

**Oral Memoirs**

**of**

**James Allen, MD**

An Interview  
Conducted by  
Clinton M. Thompson  
April 27, 2016

Development of the Tulsa Medical College:  
An Oral History Project

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

The recording(s) took place at the Bird Library, University of Health Sciences Center in Oklahoma City, Oklahoma. The recording(s) and transcript(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.

James Allen was the first Chair of Psychiatry at the Tulsa Medical College.

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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James Allen, MD  
Oral History Memoir  
Interview Number 1

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April 27, 2016  
Oklahoma City, Oklahoma

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THOMPSON: This is April 28, 2016. Would you like to introduce yourself?

ALLEN: Yeah, sure. I'm Jim Allen. I'm a psychiatrist, an old psychiatrist (laughs). I was the first Chairman of Psychiatry at the Tulsa Medical College.

THOMPSON: Would you like to talk about your education?

ALLEN: Sure. I was born and raised in Canada. And my first degree was in Classics. So, I was really apparently very good at reading ancient Greek. And then at a certain point I was translating Churchill's speech—"We'll fight them in the beaches, we'll fight them in the country lanes, we'll fight them in the cities"—he used to stir up morale in England during the Second World War. And I had spent a day translating that into ancient Greek, supposedly as Thucydides would have written it. And it was a beautiful day outside and I thought to myself, you know, I don't want to do this. I want to do something with people. So, I then decided for the second time to go into medicine. But anyway, my first degree was in Classics, and partially because it was paid for, I had a lot of scholarships. And then I went to the University of Toronto for medicine. Then I went to McGill University in Montreal for psychiatry, the last part of which I could do outside of town, and I went to Baylor Medical College in Houston and did child psychiatry.

And then I spent a summer and spring in the Haight Ashbury area doing what later on became the Haight Ashbury Research Project, which was funded by the University of Oklahoma, not by the University of California. And then I spent a year in the Lab[oratory] of Community Psychiatry at Harvard. And then a year with Anna Freud in London. Now, Anna Freud was Sigmund Freud's youngest daughter, but when I knew her she was like eighty-two, so it was very hard for me to think of her as anybody's youngest daughter. And then I came here to the University of Oklahoma in the Department of Psychiatry in '68. And I was here for seven years, had a sabbatical, and my wife and I went and spent most of that working in India doing some consulting work in one of the hospitals in South India, but really much more work with a developmental agency called Oxfam, which is a British charitable development agency working

with communities. Came back to the University of Oklahoma for six months and then was asked to go to Tulsa. So, I hadn't quite fully reintegrated into the University of Oklahoma in Oklahoma City, but moved over to Tulsa.

And I was there, as I said I set up the Department of Psychiatry and eventually the residency program in adult psychiatry, and did it alone for, I don't know, about five years, and then finally was joined by a couple of psychiatrists. Mike Dubriwny, who was very charismatic with students, and Drew Stanton, who did much more work with the residency program. But it was very hard to keep people in Tulsa, psychiatrists, particularly in the medical school because the pay in the private sector was so much better. Also, as I'll talk about later, we had a focus for a variety of reasons on community work, maybe a different sense of community than the medical school. The medical school was always announced to be a community-based medical school. In psychiatry, community psychiatry has a little bit different implications; I'll talk about that in a minute. And then later on [I] was joined by a couple of other psychiatrists, who didn't really share my interests in the community, in the way I was thinking of community; [they] were really more interested in private practice kind of focus. So, I left. And I felt I'd done basically what I could do. And I went briefly to what was then the Tulsa Psychiatric Center because it looked like they had a community focus, but they got a new administrator and they switched the focus to rather than treating poor people who were falling through the cracks, which was the psychiatric center's original mission and the reason that people had given them money, they decided that wasn't very profitable, so that they would start to do things that would make money and the poor people were not very welcome there anymore. So, then I went to Children's Medical Center where I was Medical Director and Chief of Psychiatry for a few years. Then it began to have financial difficulties, which got worse, and I was invited back here and given an endowed chair. So, I have been in Oklahoma City for the past twenty-some years as the Rainbolt Chair of Child Psychiatry and Adolescent Psychiatry. So that is more or less a quick run-down of my history.

THOMPSON: What do you remember about doing when you first went up as the chair because you were the first hire in the department?

ALLEN: No, no, no. Oh, in Psychiatry, yes, but not for the college.

THOMPSON: Not for the college, but in Psychiatry.

ALLEN: Yes, and I was alone for several years.

THOMPSON: What do you remember from those early days and setting up the department?

