Boersma, Vern Oral History Interview: Sesquicentennial of Holland, "150 Stories for 150 Years"

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Oral History Interview with
Vern Boersma

Conducted August 19, 1997
by Ann Paeth

Sesquicentennial Oral History Project
"150 Stories for 150 Years"
AP: Well, the first thing I want to do is have you state your name where and when you were born.

VB: My name is Vern Boersma and I was born in Holland, Michigan, [date removed], 1922.

AP: I want to get you on there too.

LB: My name is Lois Hinkamp Boersma. I was born in Holland, Michigan, on [date removed], 1922.

AP: Now you both stayed in Holland all your life? Or did you live in other places?

VB: Well, when we were in the service we lived in California for a while, and then of course, while I was in training we moved around to several places. I was in Ann Arbor for seven years. But otherwise we lived in Holland.

AP: Was that due to school? To medical school?

VB: Medical school.

AP: At U of M?

VB: That's right, and my post medical school training in the pediatric program.

AP: We can start with what you remember of Holland when you were growing up, or we can talk about your career here. Why don't we start out with Holland growing up and what it was like, what kind of things you did as a child, what school was like.

VB: We went to different schools, strangely enough. We didn't really know each other until we were juniors at Hope College. Go ahead, Lois. You start.
LB: I went first to kindergarten in what now is the continuing education building on 15th Street, the old high school building because Washington School was in the process of being built. And I really went to school as a four and a half year old, partly I think because we were so close to the school. I went to afternoon kindergarten at Washington School and I was in the first afternoon kindergarten class there. While we were in kindergarten in the old high school building, we used to use the tennis courts in the back for recess playground area, and I know there was a great, enormous dog that used to stand in the middle of the high school lawn. I was scared to death of him. (Laughs) Of course, what we did was so very, very different from what is done now because we didn’t have television. We just barely had radios. We made up much more of our play than kids do today. My parents always took us on a trip every year. From the time I was in the first grade on, I think our first trip was up to Upper Michigan to Milwaukee where my grandmother lived and back around the bottom of the lake. But then every year we went somewhere. They arranged them so that we got an education along the way. My father was a great lover of Abraham Lincoln, and I think we were taken to everything that had anything to do with Abraham Lincoln in the whole country.

VB: Well, I was born in Holland, and I can remember some things we had like the interurban. I can vaguely remember the old railroad tracks or interurban tracks down River Avenue and Eighth Street and occasionally see what looked like a street car going down there. Lois remembers that because, of course, she had to be told to make sure she didn’t cross the street when there was any one of those interurbans
coming. I lived on Nineteenth Street until I was about seven years old and I went to Van Raalte School. And then we moved to Twenty-third Street and I think I was going to be in the Longfellow School District. Since I would change schools anyway, my grandmother gave me fifty cents so I could go to the Christian Schools. I went to the Christian School starting in about the second grade. Lois went to the public school so we never knew each other until we were in college. We both went to Hope College. But Twenty-third Street, where we lived then was on West Twenty-third just off Michigan Avenue, and it was all field and way out in the country then. And it was all field from there to Twentieth Street. I used to hit golf balls when I was a little older from Michigan Avenue to Washington Avenue and it was all just open. I remember that in my young teen age we used to come up to play the kids who lived on the hill top that was about where this area (meaning our home on 29th Street) is or maybe a little farther west. Central Avenue was gravel after about Twenty-Eighth, Twenty-seventh or so, and Michigan Avenue was gravel after Twenty-eighth. This was way out in the sticks! (Laughs) We had to make all our own fun which was good. We didn't have a lot of organized football or soccer or city recreation league for the kids. We did have some city recreation for adults - softball teams that played right across the street on Twenty-third Street in that field and the football team from the high school used to practice there.

LB: Well, we could talk about how different our Sundays were. Sunday was really a quiet day in Holland. We went to church in the morning and we went to church at night. And we went to CE in the afternoon.
AP: Christian education?

LB: Christian Endeavor.

VB: We had what they called the YBCA over on Maple Avenue Christian Reformed Church. The same kind of thing.

LB: But people did not go to the beach. They did not play outdoors. You kept your good clothes on and you did quiet things like read, you might write letters. Such things as that were true in Holland, Michigan, for a long, long time really. Even when our children were youngsters. Most of our neighbors were very, very quiet on Sundays.

VB: You didn’t dare be so different as to mow your lawn on Sunday.

LB: Fortunately people still don’t do that too much.

VB: There were no stores open.

LB: Hard to find a gas station open.

