

Marquette General Interviews
Interview with Margaret Turner
Marquette, MI
March 20, 2009

SUBJECT: MHS Project

START OF INTERVIEW

Magnaghi, Russell M. (RMM): Interview with Margaret Turner Marquette, MI, March 20th, 2009.
Okay Margaret, it's alright to call you Margaret?

Margaret Turner (MT): Oh absolutely.

RMM: Usually my first question to kind of set the tone for the interview, the Date of your Birth?

MT: 9/23/36.

RMM: And could you tell us a little bit about your background in terms of where you're from and how you got into medicine and so on, kind of the medical community and son?

MT: Well I'm originally from Scotland and a small town outside of Glasgow and I went to a nursing school called _____ School of Nursing which was affiliated with Glasgow Royal Infirmary at that time, I don't know that it still is and I graduated in 1957 then got married later that year, so I really didn't do a whole lot of work and the only time actually I worked after that was my husband was in the Air Force and when we would be transferred occasionally I would work in the clinics but only as a fill in person and then when we went to Greece I worked a couple days a week for a short period of time, but it wasn't really until we came up here.

RMM: So you came by way of K.I. Sawyer?

MT: Well actually no, my husband had retired at that time and came up here because he had been in the Air Force all this time and they were looking for an ROTC instructor at the high school. It was the start of the program there and he wanted to get his teaching certificate, so it kind of worked out well for him to come up here and to tell you the truth I thought I had come to _____ when I came up here, it was a winter like we had this winter and so it was and we came on the first of January we had to stay overnight in Escanaba and I think it was two months before I knew where the step was out of the front door in the house that we were renting.

RMM: And what year was that?

MT: That was in 1969, the first in January of 1969 and then I think three months later it was 103 degrees in March or April or something so we can hope for that again and so I thought I want to go back to work, I think I want to work. My children were getting a little bit older and so I was waiting for my, the Air Force had taken over my nursing license and all that sort of thing, so for a while I thought well. I took the ____ program at Northern to see how nursing was done in the United States, so that's kind of what I did and finally I got my license and worked in several places starting in, I started at St. Mary's in 1972 and was there right until I retired five years ago and it was through the ____ and that sort of thing.

RMM: So you were at St. Mary's when it was still St. Mary's but just for a short time.

MT: Yes when it was still St. Mary's, was it '73 when the merger was? Yes because I started in '72, so I think it was the following year.

RMM: Was there anything you know since we don't have that many people that were that associated with St. Mary's hospital any comments about the, something about the history, the development anything that jumps out at you as unique or characteristic of Saint Mary's hospital?

MT: I felt like they were, I didn't know what St. Luke's was like of course, but I felt like they were very caring, it didn't really matter who came into the hospital they cared for them no matter what but at that time I wasn't too tuned into the insurances and all that sort of thing then, but they seemed like very caring of anybody that came into the hospital and of course nuns all over place and that was in the days when you didn't throw anything out and if you wasted something, I'm not catholic but the nuns let me know that, that was wasteful if you threw something away, oh they were very careful about supplies and everything and rightfully so. Oh they did that to everybody.

RMM: Sort of recycling?

MT: Oh yes, oh yes a lot of things were, I mean nowadays you wouldn't even want to mention what was recycled, is the nice way of saying it, but I think I probably was one of very few protestants working there at the time. I remember people kidding me about that and, oh I don't even know if I should say it, but I remember taking I think it was just horrifying to me and I really never said to anybody, maybe I shouldn't.

RMM: Well it will give it a little background?

MT: Alright, while I was working on the medical floor on two occasions I heard physicians who apparently practiced more at St. Luke's telling their patients that they would only be able to take care of them if they came to St. Luke's and one of them surprisingly enough to me was a priest. Who would very definitely have ties to St. Mary's and that was probably less than a year before the merger, so I have since wondered if that was sort a part of the political thing and all that went with it, because it was a tough change for both places and staff as well, because I

think quite a few of the staff from St. Mary's came this direction and ended up in more of the management positions and I remember hearing that, that was difficult for some of the people over on this side to deal with because they had been working for a number of years too, it was really, it was the start of realizing what politics is kind of about if that's the rule to use in a hospital setting, but I think it, you know, as time went on it went much more smoothly, but it was quite an adjustment during that time for staff and patients, and patients too and there were several units that remained there. The rehab unit was there for quite a long time, Hemodialysis was still there, substances abuse was there for a while longer, they were up on the third floor, but I think medical surgical they went first and so there was a creative adjustment there, but eventually we all wound up over on this side.