ALLEN: I felt in some ways lonely because as a psychiatrist trying to develop a psychiatry department, I really wasn't in the three big hospitals. I was in Tulsa Psychiatric Center and Children's Medical Center, so we were a little bit different and rather lonely, but people at Tulsa Medical College were very supportive of one another and of me, and that included not only the other practicing physicians there and the other heads of departments, but particularly [Bill] Thurman, people like Marty [Thompson] who came in and did something that was extraordinary that is actually being willing to go on the wards and find articles for you of current literature. Of course, now that, now doing that by Internet is automatic is assumed, but then it was really revolutionary. Mike Newman and the people in the Office of Student and Resident Affairs, we were all supportive of one another, and [it was] a very nice feeling. However, the community, the overall community I didn't always find welcoming. This was a community that originally hadn't wanted any medical school, and then before too long found themselves with three. The Tulsa Medical College, which was wanted I think by the hospitals because it looked like being in their best interest; Oklahoma State and putting in an osteopathic program; and then before long Oral Roberts starting to put in ORU. So they had three.

The, going to psychiatry, there were splits there, and I see and saw the big splits really between the state Department of Mental Health and the mental health hospitals, and including most of that and people who had graduated from that and gone into private practice and worked in the psychiatric units in the three big hospitals, and that kind of model versus community mental health centers and a community model, which was very different. So, talking first about the state hospitals and then the people trained largely in that, not entirely, but largely. The Department of Mental Health here, run by a man with great power and political abilities, was a man called Hayden Donahue, who was devoted to his state hospitals. And he had three state hospitals: one in Norman, which was the site of a book or a movie called [*The*] *Snake Pit*, which you may have seen; Eastern State Hospital in Vinita; and a mental hospital in Fort Supply. And Hayden really did not want for there to be community mental health centers. The enabling law for community mental health centers was basically in 1961 through JFK, John F. Kennedy, and the original plan was to have 2,000 throughout the country. I think if that had been carried through, we wouldn't be in the mess we are now nationally. But only about 200 or so got really developed, largely because of funding problems because of the Vietnam War. But Hayden did not want them because there was only so much money, same problem as now, and if it went to communities then it would not go to the state hospitals. And in fact, he even went to court to prevent a community or so in south Oklahoma to develop community mental health centers. However, there were two in the state that were private, non-profits set up by community members. There was one in Ponca City, which is still operant, called Tri-State, and then there was the Tulsa Psychiatric Center. Now, the Tulsa Psychiatric Center kind of spun off from Hillcrest Hospital. I think originally it was supposed to be its outpatient department, but something went wrong interpersonally and it split off. But wealthy people in the Tulsa community gave it great support, people like the Taubmans and later on the Zarrows. And the original idea was that it would take

care of people who were falling through the cracks or who couldn't be served because they didn't have the money to pay for mental health care themselves. And that—as they bought into the community mental health center legislation and what it required, which is really a complete package of really working with the community, doing consultation, doing education, much more than just sort of hospitalizing patients or doing outpatient med checks, much broader sort of approach. Then under Carter it became different certification demands from the Joint Commission on Accreditations of Hospitals. There was one for state hospitals, one for psychiatric units in general hospitals, which tend to emphasize things like culturing of the water fountains and making sure it didn't grow staph, and then there was the community mental health center standards, which were much more demanding, I mean, much, much more demanding for psychiatry. So, then there was, because of this, there was a split between a lot of the psychiatrists practicing in the hospitals, which [is] one of the problems in having a lot of independent practitioners who are hospitalizing their patients in the hospital, it's very hard to get agreement on what kind of milieu they have. So, very often they may not have much milieu. And the community group—there was a lot of emphasis on milieu. And so that was one of the differences. Second difference is because if you don't have very much money, you make use of everything you can, so the Tulsa Psychiatric Center had developed a very, very active group of volunteers who did a lot of things that some of the people in the private community thought they shouldn't be doing because they were much more involved with the patients. They also went around to doctors' offices and collected samples of medicine so that they could give them out free to people who basically had very little money. Now, there also was a problem. The director of the community mental health center, a man by the name of Frank Lackey, who was a very charismatic guy, became very interested in a form of psychotherapy called bioenergetics. That developed as an offshoot of a major psychiatric figure by the name of Wilhelm Reich. However, as it developed it got into energy, so by the time I got to Tulsa some of the patients were sitting under pyramids so that somehow the energy of the cosmos was supposed to come down and cure them. Also, I was told, if you had dull razors from shaving you could get them sharpened that way by putting them under the pyramid. Well, you can imagine the effect of that on the people in the hospital section who really saw this as just craziness, craziness, craziness.

