

Oral Memoirs
of
Michael Newman

An Interview
Conducted by
Clinton M. Thompson
February 4, 2016

Development of the Tulsa Medical College:
An Oral History Project

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Interviewer: Clinton M. Thomson

Videographer: Alyssa Peterson

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Michael Newman was the Director of Resident and Student Affairs of the Tulsa Medical College at the University of Oklahoma-Tulsa in Tulsa, Oklahoma.

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

Alyssa Peterson was a Medical Librarian at the Schusterman Library.

Marianne Myers was a Graduate Assistant at the Schusterman Library.

Hope Harder was a Library Tech at the Schusterman Library.

Michael Newman
Oral History Memoir
Interview Number 1

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THOMPSON: February 4, 2016. Mike, would you like to introduce yourself?

NEWMAN: My name is Michael Newman. And, uh—

THOMPSON: Let's talk a little bit about your education.

NEWMAN: Okay. [I] graduated from Central High School in Tulsa. That shows how old I am I guess; it's been gone a long time. And received a B.A. from Phillips University in English and Philosophy. [I] did a master's degree at Kansas State University in English Education. I had four years of post-graduate education in the U.S. Army. A year at the Defense Language Institute in Monterey, California, and two years in Europe. And been trying to continue my education since. That's it.

THOMPSON: Ask you one question—what language did you do?

NEWMAN: Yugoslav. It was a yearlong intensive at what was considered the best language school in the world. All government, CIA, spooks, everything went to school there for languages. During the Cold War I was in the Army Security Agency [which] became the National Security Agency, which doesn't have the good name now that it used to.

THOMPSON: Talk about the places that you've worked.

NEWMAN: Before and during and after?

THOMPSON: The whole thing, yeah. Let's do them all.

NEWMAN: My graduate education was interrupted by Uncle Sam. I was finishing actually—I started a PhD program at OU and got a semester underway, and the next semester they said we want you. I said but I'm a teacher and I'm married and you don't want me. They said yes, they

did. So, for four years I worked for Uncle Sam. Then got out in June of '70, and went back and finished up my master's. Then taught high school in Monterey, California, which is where the language school was, for a year. Then got my first administrative position at Phillips University as the director of admissions for three years. There they had just started the new osteopathic school on the west side of the river, and I took a job there as the director of admissions, which included some overlap into Student Affairs because they were so small and so new, so everybody do what they can. And from there Leeland Alexander said come over and work for us [ed. note: us as in the Tulsa Medical College], which I did for fifteen years. My first introduction other than Leeland was going to Martin Fitzpatrick's office over at 31st and Harvard at the very beginning. And I walked in and fashionably had long hair and beard, and he [Martin Fitzpatrick] said, "What do you do besides grow hair?" So, that was my introduction to the school. That's when I worked up to that point. After? Or is that it?

THOMPSON: No, that—well, why don't you go on ahead—

NEWMAN: Okay.

THOMPSON: —and talk about where you worked after you worked here.

NEWMAN: Yeah. I'd only taught in the classroom that one year in high school, but always kind of longed to get back to that. So, I taught part time a little bit at TCC [Tulsa Community College], English and philosophy. Really wanted to do that. Also, a life-long dream was to live in Colorado, and spent every vacation there. So, '89 or '90, my wife, who was a special ed. teacher, heard of—got offered a job in Colorado. I knew of a community care—community college system and applied there. Initially had an administrative position, program director, and taught part-time and then worked that into full-time. So, [I] taught ten years, philosophy and English, at Colorado Mountain College, which [I] truly, truly enjoyed. It was kind of my—I think it was my original calling. In order to feed a family of kids you needed to be in administration, which I was for a long time. We moved back in '99, well about 2000, I guess. And I finished up higher education and administration at TU [University of Tulsa] in the grad school. And retired as soon as I could because I always wanted to travel and read, do fun things. That's what I've been doing ever since.

THOMPSON: All right. Let's go back to after you met Dr. Fitzpatrick and you took over. What do you remember about it? What was the department like? What were you asked to do here at Tulsa in those early days at the Tulsa Medical College?

NEWMAN: Sure. Started officially April 1 [1976]. The people I remember? Leeland, of course, was here. He was instrumental in telling me about the job and really getting [me] hired, I think. Mike Lapolla came about the same time I did. He was the clinic director. Fitzpatrick. Bob Block

was here, barely, I think. Dan Plunket. Dan Duffy came about the same time I did. And we were, because we came the same time, we were the same age—although he always reminds me I’m about four months older than he is, so every birthday year I ask him, “How old are you anyway?” and he says, “Younger than you.” So, known him a long time, really liked him a lot. And then that summer, if you say you and Hoyt [Smith] came.

Initially what there was of Student Affairs, was Rhea. Who was then Rhea Aceves, a-c-e-v-e-s. She was doing some doing some setting up some clerkships for students with local faculty. Everything at that point was volunteer faculty. Clinical students who were just beginning to come over from Oklahoma City after doing their first two years of basic science. In fact, I believe I came with about the first class. And as I said, they were sort of farmed out with physicians in the community, and it was an apprenticeship, an OJT [on-the-job training]. It was all the student at the bedside with the physician, which is a great way to learn. The appeal and the attraction of Tulsa Medical College from the beginning was more hands on kind of education than they might have received in Oklahoma City, naturally because we were working with physicians in the community.

