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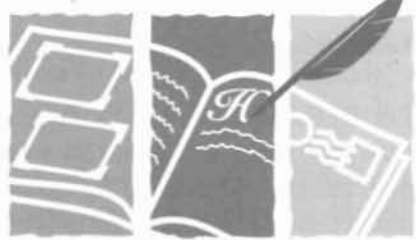
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The Joint Archives *Quarterly*

Volume 13 Number 3

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Extraordinary People: Polio Survivors

by Matthew P. Nickel

"It is extraordinary, how extraordinary ordinary people can be," Dale Cooper said in regard to his parents, whom he reveres as such people. "Just pay attention to common, ordinary people, and watch these 'no big deal' people go at life. If you watch them, you can catch a lot of wisdom." Cooper spoke about watching his mother Marjorie Cooper (a "no big deal person") live a life affected by poliomyelitis (polio, also known as infantile paralysis). His parents were testimonies to the extraordinary ability ordinary people have to live joy-filled lives amidst struggle. The Joint Archives of Holland 2003 Summer Oral History Project reflects a side of polio's history rarely spoken

about, and hardly recorded in empirical books: the amazing resilience of people who survived the pain and fear of polio.

The oral history project conducted sixteen interviews with twenty people who shared stories about polio in the Holland community. Among them were patients, medical professionals, parents, spouses, and activists who either contracted polio themselves or supported others. Conducting the interviews about polio nearly 50 years after the major epidemics, 30 to 40 years before my birth, I come from a generation that hardly knows of polio. Several interviewees related the polio epidemics to SARS or HIV, but neither seemed to cause the widespread concern polio did in the

homes and daily lives across America. Lacking any experience and only a little knowledge, I began asking questions and looking for stories about polio's history in Holland, not realizing what would be preserved on tape. The stories re-tell history that polio was not just a frightening, painful, and paralyzing virus, but an obstacle that brought out the good nature of a small West Michigan community.

The course of the interviews grew to reflect two kinds of stories about polio and the people locally. The first being medical, of hospitals and treatments. The other, in the medical context, but different. This second kind of story told remarkable personal histories

about relationships and community life. All the people interviewed were from similar areas in West Michigan, mostly concentrated in Holland. Some went to the same schools; many went to the same hospitals or were treated by the same doctors. Each participant's story aided in creating a legacy, offering different visions of community, recovery, and what it means to live well through the immediate trauma and the lasting effects caused by polio. In hindsight, I claim my ignorance not knowing fully the fear and damage polio caused for people, or the strength it offered individuals to live inspiring lives.



Billboard, 1942

Franklin D. Roosevelt Library

(Continued on page 2)

From the Director

I hope this issue of the *Quarterly* finds you well as we all prepare for the coming winter months and holidays. Here at the archives, the staff continues to process valuable collections, both large and small—the latest of which is the acquisition of the records of Latin Americans United for Progress (LAUP). This collection, once processed, will illustrate the struggles and accomplishments of Holland's largest and fastest growing minority population.

In other exciting collection development news, the records of the Campbell Boat Company and the Beacon Boat Company were recently discovered and brought to the archives. Donated by Merideth Agryropoulos, the materials are from the estate of Robert Dawson, former owner of South Shore Marine. After processing is finished, this valuable collection will be open to the public for research.

The lead article for this issue is about polio in Holland and was written by our 2003 Summer Oral History Coordinator, Matthew Nickel. After finishing the taping portion of the project, Matt began work on this article. He was able to really capture the stories of our participants' experience with this disease and its aftermath for them. This is yet another example of why working with young people in the field of history is so important to our community and beyond.

In other news, the Joint Archives of Holland was recently awarded the Historical Society of Michigan's Award of Merit for its 2002 video release, *Tulip Time in Holland*. Much of the credit goes to Dr. David Schock and his team of video magicians in Hope College's communications department. See the flyer in this newsletter for information on how to purchase your own copy. We now begin work on our next joint project, which will illustrate the Latino experience in West Michigan.

