

Oral Memoirs
of
Gabrielle Thurman

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

Development of the Tulsa Medical College:
An Oral History Project

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Interview History

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Interviewer: Clinton M. Thompson

Videographer: Alyssa Peterson

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Gabrielle Thurman worked for the Tulsa Medical Education Foundation and the Tulsa Medical College.

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

Alyssa Peterson was a Medical Librarian at the Schusterman Library.

Rhonda Holt was a Graduate Assistant at the Schusterman Library.

Hope Harder was a Library Tech at the Schusterman Library.

Gabrielle Thurman
Oral History Memoir
Interview Number 1

Interviewed by Clinton M. Thompson

April 7, 2016

Anacortes, Washington

Also present: Mrs. Thurman's husband, Dr. Thurman

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

THURMAN: I'm Gabrielle Ann Thurman. I was affiliated with the Tulsa Medical College [TMC] and TMEF [Tulsa Medical Education Foundation] back as early as 19—the early 1970s. I started my career here in Seattle at the Reynolds Metals Company in the Consumer Products Division, and worked out here for a few years before my then husband and I moved to Tulsa, Oklahoma. When I moved there, I went to work for St. John's Hospital. They were looking for a person to assist with the internship programs because internships were still going on at that time and St. John's had a very strong internship program. And at that time, the director of medical education was the acting person, and that was Dr. Bryce Bliss. He also ran the Department of Pathology there. I worked with him on running the internship program, assigning the students and so forth, and ultimately helping in recruiting, which is how I got into medicine. My educational background is varied. I've started—I started my career trying to think that I wanted to be an artist, and I do have a little bit of talent, but maybe not enough to support myself. And my father was kind enough to point that out to me when I was in college, that maybe I should think of another career and use painting as a hobby. So, ultimately, I ended up going through college on a sporadic basis. I would take some courses here, and take some courses there, and it wasn't until that Bill and I got married and our two children were in college that I went back, finished off my degrees, and ultimately went on to finish my terminal degree. In that respect, once I did that, I started teaching, and I started teaching at St. Gregory's in Shawnee, Oklahoma, filling in for one of the priests who was there who got called up in the military to—I think he was going to Desert Storm, or some place over in that area, so I took his place for his assignment. And when he came back, I started working for the University of—Oklahoma State University that had a campus in Oklahoma City, and also at Oklahoma City Community College. So, I taught part-time there, and then part-time at Oklahoma City Community College, and I taught U.S. History since the Civil War, and World Cultural Geography.

That's been sort of my educational career, but getting back to how I became involved with Tulsa Medical Education Foundation was by just happenstance because I met a lot of the doctors by virtue of being in the internship program at St. John's, like Burr Lewis and Robert Imler, Bob Perryman, and those folks. And ultimately Wendell Smith, who, he and a guy named Duane Brothers, I believe were instrumental in putting the Tulsa Medical Education Foundation together. That, I think, was back in 1971, which was a couple years before I went to St. John's. They had one person who worked for them; her name was Norma. I can't remember her last name, but she decided to leave. And Wendell and Burr came into my office one day at St. John's and said they wanted to talk to me about moving over at the TMEF office and see if we couldn't build the programs. So, I did, and consequently, got involved with what turned out; they had at that point in time, the Internal Medicine, Surgery, Peds [pediatrics], and OB/GYN were all up and running at that time. These were the residency programs. A little while after I'd been there, they did put together the family practice medicine program, and so we had five trusts underneath an umbrella trust of the Tulsa Medical Education Foundation. I worked for the umbrella and ultimately ended up being the liaison, or coordinator, whatever you wanted to call it, the person who kept all these things tied together.

The hospitals, at that time I think there were five: St. Francis, St. John's, Hillcrest, Doctors', and the Tulsa Psychiatric—and I think they called it clinic at that time, they didn't call it a hospital—but all five of them put in money to support the residency programs. They all didn't put in the same amount; it depended on their status in the community, and of course, the three major ones were the big contributors. At that point in time, Don Plant, who was the chief financial officer for St. Francis, was the guy I worked with. The money came into me, I put it in the bank, and Don and I would work on all of the paperwork that needed to be done in terms of paying the residents, and paying our bills, and that sort of thing. But Don was the go-to guy at that point in time. That was before the University got involved in it. It was an interesting environment, I think, in the community, from the standpoint that the hospitals worked together in TMEF, but they really didn't. It was kind of a, you know, tug of war that was constantly going on politically in the community, and the only time they seemed to pull together is if they were fighting with the legislature, and trying to get more money into the Tulsa community to take care of the indigent patient flow that they had. They were carrying the whole burden at that point in time, and that was a major push in trying to get the medical school going, and get these residency programs going, was to bring more state money into the Tulsa area and relieve the hospitals of the care that they were providing in the community for free. And Hillcrest by far had the biggest indigent load, which is why Bill Bell and Jim Harvey and some of the other guys like Steve Landgarten, got into it as fiercely as they did, because they were trying to cover the bottom line at that point.

