

**Oral Memoirs**  
**of**  
**William G. Thurman, MD**

An Interview  
Conducted by  
Clinton M. Thompson  
April 7, 2016

Development of the Tulsa Medical College:  
An Oral History Project

Schusterman Library  
University of Oklahoma – Tulsa  
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## **Interview History**

The recording(s) and transcript(s) of the interview(s) were processed at the Schusterman Library, University of Oklahoma, Tulsa, Oklahoma.

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## **Collection/Project Detail**

The Development of the Tulsa Medical College project was conducted by the Schusterman Library at the University of Oklahoma – Tulsa from January 2016 to June 2018. The project was focused on the history development of the Tulsa Medical College, which later became the OU-TU School of Community Medicine. The project consisted of 28 interviews with former and current employees of the University of Oklahoma – Tulsa.

William G. Thurman was the Provost at the University of Oklahoma Health Sciences Center and interim dean at the Tulsa Medical College.

Clinton M. Thompson was the first Director of the Tulsa Medical College Library and went on to become the Director of the Robert M. Bird Health Sciences Library at the University of Oklahoma Health Sciences Center.

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William G. Thurman, MD  
Oral History Memoir  
Interview Number 1

Interviewed by Clinton M. Thompson  
April 7, 2016  
Anacortes, Washington  
Also present: Dr. Thurman's wife, Gabrielle Thurman

Development of the Tulsa Medical College: An Oral History Project

THOMPSON: April 7, 2016. Would you like to introduce yourself?

THURMAN: Bill Thurman, official name of William G. Thurman. And the—of good health, good faith, and good belief.

THOMPSON: You want to talk a little bit about your education?

THURMAN: All right. When I left the military, first place I went was, I went to the University of North Carolina and got a B.S. in Biochemistry at the University of North Carolina. During that period and my period of time in the military, [I] decided that what I wanted to do was to go to medical school. So, during the period of time that I went to the University of North Carolina in biochemistry was a period of time that I began to develop an interest in what areas I might want to do. But at any rate, went into the medical school. Spent the first two years of medical school at the University of North Carolina—not too different from what the University of Tulsa and Tulsa Medical College were. North Carolina did not have a four-year school. It had a two-year school, and no money with which to start a four-year school. So, it wasn't even in the planning, you know, thinking, and we all knew that, the entire class. Small classes for that reason, which was—made it a real joy. We developed, with most of the faculty in the sciences, enough of a relationship that number one, we'd end up going to dinner in their houses occasionally, which would be the only good meal you'd have for a week sometimes, but other times it'd be the only bad meal you had in a week, and that could go, you know, either way. But it was that kind of relationship, and several of the people cautioned me about going into medicine. Said that they didn't know what it was going to be like, and that was my personality really that for somebody in medicine. And I said, "Well, I don't know, but that's why I'm going to give it a shot." So, we all applied for other medical schools. I had, was accepted at Duke, at Vanderbilt, and oddly enough at a place called McGill School of Medicine in Montreal. McGill was at that time was the oldest school in Canada by a long shot. And actually from the standpoint that many of the famous names in medicine and medical education had come from Ireland, England, and Netherlands, and

Sweden, to McGill, and were there on the faculty when I came along. So that, McGill accepted me, and I accepted them.

I'll be quick to see that, one reason for that, of course, was the G.I. Bill, not only met the tuition and fees for McGill, but it also left quite a bit over so that you could live there and not have to work while you're in medical school. And so then I went up to Montreal, became quickly ensconced in a French speaking town with no knowledge of French except a little tiny bit from a gentleman in South Georgia and Florida who ran tours. And he ran those tours of the so-called Everglade Swamps; there are four of them that go all the way up Florida. And it, that was all the French that I knew. And it wouldn't help me get a scrambled egg is what it really amounted to, but so—. And the very first day, the gentleman who indoctrinated all the students said that, "Some of you do not speak French." And I was thinking to myself, "If he says that's on me, I'm going to hold my hand up." He never said that, he said, "Let me suggest to you that, if you're not married, start dating one of our nurses who is bilingual." He said, "It's the quickest way in the world to learn how to do it, and they'll help you in the hospital environment a lot." And we, that's what almost all of us did, was we started dating nurses, or at least identified a nurse who was bilingual, and she would go with us to a history and physical when we went in. And it didn't take long to become—because it was the only game in town—it didn't take long to become fluent enough in French to do a history and physical.

The other thing about it was that you—. Nighttime call was once a week, one night a week you were on call as a junior medical student; you were on call to go into homes for deliveries and all that. McGill was the spot where all the people who migrated to Canada came to first, and then they dispersed from there. So, it was again, one of those very wonderful experiences that you fall into, no plan or no nothing, you just fall into it. Every country in Europe and Asia had people in the so-called East End of McGill which was down on the river and cold as the hinges of Hades in the wintertime. Because if you had a car, you didn't drive it in the winter then, you took it to the big warehouses with the boats going through the overseas shipments, parked it in their big buildings and drained everything out of it because twenty-two to twenty-five below doesn't do well with your block if you got water in it. So, everybody rode the trolleys. Trolleys [ringing phone], oh boy, trolleys are very much a part of that environment.

And so, it was a very good experience, Marty. It taught me more about human beings than I learned despite being in the military and everything else. But to have to go into a house and climb three flights of stairs to get to a lady who was having a baby, you know, it teaches you a lot about that lady going up and down those stairs every day, things like that. So that, we, the so-called night call, would in some people's minds be referred to as a "slum call" because most of them were at slums—some of the houses had no heat, things like that, it was just unreal. But at any rate, it was a real experience. And it gave me the opportunity, which I used the rest of my career, of being good at physical diagnosis. When you sometimes can't do anything but just

listen, talk, get short answers, and particularly short if they're talking in Slovakia, and you don't have anybody around, the answers are pretty short. But I think that the, those, that junior year of medical school, first year away from North Carolina and away from the U.S. was a real experience, and by the end of it, you'd worked out all the important things like the only—there was no television in Canada that carried anything about, from the U.S. So, we would all get in the cars of somebody who had one, ride down just over the Canadian border in the U.S., because most of us were U.S., and watch football games on Saturday and Sunday and go back to—. Invariably, if somebody failed a course, and went in see to the professor about it, they'd have to break them down and say, "Eh, been going down and watching football games." So, that was part of it. But a very strict place, too. If you didn't do very well, clinically speaking, with your hands and your ears, and even your taste, they made you repeat the whole year. It wasn't just repeating a course in pediatrics, but repeat the whole year because you're either going to be able to do it or you're not. If we're going to throw you out, we want to be, throw you out for the right reasons. So, it was a very good year.

Senior year was just an absolute delight because you spent the whole year doing electives, things you wanted to do—shortest one, four weeks, longest one could be two months. So I got my MD degree from McGill. And everybody still, you know, when you talk to people who say, "Where'd you go to medical school?" You say McGill, it kind of glazes over, you know, and they say, "Where's McGill." One time I used to say it was an offshoot of Harvard because it made it very easy to get past that statement and go on. But at any rate, that's where I earned my MD. Came back to the United States and did a rotating internship. Everybody had to it, in those days you didn't have any choice; you went to every major service on a rotating internship. And it was hilarious. I had a great time in medical school and with the internship, but it gave you an opportunity again to begin to focus in on what were you going to do with your life in medicine. Not were you over the idea of what are you going to do in medicine. And yes, it is medicine. But what are you going to do in medicine? And I looked hard at family medicine. Sometimes, I thought to myself that I had never seen better physicians both in Canada and the United States than those who do family medicine because the soup to nuts is not any easy thing in medicine. And to have somebody taking great care of a girl with eclampsia when she's pregnant all the way up to helping mother and father die, when whatever malignancy gets to them, everything in between. That takes people who number one, are compassionate; number two, who are certain of their capabilities to a certain point, and will do that all of that way; and number three, not interested in being millionaires because they're not going to be millionaires, never, any of them. So, I decided that I'd do another year. So, I did a year of family medicine residency, and that was a good experience, glad I did it. But during that year, and naturally, right after I'd committed myself, I decided I wanted to be a pediatrician.

So, but I spent that other year learning a lot, and I went into the pediatric residency in New Orleans. Charity Hospital in New Orleans, at that time, was a little over a thousand beds, and it

served not only the poor people in New Orleans, but it served a group of hospitals that Huey Long had built all over the state of Louisiana. The residents from Charity staff, that was six months at a time, and if you saw someone that was above your head, they had an ambulance that would take it right down to Charity, and it came in, and off you go. So, it was again, one of those experiences that you live through, not so sure you're going to live through it at times. For me, and this may be one of the ones we cut out here, but Charity was a beautiful hospital, old, built good, during the days of the twenties, late twenties, but the nurses, the nursing service, and the management of the hospital were all Catholic, and those nurses and those sisters combined—the sisters being those that did all the accounting and things like that—many of the nurses were sisters also, but all of the sudden, they got all of these people from all over the world here, in this hospital, that many patients to take care of, and we saw 350 patients a day in the outpatient departments of the emergency room. But it was, the Charity Hospital was right in the heart of downtown New Orleans; you know, you could throw a brick, and you were throwing it into the French Quarter. But it again was a primarily a charity, true charity hospital, but trying to, you know, keep your, everything lined up—

There was a gym on the nineteenth floor of the hospital. We played basketball every day getting rid of all that stress. Half the time we were playing against Fathers who would be visiting, or it would be, some of the Fathers would sit there for recreation, and they all went to the racetrack every afternoon—that's another one that doesn't go—but they went to the racetrack every afternoon. And you'd say, "Where in the devil are you getting the money?" Don't ask. And then they would invite you to go along and then buy you a ticket, but not give you any money to gamble, but very few people did. We used to give the Fathers a hard time.

But one of the greatest vignettes of my career really was there, in that I'd been there, let's just say two weeks, I can't remember that. But in the middle of the night, I was at the clinic downstairs—the pediatric clinic operated twenty-four hours a day. I was working in the clinic about two or three o'clock in the morning—emergency room and the clinic run together—and this gentleman from the clinic came over and he said, "I've got this child, seventeen-years-old," he said, "Child that looks to me like he's dying. Would you come take a look?" Well, you know, yes, I would go take a look. I got over there just in time to see him go pffff, and I didn't think much about it, but here comes the Sister who ran the emergency room at night pushing a cart with all kinds of food and drink on it to sustain you through the night, and she said, "Who took care of this man?" And I said, "I did." And she said, "Did you bless him?" And I said, "Sister, I'm a retired Southern Baptist at my age, and that's all I've ever done, I've never blessed anybody." She said, "Let me just tell you one thing." She said, "You're going to hell faster than he is. Don't you ever let somebody die again without blessing them." [She] said, "Just put your hands in any water around, drop it on him, say, 'God be with you.'" And it was just one of those funny vignettes, you know, and I thought about it and thought about it, and it sticks with me to

this day. That good Sister, she was furious with me, she was sure that I could, this patient was gone to hell because of me, and I had nothing to do with it. So, that was that.

