

Oral Memoirs
of
Lesley Walls, MD

An Interview
Conducted by
Clinton M. Thompson
February 21, 2017

Development of the Tulsa Medical College:
An Oral History Project

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Interview History

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

Lesley Walls was the Chairman of the Department of Family Medicine.

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

Alyssa Peterson was a Medical Librarian at the Schusterman Library.

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Lesley Walls, MD
Oral History Memoir
Interview Number 1

Interviewed by Clinton M. Thompson
February 21, 2017
Tulsa, Oklahoma

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THOMPSON: This is April 21, 2017.

WALLS: I think it's February 21st, isn't it? (laughs)

THOMPSON: February 21, 2017. Would you introduce yourself?

WALLS: Okay. I'm Lesley L. Walls, OD, MD. And I've been—I originally came here to the, it used to be called Tulsa Medical College, in July 1, 1977. I went to undergraduate at Berkeley, California. I also received an optometry degree from Berkeley, and then I went to the University of California at Davis to medical school. And then a three-year residency in family medicine in Akron, Ohio. And I've always likened optometry to family medicine because it's very primary care oriented—take care of the broad number of patients and use the specialists for any care that they need—so I liken the two. And originally went to medical school to become an ophthalmologist, but was more enamored with the primary care factor. That was, oh, back in the days that general practice was trying to revive itself and do residency and become board certified in family medicine, and that all happened while I was in medical school, so I got enamored with it and did that. And it's been, it's been, it was a wonderful career in primary care as far as I'm concerned. Although never made much money because the sub-specialists made all the money. But I chose the profession because I always wanted to be in a helping profession, and the best of all the helping professions for really doing good for people is, in my opinion, primary care and medicine.

I finished residency in 1975 at Akron General Medical Center and stayed in Ohio and practiced for two years in a location where their goal was to develop a family practice residency. It was in Canton, Ohio. Canton Aultman Hospital, about, oh, twenty miles south of Akron. And we already had a home there and everything, so it was easy. And so, during the two years that I practiced there, they also started a new medical school called Northeast Ohio's Universities School of Medicine [ed. note: Northeast Ohio Medical University]—it was affiliated with three universities. I think it was Youngstown, Kent State, and someplace else, anyway. And so I had

first year medical students come into the office just to kind of hang on to me to see what medicine was like, and I enjoyed that aspect of being around residents and students. And—but I never dreamed I would leave the practice of medicine there in Hartville, Ohio. But my old fellow resident, Les Krenning—who's now up in, I think, East St. Louis, Missouri—he had a two-year military obligation, so he came to Oklahoma, Lawton, and was there for two years. And I tried to get him to come back to join our practice, but instead he recruited me to come to Oklahoma because he thought it would be really exciting to be on the initial faculty and to help the Department of Family Medicine going here in Tulsa.

So, I was recruited to come down and look. And a guy named Bob Capeheart, he's a colon and rectal surgeon, but he was the acting chairman of Family Practice and in charge of putting the department together. And there was a provost, Provost Thurman, who was very active in all the recruitment. And so, I came down to look and I initially said no; I went back to Ohio and said no, I'm not coming. And so I get this nice phone call and letter from Provost Thurman—I mean, that's impressive when someone like Thurman will call you in Ohio. And he really wanted me to come. And so, I came back down and next thing I knew I was getting out of my practice in Ohio and moving down here to join the Department of Family Practice along with Les Krenning, who was my good friend; Roger Good, who was the first real chairman after the acting chairman; Capeheart; and Gene Harrison. And so the four of us were here putting the places together. And that was my introduction to coming into Tulsa.

I made a huge mistake because of, probably because of my Christian commitment, but I made a mistake of leaving the program and going to Oral Roberts, which was an absolute disaster. I was the chairman of family practice at Oral Roberts. I quit after nine months, and I still had a couple years left on my contract, but I did, I quit because it was just a disaster, and it proved to be an ongoing disaster and they ultimately just closed the program. So, from there I went to Tahlequah and worked with the Indian Health Service. I worked in the emergency room, covered the medicine clinics for three years. And they were developing an optometry school, so I was teaching systemic pathology and some anatomy at the optometry school while I was doing that because [of] my old roots in optometry. And Roger Good died, the chairman of Family Practice. The folks here remembered me well enough they asked me to apply for the job, and I did. And, kind of a surprise to me, but I was hired to be the chairman of Family Practice, and that was in 1982. So, for the next five years I was the chairman of Family Practice. And we, during that time, the school here in Tulsa was told that they had to have an associate dean for continuing education. And so, Ed Tomsovic worked with whoever he did in Oklahoma City and I was made the associate dean for continuing education, working with Ed Tomsovic, and I had an office over by Leeland Alexander and Ed Tomsovic, you know, in the building there on Sheridan. Anyway, is that enough about my involvement on the medical school? Or do you want me to go on with?

THOMPSON: Fine. Do you want to talk a little bit about the people—talk about Dr. Good and talk about Dr. Krenning and talk about Dr. Harrison?

WALLS: Yeah, I never worked with more loyal and devoted people, especially Dr. Harrison being an OU and practicing here in Oklahoma, and he was really the, Doc—Gene Harrison was the mainstay of our department as far as clinical savvy and political savvy, knowing how to get along with people, and to work within the system. He was just a master at it. Les Krenning was just an outstanding family doctor. He didn't really want to be a chairman or anything, he just wanted to work with the residents and the students, and did a great job. And Les ran a clinic up in North Tulsa, and a lot of people don't know that OU actually had a clinic in North Tulsa. We were way up on North Sheridan Road, and I can't remember the address, but we had a clinic up there that was under the direction of Les Krenning. And so for the years I was here, Les operated that clinic. I don't know when they shut it down, probably one of the chairman after I left didn't see the value of it for some reason, might have been Jon Calvert that closed that down. But we had a very busy clinic up in North Tulsa, family practice clinic, we had residents up there; we had students up there. We had faculty up there, and all of us used to go cover it when Krenning had to do something else. It was always an interesting trip up into North Tulsa to that clinic.

And then Roger Good came from Arizona. And he was a flamboyant, outgoing, you know, happy guy, but he had very poor health, and so he had a pretty substantial heart attack within the first couple of months of moving to Tulsa. And during his, I think he was gone about three months, during that time I was the interim chairman of Family Practice, and that's when I got my first taste of administration and kind of fell in love with it; I thought that was a pretty good deal. But they were all really loyal, dedicated people to developing a meaningful, primary care department at a new medical school. So it was a real treat, it was a real treat to work with them. And Ed Tomsovic, the dean, when I became chairman, was a strong supporter of the primary care disciplines, so he and I had a wonderful relationship and got along quite well. And we had our issues with Tulsa Medical Education Foundation, TMEF, not because they weren't a good group, they were an outstanding group of people, but there were some factions within that really didn't want family practice to do well. And I don't know that I need to get into any specifics there, but—do I?

THOMPSON: No, whatever you want to explain.

WALLS: Well, there was a guy named Burr Lewis that was a constant battle with him. And after five years, that was about all I could take. And so, I went to Ed Tomsovic and told him, "I promised you five years, I've given you five years, and I need to leave." And I did. But I never lost—it wasn't out of lack of respect for anybody in Tulsa at the medical school. We had wonderful department chairmen: Dan Duffy, Dan Plunket, you know. I worked closely with Bob Block, and he and I both got an Aesculapian Award one year, you know, while we were here, for

being outstanding teachers. I was a co-Aesulapian Award winner with Bob Block, who was a perennial winner; I only got it once. But, so, after that I mainly had a career in administration. My hearing went bad and I, I'm still pretty deaf; it's just that the hearing aids now are much more useful. What?

THOMPSON: Quality of residents that you were recruiting here during those early years and then while you were chair of the department.