We churned around for quite a while and did a lot of good in the community, and built the residency programs, we thought, into a very formidable group. We had no problem filling Medicine and Surgery; OB/GYN was kind of iffy, some years they would do really well, other

years they wouldn't. I would guess it was because of what the medical students were trying to do at that time. Pediatrics, we always had a hard time filling Peds, so that program was a problem. And Family Medicine, when it first started was a problem getting residents, but then it became so popular because nationally it was becoming popular and medical education was changing at that point in time. So, our recruiting in that area picked up a lot as we moved into the scope of the University. Not everybody was happy with the University. (laughs) It was one of those things that, you know, it was kind of a good thing and a bad thing. They could see positives and negatives to it. The guys, when I refer to the guys, the doctors that I worked with, you know, they would fight among themselves as to whether or not they wanted to be part of that organization down the street. So, it was a tug of war for a while, and when you put it on the other end that they didn't want us either, you know, it was kind of—. It's amazing that we actually ever became the Tulsa Medical College. So, yeah, it's—it was an interesting time in the Tulsa community. I think the big players that I remember are: Bill Bell, he was instrumental in making this happen, and hard as nails when he wanted to get something done—and he was not above, you know, going around the back door to get it done—he wanted it to happen. He didn't do anything malicious or anything like that, but he was a strong-minded individual and he controlled a lot of money, and so he made things happen. He was always gracious and always very concerned about who was going to take care of all these people over here; and that was one of the major reasons he fought so hard to get the University to come over and be a part of our community. Better ask me some questions because maybe that will _____ (??).

THOMPSON: You were working for TMEF.

THURMAN: Right.

THOMPSON: And then made the move to the medical college.

THURMAN: I didn't make the move immediately because, even though the University decided they were going to become a part of the Tulsa community, it was very slow. Dr. Bob Bird, who was the dean at OU at the time [ed. note: Bob Bird was Dean of the College of Medicine at the Health Science Center in Oklahoma City], would come over periodically. And I think he only came over maybe three or four times that I recall, but he was not enthusiastic about it, you know, it was more like I have to come over. He would come over, he would be in the office for about an hour, and he would go out and meet with Sister, or he'd go down and meet with Bill Bell, or something like that, and then he'd go back, and you wouldn't see him for another month or so. So, it finally, it wasn't until, I think that, you know, that Bill came on the scene that things really began to happen. So, I worked in that office I'm going to say from probably '72 on until, you know, Leeland was hired. Because he and I, you know, we shared an office for a long time. I mean, it wasn't a very big office either. We were very close. (laughs) So, yeah, it was, it was not a smooth transition at all. Everybody was leery, I guess. Sister Blandine, Sister Therese, were

very leery, not only of each other and Hillcrest, but of the University. And, so it was not a warm and comfy marriage.

THOMPSON: Because you mentioned a minute ago about your recruiting, because I've asked Mike [Newman] this question about the college, where did you all recruit in those early days, through those residency programs because it sounds like you were involved in that process.

THURMAN: I was. I was the one who organized the residency recruiting for all the five trusts, and basically, as Bill said before, a lot of our candidates came out of Kansas, Missouri, Arkansas, and Texas area, and so that's basically where we got most of our people. Internal medicine was very popular and it would recruit; it really didn't have to recruit too many from outside of that little area, but it did. We would take a bunch of guys and just go to the university and have, about 5:00 in the afternoon, we'd have cheese and wine at the University Club and invite, you know, the medical students to come by and talk to the guys. And that's exactly what they did. It worked for us. It didn't cost us a lot of money because we didn't have a lot of money to spend on it at that point in time. And that's basically how we recruited. People like Merlin Kilbury, who came from one of the biggest surgical families in Arkansas, you know, we drew him in by doing that. We went to the university, and his whole family showed up, you know. It was, I thought, I didn't know there were that many Kilburys over there, and they're all surgeons, and they wanted to make sure that, you know, the little boy went to the right place. So yeah, it was very low key recruiting, but it was very effective, and we did stay within the states that surrounded us, just because of money. We didn't have a lot of money to get on a plane and fly to Florida or California or someplace like that. We just couldn't do it, so.

THOMPSON: While we're there, let me ask this question. People that came out of those days when you were associated with TMEF, that had become influential physicians in the community, do you have a few names that come to mind?

