



Fred Ames: An Oral History

Facilities Management Career with Metropolitan Medical Center,
Hennepin Faculty Associates, and Hennepin County Medical Center

at Hennepin County Medical Center

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Fred Ames: An Oral History

Facilities Management Career with Metropolitan Medical Center,
Hennepin Faculty Associates, and Hennepin County Medical Center

Interviewed by Mary Ellen Bennett, RN, MPH

November 1, 2023

At Hennepin County Medical Center, Minneapolis, Minnesota

Edited and redacted by Mary Hermann, Mary Ellen Bennett, and Michele Hagen

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MARY ELLEN BENNETT: The following interview was conducted with Fred Ames on behalf of the Hennepin Medical History Center for the History Center's Oral History Project. It took place on November 1, 2023, at Hennepin Healthcare. The interviewer is Mary Ellen Bennett. Fred, thank you for joining us today to tell us about yourself and your career in Facilities Management with Metropolitan Medical Center, Hennepin Faculty Associates, and Hennepin County Medical Center. Let's start with you telling us a little bit about your personal history, where you grew up, went to school, and how you came to work at Metropolitan Medical Center.

FRED AMES: Thank you, Mary Ellen. Thanks for the opportunity. I think when people work in this organization for a lifetime, you've gained a lot of knowledge that should be shared. Hopefully somebody will be interested.

I grew up in White Bear Lake, went to White Bear High School. And generally stayed in the area all my life. I started out as an aspiring photographer. I wanted to be a professional photographer. And I was working at that, and working my way through a couple of organizations doing the very beginnings, the grunt work of the nuts and bolts of the business. I had a roommate who worked here [Metropolitan Medical Center] at the time and he said 'there's a terrific job down at the hospital, and I think you should apply.' Well, I did, long story short. The interview process was rather fast and easy, and I got in through the Facilities Management or Maintenance department at Metropolitan Medical Center.

We used to have a monorail system here at the hospital. Many people will remember the big blue rail that hung from the ceiling and that carried all kinds of food and laundry items for patient care. I worked on that monorail system. I had gone to photography school to learn the basics of photography, but then once I was here, I discovered how much I enjoyed the world of mechanical, electromechanical elevator systems, and things like that. I attended Dunwoody Institute for a course in industrial technology, and that was the springboard for me that opened many doors here at the hospital.

BENNETT: You originally started your facilities management career with Metropolitan Medical Center in 1978. At that point in time, HCMC [Hennepin County Medical Center] and MMC [Metropolitan Medical Center] had just started their joint venture of sharing services. Can you talk about which services were shared and what your responsibilities were in your position? You talked about the monorail, but there were many other things.

AMES: Right, there were. In the beginning, I pretty much stayed in the hospital realm of Metropolitan Medical Center. We had bicycles and we had electric carts that we could drive around because the campus was so large. I could grab a bicycle and ride it over to the Central Food Facility area over in Hennepin County [Medical Center], which became a forensics building mostly recently. We'd ride over there and look around, and it was a very strange place to us. I mean, it was not our hospital, it was their hospital and the employees seemed different, and would wonder who we were. That monorail system went all the way over there. It went from there all the way to where there's still our loading dock over by the Blue Building; and we took care of it all. We helped those teams over there. They would help us if we had a major breakdown. The food came from one end of it, and there were many steps that it had to take as it went to the patients' rooms. There were elevators and there were different tracks that it would have to switch to and from; and if anything went wrong in that stream of events, people didn't get their food and they had to have a manual way to get it there.

And then there was the laundry. There was a very large laundry at Metropolitan Medical Center. It's long gone, and they did work for both Hennepin and MMC, and then other hospitals as well. So, they were quite busy. It was a large organization's industrial laundry to look over, and some of our staff worked over there as well.

BENNETT: Did we share the central equipment reprocessing department too?

AMES: Yes, we did. That's still a portion of it in the lower level of the Orange Building today and that was also shared; a pretty large place, a lot of activity going on in there - the sterilizers and the packaging and the pre-washing and all of that. The monorail system would take carts, rather large carts, into there for cleansing, and that machinery was ours to take care of - that big washing machine. The laundry also had one. After the dirty linen was taken out of the carts at the laundry, those carts would have to go through a big washing machine that we also took care of and that actually kept us busy almost 24 hours a day. [chuckles]

BENNETT: Yes, they were busy 24 hours a day and it's a world unto itself in that central reprocessing area.

AMES: Yes, it is.

