[Music playing]

Max Delsignore: Northern New York Community Podcast. Stories from the heart of our community.

Max Delsignore:Thank you for joining us. We have another great Northern New
York Community Podcast to share with you. I'm your host, Max
DelSignore. Dr. David VanEenenaam, a long-time orthopedic
surgeon and devotee to medical practices in the North Country is
here with us. He'll tell us a little bit about how we came to
Watertown and how healthcare has changed in the region over the
last few decades. We're also dive into the legacy of a well-known
civic organization and its historic identity in downtown
Watertown.

And finally, we'll talk about why philanthropy in general is such an important engine for our communities. Dr. Vaneenenaam, appreciate you being here with us.

Dr. VanEenenaam: Good morning.

Max Delsignore: It's safe to say that a good part of your heart is in Michigan. You were born there. You went to college there, got your medical degree in Ann Arbor at the University of Michigan. Tell us a little bit about where you grew up -- the town where you grew up and when you knew you wanted to pursue a medical career.

Dr. VanEenenaam: I grew up in Muskegon, Michigan, a fairly large city right on the shore of Lake Michigan. I went to public schools in Muskegon and after my senior year, went to a small college in Holland, Michigan called Hope College where I pursue a pre-medical career. It seems to me I always wanted to be a physician. There was no epiphany. It was just something I always wanted to do and I remember wanting that -- desiring that at a very young age.

But any event, I went to Hope College and then following that four-year period, I enrolled at the medical school in Ann Arbor and spent the next 10 years in the Ann Arbor area pursuing my education. And my specialty is an orthopedic surgeon.

- *Max Delsignore:* Now, Hope College is something that a very close connection with your family. Your mother as the Dean of Women, correct, for a period of time.
- *Dr. VanEenenaam:* Yes, not when I was enrolled, fortunately (laughs), but no, she came on board after I had left and was a house mother and then

 Michigan for a few years and Dr. VanEenenaam: Yes, I was in a household that was steeped in politics. My father was the at that time, when he he was the youngest state senator elected in Michigan. He was 26, I believe and he became the Republican chairman of the senate within a few years and I remember as a Republican in a Democratic area, he won during th Roosevelt landslide. So he had to have some popularity across lines. Max Delsignore: (Laughs) Now, you were in the navy for Dr. VanEenenaam: Yes. Max Delsignore: a few years as well, correct? Dr. VanEenenaam: I was in residency, which is the program that is setup to train you in an individual specialty. After your medical school graduation, spent a year as an intern and a year as a first year surgical residem in Wayne, Michigan. Not too far from Ann Arbor. I then went back to the University Hospital in Ann Arbor and spent three years in my 		became Dean of Women at Hope College until she retired. But it was a wonderful experience. It's a small college. It's a church- related college, founded by the Reform Church of America. They also have a seminary, Western Theological Seminary that is closely associated with the college. So part of my education had a Christian orientation at that time and I know you're interested in philanthropy in this topic today. And I think that upbringing in the Christian church and the teachings of tithing, giving back certainly has influenced me throughout my life.
 was the at that time, when he he was the youngest state senator elected in Michigan. He was 26, I believe and he became the Republican chairman of the senate within a few years and I remember as a Republican in a Democratic area, he won during th Roosevelt landslide. So he had to have some popularity across lines. Max Delsignore: (Laughs) Now, you were in the navy for Dr. VanEenenaam: Yes. Max Delsignore: a few years as well, correct? Dr. VanEenenaam: I was in residency, which is the program that is setup to train you in an individual specialty. After your medical school graduation, spent a year as an intern and a year as a first year surgical residem in Wayne at the Wayne County General Hospital in Wayne, Michigan. Not too far from Ann Arbor. I then went back to the University Hospital in Ann Arbor and spent three years in my orthopedic residency. In the middle of my last year, I was drafted into the Viet Nam War and I was assigned the navy and fortunately, the naval folks let me complete at least my last year there. So I was fully trained when I left and joined the navy in 	Max Delsignore:	Your father was also quite accomplished, being a state senator for Michigan for a few years and
 Dr. VanEenenaam: Yes. Max Delsignore: a few years as well, correct? Dr. VanEenenaam: I was in residency, which is the program that is setup to train you in an individual specialty. After your medical school graduation, spent a year as an intern and a year as a first year surgical residem in Wayne at the Wayne County General Hospital in Wayne, Michigan. Not too far from Ann Arbor. I then went back to the University Hospital in Ann Arbor and spent three years in my orthopedic residency. In the middle of my last year, I was drafted into the Viet Nam War and I was assigned the navy and fortunately, the naval folks let me complete at least my last year there. So I was fully trained when I left and joined the navy in 	Dr. VanEenenaam:	was the at that time, when he he was the youngest state senator elected in Michigan. He was 26, I believe and he became the Republican chairman of the senate within a few years and I remember as a Republican in a Democratic area, he won during the Roosevelt landslide. So he had to have some popularity across
Max Delsignore: a few years as well, correct?Dr. VanEenenaam:I was in residency, which is the program that is setup to train you in an individual specialty. After your medical school graduation, spent a year as an intern and a year as a first year surgical resident in Wayne at the Wayne County General Hospital in Wayne, Michigan. Not too far from Ann Arbor. I then went back to the University Hospital in Ann Arbor and spent three years in my orthopedic residency. In the middle of my last year, I was drafted into the Viet Nam War and I was assigned the navy and fortunately, the naval folks let me complete at least my last year there. So I was fully trained when I left and joined the navy in	Max Delsignore:	(Laughs) Now, you were in the navy for
Dr. VanEenenaam: I was in residency, which is the program that is setup to train you in an individual specialty. After your medical school graduation, spent a year as an intern and a year as a first year surgical resident in Wayne at the Wayne County General Hospital in Wayne, Michigan. Not too far from Ann Arbor. I then went back to the University Hospital in Ann Arbor and spent three years in my orthopedic residency. In the middle of my last year, I was drafted into the Viet Nam War and I was assigned the navy and fortunately, the naval folks let me complete at least my last year there. So I was fully trained when I left and joined the navy in	Dr. VanEenenaam:	Yes.
in an individual specialty. After your medical school graduation, spent a year as an intern and a year as a first year surgical resident in Wayne at the Wayne County General Hospital in Wayne, Michigan. Not too far from Ann Arbor. I then went back to the University Hospital in Ann Arbor and spent three years in my orthopedic residency. In the middle of my last year, I was drafted into the Viet Nam War and I was assigned the navy and fortunately, the naval folks let me complete at least my last year there. So I was fully trained when I left and joined the navy in	Max Delsignore:	a few years as well, correct?
And I spent a couple of months at Camp Lejeune in North Carolin	Dr. VanEenenaam:	in an individual specialty. After your medical school graduation, I spent a year as an intern and a year as a first year surgical resident in Wayne at the Wayne County General Hospital in Wayne, Michigan. Not too far from Ann Arbor. I then went back to the University Hospital in Ann Arbor and spent three years in my orthopedic residency. In the middle of my last year, I was drafted into the Viet Nam War and I was assigned the navy and fortunately, the naval folks let me complete at least my last year there. So I was fully trained when I left and joined the navy in