WALLS: We inherited some family practice residencies that were part of the hospital residency program, and they were integrated in to the Family Practice; they became part of OU residency when they had actually just come here for an internship and a residency. And they were really bright, but they had never been under any meaningful leadership. They had some people who were kind of in charge of it, but they were mainly in practice. They had nothing to do with the residency. So, the residents, the residents ran the program. And they had their own system, which mainly supported them to work like dogs doing things they shouldn't have been doing while they were first years so that the second and third years could do their rotations and moonlight, make extra money. It's a fact! And so when Roger Good had his heart attack and I was the chairman, acting chairman, I looked at this and said, "This isn't educationally valid. This is not a valid educational program." So, I changed the way they did call and this and that. And all the residents called me on the carpet at Bob Capeheart's house. This is a true story. So, I go in and say, "What's this all about?" Well, all the residents were there, and they said, "If you implement what you've told us you're implementing, we all resign." Well, we had residents in three hospitals and services, and Gene Harrison had integrated his practice into it. We had, you know, eight or ten people in three different hospitals and we needed the residents. They said, "We quit." So, here's what I did. I said—I opened my briefcase and I got a sheet of paper, and they didn't know what I was writing, but what I wrote was, "We the following residents resign effective immediately from the OU Department of Family Practice as residents." And then I counted them and I went [counts under his breath]. And I said, "I accept your resignation. And I said, "Gene, you go to St. Francis tomorrow. Les, you go to Hillcrest. I will go to St. John's. And then we will all meet to discuss how to handle this after we make rounds in the morning." And I got my briefcase and left. And so, I'm on my way out the door, and the spokesman, a guy named Craig Phelps, I'll never forget, he was a second year resident. He said, "Wait a minute! We want to negotiate." And I turned around and said, "You're not even employed here anymore." I said, "I don't negotiate with people who aren't even part of the program. You guys aren't even part of the program." And I left. So, the next morning I went to St. John, Gene went to St. Francis, Les went to Hillcrest, and we got together and all the residents were in my office. They said, "We want our jobs back." I said, "Why should I give you your jobs back?" I said, "You guys are in a program that the way it was was totally educationally invalid, so go someplace else." I said, "I don't need you. We don't need you." They said, "Well, how you going to run this?" I said, you're concerned about things that are not your problem. You're not here anymore." They said, "What do we got

to do to get our jobs back?” And I said, “Apologize. And get your butts out there and go back to work.” Every one of them went right back to where they were supposed to be, and every one of them over the next two years, Craig Phelps was the last one, the last month of his residency when he was a third year resident, he came in and sat down and closed the door, and he said, “You were right and I was wrong.” He said, “I ask you to forgive me.” He was a sweet Christian. And I said “Craig, there’s nothing to forgive.” I said, “You were doing what you thought was right at the time and I really appreciate you.” And he’s called me since, you know, to help with some stuff. He’s just a good guy. Anyway, that was my introduction to being a chairman. But we had an outstanding group of residents every year. We’d get literally the cream of the crop. Tulsa was considered one of the best residency programs in the country. So, we were getting the Alpha Omega Alpha guys and gals and all of this. It, we had a wonderful group of residents the whole five years, it was really great.

THOMPSON: Excellent. Other people—you’ve already mentioned Dr. Block. Are there other people that were in the college at the time that you remember—

WALLS: Frank Clingan. Dan Duffy. Dan Duffy was outstanding. Dan Duffy was—and Dan Plunket, in my opinion, were absolute model chairmen. Dan Duffy, Dan Plunket, I looked to them for their leadership in how to run a department. Frank Clingan was good, but the surgeons were hard to find. They were all over the place, so I didn’t spend a lot of time with Frank Clingan. But, and I can’t remember the chairman of Psychiatry at that time, grey-haired.

THOMPSON: Was it Dr. Allen?

WALLS: Yeah, Allen. And I didn’t spend a lot of time with he or with Frank Clingan. I admired them, but I didn’t really understand how they ran their departments.

THOMPSON: Dr. Nettles?

WALLS: Nettles. I loved Dr. Nettles. He was a very good chairman, but again, you know, the surgical and behavioral sort of folks were different. Pediatrics, Internal Medicine, Family Practice, we were all seeing the same kind of patients, we were all basically in the outpatient, not in the surgery suite or the psychiatric center, and so, we were the ones who really worked together, you know, and I never considered myself to be of their caliber, especially Dan Plunket, but they were wonderful, outstanding leaders. They ran solid programs, and they were wonderful to work with. They were just terrific. Yeah, Plunket and Duffy were my heroes.

THOMPSON: Administrators during those days that you remember?

WALLS: Well, I remember Dean Tomsovic, Ed Tomsovic especially. And Ed had the right personality to be the dean in a program like this. This program is a branch campus—the main power always resided in Oklahoma City for decision making. And it took a special person to be able to work here. And Ed Tomsovic could do that. He was a—I called him the glue that held everybody together. He didn't hold a lot of power, but he held us together and going the right direction. He was very good at that. And then, of course, you know, Mike Newman ran Student Services and all of that stuff, and Connie worked with him over off of the library over there, and they did a great job. And again, loyal, dedicated, hardworking. And—but the two people who really ran the campus, if you will, were Leeland Alexander from the purse strings and, you know, handling the money and having the vision to buy property, you know, and figure out ways to make it happen. Get re-financing and ultimately get the center. I credit Leeland with most of that. And then all of the clinics were run by Mike Lapolla, and he ran them with an iron hand. I mean, the chairmen reported to him. We didn't—you know, if we needed something we had to go with our hat in our hand to Mike and he ran it. But he was very fair, and even when he was wrong he would listen and he was shown that he was wrong he would change. He was outstanding, and so was Leeland. They were just outstanding individuals. And again, the loyalty to make this place operate and to make it have a future. It was held in the hands of very few people. It was the chairmen of the department, the loyal, dedicated faculty, and then people like, you know, an Ed Tomsovic who understood what his role was and could work with the limited power he had and make it happen. And, you know, Leeland and Mike, outstanding. It was an incredible group of people to come together in a new program like this and to hold this program not just together, but to ultimately make it what it is today, you know, because it could have easily failed, particularly during the early eighties when oil dropped to like \$3.50 a barrel and there was a brain drain—people were leaving. We went what? Three years without a raise, and the third year we got like 2 percent or something and we were furloughed, you know, you remember that. We were furloughed a day and a half a month—that's a cut in pay. And then no raises. And so, if it weren't for loyal, dedicated people that could have been the end of us. And then when the legislature decided to close schools, I don't know if you remember that. That was a fun time for me. I got to tell you this story. The legislature decided to close what? The pharmacy school, the dental school, and the University of Oklahoma Tulsa Medical College. They were going to close us. And so, Clayton Rich—does anybody remember Clayton Rich?

THOMPSON: Yes.

WALLS: Clayton Rich. I think he moved to the Pacific Northwest, too.

THOMPSON: He did.

