

Oral Memoirs
of
Clinton “Marty” Thompson

An Interview
Conducted by
Stewart M. Brower
June 2018

Development of the Tulsa Medical College:
An Oral History Project

Schusterman Library
University of Oklahoma – Tulsa
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Interviewer: Stewart M. Brower

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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 focused on the 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.

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

Stewart M. Brower was the Director of the Schusterman Library.

Alyssa Peterson was a Reference and Instruction Librarian at the Schusterman Library.

John Bayhi was a Graduate Assistant at the Schusterman Library.

Clinton M. Thompson
Oral History Memoir
Interview Number 1

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June 2018
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BROWER: Okay, well, my name is Stewart Brower. It is May 11, 2018. This is for the Tulsa archive and history project, and we are interviewing Marty Thompson. And so, Marty, we need you to give us a little bit of an introduction here to yourself.

THOMPSON: All right. I did my undergraduate work at Oklahoma City University, and from my sophomore year through my senior year I worked in the OCU Library. And Ms. Kennedy, when she found out I didn't make it into medical school, she was adamant that I and Vicki Withers go down to Norman and talk to the director of the library school. And she took us to the library school down at Norman. We were introduced. We talked a little bit. When we left the room—she was a very proper woman—she shoved me out the door, which was uncharacteristic of her because you always held the door for her, and she turned around to the director of the library school, Dr. Bertalan, at the time, and said, "I expect both of these individuals to receive scholarships to library school in the fall." Well, turns out we actually got scholarships that started in the summer, and so I started in library school and then I got drafted. And I joined—it was the first semester of the fall semester, so I—

BROWER: What year was this?

THOMPSON: Nineteen-sixty-eight.

BROWER: Okay.

THOMPSON: So, I went in, and I knew where people were going in the military at that time, so I went down and signed up for the medical corps for three years, and so I began basic training in the first of October in 1968. In 1969, after I finished AIT, I found myself in Vietnam. Came back, spent some time at Leonard Wood, and then came back and went back to library school again. And I finished library school in '72 and did a fellowship, which was sponsored by the National Library of Medicine at Memphis, and was with five other youngsters, I called them at that time, and did a fellowship for a year there and it was based on learning how faculty in the

College of Medicine operated. So, four days a week we spent in the offices of either clinicians or PhDs, and one day a week we spent in the library doing library work and we rotated through all the departments in the library during the year we were there. I happened to get assigned to a PhD anatomist, who was actually a PhD physiologist, but he taught anatomy. And he went to a brand new library school—I mean, not a library school—brand new medical school in eastern Virginia, in Norfolk, called Eastern Virginia Medical School. And he already had his job and he actually left in May, and the next thing I know he's contacting me and telling me that I should apply there as well as the other places that I was applying. And so, I applied there. Turned out that the new director at Eastern Virginia was a graduate of the University of Oklahoma as well, knew many of the same people I knew from the library school, and not sure why, but she ended up hiring me at Eastern Virginia, and so I went to Eastern Virginia. I arrived thirty days before the first class arrived, and so I moved through the years with that first class. And then my mother found out that the job at the Tulsa Medical College Library was open. She sends me a newspaper ad. I wait until the Sunday before the day that the applications are due before I applied, but I figured I at least had to be able to look her in the eye and tell her I applied. And so, I applied for the job at the Tulsa Medical College, and the next thing I know I'm getting a call and asked to come here to be interviewed. And unfortunately for them, they ended up hiring me. And I came here as they were moving the library from Hillcrest because it had been the [Tulsa] County Medical Society Library, and had been stationed at Hillcrest. And the County Medical Society had decided in order to support the medical school they would give their collection as the starting collection for here. And so, I then spent four years here building this library into a clinical library for, as you know, the third and fourth year medical students and the residents that were located here in Tulsa. And then my mentor from school, and part of the reasons I was in medical libraries, decided to leave the University of Oklahoma and that job came open. And after talking to Leeland about should I, should I not apply, he basically convinced me that if I got it it was a good idea, if I didn't it didn't make any difference I'd still be here and there'd be no hard feelings from him. And so I applied for the job in Oklahoma City. And so in 1980, I was lucky enough to get that job as well. Another bad move by another good employer. And so I went to Oklahoma City and that's where I spent the rest of my career. I was there until five years ago when I retired. So, pretty much all there is to know about me.

BROWER: When you say, you said here a number of times, so when you came to Tulsa, where was the campus at that time?

THOMPSON: The campus was, when I came here, they were in the building at 21st and the Broken Arrow Expressway, and that was a five-story office building I think. We, when I first came we occupied, no take that back, that's what happens with age, it was a six-story building. When I came, we occupied the fourth floor and part of the fifth floor.

BROWER: The library did?

THOMPSON: No, the school did.

BROWER: Oh, okay, the school did.

THOMPSON: And we were on the fifth floor. And we occupied, at that time we were the only thing on the fifth floor, the library was. And then during the four years that I was here, we occupied the fourth, fifth, and sixth floors, and then the school occupied several offices on the first floor of that building. And so, that's where I was with the library. And I actually had stuff on the fourth floor, I mean on the fifth floor, and actually had stuff in a room on the first floor, which was basically a warehouse room where we stored materials that we didn't put on the top floor. One of the interesting things that most people, and it was one of the first things I said while being interviewed, most people don't realize that buildings are not build or stressed for libraries, and so therefore our aisles in the library were a little over two feet wide, no, wait a minute, a little bit over three feet wide, which was totally unknown in those days for a library to have that large aisles, but they had to do that in order to stress the floor for the weight that we had on it.

BROWER: Making sure that you had all the books aligned over the beams—

THOMPSON: And all of that, so—

BROWER: Good grief.

THOMPSON: —worked out really well. So, and it was a brand, I mean, you know, for new medical schools it was ideal because we had almost everything we needed for a clinical library because it had been the County Medical Society in a hospital. And so we added a few titles and we added some research materials in those days to help some of the faculty that were doing research at that time.

BROWER: Okay, let's talk a little bit about what was the day-to-day operation of the library like? What did you do? Who did you have working for you? What kinds of things did you, were you responsible for?

THOMPSON: There was one other librarian and we had two library clerks.

BROWER: Okay.