RMM: Did you have any, well I would just like to insert a comment for the future listener to this that Charlie Wright's tape has some background on how the two boards, the two hospitals, had been meeting prior to and saw that they would have to merge, so maybe what you're saying is a reflection of that. These people had been on the board and familiar with it.

MT: Were knowing what was coming and as I look back that would be my sense of it and being older now, you know, I look back and think I'm sure that's what it was.

RMM: Now how did the sisters there take the merger?

MT: Well I think a lot of them went elsewhere and I think, I really don't, I didn't feel any animosity around them at all, you know, they were just the way they always were and I didn't ever experience any hostility or anger from any of them, but that would be a good nun.

RMM: Did you notice anything in the community?

MT: Outside a little bit, yes. Especially with friends, who had been very, very loyal to Saint Mary's or here, but mostly Saint Mary's because the feeling was everybody was coming North, which was how it did turn out, but as time goes on, you know and then there was an influx of new positions and services grew and expanded and I think people got to have a lot of trust in the new physicians and be pleased that the hospital was expanding like it was and things worked out, have worked out pretty well.

RMM: So you started working in the 70's?

MT: Yea, '72.

RMM: Then could you talk a little bit about your connection with the Dialysis Unit and Dr. Mazzuchi?

MT: Yea, I was working on the medical floor at Saint Mary's and I'll tell you the first time he came around the corner we had heard Dr. Mazzuchi was coming and we were also told that they thought he was Japanese, so talk about this thinking, I am expecting this old man who's

about five feet tall coming around the corner and here he is this giant of a man and just as friendly and outgoing as could be. Totally opposite from you sort of anticipated and he's just been a great friend ever since and he just was, kind of, a real change in not all the physicians of course but just in the feeling of where things were going and there have been a Dr. Obrien who unfortunately died and I remember him first and then there were two or three others, you know, came just one after another and it was the start of good changes for the hospital from my perspective and Dr. Mazzuchi and then he was an internist here and then he had opened the Dialysis Unit and the positions were posted and I applied and it was a great two years working in there. It was, the unit, I think the max we had was maybe six patients and now they run three shifts, so it was small then but it has grown by leaps and bounds, it makes you wonder why, but we all learned a lot from him and we used to go to, we trained in Minneapolis at Hennepin County General and we would go back there for in services and he would go with us and it was kind of, in some respects it was a real different unit to work in because a lot of people would die and not a lot when we were there, fortunately, but it was kind of the way of the world when they were dialyzing at home and they weren't very long lived after that started. He was very respectful and very understanding of the staff and I remember periodically he would just take us all out for dinner, which was very nice, we weren't accustomed to that kind of treatment, but he would be very interested in how we were feeling and I think he's remained that way throughout his career, he was the ideal choice for the education, I'm not sure what the whole title of that is but he was the ideal person to be working with all those residents so forth and new docs. We remained friends and he has a wonderful reputation in the community, so he was a real asset to Marquette General.

RMM: So you were there in the dialysis unit?

MT: For a couple of years and then a lot of the patients, the patients would go for their workups every so many months to Minneapolis and unfortunately some of them were coming back with hepatitis, shortly after and by then I was a single mom and I was terrified of the thought of ending up with hepatitis and so I moved on. I moved out of there and then I ended going down to, what did I do? I went down to Rehab Services part of the hospital and I ended up working in the Physical Therapy department and then I went from nursing to be a PT Tech and that was kind of fascinating and interesting and worked with rehab patients and Dr. _____ then and did that for a while.

RMM: Was that a new area that was developed.

MT: Well Dr. Coin hadn't been there very long either, actually. I think he came maybe around the late 60's, no I got there in the early 70's and he was in charge of the Rehabilitation Unit and that was busy, busy place and those were the good old days when some patients would be able to come in for a two week evaluation and the families would get a little bit of a break because the insurance companies would allow at that time.

RMM: Two weeks?

MT: Oh, two weeks or so for their evaluations and the families who were 24 hour care givers, it was kind of a nice break for them, those were the days and of course they were evaluated and they had some physical therapy and you know they would see what they could help with.

RMM: So these were people who were immobile?