BENNETT: In 1991, Metropolitan Medical Center and Hennepin County Medical Center merged.¹ Then you transitioned to work with [Dr.] Fred Shapiro² at Hennepin Faculty Associates, also referred to as HFA, for 20 years. What were your responsibilities there?

AMES: The organizations had merged and Allina still owned what is the Shapiro Building today. We used to call it the D building. It was rumored that Hennepin was maybe going to take that as well. A small group of us wanted to stay with Allina because of the time we had put in with them. We had the Phillips Eye Institute that became part of the entire Allina Group as well. And we thought, well, we'll retreat to the Phillips Eye Institute and to Abbott. That's where we're going. And at that time, my boss received a call from Fred Shapiro. We knew who he was but didn't know what he represented. Fred offered to hire the entire crew, every single one of us, because they had bought the D Building, our building. We thought, who's HFA that they bought the D building? Well, my boss turned him down because we thought we'd stay with Allina, that's the safe bet. We don't even know who HFA really is. And then he made the offer again, and we had a huddle and we thought, well, he sounds very serious. We've figured out who he is, and who they are; we're going to go with HFA. So, now we had our own building, the Shapiro Building. There was just a small handful of us. We had a carpenter, we had a plumber, we had an electrician who was a contractor and two or three maintenance people, me being one of them. Now we had the entire building to take care of, but we had a lot more freedom.

Fred Shapiro was a very interesting doctor. He was a nephrologist and a pioneer in the kidney dialysis world. He and his colleagues, I think, modernized in this area, the access to kidney dialysis for those

¹ In 1990, Mount Sinai Hospital merged with Metropolitan Medical Center to become Metropolitan-Mount Sinai. The hospital could not survive after the merger and in 1991, they closed their doors. The Hennepin County Medical Center, which was adjacent to the hospital, expanded into the existing buildings. Before the closure and expansion, the two hospital systems were separate entities with shared services.

² Fred Shapiro, MD. Chief of Nephrology at Hennepin County Medical Center (HCMC), founding president of Hennepin Faculty Associates, the academic practice plan at HCMC, and the driving force in the treatment of End Stage Renal Disease patients in the Upper Midwest.

patients that needed it. And I think it started with RKDP, Regional Kidney Disease Program. They were stretching out of the metropolitan area, especially out into the Dakotas, they had clinics out there.

The 4th floor of the Shapiro Building was a big dialysis center where people sat for hours and hours and hours on dialysis machines that almost took over their entire lives. Well, by the time that technology was fast forwarded, with I'm sure the help of some of these leaders like the Shapiro group, it became what it is today. And he was a very fair man to work for, very honest, very open. And he had a favorite saying. He said 'I'm the boss. I make the rules and I break them.' He would listen to whatever problems we were having with the building, and he'd make a decision, we're going to do this or we're going to do that. And it was actually a great time to have a lot of fun with new people we were meeting. They were housed in the Medical Office Building across the street, and they slowly remodeled major portions of the Shapiro building to accommodate all their business offices. And then we did some space also for Hennepin County Medical Center or Hennepin Healthcare. Their payroll and some of their other things were located in the Shapiro building, so he had a very big plan that we didn't really know about at first, but he filled that building right up with research, and office space, and some clinics.

BENNETT: Did you have to work on the dialysis circuit as well?

AMES: No, but we had an entire team and that's what they did, the dialysis technicians. They would work on all their machinery and equipment. It's a pretty plumbing intense business, even today. There's a lot of fluids that flow through those machines. Behind all of those walls are lots of machinery that process that chemistry and make it available to those machines and to the patients all the time.

BENNETT: In 2012, Hennepin County Medical Center and HFA joined, and you came to work for Hennepin County Medical Center. The Facilities Department is a critical unit to keep all essential services running. What were the main responsibilities in your work with Hennepin County Medical Center? And can you talk about your biggest project, the new helipad above the emergency department?

AMES: When I came on board at Hennepin there was an offer made to our employees at HFA. I can't remember the exact number in our department, but it was it was probably in the high 20s with the housekeepers and the maintenance staff. My boss had retired, so I had become the facilities director there [at Metropolitan Medical Center]. I didn't come on to Hennepin as facilities director, but I came on as a manager at Hennepin and I had an office on Purple 2. I joined a bunch of other folks that I'd known, some of them for many years by association here. And I managed a lot of projects; started managing more projects in a more formal way. We didn't have Fred Shapiro anymore to work under. So, I learned a lot about the formalities of construction, and it's very complex. It's easy to make a mistake. We had, all of a sudden, a whole new house full of people to learn about, Infection Control [department] being one of them. [chuckle] We learned about containing dust, and construction projects, something we've heard about but never had to practice. Well, we learned fast. We did a lot of remodels of generator systems. You know, the infrastructure for life safety in a hospital is immense and it has to work. And it has to be an envelope of an environment, that the roof can't leak, the basement can't flood, the generators can't not provide power when called upon, and the elevators have to work. So, I was spread out over many of those projects.