THURMAN: Jim Snipes come to mind. Jim graduated from our program in Internal Medicine. He was one of our recruits out of Arkansas. He ultimately graduated from our program and went into partnership with Dr. Lewis and Dr. Alexander, and they worked together for a long time. And then as they got older, he split off and went into private practice. Dr. Gail Robbins and Lenard Poplin went into practice in Broken Arrow. They were graduates of our program. Lenard was one of the earlier graduates that I remember. He was in one of the internship programs when I was there. John Sacra, who I think is now, I think he's at St. Francis as their emergency room doctor. He left and went somewhere else and then came back, and I think he's been back probably about ten, fifteen years now. So, he's been back there quite a while. But, yeah, those are the guys that I remember—and they stayed. Almost all of them that went through the residency program seemed to stick around in either Oklahoma City or Tulsa. They didn't go very far; some of them, like Merlin, went back to Arkansas, but then again, he was a family dynasty;

he wasn't going to go anywhere. Jim Snipes stayed in Tulsa; he didn't go back to Arkansas. So yeah, a lot of them did that. I remember a lot of the students, the first medical students to go through our program, especially in Family Medicine, stayed in Oklahoma and went to the smaller towns, which considering how hard it is for other places in the United States to get the doctors to stay in the countryside, I think we did a pretty good job, now that I look back at it, and having seen what's happening in the rest of the country, you know, we did a pretty good job. We were pretty good at it. Not 100 percent, but you know, we did a good job.

THOMPSON: And that was the purpose.

THURMAN: That was the purpose, absolutely. Absolutely.

THOMPSON: I'll ask you about Dr. Fitzpatrick—

THURMAN: —I—

THOMPSON: What are your recollections of Dr. Fitzpatrick?

THURMAN: Well, probably different from everybody else. I know that a lot of people didn't care for Dr. Fitzpatrick, but I did. He was assigned to us, by Oklahoma City, and I think that he probably didn't want to be there, but he was sent there, and told you either went there or you quit, you know, one of the two. But he came over there and he was definitely a man out of his element. He didn't fit into the medical community; he didn't know how to fit into the medical community. As far as I'm concerned, personally, I liked the man. He was always very good to me, and his wife was too, she was very sweet. But he just didn't, you know, it was like a round hole in a square peg—it just wasn't a fit. He couldn't talk to the Sisters; he couldn't talk to the doctors, and he really wasn't interested in talking to the residents. So, it was not a good fit at all, and I don't think it was entirely his fault. He just, that just wasn't who he is, you know, wasn't who he was. So yeah, I think he probably should have left sooner than he did, but he didn't know what to do. I really believe he didn't know what to do. He was just waiting for somebody to point him in a direction that he could handle and survive in. I really think that was it. As far as being effective, I don't believe he was effective at all in the community; they just didn't accept him, and he didn't accept them.

THOMPSON: Do you think that's because that was a very tight-knit medical community? Do you think that, or do you think he was hampered by the opinions of the people in Oklahoma City?

THURMAN: I think the latter; I think the latter. I think the people in Tulsa just didn't know how to deal with him. He was standoffish yes, until you got to know him; he was very standoffish. He

could be abrupt at times; I don't think he meant to be, you know, it just, somebody would ask him a question, and the answer would just be blurted out, and know—most of us will couch something that's unpleasant, in terms that we think you can handle. He wasn't like that at all; he was very abrupt, and you know, if he didn't want to talk to somebody on the phone, he'd just tell you, I'm not talking to them. You know, it was that kind of, you know, I think he just had a difficult time relating to the people in Tulsa. He lived so long in Oklahoma City; he was comfortable over there; he was comfortable in the department. He was comfortable with Hammarsten. They didn't make too many demands of him, and he didn't make any demands of them. Over here on the other side of the turnpike, it was a different story; they wanted somebody out in the community. They wanted them, you know, shaking hands, and you know, going to all these meetings. He didn't want to go, you know; he didn't know what to do after he got there. So, he didn't go. So, I think it was just as they say, you know, square peg in a round hole; it didn't fit, you know. And you could see the difference when Bill took over in the reception in the community from this guy at the other end of the turnpike coming over and going out and meeting with the Sisters and talking with the Sisters and going to the hospital, talking with the students and the residents, you know, and doing all the, social things that Tulsa community was all about. Going to the Foundation meetings, going to the trust meetings, and if there was a problem at St. Francis Hospital, all I had to do was tell Bill that you know, "You need to go see Sister Blandine and talk to her." "You need to go talk to doctor, you know, Dr. Thompson, or Dr. Thompson the—

THOMPSON: Tompkins?

