

Oral Memoirs
of
Michael Lapolla

An Interview
Conducted by
Clinton M. Thompson
January 12, 2016

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.

Michael Lapolla was the Clinic Manager for the Tulsa Medical College. Later, he was employed by OU-Tulsa as a lecturer in the Department of Public Health.

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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Michael Lapolla
Oral History Memoir
Interview Number 1

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THOMPSON: All right, we're here today to interview Mike Lapolla, and it's January 12, 2016. And this—we'll make the mention here—this is the first interview that we've done in the new oral history and archive project. So, would you like to introduce yourself?

LAPOLLA: My name is Mike Lapolla. Born and raised in New York and lived my entire adult life in Oklahoma.

THOMPSON: Any other names people would have known you by at, at the Tulsa Medical Co—

LAPOLLA: Not, not that we can repeat, no.

THOMPSON: Oh, okay. Well, that's all right. All right—education?

LAPOLLA: I'm a graduate of West Point. After military service I went to Trinity University in San Antonio, Texas, for a two-year master's program in health and hospital administration, and got a master's degree out of Chicago, and here I am.

THOMPSON: Very good. Career—you want to list the places you worked during your career? Don't emphasize OU-Tulsa, we're going to come back and delve into those later, but just give us an idea about your total career.

LAPOLLA: Sure. My very first employment in the health care industry was the startup of the OU-Tulsa Medical College campus here in Tulsa, and I stayed here for eleven years. And then had an opportunity to start up a Health Policy Research Center with the Oklahoma Medical Research Foundation [OMRF] and did that for five years. And then we transferred that Health Policy Research Center to the Oklahoma State University College of Osteopathic Medicine here in Tulsa and did that for ten [years]. Then in 2003 came back to OU [OU-Tulsa] until retirement.

THOMPSON: Very good. Well, let's go back to that employment. 1976? That's when you started?

LAPOLLA: Right.

THOMPSON: When in '76 did you start?

LAPOLLA: January second.

THOMPSON: You started the first—right off the bat?

LAPOLLA: Exactly.

THOMPSON: Very good. Why don't you start there and talk about what were the things that you were involved in when you first came here, and what were you assigned to do, and what did you do then over the next few years with the College?

LAPOLLA: Well, that's an interesting start to a story. I was hired—I had never been in the state of Oklahoma in my life until I came down for a job interview, and was hired, and agreed to move here. My wife had never been in the state. So, we moved down here in December and started work in January. And my job was to be the manager and administrator of a series of teaching clinics for the medical school.

So, when I got here I, asked where the clinics were and he [ed. note: Leeland Alexander] said, "Well, we don't have any. Your job is to start them." And then I said, "Well, where are our offices?" "Well, we really don't have any, but we're going to have some soon." And so, I realized I was at square one with a blank piece of paper. And there was no rulebook that said how you start a teaching clinic and how do you operate it, you know, managerial, and where does it fit with the medical school curriculum. All this was brand new information for me. And so, the thrill of the startup was you were, you were making up the rules as you went, and as long as you stayed this side of the line you were in good shape. But I think the exciting part about the time was people had their eye on the ball about getting a clinic going, and they weren't all wound up about process. You know, we did what we had to do to get the clinics going. And I think for a five year period of time we established one every year. And uh, that was, that was a ride. It was enjoyable. It was a responsibility that a new graduate of a master's program didn't have in the country. My peers and classmates were the assistants to somebody's assistant, you know, in some big hospital system somewhere. This was enjoyable.

THOMPSON: So, who were the administrators that you started out to build the clinics with?

LAPOLLA: I mean, peers and people around. Well, of course, Leeland Alexander was here. Leeland was the moneymen for the school, and he was employed before all of us. I forget what—maybe '74 or '75 or something like that. But other than Leeland, there wasn't anybody around to really help. And the only help that I perceived, and I looked to, were two or three people at the Health Science Center campus in Oklahoma City that at least gave us some reassurance that yes you have the money to do this, yes you can, yeah that's fine, you know, you understand. But, but people on the ground here—there was nobody to help. Like I said, you had to decide what was right and go for it and if it didn't work, do something else.

THOMPSON: Very good. How many years before you started working with the first chairs in the development of the clinics?

LAPOLLA: Oh, about a year. Because when I came to Tulsa there was already established a Family Medicine program—a Family Practice residency program. And they had a little clinic up near North Tulsa. And I started in that clinic because it was leader-less, I would say. It wasn't a mess; it was just leader-less. And you just had to get it organized and get people on the same track. But there was no chair involved. The people that I was dealing with at that time, back in '76, were either community physicians who were volunteers or they were people that took a short-term contract just to, you know, keep things legal. But I think the first chairs that I remember were probably in '77, '78, something in that—you know, Dan Plunket came in right away in Pediatrics and that helped. Jack Nettles was OB/GYN and that helped. So, you know, the chairs I think—that was another interesting part about the experience is you grew up with the chairs. These guys had never been chairs either, you know, so they're learning their deal and learning how to get along, and how to build a department, and how to ingratiate themselves in the community. Dan Duffy I think was hired in '77 probably as chair of Medicine. So anyhow, yeah, and we're all sort of feeling our way, and we didn't know where the boundaries were. We had to work that out, we had to work it out socially; we had to work it out professionally.

THOMPSON: So that first clinic was the one for Family Medicine on the north side?

LAPOLLA: Yeah, that was—

THOMPSON: And you called it what?

LAPOLLA: That was existing; we called it the Sheridan Clinic. It was up at 1044 North Sheridan, and it was just a little rented place with about six or seven exam rooms. It was—they had a nurse out there that kept things under control. We had a contract doctor that put his feet up on his desk and kept things legal, but he didn't lend anything to the operation. And so, that was first. And then I think in rapid succession after that, the next clinic that I remember was probably pediatrics—21st and Utica. Then we did an Internal Medicine clinic at the Midway Building at

21st and Broken Arrow [Expressway]. Then an OB Clinic over at 21st and Utica again. And then we started to spread out. We went to Bartlesville. We set up a teaching clinic up in Bartlesville—a residency training program. Then the Family Medicine program became way too big to be accommodated in that little clinic in North Tulsa, so we built a large clinic in East Tulsa. Just a, really a large clinic at that time. The amazing part about all these clinics is that I never had a budget. I never had money in the bank. I was just told by the provost you go out and do it and we'll back fill. And that was, that was interesting. I didn't know any better—I mean, I didn't have any experience any place else. I thought every place was sort of like this. So, that's kind of, in a nutshell, that's moving things forward. I think we built our last clinic in the system probably 1980 or so.

And then right after that the provost came to me and said, “Well, would you take over the clinics in Oklahoma City?” “So what does that mean?” He said, “Well, you'd have Oklahoma City, family practice.” He said, “That's a mess, you got to clean that up.” He said, “While you're at it, we have a program out in Shawnee, we got one up in Enid.” So, I was such a negotiator at the time [that] I said I'll do that for you if you just let me drive a state car. So he gave me a state car, and [I] drove all around the state doing this.

THOMPSON: So how long did you do that?

LAPOLLA: Well, I think I did the Oklahoma City, Shawnee, and Enid clinics probably for about three years, until they got organized the way the University wanted and then [I] backed off those. They brought a new team in from Baylor University and, you might remember, Christian Ramsey and his whole entourage moved into Oklahoma City. So they moved in, I moved out.

THOMPSON: So, what were some of the interesting problems? You've already said you pretty well had a free hand. What were some of the interesting problems you had in establishing the clinics?

LAPOLLA: Well, you know the—there was a lot of them. But, you know, the macro problems were meeting peoples' expectations because everybody had different expectations. And, you know, the hospitals wanted you [to] do this, and the chairs wanted you to do that, and the University administration wanted you to do a third thing. And it was sort of like you can't get there from here. You have to break up the logjam. For example, all the hospitals cared about was that you made sure that the poor patients went to somebody else's hospital, not theirs. That was the name of the game—was keep the poor people away from my place, make sure the other guy gets at least a third—that kind of—make sure that we get no more than a third. And that kind of calculus built up. So the hospitals really just cared about the payment ability of hospital admissions. It was about that raw.

The department chairs, they wanted to spend a lot of time in the clinics with the students and the residents talking about stuff, not necessarily being productive in terms of volume, in terms of generating income, this kind of thing.

Then you have the administration of the school—I'll never forget this—they said, oh, this is Mike Lapolla. He's going to make our clinics self-sufficient. So there I am, we're seeing all we have is poor patients, and all we have is doctors who want to do something besides volume, and I've got to make the clinics self-sufficient. Well, you know, that requires an intervention. And, you know, the intervention came probably about 1983 when we just had a meeting with the University—I did, anyhow—with the University administration and the hospitals. So, I mean, that's the give and take of this whole thing. I think it all came to a head, in my mind, when—. I used to have to keep data. The admissions of our patients to the hospitals had to be equal: one-third, one-third, one-third.

THOMPSON: And those three hospitals were?

LAPOLLA: Hillcrest, St. John's, St. Francis. Now, if you issued a report in November and it said it was 35 percent and 31 percent and 34 percent, that wasn't acceptable. That was unequal distribution. So, I'll never forget the month that we had 33.3 percent for every, for each of the three hospitals. And I gave this grandiose report and announced we had achieved perfect equity. And the hospitals _____ (??), they came back to me and said, yeah, but the ones he has don't cost as much as the ones I have. And I said gentlemen, I can't do that. I can't forecast what somebody is going to cost you and then admit them appropriately. And that's when I think we had our meeting about realities.

THOMPSON: Most of the patients in all of the clinics—underprivileged?