And I spent a couple of months at Camp Lejeune in North Carolina and then was given orders to report to the naval hospital at Great Lakes, Illinois. And I spent the next year and a half or almost two years at that facility as an orthopedic surgeon. We were very busy. We had a relatively new hospital and we had an active in-hospital population of about 80 and an out-patient clinic of over 800. So we kept very busy for a few years while I was there.

Max Delsignore:	In a lot of ways, that experience kind of helped shape you professional career because of how many things were happening. What was that experience like in the day-to-day being at Great Lakes?
Dr. VanEenenaam:	Well, it was a very memorable seeing the terrible tragedies of warfare and terrible injuries and particularly, but also, in my field because it affects peoples' limbs; their ability to ambulate and so forth. It was a great learning experience for me. Not only philosophically about war and what it means, but also, the terrible, terrible wounds and suffering that many of our young men have gone through. It was a very tough couple of years.
Max Delsignore:	Now, there were a couple of local doctors who were graduates from Michigan, who in many ways may have been the ones well, we're the ones that they brought you to Watertown.
Dr. VanEenenaam:	Well, when I left the residency, I was planning to stay in practice in Ann Arbor, but when I was drafted we decided to hold off on any definite plans and during the last year of my military career, I was called by Dr. Walker Heep and Dr. James Fish that were practicing here at Watertown and they wanted another partner, both Walker and Dr. Fish, and also Dr. Stover that was involved, all trained in Ann Arbor and were well-known and well thought of. So we came out here to Watertown, I think in the spring of 1968 and met Dr. Heep, Dr. Fish, Dr. Stover and the decided to come here and practice in 1968 in July.
Max Delsignore:	What were those first memories of Watertown?
Dr. VanEenenaam:	I think it was in March, banks of snow, but the snow was sort of dirty and melting. And it was a pretty dreary trip as I came into Watertown, but I soon realized that this area was a wonderful place to live and had a wonderful bunch of people that live here and work here. And I've been very happy that I made that decision.
Max Delsignore:	How did your practice and medical procedures evolve over time, through the eras, starting around that 1968 to going through 40 years of practice?
Dr. VanEenenaam:	Well, as I look back, many of the things that are that I substantively did I was not trained to do during residency. For an example, total hip joints, total knee joints these procedures weren't done until after I got here. So this required going to special courses to learn the procedure and it just showed to me how