THURMAN: Tompkins, that's the guy, Tompkins, Bob Tompkins. I said, "You need to go talk to these people, they have a problem, and they need to have their—they need to have somebody talk to them about how this [is] all going to work." And he would do it. Martin wouldn't, and that was, that was his downfall; he didn't know how to communicate with those people. He didn't deal with that kind of thing in Oklahoma City, and he didn't think he had to do it, you know, in Tulsa. And that's unfortunate. He may have had a lot to contribute and we just didn't know how to tap it.

THOMPSON: Your thoughts about Dr. Lewis.

THURMAN: Jim Lewis?

THOMPSON: Um-hm.

THURMAN: I think Jim Lewis was the right man at the right time. We talked about that before. Tulsa had been through Dr. Fitzpatrick. It was having growing pains at that time. It needed a calm, easy-going, strong force, and I think Jim Lewis provided that. He was one of those people

if you said Sister Blandine was upset, he went, got his hat, and out the door he went, you know. He went out to see what was wrong with Sister Blandine. You know, he was exactly the opposite of Martin. He was what the community needed at the time. I think they were a little taken back that he was a geographer, you know, running a medical school, but you know, I think that was—. They got over that I think, as soon as they met him and saw that he could accomplish what Martin couldn't. And I think he did a fairly good job. At that point in time, that was what Tulsa needed. It needed a leader, and it needed someone who was going to go out and Jim went to everything. You know, he went to everything. You know, he might have worked all day, but he would go out. If the Foundation was having a meeting, Jim went if that was where he was needed. I know he relied on Leeland and myself to tell him, you know, when these things happened, and we did our best. So, I think he was a good choice at the time. And he was accepted at the time because they were willing to accept anybody except Martin Fitzpatrick at that time. And he had an MD, so they said, "Okay, why not? This guy's a geographer, we'll take a PhD and see what happens." But he did, you know, he did, I think he did a good job.

THOMPSON: Let's talk about some of the people that were hired in those early days after you became a part of the college. Are there things that you can say about Leeland?

THURMAN: Oh, I adore Leeland. He's like a brother to me. There were times he acted like a brother to me. Times when I could have wrung his neck. He was always trying to tell me what to do, when to go, who to date. And I'm going, "All right, come on here." But I love Leeland to death, always have. He was a strong force in the formation of the college, and I think one of the forces that it wouldn't of happened if it hadn't of been for Leeland. He knew how to manage money, and he knew how to have the money ready when it was needed. And if it wasn't there, he knew where to go to get it. And I think that was so important for us, in those early days of formulating the College and bringing TMEF and the College together. It was very important to have Leeland. He also had a great personality for working with everybody there. Leeland never got mad, never. I have never seen him angry. He's always been calm and thoughtful. Even when I was ranting and raving, he was calm and thoughtful. (laughs) But that's, you know, that was good. It was really good because he understood and he learned and he listened, and he, like everybody else, learned that you had to go out and pat these people on the fanny and talk to them about what was going on. And he was very good at that, very good. He never ever said no about going to any of those things and talking to people and reassuring them that, you know, the University was going to be there. Maybe not the way they wanted it, but they were going to be there, you know.

THOMPSON: But that's, you've heard Dr. Thurman talk about the two of you. What do you think made the two of you so good together? What was the chemistry that made you able to do the things you needed to do and the way you needed to do them?

THURMAN: I think Leeland and I played off each other's good points. We were very good for each other at a time when the University and TMEF needed to come together. He understood University politics better than I did. I understood the community better than Leeland did, the medical community, having been in it, and worked with all these guys, and knew them on a first name basis, knew their families on a first name basis. So that, you know, we brought together the two entities ourselves, so we could reach out, I think, and work with our groups of people that we needed to. I hated going down the turnpike to the University; I really did because I thought those people will never get anything done because it was, it was all paperwork. This sign this, do this, you know, and then it would go to the end, bottom of the pile, and it would never get taken care of. Leeland understood that better than I did, and he understood how to make it get back to the top of the pile and get paid when it should have been so that, you know, the hospitals weren't screaming at you over here, or something. So, yeah, I think we worked together because we both brought something important to the table. My local history, his understanding of the University politics, and the fact that he knew how it operated. And we made it work. We made it work.

THOMPSON: Let's talk about some of the people that were there in the early '76's, back when you all had been there, get your recollections of those, one Mike Lapolla.

THURMAN: Mike, I like Mike. He was so different from Leeland, and I guess that was why I liked him. He brought a fresh, you know, face to the group, and a different perspective, you know. Leeland with his university background, me with my local history, and Mike with his analytical mind, all the time pulling these two things together. And, I think that's why the three of us functioned well together. It was a good marriage for all of us; we had the opportunity to pick each other's brains. And Mike to me is one of the smartest people I've ever met. His analytical side turns some people off sometimes, but I didn't find that to be so. I thought he had a very dry sense of humor, and now you had to listen to him in order to understand what he was saying, and know that was a joke, ha-ha, but I think he really contributed a lot. I know he did in the formation of the University and getting the clinics up and running. They wouldn't of been up and running if it hadn't been for him.