LAPOLLA: Yeah—

THOMPSON: Under-insured?

LAPOLLA: Yeah, most were low income, uninsured. You know, we were the clinics of last resort. And if people didn't know that, all they had to do was go to the emergency room and the hospitals told them that. So, yeah, we had very few well-insured, well-healed patients. Which brings up, you know, another contradictory situation we'd run into, and that is—now the University expects the faculty to generate income. Well, where is faculty going to generate income when they're in the clinic all the time? Well, they're going to have a private practice in the clinic. Now you try to run a private practice attracting, you know, Mr. and Mrs. Whoever from Maple Ridge, and they're going to sit in the waiting room next to Mr. and Mrs. Nobody from some place. And that was difficult. How do you run parallel private practices and

essentially a charity clinic or a teaching or subsidized clinic? And I'm not sure that ever got really resolved real well. I think over time—and I can't prove this—over time the University resolved that probably by seeing fewer poor patients. I think so, I think so. And like I said, I can't prove it, but I suspect that's the way it went. Whereas, you know, the teaching clinics at the Schusterman Campus today don't have the level of low income and indigent people that we probably had back in the seventies. I don't think so.

THOMPSON: Location?

LAPOLLA: Emphasis.

THOMPSON: Emphasis?

LAPOLLA: Emphasis. I just think over time it just became a little more choosy about who is a new patient and what their insurance status was and all that. Like I said, I can't prove it, that's what I suspect when I walk by the place and see it. It's not a bad thing; it's just the way it is. And actually, what they probably have done over time is become more like a traditional teaching clinic nationwide. Normally your indigent patients are seen by a cadre or a network of community health centers. That's who you'd see with people that had the lower incomes and the uninsured and all the rest. And unfortunately Oklahoma and Tulsa didn't have that fallback position. They didn't have those safety net clinics until recently, until the last five or six years. So, we were it. And very frankly, that's why, I think, one of the many reasons why Tulsa wanted the University is to take care of the poor people. To be our substitutes for federally qualified health centers. But that's a different story.

THOMPSON: But an explanation. Any of the clinics that you operated in those early days stand out as being outstanding or superior?

LAPOLLA: Oh yeah. They, well, they all have their high points. And they just, they were all set up for different reasons, you know, and that's part of the deal, too. Does one stand out more than the other? Not particularly. They have different missions and different departments. You know, an OB/GYN clinic next to a pediatric clinic looks like it's a natural. It's not. You know, there's a bright line there, you know. And a family practice clinic in Bartlesville is not the same as a family practice clinic in East Tulsa. There's different demography, there's different expectations. So no, I can't say that one jumps out in front of another. Some people do, but not necessarily the clinics.

THOMPSON: Who are the people that stand out?

LAPOLLA: Well, you know, the—I think my first week that I was in Tulsa I was out at the North Sheridan clinic with the family medicine people, and I realized there were good employees out there. But, you know, they all were kind of figuring what do to on their own. There wasn't a manager, there wasn't a person that says all right you go to lunch now and I'll cover this. And I looked around and I saw this one person that everybody deferred to anyhow, and she was a part-time employee. And—but she had the gift. She was outgoing, she had natural leadership, she was self-assured. And they just brought her in there to help people catch up on insurance claims. Her name is Bonnie Rudy. Remember Bonnie?

THOMPSON: Um-hm.

LAPOLLA: Her name is Bonnie Rudy. And I said, "Bonnie, I'm going to offer you a full-time job to be manager." And it just so happened that Bonnie was ready for that. So, she became the full-time clinic manager. And I remember Bonnie—well, for a lot of reasons, lot of good reasons—but she was sort of the tree from which other clinic managers sprung. I said, "Now, Bonnie, we're going to be building a new clinic over in East Tulsa. I want you to go over and open that up and run it. And how about your current assistant running this place?" "Oh yeah, she's perfectly capable." So, we did that. So, now we had two people. And then I said, "Bonnie, we need a good receptionist at this big clinic in East Tulsa." She said, "I know just the person." So, we hired her next-door neighbor. Well, the next year we opened up a pediatric clinic. We needed a manager. Well, Enid [Bonnie's next door neighbor] went from being a receptionist there to being a manager over here. The following year we—then we replaced her with a lady named Jacque Sumner. And the following year we opened up a medicine clinic. I said, "Jacque, you're the manager over there." So, I had a whole string of managers that sort of began because they were referred by Bonnie. And they were very capable people, they stayed here awhile, they did a good job, and it was—it made it easier to be family, you know, when you actually probably were in terms of friendships.

THOMPSON: So you kind of built your—

LAPOLLA: We promoted from within. We very rarely—we never hired—I never hired a manager from outside. We just identified people from within that were good and trained them up and gave them the opportunity and they always rose to the occasion. They always did a good job.

THOMPSON: That brings up an interesting question to me. Were there other clinics in Tulsa that were similar to what you were building? Or were all of these, as you indicated a while ago, new ways to take care of dealing with the lower socioeconomic patients?

LAPOLLA: You know, this goes back to the, to the organizational formation of the medical school, and why they were invited to Tulsa in the first place. The medical school was invited to

Tulsa for a variety of reasons. One of the major ones was that at the time, each of the three hospitals had their own separate residency programs. So, St. John's had a pediatric program, Hillcrest had one, and St. Francis had one. And so guess what happens? They start recruiting residents individually, and the resident comes to town, they interview at three places, and they go to the highest paying place. So, now you get into this ridiculous situation of hospitals working against each other and hiring residents at higher pay. So, a way to solve that is—let's bring the medical school to town, let's have one residency program supported by the three hospitals, so we have a standard pediatric program, a standard internal medicine program, but those programs then service the three hospitals. Great idea, except over time they couldn't service three hospitals and that led to conflict. And now if you look around town, no program is in three hospitals to my knowledge. They're in one or two, but never three, it's just way too much to cover.

But you said: Was there a clinic system before the University was here? Yes, there was. Each of the hospitals ran a little basement clinic, that their residents, from that hospital, took care of those patients. And there were usually referrals or rejects from the ER or walk-ins and people like that. St. John's had a pediatric clinic, for example. And they had the most active one in town, but Hillcrest had one, too. So, when we started our pediatric clinic, the hospitals collapsed theirs and put the resources into our centralized pediatric clinic. So, our clinics really were the closing of hospital-based clinics, and the opening of hospital—a single hospital, subsidized clinic. Which I think was a good idea, as far as it went. But then again, it didn't take too long before it got into this deal of, why am I paying a third? I'm getting 40 percent of the patients, and these guys are only are only paying 20—and that just never stops. And I don't think it's ever stopped. It's never been resolved.

THOMPSON: Do you think it ever will be resolved?

LAPOLLA: No, no.

THOMPSON: A problem of—

LAPOLLA: It's gone too far. It'll take a, it'll take a _____ (??) 911 operation for it to be rebuilt into something different.

THOMPSON: So, again following that line of thought then—really only one Mike Lapolla in the city of Tulsa in those late seventies?

LAPOLLA: Well—

THOMPSON: Because even the hospitals didn't have—

LAPOLLA: Now there was another, there was another clinic in town that was established to take care of low income people. And that was what, at the time, was called the Moton Health Center. M-o-t-o-n. And the Moton Health Center is a legacy clinic from the Moton Hospital that serviced North Tulsa in the era of segregation. So, it was very much a black operation as a remnant of the Great, or as a product of the Great Society. Around the country, all over organizations were establishing federally qualified health centers. And a federally qualified health center is subsidized by the federal government, is operated locally under certain rules and protections and all the rest. And of course, with the way they threw money around in the Great Society in the late sixties and early seventies, it wasn't hard to get one of those.

So, the folks up at the Moton Hospital Health Center converted their operation to this federally qualified health center. That was the only one in town. And they very much saw a specific clientele, in a specific radius around where they operated, and low-income folks from the rest of the city weren't really welcome. Let me re-phrase that—they couldn't get there. And Moton didn't have unlimited capacity. And Moton very much over time became a black operation—the staff, the managers, the board—because the key thing about a federally qualified health center is that the board must consist of 51 percent users of the facility. So therefore, the board now became people that lived in the neighborhood and were influential and all the rest. They pretty much had enough problems running the health center themselves; they couldn't possibly service the entire community and therefore didn't try. Now since then, there's been a lot of ups and downs along the way. Moton changed to Morton and that was an institutional change, and they started establishing satellite clinics in Tulsa, which went some ways toward serving the rest of the city. But basically we were the largest provider of care to the low-income by far, university clinics were.

THOMPSON: Do you remember how many patients you were seeing a year—

LAPOLLA: No, I don't.

THOMPSON: —in the clinics?

LAPOLLA: No, I don't. I suppose if I thought about it a little I could, but uh—

THOMPSON: That's fine.

LAPOLLA: They were busy. I knew that. But I can't come up with a number right now. And you know what—a number today—that number probably would be wrong compared to how we see things today and how we do things. I always remember back in the late sixties and early seventies there wasn't a heck of a lot a doctor could do for somebody, compared to today. You know, you could reassure, you could relieve some pain, you could do this and that, but, I mean,

you were basically, it was basically the reassurance, and making sure you don't have cancer, heart disease, and here's a prescription. We didn't have all of the technology, and the sub-specialists, and things of that nature. Nor did we have an expanded Medicaid program, where these folks could be on Medicaid and have access to all the super-specialist services. But yeah, I guess the answer to the question is we were the big dog in town in terms of taking care of low income people, which is exactly what many people in the town wanted us to be. And, which is okay with us, except they didn't want to participate in subsidizing it. And that, that's where the rub came in.