The, and then the psychiatric community itself was, in many ways, we were very supportive of one another and enjoyed one another, but also had never really been organized, and never really agreed on much. Let me give you an example. Here's an example. The first meeting, the one thing they had \_\_\_\_\_ (??) the three hospitals, the people who practice were somewhat competitive, generally if you worked in one hospital you didn't work in the others. We had a group called the Tulsa Psychiatric Society, which had a meeting once a month. It was really more of an eating/drinking club, but in order to justify it, at the end they had a speaker. They should have had the speaker at the beginning. The, there were some people who delighted in a game of let's get so-and-so to see how bizarre he can be, and so they would egg on so-and-so to be bizarre, and then wink and laugh. Okay? So, the first meeting I went to, that sort of thing went

on. It got wilder as the meeting went on and people had more to drink and it ended with sort of a food fight, throwing rolls at one another. And then the speaker got up to speak and what she chose as her subject was agape, agape, Christian love. And everybody just sort of sat there, and at the end there was a silence and one of the psychiatrists said, “Well girly, you’ve certainly got guts.” That was the meeting, so this was the kind of meetings that we were having. So, there was this kind of brand of psychiatry. At a larger level, personally I felt torn because I’d come from Oklahoma City and really was devoted to the idea of developing a community-based medical school and community psychiatry, though community psychiatry was not quite the same community as probably the three big hospitals would have had it. And I think the people from Oklahoma City in some ways felt I was a traitor because, although among the people I knew here [as in Oklahoma City], Tulsa was always referred to as a branch school. In Tulsa it was never referred to as a branch school. And I remember there were many people who said don’t go to Tulsa; you’ll ruin your career. Some of the people in the second year medical school lectures even told that to the students and there was that split that at times became more palpable than at others. Those are the main changes, the main sort of things that I saw.

Now, my wife, who was a social worker and a PhD in something called human ecology, went to work when we went to Tulsa for the Community Service Council, I think it was called. One of the first things that she had done was look at the number of hospital beds in Tulsa and saw that for the coming many years Tulsa was over-supplied by seven hundred; and at that time Oral Roberts was saying that higher powers had told him that he needed to build a hospital with 777 [beds]. She also set up two more community mental health centers, which was not entirely a delight to the State Department of Mental Health for reasons I’ve already mentioned. And she set up a crisis stabilization service. The idea there was when people are in a suicidal or homicidal crisis, if you begin to work with them and their family and their immediate community right away, things settle down much better. Now, there have been a number of studies, particularly from Denver showing that this is really cost effective, that there’s a lot of cost up front because it takes a lot of man hours, and so on, but it generally keeps people out of hospital, gets them better integrated in the community, and keeps them in the community, and so if you look at a larger picture it is more cost effective. But it meant there would be less money for the state hospitals, so this was not favored by the director of mental health for the state at this time, Frank James [ed. note: Frank James’ title at the Oklahoma Department of Mental Health was Commissioner].

Now going further a little bit. Oh, what happened later in Tulsa, of course, as in the rest of the country, again largely for financial reasons there was—taking people out of the state hospitals and there were two major reasons for that. One reason was that there were some civil rights groups and civil rights lawyers who were very concerned that people were being railroaded and deprived of their rights and First Amendment rights and so on, and there was great emphasis on the legal aspects. Of course, it also fit with, okay, we don’t have money so we can get them out and we won’t have to pay for them. Now, the talk, and I emphasize talk, was the money would



go to the community. Well, the people got out of the hospital, but generally the money didn't go to the community. So, what [what we have] ended up with now [are] people who would have been hospitalized and so on, have all their rights, but they are sleeping on the street or they do something, some are arrested and they end up in jail, but they are protected from the charge of being mentally ill. Now, they may have many other charges. Oh, that—I had already left the Tulsa Psychiatric Center by this time, I mention it changed its name and its direction, and changed its name to Parkside and its direction. And when a lot of these people were put out of the state hospitals, they came to Tulsa, and that facility was—couldn't handle them, I mean no way they could handle them. So, there was great uproar and practically every day in the paper there was this scandal of the day at Parkside Hospital. And eventually the Department of Psychiatry, I was gone by then, but they had to take the residents out. And well, that has now settled down. We still see throughout the state the problem of people ending up in jail. And I was just over at the student union, and I noticed they were advertising a talk sometime, "Treatment or Punishment." I don't know if it was on mental health, but I suspect it was unfortunately.

