INTERVIEW WITH WALLACE "WALLY" PEARSON
MARQUETTE, MI
JULY 23, 2009

Subject: MHS Project

START OF INTERVIEW

MAGNAGHI, RUSSELL M. (RMM): The first question I always begin the interview with, the date of your birth?

PEARSON, WALLACE (WP): May 30, 1931.

RMM: Okay. Could you give me a little background of yourself, where you are from, and how you got interested I'm medicine and into your field and so on?

WP: I was born in Missouri – Kirksville, Missouri to be exact. My father was an osteopath, assistant dean to the Kirksville College of optical surgery. My mother was also an osteopath. She was a laboratory technologist in medical osteopathic school and my father in 1961 was president of the American Osteopathic Association. At that time, the osteopaths and the MDs had some changing or some jockeying for position in terms of where they stood in most medical communities. Edgar Harden was at that time the President of Northern Michigan University. He was very much involved with bringing better medicine to Marquette and providing more educational facilities. As it turned out he and my father were on a committee to create an osteopathic school and they worked together to create the osteopathic school that is Michigan State College. I think I was hired and taking care of his daughter at the time and he didn't want anybody that just came into town to be taking care of his daughter. He wondered about the qualifications of an individual. He kept seeing my dad and didn't see any reality of a relationship but finally one day both of them got on a plane to come to Marquette and Edgar Harden asked my dad why he was going to Marquette, he said, "My son is there and my son is a physician taking care of Anne Harden." And at that point I was considered a quality physician. As a person growing up in an osteopathic family, my family directed me to go into medical because at that stage of osteopathy they didn't have the specialized training that they have gotten to have and they were still somewhat second citizens in a lot of high powered medical communities. My dad thought this would be better for what I wanted to do so I went into medical school. My parents separated when I was young and I ended up in Lansing. My mother was working there and the usual story. I got a scholarship to University of Michigan and I was in one of their accelerated programs and we were facing the Korean War at that time, the residual of it and they needed more physicians so they were turning them out one less year than the standard format. I graduated from there and I was drafted in 1949 during the Korea Conflict but when they found out I was going to be a student at the University of Michigan for medicine they deferred me from that point to receive my medical degree and sure as heck when I got my medical degree the military service was right there asking. I could pick the service I went into, I could pick when I went in and I could pick probably where I was assigned. I had the residency accepted at the University of Michigan and that was to be deferred and was but after this all I was searching for was a wonderful place to start to practice. The Northwest area or San Francisco bay area, Los Angeles, all these wonderful things and when I talked to the placement man in the Air Force he said I had been sent to KI

Sawyer air force base. I was excited thinking this would be wonderful. I asked how close this was to San Francisco. He says about 2500 miles. That was my introduction to military life and at that time I was certified but not a licensed Obstetrician and it turned out to be very good for me because I had medical officers under my tutorage that wanted to OB and I was perfectly comfortable in helping them do OB and it gave me and excellent opportunity to recognize problems and try to deal with problems. So it prepared me for practice in small towns where I thought general practitioners were the important part of medicine up here and I had indicated to them that I would always be available for their consultation. In fact, all of my practice time, I took care of their problems and their patients without seeing them and developed a long relationship with them in the fashion that they liked to have done. After I finished I was looking for a place to practice and Warren Lamberg was an obstetrician and gynecologist in Marquette. I had been doing some assisting in surgery with Dr. Connelly which is the other obstetrician and gynecologist in Marquette. He was very firmly related to the catholic hospital and I was firmly related to having the ability to do what I thought the patient needed to have done without the restrictions put on by a higher being. I've had experience with that since I worked as medical director for Planned Parenthood in Ann Arbor and all the physicians there were practicing in a catholic hospital and could not provide contraceptive help to the patient so I shied away from that and eventually after working several places I ended up with Warren Lamberg in Marquette.

RMM: So when you were done with the Air Force then you just stayed in Marquette?

