

Tombstone tracing is simple and fascinating

From buckskinned voyagers to presidential cabinet members, the final resting places of Michigan's pioneers and statesmen are enjoying renewed interest.

Copying ancient headstones for both historic and artistic reasons is becoming popular as a relaxing and educational way to spend an afternoon or even a weekend.

TO HELP the state's budding amateur genealogists, the Automobile Club of Michigan has compiled a list of 16 cemeteries. They range from quaint country churchyards to mammoth urban parks.

Making a tombstone tracing is simple. Needed are large sheets of drawing paper and a graphite stick or hard charcoal.

Tape the paper over the headstone to be traced, then lightly rub the graphite or charcoal across the paper, rubbing harder to further define letters and figures. To preserve the tracing, spray with a clear acrylic fixative.

Detroit's Elmwood Cemetery, at Elmwood and Lafayette, is a headstone tracer's dream. It contains the graves of six Michigan governors, including Lewis Cass, former territorial governor and later U.S. senator and secretary of war, and Russell A. Alger, former senator and governor.

Also buried here are 28 former Detroit mayors, a full presidential cabinet, more than 2,500 Union and three Confederate Civil War dead and two founders of the Republican Party. Headstones date from the mid-1800s.

ADJACENT To Elmwood, the Lafayette Street Cemetery of Temple Beth El is Michigan's first Jewish cemetery, dating from 1852.

Michigan's oldest active cemetery is in the Upper Peninsula at Gros Cap, five miles west of St. Ignace.

Gros Cap — French for Great Cape — was an Ottawa Indian burial site long before Father Marquette founded St. Ignace in 1679. Many handmade wooden crosses have been obliterated with time, but present markers date to the mid-1700s.

The state's most remote cemetery is Garden Island Indian Cemetery, 35 miles in Lake Michigan off Charlevoix. It is one of the oldest Indian burial grounds in the Midwest. The site was used by fishermen and island settlers from the mid-1700s. Access is by boat from Beaver Island.

OTHERS ARE:

A tiny, pine-shaded lot in Grant Township, northwest of East Tawas, called a pioneer cemetery, it contains many unmarked graves of the area's early settlers.

Muskegon's Old Indian Cemetery, begun by the Algonquins, Ottawas and other Indians more than 500 years ago. Tombstones including that of at least one Indian chief, date from 1866.

St. John's Catholic Cemetery at 1991 Hacker Road, near Brighton, a good example of a country memorial. The churchyard contains gravestones of the area's early Irish settlers and dates to the mid-1800s.

Millford's Oak Grove Cemetery at Old Plant and Garden roads, another fine country cemetery, with headstones of that city's pioneers dating to 1822. The original 120-year-old fence surrounding it also is in place.

Sashabaw Cemetery, containing the final resting places of Oakland County's first Clarkston-area settlers, at 5351 Maybee Road. Burials were made there as early as 1836, but markers date from the late 1840s.

Rochester's Mount Avon Cemetery at Third and Wilcox streets, which dates from 1827, one year after that city was plotted. It also contains the remains of the first family to arrive in Oakland County.

Detroit Memorial Park in nearby Warren, the first black-owned and operated business of its kind in the state. It contains the graves of many prominent black doctors, lawyers, ministers, teachers and business, civic and political leaders, dating from 1926.

Kalamazoo's Harris Family Burial Site at Parkview and Eleventh streets, containing the circa-1850 remains of that county's first black pioneers.

Calhoun County's Beckley Cemetery, Helmer and Beckley roads near Battle Creek, also started as a family cemetery in 1802. Nearby Marango also is a site of a pioneer family plot; tombstones there date from 1866.

Newburgh Cemetery, on Ann Arbor Trail between Newburgh and Wayne roads in Livonia, which dates from 1827. Four Revolutionary War veterans and more than 50 Civil War veterans lay buried there.

Melvindale's Reeves-Wilhelm Cemetery, on Wall Street between Greenfield Road and Oakwood Boulevard, the downtown area's first cemetery, dating from the 1830s.



CLIFF WORTH

Few travelers plan ahead for medical emergencies. Many are faced with some unpleasant surprises.

Sickness abroad

30 million Americans travel each year — 12,000 of them will die

By Dr. Gregory R. DeVore and Helen K. DeVore special writers

IT IS ESTIMATED that 30 million Americans will travel abroad during the coming 12 months for business or pleasure. Of these, an estimated 12,000 will die, one million will suffer some illness or injury, and an untold number will require medical evacuation back to the United States.