Lastly, the archives was awarded a \$1,000 grant from the Netherland-America Foundation for the digital conversion of seven 33rpm LP records of the 1947 recording of *Echoes of a Century*. These recordings were produced in New York City by the Netherlands Information Bureau in radio serial fashion and illustrate the rich history of Holland, Michigan. They were presented for the first time in Kollen Park at its Holland's centennial celebration in the summer of 1947, and to the best of our knowledge, this is the only surviving complete set. They will be available on CD and audiocassette in early 2004.

Geoffrey Reynolds

Extraordinary People (continued from page 1)

Hartgerink and Block (H & B) Standard Gas Station once resided on Pine Avenue between Eighth and Ninth Streets. Ray and Doris Souter pulled their car in there to fill up on route to St. Mary's Hospital in Grand Rapids. At this point, the Souter's three children were stricken with polio and all were hospitalized. After a short conversation about driving to see their children, the Souters received both a gift, and a lesson in humility. Knowing that the couple was on their way to the hospital, the attendant would not accept money for the full tank. Even when the charity was refused, the attendant acted stubborn and still refused payment. It was a simple gesture that spoke loudly; even strangers or mere acquaintances supported polio patients and their families in any way possible. This took place in 1952, and several years later, Angelyn Sjoerdsma had a similar experience at H & B Standard on her way to visit her twenty-five-year-old husband, Edward.

The Sjoerdsma and Souter families reflected on the Holland community's selfless nature amidst daily fear through the epidemics of the 1940s and 1950s. Understanding community support, in addition to the fear, goes to the heart of comprehending polio's history in Holland. Polio's affects were permanent, but people described support and togetherness in the community, rather than affronting prejudice. That is not to say prejudices did not exist, according to the interviews there were occasions, but the lasting memories described positive support being stronger than the virus or disability.

Like the rest of America, notices were released discouraging citizens from swimming or congregating, but in Holland this limited two important elements for the community: beaches and church. People feared swimming in local Lake Macatawa or Lake Michigan. Also, fear that polio could easily spread caused many of Holland's churches to discontinue common communion. In one account, fear kept a mother from letting her children play outside throughout the summer. The fear came from the lack of medical knowledge in addition to a lack of common knowledge about polio and how it was contracted.

Myths began to develop out of the fear and the lack of knowledge regarding how polio was contracted. Bill Bloemendaal and Cherry Overway recalled being told during childhood they possibly contracted polio from a bug bite. Such urban legends circulated and later it seemed to believe that polio was an air or water borne virus. Medical science would discover later that polio was transmitted by germs originating in fecal contamination. Holland citizens of the '40s and '50s recalled quarantines on houses, neighborhoods,

pools, beaches and lakes, and warnings about crowded areas in fear of polio spreading. Some truth existed about contact with lakes and people, however.

Ken Souter, who worked for the Ottawa County Road Commission, recalled open dumps in the swamp area between Lake Macatawa and the Black River where Riverview Park is now located. Waste was discarded there, and it was a location believed to propagate polio. With close contact to the river and Lake Macatawa, hypothetically, polio grew and spread through the water as well, where people came in contact to the virus in these areas. Holland's poor sanitation system at the time of the epidemics has become a favored target to blame for polio's maturation in the community.

A retired pediatrician and general practitioner, Dr. Vern Boersma, began his practice in Holland at the height of the 1950s epidemics. His interest in polio came from working on contagion wards at the University of Michigan hospital, where he received his medical degree. Most who contracted polio never showed clear symptoms, according to Boersma, but that fact made polio a more mysterious and fearful condition. The public did not know who carried the disease. Once contracted though, Boersma described patients ailing from cold-like or flu-like symptoms: aches and pains, stiff necks, fever and sore muscles. Occasionally people would feel ill, then notice weak muscles or limbs that caused, in many cases, a haphazard accident while performing normal activities. After diagnosis, the only certain way to determine a prognosis of polio was a spinal tap. Dr. Boersma did as many as six or seven a week through the summer months of the epidemic years, which were the most dangerous and feared months for polio.

The oldest of Ray and Doris Souter's three children who contracted polio, Art, remembered his diagnosis and spinal tap. After being examined by Dr. Bill Winter in Holland, he recalled being taken to a hospital where he was issued a spinal tap. Laying on his side with his mother holding him still, a doctor drew fluid off the spinal column from between vertebrae for analysis. The process involved extreme pain and discomfort, but was the only definite method for a proper diagnosis.