VB: Hard to find a drug store even open. Theaters were closed. Bowling alleys. It was quiet. It was different. During the depression, which of course started in ’30 and kept on until really almost 1940, but as we look back on it, nobody had much. But as kids you don’t really realize that it’s a depression because no one had anything. You lived conservatively, my folks, and I’m sure Loie’s too. We had one car and we were fortunate to have a car and that was never anything but a used car. And a lot of people didn’t use the telephone. Our neighbors would use our telephone because they couldn’t afford telephones.

LB: My parents never bought a used car, but they didn’t have one until about I was about six, as I recall. Cars were very dull. I’ve been told that I told my parents that I
wanted them to get a "precious" car (laughs). A "precious" car, or so they tell me meant that it was not to be black, and ours turned out to be a very dark blue. It had a little beige on the side of it (laughs). I think that’s so silly now.

VB: But a big deal was to get your parents to take you to Ottawa Beach. Ottawa Beach was a beautiful beach even more so than it is now. There were hardly any people there because nobody came from Grand Rapids or... In the first place, they didn’t have transportation or money; second place, the roads were terrible compared to today. So we had the lake to ourselves in this area because very few people other than the Holland people went to Holland State Park.

AP: And just Holland people to begin with?

VB: That’s right. There weren’t that many people.

AP: What was it like after graduating from high school? You both were in the same year?

VB: Yes, same year, but different schools.

AP: You both went on to college. Was that a normal step? What factors were involved in going on in your education?

LB: Vern went to Calvin his first year. (Laughs)

VB: (Laughs) Then I transferred after my first year. But I’d say maybe forty percent of our class went to college? By 1940, people were getting a little more interested in education. A lot of the people still just went out and worked after high school, and we had a lot of people drop out in the tenth grade too because they didn’t have to go anymore.

LB: I think more people dropped out of high school than we realize because of economic
reasons.

VB: That's right.

LB: I don't think I was aware of that. Why they dropped out for many years.

VB: One of the things about the depression, though, is that a good many Christian Reformed people had their kids go to the public school because they couldn't afford the Christian School. It's amusing to me in a way because some of those people are staunch Christian Reformed School people today and they themselves went to a public school.

LB: My parents always said we were always going to go to college and we were going to go to Hope. You see my father taught at Hope. That's why. So there was no question about it. We were going to go and that's where we were going to go! And in those days if you were involved in any way with Hope College, that was expected of you. If you went somewhere else, that was kind of an act of treason so to speak. So I always knew I was going to go there. As I said in the beginning I was a half-year student and of the half-year class I was in, many of those students by the time I left high school and graduated, I suddenly realized were no longer in high school. Dropped out for one reason or another. I think of my half-year grade school class, only about three of us went on to college. But the half-year class just below mine, with which I was thrown in a great deal during high school, I would say much more like sixty percent of that class went. There's no rhyme or reason why that happened. It just happened that way.

VB: When she says half-year classes, I had that happen to me too. You started in
February if you were five or close to it, and then you graduated in February too. Of course now they don't do that so...which really fouled up my basketball program because I played basketball in high school and we had a good team when I was a junior, but then in my senior year I could only play a half year because I graduated in February and had to quit, see? And they don't do that any more.

AP: So then you switched to Hope after a year?

VB: After a year I went to Hope.

AP: Now, why was that?

VB: Well, you know, you always have a little bit of a rebel in you when you're a teenager and I thought that Calvin was just a little too stiff and strict for me so I decided to branch out a little bit. Of course at that time too the war was kind of smoldering...That didn't have too much to do with it.

LB: Actually when you transferred you couldn't play basketball for a whole year. That was a rule, too, to prevent student athletes from transferring, to prevent colleges from trying to snag an athlete from another school. Then when the war came, Vern went to the University of Michigan to medical school, that's where he was sent by the Navy. But Hope had had ASTP students on campus, as you probably heard. That's probably the only thing that kept Hope going because they didn't have any students to speak of at all.

VB: A lot of the Holland kids went to Hope. Tuition was only sixty bucks a semester. But almost all of us lived at home. We didn't live in the dormitory like they do now.

AP: What was Hope like at the time you were there?
VB: Well, they had about five hundred to six hundred students.

LB: You weren’t there but they had a good-sized freshman class, I know that. There were five hundred of us...

VB: Totally, the whole college, not our class.

LB: The whole college, yes. That made it very nice because you pretty much got to know, maybe not everybody, but you knew a lot of people on campus.

VB: Of course, all colleges were small and comparatively, Michigan State at that time, was only 5,000. Michigan was a bit bigger. But Western was relatively small too. The population was considerably less. I think the population was 120 million at the most in the United States. That’s less than half of what it is now.

LB: But really we had a very good time, there were a lot of social activities, meant for the whole student body. Of course there was no drinking, not on campus, so really drinking was not done, it really wasn’t.

