INTERVIEW WITH LOUISE CAUDILL
(In the family room of Louise's and Susie's home)

I. Let me ask you two things first. One is, somebody told me to ask you about taking a horse upstairs.

L. Oh, we were kids.... Evans, this girl I played with most of the time, they had a pony. And that pony, oh, it had a heck of a life. We did everything to that pony. Evans, they had the best house in town— it's terrible, they tore it down and built that bank (Bank of Morehead?)

S. That's recently, within the last 10 years.

L. Oh, it had all inlaid floors. Had gorgeous big mantels. And we took that pony upstairs, all the way to the third floor of that house and we tried to make it stick its head out the window up there and that thing wouldn't do it. Well, we took it back down to the second floor and tried to get it in the bathtub and it wouldn't do that either. We took that little pony about every place— there was five of us and we ride it— at the same time. It was just about that long.

I. Do you know what happened to that pony?

L. Oh, I guess it eventually died.

I. Also, the man who wrote Rowan's Progress, is he a good friend of yours and should I write and tell him what I'm doing?

L. I think he'd like to know it.

I. Is he the kind of person I could call up?

L. Oh, yes, they are just lovely.

I. Also, would you mind if I talked to other people about you?

L. Oh, you can talk to anybody. It might be better than talking to me.

I. Why?

L. Oh, I don't tell things very well.

I. I think you are a listener. Were you always like that?

L. Uh huh, more so.
I. I was wondering if today we could talk about the hospital. How it started, where the idea came from—all of that. The hospital just sent out a calendar and you are not mentioned. They are using words like vision, dream, scheme, fairy tale... they call the building of that hospital—like a fairy tale.

L. Well, people see things in different ways. You wanna know how the hospital started—that’s what you want to know...

I. And where—you know, we get impossible ideas or how we’d like things to have things—how does it start?

L. I don’t know where it started really. I mean, as you worked, you knew you were not efficient—you couldn’t do what you wanted to do. And you couldn’t take just your hands and go about practicing medicine and doing much good and, I mean, that’s just the way life was at that time. We talked a lot, Susie and I talked, an awful lot about medicine and about what we wanted to do. You know, we ended up... (?) for 6 or 7 years. People would yell up at us in the middle of the night to get up and go some place.

See, people knew where our bedrooms were and they’d yell upstairs for us to come.

S. Throw rocks at the windows.

L. Oh, they came once and yelled up at us for a baby to be delivered and I went back to sleep and came and whispered to me “Get up Louise, we’ve got to go!” And I rolled over and said, “Oh, no we don’t, they called just now and said they were at the Midland Trail garage on their way to Lexington!” (laughter) But I dreamed that.

I mean, you couldn’t just live like that.

I. You mean, you are on the second floor (at her parents home on Wilson) and they stood out on the street and yelled?

L. They drove up the driveway and knew where our windows were.

S. And that first part—she dreamed that.

L. Yes, Susie made me get up and go! They yelled a lot of times. Then, many people didn’t have phones.

S. People usually came to the door and knocked—hard—or called on the telephone.

L. But—how the hospital got started. The notion for a hospital. I’d say there was a lot of talk around here and people had asked me about maybe starting a hospital. Well, Susie and I talked it over and we didn’t think there was any way we could do that. You know, they didn’t know exactly what they were talking about because there is more to
it... And then there was a fella that came through here from the State Department of Health and I can’t... can’t remember his name.

S. C.C. Keller (Is this right?)

L. And he came down to the office one day... oh, he’d made a call someplace here but he came to our office. Then we had our office where we are now and we had babies there and so forth. And he said, well, why don’t you start a hospital and we said the reason— we really thought was true— we didn’t want one unless it was a good one.

We’d seen a lot of them. And we’d seen hospitals where they did everything whether they needed it or not. So, we didn’t want that. That’s what I told him and he knew the kinda hospital I was talking about, he’d seen ‘em too.

He said, well, if you want one and you want to work hard enough, you can get it. So, I was stubborn and that aggravated me.

I. You mean, like a challenge.

L. Oh, I guess we talked every night for a month, didn’t we? About... can you do that? Can you have a good one, and if you can— how can you? So, we went over and around and— you had to have a facility, of course. You had to have people to run it. You had to have physicians and you had to have specialty groups and you had to have the community who wanted it. And you had to have the money.

So, we couldn’t do anything but find out if the community wanted it and if we could get some money. Out of that we decided what was our first issue— so, any day we closed the office in daylight we’d just go house to house or business to business.

S. And we went to people who had money.

I. Did you start out with a list?

L. No, just what was in our head.

S. See, it used to be you knew everybody in town and you knew everybody at the University.

L. I think we started in August of 1960.

S. At the office we started in 1957 but I think we started at this project— the door knocking— in the summer.

L. We just did that from August until October, wasn’t it? Somewhere about like that and we— we did pretty good. We didn’t ask people to give us money, no. We told ‘em what we wanted to do and would they (give us money). And I think we had (pledges?)
of about $87,000.

S. Oh, we had an awful lot of people who said they would give.

L. Yes, but you didn't write anything down.

I. Was the interest 100%?

L. No, it was high.

S. It was high and the people we asked mostly were (interested) because that's who we went to—people we felt would care the most, and wanted to give. We thought money was the big part of it then and it still is but it's not near as big (a part) as all the rest of it.

I. You said you wanted a 'good' hospital (as opposed to a bad one). What was bad about the bad ones that you wanted to avoid?

L. We didn't want surgery that didn't need to be done. I'd seen that.

I. You mean surgery just to make money or careless, sloppy surgery?

L. Well, you can just make your own judgment. We felt that they were just doing it to satisfy people— and also make money. You know, a lot of people 'like' to be cut on. I really believe that.

I. Really?

L. Yeah, they like to show their scars.

S. I do, I think so too. They feel like they need to...

L. ... and that they are a little richer if they've had a few cuts somewhere on their belly.

S. Well, I believe that used to be more true than it is now. You know, it used to that you could cut whatever it is out— that wasn't generally— but, there were some people who felt like that and, you know, the uterus is always the first thing to go.

I. I Do you mean women want it out? Or, the doctor wants a big fee?

S. Oh, well, that works both ways. That it's true at all is amazing.

L. You see, that's what we mean by unnecessary surgery.

S. And, poor medicine.
L. We wanted people who were qualified and who knew what they were doing. And—just a practitioner CAN'T do everything. They just are not qualified to do everything. You can't read your own x-rays and cut out your specimen do that whole job. We tried it and some of it didn't work that good.

Oh, we tried doing some GI x-rays and kidney x-rays...

S. And by the time you did it all—and I mean it's a big procedure—you know, given them barium and all and then send them off the be read—well, it's more trouble than it's worth. It's much easier to have the patient go to Lexington and get it done and get a report in writing. And we were concerned about a patient and we just weren't very good at that procedure.

I. Were people expecting you to—well, that a doctor knows everything?

L. No, they didn't— but you did—for yourself I guess more so. I just hated—well, you knew there was more that you could do to make that diagnosis and you didn't feel that you could slip it over(?).

I. Had you seen people who did that kind of work and that's why you thought it was a bad hospital?

L. Well, you hate to say that people were bad...

S. They probably didn't mean to be. But there are and there were...

L. Well, they weren't trained.

S. And there weren't as many laws then. Oh, (laughing) there wasn't so much government interference then. You know, you could operate your own little hospital. And, they did a lot of good but they were not very good hospitals in some cases. I can't mention where they were.

L. And never in Morehead. We never did have a hospital in Morehead. We had a clinic here. That was just two doctors who worked together. Dr......(?) and a brother who was a specialist...?

I. Now there is an emergency ward here, what would have been the equivalent then of going to an emergency ward—you got cut or broke your leg or had a serious accident.... would you go to Lexington?