Many cases of polio went completely without diagnosis or any notice. These were abortive cases, meaning those individuals acted only as carriers. Many polio patients did recover to a normal physical condition and their condition was called non-paralytic polio. The most traumatic cases ended in a physical battle to prevent paralysis or death. These cases were called paralytic polio. Paralysis could take different forms as well. Bulbar polio affected the brain, face, neck, throat, and lungs. Spinal polio affected the back, often

causing scoliosis or potentially complete or partial paralysis of the body. In some cases both types of polio would afflict individuals. When looking at different cases of polio, it can be seen that paralysis went from near normal recovery all the way to requiring braces, crutches, or another form of aid to help mobility, or in the most extreme cases, an iron lung to breathe.

After diagnosis came treatment, but doctors' limited knowledge made treatments seem like mere attempts to curtail paralysis. Bill Bloemendaal recalled his treatment in 1940 when he contracted polio as an eight-year-old. The process used at the time was immobilization. Doctors at Butterworth Hospital piled sandbags around his body to inhibit movement. The thought was that this confinement would prevent paralysis. Bill's father, a local doctor at the time, disagreed with the accepted treatment. Instead, his practice in Zeeland at the time began to endorse Sister Kenny's method for treating polio.



Bill Bloemendaal

Bill Bloemendaal enjoying some fresh air while recovering, November, 1941

Sister Kenny, an Australian bush nurse, encountered a young patient suffering from deteriorated muscles, but did not recognize the cause. She consulted a doctor who gave the diagnosis as infantile paralysis, also explaining there was no known treatment. So she began to treat polio using intuition and experience. Aching muscles required heat application, massage, and controlled exercise from her medical experience, so she began such treatment. First, she wrapped the patient's afflicted limbs with steaming wool. Next, using exercise and physical therapy, she worked muscles to keep them loose and functioning in normal condition. Her approach did not cure polio—there still is no cure—but she did discover a positive way to discourage paralysis, and in many cases, enable patients to regain partial or complete mobility. Her treatment was such a success that she toured America suggesting her method's potential to American doctors. Using Bill Bloemendaal as a model, because of his father's endorsement of her method, Sister Kenny delivered an

address in Grand Rapids in the early 1940s to demonstrate her treatment. Unfortunately, Bill would be the only patient she treated personally in Michigan.

Bill remembers being brought out onto the stage on a hospital gurney and Sister Kenny began her lecture and demonstration using Bill. She didn't speak long before doctors in the audience booed her off the stage. "She was trying to tell them, using me as her patient, how to treat polio patients. They literally laughed her off the stage and she could not finish her talk," Bloemendaal explained. "And she kissed me on the cheek and said, 'good luck,' and then she left." In the beginning Sister Kenny's treatment initially received widespread rejection from American medicine according to Bloemendaal and Boersma.



Allina Hospitals & Clinics website

Sister Kenny assisting a polio patient, n. d.

Kenny and her methods being featured in newspapers and magazines, earning her trust in American homes. Soon after, in the mid-forties, the medical field recognized the merit of Sister Kenny's work. Eventually her fame would create a medical institute in her name, a Hollywood motion picture, and infamy as a American household name. Many interviewees described Sister Kenny as a saint or a hero, and many credited her work for their recovery.

One such person was Linda Gebben who contracted polio at age five around the time Sister Kenny's treatments came to America. Since so little was known about polio, her doctor prescribed bed rest and gave Gebben a prescription allowing her to focus her attention on getting better: she was to chew a stick of Dentyne gum and eat half a peanut butter sandwich. Gebben's mother, in the meantime, began learning about Sister Kenny through media sources. "My mother, by listening to

It was difficult for many doctors to believe that a female nurse with little formal medical training from another country could have success with a method that contradicted the accepted immobilization used by America's formally trained doctors. Despite the initial ridicule of Sister Kenny's methods by doctors, her methods became common treatment for polio patients, helping fight paralysis in hospitals. Dr. Boersma remembered Sister

the radio and reading newspapers, would wrap my legs in hot cloths because that was a new form of treatment. Nobody told her to do that, she just did it." Sister Kenny first gained acceptance in American homes, and then quickly the medical field.