THOMPSON: Well, why don't you talk a little bit about that because that's something that no one has talked about.

THURMAN: Okay.

THOMPSON: Dr. Thurman mentioned them, but you know, in those early [days], in the seventies, those two hospitals were run by the orders. And those two [groups of] ladies were very powerful in the community.

THURMAN: Yes, they were. Are we ready?

PETERSON: Uh-huh, yeah.

THURMAN: I'll start with Sister Blandine because I think she was probably the most powerful woman administrator in, during the seventies when TMEF and the trusts were being formed and became so strong. She was the administrator of St. Francis Hospital. She had with her Lloyd Verret and Don Plant and Robert Thompson who all worked under her. And I say she was the power behind the throne, but it was Mr. Warren who actually, you know, if he didn't want it to be done, it didn't get done. But Sister basically was the one who you had to convince, and if she said, you know, give TMEF a hundred thousand dollars, it happened. And if she said no, it didn't happen. So, yeah, she was, she was very much a lady, very strong in her beliefs and in her administrative capability, but also one of the warmest of the female administrators that I worked with. And I worked with her the entire time, from TMEF in the seventies all through the University taking over; she was very, very prominent all the way through my career there. When I first went to work at St. John's, it was Sister Mary Edith who ran the hospital, and she was less of an administrator, but a figurehead from my perspective. She was [a] very, very kind woman, but not as strong an administrator as Sister Blandine. She was happier when she was out talking with the patients or the doctors or communicating. She wasn't that thrilled with going to trust meetings or anything like that. Mostly she would sit and be very quiet. She was replaced by Sister Therese who was a much, much stronger woman. Much more cold personality, not warm like Sister Blandine, but Sister Therese was cold. That's, there, I was never impressed with her with patients or with the doctors, or working with me, that she was a warm individual. Do the job, get the job done, and on—that was basically my impression of her. Merlin Blanchard, who was the administrator at that time, and basically he was through my entire career with those two organizations, and he sort of took over most of going to the trust meetings and working with the doctors and working with me as far as funding and residents and so forth were concerned once Sister Therese came into being. She would only come if there was a major misunderstanding going on, or if they were pushing an issue: they wanted more residents, they wanted more coverage in surgery, or they wanted more coverage in medicine. So, they were—if things were not going right, you'd see Sister Therese show up at the trust meetings, and you knew you were in for a long night. It was going to be a [sic] goodie. So, if Merlin came, then you figured out, "Well, things are going to go smooth tonight." (laughs) And when you've got Sister Therese and Bill Bell and Sister Blandine all in the same room, then, you know, it could be a long night. Because they were all three very, very powerful personalities at the time in their own right. Most of the time, Bill Bell would let Jim Harvey take the lead, except when Jim Harvey didn't push it hard enough. And you could just see Bill Bell sit there and bite his lip, back and forth. He would bite his lip, and Burr Lewis would always rub his lower lip like this. You knew things were going to go to hell in a hand-basket real quick when all these things started happening. The little quirks that people had that made life interesting, so yeah. They were very interesting personalities, very interesting in the fact of what they considered to be major issues for their institutions.

THOMPSON: You mentioned, and Dr. Thurman mentioned. Do you think the reason that they came together to work together was their concern about the indigent—

THURMAN: Oh yes, most definitely.

THOMPSON: —in the Tulsa area?

THURMAN: I think if there hadn't of been that problem in our area, it would have never happened, never. They would've stayed away from the university. But they found that the indigent population in our area was so high and people without insurance were funneling into the ERs and basically into Hillcrest because St. Francis would take only so much and they'd say no. No insurance? You can't come here; go somewhere else. And that, basically that's what they did. Hillcrest, you know, they didn't—they took them. And so, their bottom line was red all the time, and I think if it hadn't of been for that problem in the Tulsa community, they would have never reached out and said, you know, "We want the university over here." They'd of kept to themselves and run their own programs. That was the only reason they pulled together. They really didn't pull together most of the time. St. Francis and Hillcrest continually bickered back and forth about, "St. Francis didn't take their share of the indigent population." And if they didn't get in at Hillcrest, they went to St. John's, and St. John's the next month would say, "Oh no, wait I took too many this month." It was a real issue at that time because in the seventies, you know, health insurance hadn't been touted as it is now, and boy, if you didn't have insurance at St. Francis, you didn't get in.

