Bonzelaar, Al Oral History Interview: Sesquicentennial of Holland, "150 Stories for 150 Years"

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Oral History Interview with
Al Bonzelaar

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by Ann Paeth

Sesquicentennial Oral History Project
"150 Stories for 150 Years"
The first thing I have everybody do is state their name and where and when they were born.

Alvin Bonzelaar, and I was born on August 15, 1923. Probably a home delivery on E. 16th Street. I would say at the age of somewhere around 23 months, we moved to W. 17th Street, so that’s where I was raised, on the corner of 17th and Maple.

So you grew up in Holland, and you’ve lived here...?

My entire life, except for going away to school and to the services.

Where did you go to school?

I began in Washington Grade School. I was there until second grade, and then we were transferred to the Christian School, I think primarily because the church wanted all the members’ children in the Christian School. It was the depression times, and I think the church put the pressure on my mother to transfer the children to the Christian Schools, so I was transferred to Central Avenue Christian Grade School. Then from there to the junior high and the high school, which was then located where Evergreen Commons is. I graduated from Christian High in 1941. I then went to Hope College. We were there, I always say we because I have an identical twin brother, and we were at Hope College from ’41-’43, at which time we were called into the navy. We actually enlisted earlier, but they had the B-12 program, and we were called into that. Then we were transferred to Denison University in Ohio. We
actually finished college there, because we went year round, and left there in 1941. Then we were sent to boot camp. We were together the entire way. We went to Great Lakes boot camp awaiting assignment to medical school. The fall of 1944, we were transferred to Ann Arbor to medical school. We were there the entire four years, but we were mustered out of the navy is December of 1945. Then we continued medical school until... Well, we were scheduled to graduate in '47, but they decelerated, because, again, we were going year round to school, they decelerated, so we graduated in June of '48. It will be fifty years out of school next year. Then my brother and I separated. He went to Grand Rapids for additional training at an internship, then later went into internal medicine. I went to Baltimore. We thought we'd possibly get together at a later date in the Holland area, so I went into surgery. I took the surgical residency there. Then I was called out again, and he was also called out again, for the Korean War under the so-called doctor draft. I was sent directly, well, I had a four week indoctrination and then flew into Korea. He actually went to Percy Jones for a year. Then he transferred to Korea in the same hospital I was in. So I got out of service in the spring of 1953, and then went back to Baltimore to finish my surgical residency.

In August of 1954, I started a surgical practice in Holland. I practiced 34 and a half years. When I came to Holland, it was sort of interesting, because Holland, then, was theoretically entirely general practice. Every doctor was a general practitioner. Most of them had moved their offices from outside locations to down town. At that time, we had a doctor in Hamilton, and so forth, and some of those
were moving into downtown offices. Actually, prior to my coming by a year or so, Dr. Boersma had come, and he had opened a pediatric practice, which was a new specialty. That's what was happening in the medical profession, specialties were developing. Most of these specialists, there were only two major specialties, medicine and surgery, at that time. Off medicine, we had pediatrics break off. Then in surgery, we had many things break off. Dr. ___?___, who was also in my medical school class, he came to Holland. His residency was shorter. He started an eye specialty practice. Dr. Kuipers was actually a general practitioner who had had some additional work and tried to establish his practice as semi-limited to internal medicine. Also Dr. Cook had been a general practitioner, but had taken additional training, so he became an obstetrician/gynecologist. So that was the beginning of specialization in Holland. Then I came here and was the first general surgical specialist, that had trained the entire time, the four years, and taken what we call a certification exam and so forth, that we had in the entire two counties of Ottawa and Allegan. After I got here, I found Dr. Rochafer was here, and he was also trained in surgery. So he and I were the beginnings of general surgery. The surgery prior to our coming was done by a lot of the local doctors. These people had had different levels of training, and do general practice and surgery. Theoretically, we were just surgeons, except in order to establish ourselves, we had to do some general practice, because they didn't want to refer anything. For good reasons, they wanted to keep their practices. So from that point on, we started to get more specialists. A few years down the line we got another internist, Dr. Schmidt who was in internal medicine. Then, subsequently,
we got Dr. Mahaney who was the first orthopedic specialist. At that particular time, the hospital, when I came, was roughly 90 beds. We had limited laboratory facilities, so surgical specimens, which I was involved with, of course, were either sent to Dr. Langen in Muskegon, or to B___?___ Hospital, or in unique situations, even to Ann Arbor pathological laboratories. As time went by, Dr. Dood finally trained in Grand Rapids and moved to Holland and became our first pathologist full time in the hospital. If you look at this list [referring to an ad in the newspaper about health care reform from his early days back in Holland] and you look at the list of doctors now, you’ll see there was a big shift. I can recall we were very good friends. Everybody was very friendly to each other. Even though we were supposedly competitors, you used everybody for calls when you were gone, and all these things. Dr. R___?___ and I did a lot of calls because we were both surgeons. When I’d leave, he’d cover things, and if he left, I’d cover him. As a result, some of these doctors, if I did surgery for them, the doctor would also assist on the surgery, and then afterwards would help with his after care, so we didn’t always have to have a surgeon available for after care. But at the same time, I recall a few of the doctors on here particularly who were maybe a bit more vocal, were worried that the influx of specialties, that the general practice people would be wiped out. Dr. _____ came in as another obstetrician. Dr. Lepin came in as another internist. It kept building. We got another orthopedic man, and another orthopedic man. We got Dr. Albers in surgery. So we kept building these different specialties. Of course, now with medicare, they’re trying to reverse this. They’re trying to give everybody a family doctor. At
the same time, we’ve got this myriad of surgical specialists and medical specialists: pediatric, cardiologist, eyes, it’s down to the little things. Dr. _____ came here and he has his two sons. We have a couple more ophthalmologists. We have a few nose and throat people. Some of those specialize in just certain areas of their specialty. It’s really become refined, whereas in my training days, even in the larger cities, they still had just major specialties, and the medical schools had the different departments. When you trained you rotated just through the various departments. In fact, it was a state law. You had to rotate during you’re first twelve months of training through the different departments. That’s what the people who went into general practice did. Eventually the general practice people tried to establish a separate specialty in family practice, which they now have. They wanted to be on a level with the other specialty people, so they actually take a residency now in family practice. They rotate through these many services, only for a longer period of time than it used to be when you got out of medical school. When I got out, theoretically, you could take an internship and go into practice. Your license allowed you to do whatever you thought you were capable of doing. But as time went by, the hospital has regulatory groups of doctors who decide what capability each doctor has. You apply for privileges, and then a peer group decides whether you’re capable by your records to do those things. That’s the way the practice of medicine has evolved in Holland. It has evolved in lots of smaller communities like Holland. Places like Douglas and Zeeland, of course, were slower to do these things, and they were too small to have a surgical specialist living there. We used to have to travel. So when I practiced, I would do surgery in
Zeeland, then a couple hours later I'd be in Douglas, then back to Holland, then later back to Douglas on an emergency, then later back to Zeeland, then back to Holland. So you kind of rode a circuit, literally. They're still doing that today, because some of these smaller specialties, they're not small anymore, but the area itself is unable to sustain a full time individual.