At any rate, and that's the first time I met Plunket incidentally. He passed through there for the Air Force to get an experience in infectious disease, because we had a very large infectious disease unit; meningitis, gastroenteritis, shigella, salmonella, just had a ton. And you'd think nothing when I was on the service, on the infectious disease service, every twenty-four hours you would usually get an average of twelve patients. And all of them would be some kind of a sick, you know, and you are running around trying to get fluids in everybody, trying to do spinal taps. It was an experience, but so I did my pediatric residency there. Toward the end of my residency, I went off to two of the branch hospitals, one of them a place called Independence, Louisiana. The only thing independent about it was there was one gas station not owned by anybody except some gentleman from the state who believed in making money, but not service. Independence was not much of a town, but he long saw it, his wisdom, it served a large area geographically. So, it was very busy. Another one was Pineville, and it was put up there because of the, at that time, mental hospitals for patients with seizure disorders, cerebral palsy, microcephaly like that were seeing with the big Zika, fly—mosquito. All went up there, and that's where they were housed. You didn't house them in the towns. And so it was a very depressing period of time, but that worked fine.

In the middle of my second year of pediatric residency, very close friend, an OB/GYN resident's daughter came down with leukemia. The oncology group could best be known as the ladies and gentlemen from hell because they really had not developed any compassion or any concern about what's the next step, how do you manage the family and all that. And so that, we obviously took care of those patients. And he came to me and he said, "I don't want my daughter treated by this group of people," and yet, he said, "I can't go anyplace else. Would you treat her?" And I said, I told him, "I don't know that much about oncology." And he said, "You know enough." So, she was my entree to oncology, I thought, for a couple of months because she obviously was going to die. She was already thrombocytopenic, et cetera. And we had no, at that time, we didn't have the medications we have today. So, I took care of her until she died and decided I would do an oncology fellowship. Pediatrics, well even today, we're short of pediatric oncologists. You passed the Seattle Children's Hospital coming in, and it—huge operation serves the whole northwest, particularly for oncology. And could probably use today, at least three or four oncologists. We are not training—I ran training programs every place I went in pediatric oncology trying to keep up with the flow. We didn't succeed then; we did not replace as we retired or went on to administrative jobs. We didn't even have that number of people as we moved into the late sixties and we were pretty bad off as far as having children taken care of by people who were not used to taking care of them. Adult oncologists stepped in and could really handle the disease itself, but the families and the other children of the family, not much going for it there. At any rate, I got into pediatric oncology and wrote quite a few papers at that point in



time, and got involved in some national studies and some international studies of various drugs. One of them turned out, many years later, to be directly involved in why we were asked to go to Chernobyl. So, the time lapse, they didn't realize I'd become senile in that period of time. So, it was interesting. At any rate, I finished my oncology fellowship, passed the boards—I was number three on the American Board of Pediatric Oncology, the third one to be licensed, to be boarded. You know, licensing is one thing; passing your board means you know enough to really do it by yourself. I often say that, and everybody gets—. But that's about what it amounts to. So, I was, we finally had established ourselves as a specialty, and we began to do much, much better at that point in time.

I had done all my oncology fellowships at Tulane, both the research and the clinical because Tulane, Charity Hospital in New Orleans is, all that twenty, it's twenty-three stories, but all of that is split in half. At the right-hand side of it from the front, was LSU, Louisiana State, and the left-hand side was Tulane, and we were responsible for our sides. And everything on our side was Tulane; everything over there was LSU. If patients came in, in the period of time when Tulane was not there, and it was, LSU did them. They would accept them and then transfer them to us in the morning. It was a cumbersome thing, didn't need to be, but the Sisters in there had taken care of it. All these jokes in the world, bad jokes and all in the hospital environment, incidentally about how, particularly cheese sandwiches and particularly about eggs, because during Lent a strict Catholic hospital is the world's worst place to be. This little old nun that ran the place, referred to her earlier, including the emergency room during the night, she had what amounted to a big shopping cart. And it was just loaded with candy bars and cheese crackers, fruit, and all that, all of which you could eat, but boy don't ask her for anything else. It was very strict.

From there, I went to—I was appointed to the faculty at Tulane, but that was the genesis of the beginning of a long travel career, in that when that happened, there were two of us at Tulane, and the one of us went to practice out up in Memphis and became really a part of the Children's Hospital, St. Jude's there, and I went to Emory because they decided that they were going to make oncology a paying service, and we just didn't have it in us. But I went to Emory as assistant professor of pediatrics and started a pediatric oncology training program and also in the residency program as well. Emory—Atlanta had the equivalency of a charity hospital called the Grady, and it was right in the heart of downtown slums in Atlanta. So that I learned a lot about “slum” medicine. Interesting.

But spent time at Emory, was recruited from Emory by New York Hospital and Memorial Sloan Kettering Cancer Center, who was in New York City, just geographically. Three institutions grew up together. Memorial Sloan Kettering Hospital was 68th and York, this side, that's the East River, York runs straight up the East River. On this side of York was all Memorial Sloan Kettering and never the twain should meet as far as expanding and buying land and all. This side,

directly across from Memorial Sloan Kettering was Rockefeller University—total research, beautiful place. Kind of felt like they had lined the buildings with money, you know, it was that kind of environment. But also that, probably one of the prettiest sites on the East River. And just really, it was really nice. And the doctor's dining room, you know, was living high on the hog. I mean, when you got dining privileges at Rockefeller, things really looked good. So, the, and the third piece, of course, was New York Hospital, which was Cornell Medical Center. They gave there—all of us were—some of us were two, some of us were three. I was three, and I was in the Department of Pediatrics at Cornell and ran the pediatric oncology service; I was at Rockefeller running the pediatric research on, because of the fact that they had come into it late, and I looked like the sucker that they could put in there because I was late, but it was fun; and I was Chair of Pediatrics at Memorial Sloan Kettering. So, we spent some time up there, long enough to learn that, not a good place to live or educate your children, so we departed. Went from there to the University of Virginia as Chair of Pediatrics for nine years. And then was recruited back to Tulane after all those years, back to Tulane as Dean of the School of Medicine at Tulane. It was from there that the regents of the University of Oklahoma came knocking on my door, and so—.

THOMPSON: And so, you ended up at the University of Oklahoma then.

THURMAN: Yeah, went to the University of Oklahoma as Provost of the Health Sciences Center. Might as well say this now and get it out and behind us, the one thing they forgot to tell them when they were recruiting me was that there was a town called Tulsa in Oklahoma, and that there was a facility that had been funded and was in the second or third year. G.T., second or third year? Y'all had been going about three years before I came walking through the door, wasn't it?

GABRIELLE: Second year.

THURMAN: They forgot to tell me that that was my responsibility, that I had to staff it, set up a plan to get students to go over there, which was not a very—but at any rate. So, one of the responsibilities of the Provost of the Health Sciences Center was Tulsa in those years. There was no other person at that administrative level. There was a dean, Martin Fitzpatrick, of course, was already the dean at Tulsa, but as far as having somebody above him, it was me. And that meant, Oklahoma City, which meant an awful lot of travel is only thing I could think of it. But, so, I stayed there, and due to the changes in senior administration at the University and at the Health Science Center, I left the University and went to OMRF [Oklahoma Medical Research Foundation] as President, and retired from Oklahoma as President of the Medical Research Foundation. You all have now heard more than you wanted to know.

THOMPSON: No, you're doing great. So, what are your memories of TMC in those early days?

THURMAN: Well, first of all, Paul Sharp, who was president of the University at that point in time, as you know, Paul was totally opposed to the Tulsa Campus, and Jack Santee, who was chair of the regents, was totally for the Tulsa Program and felt that, from all of the work and things that he had done through the years in the state, that more of the physicians and more of the power brokers wanted something in Tulsa and wanted it now and don't, you know, quit saying, "We're working on that." And so, I went to a meeting with Lloyd Rader, and the speaker of the house, who was from Tulsa, and couple of the big guns too, and Paul Sharp too. They had a plan for how to do something more. I knew nothing about Tulsa then, so I leaned back on some people and found out that there already was a TMEF [Tulsa Medical Education Foundation], and that the TMEF was a misguided missile that didn't know how to do what they were supposed to be doing well, and in all probability would run afoul of the accreditation process for education. When I heard that, I told Jack Santee, I said, "You know, if it's that bad, we need to be doing something faster than we're doing." And Jack was an interesting guy, well, was interesting guy. His language, as you know, was quite colorful from the standpoint that if you ever invited him to a party with a bunch of ladies there, it didn't last long because Jack would burn them all out and usually did. But he told Paul Sharp, he said, "Let me just tell you this. The other gentleman in this room is the gentleman who clears the final budget to send to the governor." And he said, "I would guess that if something was not done about Tulsa soon that he's going to have trouble finding the clearance some point on some piece of that budget." That's the one thing that Paul Sharp understood was money. He didn't understand much of anything else, certainly nothing of education, certainly nothing of working with people, and I've said that to him, so I'm not concerned about it. But he understood that that was not a veiled threat, that was a threat, and something's got to be done. So, we had a meeting and sat down. Paul Sharp, Gene—. [To Gabrielle] What was Gene's—?

GABRIELLE: Thornby.

THURMAN: Thornby. And John Dean, who was Paul's PR guy. He'd shake hands with a million people and remember every one of their names—phenomenal guy—but also unwilling to take a stand on anything. Everybody was sure he was for Tulsa because he was from someplace over there, not Tulsa itself, but some place over there. Nothing could have been better or worse, than to have him involved, that's the way things go. And two or three other people. And it was the first time that I met Bill Bell, because he was invited to the meeting. He came and couldn't stay but about five minutes because he was presenting on the floor of the house. So we, that meeting, I'm trying to remember, I have to think about it in the context of time, Marty. But anyway that meeting left me very much with a feeling that if I planned for any long stay in Oklahoma I better do something and learn something about Tulsa. And so I did, and I took it on myself to begin my education under Santee's tutelage, which was, shall we say, not the best in the world because he had every ax to grind that you could have. Jack was, you know, he didn't mind doing things for the governor, and there were times, just like some other people we had

during those periods of time, I'm sure he was a bagman for the governor, you know, once or twice. But he said, "You tell me when you want to come over. I'll tell you who you're going to see and then we can go from there." So, I said, "Well, let's start next week, and I'll start coming once a week." And so, it started one day a week that the TMC campus was a responsibility of the provost big-time. Now in that point in time, the provost [office] on the Norman—on the Health Science Center campus was in those old houses on 14th Street. And that's where my office was, and directly into my office was a big conference room, and it got to Jack, unfortunately, kept loading the conference room up with people that weren't involved in the educational or the health care programs in Tulsa. I say, unfortunately, but probably it was very fortunate because I met a lot of the meaningful brass in Tulsa—in banking and everything else. But Jack Santee and ultimately, Bill Bell made it possible for me to get in to get my feet on the ground and find out what's going on. Well, the first one I met was the—. Gabrielle, what was the President's name at the University of Tulsa, Paschal?

