INTERVIEW WITH JAMES RICHARD
MARQUETTE, MI
SEPTEMBER 30, 2009

Subject: MHS Project

START OF INTERVIEW

MAGNAGHI, RUSSELL (RMM): My first question, the difficult one: your birthday?

RICHARD, JAMES (JR): June 9, 1942.

RMM: Just in a nutshell could you tell us a little about your connection with the hospital?

JR: Sure, I started…

RMM: just kind of a general statement then we'll get back into more detail.

JR: Oh, my connection with the hospital. I'm a retired assistant administrator.

RMM: Okay, what years?

JR: I was there from July 1, 1968 to July 1, 2003, so it was 35 years.

RMM: Alright now let's go back to your origins; are you from the UP? Where are you from and how did you get to the point of being connected with the hospital?

JR: Okay, I'm a native of Ishpeming, Michigan. I graduated from Ishpeming High School in 1960 and then I graduated from Northern Michigan University in 1964 and I spent approximately 3 years down in Lower Michigan working for a Ford Motor credit company as a field adjuster and later as an internal auditor. I heard about a job at the hospital by communicating with my folks who still lived in Ishpeming. There was an ad in the paper that they were looking for a credit manager at St. Mary's hospital which was one of the two hospitals in the community back in 1968 and I applied for the job and was fortunate enough to get an interview and subsequently was hired. So that's how I began my career in health care at St. Mary's Hospital. I was a credit manager over there and I was a credit manager for about three years and then we reorganized the whole business end of the hospital and I became a business manager and I was responsible for more than just the patient accounting. That continued on from 1968 until 1973. July of 1973 was when the two hospitals in the community merged and became Marquette General.

RMM: Now if you could just go back to the time you were at St. Mary's hospital, was there anything, because people have said that having two large hospitals in one small town was difficult. Did you notice financial difficulties that would add to this idea of the two hospitals not being able to exist?

JR: There was definitely competition between the two hospitals. When I started working at St. Mary's we competed fiercely with at the time it was St. Luke's Hospital. What happened is that we were both struggling financially, both hospitals were.

RMM: Could you explain how they were competing?

JR: Well we were competing for patients primarily and at that time there weren't a whole lot of specialists in Marquette. Some of the internal medicine specialists were present in the community but there were primarily family practice physicians and OBGYN physician that made up the medical community at that time. So everybody was trying to compete for the same patients and there were some physicians that had privileges at St. Mary's and there was another group that had privileges over at St. Luke's. We knew each other. There was a hospital financial management organization for example where the credit managers and business managers met together not only in Marquette but throughout the whole UP. So we knew each other and we knew we were both struggling and having a difficult time financially. But what happened then is the medical staff, key members; it was the executive committees of the medical staff in the executive committee of the two boards, the hospital boards. They got together and they met. Then they started to talk about, wouldn't it be smart to put together one hospital. Stop the competition and see if we can't be more financially sound. What they did is hire Earnestine Winning, or Earnestine Earnst, at the time. They said can you do a feasibility study for us to tell us if there would be cost savings as a result of merging the hospitals together? What they did is, they did what they called a go/no go type feasibility study. It was limited. It wasn't real broad in scope; they just came in and looked at how can we save money? They came back with a written report to the board which was shared with the executive committees of the medical staff that in fact there could be savings and it would be a finically feasible thing to do. That started the ball rolling and as I recall there wasn't a long time span between when the feasibility study was done and the hospitals were actually merged. Probably 6 months, a very short timeframe. It was something that once the financial data was put in place it made sense. The physicians and medical staff thought it made sense and the executive committees and the board thought it made sense. The boards then said, "Let's do it." And it was done really, really quickly.

RMM: So kind of what you said earlier people in the know could see there was a problem that had to be taken care of and then this report just proved what they were thinking or sort of?

JR: Exactly.

RMM: Then how would you describe the transition that followed?