As a result, of course, the different medical things that can be done in Holland have become of greater number, too. I would say 90% of the surgery that's being done anyplace, can probably be done in Holland. It's only the super specialties that you need to go to a larger center, because all of the local doctors who are specialists are able to do, with the equipment they have, I would say 90% of the surgery. Most people find that it's nicer to have it done at home, if you can. The same for medical procedures or pediatrics. We have maybe eight pediatricians now. We also have maybe 25 family practice specialists, maybe more. The way medicare is trying to set it up is that everybody has a family doctor. The bad feature with all of the medicare, and the previous objection doctors had, is that medicine is no longer controlled by the medical profession. As a result, and that was one of the big things in the ad in the paper, you're going to lose being able to pick you're own doctor. That's true. With managed care, you're assigned a doctor. You can't say, "I'd like to have him." If he happens to be in your particular program, and that's your doctor, then you're fortunate, but otherwise you may be assigned to someone you dislike immensely.

That's a very important part of medical practice, that you know your doctor well, that you feel comfortable with him, you're relating a lot of personal things, so you want
someone that you’ve gotten to know well and trust. The old family doctor was a perfect person for this. As complex as medicine has become, you need such a person badly, because if you need special care, there’s no way you can determine where you can get the best type of the care that you want, and that’s where medicare is really a bad situation. Before this all took place, in Ottawa County we were very fortunate, because Ottawa County was one of the more wealthy counties, and has always been low on the social services needs wise, of any county in the entire state, as compared to say Detroit, or as compared to northern counties that have a low labor situation. Ottawa County, the way it used to work, if you needed surgical care and it was going to be expensive (it wasn’t by today’s standards), all you had to do was go to social services, and they would okay you either for your entire bill or a portion of it, so there was not problem financially. No one ever even bother to worry about how the bill was paid. It was automatically. If you were eligible, you were taken care of. Of course, there was an awful lot of free work done by all the doctors. Now you can’t do that anymore. The government has mandated that if I charge you so much to do something, I have to charge this person the same price. So you can’t juggle this. In prior years, if a person was able to pay, he paid. If he wasn’t, in some cases, doctors made arrangements to settle for less, and sometimes nothing. That was the doctors basic background. He was there to help. Money was purely secondary. Now, with medicare, they’ve pushed this thing to such a point that you have to be a business person, which doctors were always considered to be poor business people because they didn’t pay any attention to those things. It’s really involved to a
complex things, which has got some good aspects, but it's got many more bad aspects to it than if it were doctor controlled. They're trying to get it back into the medical profession to control it, but with all the so called entreupeners and people doing these different things, it's going to be difficult. It's hard to get the doctors together. They're busy, and they don't have time to spend on these different things. It's not a good situation. People get taken care of, but they don't always get taken care of. There will always be the doctors, with their background and indoctrination and everything, they wouldn't want to be in a position to deny services to anyone. I don't feel that will every happen. By the same reason, there will be people in outlying areas, it will be difficult to take care of some of these people. If it's an area that might not even support a doctor, how are you going to get medical care to that person? Of course, we do have a change with nurse practitioners and physicians assistants. Some of those people will probably be the people serving outlying areas. I don't know if you're familiar with the Pullman Health Clinic, some of these areas, that's what they do, they put in one doctor and fifteen other health care professionals. Anyway, that's the basic feeling I have about this evolving. I think we're very fortunate in Holland that we have always had, I think, better medical care than any average community had. I think the hospital has always been better than the average hospital. The doctor group has always been more devoted. If you look at all of these doctors, 90% of them were either Dutch background, married locally, or went to Hope College. Hope College was such a big plus for pre-medical. If you look on this, in fact, when I was in Ann Arbor, I would say we had at least fifteen people at
school at that time from Hope College. They either went there or to Wayne State, the other Michigan medical school.