GABRIELLE: Paschal Twyman.

THURMAN: Paschal Twyman, yep. Pascal saw us as a real threat, which he should have. He gets no state money, but he was getting a huge swath of the private money because the state was not up there. John Dean was beginning to make inroads on this thing. And you learned quickly not to have John Dean and Paschal Twyman in the same meeting if you had any control at all over it. Because it, number one, it was a waste of time, because sooner or later, they'd wander off on down on some road about the serving pork, and the Jewish can visit and so on, but you know, all kinds of things like that. So, the—that series of meetings all occurred within the first six months that I was in Oklahoma, and I came on July 1st, and by the 1st of January, I had my hand on most of what the problems were. Not on what the solutions were, but more about how to work around both Paul Sharp, who didn't want to do anything that equaled money over there, and Jack, who wanted to spend every penny over there. So, several times I almost pitched it in and said forget the whole thing, but the guy that kept me really lined up was Bill Bell, and then at the same time, Dan Plunket came back in pediatrics. And Dan, after meeting him in New Orleans at the, I ran into him when I started working for the Surgeon General of the Air Force, and ran into him in places like Hawaii, he was head of pediatrics at Tripler [Tripler Army Medical Center]. The best dancer, male dancer, I have ever seen really, and these two, man when they got on the dance floor, anybody who got on the dance floor got off because they were just as smooth as they could be. Gabrielle, she tolerated dancing with me, it was a poor toleration because she always was comparing me in her mind to Dan Plunket. And you know, gosh, I remember I was dancing with this nurse at Tripler Hospital in Hawaii, and I...

GABRIELLE: You digress here. Let's not get into your dancing.

THURMAN: But at any rate, Dan kept saying to me, you know, he said, “It’s all here, it’s just we’ve got to have some way to put it all together.” And I said, “No, it’s not all here. The relationship of the pediatric program to the old Children’s Hospital—zilch, forget it.” It didn’t exist and yet we had to have it. So, it was that kind of educational process. If I go back, I had first use of the University plane to get over there and get back so as not to waste time driving. I would rather have driven, much, most of the time, rather, but at any rate. I’d say that by the end of March, before the three months before my first anniversary there, we probably had a fairly good hand; we’d eased to Jack on, and yet at the same time, most of his needs of paying off his debts, et cetera, et cetera. I don’t mean money debts by, I mean procedural debts. And I began, at that point in time, more and more, to spend time with Bill Bell and the other people with TMEF. Of course, Leeland being the treasurer of the TMEF made that a little bit easy. Because Leeland, Gabrielle, and I shared an office, and at that time, it was really just one office, and that was it. We had some real togetherness, and that’s when I asked to put miles to, start looking around for a piece of real estate that could be adapted with very little cost to have a library, and some conference rooms, and some office area for people that I didn’t want to keep on going with all the Family Medicine people, Platt(??) faculty out there, others over here, and so forth and so on. And, I would say, probably at the end of that first year, TMEF recruited some really good residents in that first year for surgery and for medicine. Dan was never a recruiter, he just—Bob Block did most of the recruiting, but Dan was not a good recruiter. Nettles got some weird people in the OB/GYN as residents. And Frank Clingan, when Frank was the one responsible for the—they broke their months up, and Frank took \_\_\_\_\_ (??) rest with most of them from the standpoint that he felt that the general, particularly at one hospital, the residents were doing nothing more than handling a retractor, and that just didn’t sit right with Frank because he’d been through it. So, when Frank, Tommy Thompson [C. Thomas Thompson], and the urologist?

GABRIELLE: [inaudible response]

THURMAN: Okay, we’ll come back to you later. They made the rotations for Surgery first class. Frank worked them to death, and so did Tommy. Tommy would, he would run into somebody in the morning that claimed to have been up all night operating, you know. (laughs) Tommy would come in and look at just great. It was interesting times, but we, it became very clear to me that two things, one’s unfortunate and one’s fortunate. Fortunate one was that the TMEF had established a base for medical education at the resident level in Tulsa that probably was the only two-year base in the country at that time. There were several medical schools that were still in, my own alma mater was still two-years, but it was not a good time for residency training because the Tulsa medical group, whether it be family medicine, which was, except the two or three people that you—you hated to keep going back to the same people and asking them to do, do, do. And Burr Lewis, internal medicine, it was keeping Burr out, it was not bringing him in because Burr had his own plans for what was going to happen to Tulsa Medical College, and they didn’t necessarily jive with the University or even with TMEF. But, at any rate, the—what we did then

was begin to understand. I began to understand that, you know, it was just no soft way of doing this; we're going to have to roll some heads here for things to change. And, the—I told Paul Sharp that, and (laughs) I said, "Paul," I said, "you're going to have to come out and say that you believe this, whether you do or not." I said, "What's a little lie if it keeps a civil war from breaking out?" And he said, "Well, Bill, I needed to tell you one thing. I've been planning to meet with you," And, he said, "I'm leaving." You know, he'd been recruited away, so that made that one easy. Jack Santee was a little bit harder because Jack never understood the internal workings of the school, about how bitter it could really be, you know, and so, but he understood the checks and balances of everything, believe me. And, then at that point in time, Bill Bell stepped into the breach in the biggest possible way, and he told Paschal Twyman, he said, "We're going to support the school." And the Chapman Trust was about 50 percent of the operating budget for the University of Tulsa at that point in time. So, if Bill Bell spoke, you tended to jump this high. Then we had to make the changes that we made in the school itself, most of which were, I think, fairly well accepted. You must remember, Marty, that there was absolutely no love by anybody on the Norman Campus or anybody on the Health Sciences Center campus in Oklahoma City that wanted Tulsa to survive. Gene Nordby, you know, said, "I'm going to choke them to death monetarily," and he said that in an open meeting. And you know, I said to myself, boy, this guy would be working for me about five minutes. But, it was that kind of thing. But the, when we began to see the right people coming out of the mix, then that's when we turned the corner. And we used TMEF as a base, but we did not let it become the big dog. It wanted to be the big dog, and we couldn't afford that because they didn't understand that you don't get a resident just by advertising in the paper. You've got to have a program for them that's good. So, it worked out, I think it worked out pretty well, finally. It, when we opened the building, there was a tangible change that you could feel in the medical group society of Tulsa. Burr Lewis—you, Gabrielle may have a different recollection of this—I never remember seeing Burr Lewis in the building. Everybody else came for this or for that or to have meetings of the group at the conference room and all that. Never saw Burr Lewis there, just. Of course, Burr preferred to have his meetings at St. John's, but he understood that very well. As a matter of fact, understood very well the difference in a meeting run by somebody like Burr in St. John's and run that way in the medical school. So, that the other two hospital attendees, you know, it was—Burr had some troubles with that. But we really began to turn the corner then. And, we made the various departments sufficiently strong enough, both in numbers of people that we paid through the University and to really say, "We are a teaching faculty whether we see a single patient or not. It's not the issue if we teach the students and the residents." The next big battle came, of course, when I wanted to bring the residents under the University because they were not under the University when they started. And my wife and I have entirely different recollections of that little episode that could easily be put away. That's the way it goes. Now, I took a long time to respond to your question, and I apologize for that.

THOMPSON: You did a good job. Can you talk a little bit about Dr. Fitzpatrick?

THURMAN: Sure. It—a gentleman in the wrong place at the wrong time beyond belief. He, when I'd found out that the—I had inherited Tulsa. I began the process of going through the people and learning about it, the, you don't do the politics of being a provost, or even a dean, without learning all the players of the game, if you're going to survive or if you're going to make wise decisions. I don't know that I made the wise decisions, but I survived. But it was apparent to me, that for somebody to take a person, at that level, and at that experience, and convince them to go to Tulsa, something was wrong. And by then, too, I had gotten my feet wet with Jim Hammarsten. And Jim's feeling about the dean and the provost both was that, well, he had what he needed at the deanship then because Tom.

THOMPSON: Lynn?

THURMAN: Lynn, yup. Tom Lynn was the dean, and you know, he walked scared of Jim's shadow really, and he—Tom did a good job, don't misunderstand it, but he never really put Jim in his place about making statements about how the curriculum for everybody was going to run, things like that. And believe me, I have the utmost respect for Tom; he should've gotten out a year earlier than he did, but all of us make that mistake. But when you looked at the Martin Fitzpatrick thing, he was a full professor, pulmonary, and the weakness on—in the Department of Medicine, was pulmonary because both Hammarsten and Martin were pulmonologists, and the, blocking on the third gentleman, but anyhow, he was very capable, but didn't carry any weight around, so for Jim to assign Martin over there, number one, how did he get the authority to assign, et cetera, et cetera. So, Martin bothered me, from the standpoint of, why is he over here and what does that mean? So, I nosed around a little bit, and about half the trips I made to Tulsa were unannounced. They wouldn't know I was coming, and so that I caught many things at, at conferences, things like that, I'd just drop in on a conference, you know. It was a very necessary thing to do to bring myself up to snuff, and we, and I don't think it was sneaky at all. I think if you are doing your job, it doesn't make a difference when people are coming. That was the way I looked at it—wrong, but—. So it, I went to two or three medicine grand rounds in a row. Every time there was a grand rounds I went, and Martin was never there. And the, I went in to talk to him about it, and I said, "Tell me a little bit about how you got over here. Tell me a little bit about what your goal is for being over here, et cetera, et cetera." And, he said, "I was sent over here. It wasn't necessarily by choice." And I said, "Well, do you want to elaborate on that?" He said, "No." He said, the—are we stopping? Okay. He said, "I would rather be at the place where all the action is, and have the library." This is a kudos you don't deserve, but on the other hand, I'll give it to you. He said that the kudos was available of a library that was well run, [he] could find out anything he wanted. And I said, "Well, do you write a lot of review articles?" because that-sounded like somebody who was writing review articles all day. Said, "I don't believe it." And so we stopped and went back. All in all, Martin and I got along fine. I told him, several times, "Martin, you are certainly not acting as a good department chair would. You are not acting

as a dean would in all this that we've got to do." And he was very honest about that; he said he didn't believe it was going to succeed, and he didn't want to go down with it. And so, I believe, and Hammarsten, of course, has an entirely different idea on this one, but I believe that I gave Martin plenty of chances to become good at what he did or to change roles and stay. And we didn't fire Martin; we just removed him administratively. So, I think it would have been a terrible injustice to have fired him because he didn't want to be there. He was, Martin was a smart guy, a really smart, and he would have been a natural at writing review articles. He really would have been a natural, but you can't tell people that, so I got more reaction to the action from Hammarsten than I did from Martin. He said, "He's my man." And I said, "Yeah," and I said, "and you're my man." And I said, "He's not doing his job over there." And I said, "I told you that over and over, and I told him that over and over." And Hammarsten wasn't, this is not a pan Hammarsten meeting, but I think that Martin actually felt that he was beginning to get into the role that he wanted, and that was a senior person in medicine left alone to do what he wanted to do, and if that was nothing, that was fine. Gabrielle's going to have some different ideas I'm sure. We never talked about Martin because she was very close to Martin, and then here I come sailing into town and go whack, you know. But, it wasn't going whack, I took a long time to get to whack, and the—but he was the wrong person to go at the wrong time in the career of any school. And he was hurting it more than he was helping it toward the end because he had lost the respect of people like Burr Lewis, you know. If Burr had somebody with COPD, he wouldn't even think of asking Martin to see them or things like that. And Martin could tell you more about things like COPD. I've often wondered why he didn't do more than he did, but Gabrielle had some feelings about that. But as far as I'm concerned, the—I talked to the Sister at St. John's, the little short Sister that was there then. Who was the Sister at St. John's?