MT: Well they were probably mostly stroke patients and they were emulating difficulties and that sort of thing and maybe some cognitive things.

RMM: So they needed it.

MT: Oh yes, yes, so it was follow up evaluation and we got to know a lot of them, some I still see the family members of some of those patients and then the Oncology Unit opened over there after medical and surgical left, then the Oncology Unit was there for a while before it came over here and Theresa Devlita was the Nurse Manager, that was the lady we were talking about who just passed and she was wonderful and that was a busy little floor and it was new for Marquette and Dr. _____ was here and then after that Dr. Arnold came. All those great expansions, we have been so lucky to see all these good changes over the years and then I remember Dr. Hunter coming, doing the heart surgery and I didn't work with him at all but I remember they used to talk about this was quite a change, after he would do surgery he would stay the night in the hospital with his patients, he didn't go home, he slept here, you know because it was a whole new procedure and it was kind of fascinating to see how involved they were and how excited they were and how interested in the patients they were. It was really, it was really nice. We've been very, very fortunate to have a place like this I think, I think.

RMM: Now not to name names or anything but do you have that spirit, I don't want to say concern I guess more does a physician have to do that today? Stay with the patients and so on?

MT: Oh no, people are much more familiar with the procedures now, it was in its infancy then and there would be a few nurses that would be well trained and so forth, but he was going to be absolutely involved right at the beginning, but now of course it's such a common operation, I mean you hate to say that but it and even modifications. There are so many things they can do on an outpatient basis that they used to do where it was much more involved procedures and much more invasive, so times have changed, although that's what it was like in the very, very beginning and it's been great. It's been nice to watch and it's grown and grown and you see the young men coming in and the Cardiovascular Department, my goodness, that's grown by leaps and bounds and all new procedures there too, outpatient procedures and so forth. Things that you couldn't have imagined years ago, but I hope I don't have to be the recipient, but it's there. Psych was over there, I worked in that unit for a while. That was interesting and what else did I do? Oh I became the Director of the Admitting Department with Natalie Mackey, who will be an absolute source of information for you. She was a Nurse Manager here many years ago. I think that every, lots and lots of different things throughout her career. Is she on your list? I thought you sent her a letter though because she mentioned it to me.

RMM: These were responses. Her name is Maki?

MT: Yes, Natalie.

RMM: You said you see her? You might have her fill out the form?

MT: Yes I'll see her tomorrow. She said she has it so I don't know.

RMM: She probably just sent it.

MT: Yea it might not have been in time.

RMM: Because I think some people, I know I do, you need a little wake up call.

MT: Oh yes, a reminder, yes.

RMM: They mean too, they just get side tracked.

MT: And she would probably, and she had mentioned Ms. Peterson, the lady who had worked on ____ to me, so I'm sure that there are many more that she could recommend.

RMM: Then did you have any interaction with the Nurses Training any of the people from Northern that are sent over as kind of interns or anything.

MT: Only on the floors, just like I had been when I was there, but then after dialysis, it wasn't much nursing for me at, there was always a lot of that going on and there were a lot of very good mentors for the students and I'll have to find a good educator for you to talk to because there were several that would be good, but I'll think of some names for you. I worked in Admitting absolutely hated it, I liked being around people, you know, but it wasn't for me, but then they had, the position became available for the Patient Advocate, the Patient Consumer Advocate and so I applied for that and ended up being the lucky one and 47 people apparently applied for it, I didn't know that for a long time, but I thoroughly enjoyed it. It was, I think it suited me because I enjoyed meeting people and it was sort of the nursing part of it making it right and so there was a lot of that and Natalie when she had started in Admitting, I mean years ago I remember probably after the merger that people would just show up for their surgery. There was no time and it really was a nightmare, then you were having surgery on a certain day and then they would show up on that day. Of course there weren't as many people having surgery way back when she started in admitting, but she'll tell you that story about how she reorganized the Admitting Department so that people were scheduled properly.

RMM: They would just come in?

MT: Oh yes, they would just come in; some would just come in, "Yes were having such and such done." And goodness knows what time; there was no real organization to it. Now they may

have said come in the morning, come in the afternoon or something, but she's wonderful. I wish you had all that totally changed the whole admitting department. There's no question about it, it was funny. I remember this old lady had worked at Saint Mary's and everything was very casual. She would do admissions but she would also do EKG's and all that sort of thing, you know, she could do all sorts of things and that's kind of what it was. You multitasked years ago.