THOMPSON: Another question about the clinics: Did the development of the clinics, the way you developed them—residents in those clinics treating patients. There was a goal by the College of Medicine as it was established in Tulsa was to keep residents here practicing after they finished their residency. Did you see the clinics doing that with the residents as they practiced? Or was that more of a goal from the—

LAPOLLA: That was a program goal.

THOMPSON: Right, right.

LAPOLLA: And I think the impetus of that is—if a person did a residency program in a certain geographical spot, statistically a large percentage of them would set up practice within seventy-five miles of that spot. So, it wasn't that they had a teaching clinic or something like that, it was just they were here. Same thing applies to Shreveport and Galveston and every place else.

THOMPSON: So, it was truly just a geographic issue.

LAPOLLA: Yeah, a geographical issue, yeah.

THOMPSON: Okay.

LAPOLLA: What was the context—what was the historical context of all this? I contend it goes back to 1965 when, you know, in 1964 there was no Medicare, there was no Medicaid. These are creatures that were invented in 1965. And what did that two plus two programs do? Medicare put an insurance card in the hand of every elderly person in this country. In 1964 they were poor, 1965 they're fully insured. Now, now you have the Medicaid program—1964 they were destitute, 1965 a lot of them were covered. Well, particularly—well, all of them aren't covered, but those who were sick and needed health services were. So now what do you have? You have a wildly increased demand, and you have a stagnant supply of services, doctors. So, who's going to take care of these newly insured elderly and poor people? Well, we better produce more doctors to do that. How are we going to produce more doctors? Well, we're going to set up more

medical schools. And that's where the medical school expansion started was responding to the demand of Medicare and Medicaid. Now, how long did it take Oklahoma to respond? Less than seven years because I think the legislation authorizing both the Tulsa Medical College and the College of Osteopathic Medicine and Surgery were 1972, if I'm not mistaken. The legislation?

THOMPSON: Right.

LAPOLLA: They were maybe established in '74 after they [were] built and all that. The legislation was '72. And the legislation, in my mind, was trying to provide supply to meet demand. A second thing was happening back in those days, late sixties, early seventies, it was the Vietnam War. And it was the first war that had very active medical corps, and pretty sophisticated battlefield medicine and all the rest. And what you had is, you had some very skilled guys coming out of the service to do what? This was the beginning of the family practice specialty. Heretofore, you were a general practitioner when you were nothing else; you were a general practitioner by default. The family practice residency started in the early seventies and that also was to meet increased demand. You have to have more Marcus Welbys [ed. note: Marcus Welby was a doctor from a television program of the same name in the early seventies]—remember the—you have to have more Marcus Welbys to take care of these elderly and poor people. So that's how the family practice residency program started. And it was no accident that when the Tulsa Medical College was established and the residency programs were in place, I think half of all the residents were family physicians, Family Practice residents. I think if you added up OB/GYN, [internal] Medicine, Pediatrics, Surgery, Psychiatry that's about the number we had in Family Practice. So, this became very much a family practice-driven program. And that had, that had an up and a down, too. And the upside was they were more likely to go to rural Oklahoma or to service the general population. The downside is [that] it was the only residency program that hospitals couldn't make money off of because all of the training was outside the hospital, and therefore, the hospitals couldn't claim it. And so now family practice becomes a semi-pariah in terms of, oh, desirability to have [as] a part of a hospital. This is why the Physician Manpower Training Commission was established—was how do we get state money to pay the stipends of family practice residents? Because you might remember back in those days, Physician Manpower Training Commission was state money [which] paid 100 percent of the stipend of the family practice medicine. They pay half of [internal] medicine and pediatrics. And that was the general reason; it was the national reimbursement scheme. So, this is a context where there's lots of moving parts going on, and none of us at the time could see all those moving parts. We just didn't know. You can reflect back on it, oh, that makes sense and that makes sense and that makes sense, but at the time there was an awful lot of stuff floating around that you had to resolve. And throw into that that we're all imperfect human beings. And it was a ride, it was a ride getting established here.

THOMPSON: I'll ask you about one clinic because in doing my research I found it very interesting—and that's the Child Development and Regional Guidance Clinic [ed. note: Child Development and Regional Guidance Center]. And I assume that you had responsibility at some level for that clinic.

LAPOLLA: I did.

THOMPSON: And that seems different than the clinic you would find in a medical school.

LAPOLLA: Yeah, the child guidance clinic wasn't really a product of traditional graduate medical education. It was more of a service clinic established by the State Health Department in Tulsa in cooperation with the Department of Pediatrics here. But that said, it's in Tulsa; it's affiliated with the Department of Pediatrics; it required some management of some sort, and so they just asked would you oversee that clinic. So I did. I can't tell you that I spent a lot of time or had a lot to do with, you know, its development. They had a very good medical director, Susan Farrell, if I remember her name right. She knew what she was doing, and they knew what they were doing, and it wasn't a clinic—it was more of a—it wasn't a reimbursement-driven clinic. It was more of a service clinic subsidized by the State Health Department. But I think about—did you have a child that went there for service?

THOMPSON: Um-hm.

LAPOLLA: So did I. My son, when my son was recovering from leukemia. And, you know, you get involved in—does he have a learning disability, doesn't he? And, you know, we don't know because of all the drugs that are going on. So he went over there for evaluation, and they were very professional, very good people. Liked them a lot.

THOMPSON: Yes, I found it a unique service then, and in going back and doing this review it just stood out that wasn't the typical clinic name that you expected to see as clinics.

LAPOLLA: And it wasn't.

THOMPSON: Medicine, pediatrics, surgery. You expected those, but a child guidance and regional center was not one—that's the reason I wanted to ask you about it.

LAPOLLA: But they were affiliated with Pediatrics in a sense that the physicians and psychologists that were there had faculty appointments in the Department of Pediatrics. So that, there's that.

THOMPSON: Very good. Any other general comments you want to make about the clinics?

LAPOLLA: Oh, goodness. Not really, I think that covers the waterfront. There's a lot underneath all of that, but I think those are the big ideas and the big challenges that we had.

THOMPSON: That you had?

LAPOLLA: Yeah.

THOMPSON: If you don't mind I'd like to ask you questions about specific individuals, just to record your interactions or your recollections of that particular person. Let's go with one of the ones that you mentioned first; he was one of the first chairmen hired, and that was Dr. Plunket.

LAPOLLA: Dan Plunket was a retired army colonel. And I was out of the army, he was out of the army. Matter of fact, I think when he was at Fitzsimons [Fitzsimons Army Hospital] in Colorado, my son was being treated at Fitzsimons when I was in the army, so we had that. But Dan Plunket was the consummate gentleman pediatrician. He was a consummate community servant. Over time, and well after I left the university, we became very close personal friends. And, of course, the one reason I remember Dan Plunket is that back in those days, we're talking middle to late seventies, he was the only pediatric oncologist in northeast Oklahoma. Any time a child got cancer or leukemia, Dan Plunket was the doctor. And Dan never cared, you know, whether they could pay or not; it just wasn't part of his deal. He just took care of them and somebody else took care of something else.

Now so, my son, I'm here for about a year, and he's [Dr. Plunket] office-ing next door to me. And so we become colleagues and we're talking back and forth. And my son is diagnosed with leukemia. His doctor is going to be Dan Plunket. And the reassurance and confidence he gave the family was beyond calculation. He was so smooth and so reassuring. There's one quote that I remember from him. My wife was pushing him for numbers, "What's the survival rate?" And well, he said, "You know, between this and that, and depends on this and that, and sometimes it's this, sometimes it's that." "Well, you know, I want a number." And finally Dan just said, "Carol, I'll give you two numbers." He said, "Zero percent and 100 percent. He's either live, going to live or he's not." You know (laughs). And she backed way off, and we had—and it was just—because the reason that my wife was agitated is today you know 90+ percent of kids with leukemia are going to be cured. It's just, it's almost getting to be a bad cold. Back then there was no assurance any kid could get cured. Everything was experimental.

And a little side story, you know Dan's wife, Barri, she met him at Fitzsimons Army Hospital when he was caring for her child who had leukemia and died. That was like in 1973. Okay, now I'm talking 1976. And what happened in between? In between they unlocked the protocol to treat

leukemia—that's what happened. So she always was very favorable to my son because he survived. She always remembered that.

But Dan Plunket was, he was Mr. Stability. He provided a lot of stability to this campus. And back in those days when stability was everything, he was the right guy to have in the department. But I've never forgotten he was the only pediatric oncologist in this region. Now that's just unheard of when you think about the pressure that put him under from a patient care standpoint. Plus also being a chair.

THOMPSON: And a community like Tulsa, not having had one before he arrived.

LAPOLLA: Um-hm. Exactly.

THOMPSON: My—one of my stories follows very close to yours. One time I was chitchatting with him and I said, "Why did you pick a sub-specialty of oncology?" Because I knew he picked that in a time when most of these patients would not live. He said, "Don't really know." But he said, "What I do like is I now get to find out whether these patients are going to have other illnesses in their teens and in their early twenties because my patients now live." It was an interesting question. He was interesting man, I agree.

LAPOLLA: You might remember that he was colonel in the army, and uh, senior. And of course, he went around to different army posts and got to know the different army doctors. And one doctor he developed a father-son relationship, was a young captain at Fort Leavenworth, Kansas. His name was Bob Block. And he recruited Bob Block down here to be his vice-chair, you know, essentially. And we had—Bob and I and Carol and Bob's wife, Sharon—we had some things in common because we were both at the University of South Dakota campus at the same time—didn't know each other, but it was the basis of starting a friendship.

