Oral Memoirs

of

Gene Harrison, MD

An Interview
Conducted by
Clinton M. Thompson
July 21, 2016

Development of the Tulsa Medical College:
An Oral History Project

Schusterman Library
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Interviewer: Clinton M. Thompson

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Gene Harrison was the Director of the Family Medicine Residency Program.

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.

Alyssa Peterson was a Medical Librarian at the Schusterman Library.

Rhonda Holt was a Graduate Assistant at the Schusterman Library.

Gene Harrison, MD
Oral History Memoir
Interview Number 1

Interviewed by Clinton M. Thompson
July 21, 2016
Melbourne, Florida

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THOMPSON: All right, it's July 21, 2016. Dr. Harrison, would you like to introduce yourself?

HARRISON: I'm Gene H. Harrison.

THOMPSON: Would you like to talk about your education?

HARRISON: Well, yeah. I was born in 1922. My early education was in small schools where my father was superintendent of, in various places through the state. When I was twelve years old we moved to Oklahoma City. I attended Harding Junior High School and then Classen High School. Following that, I graduated from Classen High School in 1940. I attended OCU, Oklahoma City University, for three years, was introduced—A.V. Hunanen, medical advisor, came to me and said, "Are you going to take the medical aptitude test?" I says, "No, I don't have ten dollars." He says, "I'll lend you ten dollars." I took the test and placed in the eighty-fifth percentile. So when it came up for medical school admission, Dr. Gutierrez asked me, he says, "What books have you read lately?" Foolishly I said Tolstoy's *War and Peace.* He said, "What animal performed at the ballroom?" I said, "A bear." I got admitted to medical school. And I was one of two without a degree; I didn't even complete ninety hours because the army took us out early. At the latter part of my first year of medical school, I developed bilateral abscessed wisdom teeth, tried to take narcotics and take my final test—busted.

And so I spent the following two and a half years, several months of that at Camp Barkley, Texas, as a classroom instructor, cadre for the medical corps. Interesting, the fellow that moved, that they shipped out of my place, and I took his place, was Lew Ayres. Lew Ayres was the star of *All Quiet on the Western Front*, and as a result of that picture he became a pacifist. And so he was in the medical corps. And was quite well liked by everyone there. Everyone spoke well of him.

Following that I was at Camp, Camp, not, I lived at Fort Sam Houston in a service camp(??), manned laboratory for several months. And then shipped to—at the Battle of the Bulge we were

realizing that World War II was ending, and so we started closing down support camps. We didn't need to train any more classroom medics; we didn't need to train lab technicians, so forth. So, I was shipped to Paris, and stayed at the American Hospital of Paris for about six months. Then back up to, back up to Marburg, Germany, at a station hospital there for six months, and was discharged from that hospital, and was automatically re-admitted to medical school. I didn't have to repeat the first semester, they just let me, they let—in fact, I tutored some of the medical students. And that was fun and interesting. It was probably fortunate in a way because if I'd have been on that advanced program, I would've been a practicing physician at age twenty-three, which doesn't qualify you to change diapers.

Anyway, graduated from medical school in 1950. Interned at St. Fran—at St. Anthony's Hospital in Oklahoma City. And then practiced in Seminole, Oklahoma for thirteen years, which, town of about twelve thousand population, small hospital. We did everything. We did OB. Charges when I started were $50 for a delivery. I decided that I was doing too many, so I raised my price to seventy-five, and all of a sudden practice in OB doubled; you know, he must be better. But that, we did surgery, appendectomies, hernias, gall bladders, you know, hysterectomies.

I, I'll make a comment here. You know, abortion is not a good thing, but over a ten year period prior to legalized abortion, every other year, maybe more often, some poor girl would appear in the emergency room septic, temperature 105, having undergone an illegal abortion; and I would have to go in and complete that abortion and try and save her life. I didn't like it; wasn't much fun. So, after legal abortion came along, that didn't happen anymore. So, I think our pro-lifers are trying to create a new criminal class. And Susie Gotrock's father will see that she gets her abortion anywhere in the world because he has the money to. So, what we're doing, we're putting this, putting all this problem back on the poor. And I became a democrat after many years of voting republican. So, and I don't apologize for it. Anyway, that's my say there.