The elevators in this facility were starting to really, really age. And it's funny, because the oldest ones were in the Green Building at the time. There were no problems getting parts for those oldest 1950's vintage elevators, believe it or not. The ones that were the worst-case scenario were the ones that were

about 20 years old and finding circuit boards that are no longer manufactured. So, we had to do some major elevator upgrades.

But my favorite project in all of this was as you said, the helipad. I've always had an interest in aviation and I had an opportunity to be on the old helipad once when a helicopter landed and I just stood back and I thought, I'm going to watch what happens. I wasn't quite prepared and it still gets me today. [shows emotion] They unloaded a young boy that had a severe head injury. And I thought this has got to work better. And I was given the opportunity to build a new helipad. And I was able to make it work better. A lot of the things had to do with how a helicopter gets here, and how does the crew get their staff and their patient into the STAB [Stabilization] Room now. And that left a lot of opportunities to make it seamless for them; and it is today. I had no problems convincing people of how I wanted things to work. The crew can land. They can come from 200 and 500 miles away, walk in the door, push a button on the elevator and be at the first floor where the STAB Room staff is, very quickly. Thirty seconds, 45 seconds. Instead of riding down an elevator, getting in an ambulance, going two blocks to the ED [Emergency Department], unloading in the ED. Far, far better. And I was very proud of being able to do that. It was a great opportunity that was offered me.

BENNETT: I'm sure many lives were saved just because they could get their treatment much quicker.

AMES: I hope so. That's what I always thought. If that was my child, what would I want? I want him to quickly be in their hands. The only hope they have. So that's what drove me.

BENNETT: Your job encountered every department there is in this building and every procedure. You maintained the building; you provided the infrastructure for the House.

AMES: Right. I was in a meeting over the Hennepin County Government Center when the insurance people were talking to the County about all their properties. It's amazing. They were all listed on one page, the value of every property that they insured. Hennepin County Medical or Hennepin Health, these buildings, this campus, was by far worth the most because of all the critical equipment that was housed inside it. And the insurance people were very nice to those that were managing libraries and whatever facilities they have. But they saddled up with us right away because they knew that the biggest liability they had, was this organization. So, it's really important that the roofs don't leak. It's really important that the lights stay on. It's really important that people can move about without any restrictions when they have to get a patient someplace or they have to get to a patient someplace. So, it's easy to pick out great projects to work on.

BENNETT: You described a typical day at HCMC as a running battle. Can you talk about that and give us some examples of a typical day?

AMES: Sure. Sometimes a typical day would start when your phone woke you up in the middle of the night [chuckles] and my wife would say, 'how bad is it?' And I'd say 'work boots.' And she knew I was looking for the blue jeans and work boots and 'I'm going to get dirty.' Or, 'it's not too bad, but I've got to go look.' And then I get dressed and just get ready. I dress at 2:00 a.m. knowing I'm not coming back. I'm going to be at work till tomorrow in the afternoon. So, I would just get dressed for a normal work day. But, a typical day, you pull into the parking ramp. Maybe have your last sip of coffee. And walk in and the phone can be ringing. Or there can be emails galore. Lots of emails. And you can have a

quiet day or you can have a day of one little fire after another to put out. Whether it's an electrical system, a generator test that didn't go well, a medical gas system that needs attention, something that happened in the House, that now is broken and needs to be fixed immediately – by a patient. Or an electric vehicle in the basement crashed into something. The crews stayed quite busy just chasing the day-to-day activities. There's not a day that went by that something unexpected didn't come up. You never knew what your day was really going to be like. You couldn't forecast from the parking ramp what my day is going to be like. Every day was different. And you know, after a while you begin to thrive on that. It's a passion and you miss it when you retire. It takes a little while to wind down and not have to run and put a fire out somewhere. My colleagues will call me from time to time, and ask me where something comes from or goes to, or how does this work, and I couldn't be more pleased to answer their questions. It's fun for me.

BENNETT: There was a lot of problem solving that went into your job and we solved many problems together as well.

