

**Oral Memoirs**  
**of**  
**Charles McCall, MD**

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

Development of the Tulsa Medical College:  
An Oral History Project

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

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## **Collection/Project Detail**

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

Charles McCall was the Associate Dean of the Tulsa Medical College, and later the Dean of the College of Medicine at the University of Oklahoma Health Sciences Center in Oklahoma City.

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.

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Charles McCall, MD  
Oral History Memoir  
Interview Number 1

Interviewed by Clinton M. Thompson  
May 7, 2016  
Tulsa, Oklahoma

Development of the Tulsa Medical College: An Oral History Project

THOMPSON: It's May 10, 2016. Would you like to introduce yourself?

MCCALL: I would. I'm Charles McCall. I'm a physician. I went to school for twenty-two years, but only three schools. Starting in elementary school for nine years, high school in three years, and Vanderbilt University for pre-med, medicine, and internship, and part of a residency before I was drafted in the doctor's draft. I had a straight medical internship. And then, the country owes me a lot. I served my country in the doctor's draft, and for that two years I got two years of military credit, one year of residency credit, one year of private practice credit, and had the opportunity to work with some of the greatest names in medicine at the National Institutes of Health [NIH], which had just built a hospital. And it turned out the chairman of medicine at Vanderbilt was Hugh Morgan, the former surgeon general [ed. note: Morgan was the chief medical consultant to the surgeon general]. When he found out I'd gotten my pre-induction notice he called me to his office. He said, "Charlie, how would you like to go to the NIH?" I said, "The N-I-what?" And then I learned that that was all the people in the northeast and Boston and Harvard were all trying to get in the doctor's draft and the National Institutes of Health. And so, we had an interview up there and the closest I ever came to a uniform was putting on a jacket and a cap—they took my picture. And all we had to do was say we were willing to go anywhere in the service, and that's when I went to NIH and got all that extra credit. It changed my whole career by being, having those two years there. So, that's just part of the wonderful things that have happened to me.

From there I went to University of Alabama to work with Tinsley Harrison and Walter Frommeyer in my residency in internal medicine. And then had a fellowship with the National Academy of Sciences, National Research Council in pulmonary disease because pulmonary disease was moving out of just treating cancer and tuberculosis to pulmonary function testing and to be able to measure the function of a lung. While I was at NIH I was hired in the Cancer Institute, but I was trained in pulmonary medicine. The Heart Institute had all the equipment for a pulmonary function lab, but nobody to run it. So, I was the first person to cross institute lines as I ran the pulmonary function laboratory in the Heart Institute for the Cancer Institute and the

Heart Institute. And had really just worked with wonderful, wonderful people in medicine. And finished my residency at Alabama, had the fellowship in pulmonary disease, and then went back to Memphis on the faculty at the University of Tennessee.

So, you won't put this in here, but I'll just tell you. I'm probably the only doctor you're going to talk to that went from academic medicine to private practice and cut my income in half, and then when I went back from private practice to full-time medicine, cut my income in half again. So, that's one of my many skills and attributes. So, I then became head of the pulmonary division at the University of Tennessee, and practiced with a short time with a fellow internist as a partner. But I never would do medicine without being associated with a teaching institution because I knew if I didn't have residents and interns, students working with me, I'd get in a rut of doing things the way I've always done. If you've got those with you, they'll always ask you why do you do that, so you've got to be able to explain why you—so that was to keep me from just falling into a routine about medicine.

But then I ended up in full-time academic medicine, head of the division there. And until my friend who was president of MD Anderson Cancer Center recruited me to come to Texas as the Assistant Vice Chancellor for Health Affairs in the Texas system and head of the regional medical program in the state of Texas. From that position, I went to the University of Texas Southwestern Medical School as Associate Dean and Director of Grants Management and Development. And from there I went back to Memphis as Dean of the University of Tennessee College of Medicine. And [I] was there for five or six years until Oral Roberts and Jim Winslow, who were wanting to build a medical school in Tulsa, Oral Roberts University [ORU], came persistently trying to recruit me there, and I finally decided I'd do it because it would be a chance to develop a curriculum, hire the department heads, and do some things in medicine I thought would really be important. So, I made the move to Tulsa. First dean of the ORU Medical School for eleven months, and after eleven months, Oral decided to build a 777-bed hospital called the City of Faith, which is now the CityPlex, and with that I knew my worthwhile-ness was over at Oral Roberts University because I'd assured everyone we would not build a hospital. So, I resigned and, from there, and that led to making a move.

