluth St. Mary's coming here with their helicopter to pick up patients or you hear about how the helicopter from Wausau landed at Iron River and took the patient to Wausau. Why doesn't Marquette General have a helicopter and bring them to Marquette? The reason is because the certificate of need laws govern helicopter services for medical use and in fact you have to have x number of cases to justify a certificate of need application and in the U.P. there aren't enough cases combined to be able to justify one. We would need, I mean we went through when I was the CEO of the hospital we went through this at least three different times because the helicopter isn't for truly, well it is, but the main reason for helicopters is for advertising. In most of the hospitals the helicopter service is in the marketing department not in the EMS department. Okay, so we looked at helicopters many, many times and the bottom line is that we would need to include all of the demographics from Sault, Canada, 100,000 more in order to justify a helicopter service, one for the Upper Peninsula. So there just isn't enough volume of the kind and type of cases, plus a limiting factor is that there are too many days in the U.P. where a helicopter cannot fly and that's another thing. There's a plus side and negative side, that's the negative side. So the bottom line is that there isn't a helicopter service until the helicopter service is deleted from the certificate of need requirements there won't be one here. So in the 70's, the decade after the merger, '73 on into '80 and even into '84 because the cancer treatment center building was built in 1984 and that included the new linear accelerators for Marquette General which were the first ones in the U.P. The MRI was built after that, in '86 I believe and that was the first MRI in the U.P., the only one. The heart program, I'm sure Al Hunter was interesting, it was after the merger, the heart program was going to be part of what the '81 building was all about. George Patrick was the first cardiologist, Megaly joined him, Al Hunter came as a surgeon. The operating rooms at St. Mary's were closed. It was silly to keep both operating rooms functioning when both were working at 1/3 capacity. So in the operating rooms at St. Mary's they became the training place for the heart team. Did Al talk to you at all about this?

RMM: Yeah.

WN: So in those operating rooms they set up the teams and actually practice on dogs. So anybody had a big dog around town... [laughs] Of course they couldn't practice on little dogs, they had to be big dogs and so it was kind of the joke around, well be careful, don't let your big dog loose because it'll be over at Marquette General and they'll be ripping its heart out.

RMM: So then just to kind of tie in what you're saying back to some of the other interviews, then would people like Al Hunter and these other people who were coming, their story, they told their story but they didn't tie it into what you're telling me coming from more of the administration/board end of it that all of this is going on within the, the merger was taking place the hospital was getting this x amount of money from the sale of St. Mary's property and then the young doctors coming in.

WN: Right that was the impetus for the building at the St. Luke's sight and then at the same time became the impetus because as the new construction was being designed it was being designed for a myriad of new, one-of-a-kind programs and so there was a large influx of recruitment. So the years from 1978-1988 most of the senior staff that are here now all came. There were 42 physicians on staff

at Marquette General at the time of the merger and they were good but the range of specialties was very narrow. Art came during that period and Nieberg came during that period and of course Al Hunter and some of the general surgeons, Kaczynski was towards the end of that time. There was the orthopods, Pearson was the OBGYN and Bill Adisson and a lot of them are now retiring or even left. Like Al has retired but still here and Dan Mazzuchi in hematology and the first dialysis center, that was then another certificate of need thing. The radiation therapy, all that, the first radiation therapists and so forth that was certificate of need. The heart program and doing open heart surgery guided by certificate of need. You have to do 150 procedures a year in order to keep your license to do open heart surgery otherwise they close you down because they feel 150 procedures is what's needed to keep the heart surgeons technique where it's suppose to be. The whole business of the cardiac cath labs, they are regulated by certificate of need. The reason why there aren't cardiac cath labs at the medical center right now and only at the hospital is the certificate of need. Even in today's dynamics and financial consideration the certificate of need laws in Michigan still have an impact depending on where you're sitting good or bad. It goes on down through as I think my way through the hospital, all of those services we filed certificate of need after certificate of need and what happened back then was you had the health systems agency, the Upper Peninsula health system agency which had to give its blessing and approval, they would hold public hearings. There would be public hearing across the UP for Marquette General. The rooms were full, why does it have to be at Marquette? Why cant it be here and so forth and so on. Well the thing that happens is unfortunately you have to have all of these support system for all of these things as you get into higher level care, you've got to have some of the stuff you've already got that's one of a kind to support the new things that are one of a kind and so in a way it kind of begot itself and the philosophy of the board of trustees continued to be that if the care can be given in the UP and the people in the Upper Peninsula shouldn't have to travel way outside the Upper Peninsula to get this stuff done. The responsibility we have at Marquette General is to provide the service in as good a fashion as it would be anywhere else too. In other words we have to have good people doing it that are highly trained and so forth. If you look at the medical staff at Marquette General even today, I mean 90% of them are board certified in some specialties, they come from the best medical schools across the land. It's a highly trained and educated medical staff, it truly is, it's quite unique and people that come here in recruiting see that even today and say this I really amazing what's here.