I think I've talked about some of the problems, but I think an appreciation is due for several groups of people who were very supportive and worked very hard, and there were people in private practice that I found emotionally very supportive people, like Bob Ashley, John Gray, Frank Knox, and a number of others. There was support from the Tulsa Psychiatric Center and they really gave a great, great deal. The administrator there, Frank Baker, was an absolute gem and unbelievably supportive. Now, since I needed a place to train residents, they offered and since they had and were willing to spend money, I was able to bring in about every three weeks people that I considered the best therapists in the country, so we had people like Bob and Mary Goulding, Jim Simkin, Monica McGoldrick, and so on. So, our residents really had a very, very rich experience in that sense, and that was thanks to Tulsa Psychiatric Center. And also Children's Medical Center opened itself up and it had some stalwarts, such as Jim Coldwell and David and Nancy Barber, who were also stalwarts in the Pediatric Department, and you'll hear about them in the Pediatric Department. Their psychiatrist at the time was Jim Proctor, who was really probably one of the nation's experts on hysteria. And again, they were very supportive and very generous. Now, one of the negative side[s], I guess, is that they were not the three big hospitals. And I think there was always a kind of sense that the three big hospitals were the pinnacle of medicine and then these other people were over here on the outer rings. Children's Medical Center had originally been a polio hospital, and then when polio no longer was a big issue they continued with their emphasis on neurological problems and developmental disabilities, and then added psychiatry, and then they inherited an old building from an oil company and moved from \_\_\_\_\_ (??) to wherever they were on Skelly Avenue. Later on it was sold and most of the area where it was is a parking lot, so it was a great loss to Tulsa. But in the early days they were extraordinarily supportive and I think people like Jim Coldwell are still probably very active in the Pediatric Department. And one of the nice things about that was there was a melding of psychiatry and neurology, and many places at that time, that was not true, you

know, psychiatry was kind of off in area and neurology was in another area. I—but it was just built in there, and I think that was a very rich foundation for our students and at least in psychiatry our students did very well, I mean, you look at board scores for medical students, psychiatry always, at that time, was doing very well. Now what else should I talk about?

THOMPSON: Well you're talking about it being enriched, do you remember any students or residents that stick out in your mind that did well in psychiatry or residents who stayed in the community and made an impression.

ALLEN: I think Theresa Farrow was one resident, in fact she went on to be a training director for a number of years and then went to Arkansas and I've heard that she has moved back to the Tulsa area. She comes to mind right away. Charlie Cobb was another one [who] worked for a while in Children's Medical Center after he graduated, but I think he's in private practice still in Oklahoma. Larry Amstutz has gone on and has a really, I think, considerable influence in North Dakota. So, there are certainly some.

THOMPSON: You talked about the community involvement. Can you give us an idea about what those community centers did for the patients that they interacted with in the Tulsa community?

ALLEN: When?

THOMPSON: In the late seventies.

ALLEN: Oh, late seventies, yes. They did everything. Let me see, Tulsa Psychiatric Center, what was it called, they had like a, I've forgotten whether it was twenty or twenty-five bed inpatient service. They also had day hospitals, generally five or six groups going at the same time and lasting a month for a so. In a day hospital you go spend your day at the treatment center, but then go home at night and on weekends, so you're more into—less separated from your community, and then they have outpatient services for follow-up, both for therapy and for medication. For a while there was also kind of a socialization outpatient sort of program where people who might have just been wandering around could come in and interact at their—as it fit for them. That was modeled after a prize-winning project that the Rockefeller Center, [the] Rockefeller Family had set up in New York called Found House, which is still going, which is kind of a social club for chronically mentally ill people, just off Time Square. I went up there one time and spent a week, and they have probably one of the best views of Manhattan, and then you come out the front door and be propositioned by prostitutes and drug dealers. (laughs). They also, at Tulsa Psychiatric Center, they had free medication for people who couldn't afford it, so there was a variety of services. I think briefly there was some consultation to some of the schools. Now, as part of that complex, they also integrated some services with Children's Medical Center, and so

they also could take care of children, and at that time Children's Medical Center also had day treatment and inpatient and outpatient services. And together they had a satellite office in North Tulsa, which was a gift from, it was an old, I think, electrical company, and so they tried to be in a couple of places in the community, but again with an emphasis on offering as large a range of services as possible because when people were hospitalized, if all the emphasis was on psychiatric treatment, we were all doctors, so we could do some simple other kinds of medical sort of things.

