MSRC Historical Interview

Wayne Martin

Interview by Bonnie Boggs

October 19, 1995

This interview was conducted in Wayne's office at the VA Hospital in Allen Park, MI.

Bonnie: Wayne, where were you born?

Wayne: Many years ago in Charlevoix, MI.

Bonnie: Do you want to admit what year?

Wayne: 1937, makes me an old man.

Bonnie: You grew up with how many brothers and sisters?

Wayne: I have 3 sisters and a brother, family of5. I grew up, up north in a little town called Ellsworth until we moved down to Aim Arbor. I lived in Ann Arbor until I graduated high school.

Bonnie: Where did you graduate High School, Pioneer?

Wayne: We were the last class to graduate from Ann Arbor High School. The new High School was called Ann Arbor High School out by the stadium. The next class went into that one and when they built the new one, they called the old one Pioneer. Matter of fact, one of my boys went to Ann Arbor and graduated from Pioneer High School also.

Bonnie: So you graduated in '55? Wayne: '55

Bonnie: What do you remember about the first time that you heard about (what was at that time called) inhalation therapy?

Wayne: The first time I really I heard about it, I've been thinking about going into x-ray so I had gone into the hospital a few times, St. Joseph's Hospital and talked to them about it. One day I saw Don Gilbert at church, he and I went to the same church and he asked me if I wanted to start working at the hospital and I told him that I was thinking about x-ray and that I was also interested in photography. So he said what about oxygen therapy, inhalation therapy. I said what was that, he told me and I said sure. That was about the end of the interview since he and I knew one another for a long time and I started work probably two weeks after that or so in the sub-sub basement at the University of Michigan hospital.

Bonnie: So you graduated from high school in '55 and then went into...

Wayne: I worked for a year then went to Michigan State for a year and then I went onto Lake Placid New York to work for a long summer and they asked me to stay on for the following year, which I did and I moved back to Ann Arbor after that so it was about '59 that I started at the university.

Bonnie: So your best guess Feb of '59 is when you had your conversation with Don and started immediately to work?

Wayne: I think so.

Bonnie: Describe the department at that time; you said it was located in the sub basement of the old main Hospital?

Wayne: In the sub-sub basement of the old main hospital.

Bonnie: How big was it?

Wayne: It was a big room and that was it. It had a couple of desk in and there was a drain in the floor and the longest dish washer handle thing that I had ever seen for a dish master, it must have been 25-30 feet long so you would put equipment down on the middle of the floor on the drain and spray it down with the dish master.

Bonnie: How many people where working in the department?

Wayne: There were probably 3 of us that were on day shift, 1 or 2 on afternoon and 1 on night shift. . Bonnie: And that was to cover the whole house.

Wayne: Yes.

Bonnie: How many beds and patients, approximately, were there at the old main hospital at that time?

Wayne: Too many to count, a lot of them. Mostly what we did was we very seldom got involved with the patients up on ten; they were the iron lung patients. We went up to see them every now and then if they had oxygen with their iron lung. And mainly what we did is start oxygen catheters took good care of them and went up and did rounds a couple times a shift and changed equipment and things like this. You really didn't get into assessing what was wrong with the patient or anything like that. It was just what we did; we took care of oxygen, the tanks and that kind of stuff. We did rounds on emergency tanks.

Bonnie: How many cylinders a day do you figure you went through?

Wayne: We were piped. I think the University was one of the first few piped and they had the old oxygen equipment where you put them in at 90° and turned them and they locked into place.

Bonnie: When I worked there starting in '72, there were still parts of the hospital that you had to drag cylinders around with, so...

Wayne: I think there were still parts of the hospital that weren't piped that we didn't go into very often.

Bonnie: Getting back to the interview that you had with Don, he just basically explained the job was and what was it about the job that was of interest to you?

Wayne: I had always thought that I would like to work in the hospital somewhere but just wasn't too sure. He explained that it was a new field and that it was going to grow very fast and this kind of stuff. I kind of liked the idea of getting into something new and doing something different. I had felt that working in the hospital type situation would be something that I would really like.