GABRIELLE: Sister Therese.

THURMAN: Sister Therese, okay. Well, which one was the little short one?

GABRIELLE: The little short, dark-haired one was Sister Therese. Sister Edith was the plump little blonde.

THURMAN: Okay, well I didn't have that much to do with her. I talked to Sister Therese then because Martin was, he really thought that St. John's could be a good teaching hospital. And I don't disagree with that; I think it could have been the best of the teaching hospitals over there. Hillcrest was fighting the battle about who in town owns this place, you know, and that's not the kind of fight you ever want to get into if you can avoid it. And so, I studiously avoided it. And I talked to her about it, and she—she depended on Burr to bring medical, not Burr, Martin, to bring medical staff related problems to her. She didn't like Burr, and Burr didn't like her. And I don't know why, but any number of times when I wanted to increase the number of students, or things like that, to go into St. John's, she—I learned fast, don't do it by Burr who thought he was



a controlling force there, make sure that Sister's comfortable with it because Sister had some kind of excuse for everything. The dining room's too small. You walk in there, two or three empty tables, you know, things like that, but yeah. So, I talked to everybody, the new president asked if we were hurting from a fundraising standpoint, and I had to say yes because Martin had some close friends in the Tulsa business community, but how, except for the Chamber of Commerce. If I hadn't done that, most of my friends in the Oklahoma City community would be medical based, if not medical administrators, medical physicians of practice. And that was not true about Martin. So, but, I don't—I look back on it a number of times, because so many people felt it was the wrong thing to do. And I don't. I looked back on it—yes, I did it. Can you admit it was a mistake? And I said sure because I've admitted hundreds of them, and I continue to. Replacing Martin was not a mistake. Better for the man, better for the school, better for the University, and, certainly better for a growing program. Martin did not—. I think somebody might come to me as a medical student about somebody with pulmonary disease than go to Martin. And you know, I know zero about pulmonary disease when you really get right down to it, so. But, it was interesting, too, that, at one time, you know it was necessary for me to make quite a few changes on the Health Science Center campus. Very rare that I didn't hear directly or indirectly from a wife. I never heard from Martin's wife at all, which is a surprise, and Bill Bell told me, "Gah!" he said, "I wish that was me." So, I don't know that I've answered your question adequately about Martin because it's—. That's exactly the way it happened. No question about my decision, and no question, looking back on it, it was the right thing to do at that point in time.

THOMPSON: Let's move on to Dean Lewis.

THURMAN: Okay.

THOMPSON: That you brought in, what would you say about him?

THURMAN: We were desperate, is what it amounted to, and if Jim were sitting here he'd know it and laugh. And, uh, incidentally he's got about, how many acres of grapes did he say, honey? [to Gabrielle]

GABRIELLE: I think he said twenty-five.

THURMAN: I think he said seventy-five, but he's retired out here, in Northern California. And he bought some acreage that had grapes on it. He'd love to get back to work; he really would, but he's—that's aside. Jim, I was, I'd forgotten what was going on, I think we were at the middle of the basic science building application with all the things that went into doing that, getting all of this done, et cetera. Also, I'd made my first contract with a man from hell, Lloyd Rader. And I just couldn't give any more time that I was giving to Tulsa at that point in time. I talked to Bill

Banowsky about it, and you know Banowsky, “Oh, don’t worry about it.” Uh, yeah, thanks. But I talked to everybody, and again, the TMEF board, not just Bill Bell, but the board were supportive of it, and it—they said I would be missed in the Tulsa community, that if I couldn’t give more time I needed to do something. Well, I put out a quick search from my office, looking for somebody that I could fill in that role, and two things were wrong with it. Was the two-year school growing to be a four-year school? You got to be somebody who likes skating on thin ice to take on that kind of job, you know. And so that, you know, it was a circumstance that if I couldn’t get somebody in there that knew what they were talking about; it was going to be hard, really hard to do. And so it, I wish, there’s one thing about the Fitzpatrick thing, I wish he hadn’t precipitated it when he did, and people think I precipitated it, and I did, but he’s the one who more or less asked for it at that point in time. So, I decided to do it. But, the—I just, you know, I’d known Jim. He—I recruited him in Charlottesville, interestingly enough, when I was chair of pediatrics there. I have a famous career of getting things that I don’t—I guess that I don’t listen well enough, but when I went to the University of Virginia in Charlottesville, [I] accepted the chair in pediatrics, that was their last position of a part-time chair, all the other departments had chairs, and pediatrics didn’t. And I said, oh boy, you know, and then got into it, but I didn’t ask quite enough questions. But, at any rate, one of the things that we, we at the University had made a commitment to child health in the regional area around the University. But in rural counties only, not in the Charlottesville area itself, all these rural counties in a big ring, and so the, whoever wrote the grant, it was not Jim. “Boy,” I said, “if you wrote this grant, get out because we can’t do it.” But we had to put together a health program where there were no transportation things you can count on, the greyhound bus, once or twice a day passing through. Anyway, just hellacious, but interesting, very interesting. And, at any rate, we—I had to put together a health program, and I was looking for people who had planning capabilities, but who were used to taking people and molding them into a thought, whatever the thought was. Whether they had it or you had it, made no difference. And then, let us work on that in between meetings. And so that I had seen Jim work at the University of Alabama in the Department of Medicine, which at that point in time, was probably one of the top five departments of medicine in the United States. At Ole—Alabama, and the only reason that guy had the ability to put that all together was he had Jim doing all the dirty work, the scut work of getting the information together, planning this, doing that, firing people, you know. So, the—I’d run across him when I did a NIH psych visit down there, and he sat there one day and responded to the eight people from this psych team and the statistics of the grant and what it was going to do, et cetera. Did the most knowledgeable job I’ve ever seen in my life. He—not a single piece of paper, it was all up here. I was looking at the paper, and the two of them went together. So, you know, I was just—.

Look at the eagle, see the eagle right there? You can see his white tail now, yeah. They’re all over.

So, you know, I'd known him a little bit. And then when we were building the program in Charlottesville, so I called him and I said, "Are you ready for a change?" And he said, "Yep." And so, I brought him up and hired him, and he really did a great job in the planning of how do you get people from point A to point B if there's no bus, nobody has a car, you know, all that. And Jim likes that kind of issue, and so he did a beautiful job, and we had a children and youth project that was the only one funded in the United States for a period of time, all because of him. So, Jim was in the back of my mind, and he—Jim was one of those people who never stayed long. He'd go back; he went back to Alabama two or three times. But, he just, it had to be moving and it had to be interesting to keep him there. And so I called him. I said, "Jim, I need a dean, and I need a dean for a short period of time because heads-up, I'm in the midst of recruiting as we speak. So, what I'd like for you to do, is to come in here, you know you're a lousy PhD, and not an MD, and take over a clinical program, and mold it to a basic science program in Oklahoma City. The only thing you're going to do is the clinical side, and everyone is going to say, 'What the devil are you thinking to bring a PhD in to run the clinical side while we find a good MD?'" And Jim was just the kind of guy that that lit his candle. You know, he said, "Boy," he said, "that's for me." He said, "These guys have been wasting my time for twenty years," and he said, "Now, I'll get to waste it." But that was the kind of thing he did. But, so that, he understood because at the University of Virginia, his role had been just that. He had medical students with the faculty out in places, ran clinics, things like that. So that, he couldn't teach physical diagnosis, but he could get you there. With that doctor, at that time, and he could get the nurse practitioner student, and he would appear for thirty seconds, just to make sure you were there, and he wrote it down so that when it hit my desk, he could tell who was at the good and bad and in between. But that was what we needed at that point in time.

TMEF was beginning to fracture at that point in time. Probably Martin could have helped me keep that from happening, Marty, but on the other hand he wasn't interested in it because I remember going to him and saying, "There's a role here, do you want to do it?" And his answer was no. So, that made it twice as bad, to have to \_\_\_\_\_ (??) him like that, at the same time, all hell breaking loose in Oklahoma City. So it was, interesting times. But Jim was not a typical PhD from the standpoint of not knowing anything about medical schools, or clinics, or anything else. He did devise the whole clinic system for the University of Alabama. So, it, and he knew how to work with people. So many administrators, in my career, have not known how to work with people. And it's just been, absolutely grim, at some of the talented people that couldn't do that, but it's, we've been, we, speaking of the medical education profession, we've always looked at it in the exact reverse. If you decided that you—this is the way it happened to me—if you decided that you wanted a dean, you wanted somebody who was the best clinician available to you, and who had run a department, who had something to do with residencies, but didn't have any real administration, other than residency programs. That's the guy you picked out for your dean, and it was the exact reverse of what it should be. And I remember laughing about that, I said, "You know, I don't see why University of Virginia picked me out of that whole group in New York to

come here because I didn't fit any of those things." Well, in that sense of the word, we've always taken our best chairman, and made them dean, and in essence, neutered them to some degree. But Jim on the other hand, was a PhD in geography, you know, who came up the other road, and got interested in medical, process to geography, and started writing a few papers and an outline of a book that he was going to do on the geographic things about medical education. But we stopped that by putting him in the deanship over there. But he continued for the rest of his career doing that kind of thing, and the girl who ran the children and youth project for us, called me and told me he was in ill health. She said, "He's fairly close to you somewhere"—she's in Georgia now—"close to you somewhere." So, we ran him down, Gabrielle got hot with running him down, and we found him. And his health, he's, as he said, he's the poster boy for the American Heart Association where he is. Oh, sorry there's deer going by or something. He's had a couple coronaries and a bypass, but still, you know, very, very active. Funny, still doesn't think anything at all of doctors, all of them worthless, but it's, so that's Jim Lewis.

THOMPSON: Did you ever get your chance to find the dean?

THURMAN: No.

THOMPSON: Never did, okay.

THURMAN: No. By the time that, Jim was doing an acceptable job as far as Burr Lewis was concerned, and as far as a couple of other people in the TMEF hierarchy. And John Dean, was the one who talked with the sisters about their experience with Jim Lewis, and they were all satisfied, so that it was moved back because on the other side of the fence, Norman, at that time, was recruiting a president; and as a working rule of thumb, you don't recruit a senior administrator at the same time you're recruiting a president—let him pick his own guy. And, live or die with them, but most of the time they die with you, but you know. Well.