RMM: So this then goes back to the foresight and vision of the members of the board?

WN: Yeah and that was all part of the, threads of this were all talked about even at the merger time. If it was one hospital it could be bigger and better. We could bring more things here and when I left Marquette General we had 3,000 employees and while I was the CEO my comment was still that there is no reason why the hospital still can't grow. There is no reason why we have to just look at the Upper Peninsula as our catchment area – the northern half of Wisconsin, the eastern half of Minnesota, the northern part of Lower Michigan. If we do something and do it really, really well, why do people go to Mayo, why do people go to Marshfield, why do people go to anywhere else for that matter? Because they've heard that there are great people, there's good outcome, they make it easy to get to, the costs are good and the people are friendly, and the outcomes are great. You need to build a reputation. It's something that is a tremendous asset for the city of Marquette. There's no reason why it can't continue to be strong and grow and get more services.

RMM: Now how did you then become the CEO? You said that Nelburg was the CEO for 25 years after...

WN: Then he retired.

RMM: That was about? He started in?

WN: '74.

RMM: Oh, '74.

WN: So '99 or 2000 right around that area. In fact it might have been 1998 because I think he had been there 25 years, maybe he was the CEO, because Bruce Clement was hired after Bob and he started in 1996 and then he lasted about 9 months and then I became the CEO after that.

RMM: Now what were you doing?

WN: Basically I had been, when Bob Nelburg became the CEO I became the personnel director. As time went on I got involved in the construction of all of the buildings and services at the hospital but myself and four or five others became the senior management team at the hospital and I was the personnel director from '74 to 1980 I believe something around that. That gives you an awful lot of background with all the folks and services of course and then I also while I was here in Marquette went back to school at Northern here and got a masters in administrative services and basically felt that I was in a position to be able to apply for it and I applied for it when Bruce Clement got the job and then applied for it again when he was let go and got the job and then I was CEO for nearly ten years.

RMM: Now what where the high points of your tenure?

WN: Let's see I worked there for 37 years and certainly the merger was, it wasn't just the, this is mentioning a few things. July 1st of 1973 came and of course both hospitals had double everything. Double CFO's and double nurse managers and double ER's and double respiratory therapy departments and two everything so there had to be this assimilation of staffs that was, the first year, tremendous because there were people that were chosen to lead departments and others where delegated to department manager responsibilities and so there were people coming and going. The hospital was growing to the point where, it wasn't so much a layoff situation as it was people just wanting to be in a different department then they were in as a result of the merger so people left. All over town there were signs of course that said, Marquette General, it was referred to as Marquette General North and South. North being St. Luke's and South being St. Mary's, so the St. Luke's and St. Mary's names were gone but all over town there were signs that said Marquette General South with the directions to get there and then it would say no emergency services because all of the emergency services were brought to St. Luke's and it would say Marquette General South no emergency services, Marquette General North Emergency services, Marquette General North no OB services. There were signs like that around until 1981 when the new '81 building with the 8 story bed tower and the new operating rooms and essential supply and the support services for a lot of things allowed for the closing of St. Mary's and the relocation of services at St. Luke's. It was only then that all of those things kind of ended and Marquette General was at one location.