I'll never forget, Sharon, Sharon Block telling me this story. She said she came to Tulsa and accompanied Bob on a recruiting visit. They were going to recruit him to come here to be on faculty. And a woman who's name I forget, pulled her aside and told her that don't forget to wear white elbow length gloves for tea. Well, Sharon Block isn't that, (Thompson laughs) Sharon Block is something else. So Sharon Block is petrified to come to Tulsa because of this magnolia charm deal. So, she goes back and starts telling the army wives at Fort Leavenworth, you know, you have to wear white gloves to tea down there. The going away gift those women gave her—they have her a pair of white gloves with denim up to the elbow with sequins on them—that was her going away gift to come here. But she wasn't sold, you know. My wife wasn't sold either. But anyhow to show you the relationships, Bob was vice-chair probably for what, ten, fifteen years, and then when Dan retired Bob became chair, and then Bob became what? He became the national president of the American Pediatric Association.

THOMPSON: He was interesting.

LAPOLLA: Yeah.

THOMPSON: He was—

LAPOLLA: Which brings up a really—I think a point I’ve reflected on and that is: there’s a lot of talent that came through this operation, this, this Tulsa Medical College expanded operation. There’s been a lot of talent coming through here in the last few years, too. The trick is how do you get it together. Then once you get it together, how do you get it to act within the community, when the community isn’t all that interested? You know, that, that becomes the trick because I got the biggest charge out of what, what was it 2006 or ‘7? And the Kaiser Foundation awards a \$50 million grant to transform the school into a school for community medicine. You know in 1976 what we were doing? It was a school for community medicine. We didn’t have \$50 million, we didn’t have a name. It was, it was just as if the school in 2008 was as integrated in the community as we were in ‘76, it’d be a different deal. So, anyhow we had lots of, lots of talent came through and Tulsa was well served by those people.

THOMPSON: Yes, Dr. Plunket was another interesting character. I remember a story he told me. I asked him one time when I was assigned down in Oklahoma City, I said, “How come you keep being the interim dean?” I said, “Why don’t you just be the dean?” He looked at me and he said, “Only a fool would be the dean.” I said, “So, why do you keep being the interim dean?” He says, “Because I keep my file cabinet updated.” And I looked at him and I said, “What do you mean you keep your file cabinet updated?” And he said, “Marty, it’s amazing what you’ll learn while you’re interim dean and what you can use against the administration when you go back to being chair of Pediatrics.” And he said, “That’s what I like to do.” I laughed at him. I said, “The classic colonel in the army, doesn’t want to be general, wants to be the colonel,” and he’s running everything in the background.

LAPOLLA: Exactly right.

THOMPSON: And they’re taking care of him.

LAPOLLA: Good guy.

THOMPSON: Well, another name because he was with the school just like Dr. Plunket was in the very early days—Dr. Nettles. Your recollections of Dr. Nettles.

LAPOLLA: Yeah, I don't have many because Jack never really got involved in the clinic operation, he always deferred to someone else. But I do remember his office. Do you remember his office?

THOMPSON: Yes, sir.

LAPOLLA: His office was, if you took this room full of paper and dropped it from a crane—that's what his office looked like. And he knew where everything was.

THOMPSON: Everything.

LAPOLLA: And uh, I didn't know Jack real well. Jack was one of those guys that, he was always, in my mind, always old. He was always old, but from the time he was forty-five to the time he was ninety he hadn't changed. He was just the same guy. And we got to know him much later in life because his wife was involved in Meals on Wheels in town, and we got involved with the Nettles family. I just don't remember much about Jack other than he was—I came back here in what? In 2003? And had to talk with the OB/GYN faculty like in 2005, and I went to this faculty meeting and looked up and there's Jack. I thought Jack would have been in the South Pacific by now, but there he was. You know, delivering babies and working as a faculty member in OB/GYN. But I regret I just don't know very much about him personally.

THOMPSON: It's worth it. How about Dr. Guernsey?

LAPOLLA: He wasn't here that long. And he was volatile, at least with me. And we never did have a surgery clinic. But I made the mistake of agreeing to be the administrator of something called the Professional Practice Plan. You might remember that.

THOMPSON: Oh, yes.

LAPOLLA: And for those who don't, back in, oh, I'd say before 1974 or '75, before that time we had a spectacle in our state and it probably replicated nationally. You had physicians at the state hospital, at the time the OU Medical Center, doing surgeries, collecting insurance checks, collecting Medicaid, collecting money from who knows how many different revenue streams. Where's that money go? Well, how many people knew it went to offshore banks? You know, we had a Department of Surgery down there that I think had something like thirty-seven offshore accounts. And these guys would just draw money out of there and pay tuition. I mean, the deal was it was out of control. The University they—these were physicians who were practicing on University time using University facilities, which I call, you know, you privatized revenue, you socialized expense. Everybody, they're paying, they're paying all the expense, and these guys are taking all the money. Well, Dr. Bill Thurman came in. One of the assignments he was given

by the Board of Regents was to clean it up. And he chose to clean it up by having a centralized, managed, visible, responsible Professional Practice Plan where all this money came in and then went back out to the physicians in an organized way. Can you imagine how well that was received? He started doing this like in 1975. Nineteen-seventy-six he says you want to be the manager of this thing? I said sure, not knowing what I was doing. And I immediately became the enemy of most physicians because I was mismanaging their money, didn't know how to bill for it, didn't know how to account for it. Every time a physician's wife ragged him about a new car it was my fault, you know. And that was a very difficult period—transition, I think, for the University as an institution and for these doctors.

Now getting back to Jim Guernsey. Jim Guernsey was a surgeon and he was used to making lots of money, and if he didn't make as much as he thought it was my fault as it turned out. And then you might remember—well, we don't need to talk about that. But I didn't know him very well, except whenever I had an encounter with him it was unpleasant. And I'm sure he's a great guy, but situationally I had no reason to have a pleasant conversation, there was always a problem.

THOMPSON: Always negative.

LAPOLLA: What do you remember?

THOMPSON: Pretty much the same. He was a volatile character, caused trouble inside the school—

LAPOLLA: Very abrasive.

THOMPSON: Always, you know, kind of the—I referred to him as the “East Coast Brat.”

LAPOLLA: If I remember right, didn't he go out to the VA in California?

THOMPSON: Yes, which I thought very interesting.

LAPOLLA: Davis, California. Wow, that's a transition.

THOMPSON: Another one that you may not have had a lot of interaction with, but just to see if you've got any recollections about him is Dr. Allen.

LAPOLLA: Oh, Jim Allen.

THOMPSON: The chair of the—

LAPOLLA: Oh, yeah.

THOMPSON: —Psychiatry Department.

LAPOLLA: Over time Jim and I became very friendly, and got to know his wife, Barb. Yeah, we knew them much—we knew them socially, we didn't know them professionally. They were very nice people, very different from me and Carol, which made for just, kind of fun encounters. But Jim was a good guy. Matter of fact, many years later he was down at the Health Sciences Center in psychiatry, and my son and his wife wanted to adopt. And so, they're talking to us about the process they're going to go through. And at the time they thought it was a good idea to adopt a kid from DHS [Department of Human Services]. So, I'm talking to them and I said well, here's what I advise you to do—if that's what you're going to do, get the medical records for this kid, and I'm going to set up you up with an appointment with Jim Allen. And you have Jim go through the medical record and have him tell you if there's something in there you need to know because the physical problems these kids have are easy to solve. The psychological problems are much more deep-seated and will cause you a lot more problems. And they did and brought a couple of files out to him and he pointed some very helpful things out to the kids.

But I didn't know Jim in the capacity as a chair of Psychiatry in Tulsa because we never had a psychiatry clinic. There were a few times on down I sat on his couch and said can you explain the behavior of somebody. And he would do it. Well, you know that's the classic narcissist, yada, yada, yada, and he'd give me the whole explanation and generally convince me I wasn't nuts, that there was behavior I just didn't understand.

THOMPSON: And should mention that he was a psychiatrist, chairman of the Psychiatry Department—

LAPOLLA: Chair of Psychiatry.

THOMPSON: She was a Ph.D. psychologist, was she not?

LAPOLLA: I don't remember.

THOMPSON: And worked at the child psychiatry—child psychology center.

LAPOLLA: I don't—

THOMPSON: Over off of the highway.

LAPOLLA: I don't remember that.

THOMPSON: Yeah, I think—

LAPOLLA: She could have. We got to know Barbara after I left the University. And of course she became very ill and we visited and all that. Who else comes to mind?

THOMPSON: Well, who else?

LAPOLLA: I'll give you a good—I'll give you a guy that I'm just very fond of and have been for all this time, and that's Gene Harrison. And Gene Harrison was everybody's prototypical family doc. And we expanded the family practice program greatly in '77, '78 and we're looking for more faculty. Gene was a private practitioner in Tulsa; he had privileges at St. Francis. And he literally moved his practice into our clinic, and that became the basis of the clinic and the basis of the faculty practice at Family Medicine. So, we had to absorb his private practice, and the expectations of his patients, which was high because he treated them so well. And the silver bullet that I had was that one of his patients was Bonnie Rudy. And they were transferring their practice into the clinic she was managing. So, Bonnie and Gene were like this, and had been ever since Bonnie was an adult because Gene was her personal physician. So that just made the integration of all of this, you know, seamless.

And I remember several things about Gene in no apparent order. He was the best physician in Oklahoma at administering vasectomies. They came from all over town, and he taught every resident that wanted to learn how to do vasectomies. He just—that was just one of the things he did. When my father-in-law was visiting us from North Dakota, and my father-in-law wasn't feeling good. My father-in-law was a farmer, wheat farmer from North Dakota. Wasn't feeling good, so I brought him out to the Marina Clinic, and Silvie Alfonso saw him. Remember Silvie?

