

**Oral Memoirs**  
**of**  
**Donald Halverstadt, MD**

An Interview  
Conducted by  
Clinton M. Thompson  
August 22, 2016

Development of the Tulsa Medical College:  
An Oral History Project

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## **Interview History**

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

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## **Collection/Project Detail**

The Development of the Tulsa Medical College Project was conducted by the Schusterman Library at the University of Oklahoma – Tulsa from January 2016 to June 2018. The project 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.

Donald Halverstadt was the Provost at the Health Science 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.

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Donald Halverstadt, MD  
Oral History Memoir  
Interview Number 1

Interviewed by Clinton M. Thompson  
August 22, 2016  
Oklahoma City, Oklahoma  
Also present: Dr. Halverstadt's wife

Development of the Tulsa Medical College: An Oral History Project

THOMPSON: August 22, 2016. Would you like to introduce yourself?

HALVERSTADT: My name is Don Halverstadt, or more formally Dr. Donald Halverstadt. I am a transplanted member of the Oklahoma community. I was born and raised in Cleveland, Ohio, in a very modest family, whose father was a mechanic and whose mother was a home person raising her children, which was the way it was done in those days. Came out of high school, went to undergraduate school at Princeton University. Graduated there in 1956 with high honors and a degree in philosophy. Went to Harvard Medical School; graduated from Harvard Medical School in 1960 with honors. Went into surgical training at the Massachusetts General Hospital. Year of surgical internship, which was the way it was done in those days; and then a year of surgical residency, which brought me to 1962. Then went into the United States Public Health Service and was assigned as the surgeon of record at an Indian hospital in Shiprock, New Mexico on the Navajo Indian Reservation. That Reservation was 100,000 square miles with a population of 100,000 people, which meant there was statistically one person per square mile on that particular campus. Anyway, it was a learning experience. I was assigned to a position that was supposed to be handled by a board certified surgeon, and I was just past my second year of training in surgery. There was a great deal of learning on the job associated with that particular situation. Nineteen-sixty-four went back to Boston and more appropriately I should say that I went back to Boston—it's not Boston, it's "Bahston." And went into urology residency. Spent three years in that training program, and finished it in 1967.

At that point I had been appointed to the surgical staff at the Massachusetts General Hospital and of the faculty at the Harvard Medical School, and was busy minding my own business under the erroneous conception that I would spend my entire career in Boston with those assignments that I had just been given. Then one day my old professor walked in. His name was Wyle Ledbetter, who was an icon in the urology community, and he said, "Don, I want you to go down to Oklahoma." And my first response was, "Where is Oklahoma?" Well, when the professor pontificates, you stand up and listen. He said, "I want you to go down to Oklahoma, start a

kidney transplant program, develop the children's urologic surgery program. Stay a year, year and a half, then come back to Boston, and we will hold your space." And the professor having pontificated, I left for Oklahoma.

Arrived here with a wife, three children, and two dogs. Had absolutely no intention of staying in Oklahoma. And to that end, for the first six months that we were here, we lived in a motel at the north end of Lincoln Boulevard before you get on the overpass. In those days it was called a Howard Johnson's Motel. The structures are still there today, but the motel is long gone. At the end of six months, my wife said to me, "Either get us out of this motel, or I'm going back to Boston." So, we made the next move, which was the lease move to permanence. We rented a house. The address was 6305 Grand Boulevard, which was immediately west and north of what today is Baptist Hospital. The house and the road were demolished to make way for the south end of the Lake Road now that goes past Baptist Hospital on that west side. But we rented that house, and then finally in 1969 had a house built in what is now the Quail Creek edition that in that particular time was out in the country. The road ended where our house was built.

During that period of time it had become apparent that the style of life here, the pace of life, [and] the personality of the people were all very comfortable, and much more laid back than had been the case back in "Bahston." And so we grew into the Oklahoma culture and proceeded to stay here for some forty odd years now. And have enjoyed the opportunity to be involved with the local community, as well as the nationwide community in surgery and urology. It, it is pretty much what you asked for in terms of introduction. If you'd like I can speak to the professional development here?

THOMPSON: Okay. Go ahead.