We’ve had a lot of people who have gone to Hope and either have come back young or come back in later years, like Freedom Village. Of course, college towns are doing that, too. That’s common in Denison. They also have big housing developments there for retired alumni. It’s kind of attractive to people whose children are scattered, and they have to pick a home base where they had their most enjoyment.

Growing up here, as I look back now, was terrific. I went through the depression years. My father had multiple scleroses. Actually, I never saw my father walk. He was already inflicted with the disease. He was paralyzed, they called it creeping paralysis. So he needed total care for over 28 years. He died when I was fifteen or sixteen years of age. Up until that time, we had very little medical care, because there wasn’t anything to do. But he needed nursing care, which they still do today. But my mother had a system of caring for him. We had five children in the family. I had an older brother and an older sister, then a younger sister, and my brother and I. As I recall his care, I can’t believe it from a medical standpoint, because I haven’t seen anybody in a nursing home that got care like he got, right at home. Never to the hospital for anything ever. Never had a bed sore, even though he was totally paralyzed. He had to be fed, had no bowel or bladder control. But he never had a bed sore of any kind. His last eight years were spent entirely in bed. The earlier years, he was wheeled in a wheel chair. We had a ramp on the porch to
push him off. We’d move him around. As we grew up, everybody seemed to work at jobs of one kind or another. My brother and I, we mowed lawns and painted houses, worked at restaurants. My brother was a caretaker at the Women’s Literary Club. Worked crazy hours, working as much as 80 hours a week while still going to college. Some of those hours were spent sitting in the furnace room studying while meetings were going on. The place would have a wedding on a Saturday night, and we’d clean the place and set chairs up for church. Some of the newly founded churches were meeting there. We’d set those up at three o’clock in the morning, so you’d get a lot of hours in the week with all the extra. All the hours there were primarily were after activities. My brother did more of that, and I worked the restaurant. In the college we were both laboratory assistants that would help pay for tuition. We had summer jobs at different plants in Holland. I look at all of those as not only terrific experiences, but coming back to practice, it was tremendous because I got a lot of fellow workers that I worked with as a high school or college kid as patients. So it really worked out perfectly. They all knew… The town was still small, 15,000. We carried newspapers. He had a paper route and I had a paper route, so we would take each other’s paper routes while the other person worked the restaurant for eight hours at night, and we’d rotate back and forth. As a result, we got to know an awful lot of people. I remember I had W. 12th Street. I started with the library, that was my first delivery. Down River there, the first house next to the library where the parking lot is. I’d go all the way down 12th Street to the very end, and that was considered the best street in the city at that time, where all the larger
homes were. Then I'd come back up 13th Street to Maple Avenue. My brother went down W. 18th Street from Central all the way to the end, and came back up 17th Street to roughly Van Raalte. We did that for three or four years. That was kind of a business, as it is today, but a different way. We were required to collect the money. A paper, at that time, was twelve cents a week for six days. When you collected your money, you could keep two and a half cents for the week's delivery. Of course, going down 12th Street, you got to know a lot of the prominent people in the city. Lawndale Court, and some of those, were new areas that were developing, like we have new areas developing way out now. So some of those areas were more exclusive, and had more prominent people. Later Elmdale Court, and some of those came into play. When we were children, the west end of the city, we were called west enders... (interruption).