THOMPSON: Are there people that you remember outside of Psychiatry—well let's stay inside Psychiatry, are there people inside the Psychiatry Department that come to mind that you might want to make a comment about and how they benefited either the school or the community?

ALLEN: Well, Mike Dubriwny went on and was very active at Shadow Mountain, and is now still at Laureate. Bruce Stanton, came and was in the Department of Psychiatry here in Oklahoma City for a while, and then I believe now is in Muskogee. People like Sue Storts is working with one of the Indian hospitals, I want to say Tahlequah, but I'm not sure that's right. So, most people stayed the community, very, very few went very far.

THOMPSON: Other people that you remember in that '76 to '86 era that were in other departments? People that either impressed you or left an impression on you.

ALLEN: Well, I think everybody did for one reason or another. We were very supportive of one another, but we all, Dan Duffy certainly, and his putting together a really very significant Internal Medicine Department and the people that he brought in. Bob Block in Pediatrics, and particularly his interest in child abuse, which needed to be an interest because so many children were in trouble with child abuse and unfortunately still are. Its importance had been neglected, and Bob certainly made a big difference there. I think Nettles and Steve Saltzman in Pediatrics—in Obstetrics and Gynecology, Steve went on to Atlanta and has, last I heard, been very successful in the Atlanta area. Of course, there was Roger Good, unfortunately he died of a heart attack rather suddenly.

THOMPSON: Any of the deans that you would make comments about? You mentioned them, but are there any additional comments you want to make about any of the deans that you worked with while you were up there?

ALLEN: Well, I really like them all. They, and they were quite different. Lewis I found absolutely intriguing because he was a medical geographer. And I know that there were some doctors in the community that were horrified at the thought, they were generally the doctors who were horrified at having a community-based medical school anyway, you know, and this was just one more straw in that. Probably could only have been worse if he'd been female, you know.

The, but the fact that he could do it, and Thurman, in whom I had great confidence, would choose him. Certainly—I think Thurman sometimes was dean or acted as dean. He was really the reason I went there and I was always impressed by his, well first of all how bright he was, and his energy and determination, but I think at the same time, my experience with him, he was really quite considerate. I remember one of the things that he did, when a docket was coming up that might be a little bit difficult for us, he'd bring it up and say we'll talk about it next week, so nothing was really sprung and that was so simple, but it was also very effective. So, I don't think people felt railroaded and with his personality and drive it would have been very easy to feel railroaded. And I appreciate probably all the negative stuff he must have got from various communities about even putting in the Tulsa Medical College at all. Great respect for him.

THOMPSON: Would you like to talk about the changes you've seen in health care since you started practicing as an MD psychiatrist until the time that you retired?

ALLEN: Yes. I'll try not to be too pessimistic. (laughs) When I went into psychiatry, it was extraordinarily exciting. The first hospital I was at in doing psychiatry was in Montreal and this was a hospital where Thorazine had been introduced into North America. Now, Thorazine was called largactil; [it] was the first antipsychotic and it completely revolutionized mental health. Mike Fleeman(??) at Verdun Protestant Hospital, a suburb of Montreal, introduced it and very quickly patients were no longer sitting in corners masturbating or smearing feces all over the walls. Then volunteers became willing to come in, so the hospitals were more open to the community and interaction and the chronically mentally ill were no longer considered beyond the human pail. And then, I remember the day we opened up the doors and there was great fear that all the wards would empty and everybody would run away, and nobody did. This was probably the greatest success for psychopharmacology and it transformed how the mentally ill were seen, both by the community and by psychiatrists, and then—. A different group of physicians went into psychiatry. Over the history of our profession I think there's been very interesting fluctuations in who is drawn into psychiatry and this was one of the periods when the more hopeful, the brighter people went in. And then for many years I think medicine was fun. I really enjoyed it and really enjoyed patients. As we have had more emphasis on computers and filling out check boxes, it became less fun. And then as medicine became big business and you began getting groups coming in and being trained in what I consider tricks, rather than how to relate to patients. Tricks to make them feel comfortable, but as a patient I've never felt comfortable when they have been done because it was just like I'm just being manipulated. And then gradually when you find you go to your doctor's office and they barely look at you because they're facing the computer and then they trot out the sort of things that airlines have, thank you for choosing this airline, we know you had a choice of many. And I was not too long ago at a doctor's office, and that was said three times, but not once did they look at me when they said it. Personally, I had always thought that I would probably continue working until I was dragged off because I was senile. Well, when I became eighty-one I decided to leave, hopefully because I