THOMPSON: One of the clerks ran the circulation desk, the information desk, and the other one worked for Jamie Carney, who was the technical services librarian. That particular individual ended up working at the library here at the University for probably 30 plus years—that was Mary Armstrong.

BROWER: Oh, yeah.

THOMSON: So, she was one of the first. And then, I guess the appropriate way to refer to it is I inherited a secretary. I did all my own secretarial work for about the first year. Got a phone call one day and I had a secretary. And so there ended up being five of us in the library. It was an interesting situation. It was probably good because we were building a new library. We didn't have a lot of foot traffic because all three of the hospitals, actually four, because we, at that time, had students and residents at Muskogee, well, at the VA. All of those facilities had extremely nice libraries, especially the ones here in the city, St. John's, Hillcrest, and St. Francis were top notch hospital libraries, had top notch librarians working in them at the time. The library at Muskogee was just as good. And so our residents, especially, and the students could get most of the materials that they needed in those hospitals. And we actually were kind of, in some ways, a backup facility. If they couldn't get, or they couldn't find it, or they happened to be at the Lewis and Broken Arrow Expressway building, then we provided those materials for us. But you know, for that period of time we were probably one of the early call and ask your question—we didn't demand that the people come. We had courier services so we could move stuff all over town. We moved materials between the libraries all over town during those early days and so that pretty much they could get what they needed. The nice thing about it was, that you wouldn't see in another facility, was the fact that we were in the building with all of the faculty and we were in the building daily with the chairmen of the departments, and the administration was in the building. They were in the fourth floor and we were in the fifth floor and so you saw those people, maybe not daily, but you saw everybody that worked in the building at least once during the week, either coming and going, or if they had library questions they came to the fifth floor to ask us questions and we would do searches and stuff for them. So, different than might have been the case in another medical facility because you wouldn't have had that kind of relationship, and I never did again, even as long as I was in Oklahoma City. You never had that kind of relationship with those people on a daily basis like we did in those days.

BROWER: When you get separated out physically, you just don't have that kind of camaraderie, so—

THOMPSON: You just don't. And you know, so you knew everybody by name and you knew all of their secretaries and you knew all the support staff and administration. It was an interesting scenario. It was a small group, small knit. Same way that basically I think the way the students coming from Oklahoma City felt when they came here. They came from classes somewhere between probably 120 or 140 in Oklahoma City at that time and then there would be 20 of them in a class up here, and so they got to personally know everybody, and they knew all of the faculty because they were rotating through all of the departments in those days in those third and fourth years, so they got to know all of those people.

BROWER: Let's talk a little bit about some of the relationships the library would have formed, so all the books at that time, maybe not all of them, but a lot of them had come over from Tulsa County Medical Society.

THOMPSON: Mm-hm.

BROWER: So were you also then, you were talking about as kind of serving as a backup, but you were also still providing services to them.

THOMPSON: Yes.

BROWER: You saw a lot of those people as well.

THOMPSON: Yes, we, you know, and again it just fell right in with the way we were treating our students and our residents, and really our faculty as well. All that was call. You know, they were used to calling, they'd call the library, ask for the materials. Part of the agreement when the library came over here was that we would provide services to them, so if they wanted photocopies we made photocopies for them, we did searches for them, whatever they needed as far as library services were required that we did all of that material. In those days, and especially for the community faculty, there was not much need for book material. Their real use of the library was the journal collection and getting articles on current therapy or current research on topics that they were treating patients for at the time.

BROWER: At that time were you even doing much in the way of, there was no Medline searching, it was Index Medicus?

THOMPSON: No, we were searching.

BROWER: Oh, you were searching?

THOMPSON: No, we were searching, yeah. About 1980 was the first Medline. I mean, 1970 was the first Medline searching, and so by the time I got to Eastern Virginia I actually was sent to the National of Library of Medicine for three weeks to train to search the Medline file. And so, by the time I got here after four years at Eastern Virginia, you know, I was searching all the time. And so, you know, my favorite joke about those days was when I first started at Eastern Virginia you were either old or young. You'd either just finished your PhD, or you were an accomplished physician faculty member who had been drawn to Eastern Virginia to start a new medical school, and so all of these people had been doing their own hand searching during their entire careers, whether they were young or old, they all had. And it was very interesting to watch, especially the young PhDs, who would come down and say, you know, I'm thinking about this and can you see

what kind of literature there has been done on this, and you know, I would sit down and maybe spend ten minutes, you know, not very long, but ten minutes, and you know, I would tell them, you know, give me two or three hours and then come back, and they would come back into the library and I'd have the search laying up on the counter in a folder and they would take it out and they'd start looking at it, and they'd go, "How'd you do this? How'd you get this information? This would have taken me two months to do when I was working on my doctorate." And I'd say, "I don't know about that." And then what I really loved was they were very confused about how I was doing it all. And I was doing it on a thermal printer with a phone coupler. And they all, they teased me all the time about that there was somebody on the end of a phone line that got the search, went to the library, found the material, came back and typed it out, and sent it back to me. And I would say, no, that's not quite how it is, but, you know, because computing and searching databases was really strange to everybody at that time.

BROWER: Were the hospitals doing that? Were the hospital libraries doing that?

THOMPSON: Yes, they were doing the same thing, yeah.

BROWER: Okay.

THOMPSON: But, at Christmas the computer guys at the National Library of Medicine, at the end of every search they would put "Happy Holidays." And so, I still remember the first one of those I handed out to one of the PhDs and it said happy holidays at the bottom, and they went, "See, I told you there was somebody at the other end." And I would just shake my head and say okay, whatever guys, whatever. But it was interesting because it was the beginning of the days that it took less time to locate material. Although Index Medicus was a fine tool, the speed and the accuracy that you could have once you were trained at the National Library of Medicine to use the vocabulary—it was so easy to pull material out, to narrow that material to what people wanted, that they were just amazed and they were so thankful. It was just, it was very invigorating to know that people appreciated you and once they got a, they received a good search, then they continued to come back and you know, and then they began to just when they had a question, they would ask you and you could do a print out. And, of course, even in those days all they had to do was to circle the articles they wanted and we pulled the articles and we copied the articles for them because a lot of them were trying to develop classes and at the same time maintain the research that they'd been doing before that, whether they were clinical, or whether they were PhDs, and so they all appreciated that and so it made it nice. And basically I carried over that concept when I came here as well.