My older brother was a supervisor for General Motors. He started with General Motors when General Motors started in Grand Rapids in 1937, their first plant. He worked there, and then he was in the National Guard, which was a way to make some extra money in those days. He and some of his buddies wanted to wear a uniform, and I think they were paid a dollar for Monday night training or something, which was a big dollar in those days. In 1940, he got called into service before Pearl Harbor. He went off to war till 1945 in the pacific with the Guards, which has been written up. When he returned, he worked at General Motors until he died in 1963. He proved himself there, and became head of the shipping department for the large automobile department. As I was mentioning earlier, as boys, we had a lot of fun.
We had in our neighborhood three or four houses that had three or four children. One had four boys, and there were a couple others, one across the street. We'd go out to what we called Dunn's Woods, which has been mentioned in books. That was kind of there, or we'd take our bikes out to Macatawa. I remember riding the bus to Jenison Amusement Park for five cents. Anyway, when we went out, as of we got to 22nd Street and Washington Avenue, the rest of the city was dirt roads with a few scattered houses and a couple of small farms. Even 21st Street, they had put some homes on 20th Street, but the back side of that was a vegetable farm. It was still there when the tennis courts were built on 21st Street, but that was all dirt. Going south from there was all dirt. Washington Avenue was paved going out. Graafschap Road was gravel all the way from 32nd street out. My uncle, in fact right across this road here, one of my father's brothers had that farm, which they're in the process now of digging out and putting into condos like this. But we had a lot of fun when I was a kid. We could go down to the boat docks, see the South American and North American. We did a lot of fishing around those boats. Every spring when they'd get the boats ready for their cruising, they'd bring in all these different nationalities that worked the boats, who didn't speak English, so we had kind of a fun time with those people. They would try to talk to us, and we would talk to them, and as kids, we couldn't understand them, and they were trying to learn some English words. So we spent a lot of time there, and we spent a lot of time at Kollen Park. They had some old docks, and most of us learned to swim there underneath the docks. We really had a nice, fun time in our early youth. As complicated as it is today... We were home
every night early. We had a more organized situation. Even in our whole city block, only maybe three or four people way back during the beginning in the birth years, had an old automobile. One of my friends, his father bought a 1928 used Chevy. Two others in the neighborhood had an old Essex. People wouldn’t even know what one of those is today, and I don’t feel that old. As young kids, we finally bought an old Model T. I remember bought it for $25 and each put in $8. We had a lot of fun with that for a few years. Those are things you can’t do today very well. As a matter of fact, I took my driver’s license in it. We didn’t have an automobile, and I went to get my driver’s license, and the only care we had available was that Model T. When I took that, I remember the policeman road with me for the run, and we circle down 8th Street hill from the police station, which was there at that time. It was still red brick. He directed me down the hill and up the 9th Street hill, and I wasn’t sure the car could make it. In fact, I had parked the car with the front wheel against the curb, because I had left it running because you had to crank it to start it. A friend of mine went along and stood there to keep me sure that the wheels stayed there by the curb to hold the car. When the policeman got in, he was a little embarrassed. I wish I remembered his name. But anyway, he directed me down the hill and up the hill to 9th, and then on 10th Street, he asked me to turn left to River. At that time the A&P store was in that so called Phoenix Building, we called it the Maas building. That was three o’clock in the afternoon, I remember well. It was sort of embarrassing because it was an open car, and there was traffic and waiting, and I was waiting to make a left turn on to River, and the car stalled. The driver’s side did not have a
door that opened, you had to climb over. So I got out and cranked the car with the policeman sitting along side. He was really embarrassed, because people were coming out of the post office and the grocery store. He directed me down River Avenue, we got to 8th Street, and it said no left, he directed me to turn left. I remember telling him I'm not allowed, I thought he was trying to get me to do something illegal. He said just turn left, I'll let you turn left. When we got back to the police station, he said, I'll give you your driver's license, but he said, I don't want to see you driving this car. (laughs) When I think about it, I think most people would have been too embarrassed in the first place to go over there and do that, but trying to get your driver's license, you'd try anything in those days.

When we were kids, of course, and growing up, people used to have coal furnaces, and they'd take their ashes out and dump them in the back yards out by their garages. Then in the spring, they had to be hauled away. It got to be a good way to earn a couple dollars. We'd make a push cart, and get buggy wheels--you could buy buggy wheels at that time from a farmer for twenty-five cents--make a push cart, and go through an alley, and offer to haul those ashes to the city dump on 12th Street, which was Kollen Park, the parking lot area. So we'd load up that push cart with two or three guys, push the cart to 12th Street, and then come back and get another load. We'd go through the alley, and offer to haul those ashes for a dollar or whatever, give them a figure. We'd work at that. Of course, on windy days, it was terrible, because that stuff all blew in your face. Then they moved the dump to 6th Street and Central Avenue. That's also a parking lot. At that time, Holland Motor
Express was there, and there was a blacksmith shop, and the dump was behind that. So they closed 12th Street down because of all the garbage that was dumped there. So then we had to haul those ashes across 8th Street and through the city to get to the dump. After a while, we got tired of doing that. We didn’t want to do that anymore. It was a little bit embarrassing pushing that dirty cart through town. I remember well doing it. But everybody did jobs like that. Kids worked and did things like that.

My brother and I were identical twins, and at school, we were at Christian High at that time, were 200 students. Out of those 200 students, we had twelve or thirteen sets of twins. When I think about it, it was very unusual. At that particular time, it was thought you’d have a set of twins in one of 88 births. The Rockefeller institute thought it was very unusual that the Dutch seem to have more twins than other nationalities, so for thirteen years, including all through school, and even to Hope College, once a year they sent this Dutch fellow who was doing these studies, and we were called out of class for half a day, and he did complete examinations, and measured all of your growth pattern and everything else. We were always impressed, because he had an eye case he could put up to your eyes, and he’d put your eye color, cut pieces from your hair, put that with it. At the end of that time, he’d take a picture. The Prince twins, they were also at Christian High, and we had several others. In our high school class, we had 68, we were the largest class at Christian High at that time, and in our high school class we had three sets of twins that graduated out of 68 students. Anyway, they followed us even over to Hope College, and the Prince twins also were at Hope College. We had always joked about, now
one of them passed away, they were a couple of years older. They were also in that study. I never heard any reports, or what the conclusions were, but they really did a long study on that. Now, of course, with medicine the way it is and fertility pills, there’s not only twins, but sextuplets. They were very infatuated with the number of twins. My brother and I and the Prince twins were very, very identical. The other two sets in our class in high school were not identical, but some of the others were. Because of our being identical, we were also allowed to be in service together.