THOMPSON: Um-hm.

LAPOLLA: And very quickly diagnosed him with prostate cancer. And so Gene took over the case, or Silvie gave it to him. And Gene one day came out to our house, and he sat on the living room and he explained to my father-in-law everything there was to know about prostate cancer. And it was, it was really touching for me that he would do that, you know, just for somebody he had never met. And then he eventually, Maynard [Lapolla's father-in-law] had prostate surgery, prostate cancer surgery. It was at St. Francis and Gene was on the periphery explaining everything to him. And then Gene said, one time he said, "You know, Maynard," he said, "you're going to be getting therapy that nobody else in this country—most people in this country have never heard of. You're going to be implanted with radon seeds and that's going to cure the cancer from the inside out." And my father-in-law went back to North Dakota and for the rest of his life told everyone he had radon seeds and they didn't. (laughs) That all came from Gene.

Gene was a Dan Plunket—he was stability. He was the guy that kept things on an even keel. We had a patient out there one time that we, we had a—somebody ran in from the parking lot. And there was a lady ran her car off into the ditch and was unconscious. And we went out there and Gene was looking at her, and I'm saying to myself what would I do if I was a doctor? I'd panic, I wouldn't know what to do, I wouldn't know what's going on with this lady. And Gene looked over his shoulder, he said, "Bonnie, get down to that Git-N-Go down there and get her a coke." And she did, she was a diabetic—diabetic shock—and he gave her a coke. Bang! Well, she's back up. And I thought that was pretty cool. But anyhow, Gene is with us. He's in Florida and I hope—actually Gene was one of the people that instigated this project. It's time to get this thing done, and he's in Florida, we'll go visit him.

Pause in recording.

THOMPSON: Continuing, just asking you about people and your recollections—Dr. Good.

LAPOLLA: Roger Good. Roger wasn't with us long, but he was a dynamic guy, and he was the guy that sort of launched the Department of Family Medicine. And probably in the family medicine residency was started at the University, not at the hospitals, but at the University. It was patched together as best as they could from a leadership standpoint, just trying to get thing to next year until we can get some permanency. And I remember the very first doctor I remember being involved in Family Medicine was Bob Capeheart. And Bob Capeheart at that time was a colorectal surgeon. And I was amazed that a colorectal surgeon would care about family practice, but he did a great deal. He refused to get paid, didn't want to get paid—all he wanted to do was get things done. I was pretty impressed with that when I first moved to Tulsa that there would be people like that, like Bob Capeheart. We stayed close ever since, you know, he lives up the street and he's a real neat guy.

But he kept the Department together, probably until early 1977 when he hired a fellow named Roger Good, family physician. [Roger] could have been from Arizona, I forget. But he was, Roger was not always right, but he was never in doubt. He just had a way of moving forward, and Roger went out and recruited faculty nationally. He brought in Les Walls, Les Krenning, and people like that, and built a very nice faculty, built a very nice program. And unfortunately died of a heart attack soon thereafter. So, he's only with us for about two years, two, three years—no—yeah, about three years I suppose at the most. And we wound up naming our clinic building after Roger. So yeah, real neat guy. Too bad he couldn't stay longer.

THOMPSON: You mentioned another name—Dr. Walls.

LAPOLLA: Dr. Les Walls. Coincidentally we were involved in starting this re-construction of the Tulsa Medical College archives, and that's what this project is basically about—realizing we

don't have any, and so, how are we going to get this together. There were four people involved at breakfast one morning to get this—to say we ought to do something. Let's do something besides have coffee, let's propose something to the University. Gene Harrison was one, I was the second, the third was a local practicing physician, Brent Laughlin, who was a resident back then, and then the fourth one is Dr. Les Walls. And Les Walls is somebody that I know you're going to interview, and he's one of the most interesting people from a professional background which you'll ever meet.

He came to us as an associate professor, I think from northeast Ohio, where he was in a residency program. And this might have been his first experience outside of a residency program. And Les Walls was also an optometrist, so he was an MD, OD, or an OD, MD. And Les was with us, and Les, he was a stylish guy, he dressed well, he had good manners, just a really neat fellow. Probably with us for maybe three years or so and he and I and his son and my son were driving to Norman for a football game one Saturday and he said, "Mike, I've got to ask you your opinion on something. I'm being recruited by Oral Roberts to be the chairman of this new medical school's family practice department. What do you think?" I said, "Les, I'm a really smart guy, I don't think anything. (laughs) That's a decision you're going to have to make." And Les did accept the offer; he went down to ORU Family Medicine. He stayed there about ten months, and it wasn't a good fit for him. And he went from there and became the dean of the College of Optometry in Tahlequah, and did a terrific job down there and really modernized the school, got them on their feet, that kind of thing. And then I believe—maybe my order is wrong—came back to OU Family Medicine and he might have been an associate dean or a chair, I'm not sure of the mechanics of all that. And this was all occurring late seventies into the early eighties. And then Les got a job offer in the Pacific Northwest, in Portland, and he was the dean of an optometry school in Portland. And then he moved to southern California and he became the dean of the Southern California College of Optometry I think is the name of it. And he was telling me about it one time, I said well, what's your biggest problem, you know, out there in southern California? And he said spending all the money I have. He said we have people on our board, like the owner of the Knott's Berry Farm, people like that. He said money was just no object, and he said yeah, just spending the money that just was ladled in on us. Well, then Les was out there, for I want to say about ten years, and then he decided to retire and lo and behold came back to Tulsa to retire. And he came to Tulsa for family reasons. His father was still here living, so he moved his father in with him. And his two sons are both dentists, graduates of the OU Dental School. And one was practicing in Coweta, one was practicing I think maybe in Mustang. So his family was here, so he came back here. Neat guy, and you'll interview him and he'll have a whole different slant on what it's like to be recruited out of a residency program to be an associate professor.

THOMPSON: All right. Another one—Dr. Duffy.

LAPOLLA: Dan Duffy. The first time I ever saw Dan he was being interviewed to be Chair of [Internal] Medicine. Will Thurman and Gabrielle [Thurman] had a—remember the Harvard Club?

THOMPSON: Um-hm.

LAPOLLA: They had it at the Harvard Club, and we always thought the Harvard Club was the most sophisticated place in the world because they had real thick prime rib and took credit cards. That was—it just doesn't get any better than the Harvard Club, you know. They had old Dan over at the Harvard Club, and Dan, if I remember right, did an internship—he's an OU medical stu—. Dan went to medical school in Pennsylvania.

THOMPSON: Yes, I think so.

LAPOLLA: But then I think he had an internship here at St. John's, and that was probably related to his wife being from Tulsa. And then he was in the Navy, I think as a resident. And I think he was recruited out of the Navy to be chairman of [Internal] Medicine. And so back in those days, entirely different environment, from the hospital standpoint, residency programs at hospitals can control the most. Medicine was probably the iconic program; they had more responsibilities and were more integral to the operation of the hospital. And he had to fight with three hospitals every day at the same time. And I just say, God bless him. He did it. I mean he figured out how to do it. I never knew how he kept his wits about him, I never knew how he did that, but I admired him for it. He really stuck to his guns and he ran a good program. So Dan I believe was with the school for twenty years, '75 through perhaps '95. And then I think he moved to Philadelphia and he got involved in American Board of Internal Medicine and Regulatory Affairs. And rose up there and was doing very well, and then after about ten years moved back to Tulsa for family reasons for his wife's family. And so I hadn't seen Dan—Dan and I worked on—when I was with the OMRF Center for Health Policy Research I got involved in manpower assessments. And Dan and Dr. C.S. Lewis, they were involved in manpower deals(??), so the three of us got together and we co-published things, and we did studies, and things of this nature.

So, I knew Dan from the volatile seventies to the more policy driven guy in the eighties, and then I hadn't seen Dan in a long time. And he came back to Tulsa probably 2005, and I ran into him at a campaign watch party for a friend of mine. And there's Dan, and we started to talk and got re-connected and he was mellow and he was calm and he was funny and friendly. I went home that night and said, Carol, I ran into Dan Duffy today and he's had a life change—he's more fun than a barrel of monkeys. And we've been friends ever since. We were not friends when we were working together, but since then became very fond of him and his wife. He's a very accomplished physician, and I look back and I say, okay, back in when we were starting up the

school we had a young nobody out of Fort Leavenworth, we had a young nobody out of the Navy, you know, coming into the residency program, and these guys have risen to the top of their profession, to the top of their specialty. And, very honestly, I don't think it's been very well publicized, you know. I don't think either one of them have been fully appreciated for what they've accomplished.

THOMPSON: The old saying—you're never appreciated at home.

LAPOLLA: I guess.

THOMPSON: So, another one was Dean Lewis.

LAPOLLA: Jim Lewis, yeah, and I didn't have a lot to do with Jim. Jim wasn't a hands-on guy, per se, but he was an affable fellow. I kind of felt sorry for him in a way because it was a difficult position for him to be in. This was a startup medical school with volatile characters, volatile institutions, and I think Jim had his PhD in geography. And so the skill set—I don't know, I mean that's a lot of pressure on him. He must have been here what? Eighteen months, maybe?

THOMPSON: Almost two years I think.

LAPOLLA: Two years, something like that. So I just, I just remember he was pleasant to me, and treated me well, but I just didn't have a lot to do with him on a tactical basis, operational basis.

THOMPSON: Talking in the terms of being in the dean's chair, a person we haven't talked about yet is Dr. Thurman.