Ruth Fynewever worked as a student nurse from 1945 until 1948, shortly after Sister Kenny gained America's medical attention. She worked at Blodgett Hospital and recalled treating polio patients using the Sister Kenny method. Blodgett, like Butterworth Hospital or St. Mary's or Muskegon hospitals, were primary locations to send polio patients from around West Michigan. Since so little was known about polio, the hospitals' ability was entrusted to monitor patients, hoping for recovery. As many of the hospitalized individuals recall, hospital stays were as short as several weeks and as long as several years causing West Michigan hospitals to become overcrowded during the epidemic seasons. "There weren't any rooms available, because we were at the height of that polio epidemic," Ken Souter recalled. "My brother and I were both in the hallway, but that only lasted like a day or two days." Fynewever recalled rooms holding more patients than they were built for, wrapping them with wool strips to relax muscles and prevent muscle contractions. As a nurse, Fynewever remembered the polio ward as a scary place, but not a hopeless one.

Listening to her voice on tape suggests a stoic nature, not from indifference, but rather not knowing whether to cry or to smile. "It wasn't an especially unhappy work environment. We were doing what we could to help," she reflected. When asked about the attitude in the polio ward, she described fear and laughter. "[Polio] was a scary word to begin with. And to have to leave your loved one in a strange hospital, especially if you came from outside Grand Rapids; back in those days it was a long way to come. Knowing we do everything we could for the best outcome of a patient, even if there would be some crippling effect, hopefully things we were doing would prevent worse. Working, we weren't sad, there was laughter too."

In 1949, work toward a vaccine brought cheers as three researchers at Harvard discovered how to grow the polio virus



Grand Rapids History and Special Collections Center, Archives, Grand Rapids Public Library

Centers like Mary Free Bed Children's Hospital in Grand Rapids treated polio patients

on a culture in a controlled environment. The virus they were using was poliomyelitis. This success earned them the Nobel Prize and set researchers in a direction to find a vaccine for polio. The first would be Jonas Salk at the University of Michigan who developed a "killed virus" vaccine that enabled immunization through injection. Several years later, his work



Grand Rapids History and Special Collections Center, Archives, Grand Rapids Public Library

Mothers and children waiting for polio vaccine, n. d.

would be improved by Albert Sabin who created a "live virus" vaccine that offered lifetime immunity and could be taken orally allowing greater ease in immunizations. The vaccines were released to the public in the mid-1950s and lines formed in gymnasiums, schools, community centers, and hospitals across the country to receive them. "I can really remember cheering when the Salk vaccine came. That was a wonderful miracle," Linda Gebben said. "Being in lines with my children; huge lines of people to get the vaccine, nobody signed a release form. You just stood in line and they just wanted to be sure that everybody got the vaccine." The vaccine was applauded for the many people who would no longer fear the long, difficult, and uncertain process of recovery that polio could require.

Edward Sjoerdsma survived the kind of recovery the public feared as a polio worst case scenario at age 25. The first six weeks of his recovery were spent in an iron lung, in addition to paralysis from the waist up. When he was brought to St. Mary's Hospital, Sjoerdsma was unconscious; his lungs were weak, so use of the iron lung allowed him to breathe. The iron lung was a chamber enclosed around his entire body from feet to neck that used changing pressures to draw and release air from the lungs. After six weeks and newly gained strength, nurses and doctors began to wean Sjoerdsma off the iron lung. At first he would leave the machine for several minutes and gradually the time increased as his body functioned more independently. The next step moved Sjoerdsma to a rocking bed during the day, which rocked back and forth to encourage normal breathing by taking pressure off the diaphragm. At this time, he only spent nights in the iron lung. Eventually his body stabilized to a point that allowed him to go home for weekends. Once he was comfortable away from the hospital, he returned home.

After this process, Sjoerdsma received physical therapy to regain as much mobility back as possible. After his physical therapy was completed, he began swimming to build strength. But as in most severe cases, not all mobility was recovered. Sjoerdsma could not lift his arms over his shoulders, and as a result had to leave his job as a boat builder at the local Chris-Craft plant. This caused, as in many other polio experiences, financial difficulties with his family, a wife and two year-old daughter. Sjoerdsma made the decision to attend Davenport College where he received a degree in business and began working, first for Big Dutchman and later Herman Miller. As in every interview, though, Sjoerdsma was not alone in the recovery; he and his family had strong support of family, friends, and their church.