JR: Well one of the things that happened during this whole process when the feasibility study was being put together and shared with the respective boards, a sad thing happened in the community. The chief executive officer at St. Luke's hospital took his life, had committed suicide. What they did is, the board said, "Why don't we just take the administrator that's at St. Mary's and have him run both hospitals because we're going to do this thing." And that's what they did. The administrator at that time, his name was Robert Gilstrap and he made a lot of hard decisions to help the board and the medical staff. For example when we went into this merger he selected a leader of each department where you had two laboratories, two x-ray departments, two financial managers. He said okay this fellow is going to lead the finance department, now the other fellow could be an assistant or he could leave. He wasn't required but he was given the option. You can be second in command if you want, well a lot of them didn't want to. As you went through the whole organizational chart of the hospital, here's two lab

directors, here two x-ray directors, some of the other professional people didn't want to be second in command and they left voluntarily there. So the hard decision to make just the one leader of each department was probably the most crucial thing in my mind as you look back to getting the merged new Marquette General off on the right foot. Some of the savings that they talked about in the feasibility study of course were people savings because in the hospital industry like service industries, the bulk of your cost is made up in salaries and wages.

RMM: So then it just worked out? I mean they didn't have to go fire people and have a big turmoil, they gave people a choice?

JR: That's pretty much how it worked throughout all of the different departments.

RMM: Do you think there were a lot of bad feelings, hardships and so on?

JR: Absolutely. Initially you were the guy who was picked to be the leader of a particular department you had to take in all the employees from the opposing hospital under your wing and under your direction and a lot of times the guy who was second in command then didn't feel very good about not being the leader. So I would say for about a period of 3-5 years there was some animosity within the hospital as far as, should he really be the leader of this area or shouldn't he? But the thing that pushed it over the top was as we replaced people they weren't St. Mary's employee's or St. Luke's employees they were Marquette General employees. So the new employees came in and the hospital did grow and it grew very fast. So when those new employees came in they were employed at Marquette General, their loyalty was to the new institution not to one of the two existing. That's how the dynamics really worked out.

RMM: We have an interview with one of those people and I asked him about what did he know, how did he feel about St. Mary's and it was kind of, he vaguely knew that it had been, he was from Ishpeming, Koskineimi, and he had a vague view of it but it didn't matter to him. I wanted to get his comments and it's exactly what you said.

JR: That's how it worked and one of the difficult things when we first merged the hospital from my perspective because I happen to be responsible for the financial side of it was; how in the world are we going to get money to meet the expenses by putting the two institutions together. We didn't borrow money. We didn't go to the banks and say we want a loan. What we did is we established credit lines with our vendors. We didn't ask them, "Can we establish a credit line with you?" We didn't pay them probably for a period of about 90 days. Now needless to say I got a lot of phone calls from vendors and once they understood what we were doing and trying to accomplish, for the most part, probably 80-90% of those vendors went along with us. They said you're doing the right thing. We'll be patient with you. We ultimately started receiving money for the services we rendered and as we got paid, more and more money we started feeding off, paying off our accounts payable and it worked out.

RMM: So the money you got for the 90 days then kept the hospital afloat?

JR: We could meet our payrolls and everything.

RMM: So that's all you needed was 90 days?

JR: Well we had, that was just with our accounts payable vendors. With the insurance carriers that paid us for our services, we signed up for what they call periodic interim payments. The way that worked was if you had a Medicare client, let say 30% of your business was Medicare, they would take 30% of your billings and say okay we'll divide that dollar amount up into by weekly payments for you and they'll pays us that whether we submitted a bill or not and the way it would work is every 90 days you updated that. Either they owe you more money or they owe you less. Well we did the same thing with them. We said we never ever changed it we kept taking them interim payments over a period of time and in some cases we owed them money come the end of the fiscal year because we never made adjustments in it. So what did we do there, we said look you know what we've been through what we've accomplished here. We'd just like to have an easy payment plan so to speak. Let's pay you back monthly. Medicare, Blue cross, Medicaid; they were all wonderful to us. That solved the financial side of it for us. There were a lot of days, every other Friday, when I worried; was I going to have money enough to meet the payroll or not.

RMM: So it was that tight?

JR: You bet.

RMM: And you did?

JR: And we did, never had to borrow any money for operation from any of the banks or financial institutions. It worked out. It was the right thing to do and it just took a lot of courage at the time to do it the way we did.

RMM: Now who was the person that came up with this idea?

JR: No, it isn't a standard policy, but pretty much the management committee of the hospital in accordance with the new board. Bob Nelberg was the executive director right after Mr. Gilstrap left. I should explain that probably too. See once the decisions were made as to who would be the leaders it was difficult for the executive director to remain in control and he left. Then Bob Nelberg who was one of the assistant administrators stepped in and took over and he had a great career. If you've been in the community forty years you've heard of him I'm sure, all that he accomplished over there. So it was all part of a management decision, made by more than one person. It worked, it was one of those things that, we made it work. A lot of it was simply letting people know why we did what we did.