WALLS: Anyway, Clayton never had any respect for me at all. He had no use for me. He could never remember my name. He'd go, "Hi um, uh," you know, anyway. I'd say, "Les Walls." "Oh,

yeah. Hi Les.” He had no use for me. But when they decided to close the school here, Clayton was against them closing the school, I’ll give him that credit. And he came over and we would meet down in that basement over across the street around that round table. And he had, oh, the executive from TMEF and, you know, all of us department chairmen, and Leeland and Mike, and Ed Tomsovic ran the meeting, and then—. So Clayton said, “Well, legislature, you know, a bunch of farm boys over there want to close the school over here. And we don’t want them to close the school,” he said. And this is what he said, he said, “Now, I’ve thought this over and I’ve talked to Ed Tomsovic, and we need somebody who will go over and meet with those folks on a regular basis who is at their level. And now, these folks are idiots over there, and we need somebody who can talk to them. So we’re going to get Les Walls to go over.” No. This is—he said that. So, I said, “You know, I don’t know if I’ve been complimented or insulted here.” And he said, “Oh, oh, I didn’t mean it like that.” He said, “It’s just that you can communicate with people that some of us can’t.” What he meant was these people are idiots and we need somebody to talk to an idiot on their level. So, Leeland and Mike and Ed Tomsovic and I can’t remember who else, they would put together a flyer that talked about what we are doing in Tulsa—how many patients we’re seeing, how many indigent patients we’re seeing, what would happen in the hospitals if we didn’t exist, you know, and there was a flyer every week. And I’d get up at four in the morning and I would drive to Oklahoma City, have a bite of breakfast, and I would be at the capital by 7:30 in the morning because you only had a narrow window of meeting with people. And I would go, I had a very rigid routine of going to put the flyers on every legislators’ desk about what Tulsa Medical College does and I was over there like, and some of them would say, “Uh, not you again,” you know, because it was—I’d say, “Come on, now listen. Here’s the flyer, you don’t have to talk to me, but look at that flyer. I want you to know what we’re doing in Tulsa.” And, oh, who was he? The senate pro tem, he’s from Tulsa. He was an old mayor of Tulsa and he was in the legislator. I can see his face. I’ll think of it after a while. He was president pro tem of the senate [ed note: Roger Randle was the president pro tem of the senate at that time]. And after I don’t know how many weeks and weeks and weeks I did that during the legislative session, I walked into his office one day and he said, “Les, I don’t want to ever see you again.” He said, “Now, listen I know what you’re doing; I know what you’re trying to do. And I want to tell you something, we’re not going to close that school.” He said, “Now look, I have the votes, I have everything I need. Now, they’re not going to close the school, now go away.” (laughs) I said, “Sir, you’ll never see me again.” And I came back to the campus and I went straight to Leeland, Mike, and Ed Tomsovic, and the department chairman and I said, “They’re not going to close us.” But that took all my time for I don’t know how much, how much. But they—oh, what was his name? I can see his face. He was the mayor of Tulsa and then—anyway. He said, “I don’t want to ever see you again, Les.” (laughs) And the program stayed open. Now, I’m not saying I did it. What I’m saying, I was the messenger because I could talk to them on their level; they were a bunch of idiots, you know. (laughs) Clayton Rich did. He said, “We have to have somebody who can get down to their level and talk to them and have them understand. I think Les Walls ought to go.”

THOMPSON: You'll appreciate my Clayton Rich story. I very rarely got called into the provost's office down there because I tried to—

WALLS: Stay clean.

THOMPSON: —but we were in the same building. I got a call one day that says, "You got to come down to the provost's office now." And I'm thinking, "What in the flip did I do now?"

WALLS: What'd I do wrong?

THOMPSON: So, I go down and I sit down in front of him. And he goes, "I think we should give a golden express card to some faculty which means that they get special services in the library." And, of course, I was out of the vintage of—you know, because I did even up here, whatever the students got for check out time is what the faculty got for check out time. And I said, "Dr. Rich," I said, "what's the issue here?" And he says, "Well, I had a faculty member come down and complain and he said he's not being serviced very well." And so I looked him right-square in the eye and I knew who it was, and I said, "Was this the faculty member who came to talk to you?"

WALLS: Well, how'd you know that?

THOMPSON: "Well, yes." I said, "Okay." I said, "Dr. Rich, I don't think we need to do that." I said, "I, if I promise you today that he has no more trouble in the library," I said, "are we good?" And Dr. Rich goes, "Yeah. Yes, we're good." And I said, "Okay, it will not happen again." Well, I turn around and started out of his office and I got about three-quarters of the way out and I thought, "I can't leave it there." So, I turned around and I said, "Dr. Rich," I said, "could I say something off the record?" He looked at me like you know what he did.

WALLS: He had that head tilt scowl.

THOMPSON: Yeah. And he said, "Well, I guess so. What is it that you want to say?" And I said, "Well," I said, "the only thing I want you to know is I want you to know how hard this is going to be for my staff," I said, "because this sorry S.O.B. does not like women." And I said, "Unfortunately the majority of the people working in the library are women." I said, "He just berates them and yells at them and screams at them. The minute he gets next to me he knows better than to do that because I'll knock his head off." (Walls laughs) And Dr. Rich goes, "Well, well, well." And I said, "We're off the record." I said, "I just want you to know how tough this is going to be for my staff." And he says, "Well, I appreciate that." So, I go back upstairs to my staff and I called a meeting of the people that dealt with him all the time and I said, "Look, guys, we're either all fired or you make him feel as comfortable as you can make him feel while he's

here and then get his bottom out of here as fast as you can.” Because what would happen is he’d have a bad day—he was a pathologist—he’d have a bad day doing research and stuff and what’d he do is come over and beat up on my girls while he was trying to do stuff, my kids while he was trying to do stuff, and then he’d go away. And Dr. Rich never called me again. But he was—you are right, he was an interesting character.

Pause in recording.

WALLS: We’ve done a lot of this, I’d like to talk about the Founders of Doctors’ Hospital.

THOMPSON: Let’s go there then.

WALLS: Is that okay?

THOMPSON: That is fine. Go right there.

WALLS: Are we live?

PETERSON: Yeah, go ahead.

WALLS: I read in the paper one day, it was in late ’82 or early ’83, I can’t remember the year, but I read in the *Tulsa World* that AMI had purchased Doctors’ Hospital. And we didn’t admit any patients there, it was a family practice hospital, but because of all the rotations, we mainly used Hillcrest, St. Francis, and St. John. And we had in the past admitted a few patients to Doctors’ Hospital. We had privileges there; we just didn’t use it very much. But I knew most of the practitioners over there. And so I read in the paper that they had sold and they were going to put, I think it was \$24 million into a foundation, I think it was \$24 that they netted and they were going to put it into a foundation. And I had a real good buddy over there named Jack Keown, John Keown, MD. You remember John? And John was, he loved the University of Oklahoma and he had a lot of credibility at that hospital on the board. And so after reading that, I figured out a way to get over there and I found Dr. Keown, and I said, Jack—Jack Keown actually flew to Kansas City when I was being recruited to come here, we had an American Academy of Family Physicians and we had a meeting in Kansas City, and Jack and Roger Good, Bob Capeheart, and Les Krenning all went up there to try to, because I had said no, I’m not coming to Tulsa, and they went up there to get me to take one more look. And I, Jack Keown was the guy who sold me. And he knew that, so we were pretty good buddies.

So anyway, I read that in the paper, so I go over and I find Jack and I said, “Jack, what are you guys doing with this money?” And he says, “Well, we have a foundation and we’re going to support meaningful programs in Tulsa.” And he said, “We have to have a major charity.” And he

said, "We've chosen the Red Cross to be the major charity." And I said, "Red Cross is a fine organization and I think that would be a good choice, but have you considered because it's a family practice hospital, you made the money in primary care, have you, did you consider the Department of Family Practice here in town?" And he said, "No, but that's a good idea." And I said, "Well, did you already decide?" And he said, "No, the vote's tonight. We're having a meeting tonight to decide the major charity." And he said, "Can you get me a proposal in the next four hours?" I said, "Jack, I'll have it on your desk in three hours in your office." He had an office over there at that professional building right at Doctors' Hospital on Harvard between 21st and 31st. So I went flying back to my office and put together a very rough document that was anything but complete. And I ran it over to Ed Tomsovic and Leeland was there, Leeland Alexander and Ed Tomsovic, and I said, "Guys, the Founders of Doctors' Hospital have \$24 million. They have to have a major charity. I have met with Jack Keown and he wants a proposal, but they're voting tonight, and so they both read it real fast and said, "Well, you know, if we had some time we could polish this up." And I said, "Yes or no? Can I take this forward?" And they said, "Take it forward."