RMM: So this was true of many places years ago?

MT: Oh yes, oh yes, oh yes and you didn't every say, "Well that's not my job." I don't think you would ever hear those words come from somebody, I truly don't. No, you did it all, it's so funny, but I think back to my training at home, I mean you did it all, you did it all. It was just and then of course you're a little man on the totem pole, but it was good learning.

RMM: Now you said you were born in Scotland. Did we get the name of the town and maybe spell it?

MT: The town was Bears Den, and it's about maybe 100 miles away, but I think it's only like 15 or 20 minutes from Glasgow which is the town that's well known and then we moved to a place called Kilmarnock, which was south of Glasgow. My father was a banker and he moved to a different bank, that was why we moved there.

RMM: You kind of, when you were talking before the tape went on, you were talking about how the Scottish physicians operated out of their home and you said then there were some doctors here in Marquette operating out of their homes. Just kind of reiterate that?

MT: Dr. _____, the one that I remember really, because I wasn't very familiar with the local doctors, but Dr. Cassler I remember. Although, maybe I remember more people talking about him, but I think he may still have been doing that when I first came in 1969, because he was still very active when I went to Saint Mary's and I thoroughly enjoyed working with him and he had the reputation for doing the best hemorrhoid activities in all the Upper Peninsula and I thought what a claim to fame. We used to laugh about that, but he had his routine and his _____ was all done well. I don't believe I'm hearing this, but that was the way it was, but people did want to go see him before, they knew he was retiring. There were quite a few people who wanted the procedure done before he retired. Can you believe it?

RMM: And so he operated at?

MT: At Saint Mary's.

RMM: No, I mean he had his practice at his house?

MT: His practice was at his home, up on, I know the house. I think it's second, two hundred blocks maybe on ridge. The church was on the first one but I think it's the next block down. This kind of brick – a nice _____ home.

RMM: I still remember his name on a plaque on the wall.

MT: Oh probably.

RMM: Kessler, was it Edward?

MT: Tom, was it Tom?

RMM: I'll sometimes get the son or something.

MT: In fact, I think somebody had recommended contacting his daughter. Pam told me that. So, Natalie, she recognized her name. Natalie would be a good resource I think. I think, I'm not sure what her last name was and I think he may even still, there might be a surviving nurse of his around somewhere according to Natalie.

RMM: So Natalie then is up in years?

MT: Natalie, I would guess, probably 80ish. I guess I don't think of her as that, but somebody just asked and somebody thought they were, poor Natalie, but I would guess she probably is about that. Because she, I think she said she graduated in 1953 or came to work in 1953, so she would have had to be 20 probably, 21. Because then you didn't go for four years back then, it was two years or three years, depending on if you were affiliated with us or two and you worked morning until night every day of the week practically. So she must be about 80 I think, but she would be a well of information for you.

RMM: She would bring the story back even farther?

MT: Yes, oh yes, she would be able to tell you the story she heard, probably.

RM: Now you were saying that in the old country of Scotland, recount how the doctors, where their offices were.

MT: Their were usually the, consulting, they were always called the consulting room and that was behind their front lounge and we called it the lounge or their sitting room and it was always right when you went into the door. You went into this sitting room and then you would just go into their consulting room and that was the way it was and sometimes they had a door out the back way, but lots of times they didn't and everybody would know who was going to the doctor and I remember across the road from where we lived there was a Doctor Gray, I remember his place. He was our doctor and now I'm forgetting the name of the other, Henderson and I remember there was small pox there at home at that time and I always remember these long lines of people waiting to get their small pox vaccinations and right in their homes. They would just line up. Kids waiting for small pox vaccinations, god I'm old, now that I think of all these things.

RMM: Well you start thinking about this and you start, like I was saying, looking at the names and you recognize them all.

MT: Yes, I know, but that's kind of what it was and I think a lot of babies were delivered at home. Very few went to nursing; very few went to nursing homes. There were a few nursing homes and they called them nursing homes back then where you would have your baby, but lots of, lots of home deliveries back then. Of course I'm sure that's the way it was here too, very much. I can always remember, the district nurse, no cars she would go everywhere in her bicycle, dead of night, you would probably get run over by her. I can still see her on her bike, isn't that funny and then my sister is a nurse. She's called a McMillan nurse and she takes care of cancer patients. She just retired and she would go to the little Islands of Scotland. She would get on ferry boats...