HALVERSTADT: Nineteen-sixty-seven [I] came to Oklahoma, was appointed as the chief of the pediatric urology service and maintained that office until 2001, which was when I had helped recruit a young man to come down here whose name was Brad Kropp. And he was a well-trained, very capable young man—I say young man, he wasn't as young as that would infer—but he took over the development of the pediatric urology service at that time and maintained that position until earlier this year when he stepped down from that position, which currently has not yet been refilled. He developed that pediatric urology service into a service that was acknowledged as one of the best ten in the country for a number of years in the six, 2-0-0-6 through 2012, or something like that, and did a great job. I became the senior physician when I stepped down as being the chief of that service. And those years were myriad, mirrored by other developments that were administrative, governance, and political that went along side of those. Include the time, including the time that I was involved with the Tulsa Medical College. And that's probably as much as I can say except to mention specific instances.

We did the first kidney transplant done in Oklahoma in 1968. In 1970, we did the first operation to separate conjoined twins, which at that time was the fifth such procedure that had been done in the world. In 1970 or '71, did, implanted the first electronic bladder stimulant that had been done here in Oklahoma. And then in 1981 did the first continent bladder substitution operation that was done here in Oklahoma. Those were great times to introduce new kinds of approaches to medical and surgical problems; before that time it had been very difficult to manage from a patient perspective.

And then as Father Time moved along, eventually I had to stop going to the operating room and became what everybody most of the time characterizes as being a philosopher of medicine and surgery, which means the youngsters in training, about half of them were wide eyed and willing and ready to listen and try to learn, the other half of them kind of get like this, “When’s the old man gonna’ sit down and quit talkin’?” But it’s been a great time; I’ve enjoyed it, and the medicine and surgery in the state of Oklahoma’s come a long way over those years, and will continue to advance. There are great institutions, including Tulsa Medical College, and will have nothing but good things ahead for them.

THOMPSON: People that you remember during those days that were in Tulsa that made an impression on you?

HALVERSTADT: Oh, yeah. Leeland Alexander. He, which I understand from our conversation today, is still working over there, and I can’t believe that. He ought to be sitting on a porch somewhere drinking iced tea. Anyway, Leeland was very active and man, that took care of all the business needs of the institution as we went along. Was very helpful, very bright guy, very effective, kind of laid back most of the time, but always got the job done, and was a great confidant to me as I was not real familiar with the Tulsa community, having spent most—all of my career in Oklahoma City, Norman access. And the last time I talked to Leeland was perhaps four or five years ago when he called about a scholarship matter.

And the other people that I remember best from the Tulsa community were a family rather than part of the administrative detail of the Tulsa Medical College. It was a family by the name of Barker. The patient’s name was Katie Barker, the mom’s name was Lucy Barker, and the dad’s name was John Barker. And it turned out that John Barker was a lawyer in Tulsa. And Katie Barker, new born, had undergone surgery in Tulsa and there had been complications. And I’m not sure how the Barker family got my name, whether it was by referral from somebody or whether they happened to do it by word of mouth, but they showed up at the Children’s Hospital as my patients. And as I looked at the patient information, saw the father was a lawyer, I thought, “Whoa, this is going to be a problem no matter what I do or what kind of result I get.” And the baby had very significant surgical problems. So, I was very formal with the family. And patient was in the hospital, it was almost three weeks later, and things were going the right direction, but

I ran into John Barker in the hall one day, and he said to me, “Doctor, when are you going to stop lawyering me?” And that comment changed the whole dimension of the relationship, and the relationship went in the direction of commonality and friendship, and I began to share some of the darkest moments of the whole interface with them, and the family and I became lifelong friends. And Lucy Barker would continue to call me two or three times a year when there was stuff she wanted to talk about with respect to her daughter Katie, or anything else, and we’ve been in touch for a lot of years. Katie Barker grew up as a wonderful young woman today; she married a guy who was a banker who was assigned to Moscow, Russia. And they were in Moscow representing the United States Bank. And a problem came up, and mom, Lucy, called me and Katie came back to the United States, was operated in Tulsa that time, and got a great result. And it’s a family dimension that is representative of the historical way that medicine was practiced, which I’m sure we’ll get to later in this conversation. And I’m sure that John Barker and Lucy Barker are still active in the Tulsa community today. And I would enjoy seeing them if the opportunity ever presented itself. But those are the two people that, or one person, one family, that I remember best from my time in Tulsa.