And so that night here's what they did. They voted the Department of Family Practice to be the major charity and they put me on the board. They had Class A members and their designee to replace them that was called a Class B member, and they had one Class C member who was the representative as a voting member of the board from the major charity. So they voted us in to be the major charity, put me on the board, and for the Red Cross, who was expecting to get all of this, they gave them a million dollars over a certain amount of time. So, the first grant given, and Jack Keown said, "Now look, if you get this, will you support us delivering a million dollars?" I said, "I'll do whatever you want." So, the next thing I knew I'm on the board of the foundation, we're the major charity, and the Red Cross got a million dollars over, I think they got \$200,000 a year for five years or something like that. They got the lion's share of the money for a while. And it was the most wonderful thing that happened during my tenure as, because the next thing I knew I had power, I was on this board and we could start moving money into this institution. I don't know how many millions we've gotten over the years, but the first, I have a picture of Charlie Lilly, he was chairman of the foundation, Charlie Lilly, MD, myself, and who was the provost at the time? It was before Clayton Rich. Banowsky?

THOMPSON: That would have been president.

WALLS: The president of OU. It was the president of OU.

THOMPSON: It could have been during his tenure.

WALLS: It was either Banowsky or—? Anyway, the three of us had our picture together for the first \$1.2 million gift to the University of Oklahoma. It wasn't Banowsky.

THOMPSON: Van Horn?

WALLS: Huh?

THOMPSON: Van Horn.

WALLS: No. Who was before Banowsky? It wasn't—anyway. I had my, we had a picture because the foundation pledged \$1.2 million to University of Oklahoma Department of Family Practice. That was when oil was \$4 a barrel and we were all being furloughed and budget cuts and this and that. And it was the salvation of, I mean, it kept us supporting that residency program and clinic. It was wonderful. That was my gold star, I guess, for being a family practice chairman, was securing that. And then when I left in 1987 there was, they were real nervous. I'm sorry, it was '92. Even while I was in Tahlequah I still had one day at OU when I was the dean out there. I had one day at OU and it was dedicated to preserving that Founders of Doctors' Hospital, and so I'd work a half a day in the clinic with the residents one day a week and a half a day at the foundation. And so in 1992 I moved to Oregon to be a dean out there, and they were real nervous, what's going to happen, because I'd been with them since the beginning. And I chose Leeland Alexander to replace me. So, I analyzed it. We had good people in the department—well, we had some people that I didn't want over there. He'll hate me for this, but I didn't want Jon Calvert to get that. Have you interviewed Jon? I didn't respect his ability to be able to work with the Foundation. He's a very bright guy, MD, PhD in, you know OB/gynecology as well as—anyway, he was very bright, but he didn't have the personality to work with that Foundation. And Gene Harrison had a bad history, he would have been perfect, but he had a bad history with that hospital for all the wrong reasons. So, he couldn't do it. Les Krenning was, it wasn't his forte. And so, I said, "We've got to have somebody who represents the school and who will protect the Department of Family Practice." I went to Leeland and said, "I'm going to see if I can get you elected to replace me on the Foundation." And he's still on it I guess.

THOMPSON: He is.

WALLS: You know, all these years. So, I chose Leeland to replace me. And then worked the politics in them to get them to name him the Class C member, and it was not difficult. They wanted an MD, you know, like me, and I said, "No, you don't need an MD, you need the person, you don't need the degree, you need the person. And this guy, look where he is—the school and what he's done." And so they chose him and they've loved him. You know, they were glad to get rid of me and get him in there. But I did it for almost ten years and then Leeland's been there ever since. Isn't that amazing? So, we're still the primary charity. And I don't know how many millions of dollars that's brought in, but it's—I know I got the first \$1.2 million and then I got money after that, so I got a couple million out of them. And it was really good. That was, that

was, as far as I'm concerned, the highlight was writing a proposal in three hours and delivering it to become a major charity of the foundation.

THOMPSON: An achievement well done, that's for sure.

WALLS: Did you know that? Did you know that that was—?

THOMPSON: I did not know that you were the one that did it. I knew that it happened.

WALLS: Yeah. Yeah, I did it and I was a lone ranger. I mean, I read it in the paper, I go find Jack, I said what are you going to do with the money and put the thing, but I did it get blessed by Leeland and Ed Tomsovic because I thought the odds of us getting it were like one in a hundred, and the next—. But you know what, they wanted recognition; they wanted family practice to be recognized as a real department. And who wouldn't want their name affiliated with OU, you know? So, it was an ego trip for them, too. Red Cross? OU? Of course OU. Give Red Cross a million dollars, you know. And so it worked really, really well. Really well.

THOMPSON: Staying in the vein of that, you talked about Dr. Capeheart.

WALLS: He's great.

THOMPSON: Were there—

WALLS: Did you interview him?

THOMPSON: Yes, we have.

WALLS: He's great.

THOMPSON: Yes. Were there other physicians in town that were supportive of the program or that you—well, Dr. Harrison I should have mentioned him—

WALLS: Yeah.

THOMPSON: Were there others in town that were supportive that you remember?

WALLS: You know, there were, there was a bit of town gown. I had a very supportive group. When I was chairman I put together an advisory group of family doctors, you know, just a community advisory group. And we would meet once a quarter. And my reason for establishing the advisory group was to listen to them and their concerns at the hospitals because family

practice got picked on a lot. You know, I had to attend every medical staff meeting, I mean, somebody would always make a motion that if you weren't a board certified pediatrician you couldn't admit a child under the age of two, or if you weren't a board certified internist you couldn't admit a person with chest pain to the—there was always some battle, you know, going on. And so, I wanted a group of the community leaders, you know, from, through Tulsa County Medical Society that were in family practice because they have their ear to the ground at the hospitals. And so I put together an advisory group, and that was very, very handy. And I can't remember the names of all of the people that were on that, there were like ten of them. And I'd have them over for lunch once a quarter and say—tell them that we were doing and then listen to them and their concerns about what could be happening because they'd give me a heads up if something was going on at a hospital where they were trying to take away our privileges or, you know, something. So I did do that, but I don't have any names for you, but that was a very supportive group of people. And there were about ten of them.

And then we had some town and gown problems because I had one person who affronted me in the parking lot at St. Francis and I could probably come up with his name if I had a little time—I hadn't thought about this, but you're asking about what happened in the community. I'm in the parking lot and he said, "I vehemently object to you making money seeing patients in the hospital, you know, working with the residents and stuff." And he said, "You're taking patients away from us out here in practice." And I said, "No, no we're not." I said, "There's a shortage of physicians, you know." I said, "You know, there's plenty of patients." And I said, "Plus, we do the indigent care, you know, we take care of the patients you won't take care of." And he said, "Well, the problem is you're making money off of these patients and I'm paying your salary." See, we got a salary from the University of Oklahoma. I said, "No, no, no you're not paying my salary." I said, "You're paying a small portion of my salary." I said, "The state"—and I told him, I said, "you want to see how much money I make from the state? I'll show you." Because at that time we only got, I don't know, we got some money from the state for a salary, but the lion's share of our income came from patient care and that's Mike Lapolla and the practice plan that Leeland ran and all of that stuff. And so I said, "Come on." And he said, "Well, I'm going to call the president." And I said, "Well, why don't you come on over and use my phone to do that." I said, "Let's get over to my office and use my phone." And he did, he came over, but he never made the call. I said, "Let me show you what we're doing." I showed him around. He became a volunteer faculty member. (laughs) No, I'm not kidding. He'd come over one afternoon a month and tend the residents because—. But he had no understanding of what our issues were and how we were conducting business, where our incomes came from, he had no idea. I just showed it to him—here's my contract, this is how much I get from the state. Now that's because I'm teaching and I'm doing this and working with the residents, but I said my income comes from patient care. And I just showed him. And he said, "You know, this is pretty neat. I had no idea." He said, "How can I help?" I said, "Why don't you come over and teach the residents." I said, "You're in private practice. You can tell them what it's really like in the real world." And he did. (laughs)

Anyway, you asked about the community and the main thing was that advisory board and then, you know, when people like he would talk to us one on one we would communicate with them. I'm sure Dan Duffy and Bob Block, you know, Dan Plunket, all of us had the same problem, Frank Clingan, you know. We all had the same problem.