Bonnie: Did his explanation of what the job was going to be when he explained this to you, did it turn out to be what it was then?

Wayne: Yep.

Bonnie: So he didn't mislead you or anything like that?

Wayne: Nope.

Bonnie: You had mentioned some of the equipment that you had used when you first started; you said that you used a lot of oxygen catheters.

Wayne: Right.

Bonnie: What other kinds of equipment do you recall when you first started?

Wayne: We used catheters like I said, we didn't use a lot of cannulas because people didn't believe in cannulas to be giving the right amount of oxygen to be therapeutic and we used a lot of masks.

Bonnie: Like the simple type mask?

Wayne: Simple mask, but all of the masks that we used had the bag on it, reservoir, because they felt that it was the best procedure to do. We did a lot of therapy with aerosol and this kind stuff and we gave some IPPB treatments with some medications but the only thing that I can remember that we used was Micronefrin or something like that until some of the others came along.

Bonnie: Describe the average day when you came into work; was it the 7-3:30 type shift, 8 hour shifts. So you came in took report from the midnight person?

Wayne: Came in, took report and collect the sheets from the side of the building that you were going to handle for your area and then went up and started 10^{th} floor and did rounds, just walked all the way down the hospital and checked every patient that was on oxygen and made little notes of: needed more water in bottle, needed new catheter, needed new catheter or mask then we came back down to the office. That usually took about an hour or so to do that at least. After you did that, you came back down to the office and if there were any calls you would do what you needed to do and go back upstairs and take your supplies with you in case you needed to change a catheter or something and do that or pick up anything that needed to be picked up.

Bonnie: What was the indication that you needed to change a catheter? How did you know that you needed to change the catheter; was there a certain time that you needed to change like every 2 days you changed it?

Wayne: You changed the catheter every day, every shift the catheter was changed and so you would go through 3 catheters a day unless you needed more and the water bottles we just refilled the water bottle because it was permanent bottles; you just went up with a water bottle and put it on. Mask, you would just change as they needed it, then you are really set with routine I think.

Bonnie: Then the thing that you absolutely did was that you changed…was fill the water and change the catheter q-shift.

Wayne: Right.

Bonnie: About how many patients did you think that you averaged a day then when you did those things? A bunch?

Wayne: Yeah, a bunch.

Bonnie: How were you trained to do these things? What do you remember about your orientation?

Wayne: Most of my orientation was following Don Gilbert around or somebody else that had worked there awhile, to find out how these things were done. Measuring the catheter, for example, making sure that you had the right depth and how to start different things on patients; how to repair equipment. We did a lot of tent therapy at that time. We used a Bunn tent that was kind of state of the art at that time as far as tents were concerned.

Bonnie: Are you saying an oxygen tent?

Wayne: Yes an oxygen tent.

Bonnie: So this was with the adults as well as the pediatric population.

Wayne: Oh yes, croup tents. You would fill those with water. Just how to set them up, how to repair them if they needed to be repaired, how to back them down or put them back together. . .it was all on the job training. As soon as you learn something, then something new would come out and so you would learn that too, it was an ongoing education type thing.

Bonnie: When you had conversations with Don Gilbert, did he talk about how things were when he first came into the field? Do you recall?

Wayne: Yes, we would reminisce a lot. He would talk about oxygen therapy and the American Association at that point. He never really got into it that much. The state association was falling apart; there was not a lot of activity. He was real anxious to get it restarted again.

Bonnie: If my memory serves me, I recall him saying that he started that department in 1951.

Wayne: That is entirely possible.

Bonnie: While we are talking about him (Don Gilbert) what was he like to work for?