THOMPSON: A question for you, and you may want to hedge it, not answer it, and I’ll take whatever it is, but of the people we’ve interviewed, I think you probably have an interesting perspective because you were in Oklahoma City. And Oklahoma City was not always, I’ll say it, favorable to the Tulsa expansion. Is there any of that that you could give information about, or would want to share?

HALVERSTADT: Well, sure. From a variety of perspectives, some of the folks in the early days viewed Tulsa as not knowing what it wanted its heritage to be. There were too many voices speaking as if they were the voice in Tulsa, and particularly to the legislature. I’ve heard that comment in the legislature many times. That who speaks for Tulsa? A variety of people come over here, they all say they speak for Tulsa, but they all say different things. So there was that mix of perception that kind of ruled the day in those early days that was, made it easy for people on this end of the turnpike to say, “That shouldn’t happen over there until they figure out what it is they really want to do over there.” Okay?

Then there was another group who, for want of a better way to put it, didn’t want to share their wealth. I don’t mean money wealth, I mean organizational wealth. They didn’t want a development in Tulsa to take place that would detract from the dominance of Oklahoma City slash Norman. And I think that’s fair to say.

I happened to be of a different mindset when I was the provost. It occurred to me that there was great need for additional medical personnel in the state of Oklahoma. Not the least of which was primary care physician. And the development of Tulsa Medical College was a good way to develop, if it were done right, develop an increasing hierarchy of family care physicians for the

state of Oklahoma. So, I was all for that development, and matter of fact spoke frequently about increasing the amount of development over there so that the programs could expand and be more effective than at the level they were at when they were first instituted. I would give you those three answers as probably my perspective on the thing.

THOMPSON: Anybody else in Tulsa that you remember dealing with or working with?

HALVERSTADT: Well, yeah. Mr. Warren. And Dewey Bartlett. And Dewey Bartlett's son a little bit. But those were mostly political things as opposed to medically related things.

THOMPSON: Let's take another step because I'm not sure that there's another individual in this state that has served on the OU Board and on the—

HALVERSTADT: State Regents.

THOMPSON: State Regents. You want to talk a little bit about your activities in those arenas—

HALVERSTADT: Sure.

THOMPSON: —over the years?

HALVERSTADT: Sure. In 1988 I was appointed to the State Regents for Higher Education, and was appointed by Governor Henry Bellmon. He and I had gotten to know each other earlier when Lloyd Rader retired as Welfare Commissioner, Director of DISRES in those days. Department of Institutions, Social, and Rehabilitative Services. When Mr. Rader retired, Henry Bellmon took over that position in the interim before he then ran for a second time for governor here in the state. That was like 1984 to 1988 or something. And I had worked as a CEO of the Oklahoma Teaching Hospitals, and partly was under Henry Bellmon's governorship. And we got to know each other, and I think that was the background by which he decided to appoint me to the State Regents. I served on the State Regents from '88 to '93, and chaired that group from '91 to '93. My most vivid memory of it was, had to do with academics. A man by the name of George Kaiser, who today is Bank of Oklahoma, he and I were appointed at, very close to each other time wise, and we ended up sitting next to each other at the State Regents meetings. And at one meeting—at that point, particular time there was what was called a “crisis in confidence” in Oklahoma higher education—an epithet that was brewed up by the media—and we did need a lot of improvement, there's no question about it. So, anyway, one day George Kaiser taps me on the shoulder, and he says, “We need to do something about this academic standing in this state.” So, mostly he, but he and I, developed a five-year grid of increasing admission standards, increasing retention standards, increasing accountability measures, the whole nine yards, for the higher

education system in Oklahoma, which is twenty-nine institutions of higher learning. And we got that passed, and everybody in the legislature just, you know, did this.