BROWER: Any individual faculty that you particularly remember having good relations with—

THOMPSON: Oh, here? Oh, I knew all kinds of people. You know, I knew all the chairmen and it was a strange situation because I had friends who were working in other medical schools, or working in other medical facilities, and they didn't have nearly the kind of relationship that I had with the chairs. You know, probably, I won't say that I had any favorites, but I really enjoyed Dr. Plunket, who was chairman of the pediatrics department, because he was a retired colonel from the medical corps in the army and because I had spent three years in the medical corps I just, I understood him, he understood me. He was so nice, such a gentleman. Had such a fantastic relationship with everybody. He interacted with everybody as if they were a fellow colleague in medicine. He was just really a nice guy. And then the one I remember in the department beside him was Dr. Block—who he brought in, who again was, you know, not much older than I was, if not the same age because I had spent the time in the military and library school and the fellowship—these guys had been going to medical school and doing their residencies, and so they were all about the same age. Extremely knowledgeable. And you know, ended up doing great things here in this college of medicine here and was always, you know, very patient oriented. That always impressed me that all the faculty did.

One of the others that continued to be a friend, even after I went to Oklahoma City was Dr. Nettles, who ran the OB/GYN department. I always kind of considered him—because he was older, had been a clinician here in town, had worked in to being the OB/GYN chair—he was just like a grandfather to everybody. Again, very nice to everybody, very concerned about the residents and the residents' learning. He was one of the people that I kind of crossed sorts with and did things that I'm not sure he ever knew that I did. He, because of his background, felt like all of his residents should have to look the literature up in Index Medicus, and so he would send his residents to the library to do searches, and they would get in the library and they would ask for Index Medicus and we would show them where it was and they would work on it a while and then you would walk up to them and you would say, "Well, can we help you with what you're looking for?" And they would tell you what they wanted and you would walk away and you'd go back to the office, you'd run the search, take the search out, you'd lay it down beside them, and say, you know, "I think this might help you, and if doesn't let me know and I'll see if I can refine it for you." And they all learned to just say to him, oh yeah, I went to the library. And that's all they would say. And they started calling to do the searches and I'm not sure he ever knew that I back sided him. But I did tell him one time when we were having the discussion about them learning how to use the library that I really would appreciate it if physicians had time to read the articles that they found so that when I was injured on the interstate and taken to the hospital that the doc would have read the article and could treat me correctly, not the fact that he knew how to use Index Medicus. And Dr. Nettles I'm not sure ever did appreciate my style, but he became a good friend and became a friend that occasionally stopped in Oklahoma City and chit chatted about the profession and about what he was doing and where he was going.

Dr. Allen was one of the other chairs, he was the chair of psychiatry, and he always made me nervous because he looked like a psychiatrist, and you always kind of felt like that he was analyzing you while you talked to him. You know, he was kind of a short statured guy and he just, he was, he wasn't aggressive, he just sat and listened, and he always talked very quietly, and you know, it always made me nervous that he was analyzing me the whole time he was there, but his residents loved him, and his staff loved him. They thought he walked on water. And a lot of unhappy people because there were a few of us that were considered traitors who left here and went to Oklahoma City, and he was one of those who followed me to Oklahoma City and worked at Children's Hospital in his specialty with kids for years. And was always funny because even my staff in Tulsa realized that I had a different relationship with him than I did with any of the faculty in Oklahoma City because we were just, it was like we hadn't, we'd seen each other yesterday when we'd run into each other, and then, of course, we always talked about people in Tulsa. Had I seen so-and-so, had he seen so-and-so? So, I really liked him.

Dr. Clingan was in charge of surgery most of the time when I was up here and I will say the surgical department was one of the more interesting departments because they just seemed to have trouble keeping someone in the chairmanship. It was kind of rotating. But he had been a local as well, had come into the school, then became the chairman of the department. And was a really nice gentleman, always very nice to me. There might have been others who didn't think he was quite as nice, but he was always extremely nice to me. And then Dr. Duffy was basically in charge of the internal medicine department from the day I arrived here. Again, he much like Dr. Block was very young, it was very easy to relate to him. He was full of energy. In some ways, very much like the energy bunny on television with the batteries. He, you know, in comparison to him and Dr. Block, Dr. Block was seemed like he had plenty of time, the world was going to turn, he was going to be there. Dr. Duffy was more like the devil, blue guy that spins around the dust in the desert.

BROWER: Oh, the Tasmanian devil.

THOMPSON: The Tasmanian devil.

BROWER: Yep.

THOMPSON: That was Dr. Duffy. I mean, he was always, always on the move. I swear he'd stir everything up, move everything, go in every direction and it was always fun, But he was always extremely nice, always extremely polite, again to any one that he was interacting with, so it made it extremely easy to work with him and to do stuff for him. So, let's see I was trying to think who else is left. I've done medicine, I've done OB, I've done pediatrics, I've done surgery. What's left? Psychiatry.

PETERSON: Family medicine.

THOMPSON: Family medicine was just getting started and they were not in the building. Their first chairman I interacted with, but they did so much stuff at the clinic that I didn't know them as well as, but again, they had facilities at the hospitals, they were all at the hospitals, and then again, they used us as well.

BROWER: Okay. All right I've got two questions that have come out of what you've been talking about, and I don't know which one we want to hit first, but we'll start with this one: so, libraries, you know, in comparison with clinical operations and so forth, libraries are a giant black hole into which you shovel a great ton of money, and, you know, in those days probably a little more, I don't know, seen as more necessary, I want to say, but what was the relationship like with administration? You had been hired in to start this place, to start up a library from scratch and build it up and create something out of it, but, you know, still a giant black hole into which money is getting sent.