RMM: So from July '73 until '81?

WN: Operated both places.

RMM: And then at that point Jacobetti engineered the...

WN: Well it was before that. It was before the so that everything was in place and then as one puttered out the other one took over.

RMM: So it was a very smooth transition?

WN: Yes it was.

RMM: Now what were some of the high points of your tenure as CEO?

WN: Well I think during that time we spend a lot of time developing relationships across the Upper Peninsula. Clearly Marquette General is still the major owner of the Upper Peninsula health plan which is the Medicare Medicaid provider across the U.P. It also has other health insurance business and contracts with blue cross and other things. The Upper Peninsula health plan is opposite downtown across from the portside and what used to be public service garage and they employ 50-60 people and that all was developed, the U.P. healthcare network and the arrangements that we had with hospitals across the U.P. and the development of Marquette General clinics from one end of the Upper Peninsula to the other and region-wide services from the Sault to Ironwood. We developed a lot of joint projects with hospitals that we had not been able to do before in Ironwood and Iron Mountain and up in Houghton and so forth. So it was an expansionary time of clinical services. It wasn't so much the development of bricks and mortar here in Marquette but in fact the investing in the Marquette General tradition of the name across the U.P. and the placement of key physicians as referral base all across the Upper Peninsula as feedback to Marquette of those things that could only be done in Marquette. Then I guess lastly we were involved in, the last thing that was worked on the last couple of years that I was CEO was the development and the construction of the new emergency department and trauma center and the designation of Marquette General Hospital as a level two trauma center. The next closest one was Grand Rapids, either Flint or Grand Rapids in Michigan and down to Green Bay in Wisconsin. Since then I think Traverse City has become a level two trauma center but...

RMM: And again do you need a certificate of need for this?

WN: No, it turns out that trauma centers aren't governed by the State of Michigan but are governed by the American Surgical Group, The American Academy of Surgery is the one that actually credentials you to be a level 1, 2, 3, or 4 trauma center. The American College of Surgeons that's the name I'm looking for and the American College of Surgeons, you have to meet all of their criteria and in fact have to, it's kind of a unique thing, you have to function as a level two trauma center without designation and meet all of their requirements for two years and then they come in and survey you to see if in fact you have been doing it and in fact if you have been doing it then they'll designate you. In other words you have to invest all of that investment in facility and people and coverage and training and provide the service as if you were without designation. Then they survey you to see if you have met their standards and if you have then they give you the designation.

RMM: It could go the other way?

WN: Yeah, absolutely. Here again some of the things you need to be a level two trauma center, you have to have anesthesia coverage 24 hours a day within the hospital, again in the U.P. the only place that has that is Marquette General. You have to have neurosurgeons on staff, Marquette General is the only one in the U.P. that has that. Although it isn't a certificate of need thing, it's because of all other things that have happened and the reason why Marquette General is not a level one trauma center is

because we don't have a helicopter service on-site, we have anesthesia coverage but we don't have an anesthesiologist, not the physician coverage and we're missing some of the transportation things which for the U.P. that just will never happen up here unless the population of the U.P. grows to 1 million. You can never say never but at least in our lifetime. So anyway that's what I know.

RMM: Is there anything I sort of didn't ask or something you want to add?

WN: I lived all that for a long time and it's funny you know even when I left there there's only a handful of people you could count on one hand, people left still working at Marquette General that were there at the time of the merger. Dave Cook is one of them, he's the head of the pharmacy, he has been the head of the pharmacy since the merger. He was the Chief Pharmacist at St. Mary's. He's still there. Bob Hodges was the head of the pharmacy at St. Luke's and he was a staff pharmacist at Marquette General. He just retired. He retired when I did. In fact we were hired at the same time. There are a few nurses. Have you by any chance talked to Ed Litwin?

RMM: No.