Practice in a small town was interesting and rewarding. But the one problem, the town owns you. You're my doctor. (laughs) You can't go anywhere without being their doctor. I had a very interesting patient. He was a wholesale bootlegger. And this, now, the sheriff of Seminole County received a stipend of $400 a month, this was when I was there. The—he also had $400 a month expense account. Now, he was the most frugal gentleman that you probably ever encountered because out of this salary he bought a ranch in Virginia, and he had another pretty good-sized ranch in Seminole County. Now, my bootlegger friend paid the sheriff $800 a month, and another friend, another wholesaler paid the same. Then numerous guys paid $25, $50, $100, $200 a month. There were seventy-five bootleggers in Seminole County. And it was, you pick the phone and you could call and you could get a lug, you know, no higher. Paul called me one night, says, "Doc, come. I feel awful bad, can you come and see me?" And I said, "Well, I'll come over to your house this evening." He says, "I'm not at home, I'm in jail." So, I says, "Well, Paul, what are you doing in jail?" He says, "Oh, the sheriff sold all the liquor out of his vault,

and I have to send a truckload of liquor and put it back in the vault to save his ass." He says, "And I'm really upset about it." Well, I go down there, and there's Paul's Cadillac sitting behind the jail. So, I go in and I says, "I'm here to see Paul Denton." And he says, "He's upstairs, just open that door on your left hand side." And I go up there, and there's Paul sitting in this big room, double bed, easy chair, television. And I says, I says, "Is Eileen here?" Eileen's his wife. He said, "Oh, no." I said, "Well, your car is down behind the jail." He says, "Well, I go home at night." Anyway, Paul was a very interesting person. He died at a relatively early age of heart failure.

But after thirteen years, my wife was very unhappy with Seminole. She was a city girl, and we were spending a lot of weekends in Tulsa. So, we moved to Tulsa. And I started a practice there across the street from Sears on 21st Street. I think that turned into a motorcycle shop later. But I practiced there for several years and then moved to an office near 31st and Sheridan. Until, early in 1977, Bob Capeheart approached me and said, "How about forming a family practice department?" I said, "I don't think I want to do that." And he says, "Well, let me take you down to the Harvard Club and have dinner, and let's talk about it." So, one night he took me and my former wife, Billie, to the Harvard Club and we talked. And all this time off I was going to have, that I never did get. We, well, we talked about it for several days. And finally I thought, well, you know, this might be a change and be some fun. And, you know, every change I've made in my life has been a new challenge and a new interest. I don't think I could have stayed in it as long if I hadn't made those changes. But finally Bob Capeheart, Mike Lapolla, Les Walls, Les Krenning, and I went to Atlanta, Georgia, and we spent three nights in a hotel there. Three days of meetings. And that was the format—oh, Roger Good was also there. Roger Good was out of Arizona. So, and that was the formation of the family practice department.

Now, I wasn't a big cog in that. (laughs) My job was to be director of the unit out on 21st Street. And I was to try to teach doctors how to be doctors. And, you know, give them what guidance I could, and keep them on the straight and narrow. We had a good crew. You know, you mentioned Bonnie Rudy a while go—Bonnie was a patient of mine. Early when I came to Tulsa she brought her three boys in. You know, Bonnie, I think Bonnie was from a family of nine children out of Fort Gibson. And she was a beautiful lady. She was morally a beautiful lady and had the greatest integrity. And I don't think anyone could ever say enough about Bonnie as an individual. And she, as an office manager, as a personnel manager for our unit, no one could have done a better job. And her loss is felt by a lot of people. Bonnie had ability to meet any crisis with the greatest equanimity. She was a smooth individual. And Bonnie picked good people. You know, she was highly instrumental in the operation. You know, Bonnie picked a bookkeeper, and our unit was never off any. If were off any, and that happened a couple of times, she found it. Maybe it was months later, but she would find it.

We, the department broke up into two clinics. We had an early clinic out on North Sheridan in the 800 Block. Les Krenning headed that clinic. And my clinic was out at 21st and Mingo. By the way, that clinic was not ready for occupancy when we received our first residents, so my office was the first station for eight residents. I think that lasted for only a month or so and then we were able to open the other unit. That unit flooded in that deluge of, what was it '82 or?