VB: There was no dancing, that wasn’t allowed either, except that we had certain professors who were far more liberal and they’d kind of leave at the right time, or turn the other way. So if we had a party, any time we invited the certain professors, and we’d have a dance. (laughter)

AP: Now we have dance professors!

VB: And they go to Skiles Tavern! (laughter). Oh, that would have been a real shocker if they had had that then. We had compulsory chapel too, they took roll. But of course, then they could get everybody in, today they couldn’t possibly.

LB: I know there are a lot of things to be said that are better about having it be not
compulsory, but it did make us get up and start our day. It was like going to work, in a way. Most of our classes were in the morning, and labs in the afternoon. We had an accounting professor who had a job in town besides, and he wanted us to come at seven o’clock in the morning. So we had an accounting class from seven to eight in the morning before chapel. Sororities and fraternities being local, played a different role than they do today. Anybody who wanted to be in a sorority or a fraternity could be, for a very nominal amount of money. They had two parties a year; it was a nice time.

AP: Let’s just keep moving forward. So, you went on to Ann Arbor, and you said seven years, you were there. Then...

LB: We married when...

VB: I was married after I’d been there about four years.

LB: And then we came here to Holland. For one year you practiced, then you went to the Korean War.

VB: I was gone for two years in the Korean War, as a doctor.

AP: Did you serve overseas in that?

VB: I was on a ship, carrying troops back and forth.

AP: A couple weeks ago I interviewed another doctor in the area, Dr. Al Bonzelaar.

VB: Oh, he was a good friend of ours, he was at Michigan, and we lived together in the same fraternity house. Al had the same kind of history, he went to Christian High, he was about a class behind me, I think.

AP: So you say, (unintelligible because of noise) He was drafted by the doctor draft in the
Korean War, and spent time in Korea. He informed me on a lot of issues that really entered health care during the time span of his career, and your career too. I'd be interested to hear how it affected you. First in terms of the Korean War, he was talking about, he had a lot of experience, that war in particular did a lot for forcing advancements in the medical field, because it was necessary to advance it. He also talked about coming back to Holland and setting up practice when specialization was really beginning in the medical field, and that you were the first pediatrician.

VB: Yes, that was certainly apparent with my career too. I was just a little ahead of Al. Actually, when I started, I was one of the very few specialists in town. In fact, I was the number fourteen doctor on the hospital staff. I didn’t really know if I was going to make a go of it here in Holland, not any specialists at all, you know, but I started here and lived here. Carl Cook was practicing obstetrics and was eager to have a pediatrician in town. After I'd been here a year, I realized I could make a living here easily. Then I came back again to the Holland area. I did things when I was first in practice that pediatricians today don’t do at all, that is I operated a lot with Al because he was a very good surgeon. He did most of my surgery, and I’d assist him. I did a lot of my own simple surgery, like office surgery, and I did my own tonsils and I set my own fractures, a lot of them. We sort of helped each other. By the time I got another pediatrician here, I had been in practice twelve years. They didn’t do any of that, they had no training, they didn’t even have a rotating internship really, where they rotated through various fields. They just went right straight to their specialty. By that time, I discontinued most of that, except in my office,
because the others didn’t do it, and stuck strictly to pediatrics. I brought Dr. Chamness here first and then Dr. Dykema came and then, of course, we had a few others who have come and left. Now, they’ve got about eight or nine pediatricians.

LB: You were not only the first pediatrician in Holland, you’re the first one in Ottawa or Allegan county.

VB: I had to laugh, Hope College had an article saying I was the leading pediatrician. And I said, "Well, who I am leading?" (laughter)

LB: After the Korean War, then everybody came here, a lot of other specialists.

VB: Al is a twin, you know, an identical twin. He and Marv and his family lived on the corner of 17th and Maple. I lived on 23rd, and we could actually run back and forth. He went to Hope College too, so we used to trade, when you took a foreign language for example, there would be a book you could get that would translate the passage you were supposed to translate, and so I’d run over to his house and give it to him, or he’d run back to my house and give it to me. We cooperated quite a bit. (laughs)

LB: I don’t know if that’s cooperation or cheating! (laughter) How to get your work done.

AP: You mentioned that there were quite a few people that had gone to Hope, and on to Ann Arbor in the medical field at that time.

VB: It amazes me, we had five hundred students at Hope, as I said. Of course, there weren’t a lot of other fields in science, you didn’t go into physics, which is a big field, you didn’t go into much biology or botany, or anything like that, geology and all kinds of nuclear physics. So the scientific opportunities were minimal, compared
to now, but, in my class alone, fourteen fellows went into medicine. I’ll bet more of them went into chemistry. So, anybody interested in science went into either medicine or chemistry. I think probably you don’t have more than fourteen, fifteen kids in every class now who go into medicine.