RMM: Now did you at either hospital, was there any union activity?

JR: Oh yes. Early on in the merger the only Union we had was the Michigan Nurses Association. When I left 35 years later the only Union was the Michigan Nurses Association. Now, there were several attempts at unionizing other members of the staff but they were never successful.

RMM: Any reason that they didn't work?

JR: Well I'd like to think that the employees didn't feel they needed any union to represent them.

RMM: Even today it's just the one?

JR: Even today, just the one.

RMM: As an outsider you don't hear of any little problems because they don't come out in the newspaper. You don't really hear anything so it's interesting. Then how did, so the merger takes place, how did things sort of progress with the new hospital?

JR: Well what happened is our medical staff continued to recruit new specialists into the community and as we brought new specialists in their need was that they needed specific equipment or specific operating rooms and the hospital made the commitment to get that for them. Then the different programs developed and evolved and the heart program was certainly one of the biggest ones and probably a driving force even today for this institution in Marquette. Then there was the oncology program and they had a rehabilitation program. They had a neurosurgery program and on and on. It took a long time to recruit those specialists but as they came into town the hospital made sure they had the workplace and the tools to ply their trade so to speak.

RMM: I'm just kind of speculating here, I'm wondering would the same thing have happened here if you didn't have the one hospital. Would the introduction of new specialist have gone at the same speed or…?

JR: I think it was really a joint effort by the medical staff and the hospital board of trusties to make this happen. There was a goal that we wanted to be the regional medical center of the Upper Peninsula.

RMM: So the merger was just kind of part of that?

JR: That was the first step to make it happen. So to speak, that was the building block of making everything else fall in place.

RMM: If the two hospitals had remained separate for say another ten years you probably wouldn't have had that progressive of a development?

JR: No, no. I don't think so. It was the right thing to do at the right time.

RMM: Who were some of the people on the board where the movers and shakers of, that you could really count on? They were probably all involved but were there some individuals that where really pushing?

JR: Sure I think that our board chairman was Lincoln Frazier at merger time. Then it was Harlan Larson after Frazier and Harlan was our executive director, our board president for several years. Then the executive committees of the board were key people too. There was Elwood Mattson; he was the treasurer and active in the community everywhere. He was a believer that you control your own destiny. What I used to hear him say many times make hay while the sun shines. They were great leaders I mean there was a good board of trusties to really make things happen and the managers committee and the executive director of the hospital. We had a good team to. Things worked out. I was fortunate that I was in the right place at the right time. That's how I look at it anyway and it was always interesting to me.

RMM: Now position did you hold in the hospital after the merger?

JR: Well, immediately during the merger I was an assistant for fiscal affairs or finance. Then I started getting involved in the ancillary departments, the radiology and the lab and pharmacy and those type of departments. Then I got involved later on in some of the support services, the housekeeping, the laundry, the dietary. I had a broad range of responsibility. In the end I spent a lot of time in EMS. We always thought that the pre-hospital service was kind of the neglected part of healthcare up here. We did have a hospital based ambulance service. I supervised that area and also the emergency department. Some of the rehabilitation services toward the end. I really had a broad experience of the health care system in fact for me I spent a year in Munising as a contract administrator. I spent a year and a half as a contract administrator and I spent about 3 months in Iron River where we actually sold our services to the small community hospitals to help them try to stabilize. One of the philosophies that we had over the years was to keep health care in the Upper Peninsula. We wanted the specialty care referred to Marquette because we had the capability of doing it and the primary care we wanted done in the local communities. I think a lot of the administrators and medical staff in those small rural communities appreciated it.

RMM: This is kind of a theme that has come up before? There was some of the physicians saying there was a lot of outreach working with hospitals and so on to pull it together and so on but again it wasn't some mandate. It was pretty much how the physicians, here you're talking about the board but then there were also physicians and how they felt about providing medical services but also bringing patients from those hospitals on board?