L. Oh, many times we'd fix it, we'd fix broken arms.

I. When you were a little kid...?

L. Oh, I guess Dr. Nickell(?) fixed almost everything at that time. Once he (they) said I
had to have my nose operated on when I was twelve. But I never got to be twelve I guess— I never had my nose operated on.

I. What did he want to operate on your nose for?

L. He said it was crooked.

I. So, first, you went out to see if the community wanted a hospital...

L. Yes, and at the time they seemed to be interested... And then when they were interested you had to see— well, what you had to do next. And then you wanted somebody to run it. We had friends in most of the churches. Susie was Catholic and I was Christian (Christian Church on Main Street). Some of the people we'd asked were Methodists and Baptists and they ran hospitals so we asked them what to do and everybody said they didn't have any money— with the exception of the Catholic Church. And they didn't exactly say they had a lot of money but they said that they thought they could help some.

S. They said they'd look into it.

L. Anyhow, it wasn't very long until they came and said they WERE interested.

I. But Susie, you were saying how very small the Catholic population here was.

S. It was tiny. Like a dozen. I mean, well, there were a few students too from the University but they weren't permanent as far as you could count them. Mass was— well, there was a garage right where the church is now. There was a house there and it had a garage and mass was there. A priest came over from Maysville on Sundays.

I. So, even there were only a dozen or so Catholics here, it was the Catholic church that was interested. Interested in running it or in supporting it?

S. Running it was what we were looking for then.

L. Administration. They had— the Sisters of Notre Dame— had this hospital in Lynch— in a coal mining area. They had closed that down; or, they were in the process of closing it down. And they had a few nurses, not very many, and I think it was in a transition period for them. So they seemed to be— Monsignor Towell (?) was the leader really. He was in charge of health at that phase— at the community. And he was friendly with the Sisters of Notre Dame. So, he came to the office after, oh, who was the priest up there then?...

(\text{Hard to hear Susie's response here})

Well, anyway, he's the one who sent Monsignor Tell(?) to us. And of all the things— well, I think I tell this right but I could get something a little bit crooked because— Susie, you might have to correct me someplace along the line. So, he came by one
morning about 10 o'clock on his way to Frankfort. And, we had had two sets of twins and a singleton (one baby) that night and we had just had another one and someone in the labor room. So, we had babies lined up.

I. You kept them for...

L. We kept them there (in the office on Main Street) usually about 5 or 6 hours, just until they woke up.

I. 5 babies all lined up?

L. And he came in (laughing) and kind of went pale. He thought, surely we must need a hospital.

S. It was impressive, all those babies lined up and we didn't know he was coming.

L. No, we didn't know he was coming that day. Well, we never did have that many (at one time) before.

S. No, not all at one time.

L. But he just walked right in in the middle of it. So, he was very much interested in helping us. I think he was going to do something about the Hill-Burton that day. (?)

I. Do you recall what he said when he came in?

L. Just something like that— it looks like you need a hospital.

I. Did you have little beds or bassinets for these babies?

S. Oh no, we just had one bassinet. We just lined them up along the couch. We had five babies on that couch. The mothers were wanting to rest and we had them there across the hall.

L. Oh, we had one on the x-ray table!

S. Yes, on the x-ray table, a hard table. One was in the treatment room.

L. And two of 'em were in beds (the mothers).

I. And were there other people in the office, coming in for anything else?

L. Oh, yes, the office was just going on. The babies were (on the couch) in the back. Nobody saw them.

I. Did you always keep them a short time?
L. Oh, yes, unless there was bleeding or something. About just like they do now.

S. You don't get to rest like before.

L. Didn't it used to be you stayed in the hospital a couple weeks.

S. Oh, sure, yes.

L. So, he saw all this and said, you need a hospital...

S. And he told us to write to him in a letter what we did every day. I found that letter—I think I can find it again.

So, I wrote down everything we did in a day and sent it off to him.

L. Well, so, then we had somebody to run it but we didn't have anything for them to run! So, we had to find some doctors. Oh, lord, I had no more idea than a jack rabbit and Susie couldn't help me a bit. So it happened—well, I used to go over to Lexington to a Lexington clinic program. They had some pretty good medical programs.

S. Like continuing education.

L. So, I went down there and there I was sitting right next to Dr. Segnitz. Dr. Segnitz was a pediatric surgeon in Lexington. Think he was supposed to be the only one in the state. He was really just the kindest thing you ever knew. And I talked to him all the time and so I told him what we were trying to do. I told him we sorta needed someone field to find doctors for us and get the medicine lined up.

And we talked and when the meeting was over he started over across the road there as fast as he could go and I started out after him as fast as I could and told him I'd like to talk with him some more.

I said we needed somebody really right away.

He said, well, I might be able to find you somebody.

I said, that would be great—who would that be?

And he said, well maybe I would, maybe I'd be interested!

He said, I know everybody over at the University (of KY)

See, the University was just starting a medical school. He knew all the new doctors that were coming in. He worked with them. So, he became my buddy from then on.
He'd come to Morehead. Brought his children along and they went fishing one time.

Anytime they'd go through they'd stop.

And we went down there (to Lexington) and talked with him and we knew almost all the new doctors down there then.

The main one, the Dean of the Med School was Willard. He was a good 'un.

He thought what we were trying to do was really modern medicine.

He wanted to do that at the University.

Modern medicine— you know, continuing care and having people who knew from the base of medicine all the way up— tertiary care. And he wanted, at the University, to have the students at the University to learn this common primary type care of medicine as well as the tertiary care.

So his philosophy was to send students out to Morehead or out to someplace so they could see what actually went on... when you didn't have all the equipment and so on.

I mean, it was great reasoning I thought on his part, at least as far as we were concerned.

I. (break here) And he was the president of UK(??)

L. (Bob Johnson?) And he became the president of the Appalachian Regional Hospital Association. He's done a whole lot. He just resigned I think last year. He wrote grants and, actually, ...? and Johnson had come up here real often and helped us get everything started and to get doctors and agreed that they would help to pick doctors. And they would go over and work on the staff at the University for say a day, a week or so and do surgical rounds or cardiology rounds.

So, you had a kind of specialized medicine.

One thing that happens, which to me is always the thing that makes you go down hill, as soon as you went back to the country to practice you lost contact.

So, you had to have some way of having continuing education.

You can go out and take a course or something like that— but you do need something to keep you wound up all the time.

So, they would make that connection.

So, they would let you in down there and you could get in on whatever was going on.
And Dr. Pellegrino, when he came over.

He was very much interested in that. He's the one who tried to help us get a little more of the attitude of Hunterton (Underton?)

You don't know what that is... It's sort of the—well, a hospital out in the country that has tried to do everything. They tried to do all the specialties. Everything. And that was a part of the hospital. Outside was the family practitioner. Nobody could get in that hospital except through the family practitioner to the specialist.

I. The idea of a coop?

L. Well, the idea being spread to medicine broader. If you needed a specialist, you'd get a specialist. you didn't waste the specialists' time. Now, we were trying to do something similar.

S. Hunterton is in Flemington, New Jersey. (check names)

L. I think it's named after a fella, who was that real rich fella... anyway, Sister Mary Edna, Dr. Stegnezlitz and Susie and I went up there.

I. Was this the only hospital with that kind of idea at that time?

(Answer unclear)

I. Was that hospital in a similar geographical area—outside a city. So, you couldn't just go up to the hospital and say, "I have a bad ear."?

L. So, it was set up to facilitate—to use your manpower where manpower was needed.

S. People also stayed in the hospital and the doctor's office was right there. That is the surgeon and the radiologist, etc.

I. How did you hear about this hospital?

L. Dr. Pellegrino. he was from the University and he was the head of medicine.

S. He started that out there, that concept.

I. Did he suggest it to you?

L. Yes, and we liked the idea. But— that's what we started but we make an end.

I. You mean, you couldn't make it work?
L. No, you see, they had another little rule or two. You see, there, all the specialists made the same amount of money.