So, the job description was sort of unwritten at that point. Leeland said figure out what we need and then figure out how to do it. Rhea helped me some. I knew some from having worked for osteopathic program, getting it off the ground. And it was great fun initially. Sometimes it was like a first year teacher, go home and read the book the night before you meet with the students.

The residency had been here in some form, unstructured. Then residencies were pretty much under the purview of hospitals. So, St. John’s would hire its residents or house staff who would then house. So this began a consortium of hospitals for medical education for residents. And so the school became a clearing house, too, so rather than Hillcrest hire its own, St. John’s hire its own, under the auspices of the University of Oklahoma, which was a good thing to be affiliated with. So, the resident, post-graduate training—that’s where it began. Initially most of the education was done by volunteer faculty, who actually brought in department chairs. John Nettles, who had been in Tulsa a long time, became the head of OB/GYN. Initially, before Jim Guernsey was—what do we do about memory blanks? (laughs)

THOMPSON: That’s all right. You’re fine.

NEWMAN: Clingan. Frank Clingan was another community sort of Dean of Physicians, Surgery. Very highly respected then and throughout all the residency training. But he was primarily doing practice and so his role as department chair was somewhat limited. And so they brought in a guy from California—Jim Guernsey. Remember him?

THOMPSON: Um-hm.

NEWMAN: So, we had Dan Plunket in pediatrics. Dan Duffy in internal medicine. John Nettles, OB/GYN. Jim Guernsey, surgery. And then the family practice program got going. Originally, I think, sort of handed about by a few of the physicians at the Doctors' Hospital. First, I think the first real chairman of family practice was Roger Good. There was a functional, titular head of family practice before Roger Good. You can edit all this can't you? Whose name I can't remember, but he was ironically a colorectal surgeon.

THOMPSON: Gene Harrison?

NEWMAN: No, it wasn't Harrison. Harrison—

THOMPSON: Capeheart?

NEWMAN: Yeah, Capeheart. That's right. Glad your memory is better than mine. So, that was the nucleus of the school—the department chairs. We had—I don't know at that time—maybe three residents. Probably twenty or thirty students to start with.

THOMPSON: Let's talk a little bit about the department. How much recruiting did you have to do in Oklahoma City to bring students over?

NEWMAN: Yeah, that's a very good question. Initially, I don't know who did the initial recruitment. But pretty much immediately that was a big part of my job was to go recruit students and the feeling was, it was a little bit of an uphill because it was so new. We had this big Health Sciences Center campus, and in Tulsa our first visibility, as you well know was Midway Building at 21st Street—about a six, eight story building. So, part of that was convincing students that this was really a medical school, that they were going to get the equivalent, and in fact, in some ways for those students who might be a little bit more aggressive about their learning, who really wanted to get in there and get their hands on it, that was the appeal. And there was a lot of uphill for students who chose it, I know [the students] felt some—felt denigrated somewhat by their classmates who said we're going to stay here for a real medical school, I don't know what you're going to do there. And throughout the whole time I was there that was always a little bit of a challenge. Each year I'd go down there to make a presentation to the second year medical school class, usually would take someone from my staff there or Connie or someone. And give the overview and give the pitch: that this was why it was better. Students who at that point knew they wanted to go into some high sub-specialty were more apt to stay there. But, and actually what we imagined is that the students we would recruit would be targeted toward primary care—family practice, basic pediatrics, internal medicine. Over the years, and I don't recall those statistics, we still had a number, probably disproportionate number, who did go into sub-specialties after all. So, it wasn't like we were getting anything second class. They did well in residency placement.

That's another function we did, which was recruit residents. For a while we'd make trips with Duffy, maybe Block, to medical schools in Texas, University of Colorado, Kansas City, San Antonio, Dallas, I think we went to Houston once, put the word out that we had a residency program here. And other than those recruitment activities we functioned as a clearinghouse. They would submit their paperwork, their application, their letters and so forth, and we'd funnel them to the departments and the chairmen. We'd gather all the information they'd need to know—MCAT scores, varied support, letters of recommendation—put that all together and pass it on the chairs, who would make the decision. Sometimes they'd ask our opinion based on interviews we'd had with them or something, but that was really their decision. So, those were the two principle functions for residents initially.