The Holland community showed overwhelming support for polio patients and their families both locally and nationally. The interviewees told stories about neighbors who helped with household chores, money, or transportation. Churches offered prayers, financial support, and visited patients and their friends in the hospital. Mothers organized marches and fundraisers around town to rally support and funding for the March of Dimes and the Polio Foundations, both created to offer financial support to polio patients. Other local fundraisers included dances, baking contests, bowling competitions, basketball games, among other individual efforts such as collecting recyclable materials for Louis Padnos' recycling operation. The Holland community described by those living there during the polio era could be accused of being romantic, but too often positive support came from the tightly knit neighborhoods to say all accounts are romanticized. Few, if any, seemed to be.

In the part of Holland's community that Marjorie Cooper and her family belonged, support was more than just people giving; more accurately, people giving themselves. "Ninth Street Church, right in the shadow of Hope College, Pillar Church now; when my mom got sick at age 26, they got sick with her," Marjorie's son Dale said. Marjorie had a very intense case of polio that kept her in an iron lung for 40 years. Her husband, John, left his work as a farmer and made caring for his wife, Marjorie,

Marjorie and John Cooper, n. d.



Dale Cooper

Marjorie and John Cooper, n. d.

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his vocation. Marjorie would eventually live at home in her iron lung, and without his occupation, John's calling as he saw it, was to care for his wife. This would last a wonderful 40 years. John would assist his wife in hosting people of their community in their home daily. "There was one year that on no day of that year did they ever fail to have visitors," Dale said. "So 365 days in succession they had people come out." The Cooper's vocation, in a sense, became one of community building.

The Cooper family is not alone in finding such community in Holland; the Souter family received similar support for their three children who contracted polio at ages two, eight, and ten. While their children were hospitalized, they kept a list keeping track of people and their generousities including money, food, gasoline, and neighbors helping with household chores. Once they were back at home, the Souter kids took action by organizing a neighborhood paper collection drive for Padnos' recycling company, to whom they turned over 2,200 pounds of paper in two weeks' time, according to a *Holland Sentinel* story done on their work. They also would organize a neighborhood circus performed by the children whose admission sales were given to a polio charity.



Hope College/Joint Archives

Coach Jack Schouten, n. d.

Among the community's efforts came many individual efforts like that of retired Hope College coach Jack Schouten. He worked to aid people with injuries to recovery from college athletes to those with illness. Polio patient Greg Shaw was one person Schouten helped. Shaw recalled visiting Schouten several times a week for many years from age seven through high school. Schouten used calisthenics, physical therapy, exercise, massage, whirlpool treatments, and stretching. Crediting Schouten's work and his mother's encouragement, Shaw

eventually regained most of his strength and mobility. Shaw started with braces, but would progress over time and would even swim with Michigan State's swimming team his freshman year of college. The relationship between Shaw and Schouten would become more than a simple medical relationship. As Shaw progressed and grew more active, Schouten would watch Shaw's Little League games and the two would grow as friends, an aging man and young boy.

Such acceptance was not always so easy find in peers though. Although none lost their core group of friends at school or

in their neighborhood after hospitalization or quarantine, interviewees with paralysis and a resulting disability recalled interactions with people causing self-consciousness. In some cases painful teasing or ridicule occurred, yet most recalled more subtle interactions, like being stared at in public. Often, even into adulthood, disabilities gathering undesired attention and questions.

Acceptance was a difficulty faced in education, as well as on the playground and in social interactions. "I used to be told that there is no sense in being given a college education," Forrest Fynewever noted, "because no one hires crippled kids, crippled people." Jan Lozon faced similar problems with her high school education; she received little help when a subject required it, and even less encouragement. She was told there was no bother in trying for further education, that she should settle for a factory job. Although individuals gave up on them, they did not give up on themselves. Forrest would graduate from Michigan State to work for Samsonite and later Herman Miller as an engineer. Jan Lozon would become a registered nurse.



Grand Rapids History and Special Collections Center, Archives, Grand Rapids Public Library

Eastern Avenue School,
Grand Rapids, n. d.