S. When you have surgeons involved, that doesn’t go.

I. Maybe a little too socialist?

L. Yes, and that’s what everybody felt—Oh, that’s socialist.

I. Like the University—this is the salary and this is all you can earn.

L. But there’s lotsa ways that doesn’t work. Because we heard it up there so we weren’t ‘plumb pushed’—by the salary angle. And it all had to be the same. Well, they had an opthamologist up there that they couldn’t keep at work. He was always playing golf someplace or something like that.

See, I mean, it wasn’t a perfect set up. And ours, we figured that if we deviated...

S. Actually, the surgeons did make more in the beginning.

L. Well, in the first year they did but before the year was out they changed. See, they were hired...

S. They were guaranteed salaries.

L. See, the people, we formed a group called the Northeastern Kentucky Hospital Foundation. And all we did was to pick out people in town that were really interested in trying to get something going—like Adron Doran—he was a big guy. The thing that’s wrong right now is that we don’t have the newspaper. But we had (then) “Snook Crutcher” and he was the editor of the newspaper. W.C. Crutcher, he was the owner and the editor.

S. He was fantastic.

L. But I mean (laughing) if he wanted something done, he’d put it all over the paper. You didn’t have any problems spreading the news. And then Dr. Doran told the teachers up at the University that they had better want a hospital here too and he got a little extra help I think. And he (Doran) was on the Board and Snooks was on the Board, and there was one place that was very important in Morehead and that was the Eagle’s nest. You ever heard of the Eagle’s nest?

I. Across from Jerry’s.

S. It was a restaurant.

L. It’s not there any more. It was a restaurant and it was pretty well known in its time.
If anybody went through Morehead, that was the place you stopped. And they had the best biscuits and the best pies and the best country ham. It was really good. And Jan (?) Clayton ran that. (Chan?) And everybody knew Chan and he knew everybody, so he was on the Board.

S. It used to be down on West Main Street—about where Arby's is now.

L. It was right across from the Citizen's Bank. Right, it was sort of the town hub; all the problems of the town were solved there.

Come 10 o'clock, "the group" would meet.

S. For coffee and pie. The men in the morning and the women went in the afternoon.

L. (Laughing) About 4 o'clock.

Clyde was on that Board too. Clyde Charles, he was our next door neighbor for a long time. He was a lawyer and a judge and commonwealth attorney. He was all those things at one time. This is the group that actually did the working part (?) (building?)

Now, my Uncle (Neelus?) he was a great influence in the town. He was the President of People's Bank and he wanted the hospital very much. He was—it always says that he was president of the foundation— but he was president of the finance committee, actually.
L. (cont.) And we had the President of the other bank, Glenn Layne, and Alfie Hutchinson. Oh, they all worked and they had meetings, I think, at least two or three times a week. Then we got to the place where we didn’t have to go to those.

I. You didn’t have to call the meetings or...

L. When they got to the finance part, you see, they tried— they had to get someone to make the drive. We had to get— well, all we figured what we could get— so we had somebody to come and get it.

I. You said you thought you had pledged $87,000.

L. I really still have those books. I’ve got the expense books for the first year.

I. Did you have an estimate on land and construction or did you just get the money first?

L. Actually, the Sisters, they went ahead and planned the building. We bought the land.

S. Several people offered land. Because we had (Hale Burton) money we had to take land in town and we had to buy it. That is the government, they would double your money. Everybody was involved in that.

L. I think that’s run out now but you had certain rules you had to go by when you used Hill Burton money but I think that’s over now. You know, it just lasted so many years.

They came. But you really had to— cornered(?)— You had to expand so it really turned out that the land you wanted to buy turned out to be sort of expensive. Now, you know those two houses that are sort of up on the hill and one of them has Santy Claus on it— my Uncle Dave would have given us all of that land for nothing. And then on up the road— just before you turn off for here— where all those pine trees were (are?). Well, where that church is, that’s part of the land. Hill Burton said, if people don’t have transportation, they can’t get out there. People had cars even then.

S. But there was no public transportation.

L. But this place worked out alright.

I. Was there anything there? Did they have to take anything out?

S. There was a house there but that’s all.

I. So, how long did it take to get the money?

L. Oh, we got everything going at the same time. The whole thing was completed in
three years.

I. Were there ever any cliffhanger moments—like maybe this is not going to happen? Or, was it pretty smooth?

L. I think it was pretty smooth. Well, there were about a million things that went wrong. I remember—well, we built this place where the doctors' offices were in the hospital—and they wouldn't let us do it. Oh, I tell you.

S. Oh, they threatened Louise—to disbar— I mean— cut her off of the KMA (Kentucky Medical Association).

I. Could you tell that again, I don't understand.

S. The doctors' offices in the hospital. They said it was Socialistic. Oh, it was terrible, the accusations they made against her.

L. Oh, (laughing) I've got two letters I still save.

(Can you find those letters?)

I. You mean, doctors were supposed to have their offices OUTSIDE the hospital? If so, why?

L. Well, I think their philosophy was that they shouldn't be that they were so close that they could be a part of the hospital... The doctor had to be a separate entity and the hospital had to be another entity. You came to the hospital to work, you weren't a part of the group.

S. That was really a no-no then.

L. One of my very good friends came down here one day and sat about right where you are now and he just tore me up one side and down the other (laughing).

I. But for what?

S. Maybe free enterprise. Maybe that was it, I don't know.

L. Well, sometimes I get a little... (can't hear the word) toward them, I don't know. Like one time somebody was here and he wanted to be a surgeon. And I told him what I said and he said he could do that but he couldn't do that because nobody would go with him.

And I mean, I've always felt we had to get what we need here and it wasn't, maybe, just exactly fair in the other direction. But we'd get what the community needed, that was our philosophy. If somebody came in and wanted to do their own thing, didn't
want to do it our way...

S. They were not welcome. They could come but it was pointed out pretty plain, they were not welcome.

L. You see, we wanted to be sure they were good and that's why we worked with the University (of Kentucky) and when they came they were qualified to teach at the University; to be approved there. And if somebody just came from Podunk and we didn't know 'em.

I. So you were looking for quality. What I'm hearing is that you wanted top dog people even though this was a small town.

L. Uh hum, and I still believe this, I believe there's a lot of people that would prefer to live in this kind of an area than in the city and even if they are smart and rich, they still might like it here. (not clear—Dr.'s names)

S. And, you know, I believe Hunter Black's a good example. He was brave to come here and he came almost in the beginning.

I. What do you mean brave?

S. Let's see, 61? He came here before Dick (Carpenter). You know, they always think that Dick came first, but he didn't come first.

L. Well, Carpenter came but he left. He had to go into the service.

S. And he left and was gone for about 3 years. And when he left, and about the time...

L. They came through the University. I'd say they taught, they had to be part of the staff.

S. They were all specialized at the University. And they were welcome to teach there and all of them did.

L. Not Victor, but he came down one or two days a week.

When we started out—well—Dr. Proudfoot. Let's see, Herb Hudnut was our first medicine man and he was head of medicine and he came here with the idea of being the educational supervisor—so to speak. And then, Dr. Proudfoot was practicing over at Pikeville and he came over for about a month, just on Saturdays, as a surgeon and then after that he became part of the staff.

I. Did you ask him to stay or did he want to stay?

L. Oh, he worked with a union or—I don't know what it is—in the mining business. I
continued my practice on Main Street. now we had in town Dr. Blair and Dr. Reynolds and Dr. Jerrett and... actually we owned it, that is, if we wanted to we could put a patient in.

And we had a radiologist. I believe Dr. Smith was our first radiologist and he'd come in-- he didn't live here I don't believe.