You’re too young to know, but they had a major sinking of a ship in World War II, and there were five brothers on the ship, the Sullivans, and they all drowned. As a result of that, they made a rule not to put siblings together anymore, but they made an exception for twins. As a result, when I went into the navy, I was assigned to Central Michigan, and that was not a pre-med school under the navy program, so they transferred me to Denison, where my brother was. From Denison, we spent everyday in the navy together, the entire three plus years. He got called into the Korean War, and was stationed at Percy Jones about a year before I was called. Later when I was sent to Korea ten months before he was, because I was sent directly to Korea, so when he got an assignment to Korea from Percy Jones… (tape ends) …as a result, he was transferred and put right in the hospital with me in Korea. He was a physician, too, so it worked out nicely. We had a 500 bed hospital there, and we had a good medical department, which was good for him. The artificial kidney was a new thing at that time. We had a special research unit with the artificial kidney, so we had people from all over the Pacific flown into central Korean, that
needed the artificial kidney. That thing was like a washing machine, now they’ve got a little thing that set on the table beside your bed, and so a wash. At that particular time, that was about six hour procedure, and we ran that about a hundred times during the year. Walter Reed had an artificial kidney, but they only ran theirs once during the same period. The experience with the artificial kidney came out of the war. That’s one things wars do, it accelerates everything, actually, but it really accelerates a lot of medical things. As a result, it changed trauma care tremendously.

Even from World War II, my brother and I were stationed in a 5,000 bed navy hospital on long Island for the summer of ’44. The medical care we gave in the middle of Korea was probably better than that in 1944 in the United States. If you were injured, your chances of survival were better in a rapidly set up hospital like the army had, than it was in the great big university hospitals. There was too much red tape. If you got shot on the university steps, it took how many hours to get you all squared away, and all the gray haired professors and everybody had to agree on what was being done. Where as in Korea, we had twenty-five year old surgeons making a decision and doing it. As a result, it changed a lot of the trauma care. It was the start of vascular surgery, because of the gun shot wounds to the arteries, so they developed special clamps to clamp arteries and it began vascular surgery, and a lot of other things, too, of course. We were able to save a lot of legs. We amputated a lot of legs, but we were also able to save them. That was a big thing, because in the Korean War time, they figured every leg you took off would cost the government $250,000. Of course, every leg you saved them would save $250,000. They’re big
ticket items, that people don’t realize. Now it would be a million dollars if you had 
an amputee, for all the disability payments, and all the medical care for the rest of his 
life being totally disabled. It’s interesting how some of those things…

AP: There are probably more options for somebody disabled now, too.

AB: Oh sure. I had a serious heart attack sixteen years ago, and had open heart surgery.
I worked eight or nine years after that. I reduced some of my night calls and trauma 
calls, but I just had some repeat testing done, and from sixteen years ago to now, it's 
night and day different. They have fancier X-ray. When they did me, with what 
they call a catheterization, I was put in a camera sling, and tilted... Now you just lay 
on the table and they shoot this thing in. I was there all morning, now in thirty 
minutes they can take a picture of everything. The progress in medicine, from even 
16 years ago, is fantastic. The same is true during the war. People don’t realize, 
things like antibiotics. ____ was one of the first antibiotics. That came out in the 
early 30s. Penicillin came out in the 1940, and was a mold. That has progressed to 
hundreds and hundreds of different antibiotics. Most of that was accelerated by a 
great many years due to the war. In my training days, in the early 40s, these things 
were just coming. I saw an article on time on the ten greatest things to happen to 
medicine, this was several years ago. One of them was penicillin, one was 
novocaine, and anesthesia, X-ray. Even today, those ten items would be the primary 
building stone for everything that’s happened in medicine. They were big 
happenings. I’ve always been intrigued at these things that look awfully simple now, 
how important they have become over a period of time. When you think of some of
the fancy nuclear things you can do. I hate to think of, if we didn’t have penicillin, for instance, how many people would die, and it’s quite simple compared to some of these other things.

AP: We talked a lot about what it was like growing up here. I’m interested to know what the major changes you’ve seen here in Holland have been.

AB: So much has happened, it’s unbelievable. The hospital itself, of course, has been fantastically changed, from the old 12th Street place. It’s undergone I don’t know how many changes since then. One of the first major ones, when I was a boy, we used to go down to that corner where the power plant is now, that was swamp, and we’d dig worms to go fishing. As I came here, I’ve seen three or four major hospital additions. The industry in Holland has been fantastic. Not only have we had terrific diversification, we’ve also had very good companies, and a very stable basic economy, as long as I can recall. My brother and I did work in the boat company, Chris-Craft, during the summer. That went out of business. But when I came back to Holland, Haworth was a small company on W. 16th Street called Modern Partitions. I’ve done a lot of medical work with them. I’ve seen Haworth grow all of these years. My son still does medical work for Haworth. Of course, Herman Miller was a small thing in Zeeland. Holland Furnace Company is a thing that is hard for me to believe, that the demise of that happened the way that it did. It was still operating when I came here to practice. I did get called over there for a few injuries. I always considered Holland Furnace a part of Holland. When I was a kid, they were responsible for Warm Friends, and I can remember all of the movie stars
being brought in. I remember the Tulip Time events, and Holland Furnace always added a big attraction there.