Anyway, the day we passed that I got back to my office, and the first call, telephone call that I got was from a man whose name was Donnie Duncan. And at that point I didn't know Donnie Duncan from a hole in the wall. Anyway, he was the athletic director at OU. And he gets on the phone and he says, "Doc, would you mind coming down here and talking to us about this new deal you just put through?" And I said, "Sure." So, they set a time and I go down to Norman, into the football stadium, and they take me up to a conference room where there's this long, long table. Donnie Duncan's sitting at one end of it, all of his lieutenants sitting down both sides of the table, and he sits me down right next to him. And the conversation starts by Donnie Duncan saying, "Doc, you're going to ruin our athletic programs with this new deal you just put through." And I looked at Donnie and made what was probably the dumbest comment of my entire professional career. I said, "Donnie, I'm not going to ruin your programs. It's just as easy to recruit smart athletes as it is dumb athletes." And there was this gasp down the whole length of the table. And some guy at the other end of the table in a stage whisper said, "Yeah, we didn't all graduate from Princeton." And I was told that that man's tenure was not very long in the department after that. Anyway, truth in fact, we did not ruin anybody's athletic programs in the state. All it did was to require OU, and I would imagine OSU as well, to greatly enhance their student life programs, which has been done at OU under Joe Castiglione in a fashion that the OU program down there now is good or better as any student life program in this country, no exceptions. But it was an interesting time.

The State Regents time also was a time when we made an attempt to consolidate some of the institutions in the higher education sphere in Oklahoma. And the legislature had commanded us to try to do that. And at one point we said we were going to consolidate Sayre into Weatherford. And that aroused a reaction that was considerable. And for better or worse, I was tasked to go down there to a public meeting and explain what we were going to do. And I went down there to Weatherford and it was held in a building that had a room that would probably accommodate a hundred people, and there were about five hundred people outside that room that when we—. And I got to tell you, I think some blood still drips from various places where I got bludgeoned during that presentation at that meeting. Long story short, we did not consolidate those operations.

Anyway, I was still with the State Regents in 1993 when my old buddy, Governor David Walters appointed me to the OU Regents with several years still left on my appointment as a State Regent. So, I served the OU Regents between 1993 and the year 2000, which is the time when President David Boren came into office, and of course, David Boren has been a magician with that institution. Its development in terms of capital projects; its developments in terms of faculty; its development in terms of the students that come into the University. He's just done an

absolutely magnificent job. I had the pleasure and privilege to be with his regents during those early years of his stewardship, and learned a great deal about the politics of managing higher education from a guy who was an absolute master of it, I thank you very much. The, his tenure from the standpoint of athletics was considerable.

There was a time when I had the privilege, the opportunity to be part of the search team that hired Joe Castiglione to be the athletic director, and I also had the privilege to be part of the search team that hired a man named Stoops to come in down there and be the football coach. And those were very heady times. Lot of fun, lot of hard work, but everybody knows what Bob Stoops has done. Less well known perhaps is the progress that Joe Castiglione has made with that whole athletic department at OU right along aside the improvements in academics that President Boren has brought in there. Joe Castiglione is a master at what he does. Anyway, my tenure ended in the year 2000. And alongside those tenures I had the very distinct privilege to be a part of the coaching staff of the OU men's basketball program between 1996 and 2-0-0-3 when Calvin Samson was the head coach down there. I carried the kindly title of senior coach. Didn't do a whole lot of coaching, but after the kids on the team, I say kids, after the young men on the team became aware of the fact that I didn't need anything from them, didn't want anything from them, I became the psychologist/psychiatrist in residence, and the kids would come talk to me about things they didn't really want to talk to the coach about, some of those being social entities. And those were great times. We went to the Final Four in 2-0-0-2, the Georgia Dome in Atlanta. I still have that Final Four ring that came from that, was a lot of fun. But those years were very pleasurable years, opportunity for me to learn at every juncture along the way. My direct relationship to Tulsa Medical College, which is where this is starting from, is much, much more removed from direct relationship. The years with the State Regents, of course, involved Tulsa Medical College as part of the whole complex. The years with the OU Regents obviously also involved a relationship from a governance standpoint, which as you well know, is a much more distant relationship than the one that I had when I was a provost.

THOMPSON: Any other things you want to say about your involvement either with the University or with the State Regents or the hospital before we—?

HALVERSTADT: Well, by hospital you mean the Oklahoma Teaching Hospitals? That's a whole other track that takes you down a lot of years if you are interested in hearing about that.

THOMPSON: Well, what was your involvement with it over the years? Kind of a summary.