I. So, no doctors offices in the hospital?

L. Actually, I couldn't see—I talked to Dr. Willard-- and I couldn't see what was wrong with that. And I didn't do a good job. I didn't do that—explain that—well. I thought that any fool could see that that's a good plan.

I. So you thought they should see that too?

L. Yes, but they didn't like that. And that's when I got that letter. Was it Caywood that came down here. Caywood was in my class. Anyhow, we just moved 'em out and they got a little house next door and that was the end of that. That just became a part of the hospital.

I. Is that how the Morehead Clinic got started?

L. That was the beginning. That was A clinic. Then it was a clinic that wanted to divide itself so it divided into two clinics.

I. That sounds like another chapter.

L. You're getting along...

I. So, in the meantime the hospital was in the hands of the Sisters and you were...?

L. Outside. Oh, I've been on the Board ever since and I'm still on the Board.

I. When they started building it—well, I've been curious about this ever since I've been here. This is such a Protestant area and the hospital is Catholic and run by Sisters, was there any noise about that?

S. Do you mean did people object? There was a lot less objection than you'd think.

L. It was really surprising. We had two churches that weren't really for us. The Baptist church and the Church of God.

S. In fact, the minister who's there right now, (.........) in the beginning was an opponent. He changed a lot. He change before the hospital was completed. And that was about John Kennedy's time and I remember he wrote a letter to the editor about Kennedy and the hospital (this is from memory, I can't remember all of it) but he was one of the
folk but he came around just fine.

L. An important member of each of those churches was in the hospital within the first week. I don't know exactly when but it was very shortly after.

As I say, they didn't think, they didn't reason— it was just luck, chance, being at the right place at the right time. Those are things that count.

S. We had a great advantage in that it was the right time, for the hospital. And the University expanding and we got so much help.

L. And the University up here could see the need of it. You see, they were trying to grow too. You couldn't get good teachers if you couldn't get good health facilities.

I. You mean Dr. Doran?

L. Well, UK, but Dr. Doran too, and we had it both ways.

I. Did you think of that when you would sit up nights discussing your plans?

L. No, we just didn't know how we were going to get doctors— I tell you it was just plain luck that this man happened to sit down by me.

I. How did you try to attract doctors to Morehead itself? What if they said they didn't want to live in a little town?

S. Well, we tried to point out the attractive points and the University and the things kids can do here. At that time an awful lot of young children came to the University because of Breckinridge. Of course, Breck is no more.

L. But that was a selling point.

I. In Mr. McOnkey's book he said that he thought you might have built this house like this so that doctors coming here would think they could have a house like this.

L. Well, we had to entertain and we wanted them not to feel like they were going into a log cabin.

S. You just wouldn't believe the winning and dining—Oh!!

L. Yes, I can remember hypertension in that room over there—wining all over the place. But we tried to show them that you can do whatever you want to do.

S. I mean we did all of that— we, meaning me.

L. She did!! We'd have 25 people.
S. Oh, more than that. I mean we had a place here and a place there and anyplace
there was a chair— and we'd bring more in. I do not know how we did it.

This is after working all day— oh, yes. We do not know how WE DID ALL that.

L. We didn't have time to shop even.

I. So, did it work?

L. We think we got a good bunch.

S. And we got to know them a little bit. Some of them really didn't want it. But it
worked and that was how we did it. Other people entertained too. I remember Jane
had people a few times and Norma did.

I. So, you wanted them to know that Morehead could be a good experience.

L. And that they could talk (the people) and that they had read a few things.

I. When they finally opened the hospital— in 1963— I read somewhere that the first pre-
mature birth in the hospital was in the first year. Were you involved in that?

S. Yes, we were— I think— I don't know if you delivered it or (Joe?) did, but I know that
we took care of it a lot. Billie Jo was in the office at that time. Yes, she was involved.

I. So, as soon as it opened, you did all your deliveries there. Was that a good feeling?

L. Oh, yes, Oh, we thought we were in high heaven.

S. Why, you could stay home after that. Didn't have to wait for that baby and stay all
night.

L. We lived at that office then.

S. But, they had a bell and they could ring, but you still had to check every so often.

I. In what year had you built that office?

S. In 1957. (People on the stairs were from 48 to 57) Nine years.

L. That's many a year.

I. When they opened the hospital and they named it St. Claire— how did that come
about?
L. Well, the Sisters—oh, it was down at the office—and I think Sister (Donelle??)

S. Well, some of them—I think Dr. Segnitz wanted to call it the Morehead Hospital—oh, Morehead Medical Center—because everything was medical center then—as it is now—but, and that was OK with Sister (??)... And then we talked about St. Francis of Assisi, and St. Claire was right there—you know, she took care of sick people and that's how it came about and Louise's first name is Claire.

I. And did you come up with that connection?

S. Well, probably that was part of it, but I wasn't...

L. I think it was Mother...?

S. That was it, she just decided that that would be the name. The people agreed, you know. It was after everybody agreed—which was the Sisters and Dr. Segnitz—that's about it. It was just a small group, I mean, it wasn't but 6 or 7 people.

L. It was really peculiar to me, it really was...

S. And the committees worked really well, I mean, committees so often don't work so well. But these did.

I. Maybe because they had a real purpose. Often committees don't have a reason for existing at all. But the impetus to build a hospital—do you think that's why?

S. And Crutcher helped a lot, no doubt about it—I mean, you have to have publicity, and he did a fine job.

I. Who was Mayor then?

S. Probably Bill Layne.

I. When they did the first groundbreaking, were you there?

L. Oh, yes.

S. Every time there is a groundbreaking, almost.

I. Now, everyone believes the hospital is named after you...

S. It is!!

I. When you knew that, how did you feel?

L. I don't know how I feel. There's something wrong with my feeling state. I had pretty
much to do with it and it needed a name and oh,...

S. Well, being named a Saint somebody when it's a Catholic hospital...

L. That's part of it.

I. Do you think, when you look back, it was as they say on this calendar— it was a
dream, a vision, a fairy tale?

L. Yes, well, it was a dream. I mean, you had to sorta put your stuff together. You
couldn't, as I say, you couldn't figure it out. You just had to— everything happened
about as good as it could have— in my opinion— as good as you could expect. We had
lucky breaks.
On our third morning together we began to talk about how the town got together to really get serious about building a good hospital. In this section there are a great many names mentioned, of people who were crucial in the money raising and community organization. Also mentioned is the famed restaurant in Morehead, “The Eagle’s Nest”. Unfortunately this eating and social center for the town is long gone, but it is a great picture of what the early small town life was like and many here still speak fondly of the great food and fine bread. Today an Arby’s fast food place sits in that spot and maybe the Dixie Grill is the closest local establishment.

Many of the people who first worked for the hospital are still here and few of the backers, like President of MSU Adron Doran, still return. Dr. Warren Proudfoot, who became a beloved physician here is gone now but his son is now in practice. Dr. Richard Carpenter has left but Dr. George Barber remains on the hospital staff. But now, for most residents here, it is hard to remember the town without the hospital.
In Louise and Susie's family room.


Int: Let me ask you two things first. One is, somebody told me to ask you about taking a horse upstairs.

Dr. Louise: Oh, we were kids... Sidney Evans, this girl I played with most of the time, they had a pony. And that pony, oh, it had a heck of a life. We did everything to that pony. The Evans' had the best house in town—it's terrible, they tore it down and built that bank (Morehead National Bank on Main St.)

Susie: That's recently, within the last ten years.

Dr. Louise: Oh, it had all inlaid floors. Had gorgeous big mantels. And we took that pony upstairs, all the way to the third floor of that house and we tried to make it stick its head out the window up there and that thing wouldn't do it. Well, we took it back down to the second floor and tried to get it in the bathtub and it wouldn't do that either. We took that little pony about every place—there were five of us and we rode it—at the same time. It was just about that long.