I have a love affair with the mountains in Colorado, with the Rocky Mountains, and I'd always wanted to one day retire to the Rocky Mountains. I've climbed thirty-five of the fourteeners there and just love the area. A friend who's a cardiologist there had a practice and he wanted a pulmonologist to work with him and I made a move to Denver as his partner, which was a big mistake in the sense that the practice wouldn't support both of us, and so I resigned there, and stayed on a short time to finish a year. And then from there came to Oklahoma City as chief of staff at the VA Medical Hospital in Oklahoma City, which is a dean's committee hospital, and was chief of staff for a year before they asked me to become Dean of University of Oklahoma Medical School, which I did. And—not sure that's the right sequence.

THOMPSON: That's all right. That's fine.

MCCALL: But—I left out the important part—

THOMPSON: We'll come back.

MCCALL: —that got me here. But from there after five or six years I developed, I had coronary artery disease that I thought had progressed, and did studies and found, instead of the single disease I thought, I had not a single vessel that wasn't diseased. And so they flew me in the University plane to Houston where Denton Cooley did a quadruple bypass and right coronary endarterectomy in 1985. Six weeks after that I was back in Oklahoma City and I had colon cancer, that was Duke's C3 colon cancer having metastasized to regional lymph nodes and going through the bowel walls and cancer cells were seen circulating in all the blood vessels in my body. And we sent all the tissue down to MD Anderson to my friend, head of gastroenterology there. And at that time everybody concluded that the type of cancer I had, the cell-type extent, there was no chemotherapy or radiation that would help me. And so I should enjoy the next year or two which could be the last of my time on the Earth. And I was writing a dean's, monthly dean's page at the time, which gave me an opportunity to tell everybody in the Health Science Center that I had the best medical and nursing care available anywhere, but it just wasn't enough, but that I was relying on the great physician to take care of me. And so that was 1985, just as an aside. I have no evidence of cancer at this point.

And then because the president, Dr. LaMaistre at MD Anderson, wanted me to come to Houston as Vice President of University of Texas Medical, the MD Anderson Cancer Center. My qualification was that I had my own cancer, I was not an oncologist; I was an internist and a pulmonary specialist. But I made that move and was there for ten years, which is one of the most rewarding ten years of my life. That was my last paying job. I'm now at this practice family medicine, all my family and friends, but that's the way that works. So, I think that's the lengthy story of my education and training.

THOMPSON: Okay. Let's go back. If I remember correctly you came to the Tulsa Medical College following your stint at ORU. Correct?

MCCALL: Yes.

THOMPSON: So, would you like to talk about what you did here while you were here?

MCCALL: Yes. Yes, I was in Tulsa at ORU and because my youngest child was a senior, entering her senior year at Jenks High School, I wanted to stay and give her a chance to finish her high school there. And Tulsa Medical College—Ed Tomsovic, Leeland Alexander, Dan

Duffy, all contacted me about coming to Tulsa Medical College as associate dean—Ed Tomsovic was the dean here—which I happily did, and one of the most enjoyable years of my professional life was here in Tulsa in the Tulsa Medical College. I am not sure at this point whether I should mention the problem with accreditation. Tulsa Medical College had a dean, but academically it wasn't a medical college. Students came from the last two years of the class of medical students from Oklahoma City at the University of Oklahoma. So, it really was a branch, a clinical branch of that. So according to the accrediting folks, it should be—have an associate dean, not a dean there. And, so, as I mentioned I subsequently became Dean at the University of Oklahoma. It gave me an opportunity to solve that problem because I knew it was not going to be the right thing to do to demote a dean from dean to associate dean. So, I had them promote me from dean to executive dean and so I reported to myself as executive dean, and the dean at Tulsa Medical College reported to me as executive dean, and that took care of the LCME; they didn't have any other problem as far as I know. So, that took care of that. But the quality of the faculty here in the clinical years, and the caliber of the administration, they were just wonderful people. It was an enjoyable time and I'm very grateful having had the opportunity to serve that year here before going to Denver.