HALVERSTADT: Okay. When I came here in 1967 my involvement in the hospital was that of an operating surgeon, and, which actually led to an interesting political phenomenon. As, I came here as a member of the full-time faculty, and the, in those days, the governance of the old University Hospital and the old cripple children's hospital was under the University of

Oklahoma. And they maintained what was called a site of practice policy, which said that the full-time faculty would put their patients into the University and Children's Hospital, not somewhere else. Well, I came in '67, and by 1973 I had developed a large practice, matter of fact I had the biggest practice of anybody around. And also along the way I had become disenchanted with the quality of care, nursing care that the patients were getting in Children's Hospital. So, I began putting my patients into the old Presbyterian Hospital, which was at 11<sup>th</sup> and Harvey downtown before, long before they built their hospital on the Health Sciences Center campus. And so I was breaking the site of practice policy. And with a practice as large as I had it became a matter of concern to the OU Regents, and, to the point where, in 1973 they decided to make an example of me, and they required me to come to Norman and appear in front of the Regents at an open, public meeting to be disciplined. And I may be wrong, but I would imagine that was the only time in the history of the University that a faculty member was brought before the Regents at an open meeting for a disciplinary proceeding.

So, I get down there to the Regents' meeting. The chairman of the Regents was a man named Jack Santee, who was a lawyer from Tulsa, and he was the chairman of the Regents. Today the Santee Lounge bears his name in the football stadium. Anyway, the Regents are sitting on a raised platform, and the chairman's up there raised even higher, and he was constantly pushing his glasses up on his nose. I still remember that all these years later. And he says, "Doctor, do you understand what the site of practice policy is?" "Yes, sir." "Doctor, have you broken the site of practice policy?" "Yes, sir." "Doctor, do you intend to continue to break the site of practice policy?" "Yes, sir." "Well, why is that doctor?" "Well, Mr. Chairman, I will put my patients in the hospital where I think they'll get the best care. And right now, Mr. Chairman, unfortunately that's not your hospital." And the Regents did not like that answer. So, they dismissed me from the full-time faculty, and in addition, refused to give me a clinical faculty appointment, which would allow me to continue to practice in the Children's Hospital. And so I was dismissed from the faculty. Now figure—six years later I show up as the provost of the Health Sciences Center—now figure that one out.

About that time the legislature changed the governance of the University Hospital and Children's Hospital to the Welfare Commission. And the Welfare Commission, of course, has its own board of regents. Lloyd Rader was the director of their agency. And he, when he became responsible for the governance of those hospitals he wanted very badly to upgrade the facilities and provide a better facility for the children and the adults in Oklahoma who use those hospitals. And, by the way, when he actually finished doing all that, it was done with out of pocket money; there was no debt service on the hospitals. And what he wanted to do was to tear down the old Children's Hospital, build a new Children's Hospital, with both an acute care wing and a rehabilitative wing; and he wanted to double the size of the University Hospital, which was in those days the Everett Tower plus the Pavilions A, B, C, and D, which was the old time way you built hospitals with small rectangular buildings with a breezeway connecting them, the thought being that you

would be less likely to get infection traveling through the hospital. Okay. So, he wanted to get that project under way, and I have no idea to this day how he ever got my name because I had done nothing administratively up to that point. But he had a consultant come and ask me if I would come out and meet with Mr. Rader, and I did. And he told me what his plans were and asked me if I would act as an executive chief of staff and represent him in polling all the faculties and departments in the Children's Hospital, and eventually in the adult hospital as well, to receive what they needed to improve their practice of medicine and their educational programs and research, and to share that with the architect involved who was a man named Ed Hudgins. Ed Hudgins [was] of the firm Hudgins, Thompson, and Ball that was very active in those days. I was to put together proposals for the whole project, and present them back to Mr. Rader and then on to the Welfare Commission. And I would be the point person to represent the governance to the University after I'd been dismissed from the faculty. And I told him I would, but I said you need to understand number one, I've done nothing administratively, don't know anything about administration; and number two, you need to know that I've just been dismissed from the faculty of the University. He said, "That's not a problem." And, "Number three," I said, "If I do this I have one requirement." And he gave a this way with the glasses, and got this sort of bemused look on his face because I think it was probably the only time in the history of his long political career that anybody ever said they'd work with him but they had a requirement if they were going to do it. And he looked at me with that kind of bemused look on his face, and he said, "Well, what's that, Doctor?" And I said, "I'll be happy to try to do what you want me to do, but I'm not going to stop going to the operating room, and I'm not going to stop seeing patients. If we're going to do this, it will have to be when I'm not in the operating room." And he was a guy who worked from seven in the morning until nine at night, and he said, "Well, that's not a problem."