WP: Right, with Warren Lamberg for two years but he had a problem that became a real problem. He was a heavy drinker and had bouts of being totally incapable of practicing medicine and I didn't particularly like the situation and during this time I started to talk about the medical community being elevated by those people in St. Luke's hospital board who were free to do what they thought was important to the community. As I came into the community I finally made the decision that I was not going to work at St. Mary's hospital I was going to practice exclusively at St. Luke's. This created an effort for the board of St. Luke's to apply to Bill Burton to build a wing on their hospital for pediatrics and obstetrics. So we ended up with a building, small, no longer used for obstetrics but it was my being willing to sign on to do obstetrics totally at St. Luke's hospital and I did all my practice there. This went along very well in the process of getting established in Marquette. I had ties in Ann Arbor and the residency program there and I was continuing to be kept up to date on the newer things that were coming along and at one point fetal monitoring became the way to tell fetal health during labor and during the process of pregnancy. I proposed acquiring it but the board of St. Luke's could not raise the money to do this. However, they did appeal to the March of Dimes and we were fortunate to have the second fetal monitoring equipment in our hospital. As I left my residency and left my military service there were many people on the state paternal health committee that I had been associated with during residency and they wanted somebody in the Upper Peninsula to be on that committee to reflect the general health problems in the Upper Peninsula and I was assigned to the state maternal health committee and at that time was shared by a man named Henry Veil. He turned the chairmanship of that department over to somebody else a couple of years after I had been there. He went on to develop for the State of Michigan the certificate of need and became a real power of good because everybody had a criteria for having the need to do something medically. So this became a star in the state health department in terms of what can be done and establishing a committee within the state paternal health committee to evaluate the State of Michigan's utilization of the beds. I guess there was a slump in the number of deliveries in the U.S. and we wanted to find out what was happening to all those beds. The criteria that were set forth by the State paternal health committee by the general health department were very strict about what kind of patients could be seen on those beds. They didn't want germ carrying patients. Some could be post-surgical but they wanted to have them related to obstetrics and

gynecologists. It became a big committee with lots of work to try to organize just exactly what would be considered a proper patient to put under obstetrically. This had a real impact on this town for St. Mary's because St. Mary's, when the airbase got started here, built the hospital roughly a third of its patient size was reflected in their OB floor because the large influx of pregnant women from the air base. They had a problem because they were filling those beds with all kinds of patients for the need to make the hospital function adequately so this became a problem. I was the person that had to report this back to Herman Zeal, that these beds were not being utilized and in essence he put more and more pressure on them. The point is I'm sure it created financial problems for the third order of St. Francis and it brought them along to the willingness to sit down and talk about merging the two hospitals. They were going to fold because of the financial burden of having all of these empty beds. It started along and pushed, am I doing OB in one hospital, and pushed us along and… In turn St. Luke's went along with building the things that were needed for a good obstetrics program. As time has gone on this is one of the premier obstetrical units particularly in a small community. It's up to all the quality standards that you would… It did not make me a happy person working at St. Mary's but they merged the two boards and I personally think that we had a slump in the quality of the expansion, the quality of the things they were working in. This may have started some of the financial problems that are plaguing the hospital now. I don't know how that all relates but it was a different philosophy in the board now being 24 people instead of 12. It's a hard thing to do and it got smaller and smaller with attrition but it lacked Lincoln Fraser's willingness to step forward and do things. The hospital did a lot to create an environment for Al Hunter to come and launch into the cardiovascular care that he provided, that he fathered, expanded and let become one of the top cardiovascular surgeries in the United States. That was basically, without Dr. Hunter providing a service and setting things up to move along with. The same sort of thing, I was with Dr. Lambert in practice. This is my personal feeling of things but after a year and a half I couldn't tolerate it anymore and left. I notified him I was leaving and he was less than tolerant and less than pleasant but Dr. Anhillauty, pediatrician, and I went to the state savings building and for a short period of time we had an office there. During all that 6 months, that's when my contract was up, every day when I finished work I would stop on my way down the stairs in the back door for the entrance, Dr. Inwich and Dr. Charlie Wright were there and ____ was the easiest one to talk to and the one more likely to have thoughts about the medical building. Dr. Mike Fraser had built the medical building we were all in. It was the cinderblock building across from the hospital. It's become a lot of things since then but it was again Mike Fraser showing what he wanted to help physicians with and so they could have a medical building close to the hospital. He could then create an environment for them to utilized St. Luke's hospital rather than St. Mary's or anything else. So he was instrumental in getting that building built but it was a terrible building for practicing medicine. We could hear every word that was said three offices away. It was designed to be floating walls so it could change shape with whoever was occupying it but it was just intolerable. Circulation was not good. So I think everybody was at that same time realizing that this was not where we wanted to practice medicine. I pushed a lot on Charlie Wright and ___ Huckman to get ___. I needed more. I need someone fairly soon. So Huckman and myself and Charlie Wright were finally working the direct shift creating medical... Charlie wanted to do it at St. Mary's because of the open area next to the hospital but I was very much opposed to that because I was working all the time at St. Luke's and I envisioned that that was going to be a much better expansion relationship with bringing physicians in when they were that much closer to St. Luke's. I eventually prevailed I guess. We ended up looking for land and the land that Charlie Wright wanted is still open next to St. Mary's there, but we found this lot where the medical building is now and eventually we ended up with about nine or ten people who basically joined us in looking for a building. The other reason was the politics of it were Marquette-Alger Medical Society did not provide the physicians in Marquette with the opportunity of having a voice that could be heard. It was the Ishpeming doctors that were always at odds with the Marquette doctors. So they set down a society to try to create an environment that could move