THOMPSON: Administrators that you remember, that you worked with.

THURMAN: Well, Leeland would be the first one. Leeland and Gabrielle, myself, made a very good management team, because I quickly learned that I could trust the two of them to voice back to me what really was said, not what they thought was said, or not covering it up with, you know. A lot of the people Leeland talked to he couldn't stand, but the other side of it was he had to do it and get me back a message. So, they helped me a tremendous amount. I don't believe there'd be a TMC, or would have been a TMC, if it hadn't been for those two people. I don't mind separating them. Leeland was more important from the standpoint of continuation of the residency program. Gabrielle was more important from the standpoint of the continuation of TMEF as an administrative structure. So that—but you could not separate those two adequately to say, he did this, he did that. Clearly, as far as the money was concerned, you know as well as I

do, who did that, and did it so well. Leeland, let's take Leeland first and Gabrielle second. It—. Excuse me, are we on?

GABRIELLE: You're on.

THURMAN: Okay. For one? Leeland had again that, you know, the one thing about Leeland that always aggravated me, and I always told him about it, and he never changed it, and that was that he walks fifty miles an hour. And, you know, I, right now, I'm really slow because of my arthritis and all that, but you know, I'd get off that plane, and he'd be standing there, and he'd be in the car, and I'd still be saying, telling Jerry thank you. He just, you know, every, I got to where I just—I'll meet you so and so and meet him there. But he moved full speed on everything, all the time. He was painstakingly, and I mean really painstakingly, accurate, about money. And the, to some degree, not as painstakingly accurate about people. He chose some bad people, in a sense of the word. I don't mean bad, but the people who he could totally hand the job over to and get a response back. You can't be an administrator if you're not going to do that, otherwise you find that you, your little world is suddenly confined by time, and you've got to depend on them. See, the two of them were in Tulsa. I'm in Tulsa, six or seven hours a day, one day a week. And without the information I needed, then I would have been in real trouble. Leeland made sure that I had it at times, and he'll laugh on this one, times he made sure I didn't have it, where it would have an impact that he didn't think was right, really didn't think was right, so that he would delay calling it to my attention. But he, he sensed very quickly that Burr Lewis and I were not going to be a good mix, and that was, sensed it before I did because I was, as Gabrielle will tell you, I'm the world's eternal optimist. I've never been depressed about it, until this last operation, but I'm always optimistic. And I was sure that I could get to where Burr and I could get along and talk about things in a meaningful way and address them and get it done—never happened. Leeland could sense that better than anybody, but he, you know, you can tell Leeland: see, you know we really need to think about how does Sister Blandine feel about this. And ultimately no more than what's said, he'd go out and sit down with Plant and say, "What do you think Sister thinks about this?" And Plant would know that that's exactly why Leeland was there, and so we got back good information about that from all three of them. He had his own sources at every hospital. What was it, the gentlemen administrator's name at Hillcrest?

GABRIELLE: Jim Harvey.

THURMAN: Jim's main interest, when we started working over there, was not having the, not where it should be, in having the hospital a vital part of what was going to be the Tulsa Medical College. Hillcrest was the hospital of choice to me, doesn't mean anything. I'd love to have the teaching hospital at St. Francis, but I'd also be afraid that somebody'd say "damn" and get thrown out. And so, it, Harvey basically had some problems in addressing any issue that he

didn't want to address. And Leeland could pull it out of him better than anybody else. But that's the kind of person he was. If you planted a seed in Leeland's mind, it stayed until he could grow it and cut it off, and that's what he did with the hospital administrators. He, any time I needed a piece of information, he could get it. So, invaluable, invaluable to us beyond belief about ability to show both University and state authorities where the money is. He always had it. He had it so that it looked so nice and the second they'd say, you want to see something. Let me show you a little bit about—and he could just, you know, get it them, go right down the pike with them as far as they wanted to go. He's the one person that I've met from Oklahoma that could buffalo Lloyd Rader a bit, and that was Leeland. He, Lloyd was, could have been an accountant, he could have been an auditor, he could have been anything in the world, and his ability with figures was just beyond belief. But sometimes when we were there, he'd ask Leeland a question, and he says, he said, you know—hold on, Lloyd was not short on words that are not acceptable, but he'd say descriptive words for me, "That kid really knows what he's talking about." And that was very meaningful because we got money into Tulsa, never would have. Lloyd put some, a lot of clinic money over there, lot of heart diseases money, particularly congenital heart disease in children. So, that's the Leeland story of me.

This one [Gabrielle Thurman], she was probably the best recruiter that TMEF had. We were not long on people with good strong personalities. There were one or two of the past presidents in medicine that went to Arkansas. Arkansas was their main feeding ground, and they sold the place because of the fact that they enjoyed it so much themselves. I say that the eight or ten residents who went through the program there, and are practicing in the Tulsa area, are probably among the eight or ten best doctors there. So, Gabrielle played a major role in making sure that they went with Plunket some time, and learned to dance, and things like that, yeah. She was a social secretary, but she was a work secretary and everything else. She, for me, was again the kind of person that I would be sitting in Oklahoma City thinking that tomorrow I've got to go to Tulsa early in the morning: what am I going to do and how am I going to prioritize it. And I would call her, and she would set it up. And she would change the priorities too at times, depending on whether somebody, we were in trouble with somebody, or somebody needed something to kick it over. And, a very good secretary, very good person on remembering people's names, biases, things like that. All our years, after and OMRF and otherwise, you know, she, if Joan Lever was not by my left hand, then Gabrielle was, and they both remembered everybody's name, including everybody's wife's name. And when you have to introduce all those people, once a week or so, it's hard to do, so you need people like that. Gabrielle had that social capability along with the mental capability. Bad choices in men, but that's the way things go. Can't get away from it. She was a good counterpart for Leeland because Leeland figured out early that for Gabrielle, twenty-five cents didn't mean a quarter, and it, and he was very careful about that, and she had absolutely no authority with money. And he just, he would not permit that, but they got along fine. And I think the other thing that Gabrielle did was the—we needed a representative in Tulsa who understood the goods, the bads, and the different, and who understood that a politician is a

politician and you know what you do with them. But she could take somebody like the governor, or somebody like that, Lloyd Rader, and make them quite comfortable for an extended period of time, because I invariably was late. The one thing I developed that I hate more than anything else, the Tulsa Medical College got me into the scheme of being late. And before that, I'd never been late in my life.

GABRIELLE: You've never been on time. (laughs)

THURMAN: Sorry, you're mistaken about that, but that's all right. But, I think having the two of them as a pair gave us the administrative strength that we needed to pull this off because it was not an easy pull. And legislature, the Tulsa people, bothered us quite a bit, and the members of the Senate and the House, and Gabrielle and Leeland both could play certain ones of them and knew which ones they could play. They made it a smaller group for me to get to because they'd gotten to them and they understood. And they both had that capacity. Leeland could sense a senator or a representative that was going to base his things on finance quicker than anybody else, and he got it done. So, I think that's probably them.

THOMPSON: We've got a few minutes. I'll ask you about one other individual.

THURMAN: Sure.

THOMPSON: In those early days—Mike Lapolla.

THURMAN: Again, odd choice, but person who does it so differently because of background that if you'll stand back and let him get it done; it happens. Not everybody goes to West Point and, you know, if you go to West Point, you can't get out without certain things you do. Mike represents the bad of West Point. I told him that the other day. (laughs) He said, "I was never in trouble." I said, "Mike, that wasn't the point." But, he again, had that almost diffidence that you have when you come in and you meet somebody. You may move back and not get involved in the conversation, or you can pick somebody and get the conversation. Mike did that beautifully. I mean, he'd step into a meeting and if there was a place where his talent was needed, he would identify it and get to it. Most of the time though, he would stand back and let everybody else do everything they were supposed to do, and if they asked him something, he'd give them an answer. But you had to ask him; he wasn't going to volunteer it. I told him, I said, "Somebody go to West Point, usually you think about is volunteers." I said, "You're the world's worst volunteer of anything." And he really was. He loved, absolutely loved bating Gary Smith. To him, the day was complete if he could get Gary Smith to fire off. And he did it well.

Occasionally, he'd make Leeland nervous doing that because Leeland had the feeling that Gary was going to one day sweep in and fire them all. But people like Don Plant, that level of person,

Mike, and I've forgotten the junior guy at Hillcrest, but Mike had a relationship with those people that, again if we needed a conference room, if we needed a free meal for people, things like that. Mike was the master of getting it done, and most of the time people didn't even know who he was. He was a great in the background type of a guy. For us, if you put Leeland and Mike and Gabrielle and um, blocking on that other gentleman's name who worked with us.

GABRIELLE: Newman? Mike Newman?

THURMAN: He wasn't as much of it; he and Mike Lapolla were, yeah. But there was another person, I think from the group at St John's, that now I have to think about that one, but they struck together a group that could approach certain things. And Mike, for instance, got me the, all the information I needed about Paschal Twyman and the University of Tulsa. So, he's, Mike is a very, very complex individual, he really is. Smart as a whip, and most of the people who are around Mike think he's dumb, you know, if they're around him very long. They're the kinds that usually end up with their head in their hands, you know, because he just cut it off.

GABRIELLE: He's got a great analytical mind.

THURMAN: He does. He could analyze beyond belief, and so often, you know, I'd be sitting there pontificating, and maybe not making any sense, and Mike had the ability to bring it back to the issue, from, by analyzing it, and saying, "Well, do you think?" And again, it was demonstrated beautifully by the library in the new building because it came down to money. Everything comes down to money, you know, but it came down to money, and I was sitting there thinking to myself, "You're not going to do the library because we can put a little more money in one of the hospital libraries and get by." Mike's point on that, and I remember this well, he said, "You know, I agree with you, but it won't be your library." And that was all he said, and he left. And I didn't think about it until late that afternoon, and I said, "What the hell did he say?" But it was right. That's a good thing. He is very, very good at analysis. He's a real character, real character.

THOMPSON: Let me ask you a question that may not talk about Tulsa Medical College, but let's talk about your comments about the establishment of the Osteopathic College in Tulsa at the same time.