I remember one Tulip Time, we were fifth graders, my brother and I decided we weren’t going to march in the Tulip Time Parade. So they finally had a section in the parade called "Unser Twellingen," meaning "our twins." In order to convince my brother and I to march in the parade, they said we could carry the sign. I’ll never forget, we had that sign with the banner, and it was a windy day, and we were just fifth graders, and we had a heck of a time trying to hold that sign up. Of course, all the people watching the parade were quite impressed there were that many twins in Holland. We had like 30 sets of twins marching, I would guess, at that time. But they had this big sign, Unser Twellingen. Of course, my Dutch background, I know the words, and I’ve heard a lot of Dutch in the family, and my grandparents spoke Dutch. My mother was able to speak Dutch, even though we didn’t use Dutch at home, other than for certain words. Even in my medical practice, you use certain Dutch words that are difficult to explain in English.

As far as the city is concerned, watching the Heinz Plant, I saw a lot of people have summer jobs there where it’s big help, particularly during the pickle season. We used to have farmers come in and pick up the brine to feed to their animals. I remember the sugar beet factory well. It used to be fun to watch the wagons and their trucks role up with sugar beets and dump them in. I’ve walked through the plant many times, and we saw the process of sugar being made. All of the other companies, of course, the Donnelly people were already here. They happened to be
on my paper route also. All of the new companies--of course Prince has done
tremendously. Haworth has done tremendously. All of the office furniture
companies have been big stable things. The GE Plant, I thought, was great for
Holland for a long time. I’m sort of surprised they didn’t stay, but I’ve heard it
explained why they didn’t. The making of the motors that they made there was no
longer financially feasible. I remember we used to play on the old tannery lot on 9th
Street. When they built the Civic Center, it was a really big item. I think this new
idea of a new center will happen, certainly. Personally I’d like to see it on the
waterfront. My experience, we’ve lived on the water here since I’ve come back to
practice. We lived on Lake Macatawa and on Lake Michigan until we moved here.
Having been in Baltimore and some of the other cities that have converted their
waterfront. Particularly, my wife and I both were in Baltimore training and different
things, to watch what they did to the waterfront there, when that was dumpy old
warehouses, and a tough part of Baltimore, and to see what it is today, but it’s
unbelievable what an unsightly thing it was and what it is today. I think when you
have water available, and you don’t use it as an asset to the city, it’s being foolish. I
like the idea of the windmill community. I’m not acquainted with the details enough.
I can visual that that would be a fun thing. Whether it’s financially feasible, is
another thing. Watching Freedom Village being built in an area of the city that was
terrible... We used to go to the ball games at Riverview Park. Every ball that went
over the fence went into a lot of poor houses, so called, for this area. They were
good houses compared to larger cities, but not for our areas. We’ve had very few of
what we say slum areas in the entire city ever, because of the Dutch pride. People painted their houses, kept up their yards, and had gardens. The Park Davis plant, I think, has been great, because as a kid in the early part of the war, that was a swamp. That was a victory garden, and people were allotted small parts of that. We had a little garden over there. We'd ride our bikes over there. So watching all of the industry in Holland, it's been unbelievable to me. What I like is the diversification. They were good jobs, but they were also good people, and they made good business for everything, including the medical profession. We never had to worry about being paid. It's more of a worry now than it was when I practiced. I would say, my collections during my practice years would be as close to a hundred percent as you could get. Everyone can't say that. I've known communities where doctors have gone bankrupt, which I can't ever believe would happen. When you look at Holland—my wife was from Alpena, which at one time was comparable in size to Holland. It was 15,000. But it never grew, primarily because of its location. So it really can't compare, because the logistics of the area are just not compatible. They also had a few things that happened that turned industry away. Now it happens to be flourishing a little better because people have gone to resorts, and this has become resort property. The value of it as a resort has been more than it was industrial wise. But Holland never had that problem. Our proximity to Grand Rapids, Chicago, Detroit, and of course the foresight of putting the highways in. I've watched all the highways go in. I can remember when Washington Avenue was nothing. I road my bike out to my granddad's farm out on Washington and Graafschap, and Graafschap was bad.
because it was all gravel and terrible riding. Finally they paved Washington, so we always rode our bikes out Washington. But even for the little traffic, it was dangerous, because the road wasn’t that ride. In fact, my brother and I had a very close call one time, when a truck came by and a car meeting at the same time. The truck driver didn’t know what to do. We waited until the last minute to get off the road. The truck driver didn’t think we were going to get off, so he went off and he hit a tree. He caught my brother’s bike. When I look at it now, that road was narrow compared to what it is. With the bypasses and 96 and everything, you watch the highway situation change around here. The malls... Down town... I think down town is great. We talk about it with friends, and you wish you had pictures. I can remember when the telephone company was an old building on River Avenue, behind the corner store, it was a hardware store, then it became the Penny’s store. The building behind was the telephone company and an old feed store. Then the telephone company in the 1920s built the tenth street office.