Well, it wasn't a problem to him, but it was a problem to a lot of people that were used to going home at five o'clock in the evening. And when we got into it, it wasn't very long until I had a legion of people out there who were not very fond of me because we were starting in to have meetings at five and six and seven o'clock in the evening. Anyway, that—. The first thing in terms of my being able to practice in the hospital, the first thing the Welfare Commission did was to pass a waiver at their next meeting that said I didn't have to have a faculty appointment to practice in their hospitals. So, that's how we got around that one. And then I'll tell you another story that spoke to the rest of it. The, in those days, there was a transfer of \$6 million a year from the Welfare Commission to the medical school allegedly for administrative duties in the hospitals. It really was for indigent care was what it was for, but anyway, I'm sitting in Mr. Rader's desk—office one day about six months later, directly across the desk from him, and President Paul Sharp calls from the University. President says, "Mr. Director,"—let me preface it by saying that the transfer of money was made by a check for \$500,000 each month—so President Paul Sharp says, "Mr. Director, we haven't been receiving our checks for the last six months. Do you know anything about that?" And Mr. Rader said, "Yeah, I know all about it."

And President Sharp said, “Well, where are our checks?” And Mr. Rader said, “They’re in the middle drawer of my desk.” And President Sharp says, “Well, Mr. Director, when are we going to receive our checks?” And Mr. Rader says, “When you give Dr. Halverstadt a faculty appointment.” And that’s a true story. About forty-eight hours later I was back on the faculty at the University. These are politically incorrect happenings that probably shouldn’t be put into perspective for hys—yeah, for hysteria. (laughs) But that’s the way it happened. So, we went ahead and I stayed in the position of being the point person for the Welfare Commission to interact with the University people until 1979, at which point I was—President Bill Banowsky at the University appointed me to provost—interim provost, which I did until ’81. Then came back across the street. And by that time the adult hospital expansion had also been started and put in place, so came back as the executive, as the CEO of the Oklahoma Teaching Hospitals, which was a consortium of both of those hospitals, Children’s and University Hospital. Did that until 1984 and then when Mr. Rader retired as director of DH—DISRIS, I decided it was time for me to retire as CEO of the hospitals. Later Governor Henry Bellmon came in as the interim director and asked me to stay on, which I did for a while. Then I retired and was out of direct governance relationships until 1988 when I was appointed to the State Regents. So, that is historically the relationships to governance and administrative work in the hospitals.

THOMPSON: But very, it resembles the stories that you hear about Mr. Rader—

MRS. HALVERSTADT: Absolutely.

THOMPSON: —and how he did business when he was—

HALVERSTADT: Mr. Rader was a giant. Tough as nails. Very politically adept. Iron fisted when he needed to be. And a lot of the people in the public sector were not very fond of him, but I learned to know a man with a totally different side to him. He always stood up for the little guy. He always took the position of the underdog, and had a heart as big as all outdoors. I got to know him very well, he became like a godfather to one of my children. After his wife died, it seemed like he spent more time in my home than he did in his own home. And my one daughter loved to ride horses, and he had a pony on his little farm up in Guthrie, and she’d go up there and ride the pony. And he and I got to know each other very, very well over the years. When he died, well back up, during his thirty years as director of DHS literally hundreds of millions of dollars flowed through his hands; when he died and his estate was probated, his estate probated at \$400,000. Never a penny of scandal, never a cent into his personal fortune. And to those people who didn’t like his hardness and management style, I would simply say that they didn’t know the real man. I loved him.

THOMPSON: Well, he did a lot for the state, there’s no question about that.

HALVERSTADT: Oh, man. Did a lot for the Health Sciences Center.

THOMPSON: Oh, yes. No question about that as well.