Int: Also, would you mind if I talked to other people about you?

Dr. Louise: Oh, you can talk to anybody. It might be better than talking to me.

Int: Why?

Dr. Louise: Oh, I don't tell things very well.

Int: I was wondering if today we could talk about the hospital. How it started, where the idea came from—all of that. The hospital just sent out a calendar and you are not mentioned. They are using words like 'vision, dream, scheme, fairy tale.' They call the building of that hospital, 'like a fairy tale.'

Dr. Louise: Well, people see things in different ways. You wanna know how the hospital started— that's what you want to know?

Int: And where. You know, we get impossible ideas or how we'd like places to have things. How does it start?
Dr. Louise: I don't know where it started really. I mean, as you worked you knew you were not efficient. You couldn't do what you wanted to do. And you couldn't take just your hands and go about practicing medicine and doing much good and, I mean, that's just the way life was at that time. We talked a lot. Susie and I talked an awful lot about medicine and about what we wanted to do. You know, we ended up—well, for six or seven years people would yell up at us in the middle of the night to get up and go some place. See, people knew where our bedrooms were and they'd yell upstairs for us to come.

Susie: Throw rocks at the windows!

Dr. Louise: Oh, they came once and yelled up at us for a baby to be delivered and I went back to sleep and Susie came and whispered to me "Get up Louise, we've got to go!" And I rolled over and said, "Oh no we don't! They called just now and said they were at the Midland Trail Garage on their way to Lexington!" (laughter) But I dreamed that. I mean, you couldn't just live like that.

Int: You mean, you are on the second floor (at her parents home on North Wilson) and they stood out on the street and yelled?

Dr. Louise: They drove up the driveway and knew where our windows were.

Susie: And that first part—she dreamed that.

Dr. Louise: Yes, Susie made me get up and go! They yelled a lot of times. Then, many people didn't have phones.

Susie: People usually came to the door and knocked, hard, or called on the telephone.

Dr. Louise: But—how the hospital got started. The notion for a hospital. I'd say there was a lot of talk around here and people asked me about maybe starting a hospital. Well, Susie and I talked it over and we didn't think there was any way we could do that. You know, they didn't know exactly what they were talking about because there is more to it. And then there was a fella that came through here from the State Department of Health and I can't... can't remember his name.

Susie: C. C. Howard.

Dr. Louise: And he came down to the office one day. Oh, he'd made a call someplace here but he came to our office. Then we had our office where we are
now and we had babies there and so forth. And he said, "Well, why don't you start a hospital?" And we gave him our reason—we really thought was true—we didn't want one unless it was a good one.

We'd seen a lot of them. And we'd seen hospitals where they did everything whether they needed it or not. So, we didn't want that. That's what I told him and he knew the kind of hospital I was talking about. He'd seen 'em too.

He said, "Well, if you want one and you want to work hard enough, you can get it." So, I was stubborn and that aggravated me. Oh, I guess we talked every night for a month, didn't we? About... can you do that? Can you have a good one, and if you can... how can you? So, we went over and around and—you had to have a facility, of course. You had to have people to run it. You had to have physicians and you had to have specialty groups and you had to have the community who wanted it. And you had to have the money. So, we couldn't do anything but find out if the community wanted it and if we could get some money.

Out of that we decided what was our first issue—so, any day we closed the office in daylight, we'd just go house to house or business to business.

Susie: And we went to people who had money.

Int: Did you start out with a list?

Dr. Louise: No, just what was in our head.

Susie: See, it used to be you knew everybody in town and you knew everybody at the University.

Dr. Louise: I think we started in August of 1960.

Susie: At the office we started in 1957, but I think we started this project, the door-knocking, in the summer.

Dr. Louise: We just did that from August until October. Wasn't it? Somewhere about like that and we, we did pretty good. We didn't ask people to give us money, no. We told 'em what we wanted to do and would they (give us money). And I think we had pledges of about $87,000.

Susie: Oh, we had an awful lot of people who said they would give.

Dr. Louise: Yes, but you didn't write anything down.
Int: Was the interest in building a hospital 100%?

Dr. Louise: No, but the interest was high.

Susie: It was high and the people we asked mostly were interested because that's who we went to-- people we felt would care the most, and wanted to give. We thought money was the big part of it then and it still is, but it's not near as big a part as all the rest of it.

Int: You said you wanted a 'good' hospital (as opposed to a bad one). What was bad about the ones that you wanted to avoid?

Dr. Louise: We didn't want surgery that didn't need to be done. I'd seen that.

Int: You mean surgery just to make money, or careless, sloppy surgery?

Dr. Louise: Well, you can just make your own judgment. We felt that they were just doing it to satisfy people, and also to make money. You know, a lot of people 'like' to be cut on. I really believe that. You see, that's what we mean by unnecessary surgery.

Susie: And, poor medicine.

Dr. Louise: We wanted people who were qualified and who knew what they were doing. And, just a practitioner CAN'T do everything! They just are not qualified to do everything. You can't read your own x-rays and cut out your specimen, or do that whole job. We tried it and some of it didn't work that good. Oh, we tried doing some GI x-rays and kidney x-rays...

Susie: And by the time you did it all— and I mean it's a big procedure— you know, giving them barium and all and then send them off to be read— well, it's more trouble than it's worth. It's much easier to have the patient go to Lexington and get it done and get a report in writing. And we were concerned about a patient and we just weren't very good at that procedure.

Int: Were people expecting you to— well, that a doctor knows everything?

Dr. Louise: No, they didn't— but you did— for yourself I guess more so. I just hated— well, you knew there was more that you could do to make that diagnosis and you didn't feel that you could slip it over.

Int: Had you seen people who did that kind of work and that's why you thought it was a bad hospital?
Dr. Louise: Well, you hate to say that people were bad...
Susie: They probably didn’t mean to be. But there are, and there were...
Dr. Louise: Well, they weren’t trained.
Susie: And there weren’t as many laws then. Oh, (laughing) there wasn’t so much government interference then. You know, you could operate your own little hospital. And, they did a lot of good but they were not very good hospitals in some cases. I can’t mention where they were, and never in Morehead.

Int: Now there is an emergency ward here. What would have been the equivalent then of going to an emergency ward? If you got cut or broke your leg, or had a serious accident... would you go to Lexington?
Dr. Louise: Oh, many times we’d fix it. We’d fix broken arms.

Int: So, first you went out to see if the community wanted a hospital.
Dr. Louise: Yes, and at the time they seemed to be interested. And then when they were interested you had to see—well, what you had to do next. And then you wanted somebody to run it. We had friends in most of the churches. Susie was Catholic and I was Christian (Christian Church on Main Street). Some of the people we’d asked were Methodists and Baptists and they ran hospitals so we asked them what to do and everybody said they didn’t have any money—with the exception of the Catholic Church. And they didn’t exactly say that they had a lot of money, but they said that they thought they could help some.
Susie: They said they’d look into it.
Dr. Louise: Anyhow, it wasn’t very long until they came and said they WERE interested.

Int: But Susie, you were saying how very small the Catholic population here was.
Susie: It was tiny. Like a dozen. I mean, well, there were a few students too, from the University, but they weren’t permanent as far as you could count them. Mass was—well, there was a garage right where the church is now. There was a house there and it had a garage and mass was there. A priest came over from Maysville on Sundays.
Int: So, even though there were only a dozen or so Catholics here, it was the Catholic Church that was interested. Interested in running it or in supporting it?

Susie: Running it was what we were looking for then.