When I came to Holland, Mr. Hanson had the drug store. He tired to convince me to rent the office above the drug store. He said, "If you do that, everybody wants to be in the Temple Building, but there’s no room in the Temple Building, and I own half of that. So if you rent this office from me now, I’ll see that you get into the Temple Building when there’s an opening." I said, "No, I don’t want to be down town." He said I was being foolish. I started my practice out on 32nd Street. That was the first time somebody had gone out on, that was out of the city, actually, at that time. They built a new building there, so that’s where my
office began, and I was there seven years, and then we built the office buildings on 26th Street and Michigan. Since then, Dr. Cook built a building just below the hospital, which the hospital owns. The hospital’s in half those other buildings now, with all their other services. The medical office situation is done like it’s done in every city, where they congregate around the hospital. Same in Zeeland. I’ve watched all of those things happen. I think all in all, the industrial change in Holland has been very, very good. There aren’t many industries in here that didn’t do well. Of course, it’s been a growing time all around the country, too. When I think about all these industries, of course, recognize the work ethic, and the surrounding area with the beaches. As kids, of course, going to Ottawa Beach was a tremendous thing, going through Macatawa Hills, which we did many times with our bikes. Castle Park has always been beautiful. Of course, we were fortunate to own Lake Michigan property, we were out there 20 years. We also built the first home on Allen Drive. They were building another one there at the time, but we bought a lot and built a home there. We’ve been fortunate to be on the water. When we were kids, we were down there all the time. My brother and I used to go to the old goodrich docks, which were where the old cement things are. We’d go north on 8th Street and buy a crate of melons and pull down there on a cart, and when a boat came in, the workers would come off and buy a melon for ten cents. We’d buy a crate for a dollar, there are twenty melons in a crate, and we’d make a dollar. We had a lot of opportunities doing those things. Padnos’s, of course, they’re not only good friends now, but I’ve watched them grow from a little place on 8th Street, and we’d bring our newspapers
over there and make ten cents, bring foil or old metal over there. He was always willing to buy everything we’d bring over there. They’ve enlarged to where they’re not only a large recycling outfit, but they do a tremendous job. I’ve spoken to people who are in that type of business, and they speak very highly of the Padnos’s, not only for the people that they are, but for the business that they have been able to do, and how large they have become in a town of this size. They control, I don’t know personally, but they have several outlying areas, they bring things in, and do tremendous recycling. They do it better than anybody I’ve ever seen. If you ride into any city and see what scrap yards look like, it’s nothing like they have. We used to call them junk yards, but they call them recycling centers. I think they are a tremendous asset. Now the waste management people have taken over some of that. That’s helped a great deal, I think. I’ve taken loads to the big disposal areas, and I’m amazed when I look at this huge area that that’s high, and they tell me this is good for another twenty years, and I can’t quite believe them. The waste management people have got a hundred and some acres and they can put that much waste in it. Of course, it’s nice to see how they do it. The city, I think, does a very good job picking up once or twice a year with project pride. I think that’s a tremendous project to get rid of the things that are dangerous, and also get rid of old appliances, or anything you can imagine. I think that’s a real plus for the city. That’s a big project. Even though you wait in line, it’s worth it. It’s worth it because living out where we did, people, until you pave the streets, everybody throws things out the window, and as soon as you get paved streets, then it cleans up. There are certain
people who think that when you have the variety of groups that we have now that aren’t used to the Dutch, because I can remember when this was 90% Dutch, and there wasn’t any question about telling your neighbor to paint his house. He did it. If you painted yours, he painted his, he kept up with you. But these other groups don’t have that same feeling. Of course, it’s hard to understand why they don’t. They don’t have that pride of ownership and keeping values up and so forth. But little by little, I think they do, and I think there’s a big change. We have a large Spanish group, and I think that as they become owners, the group has been able to improve, education wise. It’s hard to imagine until you go down to the southern states and look across the border and just see what’s on that side and what’s on this side, and it’s hard to believe that just a few feet divides the difference. But you can see those people here, their priorities are a little different than what our priorities where when I was younger. Most of those people don’t know what an automobile is, and the first thing they want is an automobile. TV, that’s more important than the home. Little by little, I think there’s a big change in these groups. I don’t know if any of this comes up, but in reading the papers, trying to integrate the housing. For instance, trying to put a $50,000 house, and a $100,000 house, and a $200,000 house in the same block. I can’t believe that would ever be successful, because I wouldn’t want to own the $50,000 home on that block, nor would I want to own the $100,000 house on that lot, because the value of both of them are going to be so radically different. The $50,000 isn’t going to be kept up, and when you want to sell that $100,000 house, who are you going to sell it too? He’s just going to buy the $50,000
house, or buy a $100,000 house where other $100,000 houses are. To me, trying to mix these groups... From that standpoint, but also from a social standpoint. People in certain housing areas have certain social activities. Suddenly you can’t make them switch their social activities. That’s sort of my feeling. There’s no reason $50,000 homes can’t be beautiful if everybody keeps them up. If you go to places like Baltimore, or any of these places where space is limited, and you have row houses, you can go to Baltimore and see beautiful little houses. There are no yards, but the houses are beautiful. There’s no reason you can’t have a beautiful area with cheaper housing, but unless you get the people to maintain those things, it’s never going to be any good. In the long run, you might be able to do that in some areas, but I can’t see where it’s practical to do it. It has to be a natural phenomenon, that people want to move up, or upgrade housing wise. I’ve known lots of people, that if they’ve worked hard, and their kids have grown, and expenses have changed, that they move to better housing. I think you ought to have that transition. We’ve always had that here, 12th Street, as I mentioned earlier, huge homes bigger homes than any place in the city. If you had to reproduce one of those today, it’d cost you a million dollars. By the same token, the far end of 12th Street, some of these houses are getting repaired by Habitat for Humanity. The same now on 17th Street. I think it’s a tremendous project. One of our neighbors, who I considered a very good neighbor, worked all of his life and kept up a large family. His house was always maintained when he lived there. Now it’s one of these houses that’s gotten in such poor repair that nobody wants it, so now they’ve moved in to restore this thing. Looking down the street in my old area, it’s