THOMPSON: Denver, okay. Well—.

MCCALL: Okay, I think—And then, you want me to discuss—I think I mentioned why I left ORU.

THOMPSON: Right. But I was going to ask you about here. Have you got any comments about Dr. Tomsovic? Because, again, I'm trying to collect as many comments about him as I can because we won't have an opportunity to interview him. Are there any comments you would like to make about him and working with him while you were here?

MCCALL: Just to say that he couldn't have been more nice and easy to work with. And the environment here was like I expected to be the environment at ORU. But they just were totally supportive, friendly, and it was a wonderful two years. And obviously the students got excellent clinical training; the staff was outstanding as evidenced by things that happened later on, you know. And my academic appoint as an internist was with internal medicine here, where Dan Duffy was then the chairman, and obviously a superstar who went on to—. And is back here, I'm not sure of his exact title here now, but after a stint elsewhere he's back in a leadership role now. And I really lost track with Dr. Tomsovic, our paths didn't cross much after I left, but he was very supportive when I came and when I left.

THOMPSON: Now, you mentioned Dr. Duffy. Were there any other faculty that stood out in your mind when you were here that you still remember?

MCCALL: Dr. Plunket in Pediatrics. And the, oh, the faculty, one of the outstanding people who's still a close friend was Leeland Alexander, who was the chief financial officer of Tulsa Medical College, who is now, I don't know his title either, but he's on up the line. And so, I just, I really didn't have a lot of time to associate with all the faculty, but I was able to observe the quality of the training and the students and the education that the third and fourth year medical students that had chosen to come here got. And it was very clear they had an outstanding clinical education. So, I was blessed to have been here.

THOMPSON: Very good. Would you like to make comments about what you've—during your career, the changes you've seen in medicine, good or bad?

MCCALL: Let me just make a statement right off the beginning there. If I practiced medicine today like the standard of practice in our society, they would have kicked me out of my residency at Vanderbilt, and there would have been absolutely no discussion about it. See it's incredible that we've got the technology, with the MRIs, the PET scans, CAT scans, and all that. We can practically do a pre-mortem autopsy on you. But the single most important test in medicine remains the history. And now with the dollar driving things, doctors, many doctors don't have time to talk to you. And since God created us as unique human beings, I don't know who you are, your pain tolerance, unless I talk to you, and that takes time. But we get paid for tests and procedures, not for spending time talking to you, or thinking. And so, I'm, obviously I practiced and lived in medicine in the golden age of medicine in this country, for which I'm very grateful. But I'm disturbed that we practice medicine too much today by tests and procedures, not by history and talking to the individual, which does take time. And I don't think that will change until we change the payment mechanism. When you get paid for spending time and thinking, instead of ordering tests and procedures. So, that's not good. And I'm experiencing first hand some of that.

THOMPSON: Do you—is there a group—do you think that's education that has caused that? The government has caused that? Insurance companies? Or is it just the way healthcare has grown?

MCCALL: It's mainly the payment mechanism failed here. Is that—? You get paid for doing tests and procedures. They monitor that, too, and see that you've done them. But I can't really tell how you spent your time. Did you spend your time talking about the basketball game? Or did you talk health? And so if, you know, say I practiced in the golden age, and at that time, I would tell every one of my patients if you think you need me, you need to talk to me, don't give any further thought to it, you call me, if it's nights, weekend, holiday, call me. Now that was not my motive; the result of that is you don't get called more, you get called a lot less because everybody now has—I can get to my doctor any time and don't have to get through several



layers of telephone. And anytime if you want another doctor, you want an opinion, a second opinion, let's get it.

I had patients in the hospital, I saw them twice a day, every one of them, in the hospital. If they called and needed emergency care, I met them in the emergency room so there wasn't this fragmentation of care. And that's just a bad system. But no, I don't see how to change it without changing how we pay for care.

THOMPSON: Mentors that you had?