HALVERSTADT: There was a project, there was two projects, one doubled the size of the Everett Tower, and the other project, we were going to tear down the old Children's Hospital, and the Crippled Children's Hospital that was built in 1929. Legislature said no, won't let you do that. You can build in front of it, behind it, side of it, over it, but you won't tear it down. So, what we did was to build a center tower, which was mainly administrative stuff and operating rooms and that kind of thing, which was called the Bilstein Tower. Built a wing just to the west of it called the Garrison Tower, which is where the bed—nursing units were. And built a wing to the east of it, which became known as the Nicholson Tower, which was originally meant to be the rehab hospital. And that was all done before the end of the 1970s and provided the upgrade of the Children's Hospital that was badly needed, and was the preceding generation to the current generation of the Children's Hospital and practice building that are down there today that so greatly represent the University for the people of Oklahoma. It was time, and of course, he was the architect of that whole thing. And paid for it with money out of pocket.

THOMPSON: Amazing what he was able to do. Well, the last question I have, unless you have something that you want to add, is I've asked all of the other people that we've interviewed that were physicians to make a commentary on healthcare at the beginning of their career and healthcare at the end of their career.

HALVERSTADT: I'd be happy to comment to it, and I would imagine that my comment will be much similar to the comments of other people that you've interviewed in this process. But the biggest change that I see in healthcare in the sixties and seventies and eighties and nineties to what healthcare is today is the change in the relationship of a patient to a physician. The smile on your face tells me that everybody else has said the same thing. The old time traditional practice of medicine involved a longitudinal relationship between a patient, patient's family, and the physician that was not a single episode thing and go on home, it was a relationship of a family to a care provider that was much more in-depth than simply looking at one symptom and saying get some cough medicine. Unfortunately the direction of healthcare today, which is principally because of the way it's reimbursed, has forced the doctor to shorten the time he spends with a patient, has forced him to spend a great deal more time with documents that document what he's done as opposed to doing what he's supposed to do. And it has slowly eroded that traditional patient-doctor, family-doctor relationship to the point where a lot of people today don't really have the kind of relationship that they need to have with a physician. That doctor-patient relationship is exceedingly important in the getting better process. You don't get better simply because somebody takes your appendix out in the operating room. You get better because of the care that occurs during that process and after that process. That approach is being heavily eroded

today, and I think will continue to be eroded as time goes along to the detriment of the quality of healthcare that the patient gets as time goes along. That's about as succinctly as I can put it.

THOMPSON: And you are correct. It, along those lines is what everyone else has said. I tell the story of going to family medicine at OU up on 50<sup>th</sup>, when they had the clinic up there. I had my oldest daughter with me, we came out and I was paying at the desk and going out the door and she had a betwixt look on her face. She said, "Why did you pay, Dad?" And I said, "What do you mean?" I said, "I came to see the Doc and he took care of me, and why wouldn't I pay him?" And she said, "But we spent more time you telling him about the library and what he could be doing at the library than he did treating you." And I said, "That's the relationship I have with him." I said, "He doesn't have time to hear about the library other times. And when I come here, that's when he learns about what we're doing at the library." And she said, "Oh," and went and walked on out to the car.

HALVERSTADT: There's one other issue that bears on that doctor-patient relationship, too, that is important to note. As time goes along, the amount of information in medicine expands exponentially, which means that there is ever increasing need for time to teach the amount of information that's needed to be taught. And that gets into the fact that there's only four years of medical school, and there's only so much time for all the curriculum to be taught, which means that priorities have to be set. And unfortunately the dimension of doctor-patient relationship as a piece or part of the information box gets eroded because there's so much more information that has to be taught. Now, that's nobody's fault, that's just a fact of reality. But that's helped to erode the relationship because students don't get as much time to learn it or to see it in the clinical settings that they did ten, fifteen, twenty years ago. So, I'd add that to the answer that I gave you about it.

THOMPSON: Well, we appreciate it.

HALVERSTADT: My pleasure.

THOMPSON: You've provided great information.

HALVERSTADT: My pleasure to be—

THOMPSON: Thanks for letting come and do it.

HALVERSTADT: My pleasure to be asked, and I'm pleased to have participated. Thank you much for coming.

*End of interview.*