THOMPSON: Yes.

HARRISON: Anyway, we had four inches of water. (chuckles) And we just had to shut down for a while. You know, actually I feel kind of humble about—I don't think I took part in anything very big. Unfortunately, we had some unfortunate problems, both with leadership and—. I don't think any of the lower faculty was ever very much of a problem. We all knew what we were supposed to do and we did it. Silvie Alfonso came on about the second or third year of our operation. And Silvie was a tremendous clinician. And he was, he was probably the best teacher of all. He was so thorough. Silvie was there for eleven years I think until he was terminated unjustly. I don't know, Marty, I—.

THOMPSON: Well, I'll ask you: those first residents that you had in the clinic. How did you go about initiating them into the practice of family medicine and how they should practice?
HARRISON: Well, we had—. I was part of, I was a volunteer faculty at the medical school for maybe five years before joining full-time. We had some residents out on North Sheridan which we did not recruit, but were a part of the, a family practice department that hadn't formally been formed. It was interesting. They were taking hospital calls. And in, after our new residents came on, so we had some first year residents, they set up a schedule whereby the new residents—now these are medical students yesterday, today they're "I am a doctor," and so they decided that these new doctors would take first call at the hospital for the emergency room. Well, I said that they're not ready, and we can't do that. And so Les Walls agreed. They rebelled and says, "We're not going to take first call, these indiv—it's not going to be that way. We as the faculty will take that first call if we have to. You can resign as today." So, overnight that broke down. So, but we were ready to because that was the only, only realistic thing to do. You cannot put the responsibility for major care on kids just out of school.

THOMPSON: Now were you doing call at all four of the hospitals? I mean three of the hospitals—St. John's, St. Francis, and Hillcrest?

HARRISON: And eventually Doctors', too.

THOPMSON: And Doctors' as well.

HARRISON: Yeah.

THOMPSON: And the Doctors' Hospital was a group of family practice people that had separated from Hillcrest as I understand the story.

HARRISON: Yeah.

THOMPSON: So you had them in all of those hospitals?

HARRISON: Yeah. I got kicked off of the staff at Doctors'.

THOMPSON: Who'd you make mad?

HARRISON: Huh?

THOMPSON: Who did you make mad?

HARRISON: Well, one of the head honchos. He was off and I covering the emergency room, and one of his patients came in with a fractured kneecap. She had fallen at a football game. And it was just a hairline fracture, so I went and got a long leg cast, or a splint, and put on, gave her a pair of crutches. And I said, "Now you go to your regular doctor Monday and notify him of this and what we've done." So, Tuesday morning I was in Doctors' Hospital and he had informed her that what I did was all wrong, that I should be sued. (laughs) And so, the upshot of that was I would never see another one of his patients. And I let it be known. He said, "Well, if you don't see my patients, you can't work in this hospital." I said, "Well, then I don't want to work in this hospital because you are dangerous, and I don't want anything to do with you." So, I got kicked off the staff.

THOMPSON: Did you have privileges at all of the hospitals in the city?

HARRISON: Yeah.

THOMPSON: Did you do it at Hillcrest and St. John's and St. Francis?

HARRISON: Yeah. And Doctors'.

THOMPSON: And Doctors'.

HARRISON: Yeah. I went back to Doctors'. After I was with the medical school they couldn't keep me off the staff.

THOMPSON: So you, so you won in the end I guess is how that—.

HARRISON: Yeah, by default. (laughs)

THOMPSON: Let's—you were talking about a while ago those first residents that you had. So in those early years, in the late seventies, coming into the eighties, were there any of those residents that stood out in your mind to you?