AP: Well, a lot come in pre-med, but not a lot end up graduating and getting into medical school. A lot of them change their majors.

VB: It was tough getting in when we got in, too. It wasn’t easy, they screened you and...

LB: Scared the be-jibbies out of you.

VB: It was tougher in med school, now they have a policy that they try to see you through, but then, with the war on, they always took more than they could really train. They just figured some wouldn’t make it. Then, of course, if you were in the service, that meant you would go in as a private or as an apprentice seaman. You either got your grades or you went to Great Lakes (Chicago Navy Base).

AP: So then you stayed in Holland with your practice until you retired. Had the medical field or your practice in Holland changed a lot?

VB: Oh, considerably. Yes, when I started out, most doctors were solo practice. You made housecalls, in fact, I made probably about an average three or four a day. But we didn’t have good heaters in cars and they weren’t as comfortable as they are today, so taking a child out was a problem. We felt as if we were that particular patient’s doctor, and they always depended on you. Usually they called you at home, you answered your own phone. You were on call almost all of the time, they didn’t have an emergency room that you could go to. If they went to the emergency room,
then the hospital would call the doctor whose patient they said they were. Then the doctor would have to come to the emergency room to see them. About 25% of my gross was my overhead, but the rest of it was profit. Nowadays about 65% of what you take in is overhead, just because of all the paper work and regulations and things. Some of those things are good, but of course they're way overdone too.

LB: On the other hand, your practice made very little money as office calls were three dollars and the house calls were five dollars.

VB: When I first started, office calls were two dollars and house calls were three. Then later it went up, and when Jim Chamness came here, twelve years later, we went to five dollars for house calls and four dollars for an office call. I think the whole attitude of the medical profession, particularly on a local level, was much different then as far as responsibility to the patient is concerned. Yes, you hoped you'd make it, and doctors did make a good living, a decent living, but part of the reason was that they worked so many hours. Today it kind of fries people, even myself to get a hold of a doctor. You can hardly find them, you get so many people in between before you can talk to them or before you can get to them, and I can understand it too. But with third party pay now, not people paying you directly, the doctor doesn't feel the same relationship to the patient.

LB: You really felt very responsible for your patients.

VB: Oh, I did...

LB: We would be practically out the door to go somewhere, and if somebody called and needed help, they got it.
AP: So, there were a lot of sacrifices.

LB: Oh, there certainly were. Our kids felt that too, they were going to go somewhere with Daddy, and suddenly they were not going somewhere with Daddy.

VB: We had a lot more things to be concerned about. We didn't have the technology we have today, so there was more of a clinical diagnosis you made. You didn't have as many helps. We had X-rays, but just general X-rays. But there were things like polio. I've always been amused because when I first came into practice we had a lot of polio and I used to do a lot of spinal taps, in fact in Ann Arbor, the pediatric department took care of the contagious diseases for the whole hospital and we had lots of meningitis, tuberculosis, tuberculosis meningitis. After I'd been in practice, Jim Chamness came in as I said 12 years later, and I don't think Jim had ever seen a case of polio, because by that time the vaccine was out. Later Paul Dykema came into practice and he had never seen a case of the measles and there used to be measles epidemics, and they really got sick, some of them. Nowadays there is another vaccine out, the H-influenza vaccine for meningitis, which is the most common meningitis kids get, and you don't get that infection anymore, or the ear infection from it. Things have gotten better as far as health is concerned, as is of course evident by the fact that people live longer than they did. So the practice, like everything else, has changed a great deal.

AP: And insurance?

VB: Oh yes. No one had health insurance. Insurance did effect a lot. Actually I think people forget that. When I was in practice, there always was a big percentage of
patients that I either didn’t charge or never got paid for, you kind of expected that. If they didn’t have anything, you’d know it. But then medicine started getting more expensive and it got to be a little bit of a problem, so the Michigan State Medical Society, the doctor’s group, started Blue Cross. It went over very well, and the Detroit area, the whole motor industry, adopted it. Then it got to the point the union had a say in it, so they decided they wanted to take it over themselves and keep the doctors out of it. Then the doctors just dropped it and let a separate organization, Blue Cross, handle it. Insurance is a good thing. It’s been in the works when I was in med school even. Truman was president and there was a bill called the Murray Wagner Dingle Bill which was considered a threat to the doctors at the time because it was a national health insurance and they thought this was socialized medicine to the extreme. The strange thing about it is that all the medical school professors and colleges were against it. Nowadays, of course, there is quite a dichotomy between the medical school and perhaps the general consensus of medical societies where they don’t agree on that. I think most medical schools would go, probably, for complete national health care, and most medical societies would prefer managed care, HMO and that sort of thing.