forward and could talk about things so this medical center became a second issue which was that of providing us with an opportunity to voice our opinions and it started out that way and was very effective. It had at that time every physician in private practice was in the medical facility. Since then it's changed in a lot of ways but the whole practice of medicine has changed but that's what we wanted to begin with and that's sort of what we got. When I pushed to get that started because I needed an office and it created another person pushing to get another opportunity, another building and I practiced all of my life there and retired from there and that's sort of, I retired here, I've had several opportunities to leave here in my life but this is where I raised my kids and where my kids wanted to continue to be raised. I have a son that practices here and very happy. This is the place to live. That sort of tells you who you are as a person.

RMM: Did you notice in your practice, probably especially as St. Mary's hospital, one of the things that came up in the interview was that there was a sectarian breakdown so that Catholics, even from Ishpeming, even when they were having a child would, when they'd have the child they wouldn't have it at Bell they would go down to St. Mary's because they were Catholic so there was this sectarianism involved. Did you notice in your career and you hear of this but the whole Catholic prohibition against contraception and so on, for the ordinary Catholic person was no longer followed? Was that sectarianism, I guess number one did you even notice it?

WP: I don't think so. I receive a lot of comments from those people that were strongly affiliated with St. Mary's. Many social occasions that ended with me being cornered by Harvey Larson or some of the others really got at me for what I had decided to do. It was all personal I thought but I do know that people did come from Ishpeming to St. Mary's but I was not there enough. My relation to all of this was outside the practice of medicine. I didn't feel that that was a big issue in Marquette. Don Connolly the fellow that was very strongly affiliated with St. Mary's drew pretty much all the catholic patients that were inter reliant on Catholicism to make their decisions about what they wanted to do and where they wanted to go. His practice eventually got smaller and he left town and is a practicing psychiatrist but I don't know what happened after that.

RMM: What you're saying was he was put out of business by few Catholic patients coming to him?