Wayne: Don was a nice guy. Whoever says that Don can't get angry didn't know Don very well. You can tell when Don was getting angry because his mouth would twitch a little bit. I always knew when I had done something wrong, or spent too much time upstairs, or didn't call back to the office fast enough because he would be on my case about it. One of the interesting things was, that I would call downstairs and say "I got a chance; they are doing this procedure, can I watch". He would say “Oh yeah, learn whatever you can”. So I was able to take advantage to a lot of things that probably a lot of Respiratory Therapist weren't able to find out when they were going through their training. I got to see at least 2-3 babies born; I got to see a tracheotomy done when I didn't know what a tracheotomy was, and things like this. But Don was a stickler for details. He wanted to be sure you had your records right, if you didn't have your record right then you went back and did your record and made sure you had all of your charge slips done and all of your charting was done. He said if you don't do it light then somebody else has to go back and do it after you, do it right the first and you have to go back and do it again.

Bonnie: I can recall sometimes when I thought he was just crazy; I thought that he was funny. But he had a real sense that everyone's job was important. He even made statements that I thought that were outrageous; that he should be paid the same as everybody else. You know that everyone should be paid the same because we all had important jobs. I don't know if he was kidding around, but I think that he was half serious when he said those kinds of things. At the time that I knew him, he was at the very end of his career. He retired in 1974, if not in '73. It might have even been '73, I can't remember. And so he was kind of a lame duck and toward the very end of it. He didn't know what to do with time. But still he was very encouraging to me and to the other school grads to go out and get additional training and supervision and take up extra classes and do the kinds of things that would get you ahead. He was really encouraging for the education part for your own growth and development.

Wayne: Correct. I think Don was the kind of person that, you run into people today, who feel that, well, if you learn this you would know more then I do and I don't want you to know more than I do because I am in charge so I should know it all. Don is the type of person that he felt good if I had learned something that day that he didn't know about. Then I could tell him about it. He didn't get into this "I am in charge and you will do what I say type bit" very often, unless I got a little feisty with him about something.

Bonnie: I thought that he was a good boss myself.

Wayne: A good fellow worker.

Bonnie: Yes.

Wayne: I think so.

Bonnie: Interesting.

Bonnie: While we are talking about Don, who was the medical director of the department at the university at that time?

Wayne: The medical director was the chief of anesthesia, Dr. Sweet, Robert Sweet. I understand there is a Dr. Sweet that is his son or something.

Bonnie: I am not sure; I will have to follow up on that. What do you recall about him, did he have much interplay with the department at all?

Wayne: Yes he did, he was interesting to talk to, also, and to work with. I would go up and discuss things with him and when we had to go to training sessions and he would go and say we are doing a certain kind of case trail and go up and watch it or something like this. I would say, “Don't let Don if I can do this”. That is when I saw my first open-heart, I would come in on my day off just to watch this. He was very into education, as far as I was concerned. He and I got along very well. He taught me a lot about Respiratory, anesthesia and airway care and these sort of things. He suggest books to read, gave me books to read.

Bonnie: What kind of books do you recall being around at that time?

Wayne: I was afraid you were going to ask me that! I have one or two of them somewhere in my bookcase over here somewhere.

Bonnie: Diseases of a ... oh, well that looks like an antique that you bought somewhere!

Wayne: That is a 1970 or 1700 book I figure.

Bonnie: Is that right? Wow!!

Wayne: I remember some of them; Oxygen Therapy, I think was a big green book it was, I can't think who it was written by right now. There was one called Inhalation Therapy. Then there were several other ones, they began to come out more and more. There for a while there, was almost 2 or 3 new books a year that you can pick up. In the library at the University if they didn't have it then Dr. Sweet would have it. He used to get all of these books for his own library and I was able to get into his library whenever I wanted to or there else there was a book sign out so that he would know where the books where. There is nothing like there is today as far as books.

Bonnie: I know it's amazing. It's amazing today .

Bonnie: Let's get back to my written questions; we can go off on these tangents occasionally. With oxygen therapy there was mostly the catheter and if I remember back to my school days in '71, you would take it and measure from...

Wayne: Nares of the nose to the tragus of the ear.