THOMPSON: Mike told an interesting story that in reporting to TMEF, to the board about clinics and patients that they said that they were always wanting their equal fair share. And he said he worked for so many years, and finally one month or quarter or whatever it was, his reporting cycle, he said, "I attended a board meeting as proud as I could be because the first time they all got a third." He said, "I was so proud of myself," and he said, "The minute I said 'well everybody got a third,' they started to bickering over, 'Well, who got these patients; who got those patients; who got the most money?'" He said, "It was like there was no reason to have ever reached the perfect one-third for everybody because then it changed the whole plan about what they're looking forward to." It's basically what you're—

THURMAN: It's that. Absolutely, he's absolutely correct. It wouldn't matter what happened that month, you know. If St. Francis had taken all the indigents, the other two would've been unhappy. It was just one of those circumstances like raising children. They are going to bicker about something, and that's, that was what it was. All during the trust era, they bickered if they didn't get enough residents and if they got too many, then who was going to pay for them, and then you had to figure out, you know, how many St. Francis had, how many Hillcrest had, and

how many St. John's had. And if you didn't do it right and give everybody their one-third, one-third, you know, well they didn't have coverage in the ER because they didn't get their residents. It was, yeah, same thing, same thing, they would find something to bicker about. But I think they were all trying to cover the bottom line, and in the seventies that was an issue. It was an issue for everybody. The University Hospital in Oklahoma City was fortunate because of the funds coming in that way. And Children's Hospital over there, of course, had Mr. Rader, you know. [If] things didn't go right over there, all they had to do was just call him and he took care of it. So, yeah, they saw that and said, you know, "Wait a minute. We want some of that coming over to our area." And I think it was good. I think it was good.

THOMPSON: Back to some of the people in the early days of the college—Mike Newman.

THURMAN: Mike Newman, I didn't know that well. Leeland hired him to run the student program, so I didn't know him very well. [I] believe he came from Tulsa Junior College [TJC], that's where Leeland knew him. I think he did an excellent job of working with the students. Probably better than anybody I've met so far. He seemed to have an empathy with them, and an ability to work out all the quirky problems that they have. And he did a good job, you know. He started with a mess, so he had to figure out what to [do] with them. And a lot of the students that we first got were—from OU—were ones that OU didn't want. So, we didn't get the cream of the crop. We got the lesser students, so, there were a few issues he had to deal with that maybe didn't come up at TJC [Tulsa Junior College], I don't know. So, yeah. Sister Blandine, I remember an incident with her where she was really upset because one of the female students was out at St. Francis and was wearing a little short mini-skirt bending over a patient when Sister went by, and that went over—not at all. And I think Mike got the blunt of that from Sister Blandine, who said that they were not coming out there unless they were properly clothed. So yeah, he had some interesting experiences with some of the students that we had, that we got from OU. And as I said, they weren't the cream of the crop in the beginning. They didn't want to be there; they got shuffled off for one reason or another, so yeah.

THOMPSON: Were there other people at the college during the early days that you remember, or stand out in your mind? As individuals?

THURMAN: I remember Dr. Richter because that man caused more trouble than he, than any one person on the face of the earth I think, and if he didn't cause it, his wife did. So yeah, that was, he was a piece of work, that's all I can say. And I guess he's still around, I don't know, but his wife was quite a handful, too. So, he was one of the interesting hires that we got that I'm not exactly sure was a positive, if I can phrase it that way, he ended up suing the University and suing Bill and I can't remember if he sued Leeland or not. There were a whole list of people at one point in time that he decided to sue for something. But yeah, very interesting group of people that we had on the full-time faculty, I guess you'd call it. I worked mostly with the faculty in the

community, like the Frank Clingans and the Dale Margines(??), and those people because they were part of our preceptor program, or working with the students. I was more in-tune with them than I was to the full-time faculty. Leeland was kind of was more in tune with the full-time faculty, you know, the ones that were hired to work there. Dan Duffy, for instance, he was a character, and brought a lot of stability to the internal medicine program, and I think everybody in medicine liked Dan immediately. People like Burr Lewis accepted him, and John Alexander and that, so that he was one of the few that came in and didn't have to jump over hurdles in order for acceptance, I think. Dan Plunket, I liked Dan, I thought Dan was a really interesting guy. As Bill said, he was a great dancer. (laughs) Maybe that might have been his only quality, I don't know. But he was, you know, I thought he did a pretty good job. He started out with a program that was less than successful. The gentleman who had been there before, and I can't remember his name, but he was just really ineffectual at being a recruiter. He just could not recruit anybody to anything, and his program showed it, you know; if we got three students in the match, or three residents in the match, it was a miracle, you know. And we'd have surgery, you know, we'd have more than we could handle, and same way with medicine, but you know, this guy he couldn't recruit anything; he just didn't know how to go about it. And Dan came in and had to take that sick program and do something with it. And, I think he did a pretty good job of it. I think he did. He brought in Bob Block, and Bob was definitely an asset to the program, and still is as I understand. You know, he's been a steady man at the helm, helping with the clinics, and getting all that stuff taken care of. Dan did a good job of bringing him in, and I think he did a good job of taking a program that was not very successful, had never been successful, and attracted students to it. And he certainly was well liked in the community.