WN: The only reason why I say that, Ed Litwin, he wasn't there at the time of the merger but he has put together a complete slideshow and documentation of St. Luke's and Marquette General. He does an abbreviated version for new employee orientation. When I was there we had every employee see it so that they would have a sense of the roots of the place that they were working including pictures of the original St. Luke's hospital...

[TAPE 1 ENDS]

[TAPE 2 BEGINS]

WN: ...The founding fathers at, of the city of Marquette, were in fact involved on the boards of these two boards when they started. I don't know if you've ever gone through the lists of the board members or the hospitals way back when they started St. Luke's in 1896 but the folks that were the founding fathers of the community were on those boards. But he has the pictures of the original St. Luke's hospital and where it moved to. He has the same thing for St. Mary's. They were houses and where they were. Some of those houses are still standing, some of them burnt down.

RMM: There's one behind the cathedral.

WN: Yes there is. He's got a lot of dates and figures and times and pictures and documentation that because you're doing this and you're hearing all of this it would be interesting for you just to see it, see what he has. It takes about a half an hour maybe 45 minutes. He's got a long version and short version. He's researched it as best he could with all of us that were there.

RMM: He's still on the staff?

WN: I believe so. He was when I left.

RMM: The only reason I ask is sometimes with projects like this, I don't have it with the federal government or national archives. Those different departments would have all the old records.

WN: There was never a, I don't know if we ever went through and tried to collect anything but when I was retiring I was just kind of cleaning up stuff, thinking what are we going to do with all of this stuff? I gave it to the community relations department and said Gary Muller isn't going to know what this is for or why keep it. I was afraid someone else would just throw it away and so I gave it to them and I presume they have it.

RMM: Okay that's a trail I'll have to follow.

WN: Some of the old books and some of the old medical staff stuff. I had a picture. I'll tell you a cute story. I had a picture of the original St. Luke's building over here, not the original in 1896 but in 1915 the Hebert Court, that building that's still there that's part of Marquette General, was the original St. Luke's building.

RMM: It's facing east?

WN: It's facing east, right. Many years ago when I was, when Bob Nelburg was the CEO and I was working on all of these building projects, part of the problem I had, not only did we have to get approvals from the state and everything but of course we had to get zoning approvals from the city and as you might suspect even to this day, the neighborhood isn't really happy when the hospital continues to expand and so you know whenever a piece of property became available we'd try to buy it and all of that kind of stuff. Of course the city didn't like that either because then we took the, ultimately when we first bought a house it didn't come off of the tax rolls because it wasn't used for tax-free purposes but if we tore it down and built the hospital facilities on the property then of course it came off the tax rolls. So the city was never really happy with it either so they weren't real helpful and so we'd be, I was the person that went to the, I represented the hospital in all of the zoning board meetings and the appeal boards and all that kind of stuff. During the course of all of this when we were just doing the '81 building and '84 building where the cancer treatment center is right now, out of the clear blue somebody walked into my office with two pictures. They were 8.5" by 11" pictures. One was of the St. Luke's building just before it opened in 1915 and it was taken so that you could see the building but you could see everything around it. It was taken from a ways back. So here was the St. Luke's building of the hospital and all around it all you saw was huge stumps. The area had been clear-cut and the only road that came, there was two pictures, one was a front view taken back almost like if you were standing on 4th Street or Presque Isle and all you could see was no houses. All there was, was this hospital building St. Luke's and stumps that's all there was. Of course the argument from the neighbors was that we were here now you're building this hospital. The counter was here's this picture that says the hospital was here and then the neighborhood, then you came in and built around it, not the other way around. Then there was a side picture of it that showed that there was Presque Isle and there was College Avenue came up one block and then it had a picture behind it and then there was a picture of Northern Normal.

RMM: Oh okay, I was going to ask about that. So there are, both of these pictures sound like you can see Northern property to the side?

WN: Yeah, then there was a whole...Part of the development of the hospital in the 70's and the 80's was the buying of the president's house and all of the commotion between Northern and Marquette General. I went through all that. Oh I tell you. There was lots of commotion in doing all of that.