wasn't senile, but what I was having to do every night, because I do like to talk to patients, was I was having to spend another couple hours a night writing, typing things. Now, I grew up in that area when I didn't learn to type, well I've now learned to type, sort of. It's not good, but I never wanted to be a typist. If I wanted to be a typist I would have done something else. And so when I felt, oh, I've got all these hours now to write notes or worse, to fill in check lists, which may or may not be relevant to the patient I'm seeing, and you know, if I asked, if you're a patient of mine, because as a psychiatrist, we did a lot of therapy, we'd see people usually every week, I didn't see them every year, if I asked you last week if you were smoking and how much, I don't probably think I need to do it again this week, particularly if it's the twenty-seventh time. So, I could fill out some form because that way more money can be collected because it's been shown that I have the ability to refer to the Oklahoma Nicotine Reduction Program or something like that, that kind of thing. But I think the biggest change is the lack of physician contact with the patients and more and more generations not realizing that's been lost because it's just been, that's what's expected. I think one of the sad things, I understand why they did it, but one of the sad things is in psychiatry we used to have oral examinations where you examined patients and were marked on your examining technique and so on; that's now been dropped, so you are given, on the board exams, you're given patient vignettes, which try to pick up some of that, but I don't think they do a very good job, at least not at this point from my perspective. I'm so old that when I did my first boards, we even had a neurology patient; I had to do a real live neurology exam. That was a long time ago. The, and this was a real exam, not just looking at a CAT scan. Talking to friends who have been hospitalized, and I was talking to one, well I was talking to the wife of a friend who'd been hospitalized in another city a couple days ago. Her description of how she was treated, and her husband was delirious and pulling out tubes and things like that, what came across was the doctors didn't really have time, didn't really care terribly much. The reduce of a—nursing staff had been reduced, so that they didn't have time either. And as less and less trained people are being asked to do things because they're less expensive and may or may not be doing them, that whole kind of professionalism and I think care for the patient gets lost. At the same time we see a great increase in slogans like patient centered care and nice phrases. But when you really come to things themselves and how people are treated, I think we're missing a great deal.

THOMPSON: Along that thought, in those early years at Tulsa Medical College, I remember a lot of interaction between the Psychiatry Department and especially the Department of Medicine and the Department of Pediatrics about being sure, not so sure that the students that were rotating, but that residents had a better understanding of the well-being of their patients, which really was an emphasis of yours and your understanding of patients because I remember there being some cross training.

ALLEN: Yes. Yes, and Duffy's openness to it. And certainly Duffy was very much into that kind of thing and training the residents in that. And that isn't everywhere. And, for example, the

friend I was telling you about when the wife finally got the oncologist, or an oncologist on call, because it was a weekend and he didn't see any need to see the patient, and she asked, and basically he told her she was crazy because she was concerned and she should take a Librium or valium or something and go home. I gather that was his idea of psychotherapy. And this was at quite, supposedly, quite a good hospital.

THOMPSON: I know that you don't like to do this. I've known you a number of years. But in your own mind, what were the highlights of your career? What were the things that you did that you felt really good about?

ALLEN: I felt really good about a research program, two research programs I was involved in. One was choosing people to go into mock-up Apollo flights for NASA or for [the] physiology department at Baylor that was doing experimental work. NASA was concerned about astronauts going into the heavens and the effect of light and day not being there on their physiology and how that might affect their mental abilities. The Haight-Ashbury research project was great fun. Working with, one of the things I found out is, mental health professionals had no idea how to treat bad trips. People who had taken LSD or whatever and were having a bad experience. But there were native healers that arose who did know, so I went and studied with them. And then at the Haight-Ashbury free medical clinic there were really two sections of people, and the front people were proper doctors who gave antibiotics for sore throats and STDs, and in the back room were those of us treating bad trips, which was marvelous. I was very excited about being part of a group like the group originally in Tulsa for the first, I don't know, seven or eight years, however long I was there, and what we were able to do. And I think the camaraderie among the people, both because of the kind of people they were and then a certain amount of, we have some people who were opposed to us on the outside, so we'd support one another and it looked like we were being very successful. And I was very pleased for a while at the Tulsa Psychiatric Center about what it was doing because I think it was really helping people. Now, that changed when administration changed and the new focus was not on the original intent of the people who had founded [it] to treat people who were falling in the cracks, but rather became just one more facility that is here to make money, and at one point they decided that they put out outpatient departments in front of every Air Force base in the country because it looked like a good place to make money. Well, that wasn't what I was interested in, not at all. One of the things I've been delighted is, because amongst other things, I'm a child psychiatrist, and I think one of things Oklahoma is now really doing well is some of those things in early child development and early education. In large part through the generosity and interest of George Kaiser and his groups, but not only that, but you know, so many things that you see when you look at social indicators about Oklahoma is that one area that we are really doing well is early childhood development, or at least in pockets, certainly not everywhere. Earlier this morning I was at a meeting where former governor David Walters was talking about an article that he had written I think entitled something like "Mississippians Are Now Saying Thank God for Oklahoma." I've been very