	the practice of medicine continues to change and evolve. It's very important to get a good basic background in medicine, which I received at the University of Michigan, but you still need continuing medical education and you still need to participate in clinics, go to meetings. So it's a constant evolving process that never ends.
Max Delsignore:	How has the accessibility to research in information? How did that change over time? If you had conferences or other resources that you could tap into early on there seems to be more accessibility these days. How did you see it change?
Dr. VanEenenaam:	Well, I see a change in the telecommunications industry. A lot of meetings now, we can attend through a tele-conference rather than having to travel somewhere to a meeting. So it makes the learning experience more accessible. Everything in the medical world is a constant evolving change and I think they're doing everything they can to make sure the individual practitioner is made aware of changes and is up to date.
Max Delsignore:	How did the community and medical care providers prepare for drugs, prominent return or expansion in the mid-1980s?
Dr. VanEenenaam:	Well, that was a major period of time here in Watertown. We had two hospitals. I was involved on a few committees that addressed some of these situations and planning that went into them. I remember primarily the interests here in Watertown was the fact that we had no military base. It had a hospital, so they had to use the hospitals here in our community. We also had some meetings discussing what type of insurance would be used to cover the cares and so forth, but it was a major happening and to some degree, there were some very significant problems that had to be solved. And I thought the overall transition was done really quite well. We had a lot of fine leaders in the community, both military and locally that made the transition smooth and maintained, I felt, good medical care to the soldiers and their families, as well as maintaining the care of the community as a whole.
Max Delsignore:	One of the things, perhaps, our younger audiences, they listen to your story is the idea of having two hospitals in Watertown and practically within a mile of each other. What was it like to have two really good medical care institutions in one city?
Dr. VanEenenaam:	It had definitely advantages and definitely some disadvantages. Competition is always good. Wanted to make sure they were delivering good care as best they could and that part of the

	competition, I think, worthwhile. Some of the disadvantages, I thought were mainly sort of selfishly to the physician. Particularly, as I looked at it in my field, we had two emergency rooms and when you're on call, you only have so many people or personnel that can take all at one time. It was sometimes a little harder to cover both hospitals. We did it and I think we did it well, but that would be say, one of the disadvantages, but that's my selfish look at it. But for the patient, I don't think there's much downside because I think the competition was good and everybody wanted to give excellent care and they certainly tried to do that.
Max Delsignore:	Going back to you personally, what was your favorite or best procedure that you looked forward to the most as a surgeon?
Dr. VanEenenaam:	The ones that are easy to do, I guess (laughs).
Max Delsignore:	Such as?
Dr. VanEenenaam:	No, some procedures obviously are done more quickly and easily without risk of any serious side effect or complication. Others can be very challenging, not only in planning the surgery, but unexpected findings at the time of the surgery where you must perhaps change your plan and do something a little different. I think most one of the most patient received surgical successes are total joints, say, total hips and total knees. Very painful conditions when they have painful arthritic problems, but the surgery for that problem normally is very effective and the patient is very, very happy to get relief from their preoperative discomfort. There are some other procedures that I've done that we do as an orthopedic surgeon that are very gratifying as well. The nice thing about orthopedics is that we treat all ages of patients. We treat newborns and we treat geriatric patients, of course, for all different types of orthopedic problems. So it's been a great, great field, I feel for people interested in the medical career.
Max Delsignore:	Take me for a minute inside the mental approach the preparation before you go into a procedure and begin to operate. What was the mentality that you had before you went in to perform one of these procedures?
Dr. VanEenenaam:	The important thing is the safety of the patient and you assess the patients' overall health. There may be some comorbidities or other medical problems that the patient has that might have to be tuned up or approached or treated before you do your surgery. Most of our surgery, except for trauma, is elective, so we have time to work