JR: Yes, absolutely. The physicians, are specialty physicians in Marquette, they did a good job of getting out there to those rural areas and actually seeing patients out there. If they could provide a service out there they did, if not they usually brought them back to Marquette for hospital care. It was a joint effort both administratively and with the medical staff to try to do as much as we could with those outlying areas. They're the feeders. They feed the referrals into the medical center. You've got to have those feeders and those lines open.

RMM: Where there any sort of, I don't want to say disasters, but any problems that were encountered during that time? Something didn't work, or something backfired, or when you were moving forward and bringing change where there any problems and so on?

JR: You mean big disasters? I don't think so. I really don't. I don't remember any real major problems out there.

RMM: I'm thinking in terms of say a blow up with one of the local hospitals, beyond just routine things?

JR: Well you know there was always this impression of Marquette in the rural areas that we were an 800 pound gorilla just taking things. I mean it was an impression. Some people didn't like the fact that we would go into another community but being the guy that was sent to some of these communities. The key members in those communities like their boards; they really appreciated and respected what we were doing because we kept them viable. There were a few people who didn't want us involved. In Munising I can remember on several occasions that they had some members of the community that really didn't want us there and would come to the board meetings and say that. I don't think it was quite that bad in Ontonagon. We were there a little bit longer. Certainly in Iron River it wasn't a problem but yeah. I wouldn't call that a disaster, I think that was just kind of a growing pain, an adjustment you know. They needed someone to go in there and say 'no' to get their costs under control. Really that's what it was about. You know you can't say yes all the time. It's easy in a small

community to say yes because there are so many people within a community that are intertwined or related or family or whatever and it's easy to step on toes. It wasn't something that was ever done intentionally but it does happen and it made it hard for the administrator that was living in that community at the time to make those hard decisions. It was a lot easier to say, bring someone from Marquette to make those decisions because he's going home that night. He's got another job.

RMM: Then did the local administrator did ultimately have to work with their communities and make decisions?

JR: Well the situations that I described, their administrators had already left. They were basically without an administrator when we went in. In Ontonagon, in fact the administrator that was there, we said would you like to work for us? He said, "No I wouldn't, I have another interest." Really gentlemanly, there was no problem. But Iron River didn't have anybody when we were over there either.

RMM: So those were the three communities that you worked with personally?

JR: I worked at them personally.

RMM: Now did the involvement or interaction with Marquette General just focus on the western U.P. or did it focus on the whole Upper Peninsula did you go all the way to Sault Ste. Marie or was that beyond the scope of Marquette General?

JR: Well we really tried to service the entire Upper Peninsula as far as trying to draw referrals from those areas. The larger hospitals like Sault Ste. Marie, like Escanaba, like Iron Mountain Dickinson County, Portage View up in Houghton. They were bigger and really didn't need a lot of help or expertise from the regional medical center. We were more involved with the smaller rural hospitals. We were more actively involved with the smaller rural hospitals because some of them have access to some of the… [audio abruptly cuts out]

[END SIDE A]

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RMM: Okay just continue with…

JR: Anyway some of the smaller hospitals didn't have the expertise that we had and we met with them frequently. It wasn't unusual for us to meet with the small hospital administrators prior to, on a monthly basis prior to the regular Michigan Hospital Association monthly meeting that included everybody. So we made a lot of efforts when I was there to work closely with the larger hospitals to, Portage View and Dickinson County. In Dickinson County in particular we had several meetings, we were going over there once a month or they'd come to Marquette and talk about mutual concerns and how we might be able to work together. Marquette General and Dickinson have an oncology program that they share. I think that's worked out very well too.

RMM: So they, in some cases they were meeting or have the opportunity to meet twice a month?

JR: Sure.

RMM: Or I mean not always a formal meeting but if you had a question or an interest?

JR: I would say it was formal even. Not usual for twice a month for us to get together with Dickinson. Not unusual at all. I say that, they'd have a regular Michigan Association Hospital meeting with all involved administrators and then they'd have a meeting specifically with the staff of Marquette General. So, that would be how it would work. So it wouldn't really be every other week per se but it would, in detail working together it would be once a month and with everybody present it was once a month.

RMM: So you've seen then, if you, is there anything I missed that you would like to add to the interview?

JR: Well, I think that it's important that everybody understands that in order to be successful in healthcare today there has to be cooperation between the rural hospitals and the regional center. That cooperation can vary in degrees and what's all involved on an individual basis with the respective institutions and medical staffs but it's something that you can't stress enough as being important. I think that the people that live here and the professionals that are involved in these hospitals be them the medical staffs, other respective institutions or the administrators or the boards, they are all good people. They really are good people and I think there is common ground that can be found.