RMM: So it wasn't just seeing the development of the hospital and so on but they would also have some of these side activities?

WN: Yeah, how to make it happen.

RMM: But I mean, the neighbors, the city, the university, the faculty because I remember they used to talk about how the hospital was going to devour Northern and you remember there was a fellow who had the house on the corner of Hebert Court?

WN: Oh yeah, it was a Lloyd Wright house. It was a Frank Lloyd Wright house. Leo Glass had the house but it was a Frank Lloyd Wright house.

RMM: They had apple trees around it.

WN: Yeah they did and there was a childhood development center in there but that was a Frank Lloyd Wright house that Leo Glass owned and I remember he planted all kinds of exotic trees including some Japanese maple and so on. First thing we did was A) tear the house down and then we cut down the Japanese maple. Then I remember there was a big row of trees along Hebert Court alongside that house before Marquette General bought it. We bought that property and then there was an effort underway to require the trees to stay and there was a petition to the city to keep all the trees in the zoning and we got wind of that and on the weekend I had a logger come and we cut every one of those trees down because they were all going to be in the way for what we wanted to do. We cut them all down. [laughs]

RMM: So the trees weren't on the edge of the property?

WN: No they were in. There's all that stuff that went on. There were all of those sidebars that were happening from Jamrich's house to god knows what.

RMM: So you had a great deal of fun or?

WN: I mean looking back at it I did, but it was fun. In terms of, you and I both, you started practically the same time I did. How many people now and going forward will have the opportunity of doing and working at a place for their career and seeing fantastic development and growth and impact. It's a wonderful, wonderful time.

RMM: That's right, I hadn't thought about it but Northern's campus and then the hospital...

WN: The two have grown wonderfully. My mother graduated from here in 1931 just after the depression, Northern Normal. She got a job in Blair, Michigan as a teacher. Her first job – 1,500 dollars a year.

RMM: That's downstate?

WN: Yeah just below the Bridge. She called it Blair but it was Bellaire down by Boyne City.

RMM: 1,500?

WN: Yeah.

RMM: That was good pay for that time.

WN: Yeah, full year though.

RMM: You know you mentioned the ____.

WN: And if not there then the facilities manager, Jay Pooter, he might have it.

RMM: But somebody would know that you had given them the material?

WN: Files yeah, I gave it to Bob Reagan but he's not there, so yeah.

RMM: So you were the connector link then for the whole, really, development of the hospital and where it is at this point pretty much?

WN: Yeah.

RMM: So then your educational training served you extremely well in terms of the physical development of the hospital?

WN: Oh yeah, very much so.

RMM: And then the time you had in the human resources area then gave you the, so you had the bricks and mortar and then the human element you balancing and you managed to balance both into position?

WN: Yeah.

RMM: Now how did you, you just applied for the position?

WN: CEO?

RMM: The CEO position. It was open and you just applied?

WN: Yeah it was a national search type of thing. I tell you first of all when Bruce Clement was hired in 1996 there was a national search type of thing. When he was let go in July of '97 then I was appointed the acting CEO and then was made the CEO so there wasn't another search that was done after that.

RMM: During your time there what happened with the board? Did the board continue to have people from the St. Mary's board or at what point did the board become a board without the definition of a group from St. Mary's or a group from St. Luke's?

WN: Well that happened right away but it was the initial, it's a self propitiating board with one year terms. So the very merged board became all members of both. But after that they were all Marquette General board members.

RMM: Did they have to have a certain number from the old board or so on?

WN: No, then others were just added.

RMM: You've got people like for instance President Wong was on the board there for a while.