Dr. Louise: Administration. They had—the Sisters of Notre Dame—had this hospital in Lynch—in a coal mining area. They had closed that down; or, they were in the process of closing it down. And they had a few nurses, not very many, and I think it was in a transition period for them. So they seemed to be—Monsignor Towell was the leader really. He was in charge of health at that phase—at the community. And he was friendly with the Sisters of Notre Dame. So, he came to the office after, oh, who was the priest up there then? Well, anyway, he's the one who sent Monsignor Towell to us. And of all the things—well, I think I tell this right but I could get something a little bit crooked because—Susie, you might have to correct me someplace along the line. So, he came by one morning about 10 o'clock on his way to Frankfort. And, we had had two sets of twins and a singleton (one baby) that night and we had just had another one and someone in the labor room. So, we had babies lined up. We kept them there (in the office on Main Street) usually about five or six hours, just until they woke up. So, there were five babies all lined up. And he came in (laughing) and kind of went pale. He thought, surely we must need a hospital.

Susie: It was impressive, all those babies lined up and we didn't know he was coming.

Dr. Louise: No, we didn't know he was coming that day. Well, we never did have that many (at one time) before.

Susie: No, not all at one time.

Dr. Louise: But he just walked right in in the middle of it. So, he was very much interested in helping us. I think he was going to do something about the Hill-Burton (Government Grants) that day.

Int: Do you recall what he said when he came in?

Dr. Louise: Just something like that--it looks like you need a hospital.
Int: Did you have little beds or bassinets for these babies?

Susie: Oh no, we just had one bassinet. We just lined them up along the couch. We had five babies on that couch. The mothers were wanting to rest and we had them there across the hall.

Dr. Louise: Oh, we had one on the x-ray table!

Susie: Yes, on the x-ray table, a hard table. One was in the treatment room.

Dr. Louise: And two of 'em were in beds (the mothers).

Int: And were there other people in the office, coming in for anything else?

Dr. Louise: Oh, yes, the office was just going on. The babies were (on the couch) in the back. Nobody saw them.

Int: Did you always keep them a short time?

Dr. Louise: Oh, yes, unless there was bleeding or something. About just like they do now. So, he saw all this and said, "You need a hospital..." and he told us to write to him in a letter about what we did every day. I found that letter- I think I can find it again. So, I wrote down everything we did in a day and sent it off to him.
Dear Monsignor:

Enclosed you will find an itemized account of two days' office procedure as of October 3rd and 4th, 1960, along with a brief description of Morehead and surrounding community in relationship to our need for hospital facilities.

We did not do a complete week of office procedure because of lack of time, and we also decided it would take a considerable amount of your valuable time to read it. These two days, however, are quite typical of most every day.

We wish to express our sincere thanks and gratitude to you for your excellent cooperation and interest in securing Sisters for the hospital. We understand that the Notre Dame order is "tops."

We hope that the enclosed material is in accordance with your request. If you should need additional information, please contact me and we will be glad to furnish it.

Respectfully,

C. Louise Caudill, M.D.

List of Patients
Monday, October 3.

3 a.m. Patient admitted in labor.
7:30 Breakfast.
9 a.m. Started seeing patients in the office.

1. Routine prenatal checkup.
2. 42 year old woman-- post lung resection-- cardiac decomp.
3. 15 year old girl-- too fat.
4. 55 year old woman-- hypertension.
5. 6 week old infant with pneumonia.
6. 30 year old man with gastritus and emotional problems.
7. 75 year old woman with infected finger.
8. 40 year old woman--vaginitis.
9. 11:30 a.m. Delivered (3 a.m.) patient of a pretty little girl.
10. 45 year old woman--complete physical.
11. 38 year old man--upper respiratory infection.
12. 36 year old woman--vaginitis.
13. 6 year old well baby checkup.
14. 60 year old woman--routine exam.
15. 4 year old child--upper respiratory infection.
16. 34 year old man--lacerations on 3 fingers--suturing.
17. 30 year old woman--routine pelvic and cauterization.
18. 2 p.m. Delivered (9 a.m.) a handsome crying boy.
19. 70 year old lady--hypertension.
20. 37 year old man--prostitus.
21. 18 year old college student--broken finger.
22. 19 year old boy, college student--right knee injured, football.
24. 4 week old baby--feeding problems.
25. 6 month old baby--diarrhea and vomiting.
26. 16 year old girl--upper respiratory infection.
27. 3 year old boy--upper respiratory infection.
28. 75 year old woman--cystitis.
29. 20 year old woman--prenatal checkup.
30. Routine prenatal.
31. 60 year old woman--diabetes.
32. 55 year old woman--car wreck 4 days ago, sutures removed.
33. 28 year old man--metal burn on foot.
34. 59 year old man--fear cancer of lung.
35. 11 year old boy--fight at school, chin laceration, rock.
36. 17 year old girl--upper respiratory infection.
37. 20 year old girl, college student--lymph nodes, bad tooth.
38. 13 year old boy--tonsilitis.
39. 19 year old girl--pregnant, mass in breast. Referred to
Lexington--sutures removed.
Also: 15 immunizations, 3 allergy shots, 4 dressings changed, 1 house
call. Finished at office at 7:55 and then made house calls.

We wish to express our sincere thanks and gratitude to you for your
excellent cooperation and interest in securing Sisters for the hospital.

Respectfully,
C. Louise Caudill
Dr. Louise: Well, so, then we had somebody (the sisters) to run it but we didn't have anything for them to run! So, we had to find some doctors. Oh, lord, I had no more idea than a jack rabbit and Susie couldn't help me a bit. So it happened—well, I used to go over to Lexington, to a Lexington clinic program. They had some pretty good medical programs, like continuing education. So, I went down there and there I was sitting right next to Dr. Segnitz. Dr. Richard Segnitz was a pediatric surgeon in Lexington. Think he was supposed to be the only one in the state. He was really just the kindest thing you ever knew. And I talked to him all the time and so I told him what we were trying to do. I told him we sorta needed some one to find doctors for us and get the medicine lined up. And we talked and when the meeting was over he started over across the road there as fast as he could go, and I started out after him as fast as I could go, and told him I'd like to talk with him some more.

I said we needed somebody really right away. He said, "Well, I might be able to find you somebody." I said, "That would be great, who would that be?" And he said, "Well, maybe I would. Maybe I'd be interested!" He said, "I know everybody over at the University (of Kentucky)."

See, the University was just starting a medical school. He knew all the new doctors that were coming in. He worked with them. So, he became my buddy from then on. He'd come to Morehead. Brought his children along and they went fishing one time. Anytime they'd go through they'd stop. And we went down there (to Lexington) and talked with him and we knew almost all the new doctors down there then. The main one, the Dean of the Med School was Dr. William Willard. He was a good 'un. He wanted to do, at the University, what we wanted to do. Modern medicine, you know, continuing care and having people who knew from the base of medicine all the way up—tertiary care. And he wanted, at the University, to have the students learn this common primary type care of medicine as well as the tertiary care. So, his philosophy was to send students out to Morehead, or out to someplace so they could see what actually went on... when you didn't have all the
equipment and so on. I mean, it was great reasoning I thought, on his part. At least as far as we were concerned.

Int: And he was the Dean of the UK Medical School?

Dr. Louise: And he became president of the Appalachian Regional Hospital Association. He’s done a whole lot. He just resigned I think last year. He wrote grants and, actually, . . . and Bob (Robert) Johnson had come up here real often and helped us get everything started and to get doctors and agreed that they would help to pick doctors. And they would go over and work on the staff at the University for say, a day, a week or so, and do surgical rounds or cardiology rounds. So, you had a kind of specialized medicine. One thing that happens, which to me is always the thing that makes you go down hill, as soon as you went back to the country to practice you lost contact. So, you had to have some way of having continuing education. You can go out and take a course or something like that— but you do need something to keep you wound up all the time. So, they would make that connection. They would let you in down there and you could get in on whatever was going on.