LAPOLLA: Well, Bill Thurman, Bill Thurman is the godfather of the school in every way. You know, you know, where do you start with that particular person because, you know, I was going through some notes and some outline suggestions you made, and you had some comments about mentors. And he wasn't—he didn't know he was my mentor, but I watched him and he always treated me with respect, even when I screwed up. He just always treated you with respect, always going to be better tomorrow; it's always going to work out.

And I had vignettes with him when I worked at the Tulsa Medical College. One that immediately comes to mind was: We were literally flying the university plane from Bartlesville to Tulsa. We were up in Bartlesville planning something, a clinic or something like that. He said, "Mike, we got to build another clinic." I said, "What's the budget?" He said, "Oh, don't worry about the budget." "So what do you think? How big is it going to be?" He took out a piece of paper, he

sketched some stuff. We're sitting in this little four-seater airplane, sketching stuff out. And he essentially said, "Mike, you just go out and build this stuff and send the bills to me." Wow, you know, that's a lot of trust, you know. And he had trust in me and I had trust in him, and it worked out.

But I think the iconic story I remember of him is, I was with the University for eleven years. And I had pretty much topped out where I was going to go at this school, and he asked me to meet him one day, and I did. And he said I'm now the president of the Oklahoma Medical Research Foundation. He said, "I want to start a Center for Health Policy Research and I want you to consider being director." I said, "Dr. Thurman, I have no idea what you're talking about. I don't know what health policy research is." He said, "Oh, you'll figure it out." So, okay. So we kind of came up with this scheme and we're going to build a center for health policy research. And OMRF is going to be the sponsor of it, and the reason was—I mean, who knows what the real reason was, one reason was, is that there was no place in the state of Oklahoma where anyone could go to get a reasonably impartial assessment of something. You're always going to a lobbyist or to an organization with a vested interest, so where do you go for an honest assessment of manpower, for example. So that was the whole idea, was to build this reasonably neutral, geographically and politically and otherwise, place where you can go to get healthcare information. So, we agreed we're going to do this.

So, I came back and I must have given two or three months' notice, and it was really fair with the University. So I gave my notice. Then I had about a week to go, the phone rang. So we're about three months into this handshake agreement, and Thurman says, "You know, Mike, we never discussed salary." I said, "Yeah, we didn't." He said, "Well, how come we didn't discuss salary?" I said, "Well, you didn't bring it up, and I didn't bring it up, I don't know." And he said, "Well." Then I said, "You know, I knew there'd be one and I figured you would be fair. Why am I negotiating?" And he said, "Well, he said that's a good way to go." He said, "What if I'm in a car wreck?" I said, "Well, you better send a memo then." So he sent me a memo up and he gave me the salary and that was—it was that level of trust. Now I worked for him for five years, and every year I turned in a realistic budget of what I needed to do to the job. And every year that's the amount of money he gave me. And I checked in with him, probably once every three months, you know, and he just left me alone. And if I needed something I went to him and we talked about different things, or a project or something like that. But that was an awful lot of trust for someone he didn't grow up with, you know, it was just a natural, natural thing. But he was a mentor in many ways, and the school wouldn't be here unless he was with the University. The University didn't help him one bit in establishing this school. He just did it out of sheer willpower and desire to do the right thing. Made the resources available, if something had to be deferred, we'll worry about this tomorrow. So yeah, I think you know as well as anybody, anybody that's known him will say the exact same thing, that he was a prince of a guy.

I had a heart attack. See I was working for OMRF and my son wanted to look at the University of Kansas, wanted to look at schools. So I took him up to Kansas. So long story short I'm on the middle of the University of Kansas campus, felt the chest pains, told my kid to drive me to the hospital, wound up three days later having a triple bypass in Topeka. Now here I am in Topeka in intensive care, not knowing anybody and I'm sedated enough where I'm just out, except I can hear voices. And I heard Bill Thurman's voice. What the hell is he doing here? And found out later that he was coming back from Washington D.C. to Oklahoma City, was told that I had a heart attack and was in Kansas, he re-routed his flight to Kansas City, he rented a car and drove to Topeka and came into ICU—I couldn't talk to him—came into ICU and took Carol to coffee for half an hour and gave Carol a mini course on heart attacks and how things are going to work out and things are going to be okay and all that kind of stuff. And got back in his car, went back to Kansas City and went home. That was big time, that was big time. And that was, like, in 1990. Nineteen-seventy-six, I'd just moved to Tulsa, didn't know anybody, married, my son was four years old and my son was diagnosed with leukemia. And a couple days later I was at the office doing something and he [Dr. Thurman] came in and he handed me an envelope and he said pay me back when you can. It was a \$2,000 check. And he said just in case you need something. That was a personal check, it wasn't no University check. That's big time, that's big time. For somebody he doesn't know, wow. So that inspired a lot of loyalty. And it was for reasons like that that many of us stayed, you know, and stuck through and tried to do a good job. So yeah, he's king of the hill.

THOMPSON: You'll enjoy this story and I think it carries the sentiment that you had. Working at the Health Sciences Center I had a large, black custodian stop me one morning to have a conversation about a problem that she had with an individual at the Health Sciences Center. And it always impressed me because like you I have a lot of respect for Dr. Thurman. She goes, "Dr. Thurman knows my name. He knows my husband's name and he knows we collect cans to take care of our dogs." And I thought, how interesting that a house keeper at the Health Sciences Center had that kind of a relationship with the provost of the Health Sciences Center. It was just—but I thought it, it had a lot to do with his southern hospitality and the fact that he never forgot a name, always remembered things about the people that he was working with and dealing with. So, it's kind of the things that you shared.

LAPOLLA: Yeah, this school never would have made it unless a person like him. There had to be a person like him because it wasn't getting encouragement from anywhere. The hospitals were double-dealing. And he just had to put everything together, which he did. And he made promises he had to keep and he did. He never broke a promise that I'm aware of.

THOMPSON: No.

LAPOLLA: That's all very important when you're trying to start something up hill like this

THOMPSON: Speaking of him, is there anything you would say about Gabrielle?

LAPOLLA: Well, you know, I didn't know Gabrielle real well. Gabrielle, of course, when I got here was the, I think she was the secretary of the Tulsa Medical Education Foundation, which is the forerunner of the medical school. It was the three hospitals together and they had things to do, and I don't know what she did. But I don't know her real well except she always treated me nicely. She always treated me with respect. She liked my wife. She was just a pleasant person. But we didn't socialize or we didn't cross professional circles or things like that.

THOMPSON: Yeah, to me she always represented the dean's office because other than Dr. Thurman it turned out to be a revolving door, and so she was who you went to if you needed the dean.

LAPOLLA: Yeah, she was a measure of stability.

THOMPSON: Yeah.

LAPOLLA: She was that, yeah.

THOMPSON: All right then, one other person at the school to talk about that we haven't talked about yet, and that's Leeland [Alexander].

LAPOLLA: Leeland Alexander. Leeland I presume hired me. (Thompson laughs) You never know who hires you or who gives the final deal. But I know Leeland, as he's told me the story, I think the school was interviewing a family practice chairman or faculty member and the person was from Texas. And I think they might have offered the job to the guy and he turned it down, said he couldn't do it for a variety of reasons, and in the conversation this whole idea of the goal is to build a network of clinics and how are we going to do that. And this physician told Leeland, call Trinity University, they've got a program in health care administration, see if they know anybody. So, that's what Leeland did. He called Trinity University and talked to a guy named Paul Gollhofer. And Paul Gollhofer's got a desk drawer with everybody's resume in it. So anyhow, Paul gave him a few names and he interviewed a few people, and that's how I got hired. I got a phone call out of the blue—I didn't know a job existed—and you've been recommended by Dr. Gollhofer at Trinity University, you know, are you interested in flying to Tulsa for an interview? Well, I had nothing better to do. I had no better prospects on the horizon, so I did.

So Leeland, Leeland is the vice-godfather of the school I would imagine. He's been here longer than anybody. When did he come to the school? Seventy-four? Something like that, maybe. And he's still active, you know, here at the school. Leeland's forte was working with the administrators in Oklahoma City and keeping everybody off our back, one way or the other. And

he was good at it. And Leeland was also plugged into the community. And there are different people in the community that in retrospect were very helpful in keeping the school together over time. I think it's because of a relationship they might have had with Leeland, a professional person, whoever it was. But the one thing I remember about Leeland is he had a bunch of kids. And now you fast forward he's got a bunch of grandkids, you know twenty-one grandkids. I walked by Olive Garden—I was out exercising one day and I was walking up in Utica Square and I was walking down the street where Olive Garden was. I said my god the Olive Garden is popular; they've got people coming out the door. Well, it was Leeland's family, all twenty-one of them. I said, "Leeland, what are you doing?" He said, "I'm taking the family out for lunch." It's going to cost you five hundred bucks. But he has a nice family, nice wife. He's been loyal to the school.

Now, Leeland, if you interviewed him, he'd tell you this story, so I'll just tell the story by myself. Back in 1975, late '75, when I interviewed for this job, the University of Oklahoma was on its way to a second straight national football championship and they'd won thirty straight games. And Leeland offered me a job on a Friday in November. I said, "Leeland, I'm going to take the weekend to think about it." And then I said, "If that Sooner team loses I'm not really interested." By god, they got upset by Colorado, and I was on the phone at 7:30 that morning to Leeland, saying Leeland, I was just kidding. I didn't mean that. And we've laughed about it ever since. Of all the gin joints in all the world, they lost that Saturday to Colorado.

THOMPSON: Well, another person when you talked about working with people is Gary Smith.