THOMPSON: TMEF?

WALLS: Tulsa Medical Education Foundation. My favorite person for running that was Bob LaFortune. He was, he was, you know, Bob is not a big man. Did you interview Bob LaFortune?

THOMPSON: No, we haven't yet.

WALLS: Oh, he's such a gentle man, but he's very much in control. And the medical education foundation, we had regular meetings and we discussed the issues, you know, that's going on with the hospitals and town gown, you know, all of the things. And I thought it was a very wonderful organization. There was one person who had way too much authority and too much power and too much innate ability to manipulate it, and that was a guy named Burr Lewis. And if you were on Burr Lewis' side he was really good at getting you what you want. Unfortunately, he didn't have a lot of respect for family practice, so he was my mortal enemy. I respected him, but, you know, because of the way he did business, but it was a constant battle because he didn't like family practice. But that doesn't mean I didn't respect him. He was very effective. And many times when I wanted something I was not effective because he was more effective than I was. But if he had been a family doctor, oh boy, we would have really been, we'd have been in good shape because he was so good at manipulating and getting what he wanted. This is where we're honest, right? I mean, he was a burr under my saddle, Burr Lewis was. I mean he was difficult. And I know Ed Tomsovic had his real problems with Burr because he wanted to run the medical school and jerk Ed Tomsovic around like a puppet, and he did. He was successful. But TMEF was a wonderful organization for making sure all the hospitals knew what everybody was doing in the education realm, you know, with the students and the residents, it was very good. What else?

THOMPSON: The other things that you mentioned before we went on camera that I think is important is for you to talk about the industrial—

WALLS: Oh, industrial medicine. There was, most of, if you look at the past of people who work with the oil industry in their health departments and, you know, they handle untold thousand numbers of chemicals that are toxic and cause cancer and, plus they would operate clinics at their, at the refineries and all this stuff for people who became acutely ill, et cetera. So, they had their own physicians, and most of them were either internists or family doctors, and they did it without education and training. So, it was on the job training. Somebody got exposed

to a chemical, well they had no idea what to do because that wasn't their forte. So, the idea was to develop a specialized residency training program that's very primary care oriented for taking care of people in these industrial situations where there's all these hazards and stuff and call it industrial medicine. And so my idea was we have a wonderful primary care family practice program, why don't we specialize in that area and devote anywhere from, you know, start off with like two residency slots and bring in an expert from industry to run the program and have a, as part of the family practice program, a specialty in industrial medicine. And so I recruited a guy named Roy DeHart. Wonderful, wonderful man who that was his career, and he loved the idea of having a rotation internship-type experience in family medicine and then two years of specific rotations and, with emphasis on, you know, the public health aspect of it and industrial medicine. A guy named George Prothro helped me with all of that. And I'll talk about George Prothro in a minute if you don't mind. And so we put together an idea and a plan and we presented it to TMEF, and people liked it. Unfortunately, I presented it when Burr Lewis wasn't there, and Burr, I don't know if he like the idea, I know he didn't like family practice, so we had it all ready for, nothing was left but a TMEF vote, and Burr Lewis came in and killed it. And so the program went to Oklahoma City, and apparently been, was quite successful. I don't know if it still exists or not.

THOMPSON: It was for many years.

WALLS: It's there?

THOMPSON: Yes.

WALLS: The idea originated in our department in Fam—here in Tulsa, and Oklahoma City got it and got Roy DeHart, who we had recruited here to implement the program. And I think that's one of the biggest failures I had as a chairman. I wasn't smart enough to make that happen. And that was a failure on my part because it should have been in Tulsa. It should have been in Tulsa. I mean, look at all the oil companies we had around Tulsa, and you know, they would have supported us like crazy, you know, Texaco, all of them would have supported, should have been in Tulsa, but I just—Burr Lewis was more effective than I was, and he effected the killing of it. Is it okay if I talk about George Prothro for a moment?

THOMPSON: Yes, go right ahead.

WALLS: I developed a relationship with George Prothro while he was the, in charge of the Tulsa County Public Health Department. He was there many, many years. Just a wonderful human being, a pediatrician by training. And we would have him, he gave lectures in public health arenas to our students. Well, George turned sixty-five and retired from the public health department. So, I went to George and said, "What are you going to do now that you're retired?"

And he said, “Well, I don’t know.” I said, “Well, why don’t you come work with me?” So, I hired George—George Prothro to come over and work family practice department and we, I mean he didn’t see patients, but he helped me write training grants and we brought quite a bit of money into the Department of Family Practice. We had the Founders of Doctors’ Hospital and then we got these training grants, and George was a master grant writer, so we got several training grants and one was a practice management training grant. He, I can’t remember how much money he got, but we developed a curriculum, a three-year curriculum to teach our residents not just how to take care of patients, but how to take care of a practice because it’s a business as well. So, we had a formal curriculum that they went through. And George got the money to put all of that together and to hire the consultants that gave the lectures and, you know, all of this stuff, that was all George Prothro. And what we found was our residents, they wanted to know how to take care of pneumonia and heart attacks and strokes and, you know, immunizations, and you know, take care of this and that and set fractures. They weren’t really interested in how to run a business. And so what happened was after they graduated and got into practice they would all call us and say, “Could I get all of those notes that we had for practice management? I don’t know how to hire and fire, I don’t know how to put job descriptions together, I don’t know—” You know, and so our biggest success was after they graduated, [they] wanted the information. But George Prothro was that kind of guy. And he worked with us, he was still there when I left the department in ’87.

And so a quick story about George. I came back to Tulsa after I retired from being president of the university out there in southern California and went to a retirement party for a gal named Linda Carpenter. She had been here forever; she had been here since the program started, too. And George was there, and George was I think 88 or 89 at the time, looked the same, and it was here in this building. So, I went over and I said, “George Prothro.” And he got up and hugged me and said, “Les Walls, I am so glad you’re back in town, I need you to take my place.” I said, “Take your place? What are you talking about?” You know about the medication recycling program? This is—you know about it? Okay. Here’s what happened. So anyway, I went and had lunch with George and we talked it over, and what happened was George had a good friend in a nursing home and he went over to the nursing home to see him. And the guy said, “I ran out of medicines and I need you to pick some up for me. You know, it’s at the pharmacy.” So, George went and got it, and it’s all on sheets like this with little pop-outs like a contact lens at the nursing homes. And so George took them back over and I don’t know, they were \$300 or \$400 worth of stuff, and the guy died, you know, a couple of days later. So, George is back over there and he said, “What are you guys going to do with all that medicine in those little pop-out packages?” And they said, “Well, we pop them into the toilet and we pull the handle.” And he said, “What?” They said, “No, it’s a state law, we have to dispose of it, and so we flush them down the toilet.” He said, “Well, that’s not right, they’re sterile, they’re in a pop-out package.” And he said, “That’s wrong.” And they said, “Well, it’s a law.” He said, “Well, we have to do something about that.” So George goes over and meets with the board of pharmacy and their