And Dr. Ed Pellegrino, when he came over. He was very much interested in that. He’s the one who tried to help us get a little more of the attitude of Hunterton. You don’t know what that is... It’s sort of the— well, a hospital out in the country that has tried to do everything. They tried to do all the specialties. Everything. And that was a part of the hospital. Outside was the family practitioner. Nobody could get in that hospital except through the family practitioner to the specialist.

Int: The idea of a cooperative?

Dr. Louise: Well, the idea being to spread medicine broader. If you needed a specialist, you’d get a specialist. You didn’t waste the specialists’ time. Now, we were trying to do something similar.

Susie: Hunterton is in Flemington, New Jersey.

Dr. Louise: I think it’s named after a fella, who was that real rich fella... anyway, Sister Mary Edwin, Dr. Segnitz, and Susie and I went up there. So, it was set up to facilitate— to use your manpower where manpower was needed.
Susie: People also stayed in the hospital and the doctor's office was right there. That is the surgeon and the radiologist, etc.

Int: How did you hear about this hospital?

Dr. Louise: Dr. Pellegrino. He was from the University and he was the head of medicine.

Susie: He started that out there, that concept. And we liked the idea. But, that's what we started but...

Int: You mean, you couldn't make it work?

Dr. Louise: No, you see, they had another little rule or two. You see, there, all the specialists made the same amount of money.

Int: Maybe a little too socialist? This is the salary and this is all you can earn.

Dr. Louise: Yes, and that's what everybody felt—oh, that's socialist. But there's lotsa ways that doesn't work. Because we heard it up there so we weren't 'plumb pushed' by the salary angle. And it all had to be the same. Well, they had an ophthalmologist up there that they couldn't keep at work. He was always playing golf—someplace or something like that. See, I mean, it wasn't a perfect set up. And ours, we figured that if we deviated... 

Susie: Actually, the surgeons did make more in the beginning.

Dr. Louise: Well, in the first year they did but before the year was out they changed. See, they were hired...

Susie: They were guaranteed salaries.

Dr. Louise: See, the people, we formed a group called the Northeastern Kentucky Hospital Foundation. And all we did was to pick out people in town that were really interested in trying to get something going—like Adron Doran—he was a big guy. The thing that's wrong right now is that we don't have the newspaper. But we had (then) "Snooks" Crutcher, and he was the editor of the newspaper. W.C. Crutcher, he was the owner and the editor.

Susie: He was fantastic.

Dr. Louise: But I mean (laughing) if he wanted something done, he'd put it all over the paper. You didn't have any problem spreading the news. And then Dr.
Doran told the teachers up at the University that they had better want a hospital here too and he got a little extra help I think. And he (Doran) was on the Board, and Snooks was on the Board, and there was one place that was very important in Morehead and that was the Eagle's Nest. You ever heard of the Eagle's nest?

Susie: It was a restaurant.

Dr. Louise: It's not there any more. It was a restaurant and it was pretty well known in its time. If anybody went through Morehead, that was the place you stopped. And they had the best biscuits and the best pies and the best country ham. It was really good. And Chin Clayton ran that. And everybody knew Chin and he knew everybody, so he was on the Board.

Susie: It used to be down on West Main Street—about where Arby's is now.

Dr. Louise: It was right across from the Citizen's Bank. Right, it was sort of the town hub; all the problems of the town were solved there. Come 10 o'clock, "the group" would meet.

Susie: For coffee and pie. The men in the morning and the women went in the afternoon.

Dr. Louise: (Laughing) About 4 o'clock. Lige was on that Board too. Lige Hogge, he was our next door neighbor for a long time. He was a lawyer and a judge and Commonwealth Attorney. He was all those things at one time. This is the group that actually did the working part. Now, my Uncle Cornelius was a great influence in the town. He was the President of People's Bank and he wanted the hospital very much. He was—it always says that he was president of the foundation. But he was president of the finance committee, actually. And we had the President of the other bank, Glenn Lane, and Alfie Hutchinson. Oh, they all worked and they had meetings, I think, at least two or three times a week. Then we got to the place where we didn't have to go to those.

Int: You didn't have to call the meetings, or...

Dr. Louise: When they got to the finance part, you see, they tried— they had to get someone to make the fund drive. We had to get, well, all we figured what we could get, so we had somebody to come and get it.
Int: You said you thought you had pledged $87,000.

Dr. Louise: I really still have those books. I've got expense books for the first year.

Int: Did you have an estimate on land and construction, or did you just get the money first?

Dr. Louise: Actually, the Sisters, they went ahead and planned the building. We bought the land.

Susie: Several people offered land. Because we had the Hill Burton money we had to take land in town and we had to buy it. That is the government, they would double your money. Everybody was involved in that.

Dr. Louise: I think that’s run out now, but you had certain rules you had to go by when you used the Hill Burton money, but I think that's over now. You know, it just lasted so many years. You had to plan to expand so it really turned out that the land you wanted to buy turned out to be sort of expensive. Now, you know those two houses that are sort of up on the hill and one of them has Santy Claus on it—my Uncle Dave would have given us all of that land for nothing. And then on up the road, just before you turn off for here—where all those pine trees were? Well, where that church is, that’s part of the land. Hill Burton said, if people don’t have transportation, they can’t get out there. People had cars even then.

Susie: But there was no public transportation.

Dr. Louise: But this place worked out alright.

Int: Was there anything else? Did they have to take anything out?

Susie: There was a house there but that’s all.

Int: So, how long did it take to get the money?

Dr. Louise: Oh, we got everything going at the same time. The whole thing was completed in three years.

Int: Were there ever any cliffhanger moments—like maybe this is not going to happen? Or, was it pretty smooth?

Dr. Louise: I think it was pretty smooth. Well, there were about a million things that went wrong. I remember, well, we built this place where the doctors' offices were in the hospital, and they wouldn’t let us do it. Oh, I tell you.
Susie: Oh, they threatened Louise—to disbar—I mean, cut her off of the KMA (Kentucky Medical Association).

Int: Could you tell that again? I don’t understand.

Susie: The doctors' offices in the hospital. They said it was Socialistic. Oh, it was terrible, the accusations they made against her.

Dr. Louise: Oh, (laughing) I’ve got two letters I still have.

Int: You mean, doctors were supposed to have their offices OUTSIDE the hospital? If so, why?

Dr. Louise: Well, I think their philosophy was that they shouldn’t be so close that they could be a part of the hospital. The doctor had to be a separate entity and the hospital had to be another entity. You came to the hospital to work, you weren’t a part of the group.

Susie: That was really a no-no then.

Dr. Louise: One of my very good friends came down here one day and sat about where you are now and he just tore me up one side and down the other (laughing).

Int: But for what?

Susie: Maybe free enterprise. Maybe that was it, I don’t know.

Dr. Louise: Well, sometimes I get a little... toward them, I don’t know. Like one time somebody was here and he wanted to be a surgeon. And I told him what I said and he said he would do that, but he couldn’t do that because nobody would go with him. And I mean, I’ve always felt we had to get what we need here and it wasn’t, maybe, just exactly fair in the other direction. But we’d get what the community needed, that was our philosophy. If somebody came in and wanted to do their own thing, didn’t want to do it our way...

Susie: They were not welcome. They could come but it was pointed out pretty plain, they were not welcome.

Dr. Louise: You see, we wanted to be sure they were good and that’s why we worked with the University of Kentucky, and when they came they were qualified to teach at the University; to be approved there. And if somebody just came from Podunk and we didn’t know ‘em... we wanted ‘top dog’ people even though this was a small town, and I still believe this. I believe there’s a lot of people that would
prefer to live in this kind of an area than in the city and even if they are smart and rich, they still might like it here.

Susie: And, you know, I believe Hunter Black's a good example. He was brave to come here and he came almost in the beginning.

Int: What do you mean brave?