[SIDE A ENDS]

[SIDE B BEGINS]

MT: ...From our perspective maybe.

RMM: I guess and that's kind of what I've noticed here. The whole Upper Peninsula when it was developing they were in a terrible need of worker, labor and that's why there's all the –

MT: Oh yes, all the different groups.

RMM: And, but because there was no local labor force but then when you look at some of the things that we've gone over in the last two days, you had that situation with positions of the nurses and the whole attitude and direction. They needed outside people for that, because there wasn't a local a kind of an indigenous Upper Peninsula Population that was going to be able to-

MT: Fill all those.

RMM: There was a little of that but a lot of that was missing. Now in your time were there any physicians, you mentioned Mazzuchi, were there any physicians who were outstanding maybe not to you but to the community?

MT: Dr. Wright was wonderful. He was just a quiet, sort of comforting kind of person. He was just so polite to everybody and very kind to his patients. I don't think I, I've never heard him raise his voice ever, ever, ever and it was always nice to know he was there and he was I think very attentive to the nursing staff. That would be a way of judging, like who's going to call him at home, you know that kind of thing, because sometimes they don't like to be called at home and be interrupted.

RMM: And they let you know?

MT: Oh yeah and in fact I have even known on some of the floors where the girls will take turns of calling, or they used to. Of having to call, isn't that funny? But I suppose that's in all walks of life, I don't know, but I did enjoy being a patient advocate and trying to improve things and part of it they told me I had to do customer service and during that time I chose to go out to some of the senior centers in the outlying areas of the Upper Peninsula and I met a lot of great people and so then, some of them had been here some of them hadn't. So what we did is, I got these buses to go to the senior centers and we would bus the folks in and give them lunch and they could meet some of the doctors and they could choose who they would like to hear about and so forth because we were starting, that was another thing you never did see was any advertising about physicians. Like attorneys you didn't see much of that, I don't believe years and years ago and then they were starting to hear the names of different doctors and some of them were taking trips to outlying areas, you know some of the physicians would have clinics out there and so this was a way of having people come here and they would come. They were very good about coming up and talking to them and the endo –fellows they would come up, Dr. _____ and Welsch, Warjack and so forth, they were really good and what I liked about it is it would put a face on the person they may come to see and they would find and they usually had a good sense of humor and it made it an easier thing to make an appointment with and also the optomologist they were very good and of course it was sort of focused on the older people they were older than I was I think still. Especially the cataract surgery and how much that was improving because I remember people weren't allowed to move and you would sandbag their heads and just the whole, it's amazing how its changed and I have a lot of good education that way and I thoroughly enjoyed doing that and then getting, we did a lot of in servicing and a lot of other customer service stuff on the floors with the physicians and with the staff. If there were any concerns on the floor, I would call it concerns they would call it problems sometimes, but I never liked that word and so we would just go and work it out and I think it got to be where they were more comfortable with it and I would have to say at the beginning the physicians were not in favor of it at all and then I remember Dr. Caflinger, he was just a sweetheart he was so on the move all the time and he had a patient who had lots of questions and so I gave him a call and he told me he was busy, but then he came up and before you knew it he was drawing pictures for this lady, you know, telling her what the procedure would be. Well he did that almost to all his patients after that. He did a lot of that afterwards, so it was realizing that I wasn't out to get them. It was more so that it would benefit all of us. Them as well as the hospital and certainly the patient's number one and that it would make life easier for them and they would have a much more pleasant experience here. That was my goal and I think for the most part we did pretty well. I mean there are a lot of times you're not going to, but it was a whole effort on everybody's part and it took quite a while to have people sort of realize nobody was out to get anybody by doing that.

RMM: But they did start with that? If you even asked a question even a neutral question?

MT: Oh yes, I was loathed , oh gosh yes it was interesting and I remember one time with a family member I was leaving and I couldn't breathe as I was going and I just live up the road and I was walking home and I thought I can't believe and some people are very rude, you know, I thought I'm going to have a stroke, so I went down to the emergency room and one of the doctors I know on certain terms told me _____ job that was causing the stress. I knew it was stressful some days but I hadn't realized that it was, he made me take three days off, but that was the only time. That's when the reality hit when you're dealing with people who are not in the best of spirits, but that part wasn't so bad, but people started and they probably still are and it has, so rude and horrible language and threatening all the time that it was going to be a law suit and all that sort of stuff and that was getting more and I was hearing more of that before I retired, that they felt more comfortable threatening.