RMM: So in terms of your… To kind of sum up your career then, you retired in what year?

JR: 2003.

RMM: So the years that you were there would there be some summation statement that you might want to make about Marquette General, just the hospital itself not the interaction with other hospitals of what you saw sort of develop.

JR: Well I guess I saw a health system develop from two competing community hospitals and by health system I mean a comprehensive array of services that was developed over a period of 35 years to offer a real quality service to the residents of the Upper Peninsula. I just feel fortunate I was a part of it.

RMM: So you went from, and you would be familiar with this, when you started you were dealing with about how many personnel at St. Mary's just in general?

JR: Total numbers? I'll just give you a ballpark I guess. I guess when we, probably when we merged the hospitals together there might have been 800 employees.

RMM: That's everybody?

JR: That's everybody. Then when I left 35 years later there was probably oh I don't know 3,500 maybe, employees. The health system, the Marquette General Health System is the largest employer in the Upper Peninsula. It's larger than the mines or the prisons or Northern. It's big. The thing that gets confusing is they're staffed 24/7, 365 days a year. That's where the numbers get so big and of course the home health service too. That employs a lot of people. Then you add in all the support staff and the physicians over here at 1414 West Fair and you got another whole chunk of people. There are a lot of folks that are in healthcare.

RMM: So you're just counting, are you counting physicians connected to the hospital?

JR: Well no the employee thing but there's a lot of private practice physicians and the staffs that they have.

RMM: But you're not counting the physicians with the hospital staff?

JR: There's physicians employed by the hospital that I was counting but there are a whole lot of physicians that are private practitioners that are not employed by the hospital out at the Medical Center plus all their staff. They're hiring nurses and billing clerks and receptionist and what have you. Healthcare makes up a big, a huge number.

RMM: Do you have kind of a figure?

JR: I have no idea what they have over there. It's a lot. If you look at the small communities, their local hospitals are probably the largest employers in their area too. They really are. I'm sure Dickinson County Memorial is the largest employer, Escanaba's St. Francis. They've got to be. What else do they have over there?

RMM: You have the employment but then you also have all of the goods that the hospital uses from the electricity to fuel to food.

JR: What's the economic impact? It's got to be huge.

RMM: That's kind of an interesting topic that I've never really seen. You see these studies, Northern does it; the impact of Northern on the community. Has there ever been studies like that done for Marquette General?

JR: I think there probably was one done several years ago I don't remember the details of it, but I think one was done.

RMM: But it's not an actively promoted figure and so on?

JR: No.

RMM: Did you ever find hostility with members of the community towards the hospital and its way of doing things?

JR: Not really. We bought a few homes over on College that I think some of the folks weren't really happy about but not really open hostility.

RMM: As a person away from the hospital I would have to agree. I would hear about another house or a road house that would go.

JR: Oh there goes another house yeah or two but it was all part of trying to get a big enough campus to make things work.

RMM: Could you comment on, there was some talk of possibly combining St. Mary's, St Luke's, Marquette General then with Bell Hospital and then moving the hospital then to some midway point. How far did that talk go?

JR: It didn't go very far because the hospital boards couldn't agree. They couldn't come to any solid agreement as to what the overall benefit of that would be. Our hospital Marquette General has a huge investment here on College Avenue. It's huge right now with all of the specialty services that are provided and the equipment that is here. It just didn't, the boards couldn't get together and they have to come together to make things happen, just like they did for the merger. Not to say we think it's the thing to and be willing to sit down and talk about it. It's kind of an east-west politics that still take place unfortunately.

RMM: Sort of an ongoing…?

JR: Yeah.

RMM: Knowing the history of Marquette County.

JR: Well I'm a native of Ishpeming. I moved to Marquette you know and boy I tell you I was a traitor because I moved to Marquette.

RMM: Even though it was your job and…?

JR: Right, I was just trying to be practical about the thing. I'll tell you what, Marquette is a great community. It really is. It's a great place to live. I was never sorry that I moved.

RMM: But family and friends?