THOMPSON: Another one that always seems to be an interesting individual, but Dr. Nettles.

THURMAN: Yeah, Dr. Nettles, John Nettles. He was there when I got there, and had been, I think, associated more with St. John's and Hillcrest than he was with St. Francis. So, they were a little bit more reluctant to, you know, take him under their wing. But, John was different; he was different. He did seem to do a pretty good job of recruiting residents to the program and students in rotation. Sometimes, you know, I remember, Dr. Lewis, having some issues with him, and how he assigned the students and so forth. That would always be back going with Lapolla and the one-third, that was always, you know, in contention sometimes, and John would—he refused to listen, and that was his biggest, his biggest drawback is that he'd always done it that way in the past, and he saw no reason to change. Well, now's a different ballgame, and he had a hard time. He had a hard time coming into the new ballgame.

THOMPSON: But stayed forever.

THURMAN: Yes, yes he wasn't going anywhere, but he was, you know, one of those guys who just couldn't change with the times. He was back in the nineteenth century, and we were all

moving into the twenty-first. And it was difficult for him, very, very difficult. Fortunately for him, he managed to get a good secretary, and she managed to keep him out of a lot more problems than what he, you know, he would have been in a lot more problems if it hadn't been for her. So yeah, it was an interesting time. I remember Oral Roberts coming and blessing us one time at Tulsa Medical College. And I'll never forget it because it was—we were in the new building that one up on 21st, you know, and we were all in there and Oral Roberts came to see the new building and he put his arm around Bill and told him what a great guy he was and that God was looking over his shoulder at him. (chuckles) And I'm thinking, you know, "This building's going to fall down around us. This is unbelievable." So, I have a picture of that because I just couldn't believe it. I thought, you know, we have to put this into some kind of album because it's _____ (??). Moments like that, that were strange. So, yeah.

THOMPSON: You said that Leeland had to connect with the Oklahoma City, but were there people in Oklahoma City that you remember? Or had experiences or worked with?

THURMAN: I worked with Gary [Smith] before the college actually was formalized. By that I mean Tulsa Medical College was formalized. He came over—one of the instances with Bob Bird, and Bob Bird, and Gary, and John Dean, and there was another guy, I can't remember his—Matt Massad [ed. note: Paul Massad], the little guy, Matt Massad, you talked about him.

BILL THURMAN: Was it Paul?

THURMAN: Yeah. And he was there, and they were working with us, Don Plant and myself, on the finances. So that's how we got to know Gary. And then Gary started coming over on a more routine basis because the three of us, Plant, Smith, and myself, [were] working on the transition. And then Leeland got into it. And that, when Leeland was hired so, it really made it easier for Gary, working with Leeland, and Don Plant kind of backed away from it at that point. And I think because Sister said, okay, you know. They never did anything that Sister didn't bless. And I mean bless. So, yeah. Other people I remember from over there was: Rainey Williams, Department of Surgery. Rainey came over several times. He was—I'm not sure he was supportive, but he came over because he wanted to see what was going on, and he knew a lot of the guys in the community, the surgeons in the community, like Bob Perryman, Bob Imler, C.T. Thompson, and Frank Clingan. These guys he knew, and he came over and he would talk with them all the time, but I don't think he was that enamored of having another program over there. He really thought he had enough to say grace over in Oklahoma City, and he wasn't interested in another one at the other end of the turnpike. But he was always gracious when he came, you know, very, very nice. Warm gentleman, you know, he just couldn't throw his, you know, his strength behind it, you know; he just didn't believe in it. Hammarsten never came over. He didn't come to the TMEF office, when I say he didn't come over. He may have come over and talked with some of the internal medicine guys, but he never came into the office where all the

work was done. So, I only knew him through Burr Lewis and some other people. I don't know what everybody's told you about Wendell Smith, but he was one of the—one of the most powerful guys during his time in the early seventies, who really got it organized. Everybody talks about Burr Lewis all the time, but Wendell Smith was the man behind, you know, the power throne there. He hired me; he was the one. He and Duane Brothers were the two guys that I remember. Bill Jacobs, too. He was kind of backing out of the forefront of the organization by the time I was hired, but basically those are the guys I remember. I only remember seeing Paul Sharp one time. And he came with his entourage and walked through the office, which took him about two seconds, and walked through the building and out the door with his entourage, and that was it. And I thought, "Well gee, we cleaned the office for nothing. We could have left the dust here, you know." But those were the memories that I have of the University people, and not so much their support or lack of support, but being very blasé about the whole thing. They didn't think it was going to happen.