MCCALL: Incredible. Yeah, well, I mentioned the chairman at Vanderbilt was Dr. Hugh Morgan, who was former surgeon general, incredible man. Then in my residency Tinsley Harrison, who wrote the textbook on medicine, the cardiologist. He—I saw patients with him as part of my training. And just as an example there, his patient had chest pain, and you wanted to rule out coronary artery disease, you had to reproduce the conditions that caused them to have chest pain, even if meant putting ice in their hands and walking them upstairs, or just doing the treadmill, or whatever you had to do. But you haven't finished your work up until you've reproduced that and then see what the echocardiogram shows. Dr. Harrison could tell you more about a heart with his stethoscope and fingers than you can with CAT scans and ultrasounds today. If anybody examined the chest of a patient through shirts and jackets and things, that would have been the end of your training. Now, I'm not sure if many doctors know what to do with a stethoscope other than put it around their head. And of course, they've got other tests you can do, but there's still—that's a lost art, and it does take some time. Hell, even if you did check the blood pressure through a shirt? Huh-uh. No, right sized cuff without any clothes there. And new patients, you spend forty-five minutes to an hour on the history and physical, not fifteen to thirty minutes. So, Dr. Harrison.

Marty Frommeyer was another outstanding mentor. And one of the, the head of, chief of staff at the dean's committee hospital in Birmingham was Ben Freeman. And he was one of the—I have had somebody in medicine all along that I've got if I ever have something wrong with me and they can't figure it out, that's the man you've got to send me to. And I simply call these "thinking doctors." They're really just going to do your history, you're thinking, you've got information, and you don't just say, well the test said this, write a prescription for that. I had incredible people at the National Institutes of Health. Many names I don't recall now, but they were outstanding in whatever field of medicine they were in either the world's leading—I've worked with them. So, I have been given an opportunity to just work under incredible mentors. And one of them was the chairman I recruited to the University of Tennessee medicine, Gene Stollerman, from New York, who was also just somebody if I have a problem you can't figure it out, some of these others are no longer available, get Dr. Stollerman to review that. So, I guess

“...to those much has been given, much is required.” And I’ve been given much by incredible teachers for which I am most grateful.

THOMPSON: You definitely are a history of medicine child. You’ve known some of the best, that is for sure.

MCCALL: Yes. And I’ve had the pleasure of them taking me into almost their family. You know I remember when they were trying to recruit me to the University of Alabama. Dr. Harrison was getting on up in years then, but he still water skied. I went out, I wasn’t water skiing. I got on the boat and I was pulling him on skis and he got up and fell. And when I came back to him I said, “Dr. Harrison, where do you suggest I apply to my residency next?” Fortunately,, he let me come on anyway, even though I threw him.

THOMPSON: Any others that you want to mention?

MCCALL: No, I think that’s all of it. I’m sure there are others, but they don’t come to my mind at the moment.

THOMPSON: I would like to ask you about an individual because he became very important in my life, and that was Dr. Knisely.

MCCALL: Bill Knisely. Yes, oh, I should have mentioned him for goodness sakes.

THOMPSON: No, you’re all right, but I just wanted to get you to say something.

MCCALL: Because yeah. He was a PhD, not an MD. And I had known him when I was in Texas as associate vice chancellor because he was the vice chancellor for research. And when I came to Oklahoma, I was able to recruit him on the faculty at OU. Another outstanding man who just had wisdom and judgment and was a quality human being. And he, well, he had all kinds of incredible sayings, and one of them was “You never see more clearly then when you’re not confused with facts.” And I’m always thankful for Dr. Knisely when I hear myself saying that. But he was a major contribution to the faculty, in my judgment there, at the University of Oklahoma in Oklahoma City. Oh yeah, he’s a—. Want to mention the president at MD Anderson, Charles LaMaistre, Mickey LaMaistre, who’s—he and I had both gone into internal medicine, we’re about the same age, and he became the head of medicine at, in Dallas at Southwestern. He wanted to recruit me there, but if I’d gone there he’d have been in Texas by the time I got there, and that was why I went to MD Anderson because he wanted me to serve as vice president there with him.