AMES: Yes, we did.

BENNETT: Floods, water in the Burn Unit.

AMES: It got to be that for a while we had a saying, 'another leak, another week.' [laughter] Because of the aging plumbing systems, there's always something to be cared for, improved, fixed. It's sometimes difficult because you have to work around the patients. You know, in our world, we would like to say 'let's close the entire wing, close it, gut it, and build it back.' But that would clash with the medical side. They don't want to close the wing, but they still have problems on a regular basis. Well, we can fix it if... Well, it's that give-and-take every day. It's exciting!

BENNETT: So, when an incident happened, many times we would open the Incident Command³ and you were part of that and we [Infection Prevention Department] were part of that. And we would try to figure out what to do and how to handle a certain situation.

AMES: Right. Right. We would sit in that room and it drove me a little crazy because I can't do anything from here that I want to do. I want my eyes on this. I want to be involved. I want to get in there and figure out exactly what's happening. So, I would sit in those Incident Commands for a little while, and then I'd find a way out and go to the scene if I thought I had to be there. [laughter]

And that's the way I worked best. I'd much rather relay my information to the Incident Command Center from the scene than to try to sit there and micro somebody who's out in the field with radios or phones to look for this or look for that. Especially if it's not getting better. I want to get out there and find out why it's not getting better. They were exciting.

BENNETT: They were.

BENNETT: Can you describe the culture at HCMC, and by culture, I mean how the staff interacted with each other, the interactions with your colleagues and other departments.

³ The *Incident Command System* provides an organizational structure capable of responding to all levels of emergencies.

AMES: Sure. We had a workforce, not all male, mostly male. And you know, I grew up in that. And when I went over to Hennepin, I knew many of those employees, because I had been with them here [at MMC and HFA]. A lot of employees in 1991, were hired by Hennepin from MMC. So, I still knew probably half the crew and we got to know each other again. And it took a little while to gain their trust, because you know, there's always rumors and who are you and who are you now? But, I always kind of felt like we were a little bit clandestine. And I had a lot of fun with that because a lot of our equipment is behind closed doors. And when we get behind those doors out of the sight of the general population, [laughs] then we can work and talk as we need to get a task done. But I always tried to make sure there was an element of camaraderie and fun with my group because that's where things go the best. If there was angst or nervousness about something, or a personality clash, we couldn't afford that. You know, we had people's lives in our hands and everybody has to pull in the same direction. I always tried to have a style of letting people be themselves, but they have to do the right thing too, and to let them do the right thing. And if they don't, we figure out why, and help them with education or what have you; help them do the right thing.

BENNETT: You talked about having huddles three times a day with your staff.

AMES: A handful of us managers met with every shift. We got here about 6:00-6:15 in the morning. So, before the 3rd shift went home, we met with them and then immediately following that, the 1st shift came in. That group left the conference room. The next group would come in and we'd sit and talk. Share with them what we knew. Learn things we didn't know. Huddles were great. And then before we went home, the 2nd shift was coming on at 3:00, and we would sit with them and share our knowledge and help them with their problems that they're having. And, whatever they were needing, we would give them.

There were many times in those huddles though, and in healthcare I think especially, rumors abound. The organization is big enough that a rumor might start, and by the time it gets to our offices, it's no longer a little seed, it's a huge oak tree, and we would find out what's going on. People would want to know, they're worried about something, their jobs, or their livelihoods, or their futures. There were many times when I would just look up at whoever's at the door, I'd just give them a nod and that meant shut the door and we're going to talk about this without a lot of other ears. And we're going to hammer it out in this room. Never came to fist fights, but the pressure was relieved through very vivid conversation sometimes. And at the end of the meeting the door would open and it was pretty clear where we were going from there, and pressures were relieved and people went on with their lives. [laughter]

BENNETT: Right, if people can understand why they're doing what they're doing, it seems to me they can deal with it better, and manage it. And then you also talked about what you said to your staff after a hard day.

AMES: We would have trying times and people could be frustrated or people could be just worn out and tired. And I would say 'look, whatever your feelings are, whatever you're harboring, whatever is keeping you from being your best, you have to set that aside and be the best. Because Hennepin Healthcare is a regional go-to place. It's an asset to this region for care and we have to be on 24/7, as they say. We can't blink, we can't sleep when that helicopter lands or a car pulls up in the ED drive. Whatever the emergency is, our part of this has to work or nothing else will. We can't have an issue where we can't provide what those people and the very high-tech machinery needs. It needs an

environment. It needs people that are happy and comfortable operating it and that's ours. That's our thing. They need medical gases. We handle medical gases. We maintain them, we test them. Fire alarm systems and sprinkler systems, protect our life safety of our staff. Ventilation systems make it comfortable and safe. And that is all ours and all these hundreds or whatever, billions of dollars the insurance company stated is under the roof of a structure, that's taken care of by us. So, keep that in mind and let's move on.'