WP: Well, but also building a better mouse trap. St. Luke's was a very nice, new obstetrical unit and they didn't have nuns trying to comfort a woman having a baby who couldn't possibly know what it's like to have a baby. That was most patients' comments about being taken care of totally by nuns. That's an uncomfortable feeling and across most of the country this became a prevailing thing. In my personal practice I made the decision to, since we were a medical community, I decided that this community should have a physician or an organization doing pregnancy terminations. My feeling is if I was going to do that I should also offer contraceptive help to those people that would sign a slip coming into my office that they were sexually active. Every other Wednesday night I had an accumulation of nurses and social workers, myself as a physician and we started the process of really opening and becoming a Planned Parenthood unit. I had had lots of experience with this, I was the primary medical director for the Ann Arbor Planned Parenthood for my time as a resident up to '61 and I had kept supporting that organization with evenings I devoted to – The Mining Journal had big ads, Sex Clinic in Marquette – and supposedly all educators had signed on to say they didn't know about it and would support it. I got phone calls from all over saying they agreed with what I was doing and that really was an important thing to teach. Then again that created the many nighttime calls and it was personally a very destructive part of my life, my own personal life. Bill Addison when he stayed in practice, he heard ahead of time that they were going to picket his house. The police had been warned of that. So he and his wife and

family left and they picketed his house and he saw the organizer of the protest at some social event and went up to him and said, "Thank you so much for picketing my house. I am so busy now I can begin to handle everybody, they are just in droves."

RMM: At this point it really wasn't Roe vs. Wade, this was just contraceptives? So they were even picketing the house and so on over that?

WP: They did that very regularly. They did it on every anniversary of Roe vs. Wade. We went through several cycles and I think it was '70 or '71 we had a state referendum to basically do the same thing that Roe vs. Wade did and it failed. At that same time even before '70, '69 or '68 New York had passed legislation so that the termination of pregnancy with no limitation could be taken out. So everybody would be coming to my office or anybody's office who was dealing with a problem pregnancy and they're all just going to New York to get it taken care of. Which I thought was terrible and risky and all that. Prior to 1971, Wisconsin approved it so Green Bay became the referral pattern and it's a much easier place. I couldn't understand why they had to be sent over. This is a medical procedure that should be done. There's support and good medical care.

RMM: Because then they would have to go from there regular physician to someone else?

WP: I worked it into my practice just like they were any other patient. They came to the waiting room, I would have a couple other patients being seen at the same time, I would stop, do the procedure, and then I'd go back and see another patient. Nobody knew they were there for that, there was no red letter put on them or whatever. They just left. I thought it was very humane. It was just the way I would have liked to be treated if I had a problem that somebody could handle.

RMM: Now were you the first person or obviously one of the leaders to develop Planned Parenthood in Marquette?

WP: I was the only one, yeah.

RMM: You were it. So you were the father of Planned Parenthood?

WP: Yeah, some people say obstetricians are still a father figure and from a time before fathers were in the delivery room they really could be said to be that. But now fathers are there it's just more mechanical. You're just there to perform a procedure. But I was the one to do that and I had the experience of Ann Arbor. We weren't Planned Parenthood for a long time. There had been people in the community that had wanted to do this but they had never found a physician that would sign on to help them. Even in my medical building at one time there was a vote to kick me out, to not renew my lease. It came to the final vote and if it had not been for Carl Hammerton standing up and saying that if a physician within the community was doing everything within the letter of the law then this group had no right to let me not renew my lease. At that point it was obvious what they were trying to do and what the lease was so it died a quiet death but I was within a few votes of being thrown out. As I say it had a big impact on me. I would do it over again. It's just, I think, not to be overly philosophical here, I think obstetrics in my lifetime or maybe shortly after I die is going to be changed completely. I alluded to that with husbands allowed in delivery. I think as time goes on and more women become obstetricians that the trend now for a male gynecologist to get a practice is really hard. It's switched. When I was in practice female gynecologists were looked at with some strange looks because they weren't really normal for doing it. Now it's hard to find male obstetrician gynecologists and when

women get in there they're going to control the life related with doing this in a different fashion. I think they'll have people in the obstetrical suite who will do obstetrics, they rotate around out of a big practice or going to have it in a huge medical building, one of the people in the office was going to be in the hospital at all times. That relieves the doctor of the worry of trying to practice in his office and run back and forth. If he gives a patient better care working the hospital – now it's like emergency, they change shifts and I don't think it will affect the quality of care at all. It will make obstetrics a little bit easier of a life to live. There's no reason not to.

RMM: Now with all of this turmoil that went on, was your practice hurt or did it continue?