JR: Family and friends, "Well, why would you want to live down there?" I said, "Well it's got a lot of things to do and nice people." "Well we heard the people are really cranky and they're snobbish." It's just unbelievable is what it is. I don't understand that kind of thinking myself.

RMM: You know the other thing I was just thinking about, was when you talk about the hospitals and the boards not coming together and so on and not having that merger, would part of it also have been the distance? Even if they put the hospital midway it's not in the town, it's sort of out of town and maybe in people's minds it…

JR: Well, you're taking something away, okay, and it's always hard to take away from a community.

RMM: And here you would have been taking probably, if you were going to move it to a central location you're moving one from Marquette, one from Ishpeming. So you had two communities. So moving it across town here, St. Mary's and St. Luke's that wasn't much of a problem. When you started doing 16 miles that way it's a problem.

JR: Yep. If it was going to happen it should have happened in 1973.

RMM: When they were still with the…

JR: Well when they were, if we could have brought in the Bell board and their medical staff with the Marquette medical staff and boards all together and say can we do something county wide and have like a triage station in the community itself? Like in Ishpeming an emergency room and maybe a couple of

beds for stabilization and the same in the city of Marquette, then have the big medical center right out there 6 miles away or 8 miles away. That would have been the time to do it. But the timing wasn't right. Timing is everything in this world.

RMM: When did they think about the larger merger?

JR: The year I don't remember

RMM: But it was after 1972?

JR: Oh yes it was after the mergers of the hospitals. I think it may have been oh I don't know the late 70's early 80's maybe.

RMM: Then today to just to let the person listening to this or reading it. At this point 2009 now you have a new facility that just opened in Ishpeming so any thought of doing something like that certainly in the near future is unrealistic.

JR: I don't think that will happen. I think for things to change there has to be a good reason for change. Fortunately or unfortunately finances seem to drive a lot in our world today. If the financial situation was such that it made sense and that the community needed it then it happens, if it isn't, it's a long hard pull to convince people we should do this. They struggle with police departments and post offices now that are closing. Should they really be a post office in Negaunee for example? It's hard for that community to give up a post office and imagine a hospital, school system. I think there is the ability to save money in a lot of different areas but it's got to be driven. Somebody's got to have the courage to take that step.

RMM: I think this happened a few years ago and they keep talking about it. On the state level to save money, to have communities reorganize and say have the three large communities here have one police, one fire department, or just one office overseeing them. The governor has pushed it. Or even there has been talk of getting rid of the townships. And you kind of see where that goes. No place. Even though they come up with, they have the report, they come up with you're going to save this amount of money and so. There you're back to what you're talking about having this organization, this institution in your town and you don't want to give it up. Interesting.

JR: It really is. When you think about it, I can understand, I understand why they don't want to lose it.

RMM: Then I think on the other hand highlight the Marquette General story and how it brought about without a great deal of animosity, from what I can gather. It was able to merge the two hospitals and come out with something better, than that's sort of runs in face of, but it's just one community again. It does kind of highlight what can be done under certain circumstances.

JR: That's right. A key word there is courage. You got to have leaders take the step and say we want to make this happen. If you've got that then you can make that happen. It was the best thing that ever happened to health care in the Upper Peninsula. I can tell you that.

RMM: Was the merger?

JR: The merger here in Marquette, absolutely.

RMM: Did you ever get into in your capacity even in the peripheral of it; get into some talk about developing a medical school around the hospital at Northern?

JR: I heard a lot of discussions about medical schools and I know Dan Mazzucci was involved with Michigan State and their school up here. I think it requires a huge financial commitment to do that. If it were to be done it should be done in conjunction with the university here. I think that two partners that bring a lot to the table is the university and the hospital. Here we've got an educational institution and a big health care institution. There's no reason why some of these programs for training professionals can be done, there really isn't. I know they do work with the x-ray school together. They've always done it with the lab, for technologists.

RMM: Oncology program.

JR: Right, but that's the way to do it. You know you have to identify that there is a need, then just go for it. It seemed like to me that there would be a lot that the two institutions could work together on.

RMM: So it could be something people could look towards the future for?

JR: I think if they could determine there was a need for a medical school, sure. One of the things they wanted to do with the medical school and the family practice residency out here was to make sure that you trained and educated physicians that wanted to work in rural areas. What's a nicer rural area than the Upper Peninsula when you think about it? A lot to be offered up here.