THURMAN: You were just talking about the state legislature finally beginning to wake up to the responsibilities that they have. Dunlap's feeling about the university changed about 100 percent with Paul Sharp. The, he thought Sharp was an idiot, and he didn't hesitate to kind of say that around with the state regents and also say it around with, when we came to money funding times, he always said that there was more money wasted in Norman than the rest of the state put together, educationally. Of course, if you recall, he was a small school guy, and had started one,



came of them as a president, et cetera, et cetera. So that, it, he had such a close relationship with far too many of the state legislators on a give and take basis, and it, the giving was that, he would do something for them, but that he would take the money into the educational system under his purview, not under the purview really of the regents. So that when they started chipping away at the University budget, he finally had run into a block that he really couldn't get over. And so that, he sat and thought for a lot about it. The—our role in it, only was one, he wanted to know from me, two or three of the better osteopathic schools in the country, and he—I'm not going to use my words for him—but the other word, when he wanted to know that, he tried to tell me that it was because he needed to know more about it from an educational process because that was—my year was the year that the president of the state medical association got up at the state medical meeting and said there will never be an osteopath practicing medicine in the state of Oklahoma. Going back to your statements, that we're talking now about '76, late '75 and early '76, never be an osteopath. Well, the evolution really, had already passed him by because, a decision was already made, and—. Gabrielle, what was that gentleman's name that was the speaker of the house, or head of the senate, that the one from Oklahoma—from Tulsa? I can see him sitting right there, but I can't tell you his name. I've got it some place; I'll look it up. But at any rate, he and Dunlap were a marriage made in hell, and it was just a circumstance that they could not ever get together on whose desires were going to be utmost, and the filling out of what each of them considered to be the negatives of the state. Dean McGee got into it from the standpoint of, he said, he, Dean McGee, said, "You know, we've got the look at what our problems are going back to your last statement just right there, we've got to look at our problems as a state." And he used the water supply for Oklahoma City as the—his best example, he said, "You know it very easily could have happened that they would have frozen us out of the southeast corner." As it was, they helped us build the actual pipeline, to build it and helped in money and in labor and land. Build that pipeline to Oklahoma City so we won't be short on water. And Dean, of course, was very much a leader in that effort because, because he had been in both Peru and the Australian desert as a land man and said, "Both times all I could do was think about water twenty-four hours a day." He said, "I was supposed to be thinking about oil twenty-four hours a day, and I was thinking about water. I was thirsty all the time." Well, it went on and on, and Howard, Gene Howard, that's who I'm talking about. Say, that isn't bad for an old man. But they started trying to figure out how they could help each other rather than harm each other when they saw that they were both—they would begin to go a path like this. And Gene Howard realized that Tulsa would hurt with that because they'd never been able to push E.T. to get anything going over there, really. And, I will say again, and have again said to his face, so I'm not the least bit concerned about it. I don't, I shouldn't say, I guess, I don't hold it against him from the standpoint of wanting to see a better school at Tulsa University, but he was also responsible much of the time for blocking adding state support or state schools or anything else, just like the Tulsa Junior College was a super institution, but not because of the state regents and not because of state money. So, they started going back and forth and back and forth about it, but it, the idea that came about from that lady in the legislature, and they named it for

her, and she deserved it, because she pushed E.T. to get all the information about how these schools taught: what about the tuition, what is the licensure problem, can we block them, or can they block a graduate of approved school from practicing medicine. Well, the answer was yes, you could, but it would be very, very hard to do. Particularly, with everybody west of Oklahoma City was a DO who was practicing out there, it's kind of hard to do away with all of them. But between them they came up with the idea, and I don't know whether it was her or whether it was Howard, said, "You know the thing that would work the best would be: rather than dump money into the pot for Norman and Oklahoma City, why not create another category, not under the University of Oklahoma?" And there were series of meetings, and it was understood that if you were attended the meeting and talked to about it, they were going to slap you with all kinds of fines, et cetera, et cetera. I thought all that was fake myself, but I also didn't do it, so that helped. The school of osteopathic medicine started because they felt very strongly that E.T. Dunlap would continue to block any money for an educational institution above the junior college level in Tulsa. And that he had the power by the judicious systems of the governor and picking the state regents. That, by doing that, he would be in control, and relatively speaking, in the sixties and early seventies, that was true. That bar changed about '78 or '79. It changed on one little personality thing, and that was when E.T. Dunlap took on Lloyd Rader. And, you know, that was the fight of the titans in Oklahoma. And E.T. found out that money for social security, and for child welfare and things like that, had more attractiveness than money for education. So, Lloyd, being from Woodward, in that area out there—I forgot, some small town that he was from out there. But, at any rate, he'd been county agent there during the depression.

One vignette that I'll never forget about Lloyd was that when he was county agent, and there was blizzard came in, Lloyd was out all night long in his personal car with blankets and clothes, and things like that, finding people under bridges and everything else that didn't have a home. A lot of them ended up at his home. He broke into the high school and put a lot of them in the gym in the high school. And the principal took him to court about it, and the judge ruled for Lloyd, saying it was—. All those little stories go together.

But, at any rate, when E.T. said that he wasn't going to do anything, Howard started looking around for a friend that had some kind of power that could get him. Taking too many years by changing the governors, he only appoints one regent a year to a board. So, that would be too long before money got to Tulsa. So, he, Gene Howard, enlisted Lloyd to be his assistant in this fight that started. And the only role that the University Health Sciences Center played was the role of licensure and the role of continuing education. Those are the only two things that we made any commitments about or that we really helped in the planning. The commitments about the continuing education was a natural because Irving Brown was dying, and everybody wanted to do something because he, here again, was a pioneer. You talk about a real pioneer—he talked about continuing education when people thought he was really talking about kindergarten. It was just an interesting time. But when they got together finally, we were asked to iron those two

problems out and we could iron one out, but the other one we couldn't iron; we had to just present a plan and then let that plan formulate itself coming through the state medical. It was fought bitterly by every orthopedic surgeon in the state because the president of the state medical had made the statement; he was an orthopedic surgeon, so that it really became an issue there. The orthopedists in Tulsa were asked to stand behind the statement that there would never be an osteopath practice, and to their credit probably half of them did, the other half didn't, and so that one little crack in the armor started a real roll there—right there. It wasn't within two years that the planning money came to the state regents for the osteopathic school with a very strong message that to be spent only for it and not returned to the state budget. The TMEF was not involved, but the Tulsa Chamber was and some other group, an alliance primarily either of educational associations or churches. I remember well that Oral Roberts got up and made a speech, and I said, "Well, that killed it right there." But it, it was a ground swell then that couldn't be stopped. And what they did to us, of course, was that it, all the money that they were going to give to the Tulsa Medical College instead went to the osteopathic school for the planning. And we were really—we couldn't pay the rent. Talk about, you see Leeland with ulcers like this. We couldn't pay the rent one time because our state appropriation was held up by the way it had been done with only in use here or that's it, and it was interpreted that way wrongly. So we went merrily along in debt. But it was, for my mind, if the choice of leadership there had been a little bit different, we could have had the same thing Michigan State has right now, and as it was the osteopathic school struggled and struggled and struggled. And I left Oklahoma in 1999, and it was still struggling, and I'm sorry to say I think it still is struggling. They've never been able to really get enough good clinic training to train their students. Yes, they enlisted every osteopath in the state of Oklahoma, but those people are very busy practicing medicine. I was in the office of the, couple of the osteopaths in Woodward one time talking about a continuing education program they wanted us to put on out there, and I said to myself, You know, these guys, they start seeing patients at 7:30 in the morning and they are seeing them at 7:30 at night. And I said, "When do you eat?" And he said, "Ah! We eat at lunchtime. Look how thin all of us are." I was thinking to myself, oh boy. But they, were it not for the osteopaths, quite seriously Western Oklahoma at that years—those years in there would have been mostly without healthcare on close in basis to them, and they would have to go long distances. The hospital, the clinic out at Woodard, you know, those guys died millionaires, but they never got the chance to spend it because they were busy all the time. And if we had been able to bring the two schools together at that point in time with the use of combined facilities, and instead TMC was blocked out of the osteopathic hospital, and we had just spent an awful lot of time and effort educating the osteopaths and the internists who practiced on that side how to do a good physical diagnosis course. You know, you'll hear people in medicine say that physical diagnosis is easy, that's the biggest bunch of bull you'll ever run across. So it, but we—so we lost the opportunity to make a first class coalition right there. And I don't know whether, I don't know that we were not, in my mind, TMC was not a threat to the osteopathic school. Why couldn't we work it together? You know, and I spent hours and more time and effort than I wanted to on that, and got

all kinds of promises and commitments that were never born to fruition. So, I don't know. But I do think that it has hurt the eastern part of the state now, if you go down to Madill, places like that, you're not going to find many MDs in practice; you'll find some DOs. When it comes to educational dollar allotment, who's talking to the people, and it's the MDs more than the DOs. But the DOs are learning that lesson, and they're learning it because the school is not first rate, and it's not going to be first rate until that feeling coalesces differently. It's not too late. See, the Michigan State thing happened after, and we could do it in Oklahoma; and I proposed that at Shangri-La, at one of the meetings of the medical groups, and let's say it fell on deaf ears, that would be the best thing I can say. I also didn't get invited back, but that's all right. That's the way life goes. (laughs)

THOMPSON: Another entity during your tenure was Oral Roberts and the medical school. Have you got any comments about his try at establishing a medical school?

THURMAN: Let me figure out how I'm going to handle that one, but—

THOMPSON: Or if you don't want to that's fine.

THURMAN: Oh no, I don't mind handling it. I'm just, want to be, try to be a little nice about this because it, you know, nobody relatively speaking in my mind, more religious than I am about medicine and things that go with it. And at the same time, the blessings of the Lord and taking care of all of us. Roberts was—I don't like the term shyster because that really is overdone, but he used all of the wrong motives for people to give money. Now, if Gabrielle was here, her grandmother, a little old Belgium lady, immigrant, she sent Oral Roberts money every month—money that she didn't have, and sometimes couldn't eat because of it. But that kind of thing built the City of Faith. I thought, by then I'd gotten to know Lloyd Rader very well, well enough to have him for dinner in my home when we didn't want to be seen out together for a variety of reasons. But, and he, I asked him, I said, "Why are you going to let this approval go through for the City of Faith?" And he said, "Let me tell you one thing," he said, "you've been in the state quite a while now." This was about fifteen years into the state. And he said, "But the other side of that coin is that I've been here much longer than that, and you don't see me have problems with the legislature." Which I thought was a reverse slam, but I didn't get on his case about it. But he was absolutely right. Oral Roberts didn't understand healthcare. He didn't understand that the pendulum had already started swinging to outpatient care and that hospital beds, and one of the reasons for all of the fights about hospital beds, was the fact that hospitals were not going to be able to fill them. They—if we can take a patient and just treat them for one day with pneumonia and send them rather than five days in the hospital and then send them home—things are changing rapidly, so. And it did. Now, I got to laughing the other day, because one thing Oral Roberts said to the two of us one day, night at dinner, he said, "Well, good thing we have appendicitis, because we make a lot of money on appendices." And I was thinking when

I read this thing the other thing the other day about this study, which is a very good study incidentally, about not surgically treating most appendices, I said to myself, oh boy, Oral would be all over that one. But he, Marty, he swung the—if you ever get caught, I think the world would have been a better place to live if most people could have spent one dinner with Oral Roberts and Lloyd Rader together. Talk about two master tacticians of thought. Those two guys were psychiatrists and didn't know it.