WP: Some people in the health community made an issue of this. I didn't starve. I had a very huge practice. When I took Dr. Addison in it was wonderful because I had taken care of Irlavins' patient for 20 years and had never met him. Just talked to him on the phone at night, told him what I would do, then he came over and brought his son from ___ and I met him. So Addison joined the practice and as this turmoil, the practice was big enough at that point, where Tuli and Mike Connolly came along and represented good obstetrical care and that, in most women's minds, was more important than any inferences in a religious sense. I left that practice and basically just took care of people that delivered babies of women that I had delivered before. So I had a nice logical way of taking care of the patients I had and then I stopped doing obstetrics in 1970. I had a guy in pogi practice which unfortunately stopped when I had a torn rotator cuff and I couldn't safely do the things that I needed to be able to do. So I retired in 1992, March.

RMM: Now, first there was you. You were the new physician and then there were some earlier people?

WP: Well, I was in practice. I was doing 35 deliveries a month. That was huge. I was the only…well Warren Lamberg was there but he was drinking enough that he wasn't truly there and people were beginning to recognize this isn't where they wanted to go. St. Luke's was building a big hospital, a good hospital, and I was the person that was related so I had a growing practice and still being fairly tightly associated with the University of Michigan residency program I had several of the residents come up for a little internment. They would work with me in the office and I needed help. Henry Moon was one of them. He spent two ___ over two years then he decided he wanted to come up here and practice, so then he came. At the same time he was coming I felt I was still busy enough, Tim Lovell appeared and applied and Henry and I thought we could take him and so it was all three of us. I took two people in over the summer and it didn't have much effect on the practice. Lovell decided to leave for reasons, personal reasons, so he left and Henry Moon left and went to Midland and so I was alone for a while and I had the practice but that was when Earl Addison was going to be available. I carried it until then with the exception that I would be able stop doing obstetrics in the foreseeable future. Henry moon went to LMP. Lovell, Moon, and Pearson were in my office for quite a while but the office just never had one person in it after that, after I was alone to begin with. I can't remember the year that they came.

RMM: As these other physicians came in to practice, did the spotlight, this negative agitation, did that remove itself from you? I think you had mentioned that women just wanted good care and they were more concerned with that. As time went on did a lot of that hostility, picketing and all of that, did that slow down or decrease?

WP: It may have slowed down. Jim Lovell used that issue as the reason that he wanted to leave and now I wasn't the only one at that point doing pregnancy termination. My partners were doing it, so it was still an issue and Jim used that issue to move off and create a practice of his own. It was there and it

continued to be, more related to me, but Henry was sharing the Wednesday nights with me, every other one. We were committed to taking care of women as they needed. I can't think of any real good philosophical way of saying it but for me a woman has the right to choose and that goes in every aspect of life.

RMM: Did all of this negativism, hostility, etc., did that, are we sort of hearing it for the first time from you? Did it appear in the paper, or was it just with what the various groups were fussing around with?

WP: The yearly picket?

RMM: Yeah, and the phone calls and so on?

WP: They were there and the bomb threats were too. I took chances on that just assuming that they weren't bomb threats. If you get a bomb threat you have to call homeland security and evacuate the place. There were many I got that I assumed weren't real and nobody got bombed. It was still there but maybe less. Practicing seemed to be pretty normal.

RMM: Now how long, what years would you say that was going on, the bomb threats? When would be like the last one just in general?

WP: I think Roe vs. Wade was '72 so none of this would have been Roe vs. Wade because we weren't doing that. Pregnancy terminations weren't set up to give contraceptive help to minors. It would be in the years after that probably '73-'74. I spent some time in Green Bay with a doctor there that handled doing this on a big scale and refreshed my way of doing it and I don't know, I think it was there but it wasn't as overt. If I'm the first person to tell you this it must not have been there as much as maybe I'm thinking it was.

RMM: Yeah, no, because I find a lot of the things that go on in the Upper Peninsula, it's sort of the whole idea of paradise and everything's wonderful and so on. Then you talk to people and there's sort of the negative dark side of different things for each relation, Native Americans, picketing, this nastiness, and so on but people don't want to talk about it.