LAPOLLA: Yeah, Gary—actually, since I left the University and since Gary left the University we've become very close personal friends. But when we were with the University, Gary was, I forget his title, he was probably vice-provost or administration finance or—

THOMPSON: Vice president.

LAPOLLA: Vice president. So he ran all the administration and finance in Oklahoma City. And Gary was a cool customer. He was brought on board by Bill Thurman and they worked together. How I don't know, but they had this relationship that was gold. Gary was our life preserver, our being administrators in Tulsa, he was our life preserver in Oklahoma City. He was the one person that was—wanted the place to succeed, held us accountable for things, offered us flexibility in any way that he could, offered us support when he could. Without that we were adrift, we were a hundred miles away from basically an agnostic, indifferent institution; and if it wasn't for the Bill Thurmans and Gary Smiths of the world, then there's not a lot of incentive to just work in your own universe.

So Gary, of course, went on to become vice chancellor for administration and finance for the State Regents of Higher Education—big deal. And he walked in there and he had Mongol Number 2 pencils and legal pads, I mean they were that unsophisticated. And he took that whole operation up to the next level of technology and organization and all that. I think it took a toll on him, too. It was kind of hard work. But boy, he sure was a good guy. I don't know what we would do—. I remember one time, you know, when you're a hundred miles away and you want to do something and you run into a clerk in, you know, a supply basement down there somewhere, you just, you don't get anywhere. And you pick the phone up and you say, "Gary, I need a laser printer in my office." "Oh," he says, "Just order it. Send a requisition to me." That was all, "Send a requisition to me, I'll take care of it." That was pretty darn reassuring. And I'll tell you, I and many other people wouldn't have stayed and put up with some of the local nonsense if it wasn't for guys like that having your back. That's for sure.

THOMPSON: Let's talk about local physicians that you worked with that supported the college as you were developing the clinics. You mentioned Dr. Capeheart, you mentioned Dr. Harrison. Who were others in the community that were supportive?

LAPOLLA: You know, probably the king of our supporters was Dr. Lewis, you know, Burr Lewis, Dr. C.S. Lewis, Jr. He was a very well respected physician at St. John's and literally demanded for there to be a medical school in Tulsa and made it happen. See back then we had three hospitals with three medical staffs, and there were like three personality disorders. They all had their own universe going on. You had Hillcrest, which was acutely sensitive to bleeding money because of seeing poor patients. They were the nearest physical hospital to the poorest people in town, and they got the brunt of indigent care, as we called it back in those days. And so whatever they could do to get rid of some of this burden they would do, and they saw the medical school as being the vehicle to do that. And back in those days Hillcrest was represented by a person on the board, not necessarily by the administration or the medical staff. And that was a guy named Bill Bell. And Bill Bell and Burr Lewis were larger than life community figures. And then they identified a character out at St. Francis named C.T. Thompson, who was a surgeon out there. And there were three larger than life individuals that through personal relationships made these three hospitals work together as best as they were ever going to work together. So, Burr Lewis is the number one guy. I think to the day he died he was always pushing for something. Always wore a white starched shirt, and pushing for something. But he was a good fellow, and I got to—I didn't know him when we were starting the school up. I got to know him after I got involved in health policy research, and his interest was physician manpower and my interest is physician manpower, and he did it from the political side, I did it from the data analysis side. So we sort of got together, and I think Dr. Lewis and myself and Dan Duffy, we published three, four, five articles on physician manpower, so I got to know him. But, you know, Dr. Lewis was such a commanding figure in the community. I'm going to swerve into the Osteopathic College here.

THOMPSON: Go ahead.

LAPOLLA: Because after I left the University, I went to OMRF for five years and over to the Osteopathic College; and I was running Health Policy over there for ten years. But I had a personal friendship with Dr. Lewis. And I was in Oklahoma City testifying in some subcommittee about something, but before the hearing I saw Dr. Lewis in the first room. So I went over and shook his hand, and we sat down and were just chatting back and forth and having a good time. Then I did this testimony, and then I got in the car and I went back to Tulsa. And I got to mid-way, and back in those days with no cell phone, you went to the pay phone, you called your office, “Any messages?” “Yeah, you are not to come to the office, you are to go right to the provost’s office when you get back to Tulsa.” So, okay. So, I went right to the provost’s office, and the provost said, “I’ve just received three telephone calls telling me to fire you.” “What’s my offense?” He said, “You were seen talking to Burr Lewis.” Now, you might remember back in those days, that the first product, now I’m going to paraphrase, the first project out of his and Duffy’s manpower research—get rid of osteopathic physicians. (laughs) You know that was what they said—we’ve got too many of these general physicians running around. We need more like internists and specialists and people like this. But the politics was such that I was seen talking to him as a friend, as a colleague, and they wanted me fired. I talked my way out of it though. But that, that really happened. I went home and told my wife. I said, “I’m telling you, Carol, you never know what tomorrow’s going to bring. You can’t take anything for granted in terms of some of these jobs and employment.” But I admired him because he believed in something and he stayed with it. You know, sometimes he didn’t always do it the way you would have done it, but he believed in it and he stayed with it. And he wasn’t getting paid to do it either, I mean, he was a community doc that was doing this out of his own pocket. There were quite a few them, I’m sure. Unfortunately because of guys like Burr Lewis and Bob Capeheart and community docs that would step forward, the University of Oklahoma developed this imaginary scenario where we can run this whole Tulsa program with volunteer docs. Remember that?

THOMPSON: Um-hm.

LAPOLLA: Here’s what we’re going to do: We’re going to have six department chairs. We’re going to have six secretaries. And then all the docs in town are going to volunteer to help. Well, that lasted for about three weeks, you know, they’re not, no. So now we had to start building full-time, paid faculty, which then built up, was contrary to what was being sold to these docs in town. Oh, this medical school is not going to be any threat to you; these doctors aren’t going to take your patients away. They’re not going to make money that you should make; they’re not going to be to chief of staff here. We’re just going to have six chairs, six secretaries, and you guys are going to run the show. Less than a year that lasted. And, of course, that creates hard feelings. Now you start bringing in full-time faculty who want to practice medicine, who would

like to have some of their patients paying once in a while. And now that becomes a threat, and boy, that plays out. And, very frankly, never goes away and, very frankly, it exists in every town in the country. We have a medical school with paid faculty with community physicians.

THOMPSON: Town and gown.

LAPOLLA: There's that.

THOMPSON: Any other local physicians that come to your mind?

LAPOLLA: Well, I remember Dr. Terry Dolan. Terry Dolan is a pathologist at St. John's. And then there was Dr. Bud Maguire at St. Francis. They're both pathologists. And then there was Dr. Jerry Puls at Hillcrest. And they're all pathologists, so these guys have their labs at the hospitals. So, now we start up a clinic system, and we have to have lab work done that we can't do in house. Where do we send the lab work? Well, you know, the bureaucratic thing to do is have these three hospitals bid on it. You know what that's going to lead to. You'll never ever get the lowest, best bid—I mean, that's just ridiculous. And I will never forget, I called a meeting with those three guys, and the four of us just sat in a room. I said, "Guys, can we have a handshake agreement? Let's just rotate this and you guys give us the best price you can and let's call it even." And they said that's a good idea, and the four of us shook hands on that and that's what we did for eleven years. There was no contract, there was no—I wasn't slicing 5 percent here and 3 percent there; they were giving us fair prices. They were making money like they should, [but] they weren't making as much money as they could if they wanted to squeeze us. They gave us good service. And boy, that was a nice way to operate. I mean, I couldn't imagine the alternative, I just couldn't imagine the alternative.

Terry Dolan, back to Terry, he's taken the St. John's operation and built it into one of the largest, most sophisticated lab systems in the country. Regional Medical Laboratories, it's a big deal. Big, big deal. Good guy. But that was when we were too dumb to have a contract; we had a handshake. And those were handshake days.

THOMPSON: No others?

LAPOLLA: Oh, Bryce Bliss. Bryce was a, Bryce worked with Terry Dolan as a pathologist. But Bryce was insistent that family medicine thrive in Tulsa. And he wasn't involved with me as much as he might have been involved with Gabrielle, continuing education, and all rest. But Bryce always made sure every year that all the clinic staffs were invited to his ranch up in Rogers County. We had a barbeque, fishing, all this kind of stuff. Real neat guy. Not until many years later did I learn that his brother, Fred Bliss, who lives in Muskogee, was, I think, West Point, 1952, '53. Good guy, played football at West Point. Small world.

THOMPSON: Small world.

LAPOLLA: Um, others, um? No, I think the guys that were involved with the community physicians the most were the chairs because they needed those guys to teach and do that.

THOMPSON: Another question because you mentioned him a while ago and you called him that—any other people that you would like to recognize as being mentors during your career?

LAPOLLA: Well, you know, I mentioned Bill Thurman, and not as much a daily, technical mentor, but just as a model of character. That meant a lot. The things that I related to you meant a lot to me and my wife. And I'll obviously never forget those. Gary Smith because he's just unflappable, and we always got it done because the goal was to get it done. So he was a—they were mentors within the university. I didn't have when I was here—the first eleven years, there wasn't a lot of peers for me. I was in a little different universe. The people that had the most common education were working at the hospitals. The hospitals wanted nothing to do with the medical school. So I was sort of out here on my own little island. So I didn't have, you know, peers that way or mentors that way.