RMM: You who had nothing to do with particular problem?

MT: Oh, no, no, I didn't have it but I was the one, but better it be me then the staff and that sort of thing, so at least I was there to be the sounding board.

RMM: That was something you noticed that developed?

MT: Yes and got worse as time went on, but you know what I think, television has a lot to do with that stuff too and if somebody ever asked me if I ever watched emergency or any of those shows no, it was just like being there, so I never did watch any of those hospital shows at all but it was always nice when things went well and people were satisfied and enjoyed the floors and the staff and all that stuff.

RMM: Now was there ever a development with the Labor Union?

MT: Oh yes, I remember at Saint Mary's. The first time I remember, that was probably back in 70, well Mr. Nulberg was, he was the administrator then so that must have been 73 then, because that would be after the merger because it was a Mr. Guilstrap at Saint Mary's, he was the administrator and then after the merger it Nulberg, Mr. Nulberg and I remember him doing a lot of talking and being very opposed to having the Union come in and that was the first I had ever been hearing anything like that. I had never worked anywhere where a union, especially you never thought of it in a hospital and I didn't think that was a place for it. I guess that's the way I felt throughout I was always pretty much opposed to having a union, but I could understand the need for them and you would think if they would only get it, if you pay attention, people wouldn't be going for a union, but if they are not going to be listened to that's when you're going to have all this, so you know, I would always encourage people to talk to one another, human resources and so forth.

RMM: I know that happened right across the street with Northern.

MT: Oh yes, when did it, has that been forever? Pretty much unions over there?

RMM: I don't know when they started the other one, but it was in the 70's with the faculty. It was over an incident and the faculty was ignored about a hire or something and was kind of the last straw. They had been talking about it and then it sort of happened. Except, what was kind of interesting is when the automobile realtors' fought it, finally somebody said, "Get a contract, then we don't have to worry about wages, etc. etc, etc. So when you do have a Union because of the contract there is very little I can do. I can't give you a wage; you can't come in and say, "Oh I'm doing a great job."

MT: And that would be the one thing I would have to say, depending on who your manager is, there is a place to that, a definite plus to that.

RMM: Right, because there's not this hostility or favoritism or in that case.

MT: Yes it was and I know where I was working you could hear it all the time and for that reason I thought at one time this department is pretty much going to go to union, they would have me in my position as, in fact they would always contest it, the union would contest that I could vote because the hospital wanted me to vote as a person who would be eligible to vote for the union and then the union would always oppose it, I don't know why, but there was a part of me at times like that for the money situation I would have voted for it, probably. But, yet, I mean it never did get in and sometimes the people that were voting for it were the unhappiest, angriest people and that-

RMM: Probably doing the worst job.

MT: Well that's exactly right and I'll never forget it, this one young women saying and she was pretty mouthy and she was the one that contested that I was allowed to vote one time, but she was helping and I went into the room to help too to get this fellow off of a stretcher and put him in bed and she's telling the mother of this young man, that there is no way she would have any of her children treated here. I'll never forget it, every time I see her I'll still remember it, but I don't know she comes here now that she's done, but you know, I thought, I'll never vote for you if this is the type of people I'm going to be surrounded with, but they weren't all like that, but I think the nurses have a union and I think there was good reason for that at the time, so who's to say. It depends on the situation and there are pros and cons for everything.

RMM: Now we've talked about a number of topics here.

MT: All sorts of things. Am I ADD or something, I'm all over the place.

RMM: Is there anything I missed, something you would want to add?

MT: I will probably leave and think of something.

RMM: Well, what were going to do is we'll type up the transcription.

MT: Oh, I'm dreading this.

RMM: Then we will go and return it to you and you can make additions. You might look at it and say, "Yea, I could say a little more" and there will be room on the backside. Then we'll do a final edit transcription and then that will be, so you will have a chance to comment.