THOMPSON: It was really interesting here because I had had the four years' experience at Eastern Virginia before coming here. There we were receiving the money we need because we were a new medical school. They knew they needed to build the library out. But getting funds there from my boss was always difficult. You know, we would make our case, we would say we need these journals, we need to add this to the collection. It was always an endeavor to get that done. Here was probably four of the easiest years I ever had of being a librarian because Leeland was so supportive of the library. As long as I didn't go gung ho, you know, I got almost everything that I wanted. He would ask me to tell him what I was going to need in the year to come, I would tell him sometimes I was told well, you'll get this, but this will come, but it isn't going to come now, and I never questioned that because first time that happened it became a reality, so as time went on there was never any reason for me to. So, this library, in my opinion, was very lucky in those days. Now, libraries were growing very fast in those days, and a lot of money and a lot of institutions was being funneled into libraries. But you know, I felt extremely supported here as far as the collection growing and being, and I was very conscious to make sure that we did not expend money on things that I didn't think would be used by clinical students. And so, I was lucky in that term compared to colleagues that I had throughout the country because I didn't have to buy a lot of high priced research materials. Most of the stuff we got here was clinically oriented. And at that time was still not gouging the library world for the cost of that clinical material. It was happening already in the research material, but not yet in the clinical material.

BROWER: Material costs being covered, you also had to grow your staff during this time as well. You came in and you were the only one, right?

THOMPSON: Yeah, when I first came. Jamie was hired very quickly afterwards. Mary was hired very quickly after that. We didn't, and we didn't grow much beyond that. We were able to, over time, to grow and accept and by the time I left there wasn't yet really a need to increase the staff in the library to meet the needs. Even though we did other things. I have been accused at a variety of stages in my career of taking on things that had nothing to do with the library. And one of the stories I tell about Tulsa was is that Leeland called me down to his office one day and he said, "I need for you to take on a task for me." And I said, "So what task is that that you need me to take on?" He said, "Well, I need you to take on the scheduling of the rooms." And we had several conference rooms, we had a large room on the sixth floor. And he said, "I've had some problems and I'd like for you to take over that." And I said, "That doesn't sound like a good deal to me." And he said, "Well, I think you're very capable of handling it." And I'm going, now I know it's not a good thing. And so, but I said, you know, I thought the staff had time. Scheduling a room seemed very simple to me. And so, I took it over and so right after I said that I would take it over, I then said, "So, what's the issue here?" Well, they'd had some problems with Norman, and Norman was using some of our rooms, and Norman didn't feel like they were getting the kind of treatment that they needed to get. And it was basically recruiting staff from Norman, they would come up here and they would bring students in and they would utilize some of the conference rooms. They'd use the big conference room. They'd have these big shows to show off OU and try to recruit Tulsa students to come down to Norman. And so I thought, oh, okay, we can handle that. So I told the secretary, who I had do the work basically to let me know the first time those people were up here. And so they had a big deal up and I came up and checked the rooms and made sure all the rooms were properly set up like they said they wanted them set up and I did everything that I felt like I could do to make sure it was there, and about that time the youngsters, as I referred to them, from down there, who a lot of them later on became colleagues of mine at the University after I went to Oklahoma City, they were rising in the power chain at Norman, I talked to them, I made sure everything was all right, and I checked on them, and I said, "Now, I'd like to meet your boss." And it was a gentleman by the name of Mr. Massad, Paul Massad, and they said, "Oh, really?" And I said, "Yeah, I'd like to meet him when he comes up." So he came up and I went upstairs after he got here and went upstairs and introduced myself and I just said, "Now I understand we're having some problems." And he looked at me, "Oh, no, we're not having any problems." And you had to know Paul, he was a really nice gentleman and he had this real funny personality. He later became the development officer for the University of Oklahoma. So that kind of gives you an idea about his personality and definitely his memory. And I said, "Well," I said, "You know, I've been asked to take over the rooms," and I said, "I've just been told that there are to be no more problems in the future." He said, "Oh, we haven't had any problems or any issues at all." And I said, "Well, let's put it this way, there better not be." And I said, "You better—first phone call better be to me and not anybody else." Because I said, "If it goes anywhere else you're not going to get what you want. I'll guarantee you. It may cost me my job but you won't get what you want, so call me first." And he said, "Oh, we won't have any troubles." I said, "Well, you just tell your staff that if they

want anything up here they call me.” Well, it was the strangest thing of all things cause after I went to Oklahoma City there were times when I had to go to Norman to do things and a couple of times when I was down there I would be in this room and he would be in the room and he was in charge of student recruitment, he then, as I said, later on he became in charge of development, and it never failed he would cross a room to shake my hand and ask me how I was doing in Oklahoma City and did I regret the change and na-na-na-boo-boo. So, I always thought it was kind of funny and I’ve always professed to librarians that turning things down just because you don’t want to do them sometimes is a dangerous thing to do. Sometimes it will make you friends and make you connections that you’ll be able to use the rest of your life, so, but that was one of the things that Leeland dumped on me while I was up here.

BROWER: I’m surprised that there was that much of a connection to Norman back then. This would have been the only outpost I guess for them in Tulsa.

THOMPSON: There was actually in some respects more connection to Norman than there was to Oklahoma City.

BROWER: Really?

THOMPSON: Yes, because Oklahoma City at my point in my career here there was still a lot of resentment about the establishment of the Tulsa Medical College and so actually the people in Norman were friendly and nicer to you than the other because they weren’t competitors. They basically were getting a favor, you know, they were using hotels before they started using the school to do their recruiting. They used hotel rooms, you know, they’d go in the hotel and reserve a room in a hotel and hold it there. They had to pay for it. When they came here they didn’t have to, you know, so it is strange, but you know, sometimes you got along better with them than you did with people in Oklahoma City.

BROWER: What was the relationship like with Oklahoma City from the library point of view?

THOMPSON: From the library standpoint, there were none.

BROWER: Okay.

THOMPSON: Now they wanted, I think, I think, to feel like the rest of Oklahoma City felt about Tulsa, but they were librarians and librarians can’t be that way. I mean, you know, so as far as getting backup, getting interlibrary loan, getting help when I needed it, all of the people in Oklahoma City were very gracious to me. And again, in retrospect, after I finished thirty some odd years at Oklahoma City and reflected on my career, I was an aggressive little ass, I mean there’s no question about that. I, you know, pretty well felt like, you know, I could do anything I

wanted to and pretty much what I thought ought to be the way things were done, and that didn't always sit well with the Oklahoma City people because you know, I had been on the east coast, I had been around the National Library of Medicine, I'd been exposed to where a lot of medical libraries ended up going and they were still pretty well entrenched in the old idea of medical schools and so my brash ideas that I had rubbed many of them sometimes the wrong way. But they were always very gracious to me, always helped and did everything they could to help as far as the library was concerned.