interesting, there's about three or four of them now. I like to see what I see, that these houses are brought back, because they were good homes. We had all stable neighbors. Medically, of course, when I came back, I got to take most of my neighbors to the grave. It was a pleasure to be able to be the doctor for my old neighbors. It's kind of a hard thing to believe. I'm walking around as a seven, ten, twelve year, and this old fellow over here is eventually going to be my patient. I can go right down the block and name them all. I worked at my granddad's farm in the summer, and all of my granddad's neighbors became my patients. They knew me as a city kid, and when I became a doctor, they all came to my office. It was the most gratifying thing I could think of. They enjoyed it. We kibitzed about things. I've always been amused, because when you're talking about things from your generation, you ask someone, do you remember your first car? Everybody can remember their first car. When you have a farmer in the office, you ask him if he can remember his first horse, and he brightens up like you can't believe. It's kind of interesting. Even today, if you get a farmer who was in the horse day, when I was working on the farm, tractors were rare, and they were mostly converted old cars that they made into tractors. So watching the farm machinery change had been interesting to me. Of course, now, the big change is that farms are being taken over by the developers. I just enjoyed driving out south. My grandparents were all from the Graafschap area. I could come into the city when we lived out that way, and name everybody in every house. Now you can't do that. Dr. Kuhl, we sat around one morning on a wintery day at the hospital. He had gotten a house call, house calls were still common when I
came here, and he had gotten a call out on the old Saugatuck Road. It was storming terribly. Dr. Kuhl went out there, and he couldn’t make it because the weather was so severe. He turned around. A little later, the weather seemed to abate, so he made another attempt. But once he got out into the country, it was storming and drifting and the roads didn’t get paved, and he didn’t make it again. Later that day, at seven or six o’clock, he finally made a third attempt to get there. I don’t think it was even that big of an emergency, but they wanted a house call. Then he got in a ditch and had to get a tow truck and get towed home. We were talking amongst the doctors and joking, and they said, what did it cost you to make that house call? He said it cost him about $200 to make an $8 house call. That’s as devoted as the old doctors were. Now it’s by the number. You have to see a certain number of people. Malpractice has escalated the cost. When I started practice here, it was $65 for a year. When I left practice, it was $40,000. That $40,000 has to come in the same time period in which you were working. People don’t understand some of these things. Rent, I paid a month $140, it escalated to $1,500, ten times. Even higher than that in some cases. I had really quite reasonable rent, comparatively, and I was actually paying a little more initially because I had that new office. Then, of course, the hospital, people could never understand why it cost so much to be in the hospital, but the equipment there, as one older doctor pointed out, if people question medical expenses, take them to your hospital and how them what equipment was bought in the last year and how much it cost. I don’t know exactly what an X-ray table would cost. I know at one time, $30,000 would buy one. Now, probably a million dollars it
would take to buy one. I remember in the hospital, we were going to have radio deep X-ray therapy, which actually came and got outdated so fast with newer therapies. But they put that deep therapy unit in the hospital for $50,000. They didn’t really get to use it but a few times, and it was outdated. Most of the equipment, and that’s the way it is in industry, too, your equipment becomes antiquated so rapidly with the new technologies. I’ve been in many furniture factories, when they were all down by hand. If you go to Haworth today, they’ve got walkie talkies, and the fellow puts a board in on this end, it gets sanded, it gets this and that, it comes out on that other end all stained, and a couple of coats of varnish on it. In between, they’ve got a few breaks, and these people from one end and to the other end have to talk to each other by walkie talkies. When you see automation... I’ve never been to an automobile plant, I’ve wanted to, but I’m sure the automobile assembly line is unbelievable. Those changes, in every industry they’ve had to do it on a different scale. I’ve seen the furniture. I’ve been in Haworth so many times, and watched him grow from a hundred workers to thousands, and seen what’s happened in their automation process. Another thing that has happened in industry that people don’t realize, is that when you talk about the bosses to the worker level. Now you have more people in the office than you do in the factory. The other way used to be a hundred to one, one guy in the office and a hundred workers. It’s hard for people to believe that change has happened. I say I don’t feel that old, this has happened in a good fifty years. The waterfront here, it is tremendous what’s happened to Lake Mac. We lived on Lake Macatawa for twenty years. When I ride in the boat, I’ve been up and down
there hundreds and hundreds and hundreds of times, to look at the waterfront and see what’s happened, it’s hard for me to believe. When I was a kid, they had the old washing machine factory over there. It didn’t operate very long because it wasn’t successful. Now you look over there from Kollen Park, and you see all these condos.

About the only thing that stayed the same is where the old coal docks were. Harrington is still a semi-coal dock. The ice plant became a machine shop, and now it’s an office building. When I was a kid, that was the ice company. Western Tool was an old time factory, and had a lot of machinists working there. The shoe company, I worked the shoe company one summer, that’s no longer there. They made some great shoes in Holland at one time. I worked there the first summer I was in high school. You don’t realize how much this place has grown until you get out in Maplewood and Philmore, and then go north. It’s unbelievable. Zeeland and Holland were always on a collision course. Now they’re almost together. It won’t take to much and they’ll be joined by Hudsonville. In shorter than fifty years it will be like going from one suburb to another.