MT: Yea, I was the ___ advisor for Psyche and Substance Abuse and that was interesting because they are kind of a law into themselves like other agencies in this state, Department of Mental Health and you have to follow pretty strict guidelines for both substance abuse and mental health, but especially mental health and that was interesting too, but nothing really much to talk about. It was just; it was I think I was into ___ I knew every nook and cranny in this place. I knew the quickest ways to get to places, it was interesting. I met lots of great people. Lots of people coming and going through the years and I just ___ or not ___ but I think it was the ___ or something, I was waiting for a friend who was in the Doctor's office and opened it up and there was a new radiology group and there's not a single face in there that is familiar and there's probably six or seven faces in there and there's none. Well of course I knew it was a whole new group coming in, but that's the way life goes.

RMM: Now would you like to make some, I know you're involved in it, but I would like to get your comments. What do you think of this project that we're working on now?

MT: Oh, I think it's great. I think it's really, I think I mentioned that one time I went back to when I was working up in the community relations department and the secretaries were shredding all the pictures and going through all the books of things that goodness knows what was into them and I think that was the craziest I ever went, ever. I just, I was ballistic, there is no question about it and told them to stop right now and that wasn't usually the way I behave really, but it just was this visceral reaction to seeing everything just going because they wanted the space for more stuff and I remember talking to Ed because he was, he was really interested in getting the history starting with the old building, the old Saint Luke's building on the corner there and I remember talking to Ed and I think he got some of those pictures that day.

RMM: What was Ed's?

MT: ED Litwin, he's up in Education, I think. He's also a respiratory therapist.

RMM: He's still?

MT: He's still here, yes, he's young.

RMM: I don't know how this list is going. Is it retirees or is it everybody, I don't know?

MT: Well I think it's anybody that we could think of that would have something to say.

RMM: But he might be a-

MT: He would be a good resource person and you can tell that he is very interested in keeping the history of the place going, which was a blessing for me after I had my spell. You know you don't realize how much you care about a place until you see something like that happen and of course I was older and those girls were young. They were in their early twenties or something, it was just paper and they would look at the pictures and the styles of course. I think that was when the men started to wear, one of them she was showing look at this picture its ancient and that was when the men were wearing leisure suits. Do you remember when the men started wearing the white shoes? And there were a few there were parties at and some of them, oh the place up in Big Bay, Huron Mountain Club and so forth. They would have fundraisers there and so forth. I remember that book, that went into the, actually I think it would even turn out; because I don't believe there were even shredders then. They were just ripping and tearing in plastic bags. Thinking about this, Skip somebody, he was Nulbergs Nephew I think. He came on board here as, this isn't running is it?

RMM: Now? Yes, should I turn it off?

MT: No it doesn't matter, but Skip started to do foundation work and he had an office down the hall from where mine was and it seemed like he had a lot of historical stuff. It seems to me like he had a lot of things that had something to do with the history of Marquette General. I could ask the secretary in our office and it wasn't our office at the time if she remembers and how we could get hold of him. He's actually married to Dr. Aldevick, so that would be a way to get hold of him probably, so he might have something to share, you know, or just items to share.

RMM: It was then also his interest, so he had that interest. Because what is going to probably happen to these, some of the interviews, if there's something like this that might be relatively minor like the picture, then we don't have to do an hour, we can do something shorter and then depending on the topic, but yea if we know some of that then you begin to-

MT: Yea, just start thinking of these people.

RMM: get a sense of who should be interviews and where we might find them.

MT: Or find some artifacts or something, because the more we can get the better and who knows, maybe some of the nurses have things at home that they had from way back when, that may be of interest. I just rambled on here.

RMM: No, no, no, you get all this information, but each person has a different story to add and when you put it together and then if a state researcher were to then put together a history of the hospital, well then you have, you can see these trends developing which you don't know about until we here these things. You really don't know about.

MT: Maybe we should have one for a party, all the things you wouldn't tell anybody about the hospital.

RMM: You can also do a closed tape.

MT: Oh, what is that?

RMM: Well, you would do the tape and then it would be sealed and then the contents then wouldn't be opened-

MT: Until I was dead, or something, well I wouldn't do that.

RMM: Or until all contemporaries are gone, or you put fifty years and then you know they would be gone.

MT: That would be kind of fun sometimes.

RMM: Yea and I've only had one person ever do that and I have done hundreds of interviews.

MT: No we all say we could write books. We have all the things we know and wouldn't dare pass on.

RMM: Okay well thank you.

MT: Well this was interesting, bless your heart. I'm glad you're doing this.

END OF INTERVIEW