Susie: Let's see, '61? he came here before Dick (Carpenter). You know, they always think that Dick came first, but he didn't come first.

Dr. Louise: Well, Carpenter came but then he left. He had to go into the service.

Susie: And he left and was gone for about three years.

Dr. Louise: They came through the University. I'd say they taught, they had to be part of the staff.

Susie: They were all specialized at the University. And they were welcome to teach there and all of them did.

Dr. Louise: Not Victor (Dr. David Victor), but he came down one or two days a week. When we started out, well, Dr. Proudfoot. Let's see, Herb Hudnut was our first medicine man and he was head of medicine and he came here with the idea of being the educational supervisor—so to speak. And then, Dr. Proudfoot was practicing over at Pikeville and he came over for about a month, just on Saturdays, as a surgeon and then after that he became a part of the staff.

Int: Did you ask him to stay or did he want to stay?

Dr. Louise: Oh, he worked with a union or, I don't know what it is, in the mining business. I continued my practice on Main Street. Now we had in town Dr. Blair and Dr. Reynolds and Dr. Garred and... actually we owned it, that is, if we wanted to we could put a patient in. And we had a radiologist. I believe Dr. Smith was our first radiologist and he'd come in—he didn't live here I don't believe.

Int: So, no doctors' offices in the hospital?

Dr. Louise: Actually, I couldn't see—I talked to Dr. Willard—and I couldn't see what was wrong with that. And I didn't do a good job. I didn't do that—explain that, well, I thought that any fool could see that it was a good plan.

Int: So you thought they should see that too?
Dr. Louise: Yes, but they didn't like that. And that's when I got that letter. Anyhow, we just moved 'em out and they got a little house next door and that was the end of that. That just became a part of the hospital.

Int: Is that how the Morehead Clinic got started?

Dr. Louise: That was the beginning. That was a clinic. Then it was a clinic that wanted to divide itself so it divided into two clinics.

Int: That sounds like another chapter. So, in the meantime the hospital was in the hands of the Sisters and you were...?

Dr. Louise: Outside. Oh, I've been on the Board ever since and I'm still on the Board.

Int: When they started building the hospital-- well, I've been curious about this ever since I've been here. This is such a Protestant area and the hospital is Catholic and run by Sisters. Was there any noise about that?

Susie: Do you mean did people object? There was a lot less objection than you'd think.

Dr. Louise: It was really surprising. We had two churches that weren't really for us.

Susie: In fact, one minister in the beginning was an opponent. He changed a lot. He changed before the hospital was completed. And that was about John Kennedy's time and I remember he wrote a letter to the editor about Kennedy and the hospital. He was one of the folks, but he came around just fine.

Dr. Louise: An important member of each of those churches was in the hospital within the first week. I don't know exactly when, but it was very shortly after. As I say, they didn't think, they didn't reason— it was just luck, chance, being at the right place at the right time. Those are things that count.

Susie: We had a great advantage in that it was the right time, for the hospital. And the University was expanding and we got so much help.

Dr. Louise: And the University up here could see the need of it. You see, they were trying to grow too. You couldn't get good teachers if you couldn't get good health facilities.
Int: You mean Dr. Doran?

Dr. Louise: Well, UK, but Dr. Doran too, and we had it both ways.

Int: Did you think of that when you would sit up nights discussing your plans?

Dr. Louise: No, we just didn't know how we were going to get doctors— I tell you, it was just plain luck that this man happened to sit down by me.

Int: How did you try to attract doctors to Morehead itself? What if they said they didn't want to live in a little town?

Susie: Well, we tried to point out the attractive points and the University and the things kids can do here. At that time an awful lot of young children came to the University because of Breckinridge. Of course, Breck is no more. (Breckinridge Training School).

Dr. Louise: But that was a selling point.

Int: In James McConkey’s book (Rowan’s Progress), he said that he thought you might have built this house like this so that doctors coming here would think they could have a house like this.

Dr. Louise: Well, we had to entertain them, and we didn't want them to feel like they were going into a log cabin.

Susie: You just wouldn't believe the wining and dining—oh!!

Dr. Louise: Yes, I can remember hypertension in that room over there—wining all over the place. But we tried to show them that you can do whatever you want to do.

Susie: I mean we did all of that—we, meaning me!

Dr. Louise: She did!! We'd have 25 people and more here for dinner at one time.

Susie: Oh, more than that. I mean we had a place here and a place there and anyplace there was a chair—and we'd bring more in. I do not know how we did it. This is after working all day—oh, yes. We do not know how WE DID ALL that.

Dr. Louise: We didn't have time to shop even.

Int: So, did it work?
Dr. Louise: We think we got a good bunch.

Susie: And we got to know them a little bit. Some of them really didn't want it. But it worked and that was how we did it. Other people entertained too. I remember Jane had people a few times and Norma (Hogge) did.

Int: So, you wanted them to know that Morehead could be a good experience.

Dr. Louise: And that they could talk (the people) and that they had read a few things.

Int: When they finally opened the hospital, in 1963, I read somewhere that the first premature birth in the hospital was in the first year. Were you involved in that?

Susie: Yes, we were. I think—I don't know if you delivered it or Billie Jo (Dr. Billie Jo Caudill) did. But I know that we took care of it a lot. Billie Jo was in the office at that time. Yes, she was involved.

Int: So, as soon as it opened, you did all your deliveries there. Was that a good feeling?

Dr. Louise: Oh, yes. Oh, we thought we were in hog heaven!

Susie: Why, you could stay home after that. Didn't have to wait for that baby and stay all night.

Dr. Louise: We lived in that office then.

Susie: But they had a bell and they could ring, but you still had to check every so often.

Int: In what year had you built that office?

Susie: In 1957. (People on the stairs were from '48 to '57) Nine years.

Dr. Louise: That's many a year.

Int: When they opened the hospital and they named it St. Claire-- how did that come about?

Dr. Louise: Well, the Sisters named it. Oh, it was down at the office, and I think Sister Joelle...

Susie: Well, some of them— I think Dr. Segnitz wanted to call it the Morehead hospital— oh, Morehead Medical Center— because everything was medical center
then, as it is now. That was ok. And then we talked about St. Francis of Assisi, and St. Claire was right there—you know, she took care of sick people and that’s how it came about and Louise’s first name is Claire.

Dr. Louise: I think it was Mother Borromeo.

Susie: That was it, she just decided that that would be the name. The people agreed, you know. It was after everybody agreed—which was the Sisters and Dr. Segnitz—that’s about it. It was just a small group, I mean, it wasn’t but six or seven people.

Dr. Louise: It was really peculiar to me. It really was…

Susie: And the committees worked really well. I mean, committees so often don’t work so well. But these did.

Int: Maybe because they had a real purpose. Often committees don’t have a reason for existing at all. But the impetus to build a hospital—do you think that’s why?

Susie: And Crutcher helped a lot, no doubt about it—I mean, you have to have publicity, and he did a fine job.

Int: Who was Mayor then?

Susie: Probably Bill Layne.

Int: When they did the first groundbreaking, were you there?

Dr. Louise: Oh, yes.

Susie: Every time there is a groundbreaking, almost.

Int: Now, everyone believes the hospital is named after you…

Susie: It is!!

Int: When you knew that, how did you feel?

Dr. Louise: I don’t know how I feel. There’s something wrong with my feeling state. I had pretty much to do with it and it needed a name and oh…

Susie: Well, being named a Saint somebody when it’s a Catholic hospital…

Dr. Louise: That’s part of it.

Int: Do you think, when you look back, it was as they say on this calendar—it was a dream, a vision, a fairy tale?
Dr. Louise: Yes, well, it was a dream. I mean, you had to sorta put your stuff together. You couldn't, as I say, you couldn't figure it out. you just had to-- everything happened about as good as it could have-- in my opinion-- as good as you could expect. We had lucky breaks.