BENNETT: Can you discuss a bit what it was like to work through COVID and the George Floyd situations? The challenge and I'm sure there were many challenges during that time. Some of your recollections.

AMES: There were [challenges]. COVID, at first, we all heard about it in the news and everybody was rumoring. Is it going to affect us here, or when are we going to get our first COVID patient and how is that going to impact us? Well, all kinds of things happened as everybody knows. Yes, COVID did come on strong and we had people coming up with ideas from left field, right field, center field. We're going to do this. We've got to do that. Well, they were watching what other organizations were doing and we were very lucky to have your group [Infection Prevention staff] on board. That was pretty much the torch of light for us to follow and with your [Infection Prevention] team. And then some advice from the Minnesota Department of Health and the University of Minnesota that published a really nice pamphlet for people like us, of how to care for COVID patients, heating, ventilating wise. And that's what we adapted and followed. So, we didn't have all these fires we couldn't put out. We had a group of doctors in the ED though, that decided that we weren't remodeling for them. They decided they were going to bring in their tools and tear this room apart and make it into the COVID isolation room. Well, that raised a lot of red flags, but they got accomplished what they needed to get accomplished. And you know, of course we had to fix everything that they tore apart, which is, I believe, what they wanted to do. [chuckle]

And then when George Floyd's activity happened, we had protests every night. Buildings around us were being damaged. We are six or seven square blocks, four and a half million square feet downtown Minneapolis. Lots and lots of glass. And we were running and chasing and trying to figure out how to make this as robust as we can, for as large as it is. We lost the East Lake Street Clinic. The building was gutted by fire in one of the riots. The North Loop Clinic was vandalized, as was the clinic on Nicollet Avenue. That was pretty much vandalized, the pharmacies. And we had a lot of work to do. The atmosphere in town for a few days was very unnerving for our staff to drive to some of our properties, especially after dark. They didn't want to do it; they didn't feel safe. And I said, 'well, if you don't feel safe, don't go.' We can't go look, but we have to iron this out with those other properties because they need to know we're not coming. If the police don't come, we can't come. If you get a broken window, and my carpenters don't want to go, put something up, I can't force them in. So, I was very nervous about how this was going to work out. And then the National Guard arrived. And the National Guard brought a lot of comfort to us because our campus was pretty much surrounded by military vehicles and personnel carrying arms. Can you image? They're carrying rifles and that made us feel comfortable. It was a really very, very trying time, I'm sure for more than us. But we didn't know from one day to the next. People were truly scared. I've never seen anything like it. And the protesters were mad at everybody and mad at us. We'd see them outside and they'd be gesturing to us and we all thought 'you might be back here later tonight and we're going to care for you.' But we got through it.

BENNETT: Well, thank you for getting through it. It was a trying time.

AMES: It was a trying time.

BENNETT: Can you tell us about an experience that you had while working at Hennepin that was especially meaningful or striking?

AMES: Well, I think the mission that we were on, to make people well. To help those that are in trauma especially. But I had an experience, way back, 20 some years ago now. I started developing some chest pain and found out I had heart disease. Well, long story short, in the Heart Cath Lab, Dr. Henry, put 7 stents in my heart. Made me well again. I had a 5-year-old daughter and I all I could think of was I'm going to have a heart attack and die and leave her and my wife alone. So, I suddenly had great respect for what they do. It takes time to put 7 stents in, so I got a really good idea of how that machine works and the talents of those people in the Heart Cath Lab.

Couple of years later, that little girl of mine and I were ice skating and I fell on the ice and hit my head. Didn't think much of it, but I had a subdural hematoma develop, and it was quite large when we discovered it. And in radiology, and under the sure hands of the neurologists, they were able to drain that without any permanent damage to my brain. And then the last major thing I had in my life was cancer. And I'm cured. I've been cured for many years and I don't think it will come back, and neither do they. And that's just me. I really didn't miss a lot of work through all of that because my care was here. I came to my family for care. And my wife would say, 'don't you feel like staying home today?' And I'd say 'I'm safer at work than I am at home. So, I'm going to go down to work. I might not do much today, but I'm safer there because my care team is there and they're the best.' Heart disease, cancer, and a head injury, and I couldn't speak highly enough about the care that we deliver. It's a big place. There's a lot going on. But our team could handle what needed to be handled and you know it makes people well. That's to me, the most important thing of all. People come in by ambulance or helicopter and they walk out the door. I'm absolutely amazed and impressed and that's a great mission to be on.