But it was, but at any rate, I think that the why and how Oral Roberts started the City of Faith was basically because the income from people for health affairs was beginning to outdo the income that they brought in for religious affairs. In other words, when they were blessing, he could give you a screen and you could put your hand in to feel better. They were getting a lot more money from that than they were for having the screen for you to kneel down and pray in front of. And you can't afford to be sacrilegious, but that came close to driving me out of Christianity right there. And, the—but, you know, think about the number of Gabrielle's grandmothers all across the United States, that's a lot of people and they're diverting money that they needed for their own medications—she couldn't have filled a prescription if somebody gave it to her because she was giving money to Oral Roberts, and that [was] happening all over the country. And this praying hand, whatever they called it then, but, and—. Sometime when the ladies are not here, I'll tell you the story of what Lloyd had to say to Oral Roberts about that. But, Gabrielle, it was your grandmother that was giving money to Oral, wasn't it?

GABRIELLE: Oh, yes.

THURMAN: Okay, that's all. I was wanting to be sure that part was right.

GABRIELLE: Yes.

THURMAN: But, the, he when the income to his ministry began to become over 65 or 70 percent, it's been a long time since I heard that statement from him, but they decided they would take a different tack, and they would get into care. They started the clinics out there, as you know, long before the hospital idea came up. But then the idea that the hospitals could be done and have all of the pay for the patients who were eligible come into a central source, somebody told him that that would work out. Then somebody else told him that he had to build a hospital that was different from anything else, particularly from the Pink Palace [St. Francis]. See the Pink Palace was his biggest rival. They're not too far apart geographically. But nobody is a different type of Christian more from Oral Roberts than Mr. Warren was. Christianity served, you know. So it, when the first presentation was made to Lloyd Rader's group—council, regents, whatever the name was—the, it was for fifteen stories and look how far it grew [ed. note: City of Faith is sixty stories]. But the first official presentation, when you go back to the records in Oklahoma, fifteen stories to the planning commission for that many beds, and look where we

ended up. He struggled desperately, he came up with more ideas of making money for it, but just, you couldn't sustain it. And when you got in the building, and when you got to the top of the elevators as far as occupancy was concerned with the hospital floors, and it was twelve to fourteen, and you had all the rest of that most all of it shelled in, but not even all of it shelled in. So, it was a disaster in the making. It brought him down, it brought his whole religion down in a sense of the word, except his own personal lifestyle, and that's because they had been diverting money from before.

THOMPSON: Sounds good. Okay. Let me ask you about an individual out of Oral Roberts that I really enjoyed while he was at the Tulsa Medical College, and that was Dr. McCall—

THURMAN: Um-hm. Charlie.

THOMPSON: —who was the dean over there, who eventually became the dean in Oklahoma City while I was there Do you have any comments about him?

THURMAN: Oh, Charlie was a first class person; he was a real human being. Charlie never saw anybody that was sick that he didn't want to cry about. He just, he really was a compassionate individual who got into medicine for the right reasons. He was going to be a missionary, and that sounds strange, but he was going to be a missionary and—. Honey, was it Charlie's wife or one of the kids who got so sick, changed his whole course of history?

GABRIELLE: I can't remember, Bill.

THURMAN: Okay. Well, either his wife or one of his children was deathly ill, and this was about the time that Charlie was supposed to go overseas for somebody. And he went, but he made it a short visit. And when he got back, he had somewhat changed. He would talk about it some, the—always lighthearted about how much good he was able to do in such a short period of time that he often felt like he was a magician, making all kinds of jokes like that, but they were in here, too. And he had badly wanted to go and just couldn't do it. But he, Charlie was just a great person, but he remains in my mind one of those people who sometimes let their compassion govern their activities to the negative. He could not sometimes make a judgment call because he thought it was wrong, and you can't constantly think all of them are wrong. But Charlie was a wonderful person. He might have been able to change the Oral Roberts picture if he'd stayed there long enough, but Charlie read that for what it was, and the second he left over there, some of the things began to crumble. And when he came to our side of the fence, I was delighted to see him there. We had a lot of interaction because it was right during that transition was when I left the University and went to OMRF. And Charlie and I became competitors, but we were very friendly competitors. Absolutely mad fool about playing bridge, but wonderful guy. I just wish he could have had more influence on Mr. Roberts.

THOMPSON: I'm going to ask you this question now: what have you seen change in this, first do medical education, from the time you were a student at North Carolina to the end of your career? What are the things that you see that were the biggest changes in medical education—let's do medical education first?

THURMAN: I think the biggest change in medical education has been the emphasis more and more on awareness in the patient of the effect of mind over body from the standpoint of, I think a lot of people in our country today are ill because of, they think they are and they really are not. And yet they need to be cared for. And I think medical education is making that turn now. Well, let me give you one specific example for instance, when I went to medical school, the one course that I wish we had had that we didn't have was behavioral science, because you think about it, when you get to feeling bad you're a different person, you really are. And what happens to the physician on his side of the table is that he says, oh, one more. And he, from starting at 7:30 in the morning and going on down, you lose a little bit of compassion. By the time you get to lunch and you're hungry, you ain't got much compassion for that guy that just came in. So, I think that we're teaching medical students now much more behavioral science. You have to dislike the term psychiatry because that makes it sound bad, but behavioral science is psychiatry at the base level that all of us know and practice without meaning or without knowing we do. I think the first thing I see that's good, is we are emphasizing that the mind controls illness to some degree. And I think that the quicker we can learn that, the better off medicine and the people we serve will be. Just as the other example that goes with that is, so many of the clinics and places like that now, I mean group clinics that charge you full rate, not the walk-in clinic that does it, but one of the things that they've done is to give a physician twenty minutes. You've got twenty minutes and when I see Marty walk through that door, I've got twenty minutes before he better be walking out or I'm going to start running late. Well, we have a friend who practices in Oak Harbor, and by the time he gets to us, and we're usually in the late morning, he's only about thirty-five or forty minutes behind. And by the time he gets to lunch, you know, there's no lunch, it's time to start to the 1:00 patients. That's a bad thing, it makes you, makes him feel like when he walks through the door he's only got just so much time to ask a couple of questions, and in so doing, he may miss your illness totally. And we see that now more and more. Endocrine, pancreatic disorders, things like that. You've got to listen to the—what people are saying to pick up the nuances that speak to their disease. Otherwise they just got an upset stomach and you treat with Nexium and you go on. That has to change before we're going to go back to the level that we usually are able to practice.

The thing that changes it already, even though we don't mean to do it is because we've got medications we've never had before. Now, they're expensive and I don't agree with that, but the medications are such that some of the illnesses that used to be big time problems are not anymore. Crohn's disease, for example, which is much more prevalent that we ever thought of it being. We've got a medication that brings that under control. Different antibiotics for different

things. It used to be that we only had one medication. When I went to medical school at McGill we were just a few years post-War and we had penicillin and we had sulfur. Penicillin and sulfur and that was it. And now we've got this whole long swath of drugs, most of which have done good clinical testing, except some. I'd say that that's the third, fourth piece would be that we're teaching pharmacology at probably a hundred percent better level than what I learned in school. If I give a drug now, I do consciously stop and think about is this man or woman or child, and for me it's child, thank goodness, are they on some medicine that this will interact with, if not—the mother is certainly going to know that until she's living with it. I need to stop and think before I just give and treat. And that's the other bad thing about time, you give and treat. So you miss a lot of it that way.

And the other big thing about medical education that's changing is record keeping. Gabrielle and the children and grandchildren all tease me because I'm totally computer illiterate. There are days when I'm semi-lucky to get in. But Gabrielle and I, we sit beside each other so that I can depend on her. And she's an Apple person and I'm a Dell, so it's going to be divorce before long, but—. We're teaching students now the value of statistics, number one. Number two, how do you keep reliable statistics? And that's a very important lesson.

I don't see—there's a push on, like there was during the war, to make school shorter so that we can have more doctors out there because of the 125,000 doctors that we've got, we're going to lose about 35,000 in the next few years, they're going to retire. We, our medical schools are not meeting that need. It goes back to this thing we started with at oncology, we're not training enough doctors right now. If it were not for the medical schools in the Caribbean and overseas that contribute some to us—25 percent of physicians practicing in this country were not born in this country. And that's fine as long as we are sure of their quality. That we're not sure of, but places like Oklahoma we are doubly sure, to a fault, we went too far. But it, we've got to address that, Marty, and I see that as more of a problem at the hospital level than I actually do at the practice level because of the—if you have a shoddy practitioner, you're going to have a lawsuit now. Everybody is so geared, I get real tickled at night sitting here watching the news, so and so is suing, so and so is suing. Everybody sues for everything. And, the—I don't question that—I have one son who is a lawyer and a daughter who's a lawyer—I don't question the need for an approach, but do we have everybody because of the color they're painting the school walls, you know? I'm just kind of fed up with that. But the digitalization of medical records will allow us to have good statistics and quicker statistics about what's going on in our community. The whole thing about the Zika mosquito is an issue that did not have to happen if we had had some people like Charlie McCall practicing in Zambia. We could have taken it, he would have seen it, he'd have recognized it for what it was, and boom. We—again I don't mean this as a slur against any religion—religions that require their students and their members to go abroad do a tremendous service. They don't do a tremendous service at sending good, well-trained physicians because if there was ever a place that we needed it, it's now in territorial Africa. The one good thing the,



well not the one, the best thing that, best school I ever went to, even Oklahoma, University of Virginia had a program with Kenya, where everybody from the faculty went to Kenya for six months at a time—six months. That's like being sent to prison in a way, except if you go and enjoy it, you learn a tremendous amount, you see a tremendous amount, and you come home thinking we could do something about this. And we could. But, the—you know—. To have the public health physicians in a place like Kenya or a pediatrician in like a place like Kenya. I saw more malaria in a week than I saw in the, would I ever see it again? Yes, if I do I'll recognize it, that's for sure. Gabrielle and I have spent a lot of time in the Caribbean islands because of boating and everything and I saw a case of malaria, I recognized it instantly and they'd been working the child up for two weeks, and for no reason. Everything was there, but \_\_\_\_\_ (??).

GABRIELLE: You know part of the problem with modern medicine is what Bill said before, and that the fact that a lot of the doctors that are his age and a little younger are having problems with the digital age. And rather than try and re-educate themselves, because it's so difficult at that age to do that, they're getting out of medicine. And they're getting out at alarming numbers. You know our personal family physician was like that, he struggled with this new idea that you have to carry the computer or an iPad into the patient, you know, into the see the patient, and write all this stuff down while you're talking. Well, half the time, you know, he can't do it or he gets so frustrated that he can't answer the patient's problems. So they're just getting out, and it's a shame because we're losing a level of well-educated men and women who, you know, are fighting the digital age with their fingers going down the wall. There I said it.

THURMAN: Okay. I've only heard that five hundred, six thousand, four hundred—.

GABRIELLE: In case you forgot it.

THURMAN: I'm non-educable. I'm sorry.