Although billions of dollars will be spent for transportation, hotel accommodations, sightseeing tours and souvenirs, few Americans have considered the astronomical personal cost should they become seriously ill, or even die while abroad.

In 1979, the cost exceeded \$120 million for those requiring evacuation because of illness, injury or death. Equally disconcerting is the realization that often neither the United States government, nor other governments for that matter, can be of assistance to the "stranded" traveler.

The following story illustrates what might await the stricken voyager who is unprepared for a major medical emergency abroad. The events are true and did not happen to a friend or colleague, but to our family in late 1979.

THE PHONE RANG at 6 a.m. I answered it, wondering which patient was calling. The voice was barely audible: "Greg, it's mom, how are you?"

"Fine," I replied as my thoughts quickly came into focus. My parents had left for Tahiti three days before their first dream vacation. I wondered why she was calling, and then, before the words were uttered, I knew something was seriously wrong.

It was a pitiful sight. I was his son, and yet I was a physician and could not let my emotions interfere.

"Your father had a massive heart attack a few hours ago and was flown from a small island to Tahiti. He is in a French hospital. I would like you to call the hospital and speak to him since you speak French. Your dad is in a lot of pain and they are giving him medication."

"Mom," I replied, "I'll catch the next flight from New York to Tahiti and be there as soon as possible."

The DC-10 landed at 2:30 a.m. in Papeete, Tahiti, less than 20 hours from our first telephone conversation. I met my mother who looked ashen, for she had not slept in days.

As I entered my father's room, it reminded me of many pictures I had seen of hospitals at the turn of the century in the United States. The room had an odor of musty alcohol. It was dark gray. A pitcher, smelling of old urine, was lying open on the tray next to a glass of water.

There was an antiquated cardiac monitor with no alarm in one corner of the room and a portable cardiac defibrillator in the other. I believed a once-healthy 55-year-old man lying in bed with sunken eyes and an aura of impending death on his face, agonizing in pain, leading me to do something.

It was a pitiful sight. I was his son, and yet I was a physician and could not let my emotions interfere.

Attempts to arrange for medical evacuation of my father with the assistance of the State Department were met with frustration.

I quickly turned to the nurse in the dimly lighted room and asked her in French what he was receiving for pain medication and when it had last been given. She replied that his last medication had been given five hours earlier and that it was similar to codeine.

I suggested that she give him a stronger narcotic, which she did reluctantly. In a short while, he began to relax and finally dozed off to sleep.

A FEW HOURS LATER I met with my father's physician and discussed the diagnosis and his plans for management. Although we entertained some alternatives, I did not want to offend him, knowing that I would only make things difficult and would accomplish nothing at the moment.

I asked for permission to read the medical record and examine my father. This was granted. I noted that his blood pressure was 200/130. He had evidence of an inferior wall myocardial infarction on the ECG. On examination of his heart and lungs, I found that he was in florid congestive heart failure. This explained why he was so short of breath.

I asked for the doctor, but he was not available. I asked to review the chest X-ray taken on admission, but was told that one had never been obtained. I then requested that the nurse contact the doctor and tell him of my findings so that adequate medical treatment could begin.

A few hours passed. While I was out of the room, the doctor returned with an interpreter and told my mother, "Tell your son that this is my hospital, my patient, and that he will not tell me what to do." My mother's reply: "Tell him yourself."

I was angered because this had taken place in front of my father. I found the doctor in the hallway and had a "long talk" about appropriate conversation in front of a patient as well as the management of congestive heart failure.

After we resolved our "cultural and professional differences," we returned to my father's room where the French physician examined my father and concurred with the diagnosis. He then ordered the appropriate medication.

My father's condition improved slowly. He remained for 12 days in the "intensive care room" and another 18 days in a "private room."

DURING THE FIRST part of his confinement, his toilet consisted of a rusted bucket. My mother tidied up his room, bought some toilet paper, towels and soap, washed his eating utensils (since they were not always cleaned), and covered the open urinal with plastic so the smell would not be unbearable.

Attempts to arrange for medical evacuation of my father with the assistance of the State Department were met with frustration.