Bonnie: Right, and gook it up with K-Y jelly or something and stuff 'er in and take a tongue blade and look at the back of the throat until it appeared and pull it back slightly and tape it.

Wayne: Yep.

Bonnie: Well, I still remember the thing. We had to do it on each other in lab, about the only time we ever did it.

Wayne: It was at times very painful for the patient.

Bonnie: Yeah I bet, especially when they had encrustations and had it for any length of time

Bonnie: When did the catheter fall out of favor and the cannula take over?

Wayne: I don't know it was kind of a gradual thing that I don't think that I could really ever tell you.

Bonnie: It was not in use in 1972, '71 when I started my training and '72 when I got out, I just never saw it used at that point.

Wayne: Well we used them. That is all that we used for awhile and then we switched over to the cannula because they were more comfortable; they had improved the cannulas. At that point, I think that it was a gradual switch. It was something that just kind of evolved, I don't think that there was a real stop and start date type of thing.

B0ll11ie: Did you have aerosol therapy of any kind? Were there nebulizers that were continuous or do you recall heated aerosol or anything in those early years?

Wayne: I am trying to remember; at the University, I am not sure if I remember anything heated. But I do remember putting kids in the Croup tents for aerosol and putting patients into the big tents for aerosol. Sometimes that's all that they need is the aerosol. So you cause a big cloud above their bed, but I don't remember is there was any real aerosol masks like there are today.

Bonnie: What kinds of things did you do to assist patients with secretion removal?

Wayne: I don't remember that in the beginning that we did a lot with suction. It was just something that we did not do.

Bonnie: It was done by nursing?

Wayne: Done by nurses. I think that as the Respiratory Therapy field evolved the more and more we got into suctioning and the more and more we got into airway care. The thing that happened when I was taught to suction, I was taught by anesthesia to suction I think. I don't think that Don Gilbert taught me how to do that, and I think that it just happened that I happened to be there and they asked me to suction at patient. They were doing something and asked me to suction and I said that I don't know how to do this. They said watch and we will show you and so we learned this way.

Bonnie: Did you use sterile gloves and thing like that?

Wayne: Gloves? Gloves!! What were gloves?!

Bonnie: You used your hands?

Wayne: You washed your hands and you used it and you washed your hands again.

Bonnie: Did you re-use the catheter? It was red rubber Rusch tube, right?

Wayne: Red rubber catheters, you sent them down to have them washed.

Bonnie: It didn't hang around the bedside and you inserted it without changing it?

Wayne: I think, if I remember correctly that they put it in a sterile bottle of water and just leave it there. Then you would go and use it again, it could be there for a day maybe until we changed them.

Bonnie: Oh my word! It is a wonder that patients recovered from what we did to them!

Bonnie: We have already talked about medications; Micronefrin is absolutely for sure the only one that you remember, but there was Bronkosol in the late '60s.

Wayne: I remember the first real one was Alevaire and that was the detergent that we used for the kids and we put those in the croupettes. There was a medication that we used that was devised at the University of Michigan for the CF patients and kids and it had some saline and propylene glycol and a little bit of acetic acid in it, and we used to give it to...

Bonnie: So you made a cocktail with it?

Wayne: Pharmacy did.

Bonnie: I didn't know this.

Wayne: We put it in little jars in the croupettes. The idea was that the propylene glycol would stabilize the droplet size and the acetic acid would kill the pseudomonas; it seemed to be quite effective.

Bonnie: Interesting, that was not in use when I….although, I didn't work PEDS side. Now was there even a Mott's hospital when you worked there? Or was the pediatric mixed into the hospital at the main?

Wayne: Yes.

Bonnie: How about mechanical ventilation; was there such an animal, iron lungs. How about people that needed mechanical support? How were they treated in 1959?

Wayne: Patients that needed mechanical support, they ended up on an iron lung or a rocking bed.

Bonnie: Did they trach them?