professional association and said, “We need to reuse these medicines.” And they said, “No. No, we’ll fight you tooth and nail. You’re not going to do that.” And well, George was not one to take no for an answer, so he found one of the senior—I don’t know the name, Mike Lapolla will know the name, Mike put the writing together to establish this. Mike Lapolla did it while he was at OSU—and so George got this legislator who had a soft spot in his heart for the elderly and the indigent and met with him and told him what was going on, they’re flushing these down the toilet. And the legislator said, and he said, “Why are they doing that?” And he said, “Well, it’s against the law.” And he said, “Well, let’s change the law.” And so he introduced a law to reuse medications under certain circumstances—has to be under the control of a pharmacist, any transportation of medicines from a nursing home to the pharmacy has to be under the control of, you know, of a physician, and it all has to be documented, signed on, and you move it, you know, very formal. Mike put that together, you need to talk to Mike—Mike Lapolla put that together. And so he introduced this legislation. Well, the pharmacy board and the pharmacy came out against it. Now this is what George told me, I wasn’t there. He said the legislator called the executive committee of the pharmacy association and the board for pharmacy into his office, closed the door and said, “Ladies and gentlemen, we’re going to get this law. And if you fight me, I am on the committee that controls what you want. You’re going to get nothing as long as I’m alive.” Well, suddenly they became for the law. The law passed. And I just got a flyer last week, we have—and I help. I go to nursing homes and I moved the stuff, so I’ve been involved, George got me involved—we just exceeded twenty million dollars wholesale of recycled medicines to the indigent, elderly, domestic violence, homeless shelters, twenty million wholesale. And it was George Prothro who did that. So, he was a feather in my cap, hiring that guy, you know, because he was really good. I mean, training grants and this kind of thinking. But that’s George Prothro. And, but the document that the, for better want of a term, a feasibility study to document what it really meant was put together by Mike Lapolla.

THOMPSON: While he was doing the survey stuff at OSU.

WALLS: That’s it.

THOMPSON: Very good.

WALLS: So, I had nothing to do with that, but now I—. It’s all run by volunteers, no money changes hands. I don’t know, a couple weeks ago I get a call from the county health department, they have a person. They gave me three nursing homes. I have absolutely filled my SUV up with boxes of medicines that would be flushed down the toilet. And we take them back, they catalog it, put it together, and distribute it to the indigent, elderly, nursing home. There are a lot of people who can’t afford medicine. Guess who likes that law now? The pharmacists. Why do they like it? Let’s say you have no money and you come in and you need a \$200 prescription, you’re not going to get it filled. You don’t have the money, you don’t have the insurance, you don’t

have anything. They used to say I'm so sorry. Now they say county pharmacy can help you. They love it, they got a place to send them.

THOMPSON: Makes them look like war heroes.

WALLS: Yeah. I can't get you the medicine, but we can get you the medicine through the county pharmacy. It's over off of—it's by Sand Springs, the Gilcrease Museum, Gilcrease Road. It's, instead of heading up to the Gilcrease Museum, if you turn to the left about a quarter mile down there's a county pharmacy. And so I go to the nursing homes and pick up medicine, deliver them there. There's twenty or thirty of us that do this all over northeast.

THOMPSON: Anywhere else in the state that this—

WALLS: Oh, all over the state. Oklahoma City has a big recycling program. I'm talking twenty million just through our little group.

THOMPSON: That's what I thought you meant.

WALLS: No, that's not state wide, that's just our little group here in Tulsa. It's amazing. You need to—Mike put that together. It was masterfully done. If you go to the Tulsa County Medical Society homepage, there's a button on the recycling program. You click on that and you can get the history and everything. It's a wonderful program. Twenty million dollars wholesale. Now, but Mike and I were neighbors—before you go on. Mike and I were neighbors over, he lived on Cincinnati and I lived on 25th Street over by the, the historical, rose garden, historical and all that stuff. And so we ran into each other and struck up our old friendship so, you know, we got to know each other and we said, you know, it's been forty years. He asked me and Brent Laughlin to breakfast—did he tell you this?

THOMPSON: Yeah.

WALLS: Yeah, breakfast. And we said somebody needs to, before we're all dead, somebody needs to record this history. You. You. That's where it came from.

THOMPSON: Yeah.

WALLS: We met over—

THOMPSON: And it's been fabulous.

WALLS: We met at Maxxwells. You know where that is over by TU?

THOMPSON: Mike knows all the good places to eat.

WALLS: Oh, he does. Anyway, Mike's a dear friend. And a good guy. So.

THOMPSON: Another question for you.

WALLS: And then we'll do the medical education.

THOMPSON: Your relationship with the department in Oklahoma City?

WALLS: When I became chairman here, simultaneously a guy named Chris Ramsey became chairman in Oklahoma City. And we never really had much to do with each other because we had our own problems. And Chris was trying—Chris was very bright. He became a program director right out of his residency down in Waco. He was a resident and when he graduated from the residency, he was a program director. He was a mover and a shaker. And light years ahead of me. And I could have never survived, I don't think, in Oklahoma City, but he was, he really got that department started in Oklahoma City while we were struggling to get a department going here. And so we were very cordial. I would go to Oklahoma City, he'd come over here, you know, not all the time, but we shared that in common, but as far as trying to intimately work together, we never had time. He was too busy trying to get a department going there in a tough environment for family practice, and I had Burr Lewis and the problems here and so we never really integrated or tried to do anything in common, but we, I think we had a great deal of respect for each other. He knew what I was trying to do here. He was envious of the Founders of Doctors' Hospital, because see if he would have had that kind of power in Oklahoma City, he could have been much more effective. And quite frankly, I'm not sure how well we would have done if we didn't have the Founders, you know, during some of those tough economic times, you know. So, yes it was very cordial. I had great respect for Chris. He was much more of a leader nationally. He was well respect—I think he went from here to Kentucky. And he's dead as I recall, died of some weird autoimmune disease or something. But he was, he was the right person for Oklahoma City. And I always felt I was the right person for Tulsa at that time. And he wouldn't have survived in Tulsa because it wasn't big enough for him, it wasn't glamorous enough, and it wasn't the main campus, you know, and all that stuff. So, but other than that that was it. Okay.

THOMPSON: The other question I have, which has to do with one of the questions on here, but I want to come back to it because you made the comment, you talked about the problems with getting family medicine started here, gaining the kind of respect I think may be the word I want to use.

WALLS: Credibility, respect.

THOMPSON: Credibility in the process. Was that a national issue at that point in time?

WALLS: Excellent question. Family practice was born out of a TV show called Marcus Welby, MD. (Thompson laughs) I'm not kidding. And there was a movement to move family practice because there were a large group of people who felt that America needs a broad base of care. You know, they need—you got rural America and you can't have a cardiac surgeon in Shidler in Oklahoma, there's not enough people needing heart surgery, so we need people to take care of people. So, in 1969 while I was a third year medical student, they implemented the board certification for family practice. They had a pathway where if you were already in general practice, if you had so much continuing education, you could take the test and become board certified. And that had a life expectancy, and after that you had to have a three-year residency and pass the examinations to become board certified. Well, that all started in the late sixties. And most people don't know this, there was no academy of family physicians, there was an Academy of General Practice, American Academy of General Practice. When they brought this to general practice to change general practice to family practice, family medicine, and board certification, by less than, I think it was only two votes, they were going to expel the people from the general practice and get rid of them, they didn't want it. It barely, barely passed to go to family practice and board certification; I mean, it was a gnat's eyebrow. And a guy named Pisacano—Nick Pisacano came out of general practice and established the American Board of Family Practice. I mean, it was, and they came within a couple of votes at the national meeting of throwing him out of the Academy. They didn't want it, but it did take hold, and so there was a fight nationwide. Hospital privileges, you know, a lot of the big hospitals wouldn't allow a family doctor to admit patients, you had to—even in Bartlesville when I became chairman of family practice if you— you had to have two years of residency or you couldn't admit patients to Bartlesville Jane Phillips Hospital, and they did that to keep the GPs out who only had one year of training. I mean it was a nation-wide battle.