BROWER: This is going to be more of a sidebar question, I don't even know that this relates to Tulsa at all—when did we become faculty?

THOMPSON: Actually, I was not faculty when I came here.

BROWER: Right?

THOMPSON: The four years that I was here, I was considered a staff person. I actually served on the Staff Senate, wasn't called the senate in those days, can't remember what it was called, but I actually served on the Staff Senate from Tulsa to Oklahoma City because in those days we went to Oklahoma City to be a part of theirs. And so, and then when I went to Oklahoma City and was offered the job down there, I asked for faculty status because the librarians at the library in Oklahoma City had always had faculty status in the College of Medicine. They had recently been moved to the College of Allied Health and they had faculty status in the department in the College of Allied Health. And so, I asked for that and again, I told you, I was a very aggressive character, and I asked for tenure, which in retrospect was not appropriate, but I asked for it anyway. I figured, you know, might as well ask, you know. The old adage, you don't ask you don't get. And I got this, so what is the story? And the story was that they were willing to give me a faculty position, but they did not want to get tenure in the library again. So, I thought about that for a few seconds, and I said, "That sounds good to me, we won't do tenure again, as long as we have faculty status that's all I'm interested in, tenure doesn't bother me, if I'm not doing a good job, you need to get rid of me anyway, so I'll go for that." And so, that's what we did and so because I had been up here, went down there, then I turned around and came back to the new people in Tulsa and said, "We need to make the librarians in Tulsa faculty, and they can just be faculty in the department of the College of Allied Health because not only was I the library director, but I was chair of the department, and so I had that ability to do that. And so, that's where the faculty started. And as I told the administration in Oklahoma City two or three times during my career when the faculty status of the librarians was challenged, I always said, and I said it every time that I was asked, it didn't make any difference to me, but I wanted people to understand did they want faculty working with faculty or did they want a staff person servicing faculty? And they would always look at me and say, "Well, what's the difference?" And I said, "If we're faculty treating faculty we know what their problems and their issues and their needs

are, and we're part of the educational process. If we're staff, we're just like the people working parking and people in parking are not well liked by any faculty member that I know of on the health sciences center. And that usually was the end of the discussion about whether we would keep our faculty status or not and we would just move on. And I will admit that in Oklahoma City I had several deans that were very supportive of the concept of the library having faculty status and being involved in faculty activity so that they understood the issues and the problems of a faculty person, and also allowed us to get in and out of classrooms to do instruction without anybody questioning whether we were appropriately in that classroom giving library instruction or not.

BROWER: That would have been a transition that would have happened more or less during your career as well for the librarians to spend time in the classroom, didn't see a lot of that beforehand and then bibliographic instruction really kind of came about during those years, didn't it?

THOMPSON: It's kind of interesting because if you look only at medicine, librarians had more to do in medical education prior to 1960 than they did afterwards.

BROWER: Really?

THOMPSON: Because the, and it is more akin to what you currently see in law libraries. The medical librarian taught a bibliography class in almost every medical school in the United States. Sometimes tied in with medical history, but it was still about libraries, the use of literature, how to find information. And then as we moved into the new age, curriculums in medical schools got filled up with material that faculty felt like they had to have and the library biolitech, for lack of a better word, lost its way. And so we've been, you know, over the years, we've been a little bit behind because you don't see a course in most places, but we do, as you say, we're now into the classrooms, and we do more and probably the other thing I would say is we do more one-on-one teaching than maybe was ever done because medical libraries were much like most academic libraries up until 1960. You know, you went to the library, checked out the book, you went home, you got a notice that it was overdue, then you had to pay a fine when you came back with it, and that was pretty much the way it was. After about 1960, the idea of being a partner became more and more important and so you, you really did become, and you know, the way I used to when I taught, I talked about the health sciences center, you know, the first time you did a search for somebody it was kind of a sterile engagement, you talked to them, they told you what they wanted, you manipulated it, you provided them a search. In many cases, even then, many of those faculty were restrained in what they told you. After they received that first interaction from you then it became like you were their counselor, their psychiatrist, or a colleague. They'd make a phone call and they'd give you three or four words and then say is that enough and then hang up. And then you're left to construct this search that is going to have some impact on a patient,

hopefully not live or die, but some impact on that patient. And maybe another example is like a lawyer. You know, you became the person that they called when they had a legal issue. You took care of it and then you passed the information on to them, so it really was. And as I said while ago and I probably should complete that thought, law libraries still do that. They still all teach a bibliotech-type course in law school, and it's unfortunate that medical schools decided that that was not a path that they wanted to take. I've always said that the most knowledgeable person that you would ever do a search for as a medical librarian was a lawyer because they know how to search the literature because that's the way they practice law is searching the literature, and so when they come to you, they have a little bit of an idea about what you're doing, what you're thinking, where you're going. And they're sometimes a lot easier to do searches for than even physicians, who you would think it would be the other way around, but I've always said it's easier to do a search with a lawyer than it is a physician because a physician is always telling what's going wrong, a lawyer tells you what they want, sits down, watches you do it, and then starts what if we did this, what if I changed my mind about this, where do we want to go with this, much as like they practice law, so.

BROWER: And their reliance on the literature is a lot more direct, right.

THOMPSON: Oh, it's direct because that's exactly what they do is they lay case on top of case on top of case when they go to court.

BROWER: All right, so I've done a terrible job so far of following anything resembling the questions that were printed out for me. I want to be clear on this.

THOMPSON: Pretty much. You're all right.

BROWER: I've done badly.

THOMPSON: You've done good.

BROWER: We've managed to touch on a lot of these things without really doing it the right way. I do want to visit a couple of things here real quick. Can you discuss major issues that you remember during your time at OU-Tulsa?

THOMPSON: Oh, major issues? You know, I don't know that I ever, that I would indicate that I ever had major issues.