	up a patient and correct any medical problems that might be detrimental to a general anesthetic, or a particular procedure. That's what we generally do when we approach a case.
Max Delsignore:	Let's transition to another institution. We'll talk about the Black River Valley Club. It really does have a special meaning for you and the club itself just played an important role in the city of Watertown in its hay day. What are some of your favorite memories and times at the club?
Dr. VanEenenaam:	Well, when I came to Watertown in the late '60s, 1968, the downtown Black River Valley Club was a club that had a lot of the community leaders that were members and I was invited down one evening to have dinner and meet members. And I was very impressed with the cross-section of who I met. Not only my own colleagues in my field, but in the business community, in the educational community, the attorneys all people getting together for social relaxation. I was very much interested in joining and fortunately, I was asked to be a member and I found my association with the club to be very relaxing and rewarding intellectually because I had a chance to meet business leaders in the community that otherwise, I probably would not have met. And I thought it was a great part of my life here in Watertown.
Max Delsignore:	The club is transitioning now to becoming the Northern New York Philanthropy Center. What are you thought about what the building will symbolize and become in Watertown?
Dr. VanEenenaam:	I hated to see the club close, however, the building itself is a landmark, I think, in our downtown community. And I think the project now that is being constructed and planned is a wonderful thought to continue to help our community in all avenues, particularly in philanthropy. And what better a place to do it in, in that structure which remains a very handsome building in downtown Watertown.
Max Delsignore:	Now, your service outside of work extended to many, as you mentioned before, boards and committees. You're still very active, for example, you're still on the board for the Children's Home of Jefferson County, started a muscular or dystrophy clinic at Mercy at the time. Even did some medical staffing for the Watertown Red and Black, the local semi-pro football team. As you look back at that level of volunteering and all that you did, why were those activities important to you?

Dr. VanEenenaam:	I guess it's my own meant (0:20:05) for a personality, but I've always had an interest in things other than my own professional ideas and career. And I didn't really feel an obligation to do these things, but I had the training to do what I do and to help people in the community that were in need of help and some guidance and I felt I was not really obligated, but I wanted to do it and I enjoyed doing it. I volunteered and did the all the Watertown High School football games and then, of course, the Red and Black games. And did get involved we started the muscular dystrophy clinic, as you mentioned, at Mercy Hospital. That's where we started it. I've been associated with the Children's Home of Jefferson County since 1970, I believe. I've also been involved with Jefferson Rehab and I've done some consulting work there.
Max Delsignore:	Given your interests in being able to apply your strengths to a lot of these volunteer activities, as you reflect again, what are some of those philanthropic values that you feel are most important?
Dr. VanEenenaam:	I guess I don't even I don't think of it so much as philanthropic, I just feel that I have the ability to do these things and I just feel I should do these things. I think that perhaps goes back to my upbringing. It goes back to, I think, my faith, these are all factors that are involved.
Max Delsignore:	You're fortunate enough to work with your son Peter for the last few years of your professional career. What was that experience like to be able to share the practice with him?
Dr. VanEenenaam:	That was wonderful, very proud. Peter has done a wonderful job. His I think his training certainly far exceeded what I did in my training. And he did this all on his own. He first time around, he went to Hope College, but he had to delay his medical school acceptance for a couple of years, but in that period, he got a masters' degree and then from that point on did wonderful work in his training and it's been wonderful to work with him here in Watertown. I think we're very fortunate to that he came here and is continuing to practice here.
Max Delsignore:	Another important part of your family legacy is the scholarship that's at the Northern New York Community Foundation that honors your wife, Ellie, who passed away three years ago. How important is that scholarship to you, to your family and being able to honor Ellie in that way?
Dr. VanEenenaam:	It's been absolutely wonderful and this all sort of started spontaneously by some friends of my wife, that had played golf

	with her and it's been very well received and supported by a number of very generous sponsors in the community and Northern New York Community Foundation and WNY TV. The support has been really quite overwhelming. We hope to continue the golf tournament in the near future. The proceeds of the event support the Northern New York Community Foundation and a scholarship that we give out to the students that apply. It also gives money to the Alec Baldwin Cancer Fund, as well as the Governor Cancer Fund. So, hopefully, we can continue this and continue to support the folks that I've mentioned.
Max Delsignore:	In many ways, philanthropy plays a vital role in the community's overall development and regions always have challenges. How important do you feel is, or how important do you think philanthropy to the North Country's future as you look ahead?
Dr. VanEenenaam:	As I look behind (laughs) I see what philanthropy has done. As I look ahead, I hope that philanthropy continues to do what they've done. There are a lot of things here in Watertown that we all sort of take for granted, that are here because of philanthropy and the generosity of a lot of our residents. You notice as we look around our community today, we see a lot of need for improvement and there's certainly many areas where philanthropy could be very beneficial in solving problems and improving lifestyle and improving the educational opportunities that we have. But I think that's going to be an ongoing process. That's why I think that this plan of the Northern New York Community Foundation of having a visible site that can be sort of the beckon for this type of activity in the future.
Max Delsignore:	Well, Dr. Vaneenenaam, you've taken good care of this community for more than four decades. Continue to do so. Thank you so much for sharing your story and time with us today.
Dr. VanEenenaam:	Thank you very much for inviting me.
Max Delsignore:	Special thanks to our partners on this production, WPBS TV and the Northern New York Community Foundation. And finally, thanks to all of you for tuning in. Please join us again for another community story on the Northern New York Community Podcast.
Max Delsignore:	[Music playing] Northern New York Community Podcast. Stories from the heart of our community.