WN: It's totally unwritten. As long as I can remember there has been at least an invitation that the President of the University be a member of the hospital board. So it's President Wong's decision not the hospital's. Part of what was transpiring at that time was I had met several times with president Wong about things that the university and the hospital might consider doing together and part of that at least in my mind was that every opportunity should be taken to try to see if there could be a medical school established here at Northern Michigan. Part of what got me into that was Michigan State was adding a second campus to their medical school in Grand Rapids. Well up until then Michigan State particularly is a large university that has a medical school, in fact it has two medical schools. They're unique in that they don't have a hospital. There is no Michigan State hospital. Most universities with medical schools have a very large research hospital. Michigan State has none but they have a collection of rural out of town, out of area medical campuses of which Marquette General is one of them. We have their residency program here and they, Dr. Dave Lomont is an associate professor, an associate dean of the medical school and he runs the campus if you will for the Marquette branch. There are seven of them one of which was Grand Rapids. There is already the bits and pieces. My thoughts in a very simplistic form was that most likely, well there is already the premed program at Northern which is very good. There are already residencies in Marquette General, there is already nursing programs, masters programs in nursing, a doctors program was being developed in nursing although it would be between here and Oakland or whatever. The LPN program, there are the non-medical chemistry and biology and so forth and so on and so my thought was without knowing but by conjecture was that most likely with little adjustment an awful lot of the courses that would be taught in the early years or even the late years of a medical school are already probably here and right now what happens is with regard to, we take kids after their second year in medical school and have them come here for training. So if we're already doing the third and fourth year of the clinical away from campus which means the didactic parts done in the first and second year all be you that first and second year could be done just as well at Northern just as well as it could be done at Michigan State and you know I bet you some of the pieces, what's left to put together is little enough that there could be a medical school here and what if there was a medical school here? The kids in the U.P. might be afforded the opportunity to become doctors of medicine a whole lot easier if they didn't have the expense of going to where they have to go now and we had several meetings about that. There were other things going on in the university – the brain tumor research and just a whole lot of interest in a whole lot of things. I guess you asked before what where some of the things in my tenure as CEO that were exciting? I never got to see that in anything I don't even know if it's still being pursued at all but personally it something that with the right people in the right places, if you had another Jacobetti involved, if you had the interest of the right governor this thing could happen up here and it could open up a whole northern part of Northern Michigan University that would just raise all the boats in the harbor would be raised at the same time because of it. To me it was just something that was exciting and I think Dr. Wong felt that there is an awful lot of stuff going on that either are, could be, or should be or there's a tremendous potential of the things that could happen between the hospital and the university and he being a board member and the CEO's boss and it puts him in a funny position in terms of working relationships. So I think that he felt it was best that he not be on that board and I kind of agree with him.

RMM: So it kind of leaves the door open to future discussions or ideas developing? I mean it's not closed, though we have the problem with the economy and so on but down the road?

WN: Yeah, in fact I had the Dean, I was in my last six month or so there, I had the Dean of the School of Medicine from Michigan State come up and meet with the people from Northern to talk just about this and then we had some other things too. It was a woman, she was willing to talk about it because, we weren't trying to, the thought was that there would be an affiliation between Michigan State and Northern Michigan in some form, fashion, or another to try to pull this off and she was thinking about it. She had already done the deal with Grand Rapids.

RMM: Now was the Grand Rapids development because of the Van Andel Cancer Center or something?

WN: Yeah, well there was a couple of different things there. Of course there is a lot of money there and that helps always but the actual campus that Michigan State has in Grand Rapids is fairly large and I think part of it was that Blogic and Butterworth and some of those big hospitals over there were looking at establishing their own medical school. So there is always a lot of...

RMM: It all kind of came together.

WN: Yeah, there's a lot of pressures you know? When I left, I don't know if it happened or not but Oakland University was looking into getting into their own medical school. A medical school brings with it a whole new opportunity for grants and for funding and for research. It opens up, it isn't just the physicians that are trained but then there are the joint programs in between physics and the medical school and biology and the medical school and psychology and the medical school. There's just all kinds of it.

RMM: Well do you think maybe with the connection that had been made between the hospital and the, the formal connection now, between the hospital and Northern that that's sort of... As we're looking at it now it's just there but possibly in the future this would be...?

WN: Taking the right people it could, yeah. Dave Momute who's still the administrator for the Michigan State program at the hospital, he's still there. You never know.

RMM: Anything else?

WN: No, I'm tired.

END OF INTERVIEW