HARRISON: You know, Marty, there were an awful lot of good residents. And, you know, good residents make good resident programs; bad residents don't help you out any. You know, in all humility, I have to say that the residents teach each other more than I teach them. I can be a guide and I can make suggestions. But the senior resident teaches the junior resident, and the junior resident teaches the beginning residents. And it's a pretty good system. I go each morning that I'm on service, and I make rounds with the residents. You know, that's two hours. They spend that two hours with me, they spend the next twelve hours together in the hospital. So, in all fairness, you have to say that they teach each other, and they form examples for each other. Now, I can walk out in the hall and I can see that guy walking down the street and I can say, "He's got MS," without a blink(??). And that's very_____(??). Or I can see the little girl in January walking in the unit in her housedress, you don't need a genius to know that she's hyperthyroid, you know. I can see the guy getting up off a prayer rug, and his wife's in bed with chills and fever, and the admitting diagnosis is a urinary tract infection, and I can say no, she's malarial because I saw hundreds of cases of malaria in Paris. Not hundreds, but I probably saw twenty. Anyway, you know, these things make you a reputation; it don't make any difference how stupid you are.

THOMPSON: That's not being nice to yourself, now come on.

HARRISON: Well, you know. You know, actually medicine has been very good to me. It's, it was pleasant. It was stressful. But all in all I don't know of anything I would have rather done. And I owe it all I guess to the guy that says take the aptitude test.

THOMPSON: Well you sound like, and I would assume in those early days in working with the residents that was the reason that people speak so highly of you, you seem like one of the physicians that have that knack for diagnosis, and the ability to understand what the patient was telling you whether they really told you or didn't tell you.

HARRISON: Okay, Marty, you asked for a comment about the difference in medicine now and then.

THOMPSON: Um-hm.

HARRISON: In none of these cases I've mentioned did you need any lab tests. You didn't need x-rays. Well, like the malaria I said to the guys, let's go down to the laboratory and get them to make us malaria slide for us and see. We went down there and five minutes later we had the diagnosis, you know. Well, you didn't need any blood panels, you didn't need any x-rays, you didn't need a million dollars worth of laboratory work, you just needed a simple slide and someone with some good eyes. In, you know, one of the problems now, we have millions of tests that we're capable of doing, and I almost guarantee you that if I run a panel, a big enough panel on you or you, that there's going to be some little abnormality in that. And that, if I'm very curious I can explore that, and maybe that brings up something else to explore. Well, I had—we had residents that could never make a diagnosis. They could never terminate a case, you know, put an end to it. Make a diagnosis and treat the patient and get him on his way. (laughs) But we used to say that history and physical examination is 90 percent of making progress and treating a patient. You know, the attorneys got into it, and the accountants got into it, and I was over at my physician's office here last month, and she says, "I'm sorry to tell you I'm leaving practice." I said, "What's the problem?" She says, "They say I'm not seeing patients fast enough, and they're cutting my salary, so I'm going to the hospital to be a hospitalist." Well, you don't—here is a lady in her sixties who is excellent at patient care. Why? She listens. Why? She takes time to look at you. And she embodies all the good qualities that go to making a good doctor. Now, we get an accountant in there, and he says, "Oh, it costs us $60 for you to see a patient." Well, if I see a patient in twenty minutes and I come to a final diagnosis that's correct, I've done better than the ten minute job that didn't make any, that didn't know what was wrong with the patient and sent them out with three prescriptions, and they're back three weeks later worse. So, when we brought the accountants in to the medical care, we need to fire all of those guys and get them out of the—get the attorneys and the accountants out of medical care. They've got no place.

THOMPSON: I think it is difficult—they don't understand. And that's what physicians did twenty or thirty years ago, they understood.

HARRISON: Well, you know, we had—when I was in the army I worked in the laboratories. We had twenty different chemical tests that we could do, and if your lab was real good that you expanded that to maybe twenty-two. And that was it. But I'm talking about 1943, '44, '45. Now, I don't know how many tests they can do. Two hundred? Three hundred? I don't know. See, I talked to David—. When I was in medical school we had a textbook of probably, of biochemistry, probably that thick. Now the suckers that—. You know. (laughs) They don't even make the book anymore, it's all on the internet. And it has to be, it's too big.

THOMPSON: In the clinic—you were in your own clinic?

HARRISON: Yeah.

THOMPSON: Do you remember how many patients you had in the clinic that you were running?