They informed us that:

- Air-ambulance transportation to the United States would cost \$2,000, then \$4,000 and finally \$10,400.
- The evacuation had to be in the "national interest."
- An airplane would fly from Tahiti-Hawaii-San Francisco over a two-day period. It was propeller-driven, flew at 10,000 feet and was less pressurized than a commercial airliner.

When a request for direct jet transportation from Tahiti to San Francisco was pursued because flying time would only be eight hours instead of 24 hours via Hawaii, we were informed the cost would be \$72,000, paid in full prior to departure.

Frustrated with the "assistance" from the federal government, arrangements were made for my father to return home on a stretcher by commercial airliner to Los Angeles and then by air-ambulance to San Francisco at a cost of over \$8,000. Although this was less optimal because of the unavailability of cardiac monitoring and resuscitation equipment, we took the chance because no other alternatives were reasonable.

After finally returning home, my father was hospitalized at a local hospital in northern California for another two weeks. My mother had exhausted most of their personal savings in making arrangements for her husband's safe return to the United States.

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AFTER READING the account of one family's struggle to bring a severely ill father home safely, most people can imagine how their family and friends might respond in a similar situation.

Not all travelers have a son who is a physician or speaks a foreign tongue. Many do not have the financial resources to draw upon in such an emergency.

What can be done to prevent this story from repeating itself thousands of times during the coming year? The following information has been compiled so that future travelers might avoid our experience.

MEDICAL TIPS

- Carry a pocket copy of your most recent electro-cardiogram, which can be obtained from your doctor.

- Know the medications you are taking by both the trade name and the generic names as well as the actual dosages in milligrams, grams, etc.

- Maintain an updated abbreviated summary of your medical history which details all surgical procedures and their outcomes; all medical problems such as hypertension, diabetes, heart attacks, etc.; drug allergies; current treatments for active medical problems; and the name and telephone number of your doctor.

- Take with you enough medication should you develop "travelers' diarrhea." Most medications are by prescription only.

TRAVEL INSURANCE

After evaluating the experience and difficulties encountered in the above story, the following points are of utmost importance in purchasing a policy:

- Make sure that it pays not only for transportation to the nearest medical facility, but to a hospital near the individual's home in the United States so that he or she can return as soon as possible with medical assistance.

This alleviates the possibility of having to care for a loved one for a month or longer in another country while awaiting clearance to return home by a commercial airliner. This also insures that the medical care rendered will not be inferior to that available in the United States.

- Inquire if the company providing the coverage is underwritten. This protects the individual should the company not be able to honor their commitments because of bankruptcy, etc.

- If death should occur, make certain that the company not only provides assistance with making the necessary arrangements for transportation of the body, but will incur all expenses for the transportation as well.

- Is the cost of the policy affordable for the average tourist? Beware of coverage which is too "inexpensive." You always get what you pay for.

- Does the company provide for 24-hour message center so that relatives and friends can telephone toll-free for the latest "health care information." This can save the stricken family thousands of dollars and phone calls to keep family members and friends posted during the critical time period.

- Does the company offering the above benefits also provide under a separate package, insurance which will cover all hospital expenses while abroad and pay for them before leaving to return home?

This is important because most major health insurance companies in the United States only reimburse the patient after they or the hospital have submitted the bill. Hospitals in foreign countries do not honor this method of payment and demand that all hospital and doctor bills be paid in full prior to release of the patient.

AFTER MUCH inquiry and investigation, the only company which provides all of the above services is NEAR Inc., 1900 N. MacArthur Blvd., Suite 210, Oklahoma City, Okla. 73127. Phone (405) 949-2500.

According to Joseph Travis, chairman of the board, NEAR will pay for all costs incurred for transportation of the ill or injured home by air-ambulance; is underwritten by Lloyds of London worldwide; pays for and makes arrangements for the transportation of the body should death occur; has memberships which range from a single individual to an entire family (A family, for example, is covered for one full year regardless of where they travel throughout the world for

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\$48) and has a 24-hour message center with a toll-free 800 number.

In addition to the above, according to Travis, NEAR will soon offer a separate benefit which will pay for all hospital expenses prior to the return of the patient to the United States.

Travelers and their families who are prepared can thus avoid the frustrating and costly expense of being stricken seriously ill or injured, or even dying while away from home on vacation or business.

Unfortunately, many travelers this season will not take the necessary precautions before leaving and will experience their own version of a \$20,000 nightmare.