THOMPSON: No, I was just going to make a comment because over my career I have found it very interesting because the physicians that I have found that I respect, who I think really were in that top, I'll say, 10 percent of the profession have been people who were very skilled at diagnosis. And you, during this interview on several occasions have referred back to that because those people seem to be astute in being able to read the patient and know what then needs to be done for that patient. It's not mechanical. I have to do this and I have to do that. It's that ability to understand that patient and then go about treating that patient for whatever the disease there is. And I think that's kind of interesting because obviously you were one of those, and several other people that I greatly respected were those true diagnostic physicians. They understood how to determine what was going on—you talking about malaria, you see it, you understand it, you see a patient, you go, and that's what we've got here. I think that's very interesting that those really

cream of the crop people were really good at that particular task, not in memorizing and all of that other stuff; it was that ability to interact with their patient.

THURMAN: I agree with you a hundred percent. I think that the—I can, I know where to go to look it up in the book. Why should I bother carrying it all in my mind, and instead use my fingers, and my ears, and my eyes. Gabrielle and other female friends of mine say that I'm constantly undressing people when I'm at cocktail parties and things like that. You know, and I get really interested in how much you can see and tell about illness in a patient without laying a hand on them to start with, add your hands to it. You know, I was calculating the other day; it's been eleven years since somebody percussed my chest. Eleven years. And that's not the—yes, they're scared, well I don't mean scared—it's difficult for a doctor to take care of a doctor because you say how much does this guy or girl know, how much should I do without embarrassing them, and, you know, I just, I don't care. Our daughter's very concerned about the fact that I do a tremendous amount of breast examination in teenagers. But that's the time when we can teach kids, girls, to palpate their breast, cut the incidence of early breast cancer, which is by far the most vitriol because all the all the cancers that we treat, and yet it's within our grasp—I shouldn't do that with my hands, should I? No. But, it's the, we don't do enough of that. In the training period in medicine, the fourth semester, which is the end of your second year, just before you go into real clinical training, we teach physical diagnosis. And I well remember I had, I was sitting in my office in that run down old house on 14<sup>th</sup> Street, and—oh, I'm blocking on his name—Jack Socatch(??) came running in and he said I need three more people for physical diagnosis this afternoon. And he said, "Can you do it?" And I said, "Yeah, I'll just have to change things around." And so I went and walked over to the basic science building, we all set up in different—. And I got two girls and a guy, they ought not to do that to you, but it was a classic demonstration of the fact that physical diagnosis is not important in medical education now. And yet the—here we—they drafted those of us who just happened to be MDs, yes, and happened to be sitting around, yes. But we need for people to understand that—. I see somebody walking down the street and you know I'll be going up the steps at Anthony's tonight or something like that and it'll be somebody up there who's doing a funny kind of a limp, and they've either had a hip replacement or a knee replacement, and I just, I categorize that. And it, there's nothing, I'm not concerned about how tumultuous a breast may be or something like that, I'm much more concerned about how does it feel. And there is anything that's really bothering? But, the best physical diagnostician that I've ever known had fingers and an ear, and I would tell you, Marty, that I'd go any place in the world with that guy with no other medication, no x-rays, no nothing for him because he could tell me what I needed to know. And it's, it's an art we're not passing down.

The, every time that I take any roll now anywhere in medicine, I ask that question. I say, "Do you percuss when you're looking for dullness?" And then the next one is rumors. My chest sounds like an army marching through there because they moved the heart around to start with,

first surgery. And that automatically gives you a different sound. Then the second surgery they blew a valve apart, and it sounds like the trains are coming, you know. And, so, the, our own doctors, you know, say, “You’ve got an interesting sounding chest.” And I agree I’ve got—. But it’s so simple, and you can tell what you need to do with just a stethoscope and your fingers and your eyes. But, see we don’t even look much anymore. And if you ask a woman when’s the last time your physician palpated your breasts, if it’s a good internist or good family practitioner, it’s the last time she visited. Yet, we get criticized for that, and for rightful reasons. There’s some people in plastic surgery, you know, who have carried the ball too far and it is an opportunity for them to palpate individuals that they wouldn’t be able to palpate otherwise. What do we do about those? And we don’t do those well either. We are much better at discipline than we used to be, but we still are not disciplined enough. And I hate to make that statement because medical boards are very, very vitriolic groups. Every single one of them is a crusader and he’s got his lance up and he’s ready to go. And he’s going to get somebody. That’s no way to do it.

THOMPSON: Tulsa Medical College—another opportunity. Is there anything else you want to say about Tulsa that you don’t think I’ve asked?

THURMAN: No, but by tomorrow I’ll have thought of something you didn’t ask because—

THOMPSON: And then, and then, and then—

THURMAN: What was that?

THOMPSON: What I’d like to do is plant some seeds for tomorrow.

THURMAN: Okay.

THOMPSON: There are a couple things I’d like to do with your permission. One, I’d like to talk about what you did during your time period from the time you became provost to the time you retired at OMRF. Your involvement in healthcare in Oklahoma. What you did to influence healthcare, which I know you did a lot of, especially during the years that you were at OMRF. I know that you were behind the scenes doing a lot of stuff during those years. And then, if you don’t mind, because I got some pressure when they found out I was coming here to talk to you, is I’d like to talk a little bit about your years at OMRF.

THURMAN: Sure.

THOMPSON: They became very scared, very worried when they found out I was coming to see you because they realized they had never done an oral interview with you after you left OMRF.

And so I told them that with your permission that I'd talk a little bit about your time at OMRF and the things that you did at OMRF while you were there, if that's okay with you.

THURMAN: It's okay. The only thing I will say, the OMRF experience is still fresh enough that I just want to alert you to the fact that some of the things I say will have to be non-specific, would be the best term I can think of.

THOMPSON: I totally understand that. You know, I was pressured when this project came up about they wanted the history of OU-Tulsa done from Tulsa Medical College until the now. And I said, "You don't do that." I said, "Most people will tell you you need to be at least ten years out before you start talking to people." And I thought it very funny that they want it to be now. They won't get it to now with me anyway. But, so I totally understand that. But I think the people that I've talked to, I totally understand the value in hearing comments that you might make about, you know, if nothing else, the successes that you feel like occurred while you were at OMRF, because those can always be told, it's the other stories that can't be told.

THURMAN: Yeah, some of the stories, the—we've got some famous stories.

GABRIELLE: You could talk about the people that you brought there, the grants and the people, and the fact of how they helped build the foundation into, you know, a recognized entity. I think you can do that.

THURMAN: You going to be here tomorrow?

GABRIELLE: Sure.

THURMAN: Okay, then.

GABRIELLE: Where do you think I'm going?

THURMAN: I thought you'd take the dog and leave.

GABRIELLE: No, no. You're stuck with me.

THURMAN: When we have a bad day, the dog walks off with a bandana and his cane over his shoulder, as far as Gabrielle's—. But, the—it's, it's probably from my standpoint, it's probably about five years too soon. But I'll make that decision as we go along. I was thinking when Gabrielle was talking about some of the stories like the—China invited us in 1979 to take a group over to China. Well, that was still the gang of four period of time. The stories are legend of

that trip. Oh, are they legend. Including the fact that yours truly, you know, we'd been all over China, and to me—

GABRIELLE: We went twice.

THURMAN: Yeah, I know, but the first one the one's that had most of the stories.

GABRIELLE: The first one's the one that stands out, huh?

THURMAN: Yeah. We'd been all over China helping get biochemistry started again. And with that they were very, very grateful people. And you know, every place we went they would serve at least one meal that took a long table and just, you know, had everything in the world on it. And you said, what, all these people, what's going on here? They're not hurting for anything. Well, we would sit down at the table and they were not allowed to sit with us. They could not be allowed to do that. But we'd sit there and we'd talk, and each province in China makes its own beer, and the beers compete. So, we had a lot of drunk people a lot of the time.

GABRIELLE: Because that was all there was to drink, you couldn't drink the water.

THURMAN: That's right, you didn't drink the water. But at any rate, when the evening or lunchtime eating was over and we got up to go back to work or to leave and go home. It was like a herd of locusts descended on that table. Some of those people, you know, had nothing like that to eat in ten or fifteen years. And the guy that helped set it up for us was chairman of biochemistry at the university in Shanghai. He'd been digging coal in a coal mine for twelve years. That was his punishment for being a learned individual. And so, and it was true for everybody that we ran into. Well, the only reason I tell this story is so I can beat Gabrielle to the punch. We went through all of China from top to bottom and got to Beijing with all the kudos, you know. I carried one of those heavy statues that's somewhere around here from the chamber of commerce over there and carried it all the way through, plus a sword that—that's not the whole story. But, at any rate, when we got there, I was up to here when we finally got to Beijing. And I'd eaten and talked and shook five thousand hands—the only thing that saved me on that whole trip was I was the only MD, so when we went to a town I was asked to go to the hospital and see the children. The only bad thing about that was the beds in China are this low, and I was my size now, but not the arthritis I have now, but I'd come home at night I couldn't stand up. I'd been bent over all day long. So there were a lot of stories like that. And then the one that Gabrielle would tell, so I'll beat her to the punch, we—the minister of education was going to give us this award for coming over to them. And it was one of those hot, hot days in China, and boy, they are hot, and we were going to look at one more Buddhist church, and I was dying of the heat. And down at the bottom of the stairs before you climb straight up was an Icee, what amounts to an Icee. This guy on the side of the street selling these things. And I was so thirsty I

had to do something, so I had one. Sick, you will, boy, man. The pictures, we've got pictures of the whole thing. The pictures they have of me with the minister of education I look like death warmed over. Like are you going to make it across the stage here? They immediately took us out to the airport, Gabrielle and myself, the rest of the group stayed there, and put me on the plane to fly me home thinking that they'd rather I die on the plane than die on their land, and that was the only thing that got me out of there.

GABRILLE: And it was, too. He was sick all the way across the Pacific.

THURMAN: For once they didn't have to worry. We boarded planes over there walking through two groups of people that each had live firearms because they'd had a lot of people breakaway and try to run. I couldn't run five feet.

GABRIELLE: We had a military escort out through the airport, and they guy had given Bill a vase and it was an antique and you weren't allowed to take antiques out of the country, and they never stopped us, they never checked our bags, they took one look at him and the people with the guns and on to the plane we went. (laughs)

THURMAN: OMRP, we'll talk about the realities of OMRP. But it's loaded with stories like that, all of which are true. Because you know Gabrielle and I had all of the Fleming Scholars all summer long. At dinner every Wednesday night they came out to our house. Eighty plus people every Wednesday night. And trying to feed eighty people in a reasonable period of time. Governor Bellmon came. He said, "What is this?" I said, "It's the Fleming Scholars and some members of their family, some members of the faculty, some members of the community, et cetera, et cetera." And he said, "I can run for office here." I said, "No. No shaking hands." He was a firm believer in the Fleming Scholar program. But there's lots of stories like that. Yep. Okay.

THOMPSON: All right. That sounds good.

*End of part one.*