HARRISON: Oh, Marty, I—. You see, now the faculty, we had a private practice plan because salaries were not up to what private practitioners were making; so we could devote one-third of our time to our own practice. I was supposed to spend one-third of my time to teaching, direct involvement in teaching. And then I was supposed to have a third of my time to devote to budget, administration, you know. And, you know, that was always very loose parameters. It didn't divide out that way exactly, but that was the guidelines. That's what our contract said. But we had—the residents spent various times in the clinic according to their, their years. They'd have three half-days or they'd have two half-days; and sometimes depending on what service they were on. Actually I think that at the Marina we saw about eighty patients a day. But that could vary; you know, that may be as low as forty, sometimes it might be a hundred, depending on how many doctors we had there.

THOMPSON: Well, you talked about that Bonnie was a patient for years. I'm assuming that you had a cadre of patients that you saw for years in Tulsa.

HARRISON: Oh. Yeah, in private practice it cost me about $200 a day to turn the key in the door because I paid two girls full-time and I paid one girl half-time, and I had, you know, supplies, I had electricity, I had telephone, utilities, you know. So, I had to make $200 a day before I bought a can of beans. And, you know, you have wives who spend, and children to put through school. But, you know, you know when I started to work for the medical school, I just put $1000 a month into retirement. And essentially that's a good part of what I'm living on now.

THOMPSON: Is that retirement?

HARRISON: Yeah.

THOMPSON: So now, so now do remember—are there any of the other faculty in any of the other departments that stood out to you during those early days?

HARRISON: Oh, yeah, we had a lot of good people, young people, yeah. Medicine had good people. You know, David the other day was, my son, was talking about Richard Marshall. You know, Richard was one of these individuals with almost a photographic memory, and he was very, very widely read. Richard came—David finished medical school—and Richard came to me and says, "Where's David want to go for residency?" And I said, "Well, I think he's applied to Parkland and Grady and I don't know, couple of other places," He said, "He don't want to go there." I says, "What do you mean he don't want to go there?" "He should go to Duke." I said,

"He hasn't applied to Duke." He says, "Well, you tell him to apply." And I said, "Well, it's almost too late." I said—Richard says, "He'll get in." And he did.

THOMPSON: Well, now that you've mentioned your son, you want to talk a little about him?

HARRISON: Well—

THOMPSON And how he's done?

HARRISON: We were talking the other day and he said his experience at OU as a medical school put him far ahead academically and clinically. He was ahead of guys from Harvard, you know, all big eastern schools. There were a hundred, a hundred and thirty-five residents at Duke. He was voted outstanding resident by the resident faculty. David finished a Duke residency and then he did a residency in cardiology. Practiced eight months in cardiology, didn't like it, and went to Iowa under Melvin Marcus, who was a researcher, and David did a two-year fellowship under him. And they hired him then on the faculty at Iowa where he stayed for eleven years. Then he went to, Emory hired him and he became chief of cardiology there for twenty years. And Vanderbilt recruited him. David has somewhere over three hundred refereed journal publications. And when he was in medical school I said, "What do you want to do once you get out of medical school?" He said, "Dad, I want to know more about high blood pressure than anyone else in the world." And he has done research in high blood pressure for thirty years.

THOMPSON: That was his specialty then?

HARRISON: Yeah. He's a visiting professor at Glasgow University, and he goes over there about once a year and spends a week or so. He says it's a dreary, dreary place.

THOMPSON: Well, he's been to some very good places, so—

HARRSON: Well.

THOMPSON: —his experience has been good.

HARRISON: He—. Let's see, this year he's spoken in Poland, in Germany, in Scotland, Hong Kong, and I don't know. He's, he travels, he's on a board of NIH [National Institutes of Health]. So he's—David's kind of brilliant.

THOMPSON: I would say you're very brilliant as well. Is there anything else about health care that you would like to make a commentary on?

HARRISON: Well, healthcare has become far too expensive. Part of it, fear of lawsuits, part of it, you know, is ordering ex—and because of fear of lawsuits, we order excessive tests, we do excessive procedures. And there isn't the trust between patient and doctor that there used to be, I don't think. For the most part—because people used to establish long, establish relationships. I had dinner with two ladies just before we came down here. They were my patients from in Seminole from the fifties. And one of them was little—in the fifties she was a little girl. And the other came there in the fifties as the wife an attorney, and I delivered a baby for her. You know, trust, mutual trust and, is missing from so many relationships. And the interference of the big medical organization Health First, you know, is one I can mention. And Health First is ruining the chances of my internist to practice the way she wants to. You know, other people have decided that they want their part of the pie, but contribute nothing to the healthcare problem. I don't know, Marty.