Wayne: Trachs were last ditch efforts; you didn't do it unless you really had to. First time I remember using a ventilator on anybody, was we had a child come into the infectious ward which was 8 or 9 on one of the wings. He stepped on a rusty nail and got tetanus real bad and ended up doing a trach on him. Somewhere they found a vent called the Van Bergen. It was interesting; all it did was blow air into the patient. On the back, there was a large big bag on the back, that we run two aerosol hoses into it for high humidity, and we ventilated every day, 24 hours a day. They knocked him out with Curare and we ventilated him. About a month later, or less he walked out of the hospital, at something that was really great in those days.

Bonnie: That must have been a miracle for you guys to have seen that.

Wayne: That was the first patient that I remember that was really ventilated by us, meaning that we took care of it and it was ran by us.

Bonnie: Were there patients that did end up on mechanical ventilation then, handled mostly by the anesthesiologist?

Wayne: Some of them were. We ended up after that using the Bird a couple of time to ventilate and they were somewhat our patients at that point. There was always a consult through anesthesia to ask for their help on something.

Bonnie: What kind of IPPB did you use and was it commonly done?

Wayne: Just before I started at the University, the cutting edge, state of the art machine at that point was the Bird Mark 7. There was all this fight with everyone if to use the Bennett or the Bird.

Bonnie: When you say Bennett, are you talking about the PR series Bennett?

Wayne: Yes, the PR series. We had a Bennett PR-2 that was state of the art type thing that we had to flop the valves on top and we put that on a few patients a couple of times as a ventilator more or less. That was neat because no one has seen valves on top before and they would just stand there and watch the valves "is that breathing like they are breathing" so you try to explain how the machine worked and the Bennett was a thorn in my side that we will get into later.

Bonnie: What about iron lungs, what did you do with those?

Wayne: The only time that we dealt with the iron lungs was if the patient needed some oxygen, if they had a trach tube in or if he/she needed additional oxygen we would put a tent over them and give them some aerosol and oxygen.

Bonnie: Were the iron lungs then kept in a central area for the patients being treated I should say.

Wayne: Tenth floor, yes

Bonnie: Now I recall when I first worked there, June 01, 1972, that on my tour was the 13th floor at main hospital and at the time was the main hospital and at that time was the storage area and that is what they said the iron lung ward was in the '50s.

Wayne: Maybe it was the 13th floor, all I remember was it was the top floor and there were windows going all the way around.

Bonnie: Tenth floor that had some patient care in it and eventually respiratory ICU and the 11th floor the pulmonary patients, then they moved the pulmonary ICU down very quickly to the 10th floor.

Wayne: I remember in the beginning, I think three floors that were pulmonary, TB-type.

Bonnie: Anyway on the 13th floor at the time in 1972 was simply used, I mean it was dirty, it had construction junk left up there and remodeling thing and some old iron lungs with cob webs on them and things like that up there.

Wayne: I remember, when I went up there the first time, there were all of these kids that were on the iron lung all the way around. Since I had polio when I was 4, I was fortunate not to need one of those. I would talk to them from time to time having no reason to go up there. The kids up there, even though they were on iron lung were happy.

Bonnie: What were you paid at that time, do you remember?

Wayne: I don't remember discussing it with Don when I was hired. The only job that I even remember talking about salary was when I went to Providence the first time and what my salary was going to be there.

Bonnie: In June of '72 I was paid $646 a month as a school-grad therapist and I thought that I was in heaven. Did you remember that?

Wayne: Yeah.

Bonnie: Was there anything like a policy manual in the department?

Wayne: I don't think that there was a policy manual written down as such. You knew what you were supposed to do. If there was a problem, then you would sit down and discuss it. Don would write up a memo and put it on the board, which was how things were done when a new procedure or things like this or it something came down from Dr. Sweet; it would also be put up on the board. This is how things were suppose to be done now.

Bonnie: Were there in-services in the department or department meetings were you would get together and discuss issues and new therapies?

Wayne: This was an ongoing thing. We discussed something new every day. The whole thing was a learning process. We didn't know what was coming up next, what the new therapy would be; the next big therapy. We didn't know if the doctors would want us to do something a different way. There were a lot of discussions over types of equipment; different uses for equipment. As far as meetings, there was probably a meeting once a week.