LB: Or private practice.

VB: Or private practice, yes. No matter what you develop, in the evolution of some system, there are always inequities.

LB: Another difference from now and then is that people had a real rapport with their doctor, and no one would have thought of suing a doctor. I think some of that came
about because some specialists earned a great deal of money. And that is something you have to understand too, that within the medical profession there is a great difference, some specialists opposed to other specialists, and that is I don’t think really understood by the general public. They think all doctors are rolling in money, and they are out to get them.

VB: Yes, the average general practitioner today, family practice, now I never made this much, but I would imagine the average family practitioner makes maybe a hundred thousand dollars a year. Whereas you take the average orthopaedists or anesthesiologists or cardiologists, they’ll make five or six hundred thousand dollars. Of course you compare the two, and it’s like comparing a teacher with the CEO of General Motors. You can’t. And that has always been a little bit of a problem for us as pediatricians. As soon as you go anyplace and you have doctor in front of your name, the price goes up, so we don’t tell anybody. We just forget it.

AP: Do you find that there are some people that just tend to mistrust people in the medical field now?

VB: Most people that mistrust doctors, don’t mistrust their own doctor, but they have a general mistrust for the whole profession.

AP: People probably don’t know their doctors as well?

VB: Part of it is, as Lois said, in a suit business, a lot of it is because we’ve lost the patient-doctor relationship. It was never possible, or even thought of, that if you had a doctor who took care of you during your pregnancy, that some other doctor was going to deliver you. Now you have four or five fellows in the practice and you only
have 1/5 of a chance of getting the doctor that you see, because the other one is on call. That loses a lot of personal relationship. On the other hand, the doctors have been sued, some of them justifiably, but many of them are just dragged into a suit because lawyers attitude is that if a patient has a complaint or does not get a good result, then I’m gonna sue everybody who has got anything to do with it. And sooner or later, we’ll find out if one of them is responsible. That means that you sue five or six guys and your insurance premiums go sky high. So the doctors start looking at their patient as an adversary rather than as a responsibility. They figure, I gotta be careful because what kind of personality is this? Is this guy likely to sue me? That changes the relationship and it isn’t nearly as rewarding as it used to be.

AP: It seems that has effected the way of life though. Everybody has to be concerned with field trip forms...we even have a form for you to sign. It’s very different.

LB: Very much so. It’s too bad.

VB: If you read a form about having an operation of some kind, like a sinus operation, you’d read it and you’d never have the operation because all of the possibilities they put in there scare you half to death. Or you look at the slip you get from the pharmacist, or from the physician’s desk reference on drugs and you wouldn’t take an aspirin tablet...they just put that in there to cover themselves.

AP: What other things in Holland have you seen change?

VB: We’re amazed by the number of houses that we see going up, and the size of houses all over town, north of town. And the hospital, of course, has changed considerably. Women used to stay at the hospital, when I was a boy, women stayed in for ten days
after a delivery, which was too long. That was another thing that changed with the war. They began to realize that getting patients up and moving was better for them than to have them stay in bed. But then it got to be where patients would have a delivery and would stay in the hospital about five days, until the mother and the baby got oriented and she got something arranged at home. Now it has gotten to the point where in 24 hours you are expected to go home. In surgery, we used to have a lot of patients stay in the hospital afterwards to recuperate, and have a doctor keep an eye on them for a few days. Now it's all outpatients and hardly anything. Some of that is good, but it makes you wonder because, as expensive as it might be to stay five days, it seems now they're in there 24 hours and it costs as much or more than it used to for five days. We used to have a good many cases of suspected child abuse or neglect, and what we could do was hospitalize a child if he was abused or had good reason to be hospitalized, but then we could keep them there until the social service department made some arrangements and could investigate the house. As soon as medical expenses got as high as they have now, the government said, "We’re not paying for hospital care just for babysitting." For every illness, they give you a catalogue that tells you how many days the average could stay in and that’s what you’d get paid for. So the hospital says, "Well we only get paid for 2 days for this kind of an illness, and you can’t keep this child five days just because they haven’t got a home for him. That’s their problem not ours." Those kind of things have changed a lot.

LB: Just in general, everything has changed. Our transportation, of course you live
farther away so you have to take cars...And airplane travel has just changed the world completely. My parents really wanted very badly to go to Europe when they retired. By the time they retired, they decided my father couldn’t walk well enough, my mother couldn’t hear well enough, so they decided not to go. Now high school kids go.