WP: We don't want a mine coming up here it would change the status quo. Obviously this is a bigger issue than just the status quo, it's an issue steeped into, and I honestly have thought before now that this whole thing would have gone away. We've got chemicals; you got ways that can just so easily be taken care of and take the stigma off and get patients in at an early time. This does not have to be this kind of an issue. It doesn't have to be a surgical procedure. An exam and some pills and counseling, but it hasn't reached it and it probably is never going to reach it because you do away with these feelings.

RMM: Is there any vital thing you would want to add that I didn't ask?

WP: I'm sure I've said a lot more than I would want publicized but I guess I've said it just to tweak your thoughts about future questions or…

RMM: Well what I'm going to do is, I have it on tape, what I'll do is we're going to have the tape transcribed and I'll send you copy and you will then have the opportunity to add something or take out or the other thing you can do is to put a hold on it so the tape and the transcription or portions of it are

not listened to until sometime after your death or something and you feel that everybody or the whole thing is beyond anyone's control and you don't worry about it.

WP: It seems like that would defeat what you are trying to do?

RMM: Well, it's sort of up to you. If you feel that you've said something that, but if you think everything is fine then good.

WP: I've said what I really feel but maybe I was too hostile. I have admiration for Rick Fraser and the board of St. Luke's who really brought medicine along and they were the people that were interested in doing it not for any selfish reason or for any religious reason but they really wanted good medicine done. I think they deserve a lot of credit. Probably you wouldn't get many people who would talk about it. Tom Mudge who was here was the only other doctor that refused to go to St. Mary's and this is a big problem because if an emergency is called one person's on call for both hospitals. I said you can't do that. I can't do obstetrics in both hospitals, I just can't do it. I won't do it. I'm going to be at the wrong place at the wrong time. Then that all helped fuse and bring this all together. My work with Lichman things, Mike Coruso or Karats was the administrator of St. Luke's hospital and John something was the administrator of St. Mary's hospital and Karats killed himself. That in sort of a small way was a precipitating factor in getting these two hospitals together and they had been bickering back and forth about who would be the administrator and this opened up, that wasn't an issue so they had to deal with the real issues. That's my observation of things happening. You don't sense how much they play a role in it but that was a big one and it did away with who was going to be administrator.

RMM: The thing is when we talk about the merging of the two hospitals. There's the easy black and white story but as I listen to the interviews there can be different angles on what is happening technologically and so on. You begin to see it was a very complex issue that sort of evolved and worked itself out, the death and so on and it sort of happened. There are a lot of pieces there and I think it was also some federal. One gentleman pointed out there was a congressman here in the 60's that tried to get them to. He said congress had money available for a hospital so it had to be used efficiently so you couldn't buy two pieces of the same equipment for two different hospitals but I guess he ended up losing the next election, primarily from Marquette. So as you hear these stories and as things come together you begin to see that this was also sort of a political issue that leads to this individual.

WP: Charlie Wright could probably tell you before I got here I think St. Mary's was very small, primitive, not primitive but not really a great hospital. I think Charlie Wright and a lot of the catholic physicians did a community fundraiser to either match grants or do something to build onto St. Mary's. Maybe match grants with Tudor or St. Francis but there was a lot of community interest in supporting this hospital. When they did that they built a big obstetrical wing, a surgical wing, and medical wing. The obstetrical wing was a third of the hospital but it was the community's hospital that they encouraged to build that came along when we were trying to come up with a different way to have a medical building built. This was the community's hospital we got to build near the community's hospital. That was there, I don't know how long that was or how strong it was or what turned out happening but I know the community did a lot to build St. Mary's so therefore they really wanted to use it but when they became difficult they wanted to use a good one. As I say I don't know exactly how that happened.

RMM: These interviews are kind of like putting glasses on. Things become a lot clearer, for me certainly, as I hear all of these interviews. The political end of it, the local community and so on.

WP: It could be a soap opera.

RMM: Yeah. Well thank you for your time I appreciate it.

END OF INTERVIEW