BROWER: You might have been on the wrong side of it, you know, just—

THOMPSON: Well, no, not really. I—the people here were all on a mission. I mean this was, there were probably, there were no more than two, and I really only know of one really well, clinical facilities like this one at the time that the Tulsa concept came about. And everybody that came here was on such a mission to make this successful, to produce the best students that we could produce, and to produce the best residents we could produce, and although not told to, everybody understood that we really wanted the people who were here to think about northeastern Oklahoma as being a site to practice. And so, we were very oriented toward those people, and everybody in the institution was oriented that way, so we were all in some ways on a very common mission that again, in an established medical school didn't have that kind of a feel, and this place did, and you know, you really had to be a putz not to be involved and for there to be issues for you. The administration was always extremely important, and we didn't talk about, I mean, my four years here I only saw briefly one dean that had been here for any length of time, another dean who was a PhD Geography individual were the only long term deans that I saw while I was here.

The dean I saw most was Dr. Thurman, who was the provost at the Health Sciences Center. And yet all of those people were very, very supportive and, you know, my best story about Dr. Thurman that I tell is that you just didn't see Dr. Thurman, if Dr. Thurman wanted something, his administrative assistant called you, told you what he wanted, you got what he wanted, you took it to his office, you know, you just didn't see him because he was so busy because he was the provost at the Health Sciences Center. He showed up one day in the library doing a tour, well, that number one, hmmm. Dr. Thurman didn't do tours. So, I knew these people were very important, and then I saw him looking at materials on the shelves, that scared me, so, that got me up off my backside, and I go out to ask him if I could help and he said, you know, "No, he didn't need any help," he appreciated. So, I go back to my office and he finishes and up and leaves and I go, okay, that's the end of that, and then that afternoon I'm working on some stuff and I look up and he's back in the library by himself looking at my shelves again, and I'm going. So, I get up again and I go out, and I say, "Dr. Thurman, is there anything I can help you with?" "No," he said, "I just realized in giving that tour that I ought to come up here and get a little better feeling for the library so that when I'm doing the tours I can do a better job." And I said, "Okay, sir." So, I go back to my office. I thought about it all afternoon and I thought, well, I better go by and say something to Leeland about it because I said I think I'm in trouble. And so I go down to Leeland's office, and Leeland had a strange office, he almost like a hallway that went into his office, which kept you from being able to see his desk 'til you got to the end of the hallway. And his door was open, and typically if his door was open you could go in, and so I start down the hallway, and as I turn at the end of this wall, there was Dr. Thurman talking to Leeland. And I went, oh, I don't think I'm supposed to be here, so I excused myself and Dr. Thurman said, "Oh, no, no, no, no," he said, "I was just talking to Leeland." He said, "Go ahead and talk to him," and he left the office. And so I said to Leeland, I said, "So, when do I get fired?" And Leeland just broke up laughing and he said, "How'd you know you were in trouble?" And I said, "I have a

sense about when I'm in trouble, Leeland." And he said, "Well, I have one question for you." And I said, "Okay." He said, "How in the heck have you been getting that multimedia into the library collection? I told you when you came here that I didn't want you to buy any multimedia." I said, "You told me that? I don't remember that. Did you say that?" And he said, "How are you getting that through without me knowing that you are buying multimedia?" And I said, "Well, basically it's a monograph, isn't it?" And I said, "So, I just call it a monograph when I order it." And he said, "well, that's what you're in trouble about." And I said, "Oh, really?" I said, "Why am I in trouble?" And he said, "Well, Dr. Thurman doesn't like media materials. And he didn't know that you had any on the shelves upstairs until he gave that tour the other day." And he says, "Lucky for you, when he went back to look at it when he went back upstairs, it had been checked out." I said, "Oh, good." So, I said, "How much trouble am I in now?" So he said, "None." But he said, "Be careful about buying that multimedia stuff." I said, "Okay," I said, "I'll be careful in the future." So.

BROWER: Oh good grief.

THOMPSON: But Dr. Thurman was an old-style physician and he wasn't used to the visuals that were coming into libraries. And even I was an early adopter of that. When I went to Oklahoma City they still made a pretty distinct difference between what was audiovisual and what was monographs. And so you know, for me, I knew that I was very, but I also knew that visuals were coming the way of teaching because you know the analogy I always used was did you want somebody to stick you that read about it or would you prefer to have the person that stuck you having watched a video about how to stick you to draw blood, and I said there's a lot of that and I said people are better when they're able to see it and then read about it and I, so, I was a big adopter of that in the early days.

BROWER: Very nice. Well, that, all right, and I, as you were talking about visuals I was actually thinking in those terms, it's like how much of the educational process is almost completely flipped over, not only audiovisual, but now simulation and all kinds of things, because they want as much as possible to make that a part of the educational process. And that in a lot of ways now we're finding that the literature is almost serving as a second-class citizen to a lot of that and yet the literature is what we have always historically done.

THOMPSON: Well, you know, I used to tell students when I taught in Oklahoma City in the library school that we would have really, we will really have reached the digital age when while you're reading a journal article that the picture that you're looking at starts to move and turn and you can place it in the position that you want it in. That's when we really will have stopped putting flat print into digital format. That's when we will really begin to use it, or the other one that I never thought of as a youngster is as that when all of the material the supports are graphed, you can click on the graph and all of that material becomes available to let you do your own

analysis of that material. That is when we really will have truly moved into the true digital age. Up until that point in time, all we're doing is taking flat and putting it on the digital. And it is, and I mean, I'm very serious, I mean medicine in its early days was OJT. You stood over a physician's shoulder and you watched the physician do it. And then as you became more expert at that process then he moved out of the way and allowed you to do it. And the step that's now being inserted is you can actually see it and actually do it now before you do it on the human body and that's got to make people in the health care professions more capable than, and better at what they do, than just to have watched one individual do that and learn from that one. It's not that one's better than the other, I think it just gives you a better feel for what's going on and how it's done.

BROWER: So, you've talked about a few people kind of around the corners of it. Do you want to talk a little bit about some of your mentors?