Forrest Fynewever

Forrest Fynewever
with leg brace, n. d.

Although school could be a difficult place, some polio patients found refuge in the education at the Eastern Avenue Orthopedic School in Grand Rapids. Forrest Fynewever and Katherine Lambers spent at least part of their earlier education at the school, which provided a class schedule that catered to the needs of disabled students, including time for physical therapy and recreation in addition to academics.

Most children with paralytic polio did not have access to such schools as Eastern Orthopedic, requiring them to work through difficult learning environments. Some of the

interviews have a certain kind of achievement in mind, yet other young polio survivors discussed setting certain goals and working to achieve them. Many such people reaching to achieve difficult goals found encouragement when they began to reach out.

Jan Lozon, now a RN on the sixth floor of Holland Hospital, and the Souter's daughter, was hospitalized 20 years after contracting polio with a collapsed lung caused by a near drowning accident. During her stay in the hospital, she grew discontent with the nurses' treatment of elderly patients and their needs. "They would not answer her call light when she put it on, so that's when my nursing career started," Lozon said. She would help this elderly woman to the bathroom stealthily so as not to be caught by the nurses. It was then she decided to go back to nursing school.

"I was not a learned person, so to pass [courses] was quite a struggle. I give full credit to my teachers," Lozon said. "For some reason they felt like I was worth it, and they would spend nights tutoring me to get me through." Lozon worked hard, graduated and then worked for 23 years as an LPN before becoming an RN. "Nursing makes me feel like I survived polio to be something," Lozon continued. "They had told my parents that I'd one in a million chances to survive. It always felt like I had to do something special and I did."

Education for Sergio Pieksma-De Lange was an experience similar to Lozon's, difficult, and lacking encouragement.



Holland Sentinel website

*Sergio Pieksma-De Lange
in Holland, 2002*

Sergio's experiences are unusual, in that he was born in Columbia, adopted as an adolescent then brought to America. The paralysis from polio was never treated with orthopedics until he was adopted, nor was his poor vision, and once in America, he also had a language barrier to face. But his attitude about overcoming his trials was about empathy. "I always went for the kid that was left out. I tried to become their friend because I was rejected so many times," Sergio said. "I always liked to talk to people and see the best in

them. The good in people, even if they were mean." In addition to his job, Sergio has found vocation in translation between Spanish and English. Notably he helps people who cannot yet speak English get settled and learn the language. This is how polio taught Sergio to build community.

Community has been an important part of each interview, but Cherry Overway has worked hard to find and offer community to people around her. When reflecting on the choice to do or not do certain activities, Cherry's quirky personality and humor are spared to no one, and neither is her garden. In a plot of land behind her house, she has cultivated an extremely large garden host variety of plants. Cherry's disability requires her use of a walker or cane, but she plants, weeds, and waters. This green space near Lake Macatawa is a little treasure she shares with her neighbors, and at the beginning of the summer the Holland Horticulture Club hosted an event there as an example of a handicap accessible garden. But then to know these are things she can do, enabled her to build community in her neighborhood. Cherry represents a great population of polio patients, polio didn't stop people from living the way they wanted to, rather was an obstacle that required many positive attitudes to overcome.

As Dale Cooper said, listen to the extraordinary, ordinary people. Those affected by polio were not just famous names like Roosevelt. And the generation gap between my generation and those who grew up during the polio epidemics remind us that polio and diseases like it have a place in history. Understanding local histories like the one on polio teaches us about communities and how people work together. But listen to the people, and you will catch some valuable wisdom.

"Again, everyone has different struggles that are not visible. Okay, you can see mine," Jan Lozon said. "They are right out there in your face. I have learned to deal with it. It used to embarrass me, a lot. I used to think it was my fault. It is not my fault, it is something I lived through. I don't know what other people have to deal with, but everybody has to deal with something in this world to help them be who they are. This is mine."

Joint Archives of Holland Hours

Monday through Friday
8:00-12:00 and 1:00-5:00

Special Holiday Hours

We will be closed for Thanksgiving,
November 27 and 28

Due to the closing of Hope College buildings during the Christmas holiday, the Joint Archives will be closed December 24-January 2

The Joint Archives of Holland



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Hope College students during fall clean-up, c. 1960s