All outstanding. I'm sure there are many others. You can't believe the mentors I've had. Not because I had the good sense to try and go and work with them; things just worked out that's who my mentor was there. And when I should have been doing bench research, I knew the value of research, and in my dean we recruited, to get a balance in faculty, I liked to recruit not necessarily triple threat faculty who were good teachers, good researchers, but I wanted to get somebody who was excellent in each of the—to get the balance and the mix of the faculty. And it really was just outstanding people. And I mentioned that when I went to ORU as Dean and left the University of Tennessee, I had twenty-six department heads. All twenty-six, in their own time, came to my office and they were saying, their words, “Charlie, I don't understand at all why you're doing what you're doing, but you do know don't you, you'll not be able to recruit a quality faculty at Oral Roberts University.” And I said, “Let me tell you, one of the reasons I'm doing this is because I fully believe you're wrong that a man can be excellent in his faith and be excellent academically. They're not mutually exclusive in any way.” And I'll just comment even though I resigned after being there only eleven months, and I never travelled at all, I had people. They came from coast to coast to find out what was going on, why I was at Tulsa. And I had four drawer files full of CVs of potential faculty. And at the time I was coming down the final stretch in medicine, surgery, OB/GYN, and any of those men that I was talking to would have, they would have been superb in any medical school in the country. But it all ended when the City of Faith appeared because I told them we weren't going to build a hospital, too. So. I'm overwhelmed as I tell you this, at how fortunate and blessed I have been in my life, my profession, my career, and my opportunities to serve.

THOMPSON: At ORU, did you appoint any chairs before you left? Were there people that you remember that remained at ORU after you left?

MCCALL: No, I didn't appoint any chairman. There were a couple faculty that I appointed. And one of the appointments that I know, because I associated with here in Tulsa was John Crouch, who was recruited from California. And by the time he got to Tulsa I had resigned. But we stayed in touch, and his In His Image family practice residency program, that is outstanding. Nationally and internationally known for what he's doing. Fairly recently I had the opportunity to attend a banquet that was honoring him and gathering people. So there's a, and, there have been a student or two that I, even though I was not the dean while they were at ORU, that I've crossed paths with since. And I had a great pleasure of getting to know them and see the quality of the graduates and the quality of medicine they practice. The faculty, the equipment, all, and the people there, the staff and the students, undergraduate and graduate, were outstanding. And one of the things I tried to say to the president of ORU, was that as impressive as the equipment, the buildings, debt-free, all of that environment is, that's really impressive, but it's nothing compared to the problem you're going to have recruiting, owning, and operating in a quality way a hospital. And I said that in private at the time because I believe that, and I guess it was kind of proven that way since in eight years later after the hospital opened it was \$25 million in debt and

didn't continue. So, I was so busy recruiting I didn't really get to know, the way I would like to, many of the faculty. Know names, but I didn't have an opportunity to really get to address their values and their personality and what quality they were. That's about those that I remember.

THOMPSON: Is there anything that you want to say or you want to talk about that I haven't asked you?

MCCALL: No, I don't think so. I think you pretty well covered my checkered career.

THOMPSON: I think, you talk about being blessed, I think the places where you worked probably were more blessed than you were. You've done some fabulous things and been some fabulous places. And I'm very serious, you are like talking to a history of medicine prodigy because the people that you're talking about are the people that were at the forefront of medicine in the fifties and the early sixties, so.

MCCALL: Yep. Well, they were. And thank you, and I really appreciate that. And what a privilege for me to get to know them and get to work with them. And I only practiced medicine a short time, but I thoroughly enjoyed it. I enjoyed every phase of medicine at the time, I really did. I used to, whether it was doctor-patient relationship, doctor-doctor, doctor-layman. That's what charged my battery is interpersonal dealings, and that's why I never did bench research. And I knew the value of that, and I recruited faculty who—. But really I guess they looked the other way and made me a professor of medicine, even though I really, I did clinical research, but not, I never did—. I couldn't keep my eye off of patients long enough to complete the basic research; we just hired people who could.

THOMPSON: Many, many good physicians would tell you that that is what is important. Well, we appreciate you letting us interview you.

MCCALL: Thank you for the opportunity.

THOMPSON: It's a privilege, for me anyway.

MCCALL: And for me. And I thank you both for—.

THOMPSON: And in the case of Dr. Knisely, you gave me a good friend for several years while he was there. He was a library user, and I spent many hours, many hours with him after he retired before he moved to Texas. So. It was a pleasure.

MCCALL: Yeah, he was an outstanding person.

THOMPSON: He was.

MCCALL: Best example of how I just was blessed just by being associated with just outstanding people of all training, MDs, PhDs, and just what a blessing.

THOMPSON: Well, we appreciate it. Thank you very much.

MCCALL: Thank you.

*End of interview.*