THOMPSON: So. Okay.

WALLS: Okay. Now.

THOMPSON: Yes? Now what did you want to say?

WALLS: Well, changes in medical education. I have not been at the forefront of medical education because of the path I chose, but I have stayed in touch, and I think medical education has changed dramatically because of technology. Everybody has their cell phone that you can go straight to the Internet and straight to DocRx or, you know, whatever it is and Google and, you know, with all the computers and electronic medical records and everything is computerized. I see the technology from my perspective, this is my perspective, medicine has become less personal and more technology oriented. In the old days when—we didn't have cell phones, I

mean we didn't, I mean the first cell phones were this big with a little antenna on them, and I didn't know what it was when I saw it. So, when we took our call, we had to be available by a little beeper and it'd go beep, beep, beep; we had to find a phone and call into Medcall over here at St. Francis to find out who wanted us. And so now there's instant communication; cell phones no matter where you are you can field a call, do this and that, and the computer technology for getting access to medical information—I think it's wonderful! I think it's wonderful, but it has de-personalized it. We used to when we were talking to a patient it was like this, now you're talking to a patient like this. I don't know if you've been to the doctor, but they're doing this while they're talking to you as opposed to this and writing the record later. It's less, less intimate, but I think the quality is better. (laughs) The technology, what we can do. These hearing aids I have, it's nanotechnology. The old hearing aids, they made things louder, but I didn't have better discrimination of what was being said. So, everything, this is all improved things, it's made it much less personal. And we in family practice admitted our own patients to the hospital and if they needed a consult, we were the ones that communicated with the patient while the cardiologist saw them or the neurosurgeon saw them, we had control of the patient. Now there's hospitalists who've never seen the patient before, but they take care of them while they're in the hospital. There's intensivists, never seen the patient before, but while they're in intensive care, they do that. So, it's much less personal; much less intimate. But how can you argue with the quality with all the new technology and procedures and stuff. So, it's changed dramatically, and worse in some ways, far better in some ways. As an old family doctor, the personal touch was so important to me. And if a patient called me at two in the morning and I needed to put them in the hospital, I was there with them, so there was—we've lost some of that, but we've gained so much more on the—what we can do. My perspective.

THOMPSON: Not too different from what we've heard from others.

WALLS: (laughs) I suspect that's true, although it wasn't rehearsed.

THOMPSON: Associations that you were involved in? Oklahoma?

WALLS: Okay, I actually was president. I went through all the chairs, secretary, vice president, president-elect, president of the Oklahoma Academy of Family Physicians. So, I served as the president of our state association. And it was a wonderful, wonderful thing, too because I knew all the doctors all over the state of Oklahoma, and it was really good. Chris Ramsey in Oklahoma City actually made the motion for me to become president (laughs) at the annual meeting, so I was very active in the American Academy of Family Physicians and did serve through all the offices, including immediate past president and all that stuff while I was here, and that was a wonderful experience. But I was also in the American Medical Association and the American Academy of Family Physicians, you know, I was in all of the organizations that touched family practice and medicine as a while with the American Medical Association. But probably the

premier thing was to serve as president of our state association, and that was during my last year as chairman here.

THOMPSON: Good. I'd like to go back to one of the things that you mentioned and then you moved right on very quickly, but we've interviewed Dr. McCall.

WALLS: Charlie McCall.

THOMPSON: Because of his involvement here.

WALLS: First time I met Charlie McCall he was the dean of the medical school at Oral Roberts.

THOMPSON: That's where I was going.

WALLS: And so he was over there and what a gentleman. What a wonderful gentleman. So, a guy named—he quit as being the dean, I didn't understand why because I knew he was a good guy and they hired a guy named Sid Garrett to be the dean over at ORU, and they were recruiting me to leave OU to be the department chairman over there. So, long story short I took the job. Big mistake, big mistake, but I did it. And so the first time I saw Charlie McCall after I became chairman, he was still over there, but he wasn't there. And they had a fitness center and I was a big time jogger, so I'm over at the fitness at like 5:30 in the morning and they had an arrow on it, and they would often reverse it, but you know, some days you jogged this way and some days you jog that way, well the arrow was going this way, so I took off this way and I got about half way around, here's Charlie McCall going this way. I said, "Charlie, you're going the wrong way." And he said, "I always am, Les. Join me." So I turned around, there was nobody else there, and so we're jogging together and he told me that he wasn't going to be affiliated with ORU anymore. And so I think he became some sort of associate dean over here—

THOMPSON: He became in charge of medical education.

WALLS: Yeah, that was what it was. So, I met him in the elevator at St. John because at ORU I put together the first family practice clinic and we started seeing patients and we admitted our patients to St. John. And I opened the elevator one day and there's Charlie McCall. And I said, "Charlie, I'm starting to understand why you left." I said, "I'm not going to be able to survive over here." And he said, "I knew it, but I couldn't tell you." And I said, "Well, Charlie, you're a real gentlemen and you're where you belong." And that's when I left and went to Tahlequah. And I even met with Oral Roberts because at that, during that time, there were like thirty-five department chairmen and senior faculty who quit over there—it was a disaster. The medical school there was a disaster. Do you want to know why I quit? The straw that broke the camel's back? I put together, we had a beautiful family practice clinic we built, I can't remember how

much it cost—it was gorgeous. And started seeing patients. And they wouldn't let me buy any supplies, none. I couldn't buy band-aids. I had to send a purchase requisition through the person that did everything for the whole university and he didn't know what medicine was. He knew what English Department was and this and that, and so if he didn't know what it was, he would deny it. So, this is the truth. So, I would reach into my wallet, give my nurse my credit card or money because we had a pharmacy right next door and have her go buy what I needed to take care of the patient and then submit an invoice for reimbursement. So, Jim Winslow—does that name ring a bell? So, Jim Winslow was the provost and so I quit. I said, "I will not work. I will not have my name on the shingle outside taking care of patients when I can't even buy band-aids." So, Sid Garrett came to me and he's the dean, he said, "What do you need?" And I said, "I need signature authority to keep supplies in this office to see patients." He says, "I'll fix it." So, he came back a couple days later and said, "Les, I can't help you." And I said, "Then I gave you my two weeks notice. I quit." He said, "You can't do that." I said, "You watch me." I said, "I'm out of here. I will not have my name on that door seeing patients like this." I said, "That's not the way I do business." He said, "Well, let me talk to Jim Winslow." He was the provost. So, he goes to Jim and Jim came over and—did you know Jim? He's about six-foot-five, six-foot-six, great big guy, and he sat down in front of me, you know, crossed those big old legs with his cowboy boots on and said, "What's the problem, Les?" And I said, "Well, Jim, I have no signature authority. I can't even buy supplies." I said, "Let's reverse this situation. I'm the provost, you're the chairman and you're in orthopedics." I said, "You have a child come in, let's make it simple, little green stick fracture, not even displaced, all you want to do is put a hand splint on him, and the only way you can get that splint and the ace wrap is if you grab your wallet, send your nurse to the pharmacy to get it, they come back, and then you can treat the patient." He said, "Well, I wouldn't put up with it for one minute." I said, "Well, that's what you're asking me to do." He said, "Is it that bad?" I said, "Yes, Jim, it's that bad." I gave him some examples. He said, "I'll fix it." Two days later he came back, sat down across from me, said, "Les, I can't help you." I said, "I quit." So, they called me before a guy name Carl Hamilton. He just died, I don't know if you saw that in the paper. Carl was a good man. He was Oral's right hand man. So they had me meet with Carl. Carl couldn't fix it. So, I quit. I gave two weeks notice and left.