THOMPSON: But the Tulsa community did.

THURMAN: Tulsa community wanted it. And they wanted it for all of the financial reasons that we discussed. They pushed it hard. They pushed every button they could find. I don't know how many trips Burr Lewis and Wendell Smith and some of the other guys made down there to get the legislature to understand what needed to be done. And Bill Bell, for, definitely. He was in the forefront of pushing and pushing and pushing until the University would accept the fact. Once the legislature put it as the line item in the budget, you know, they were thrilled. They didn't want to be part of the University budget. They wanted to be line item. And I think that was important. It was important for their survival.

THOMPSON: Any other comments you would make?

THURMAN: No, I think that, you know, I really think that all of the people who worked in the Tulsa community contributed a great deal of time and effort to making not only Tulsa Medical Education Foundation work, and all of the trusts underneath of it, but they were just as enthusiastic about making the University work, too. And that's the thing I don't think they get credit for is, they took all that enthusiasm over here for the intern and residency programs, and once the University was there, they shifted it over and said, "We've got you, we're going to support you." And those guys did. They took the students, they took them into their offices, and they made it work. And that's what they don't [get] credit for, I think.

THOMPSON: I think Dr. Block in his interview did an extremely fine job of talking about the pediatric physicians in the Tulsa area and how involved they were in that department, and what a good combination between the University faculty and community faculty. I think of all that we've interviewed so far in talking about what you're talking about.

THURMAN: Oh yes. I think the pediatric area probably appreciated it more than the others because they didn't have the leadership they wanted. Surgery had these big guns out there; they had the Frank Clingans and the C.T. Thompsons, and all those guys out there, who were pushing hard. Medicine had C.S. Lewis and all those guys. Peds didn't have that, and they really wanted to have a leader, and as I said before, the guy they had there before just couldn't do it. It wasn't that he wasn't a good doctor. He just didn't have leadership capabilities to bring in the people the program needed. And when Dan Plunket and Bob Block came, they were the saving graces for the program. And I don't think you could've found anybody better than Bob Block to relate to the community the way he did. He did a fine job. He went out there and talked to them, worked with them. He didn't threaten them, and I think that's why some of the, some of the guys from the University did so well. They didn't threaten the practitioners. They brought them in and made them part of the teaching program. Those that didn't want to teach didn't get involved. And I think it worked well. The people that we had, some of the departments were not as, not as organized, or as well run as Peds, but Family Medicine is another good example. They struggled with Family Medicine for several years while I was there trying to get it organized. And we had a pathologist who was running the family medicine program and then we had a urologist, and so that in itself was not, not maybe the best thing for the community, but once all that kind of straightened itself out and the clinic got going and they could see positive things going, then the community came around. But, you know, some of those guys weren't as enamored of, you know, working with a pathologist and an urologist at the time, so they, that kind of was where they were.

THOMPSON: Any final comments that you would make?

THURMAN: No, not that I can think of. I think I've gone through everything I know.

THOMPSON: I'll ask you one other question because you were involved in both settings. Without TMEF, no Tulsa Medical College? Or do you think there could've been a medical college?

THURMAN: I don't think you would've had the hospital organization to develop the University programs at that time. Maybe ten, fifteen years down the road it would've happened. But I think it happened then because the hospitals were united in this umbrella organization. They saw that as the only way they could survive this problem of indigent care in the community. And if they hadn't gotten to that point I don't think the University would've ever thought to start, you know, a branch program at the other end of the turnpike. It was forced down their throat, and I don't believe they ever would have done it. They might've been able to work with one hospital okay, but I don't think they would have had the organization of the five institutions that we actually worked with. And the powers that were in those universities were the one, or institutions, were

the ones that made it work a little bit better, I think, in a more timely way. Like Bill said, I don't [think] they really, you know, the University didn't really want to be in Tulsa, and it got drug into it. And I don't think that anybody on that campus would've made the initial steps to do it had it not been for Tulsa reaching out and pulling them across the turnpike. Certainly Rainey Williams wasn't interested in having a surgery department over there, or Jim Hammarsten, or any of those guys who were running programs at OU at that time. So yeah, I think Tulsa Medical Education Foundation was instrumental in making it work at the time.

THOMPSON: Very good.

THURMAN: Thank you.

THOMPSON: Oh, no, thank you.

End of interview.