THOMPSON: Well, I—you've reflected some of the things that others have reflected that I think also practice medicine like you practice medicine when you were active. So.

HARRISON: Well, you know, I only know one way. And if I learned a bad way, I still use the bad way. (laughs) If I learned something good—. And you know, medici—when you finish medical school, you start a learning process. When you finish your residence, you start another learning process. And the day we stop learning—and that's one reason I left Seminole, among the other reasons, I realized all of the sudden that I wasn't learning anymore. Because all I had was the same teachers, and I'd learned everything they could teach me. So, you move to a new field and you start all over again. And the day you stop learning is the day you go downhill.

THOMPSON: Any other people that you can think of that you might want to mention in those early days?

HARRISON: Well, you know there, there are just an awful lot of good people with good intentions and are trying to do the best they can for other people. And in all humility, those are the ones you have to admire.

THOMPSON: I guess a question for you because you have a unique situation, I think, in what developed out into that Tulsa Medical College and now OU-Tulsa Medicine. Do you think bringing Tulsa Medical College to Tulsa helped improve the healthcare in Tulsa?

HARRISON: I think so. I think, you know, I think it improve the standard of what was acceptable and what wasn't acceptable. And although a lot of people opposed it and felt that the, that the gown was an antagonist, it was actually a friend. You know. We did not, we did not take enough people out of the pot to really disturb anyone's income unless that individual was practically incompetent anyway. You know, bad doctors cannot keep good people. And that's

proven time and again. You know, drugs have become, well haven't become, but close, even in my first year out of medical school I bought a practice of a doctor that was going under because of drugs. I didn't have to buy the practice, we started a practice in a building that they had. But, you know, drugs were the downfall of this practice. And it, we had fortunately, as far as I know, we only had a drug problem with two or three residents. That's probably less than to be expected. So.

THOMPSON: Any other comments you want to make?

HARRISON: Oh, just thankful for the people that I was associated with and thankful—I'm thankful for the medical school.

THOMPSON: I think that's one thing, a thread that's run through everyone is, is that we all now realize that that was some magical times when we started that medical school and that there were some really good people who were involved in that process.

HARRISON: You know, I guess your own ego wishes that things could stay the same, but they don't. They never do.

THOMPSON: Well, and some of that goes back to your comment a while ago that change makes us learn.

HARRISON: Yeah.

THOMPSON: So we do learn.

HARRISON: Yeah. I remember when I started to, started to practice the PDR was about that thick. (laughs) Now it's that thick and they leave half of it out.

THOMPSON: Yes, that is an interesting comparison. You did a while ago; you made the comment comparison about textbooks. Another very interesting comparison that you can do that shows you the knowledge increase over time.

HARRISON: Another regrettable thing is that drugs have become so expensive. You know, we're passing ourselves beyond reason. Albuterol—you use to go to the drug store and get you an albuterol ventilator for $8, $9, $10, something like that. Now it's over seventy. You know, who was the, who was the character that increased the price of a cancer drug thirteen hundred times? Criminal.

THOMPSON: Well, I think we've got all of our questions. I can't, I cannot tell you how important you were to a lot of people in those early days. I just can't tell you how important you were.

HARRISON: Thank you. Sometimes, sometimes you wonder how much better I could have done.

THOMPSON: I think that's the sign of someone who did well because those people are never happy. And obviously listening to you talk today, that's probably one of the things that's driven you over the years. So.

HARRISON: Well, you know, sometimes things, you think back on things and they're pretty sad. You wonder if you couldn't have done better.

THOMPSON: Well, I think you did very well because the people who have talked about you and the ones that we've done preceding this one have spoken highly of you. And there's no doubt that most people consider you to be the kingpin of making the clinics for family medicine a reality.

HARRISON: Well, thank you.

THOMPSON: You need to know that.

HARRISON: Thank you.

THOMPSON: And we appreciate you letting us come and interview you today.

End of interview.