Bonnie: So after you worked after the University, you spent two years there?

Wayne: A little more then two years.

Bonnie: What has been your professional career moves from there?

Wayne: I left there and was hired at the, old Providence Hospital to set up the department which to me was something that was (unintelligible)

Bonnie: So you were the department director then?

Wayne: Right, set up the department, this was under nursing at that point. We got into all these different things, Dr. Bitchard was our medical director. He was from anesthesia and he...

Bonnie: So this would have been about 1962?

Wayne: Yes, there again, it was an ongoing learning process. We got in some new medications. That is when Mucomyst was the new splurge, everyone used Mucomyst. That was my first discussion of salary which was about $4000 a month which was a lot of money at that time.

Bonnie: How long were you at Providence?

Wayne: About 4 years. We had just moved from downtown to the new hospital. Dr. Bitchard and I were going over some things that he wanted our department to do. He wanted us to become more involved in cardiac arrest teams, wanted us to become more involved in doing things that anesthesia was doing, but didn't really need to be doing, such as bagging patients, taking airway care away from them and some of the nurses, doing suction and things like this. We got into an argument with the medical director; just didn't think that anybody needed to diversify...it was your job just stick to it. That was a nursing job, let nursing do it. Again it was crossing fields, anesthesia had been in charge of this, why would they stay in charge of this? We were taking on more and more duties, stretching ourselves and hiring more staff, doing more things. At that point we had a quite a little argument about what Respiratory Care was suppose to be and I think the next month, I started at Sinai Hospital.

Bonnie: At was capacity; as a staff therapist?

Wayne: The head of the department there was Howard Skidmore, which is an old name from the past. He was a past-President of the AARC at that time, AIT sorry about that, and when he left, the department just fell apart and they wanted me to restart it and I got it set up. And then I got another offer to go someplace else and start a department and so I did.

Bonnie: So how long where you at Sinai?

Wayne: Probably a little more than a year.

Bonnie: So this would have been about '67 then?

Wayne: I started here in '67.

Bonnie: Well, you said you started at Providence in '62 working there...

Wayne: I started here in '67, there was about a two year period that I changed jobs twice.

Bonnie: So from Sinai you then you want to...

Wayne: Botsford, then came here. I didn't come here in Respiratory Care; I came here in the Pulmonary Lab. They were starting a pulmonary lab, so I thought pulmonary was up and coming and now and I'll go to the VA and learn how to do pulmonary studies. We were part of the VA; we had a cardiopulmonary lab. We did pulmonary studies; we did cardiac studies, exercises and those kinds of things. Then as we began to grow, we separated pulmonary lab from cardiac lab. I figured, you know, if I stay here for a few years then I would have all of the knowledge to add to my resume, so to speak and that was 28 years ago.

Bonnie: Still learning ...ha, ha, ha.

Wayne: Yes, still learning.

Bonnie: I want to jump back to Providence, when you first started. How many therapists did you have or OJT or what did you call them at that time?

Wayne: I think that we called ourselves Inhalation Therapists. When we first started there were 2 of us. Then we added on about 4 or 5 and then expanded to an afternoon shift. I am not sure if we developed a midnight shift. Since I lived across the street I was on call a lot. Here again, we went into a new type of therapy. We had a patient that had gone bad in surgery and brought in an Air Shields ventilator; cute little thing. Square box that set on top and spun around. We kept this patient ventilated for about 4-5 months. By the time that we got out to the new hospital, we created a 24 hour shift.

Bonnie: When you came to the department, you created it and had a couple of people working day shift and had them doing various similar things that you were doing at the U, and by the time that you left 4 years later you were a 24 hour 7 day a week service doing additional things, such as mechanical ventilation at the point.

Wayne: Right.

Bonnie: The airways that they were using at that time, were they the red rubber tubes?