VB: That’s true with house calls too. Everything was close enough in so that if I made a house call, I could make a couple of house calls in an hour. Now people live...The first call I might have would be way north of town in Waukazoo or further, and the next one might be out here in Fillmore Township. To spend so much time on the road isn’t profitable. Plus the cars are so much better equipped now, that now they can meet them at their office and see them...Unfortunately most of them don’t meet them at all, they send them to the emergency room rather than see them in their office. That raises a big expense. So, things gotta change, I guess. Sometimes totally for the better, and other times you see some real advantage in reexamining and comparing that so you might be able to improve things.

LB: The children were read to more so their values were established far more easily than they are today. Now children are a little bit restless or something and they are plopped in front of the TV to watch cartoons, or something like that. I do think that the stories we read, and then we learned to entertain ourselves by reading at a very early age. Some of that was... (end of side 1) There are lots more good appliances in the kitchen today than people had then. Despite the fact, however, that you have all these appliances, I don’t know...We still spend as much time working in the
house. Maybe not. That really isn’t true. I think my mother really was home most of the week. She went to church meetings and Faculty Dames too, but otherwise she was at home, whereas I think there is lots more freedom. Of course, now girls all work.

VB: Yes, we have a better standard of living, but if a lot of women hadn’t started to come into the work force, we might have lived on a lower standard, but we would have been able to spend more time with the kids too. I see in the paper where Pete Hoekstra’s been riding around on his bicycle and asking questions about a bill that’s in Congress where employers, rather than demanding that people work overtime, allow them to forego the extra compensation so they can spend more time at home. It will be interesting to see what the average person responds to that.

AP: Over the course of your practice, have you seen a change in the children that you were seeing?

VB: Yeah, I certainly saw more men bringing children in, early in my practice I hardly ever saw the husband. I saw the wife almost all of the time.

LB: You want to talk about your migrant work at all?

VB: That was an interesting aspect that started way back when I was first in practice. Migrants came by the droves, early in June and then…really migrants, they picked blueberries and they came up to Berrien County in June and picked strawberries and other things and they moved this way. Later in the season they’d pick apples in Sparta and stuff… But actually when they got blueberry automatic pickers, then about that same time the shrubbery business, nurseries like Zelenkas, Van’s Pines, and
some of these others were developing an industry. Then these people would come up and work in shrubbery, trim trees and help plant. Then they'd start coming up earlier in March and working in these covered plastic things with a heater inside and they'd do the planting. Later in the season, maybe in July, they could transplant them into the field and they could get outside, and they actually do trimmings and cuttings and stuff. Actually, a lot of them stayed here until Thanksgiving or until later. Then they'd go back to Texas and hibernate in Hildago County all winter because there is no work down there. So this is really their main source of income. I got to know quite a few families. Loie had a class reunion here, her 50th class reunion a few years back, and a grandson of one of the people in her class came in and was so amazed that there weren't any Spanish people there because he'd had a lot of Spanish kids in his class. When the migrants were first here with the blueberries, I realized that I saw a number of them when they were ill and it was obvious that they were getting no health care at all. The conditions in the blueberry fields weren't too good. Some of the people that supposedly were housing them weren't housing them in good circumstances. No screens on the shacks, and they were living in shacks without facilities. Once, I never forget a family, I went in to see these kids and they were all on one little construction hut type of building. It was rather dark, and I tried to try and find a place to sit down and they said, "Don't sit there!" I almost sat on a child and it turned out they were trying to hide him from me because he had a big cleft lip and palate. He was about two years old. I got him sent over to Grand Rapids and got him fixed. So I got a trailer lined up that I could pull behind my car, and I
would go out on Wednesday afternoon or some nights, and go to various camps and
give their shots and give them medical care as I could, actually get to see some that I
thought needed to be referred other places, and I could do that, although it was
always a problem because they didn’t have any money and we’d have to get them on
welfare of some kind. Then Kay Groeneveld, who was director of nursing at the
hospital, used to see that trailer parked across the street, because my office was right
across the street. She got interested in what I was doing, and she then transferred and
became the head of the nurses at the health department, and she said, "I’m gonna give
you a nurse." And so she gave me a health department nurse to work with. Later
she wrote up a grant during the sixties when this office of economic opportunity
opened up under Lydon Johnson and we got money then to start a clinic out there,
near where the United Church Women had a program for the migrants. Then Berrien
County had a similar program going for migrant work. They had gotten some grants
from the federal government and came over and said, "Can we get together and
organize a form of regional area of help for these people," which they did, and that
became MARCHA which was a migrant rural community health association. But to
make a long story short, that whole thing has generated into what is now the office on
James Street. They actually own that whole big building on James and... and they
have a big clinic and operate year round, mostly just for people on medicaid or
welfare. Of course the industry of shrubbery at Zelenka and all has increased in the
number of people that have come in from Texas with all of the relatives and has
enlarged...
LB: I think that has really decreased, people don't come as much anymore.