Well, when I got involved at Health Policy Research, Bill Thurman again surfaced as a mentor. Not in how to do this, but he introduced me to people, he put me in positions, he—I'll never forget the time—I always thought that, I never really thought much about politics or political leanings back in the seventies and eighties. But in the late eighties, I had the occasion to be at a conference; and I was asked to recommend a speaker, and I recommended Bill Thurman. So Bill was, he agreed to give this speech and I realized when I did that I had no idea what this guy thought, you know, about the world, you know, about health care, about left, right, in between, I had no idea. And I just naturally assumed that Bill was sort of left of center, and that kind of stuff. And it was the first time that I heard somebody stand up at a microphone and say the fundamental problem with health care is the US federal government. I had never heard that before, and it just took me aback, you know. This is back in the late eighties, early nineties. And then he said it's going to get worse, and that no one ever, you know, really thought that far ahead and how that would play out. That kind of fascinated me, and I realized there was a lot more to him than I knew.

And then, of course, some of this, not unraveled—unfolded when he became a—see I was always thought he was left of center because I remember back in '76 he was asked, he was in some advisory capacity to Jimmy Carter. I have no idea what that means. I don't know if he went to lunch with a campaign operative or he had a meaningful role or something. But I heard he was—so I just always assumed that he was there. Well, in the late eighties he became the principal advisor to Henry Bellmon when Henry was running for office, running for governor. And you might remember Henry came back to Oklahoma in the early eighties, '83 maybe, in the

Senate, and cleaned up the Department of Human Services after Mr. Rader died. So he did that, then he decided he's going to run for governor. And Dr. Thurman was one of his confidantes. Now, I didn't know this at the time, but looking back Bill asked me if I would take a leave of absence for a month in October of 1987. Before—because we didn't know we were going to do this health policy thing until the following summer. I said, "Well, what am I supposed to do for a month?" He said, "Well, there are some projects I'd like you to work on." "Well, like what?" And he laid out these different projects, and there were three of them. I forget the first one; the second one was something about the Pawnee health benefit program for Indians, but the third one was, what are the issues involved in privatizing the University Hospital. So the month of October I worked on these three deals, and I gave Dr. Thurman my report. And in the process of doing that, I flew to Gainesville, Georgia—Gainesville, Florida, University of Florida. And the department chair in health administration was my guy from Trinity, so we went out for dinner. He introduced me to people. And I went there because they had the most recently successful privatization of a university hospital in the country, the Shands Medical Center. So they set me up with the C.E.O. and the C.O.O. and I interviewed them. I came back and I told Dr. Thurman. I said, you know, there's two good reasons why you want to privatize these hospitals. And one is you have access to capital, which you don't have if you're _____ (??). And the second is you have control over the labor force and work environment, which you don't if you're a public institution. We talked about how would you privatize the University Hospital. Well this was research for Henry Bellmon running for governor was what it was. And so, we presented the privatization deal to Governor Bellmon, and he liked it and I think he proposed it. And I think all the yahoos in Oklahoma City shouted it down and didn't want anything to do with it, and, you know, we're not going to participate, not going to cooperate. I'll never forget. I got a phone call from—remember Warren Crosby?

THOMPSON: Um-hm.

LAPOLLA: Warren Crosby. He was the Department of OB/GYN chair. And the word that got out that I'd proposed this. So Crosby calls me up and he said, "Well, if we do this, you know, what the hell am I supposed to do for patients?" I said, "Dr. Crosby, news flash, poor people were not put on this earth to make you a rich man." And click. But what happened was, is everybody rejected it and fought it, and they got—and the genesis of this was, Dr. Thurman told me, that as a gesture, the state agreed to pay \$25,000 to help fund the chief of staff of the University Hospital. And over time the \$25,000 now became \$750,000, with no end in sight in terms of subsidies. The subsidies were going like this at University Hospital. And that was the genesis of it. So anyhow, back in 1992, I'll never forget the press conference with Senator Ted Fisher from Sapulpa. And he got up and he was speaking about Medicaid and the Department of Human Services. And he threw his arms up in the air and he said, "We quit. We can no longer run the University Hospital, something has to change." And the next year they privatized. They

followed that exact same plan, but it took five years to get there. So—. Now I told myself a nice story and got lost. Where was I?

THOMPSON: No, you're—you did exactly what you wanted to do. One other question I'll ask you—I'll come back—the legislation that established the Tulsa Medical College also established the Osteopathic College [ed. note: There were two separate bills: Senate Bill 453 established the Tulsa Medical College, while Senate Bill 461 established the Osteopathic College].

LAPOLLA: It did, yeah.

THOMPSON: Any comment that you would make about that since you had exposure to both entities at various times in your career.

LAPOLLA: Yeah, you know, looking back on that I guess it's chicken or egg. Somebody wanted one of the schools, and the other school had to be part of it, and no one knows which one it is. It depends on who's telling the story. But I always found it strange that two schools were established in the same legislation to accomplish the same thing and were organized exactly the opposite of each other. You know, one was an appendage to an existing medical school one hundred miles away, and the other was a bricks and mortar free standing campus that didn't even have its own governance. They reported directly to the State Regents for Higher Education. If they wanted to get a box of folders they had to submit a requisition to the State Regents for Higher Education. And then, of course, they were producing two different products. Back in those days osteopathic physicians did not have privileges at hospitals, urban hospitals, dominated by MDs. So you had this spectacle of two medical schools producing wildly different products. And what's fascinating is over time they morphed into each other. Over time, as the osteopathic medical education became more sophisticated and robust, and the students started seeking higher quality graduate medical education, they gravitated towards MD programs because DO programs didn't exist, so they went to MD programs. So now we have the spectacle of whose producing doctors for rural Oklahoma? Is it OSU or is it OU? Well, what is a product of graduation one school, then graduation the other school? Who takes credit for it? You know, who takes credit for it? And that's where the data gathering became really kind of weird.

But I remember, and this was, I think, very, very important, you know, historically, back in those days. Henry Bellmon, when he ran for governor proposed shutting down one of the two medical schools in Tulsa. Now depending on who's telling the story, that's the school that was supposed to be closed. I always heard the story as he proposed closing the Osteopathic College. And they sent a vice chancellor from the State Regents up here to be quietly driven around town and explained what the lay of the land is. And I had to drive this guy around town. And we were having this conversation and I said, "Well, why does it have to be this place has to close or that place has to close? Why can't we elevate the standards of both places and have two good places?"

Because that's what you're really after." Because back then there were no admitting standards to the Osteopathic College. There were good kids and they were competitive and all that, except there was no written standard. And I think the Bellmon compromise was both schools stay open, but the Osteopathic College will have the same admitting minimal criteria that the MD school does. Which means, if I remember right, they had to have a—oh, I don't remember right. They had to have the same MCAT and the same grade point average. And the osteopathic physicians howled over that, and looking back they'll admit to you today that it was the best thing that ever happened to them. It forced them to be more competitive and more robust, you know, in their medical education. And that was the compromise that was made. And if I'm not mistaken, the chair of the State Regents for Higher Education that brokered that deal was George Kaiser.

THOMPSON: Yes, you're right.

LAPOLLA: Back in the middle eighties. So the osteo—so we have this spectacle of these schools side by side, each with their own measures of insecurities, each thinking the other school has a leg up on them, but they don't. And I'm the only person that I'm aware of that's served at both places. And so I sit in faculty meetings at the osteopathic college listening to how those OU people have everything and we're just a bunch of poor, old country bumpkins. And I sit over here [OU-Tulsa] _____ (??) those OSU people have everything and we're just an ignored, you know, stepchild. The truth of the matter is they all have the potential to be a pretty good school if they want to be, that's for sure. I had two other ideas, but they slipped away while I was talking.

THOMPSON: Well, I was getting ready to say is there anything else that you want to talk about?

LAPOLLA: I think that's a good start. I want to go back to the beginning. And I would hope you would take this forward and just pinch some other people about the context in which this school was founded. It was a different world than it is today. I was coming over here today and I think I was telling you about this offline, Oklahoma is a young state. Oklahoma was only fifty years old in 1957. And the first fifty years of Oklahoma's existence is nothing to brag about. We were poorly organized as a state; we had a goofy constitution. Things limped along; an awful lot of structural things were not in place for us to be a competitive state. If you go read the essay by Jenk Jones, Jr.(??), he's got a great essay and public presentation on the decade that changed Oklahoma. That's 1958 to 1968. That's when we built a bona fide two party system, that's when we created the supreme court, that's, you know, we did all kinds of structural things. So by 1968 we are now ready to enter the pantheon as a legitimate, organized state. And what happens, what, four years later? We start two medical schools. So we're starting two medical schools in a state that's about four years old as near as I can figure out in terms of sophistication, capability. And here we are trying to compete against Floridas and Dukes and New Yorks and Californias and all the rest. So we were, retrospectively, a very young, raw, inexperienced state building two medical schools out of whole cloth, you know, in a town that may or may not want those medical

schools for whatever reason. And therein lies the context, and throw on top of that the Medicare, Medicaid, the whole different realignment of incentives in the health care industry, and it was, it wasn't a volatile time, but there was lots of moving pieces and different people were reacting to different stimuli. And so it made for, it made for interesting times. And I think as you interview different people and think about these things, they're reacting to this and that person's reacting to that and sometimes they're in conflict, sometimes they're not. But those were very interesting state historical times. Don't you remember, we joined the university here about '76? And wasn't two or three years later the 210 county commissioners went to jail, went to federal prison. Remember that?

THOMPSON: Um-hm.

LAPOLLA: And you're in the state for a couple years, your kid is five, six years old. You pick the newspaper—there's only 270 county commissioners and over 200 of them went to prison. And I think it was almost a county commissioner or more from every county in the state except Tulsa and Oklahoma County. I said what have I gotten into? What is this? I mean, the corruption was incredible and, but, you know, it's a young, raw state and people do what they do.

THOMPSON: Well, we want to thank you.

LAPOLLA: You're welcome.

End of interview.