Wayne: I remember one of Dr. Bitchard's favorite things was a tube that had a wire inside of it. They had trach tubes that were not cuffed; you had to put on your own cuff.

Bonnie: Did IPPB start to resurge?

Wayne: It really jumped off by then; there were a lot of IPPB treatments. It was mainly a money maker.

Bonnie: What medications were being used at that time?

Wayne: A lot of Mucomyst, isuprel, and saline.

Bonnie: Still the Micronefrin occasionally?

Wayne: Yes, we got into doing asthma patients on ventilators and gave them a drip of theophylline. We tried that with 4 or 5 patients and it was very successful.

Bonnie: When you went to Sinai, how many staff were there?

Wayne: There was not anybody there. We developed a department.

Bonnie: At the U, was there an ICU?

Wayne: If anyone was in ICU it would have been in the PARU (Post-Anesthesia Recovery Unit).

Bonnie: Was there an ICU at Providence?

Wayne: Yes and no, not a true ICU

Bonnie: So Sinai was the first true ICU that you worked in and that would have been 1969?

Wayne: Yes.

Bonnie: After Sinai, you said you went to Botsford.

Wayne: Yes, and set up a department there.

Bonnie: And Botsford, the same thing? You set up with no one? Did you get the department running within 24 hours?

Wayne: Yeah, within 24 hours. We developed a department that was 16-hours and then ended up 24-hour days. There they had an ICU that was 4-5 beds.

Bonnie: Was it a new hospital at the time?

Wayne: Brand new, the cement was still wet. There was only one tower. Now there are 2 or 3 towers.

Bonnie: So you worked there a short time?

Wayne: About 6 months

Bonnie: Were there any new medications at that time?

Wayne: Not really. But it was the first time that there were bugs in the water. Patients were getting pneumonia. We used to use sterile water until the hospital decided it was too costly, then we switched to distill water since it was cheaper. They had there own distillery there. One day we started getting a reaction and getting positives that the water was contaminated. We checked the distillery and found the top of it was totally contaminated. After that, we went back to sterile water and started changing the water every 2-3 days instead of just filling it.

Bonnie: Between 1959 and 1967, what was the day in the life of a therapist then?

Wayne: A lot of it was learning new things, discussing with doctors what was wrong with patients. About everyday was a learning experience; there was so much new things coming through at that time.

Bonnie: What other kind of big therapies did you see that came and went, that everyone thought was the new cure-all, but faded out?

Wayne: Again, Mucomyst was the big thing to get the secretions out, that all of a sudden, flat out and die. Tergemist was one. Use of isuprel, we very seldom use it these days. Theophylline drips, that didn't do what we thought that it would.

Bonnie: Once you came to the VA, when did you start the department here?

Wayne: Approx '73… '74. We started out with a 16-hour shift here and went to 24-hour shift. We started an SICU down the hall and started to use more and more ventilators. The idea of ventilating a patient became more and more applicable and airway care became more of a job for Respiratory Therapist and was taught more and more in school. We became the ones that knew about airway care the most, except for anesthesia. We also started CPT and started adding more and more things to our service.

Bonnie: What was the first school for Respiratory Therapy that you remember?

Wayne: Washtenaw with Carl Hammond; late '60s...maybe 1968.

Bonnie: Do you remember what other schools were around?

Wayne: I remember a Navy school. There were a few schools in California that were Respiratory oriented. Macomb or Highland Park started the second Respiratory School.

Bonnie: Was there an MSRC back when you started the field?

Wayne: Not really, there was no real structure. Don Gilbert was really behind getting the MSRT started and it was something that he wanted to see go, so he really took control of it. He set up where the meeting would be and eventually decided that he was no longer needed in that role around 1969 or 1970.

Bonnie: The first meeting that you recall where people got together was where?

Wayne: Either at the U or at St. Joe’s.

Bonnie: Was John Shelton St. Joe's at that time?

Wayne: I don't think so.

Bonnie: There was a department at St. Joe's?