VB: Well, they come but sooner or later drop out and become part of the community.

LB: I don't think there are migrants anymore like there used to be.

VB: Somebody has to work those shrubberies.

LB: In order for those shrubbery people to pay them what they do I understand, they have to hire them only eight months of the year. They can't hire them year round, so that's why they leave...

VB: That's why they drop out...but there are still quite a few. They come and then sooner or later they drop out, and become part of the community. Or they go back to Texas...Some stay here if they can find work, but now, at this time of the economy where it is so good as it is, of course most of them stay and they don't have to do that kind of work.

LB: They certainly don't come and do the blueberries anymore. I think most all of those are harvested mechanically.

VB: Right. They've gone back to having some of them, particularly at the latter part of the season, picked by people...you can pick your own if you want to. Some of the leaders in the Spanish community here, I can remember taking care of when they were little kids. And they know it too. They've developed into very fine citizens.

AP: How has the population of Holland changed? Both size and diversity?

VB: When I first started practice, when I would get to the V's of my billing, that would be half way. Of course, now, when I retired, I said to Lois, I had forty five, I think, Rodriguez in my practice, and there are a number of Riveras too. That has changed
considerably.

LB: Holland has changed dramatically in its makeup. What did they used to say? 85% of the Holland people were Dutch descent when we were kids, and now what would it be? Thirty or forty?

VB: That started to change particularly when GE came in here.

AP: How did GE affect Holland?

VB: It was a very welcomed addition. It brought employment and was a very good company and very responsible. It had a very good attitude about its place in the community. In fact, it was kind of expected of their executives to get involved somewhere or another. They were told to.

LB: There were probably about twenty executive families, and they were very good people.

VB: They made a very good contribution. A number of them, when they were told they had to move, or they could just stay and not get promoted, decided to stay right here. But of course we were sorry to see them go... By that time, we had generated enough other employment, we didn't miss them as much as we might have otherwise. But we didn't have Prince and we didn't have Haworth and some of those others, but GE came in for the first good sized company.

AP: In fact a lot of people mentioned to me that people that were brought into Holland to be in GE and had to transfer have come back to retire.

VB: That's right, many of them have. If you want some real history sometime, you won't get as much about Holland, but Mr. Haworth, Gerry Haworth, would probably be
glad to sit down with you sometime. He's a good friend of ours, and we saw his industry develop from where he had about 30 employees, where he now has over 9,000.

AP: Last year Holland was named a Top Ten All American city. What qualities about Holland do you think have earned that honor, or what qualities do you most appreciate about Holland?

LB: I know they worked hard to make a presentation to get the honor. I think it has had a very good base of ideals. I think that is slipping some unfortunately.

VB: I think the town has had a good community spirit. Of course, I think Mr. Prince has been responsible for some of it. Trying to save the downtown, for example, has been very good for the town. The town has generally been proud of its heritage and eager to preserve it to keep it from developing some of the same problems you've seen in many other cities. We keep saying we don't want to become another Benton Harbor which of course is a tragic situation. I think most of the bond issues and tax issues have passed. The people in general have a good community spirit and good work ethic, and that of course makes the town. Also, I think the fact that people have stayed here, there has been a pretty stable community base of people who haven't been moving around from this part of the United States to that part of the United States and never getting a real spirit of belonging.

AP: Do you think there are some problems that Holland is facing or things that need to be addressed?

LB: I think that they are addressing them or trying very hard to. The Weed and Seed
program, trying to help the literacy, or not really literacy so much as to help kids advance in school up to their grade level. I think if anything, the changes have come upon Holland so quickly that the city’s trying to play catch up.

VB: Yes, we aren’t immune to the same problems that most of the United States cities have.

LB: I think that is what we have found out to be a shocking truth. That we’re not, because we never had those problems before.

AP: But the city seems to be playing its part in addressing those problems? You feel the city is working to address those...

LB: I think they are trying very hard.

VB: That, in itself, I think was part of the reason we got the award for the Great American City is that they saw that there is an effort being made to tackle our problems. Not to put your head in the sand and say there is no problem. I think that was a large part of it.

AP: Are there other things that have changed? We talked about Sundays and the church... Has the church changed?

VB: Oh, yeah. Church has become far more liberal than it used to be, and there is more ecumenicity particularly between Catholics and Reformed and Episcopalians and Presbyterians and all. It used to be more provincial as far as denomination is concerned.

LB: And our services have changed completely. They were far more formal than they are now.
AP: What church do you go to?

VB: Hope Reformed.

AP: What churches did you grow up in?

VB: I grew up in Prospect Park Christian Reformed Church. Loie has never been to any other church but Hope.

LB: And, of course, I like it the way it was before better than I do now. More formal... We still have good organ music, and good choir music, but now I could do without these little ditties and stuff.