pleased because I had a chair and very thankful for the Rainbolt family that we have had a very significant child psychiatry department and output. Now, Tulsa, thank goodness, also now has a child program, child psychiatry, but it's only been in the last year or so. And so this, the one we had here was for many years the only one in the state, and almost all those trainees have stayed in the state. Not that there's that many. If you look at the map, unfortunately most of the child psychiatrists are in Oklahoma City or in Tulsa. There are two in Ponca City, one or two in Lawton, that's it. I think there's national estimates where you need at least eight per one hundred thousand. Even in the best places we don't have eight per one hundred thousand here in Oklahoma. But maybe that will improve now that Tulsa also has a program. But I've been very pleased with what we've done here. And I can't speak about today because I don't know today, but at least a year ago we've been very active in the early child field, and even among child psychiatrists in a lot of the country, many child psychiatry programs, nationally, don't have much training or any training in the preschool area, it's hyperactive little boys who are seven to twelve, and then teenagers who are doing teenager things, but we've had a major focus on also on little kids, not neglecting. I think those are the things.

THOMPSON: All right. Are there any other things that I haven't asked you that you think would be advantageous and you want to say?

ALLEN: Well, just how disheartening it is to see that, how we are handling or not handling the budget crisis in Oklahoma, and the current fixes, so called, that really do not get to structural issues that—. I've been very supportive of David Boren's effort to see if we can raise taxes for education. We're cutting down education; this will be a catastrophe for the future. Certainly mental health is unbelievably in jeopardy. The—what is likely to happen to the nursing homes, the Medicaid population, the hospitals, especially the rural hospitals. We are destroying the state. And I don't think that, as yet, there is enough understanding of that. My proposal would be to get people's attention to say the first things the schools have to cut are the football programs. Can you think of anything else that would get peoples' attention? (laughs)

THOMPSON: Not in this state. (laughs)

ALLEN: Yeah, so, hopefully I'll live to see something better.

My wife Barbara Allen was a social worker in California for many years. In fact, when I met her she was working with migrant workers in Salinas in the fields where poor farmers worked. Before that she had worked in Los Angeles in the juvenile justice system and was working in Watts at the time of the Watts Riot and throughout the Watts Riot. Then she was a trainee of Fritz Pearl's, who was the major Gestalt therapist. Actually I met her at Esalen, which was a group center in southern California, which was very exciting in the sixties. The, we married and moved to Oklahoma City in '67, and she was in the Department of Psychiatry, and for a couple

years before we left, she had replaced the chief social worker in the Department of Psychiatry and hired the first black social worker in the Department of Psychiatry. When we went to Tulsa she went to work for the Community Service Council doing planning out of that. She did a project looking at the hospital beds and so on in Tulsa and a projection of that. But really became much more involved in mental health and trying to fill in what she felt were gaps and particularly would be gaps for the future for Tulsa, as well as taking care of needs of the kind of people that get into crises in the here and now. So, I mentioned that she set up this crisis stabilization unit, which took on anybody with major problems. So, she had a lot of contact I think with Internal Medicine and Family Medicine. I remember one guy who had had his legs frozen from sleeping out on the sidewalk and was really having trouble getting him into a hospital because they of course had no money and no one wanted him, and it may have been Dan Duffy, anyway someone in the department was really able to work that out, but that was the kind of one group of sort of patients she had. The center itself was composed of psychologists and social workers who would go to wherever the person was and work with them and their family to try to get things stabilized. I had it as a training site for our residents at various times. It was kind of scary for them because they didn't have the backup of say, an emergency room in a hospital; you're out on the street. They worked closely with police and welfare agencies and integrating those things, she was always big on integration of services and coordination of services, and that's one thing you really have to do around people in those kind of crises, which is much more work and more expensive than just going to an emergency room, but in the long run it's more cost benefit. The—Frank James and the Department of Mental Health were very ambivalent about it because I think they recognized in the long run it was probably good and local Tulsa legislators such as Penny Williams and so on were very, very supportive. But I think what Frank James would say, yes, but that's money out of my budget for my state hospitals and I need it there. And she also was very active in the planning of two more community mental health centers. This was not entirely a delight to some of the people of Tulsa Psychiatric Center because we don't want competition, but there was more than enough poor people who needed these services. And one was set up in north Tulsa and one in south Tulsa. They weren't as big as the Tulsa Psychiatric Center and didn't have as many services, but they certainly had the, they didn't have inpatient services, but they had outpatient services. And while we were here Barbara had worked in the College of Health, while we, she and I at that time were very active. We did a lot of group therapy together in various—what used to be called growth centers. These were places throughout the country where people would go for a weekend of intensive psychotherapy and we did probably one a month some place, most frequently in Texas, in the Dallas area, and in Austin. Since she was a Gestalt therapist, she was invited to set up the Gestalt Institute, or to be the first trainer for the Gestalt Institute of Texas, which was in Dallas, it's now defunct, but she did that for many years. She was on the Board of Trustees for the Fielding Institute, which I think was one of the first programs in the country for training of psychologists outside of traditional centers. It was set up in Santa Barbara and they had faculty all over the country and the people would go to the faculty. The faculty were all highly respected people in major