Wayne: We were discussing who was there, there was Don and I and a nurse anesthetist. There was a nurse anesthetist from Mt Carmel. There turned out to be 10-12 people.

Bonnie: Why was the MSRT formed?

Wayne: There was an AIT that was the national and they wanted to get state chapters. We had a few people from Toledo to come to our meeting because we got ours off the ground and was working with it. There was an education meeting and a business meeting so it was always a learning experience.

Bonnie: How long was Don Gilbert involved with it before it let it go?

Wayne: About 3-5 years. It was a cut-off spot. He let the group do more and more of the work. We had bylaws that we kept rewriting about every 6 months.

Bonnie: At what point did the Michigan identity appear?

Wayne: When we got our charter in 1969.

Bonnie: At what point did the MSRC start offering education or how where those early meeting run?

Wayne: There was usually a topic such as Croup tents, blood gases, etc. There was always an education lesson. We also got into a discussion of what each hospital was doing such as IPPB treatment and we would modify what they were doing and bring it to our hospital.

Bonnie: Do you recall using any type of productivity report?

Wayne: Nothing like we have now. If you needed more staff, you had to prove it with more money.

Bonnie: When did you start to have meeting in hotels with vendors?

Wayne: When it got too large for the hospitals. I think Shelby was the first one.

Bonnie: Talk to me about the early registry; you are registry number 89.

Wayne: Don Gilbert was really involved in it so I was involved in it. One of the things that we use to do as a group was go to the Tri-state in Chicago. We would go there and meet with someone others there and discuss Respiratory Care; what was happening was, as we developed certification or credential that you would need to have. They picked a certain group to get the first registry numbers. No one failed the first time. The group decided who was going to have the small numbers then the rest went in alphabetical order. Most of the registry took a written exam then went onto the oral exam. It was expected that everyone pass the written exam. I was part of the second group and took the exam in Chicago. You would go to one person they would ask you a bunch of questions then you would go onto another person. There was about 10-12 people that questioned you. I had Sister Yvonne as one of my questioners.

Bonnie: I imagine with the numbers that it took a while for those registered to begin working with you...

Wayne: It took a while for someone to be certified to work with me. They had to take the registry exam but needed a years experience before taking the exam. If they were out of school, that counted for a years experience.

Bonnie: In closing, did Respiratory go the way you envisioned?

Wayne: There are a lot of areas that the RT does: emergency intubations, Swan-Ganz and RT thoroughly assessing the patient; being able to get involved in pulmonary studies, evaluations such as ABGs and spirometry and those kinds of things. Some hospitals are going back to doing EKGs which is good because we are trained to do this. The AARC sent out a letter stating the things that a new RT is trained to do out of school and it is amazing. I tell my staff that they need to keep on top of thing, help nurses turn patients, etc. Respiratory Care knows now what needs to be done and we need to do it. Respiratory Therapists can care for their patients better with all of the training that they have earned in school and the hospital setting. There is a lot that RT can do ...there is a lot of things on their horizon.

Bonnie: In the early days, Respiratory Therapists were mostly men. When was the first female that you remember working with?

Wayne: The first RT that I remember working with was from the Navy; her name was Barbara.

Bonnie: Now if seems that women are in the majority now, I am not sure why that changed. When I graduated there were 5 females and the rest were men.

Wayne: That could have been the way the work force was then. Women stayed home or if they wanted to work in the hospital they ended up being a nurse.

Bonnie: Any words of wisdom that you want to end with?

Wayne: I think that if you are optimistic there is a lot in the future. You have to see the cup as half full.

Bonnie: What do you see is left to do now after all of these years?

Wayne: My big thing right now is to get moved downtown to the new hospital and get out of this cubby hole and into my bigger office. There are a lot of things in our organization that I would like to do here that we are doing now but are doing very slowly.

Bonnie: Any other words of wisdom for new incoming people?

Wayne: Always treat the patient with gratitude and if you have a job to do, do it the best that you can.

Bonnie: Well I think that I put you through the torture chamber and let's call it quits!