AP: I like the formal service too, I think it depends on what you’re used to.

LB: I like to feel you’re going into a church having people have a reverent attitude toward being there. Anyway...they probably think I’m just old so...they like the different way.

VB: But a lot of that is tradition. It’s just like the African American churches have always had a lot of activity and swinging and swaying, that’s part of the worship. We never were brought up that way so it just doesn’t seem like church when you get into that kind of activity. But the young people like it. I, for example, have gone to the chapel at Hope College. Of course they’ve got eight, nine hundred kids voluntarily coming to worship which is a wonderful thing and I have to admit its success, but when I go there, it is very foreign as far as worship is concerned, to me. I wouldn’t criticize it, but... and the music department over there just throws up their hands and says, "that’s not music!"

AP: What kind of role do you think Hope College plays in the community?
VB: I think Hope contributes considerably to the community.

LB: I think far more than many people appreciate. In the first place you have faculty members here who are citizens as well as professors or instructors and they contribute. Hope brings in good programs, Great Performance Series, concerts, lectures that are free, HASP, a lot of good things.

VB: They aren’t the kind of influence that you get in Ann Arbor or East Lansing where they dominate the town. But they do feel responsible for being a part of the town, and they are just about the right size for the town of Holland. They don’t dominate it, and yet they make a tremendous contribution culturally and economically. All those kids being downtown, that doesn’t hurt the downtown at all. It’s good.

AP: Unless there are other areas that we haven’t touched on that you’d like to add something to, I typically end up asking people what things in their lives and in this area, living here, they have been most thankful for. What aspects of life here they most appreciate.

VB: I think the emphasis on character and on morality, the work ethic...responsibility. They like freedom and all, it’s been opened to change, but the basic fundamentals of good character they respect, I think, and try to emphasize. They may disagree on how you do it sometimes, but I don’t think there is quite the greed or the lack of respect that you could find in some bigger cities, or even cities of equal size. You take a city like Muskegon and it doesn’t have half the pride or the interest in their community that the people of Holland seem to have. As long as you don’t get overwhelmed with them. With the sudden influx of one group. Now we are starting
to see considerably more African Americans here than we’ve seen in the past, which won’t be a problem unless we start getting such an influx that we can’t control their assimilating. It’s good to have them come and bring the better part of their culture, but if you get an overwhelming influx at once, you could get aspects of the culture that you don’t want. Then, of course, you have a problem. Holland is fortunate having had our influx gradual so we can assimilate them.

AP: It sounds like you see the town as having a very strong identity, and that it has maintained that and adapted it.

VB: That’s a good way to put it, because we don’t want to lose our identity.

AP: Are there any other things that we can touch on, or things you’ve been involved in that you think would be interesting to talk about?

VB: Well, there are a lot of things… Things like the Community Foundation, Boys and Girls Club, or CASA, which is now a children’s after-school achievement program at Hope, Rest Haven, Warm Friend…

AP: Are these all things you have been involved in directly as far as serving in committees and positions?

VB: That’s right.

LB: We each have been very involved in our church in many, many ways, so that has kept us busy all through the years.

VB: We’re glad to see the Art Council get a new location and improve and enlarge. And we were certainly tickled that the downtown has developed the way it has.

AP: Any of those organizations you’ve been involved in, are there any particular
movements or big projects that happened while you were involved with them?

VB: Well, they've all grown tremendously, which is good. The Holland Community
Foundation got the Kellogg Grant, and we were each on the board of Rest Haven for
six years. The migrant program is probably the thing I've been involved in most.
I've also been involved in setting up the Hope College clinic for kids. Of course, we
are avid fans of the basketball team and go to football games.

AP: There is certainly just tremendous growth in all of those organizations, which must be
very rewarding.

VB: It is just wonderful to see it. You get so after awhile you say "Boy, the world would
certainly go on and not miss us." But when you are involved with it you think if I
didn't do it, nobody would, but that is not true. There is a lot of leadership in town.
There is a lot of volunteerism...

LB: That's why people live longer, you get involved. I think there is a lot to that. People
have something to look forward to each day.

VB: I think the churches can get a lot of the credit, even though you don't see it directly.
I think people have been trained to give, not only from the standpoint of their time,
but also their resources, in this town. So charitable giving is really at a much higher
level than any average town this size where people can be challenged to give to a
project that is worthwhile, because they've been used to having been trained to give at
church.

AP: Were there any other things?

VB: I can remember when Bob Schuller was at Hope and I had just practiced when he
finished seminary, I think. I hadn’t been in practice very long, third year or so, and he and another fellow came into my office and were soliciting funds to start a drive-in church in California...

(end of tape)