THOMPSON: Oh, well, Ms. Kennedy was definitely a mentor. I mean, I touched every book in the Oklahoma City University library during the three years I worked for her. It was the first thing she did with me, which was funnier than heck because again it was the first time I ever turned around to a boss and said no. She told me that I was to take metal bookends and screw them into the top of wooden shelves so that she could gain a shelf on every section in a wooden book case. And I said, you don't understand, I don't do that kind of stuff very well. And she said, "Well, you'll do it well by the time you finish this project because we've got a lot of them to be screwed in." And so that's pretty much the way it worked out and then she got so trustful of me that I then did all of the shifting of that library over the three years I worked there, even to the point that I did shifting that she didn't know about. She took a vacation for a month every year in the summer. She left one summer and we had a room in the basement of the library building where we had some of our materials and it was the worst organized room. It was horrible. Didn't take any kind of intelligence to know that it was bad. And we, all of the kids that worked for her played bridge, and so on our breaks we'd play bridge, and so we're sitting around the bridge table talking about the time she left time and somebody said, "You know, we ought to do something about that room. That room is horrible." And I said, "Well, that's pretty easy to do." And everybody looks at me and says, "What do you mean it's pretty easy to do?" I said, "Well, tomorrow I'll show you." So the next day I come back to work and I've got sketches of how all the shelves could be moved and how it could be reorganized and it would be ten times easier to use the materials in that room. And they said let's do it. And we were all so young and so naïve, we were all undergraduates. And she was gone and so we all agreed to do it, and so every time one of us worked that room, we were involved in shifting stuff. We worked longer than we were supposed to work. And broke the shelves down, put the shelves back up, course I'd been doing that. Not really sure any of the other librarians in the library knew we were up to it and then all of the sudden at the end of her month's vacation I realized she's coming back. And so she'd been back a day or two and I was working downstairs and I heard her, we had a librarian's—as we

referred to it—staircase that came from the top to the bottom and I heard her cause you could tell her walk. And I happened to be working there. And she comes in and then I noticed out of the corner of my eye, cause from the desk where you sit you can see up the staircase that the students use to get to the basement and everybody in the library, every student worker in the library, was standing just out of eyesight on the staircase looking at me, and she came in, never said a word to me, she walked around, she looked at everything, I'm just sitting there, then we had a binding room that was kind of set off to side, she went in there and looked around, and she came out of that room, and they could tell she was coming so they all moved so they couldn't be seen, and she walks by me and she said, "It's a good thing I like it." And she walked out. And so she was definitely one of my original mentors. She really let me develop. She was adamant that I go to library school. She was adamant that I be a medical librarian. She knew my interest in sciences and in medicine, and she said that's exactly where you need to go, that's what you need to do.

BROWER: Do you think you would have ended up in libraries anyway? Or do you think truly you wouldn't have gotten here without her?

THOMPSON: I think I'm like almost every other librarian I've ever run into, you know, I don't know where I would have ended up because I was pretty well focused on going to medical school and I, you know, I don't really know what'd I'd have done when I graduated. I mean, I had pretty good grades, so, you know, I might have found myself off someplace else in graduate school, or you know, there, I also think that there's a possibility that after having been in the military and been in, in fact, they tried to do that to me when I got out, they tried to keep me in the military and send me to PA school in Texas when I was getting ready to get out because I score real high on this real stupid test that they gave me. I might have come out and gone back to nursing school because I'd gotten to be very good friends with a lot of nurses, and that was a possibility. So I don't know, but, you know, she got me started that summer, that lure, that money. I still remember telling the GI that I made more money going to school than I made the first year I was in the military and he didn't like that comment, but any way. You know, I liked being paid to go to school.

BROWER: Yeah.

THOMPSON: But you know I felt like I was vested by the time I got out of the military so I went back, you know, got my degree and then was lucky enough to get the fellowship which lured me again. I knew several, you know, Sarah Jean Jackson who later went to the Houston Academy of Medicine, was one of the reference clinical librarians that I knew there. You know, did a lot for me while I was there doing the fellowship. Ann Kramer, we were so different in the way that we practiced librarianship and treated patrons, we were on opposite ends, but I learned so much from her. She was so good to me the four years that I was down there. I'd had Leonard Eddy for his medical school classes when I was in library school and he was always very

gracious and very nice to me and kind of guided me. And then I've been very lucky in the people that I've interacted within the institution, at the University. You know, Leeland, you know, taught me things that maybe I could have learned in a classroom, but I'm not sure, you know, how to do purchase orders, how to work around purchasing, how to get purchasing to do what you want to do, how to interact with other departments to get things accomplished in order to accomplish what you've been asked to do. You know, I was very lucky in Oklahoma City I had a great boss the first time I went down there. I never worked for anybody in Oklahoma City that I didn't appreciate and didn't teach me something as I went along the lines. I've always laughed because I think in Tulsa I worked for the moneyman, I worked for Leeland. Toward the end of my career in Oklahoma City, I had the chance to work for the right arm of the provost, which was Marcia Bennet. And I always said all those years that I had taught in library school that the closer you get to the top the better you are and it was just that way, you know, almost everything I wanted came my way when I worked for her. The minute I stopped working for her it was back to the old days and having to justify, you know, even coming in the door in the morning much less getting something extra. So, you know, those are people that, you know, meant a lot and then the deans that I was involved with on the Health Sciences Center, Carol Sullivan and Dr. Cling, all were always very gracious to me and imparted a lot of knowledge to me, so, you know, that's just some of the people.

BROWER: Oklahoma, you've told me many times about how there's an energy, or a communication between librarians and libraries in Oklahoma that you don't find often in other parts of the United States, you know, that there's a camaraderie that kind of comes with the work. One of the stories I remember, one of the earliest ones, I'm probably wrong on the name, I always thought this was Ruth Linder, but maybe I'm wrong about this, was her going out and firing up some of the hospitals to create those hospital libraries. Could you talk a little bit—I don't think her story gets out there enough.

THOMPSON: No, and you're absolutely correct and I missed her in talking about people.

BROWER: No, I mean, I just—

THOMPSON: She was one of the early individuals that received grants from the, from the rural physicians grants that came out of Washington in the early seventies, almost up to the eighties. And my favorite story to show what she did was—and there's probably still some of them at the Health Sciences Center hid in some room some place that I hid them—she had these boxes built that she put books in and when she arrived at a hospital to encourage them to build a library she would turn them on their sides and the books looked like they were sitting on shelves because that's how she put them in the boxes and then the boxes stacked on top of each other just like a section of books.

BROWER: Well, there you go.