institutions, but this was a network. She had set up a suicide service in California, I think it was, in Monterey, California. And one of the delights of her life, is she had gone back to visit some friends and it was, say, like the tenth anniversary of the founding of that suicide center, which she didn't know about, but when they, she went by to see them and they invited her to be their chief speaker that night, so at least that had continued on for ten years. Yes, she was very active, very community focused, and an extraordinarily good therapist, and very, very bright. She was much brighter than I was. So. And we disagreed a lot. (laughs)

THOMPSON: She was a delightful woman, and so are you [a delightful man.]. You don't give yourself enough credit.

ALLEN: Let me mention about Dan Plunket. Yes. He certainly was a stalwart in the community and really brought things together. I think he was very good to have Bob Block there, and Bob Block was very good to have him there to protect him. They made a nice combination. And yes, I admired very much his work and his dedication. Probably the best person to talk about him was Jim Coldwell who knew him well. And Jim Coldwell being one of those solid old-timers who was also a superb, if slow, clinician and metabolic expert in the community forever, I suspect he's still going. That was the last I heard, which was three for four years ago.

THOMPSON: To wind it up, I just want to mention I think it's very interesting now having interviewed you, having done Dr. Duffy and done Dr. Block, that one of the things that each of you has now mentioned is a change in healthcare is the loss of the ability to interact with the patient.

ALLEN: Yes.

THOMPSON: It's beginning to sink into me that was one maybe of the uniquenesses of the people, who gathered together in '76 to train students and residents, was that major interest in the patient themselves.

ALLEN: I think you're right because I think we really cared about patients and it became very distressing, I won't speak for them, but I know for me, when that was interfered with. And even more so when you were told that these things were good, of the interferences. You should do this and this and this because this is best practices and this, whatever. And it really didn't fit. Like for example, let me give you an example. I used to be very, very good with suicidal patients, and, if I do say so myself, but it takes time. And then I remember the first time I saw someone who had been suicidal and they had been hospitalized, not here, not in Tulsa, but someplace else, and they'd been in the hospital, for then a long time, but they, whoever was working with them had not really touched on what went on that they became suicidal, and they were getting things that were programmed. Sometimes mental health and psychiatry units have, you look up on the

board, and 8:00 to 9:00 it's yoga, and 9:00 to 9:30 it's something else, and 9:30 to 10:00 is this and that, and mainly it sounds like their training had been taking them to a grocery store and having them check for prices of food, you know, for fifteen cents you get two ounces of this can, but you can two and a half ounces on that can. That would be really good for someone who needed help with budgeting and particularly for someone who had been in a state hospital and hadn't needed to budget or look at how to handle their money and how to buy for food because they had been in a state hospital which had been provided for a long time, but worthless for a teenage person who is suicidal. But their treatment was filled with things like that, which you could just see someone checking off a list that they'd handled all these things except they were really pretty irrelevant to that particular patient, but they were processed.

THOMSON: Not the patient.

ALLEN: Not the patient.

THOMPSON: Very interesting. Well I appreciate it. You're very kind to give us your time.

ALLEN: Oh, you're very welcome, you're very welcome.

THOMPSON: You've done a great job. We appreciate it.

ALLEN: I've enjoyed it. I've enjoyed meeting you and seeing you again. And if any questions come up, feel free to give me a ring. You know where I am.

THOMPSON: We'll follow it up.

*End of interview.*