I didn't do anything for about four months. I laid down in the hog pen with my hogs because I thought was—no, I'm not kidding—I had pigs and I'd lay down. I'd go out—I was so depressed, I thought my career was over, you know, that I'd ruined my career. So, I'd get in the pigpen and lie down and scratch the pig's belly, they'd roll over and let me scratch their belly and stuff. I did that for three months. And one day my wife came to me—I didn't do anything. I'd go for a jog, take her to breakfast, drop the kids off at, you know, their school. And she said, "We're running out of money." (laughs) I said, "You know, I never thought of that. I guess we probably are, aren't we?" Never dreamed I'd wind up being the president of a university, and, you know, the

dean and department chairman here at OU—that was before I became department chairman here. Life is so interesting.

THOMPSON: Would you like to know why Dr. McCall left?

WALLS: ORU?

THOMPSON: Yeah. Because he told us.

WALLS: Did he? He never told me—oh, you know the only thing I heard was that Charlie McCall they denied he ever worked there. That when he needed a reference or something they could find no records he ever worked. He was a consultant or something. And he liked to have a glass of wine. And he wasn't divorced, so that wasn't it. No, I don't—

THOMPSON: When he came in to start the medical school he went around town because he knew that was what he was going to need to do because—

WALLS: Needed to build support.

THOMPSON: —he had been, he knew how administrations in medical schools worked. And he told everybody in town that they wouldn't compete hospital wise or anything with anybody in town. He went to a national meeting and when he returned on Sunday he opened up the Tulsa paper and it said Oral Roberts was building a hospital.

WALLS: That's what happened.

THOMPSON: And he went to Oral and said, "You did this—

WALLS: You can't do that.

THOMPSON: —and you didn't talk to me." He said, "I promised these people we wouldn't do that." Oral said, "No big deal." He said, "Yes, it is."

WALLS: Oral believed all the patients would come from all over the country—they would fly in. And then they found out if you have a heart attack you don't fly in, you go to the local place. You got pneumonia you go to the local place.

THOMPSON: And much like yourself because you need to know that, there were phone calls made from Oklahoma City after it happened to Dr. McCall. That's the reason Dr. McCall ended

up here. And then, of course, as you well know, he ended up as dean of the College of Medicine in Oklahoma City.

WALLS: Sure. Well, Charlie McCall is a good man.

THOMPSON: So, like you—

WALLS: It didn't destroy him. I wonder if he laid down in the hog pen?

THOMPSON: I don't know, but he did take some time off.

WALLS: I used to like—I lived out in the country and we used to like to raise a couple of hogs every year and have them butchered. And pigs are wonderful animals. They're smart, but their weakness is they'll do anything for food. But they, if they have a full belly they're a nice pet, you know. Anyway, Charlie McCall and I both survived it.

THOMPSON: Yes, I think that's interesting. Similar—.

WALLS: Do you know Dr. Basta? Latfi Basta(??)?

THOMPSON: I remember him, yeah.

WALLS: Latfi was a cardiologist here in town mainly at St. John, and he and I were good buddies. He was my main referral. And he became department chairman of internal medicine at ORU and he lasted two weeks. He walked into my office, I'd been there about three months and I saw it was a disaster and Latfi walked into my office and he said, "Les." I said, "Yeah." He's standing there like this, he said, "Les, this isn't going to work." I said, "What's not going to work?" "This." He's looking around, he said, "This. It's a disaster. This is not going to work." He said, "I just quit." I said, "Latfi, you've only been here two weeks." He said, "Two weeks too long."

THOMPSON: That is so interesting.

WALLS: Two weeks. And Don Tredway was over there and back and over there and back. Don Tredway. And I love Don. He's chairman of OB/gynecology. See, he came and became chairman from ORU as well, but then later went back, and I couldn't understand why he went back. It was a real religious commitment with him. And it was a disaster.

THOMPSON: As it was with I think most people who went over there.

WALLS: Oh yeah, everybody went over there.

THOMPSON: I remember I knew the medical librarian who went there.

WALLS: Disaster.

THOMPSON: And there was no question that it was the commitment to religion and the promises and—.

WALLS: And you can't imagine the back stabbing over there. Anyway. The reason I couldn't buy band-aids or furacine I had a person who opened a radiator, hot water sprayed on them. I had to send my nurse next door to get the medication and the bandages to treat them. And so when I asked for signature authority to buy stuff like that to keep the office open, here is the reason that Jim Winslow couldn't help me, Sid Garrett couldn't help me, nobody could help me, because at ORU we're a family. If we give you signature authority, we give everybody a signature authority. So, the English Department can buy any book they want, the, you know, this and that, so we can't treat you any differently than we treat an English professor. And I said, "But I'm running a medical clinic. Sorry." Jim Winslow couldn't do it—he's the provost.

THOMPSON: So interesting.

WALLS: Anyway. ORU had an impact on our medical school because several people left this place to go work there and it was a disaster. But some of us made it back. Charlie McCall and myself and Don Tredway. Tredway was a good chairman. Anyway.

THOMPSON: Mentors that you want to—you've mentioned a few people that influenced you, but anybody you would like to highlight?

WALLS: Highlight. I'd like to highlight Gene Harrison. He was a wonderful, wonderful mentor—just an outstanding, calm influence. There was another guy, Silvie Alfonso. You didn't get to interview Silvie because he died of prostate cancer about eight years ago. And he was a wonderful influence. Les Krenning was just a steady force. He was absolutely wonderful. Those would be the people in family practice that really, really I looked to for when I needed help. Outside of Family Practice I go back to Bob Block, Dan Duffy, you know, Dan Plunket were really my, the key people at the medical school who helped me. And I will be forever indebted to Ed Tomsovic, Leeland Alexander, and Mike Lapolla. And Leeland taught me how to handle money. Mike taught me how to run clinics. These were the key people in my short stay here.

THOMPSON: Another question for you along those lines because you've had kind of a varied career. What was the favorite thing that you did during your career? Was it being president of that university? Or was it being chairman?

WALLS: Being president for eleven years was a wonderful experience because I had a great board of trustees and, you know, worked with them, and I learned a lot about institutions at the highest level, and I'm on the board of trustees at a university in Boston and I chair the new programs and academic affairs committee. We have physician's assistant, optometry, you know, nursing. We have 7,500 students and we pre—we go back to 1823. We're, the institution we have 7,500 students. We were the first institution of higher education in the city of Boston, we pre-date Harvard Medical School and Harvard Dental School and Harvard School of Public Health. Not Harvard University, but their School of—and I'm on that board of trustees. It's a long story, how I got to be on that board, but that's a wonderful experience. It was wonderful being president of a university. But I think when I look back at it, my five years as chairman was, they were the best growth, learning years of my life. And putting together the relationship with the Founders of Doctors' Hospital, that'd be hard to top.

THOMPSON: I was just going to ask you—

WALLS: Are we going?

THOMPSON: Yes. Is there anything else you want to say that you feel like I missed or that we didn't cover or you—?

WALLS: No. Like I said, I felt like, you know, being at this stage and all the people you've already interviewed that I would have very little to offer because you've already talked to all the people, but it's been a joy to be here and to relive some of the old days and go through some of this, I hadn't thought of it in a long time. I think you've covered it very, very nicely. I think if anything I would like to say that I'm so proud of being one of the first people here and to see what it's become. We had no idea we would ever have a campus like this and facilities like this and a program like this and the clinics like this because we were itinerant. We were living in rented places and places we didn't own, but it was the dream of all of us not just to see the place survive, but to see it thrive and grow and become a real, a real institution. And so to have been a part of that beginning, it's a joy and it's a joy to see what it's become. It's just a joy.

THOMPSON: Very good.

End of interview.