RMM: I think in one of the interviews, it might have been with Dan. Somebody they were pointing out, today there are about 100 or so physicians that have come in through that rural program. They're not all in Marquette. They're out in hinterland and so that would be 100 physicians that we may or may not…

JR: Absolutely, I think that's a good record. 100 physicians up here, that's a lot. They're family practice, general practitioners out there seeing a lot of folks out there in the rural areas. It's great and the nice part of it is that the program, at least in my mind has always been the fact that those physicians have worked closely with the specialists in Marquette. They know this specialist, doing rotations with them and interacting with them for four years. What better situation could there be? "Well, you know I know Dr. Arnold or I know Dr. Cosha and I'm going to have him take a look at this patient for me.

RMM: So you don't even think about going outside the area?

JR: No, it's almost natural. That's why we wanted to put together an EMS system to provide the transportation for these patients. We came close to doing it. We had the Hospital, Marquette General ambulance service and then we purchased the ambulance service in Escanaba, It was Rampart. We purchased that I think in 1998 or thereabouts. Then we had two of three biggest ambulance services controlled by the hospital. Then in 2003, just before I retired, we purchased the Mercy ambulance in Houghton and that was the big three. Those are the three biggest ambulance services as far as volume, the number of runs that they had. They were all part of Marquette General and then they also had Iron River. So there were actually four ambulance services being run by Marquette.

RMM: Houghton area?

JR: Escanaba area.

RMM: Escanaba, Iron River?

JR: Iron River and Marquette.

RMM: Now when you get to places like Ironwood or Menominee or the Sault, do they then focus, does the Sault focus more on Petoskey and the Hospital there and Ironwood maybe…

JR: Duluth? Absolutely. You lose the far east, west, and south. You lose them to other regional centers that are really closer.

RMM: Menominee would be, what 50 miles to Green Bay?

JR: There abouts, yeah sure. So you do lose those and it's the same when you get up in that Ironwood area, they have a tendency to go to Duluth. A lot of it is just historical. They've always done it. So how do you change that referral pattern? Part of the answer probably is you educate physicians and you put them working in Ironwood and maybe they will work in the Emergency department in Ironwood and they'll see a situation where one of their colleges that they've worked with in Marquette, like Dr. Cocha could really help this head injured patient and maybe they would send them. Instead of going traditionally west they'd come east but it takes a long time to redevelop referral patterns. A long time.

RMM: Interesting.

JR: It is. It's very interesting.

RMM: So the pattern would be, you'd have to make the connection and then you'd have to be doing some good for the person and then they would say yes that's the place for me.

JR: yeah we've always honored patient choice. I think every physician would tell you that if a patient wants to go somewhere they can go there. But there's that influence factor. I see Dr. Jones in Ironwood and I've seen Dr. Jones for ten years and he's always given me the right scoop and if Dr. Jones says there's a Neuro-surgeon in Marquette I'd like you to see. You know where I'm going? I'm going to see Dr. Jones friend. It's human nature. Like I said I had an opportunity to meet a lot of people in the 35 years. I worked closely with a lot of the hospital administrators and some of the doctors and they're good people. You have to admire some of the small rural operations because they don't have the resources you take for granted. I would take for granted or you would take for granted because you're living here in Marquette. I mean they just don't have them.

RMM: Even being where we're at you look out the window and you're looking at the whole complex.

JR: That's right.

RMM: And you take that for granted. You think you have a problem. You walk over there. I know we live out of town and as we grow older, we know there is going to be an end to that. You want to be close to medical facilities. It would be a half hour for EMS to come out to my house.

JR: I think there is a lot of merit to that. I do. I spend a lot of time at my camp. It's forty miles from here. It's south of Ishpeming. In fact, I tell my wife we really should spend more time out there, we were going to live out there in the summer and everything. We have a hard time spending more than three days there. Not that we don't like it. It's just there are so many things we have in Marquette now. Our roots are here. Our families are here. Our friends are here. You do things with them, or there is a Northern football game or a Northern hockey game. I like to see that team you know. It works that way. For me it's close enough that I can go out there just for the day and spend 3-4 hours there. I've got some projects I like to work on.

RMM: Okay I think that pretty much sums up, is there anything that I didn't get into? Was there something I missed because I wasn't familiar with?

JR: I don't think so. I think you got everything that was important.

END OF INTERVIEW