BENNETT: It is a fine place here. We receive our healthcare here and my children were born here and yes, it's a good place.

I understand that you have now become a pilot in your retirement years. That is so cool. Can you share something about that?

AMES: Well, retirement was on the horizon, getting close, and our daughter was visiting and we were all in the kitchen. I don't know how we got on the subject, if we heard a plane fly over or what, and I said something about, 'I know there's a new ground school class starting and I'm kind of thinking about taking it.' [chuckles] Those two jumped all over that and said 'do it, do it, take the class.' And I said 'well, okay, but that's going to lead to a hobby or vocation that's expensive.' And my wife's like, 'do it. If you don't do it now, you never will.' So, I did it. I went through ground school, I took my flight training, got my pilot's license, and now I belong to a club that owns 4 airplanes and we're having a great time with that. We're exposing other people that want to go for an airplane ride. We take them for an airplane ride. My wife and I, last month, went out to the Black Hills and what an experience. It's just beautiful to fly over in a small airplane. We took her 90-year-old uncle to Saint Paul Airport, there's a great restaurant at Saint Paul Airport. We took him there for lunch. We picked him up out at Glencoe at the airport by his house. Flew over his farm and many others and landed and ate. And took another nice

long ride home. And you know, things like that are just really fun to do. And it keeps your mind busy. Flying a small plane is not rocket science, but there's a lot going on and it's fun. It's fun to accomplish that.

BENNETT: I'm sure it is.

AMES: Yes, we enjoyed that.

BENNETT: Do you have anything else that you would like to share regarding your work at HCMC? Anything you forgot to mention or you think is important?

AMES: Well, everything's important in our day-to-day lives. When we're here, working every day, our heads down, sometimes we'll say 'we're in the trenches.' But what we're really doing is allowing an organization to make people well. It could be the worst day of their life. Could be a traumatic experience that if they were taken somewhere else, they might not have such a good outcome. I think the trauma and aftercare here, I think of every department, the Cancer Center - can't say enough about the staff in there, and their compassion, amazing compassion. And my Radiation Oncologist - I was really having a tough time with some of the radiation treatment, it was painful. And I sent him a text one day. I had three treatments left, and I said 'I don't know if I can do the next three, can I stop?' And his reply was 'where do you live?' He came to my house on a Sunday morning, and sat with me and said, 'remember, I told you this would be a mind over matter thing.' I said 'yeah.' He said 'we're at mind over matter. You have to do this. You have to finish your treatment or all this could come back. You have to finish this.' So, it's things like that when I realize we're not just an everyday organization. It's a huge organization, but it's full of compassionate people. And I think that compassion is what makes so many people well. I don't know if you get that kind of care in every part of the world.

BENNETT: I'm going to be choked up now. [laughter] Well, it has been a great honor to speak with you today, Fred. The Facilities Manager role at Hennepin is a critical one to keep the place running. This is a very challenging campus with very challenging situations and your role is entwined with every aspect of patient care. Thank you for coming in to tell your story of your career at MMC, HFA, and Hennepin County Medical Center, and on behalf of the Hennepin Medical History Center, I want to thank you for your years spent at Hennepin and all the many contributions you have made to the institution. And I enjoyed working with you when we were working together. We worked together almost every day; I think.

AMES: We did. Thank you, Mary Ellen. Thanks for the opportunity. I think it's important that we remember who we are, where we come from, why maybe some things are the way they are. I really appreciate the opportunity to be involved.

Index

A

Abbott 3,
Allina 3,

C

Central Food Facility 3,
Central Equipment Reprocessing 3,

D

Dialysis 4,

E

Elevators 4, 5,

H

Hennepin Faculty Associates (HFA) 3
Helipad 4, 5,

I

Incident Command 6,

L

Laundry 2,

M

Metropolitan Medical Center (MMC) 2, 3,
Monorail system 2, 3,

P

Phillips Eye Institute 3,

R

Regional Kidney Disease Program (RKDP) 4,

S

Shapiro, Fred MD 3,
STAB Room 4,