THOMPSON: And she would go to hospitals and explain to them the value of hospital libraries and physicians having access to information and I don't think so much maybe in the Tulsa area, but everything west of Tulsa, if there was a library of any kind she had her finger in that library, either the creation of that library or the development of the person—which we used to call library managers in the old days—she had a part in making that library better than it was. She was in the right place at the right time and she again, especially when I moved to Oklahoma City, our ideas about patrons and how patrons should be treated and what the kinds of services that medical school libraries should provide to their patrons aligned perfectly. And so it made it very easy for me when I went down there to work with her and with the staff that worked with her to do those kinds of things, and most of that was from her exposure and her experience of actually interacting with physicians who were practicing medicine because that's how she got her ideas was going to those hospitals and talking to those guys who were actually practicing in rural Oklahoma at the time. And you know, she, you know, for a lack of a better term was the grandmother of hospital libraries in Oklahoma. You know, and there would not have been, physicians would not have had access to the materials that they had if it hadn't been for her.

BROWER: All right. I've not done this before—what am I missing?

PETERSON: Maybe one question about your contributions to OU-Tulsa, Oklahoma City, librarianship—whatever you'd like to highlight.

BROWER: Professional organizations like Medical Library Association that make you want to throw up.

PETERSON: Maybe focus on the good.

THOMPSON: I don't know, I don't know that I, you know, it's a horrible question to ask me now, Alyssa, because every once in a while, you know, when you're retired, you have a lot of time to sleep and think and, you know, just sit in a chair and look, and you know, I find myself now, I didn't when I was in the middle of my career, but I find myself now second guessing about what I should have done, how I should have done it, could I have done it better, what happened. You know, I did what I did and I, the only thing I can say about myself is that I enjoyed it. I don't regret one day being a librarian. I don't regret even the worst patrons that I dealt with, regret working with any of them because I think I played a role in helping those people find stuff that they might not have found otherwise. You know, and there is absolutely, as most nurses will tell you, there's absolutely nothing better feeling than to help a patient find information that helps them improve their health or direct them in a direction to find themselves. You know, the example I used to use in the library school classes was Cheryl and I were doing

some stuff in some rural hospitals and I learned not to do it, but I was young and stupid for a while, you know, you go someplace and you just say, well, if you got a medical question that you haven't been able to find the answer to and you think, I can do this search and they'll be really impressed and this lady gave us this rare eye disease and come to find out, her child had this rare eye disease, was seeing people at Dean McGee—which is probably the best place in Oklahoma to go to if you've got something truly odd about it. Things were not going well, so we do the search and we get zero, which is basically what she had been told that there was nothing to do. And I actually wasn't on the keyboard, Cheryl was actually doing the keyboarding that day, and hospital librarians have a very bad habit of limiting to English when they search for literature, and I knew she did that because, you know, librarians talk about how they do searching and I said to her, I said, "Did you limit to English?" and she said "Yes." And I said, "Well does it change it if you don't limit to English?" And she opened it back up and holy-moly here came these articles rolling out exactly on the disease state that this child had all in Russian. And they were doing some experiments in Russia and you could tell from the translated abstracts that they were having some success with what they were doing. And her eyes just lit up. And you know, I don't know what she ever did with it. We saw her a couple times after that, but she took those searches to Dean McGee. I probably had a bad name down there, I hope they used Cheryl's name. But you know, it just, you know, those are the things that excited me. And the other thing that always excited me were the youngsters that I got to interact with that are now out practicing, doing stuff, way bigger, way fancier, way more intelligent than I ever was. You know, because I think that's what keeps a profession alive is the youngsters who come along who get a step up, get to do what they want to do, and become as big and as a part of the profession I guess is the word you want to use to do what they want to do. And then the other thing is that I realize now in my old age cause I'm not one of the religious kind, so I don't have a church that I have a lot of friends in, you know, my friendship pool is the procession. You know, I just got back a couple weeks ago from Dallas sitting around a table with five other library directors that I knew over the years, you know, talking shop, talking about people we knew. You know, those were the people, you know, that I shared my thirty some odd years with, and then again in October I'm going to meet with four of the other kids that were in the fellowship program. We're all going to take a trip to Asheville, North Carolina together. So, you know, those bonds and those friendships that I established over the years. Personally, I didn't do a whole hell of a lot, so, you know.

BROWER: You have any last thoughts?

THOMPSON: No, I just want to say because you know I have tried not to say or to repeat stuff that people we've already interviewed on this about, I think for all of us who came in 1975, 1976 to this place, it was a unique opportunity in our careers, didn't make any difference whether it was Hoyt who was the illustrator, Newman who was running student services, Mike Lapolla who was running the clinics, this experience at our age, which was, you know, somewhere in our late twenties, starting into our thirties, was a unique opportunity that I think moved us all up the

career ladder very quickly. The people at Memphis went I went to the University of Tennessee Medical center for the fellowship always said that fellowship was worth six years of experience, that what we learned while we were there during the twelve months would be like having done 72 months of work. And I feel like I got that twice in my life because I think being here in the early days gave me a whole bunch of information that I could not have gotten. And the other thing it did for me, unlike a lot of other people that I know in the business, you know, I never had to be a tech services librarian, never had to be a reference person, that only happened to me for four years of my life of my life when I was at Eastern Virginia I was the reference person, but the rest of my career, my fellowship, the whole time I was here in Tulsa, I was much like those hospital librarians, I did everything, and so I always felt very competent that I could do anything that I needed to do. And I think that's what it did for all us that came here in those early years, you know, even you look at the physicians that were here, they got to do things, and we were allowed to do things here, whereas if we had been in well-established institutions there would have been roadblocks to us getting to do what we did, and I think that's what made this place special in the early days, and I don't think, from talking to people that are still working up here and people that are still doing things, I'm not sure that that has changed much here, even though it's grown, it's gotten larger, it's gotten bigger, there's more people on this campus, I think that attitude has continued, and I think that's a good thing. You know, it happens in big, and you know that, I knew when I left here that I'd never had the experience that I had here in Oklahoma City, and I didn't. Met a lot of great people in Oklahoma City, do not regret it a minute, but it still was not like it was here. This was special, this was good.

BROWER: Thank you very much for your time.

THOMPSON: I appreciate it.

End of interview.