And then we scheduled them among the hospitals and one of the early big jobs, and the first exposure I had to a real computer, was when Tulsa Medical Education Foundation was our obstetrician—birthed the college. And it was made up of the principals from the big three hospitals [Hillcrest, St. John's, and St. Francis] and some on it from Children's Medical Center, Tulsa Psychiatric Center, Doctors Hospital. So, when we had these meetings what became apparent fairly quickly, was they wanted to know, in certain terms, were they getting their equal share of service in the hospital with what they were contributing financially. So, my first exposure with a computer was to set up an elaborate spreadsheet which showed where every resident was, essentially. Every day we'd total it up and at those meetings then that eventually sort of forced the chairmen of the departments to try to balance out a little because sometimes it got heavy. St. John's was getting more than St. Francis or something, which you know, in a way was a shame because the chairmen made decisions based on what was good for the residents. The hospitals wanted what was best for the hospitals. But actually after ironing it out somewhat and keeping those spreadsheets, it worked fine. TMEF, Tulsa Medical Education Foundation, for a long time was coordinated by Bob LaFortune. He was mayor of Tulsa at some point and he was excellent. He had the stature, reputation, and respect that enabled him to sort of keep ___ (??) warfare. And of course, the godfather was Burr Lewis [Dr. C.S. Lewis], real, probably the single biggest driving force—I'm guessing Leeland could tell this more than me—for the Tulsa Medical College. So, he was always there, always providing input and direction and suggestion. And yeah, maybe the founding father of this place. So was that—

THOMPSON: That did it. To tap just a little bit—your impressions in those early years of the students that came? Do you feel like they were the top, the middle, or the bottom of the class in Oklahoma City? Were we getting quality students?

NEWMAN: We were. There was a good distribution. We definitely got some of the top, some of the cream. And I suppose that was based on again, their desire to get the more hands on they could before they even got their residency. Because traditionally a third year medical student got to do very little other than what they referred to as scut work. And even seniors would go out

into the hospital and get a little bit more exposure to patient care than in hospital. But by coming over here and working with practicing physicians rather than academic physicians, they got to do more. So, I think that's what attracted some of the best. I'm sure we probably got a lot of the middle roaders. My early judgment was based on what I had seen at the osteopathic school, which to not be disparaging at all, but there was a higher level [ed. note: higher level of students at Tulsa Medical College]. I'd say a typical characteristic was aggressive, and I mean that in a positive way. They knew what they wanted; they went after it. The very earliest years, other than, you know, some students stand out in your mind always, every personal physician I've had then and since returning to Tulsa has always been a previous student or resident. One of them is an urologist who was a top student in the class at Tulsa and maybe the top student overall. He was outstanding—still is. So, it's really fun seeing them. Makes me feel very old because they're in their fifties and I remember them as third year medical students. So, I don't have any great memories to compare, although I knew we always had some of the top ones. Maybe out of the top five in the overall class, we might have two or three.

THOMPSON: After those first two years with students, did many of them remain here in residencies?

NEWMAN: Yeah, I wish if my memory was better I could give you the exact number, but I can't. Oh, I can't say, probably more than half. For a while it seemed to be like, I want to say this—some of the top students who were really interested in sub-specialties would go away, thoracic surgery or dermatology or something like that. Most of the primary care stayed here. That was the other advantage. If you were a resident, of course, the place that you're a resident you have an inside with the community—you get to know physicians, you also get to know what the market is. Which is Tulsa, oversubscribed with internal medicine. Then I'd better look for another place that's going to be competitive. Or these are great groups getting older. They're going to want some young people. Here's a good opportunity for me to stay here. So, that all goes into the mix. People who knew that they wanted to go into something exotic—they'd do a fellowship, maybe a post-fellowship, would leave go somewhere, big name hospital. But people who knew they wanted to stay in Tulsa and—Tulsa was an attraction. One of the early promotion pieces we did with Hoyt [Smith], and there was also a video with that. We interviewed some of the residents and some of the female residents and wives pointed out what a great place Tulsa was for a number of reasons—for kids, but also for shopping. Utica Square was a great place to shop. So, you know, quality of life contributed to it—to helping us attract students and residents.

THOMPSON: Anything else you want to say about the students and the residents before we move on?

NEWMAN: Uh, yeah. Other than, as I said, it's been so long that I'll always—someone will say to me, a friend will say, talking about their doctor, and I'll say what's their name? Well, you

know, it's pretty much a drop in a bucket, but it's amazing how many times I'll say oh, they were one of students or residents. And that's a kick. And that shows in my opinion they were good or I would not have had an obstetrician deliver both my kids, pediatrician care for them, and internists care for me. So, it's been fun.

THOMPSON: All right, you want to talk a little bit about your staff?

NEWMAN: Yeah.

THOMPSON: That you had during those fifteen years. The people?

NEWMAN: I had an excellent staff. Started with Rhea, Rhea Aceves who had been there not much longer than I had. And she had been an x-ray tech I believe at Hillcrest. And how she got from there to here I'm not really sure. So she—and she was very sharp, and over the years probably more medical students would remember her than anyone else, until Connie Trantham came along. She was exceptional. I'll say more about her. Ultimately then I had someone in charge of the administrative function for the residents, Rhea for the students, Connie did some of both. June Holmes came in as sort of utility in-fielder. She did some work for Duffy with Medicine, Pediatrics, and physician placement, and special education programs, seminars, some help with grand rounds. Debbie, a name I can't remember, came in strictly for physician placement, did an excellent job because by that time we had 120 residents. They were looking for work. We got big enough that we needed to provide that service, too. We had several people, I think I when I left we had about eight people. All good, all seemed to really enjoy their work because they worked with young people. In any situation like that you would have a few complainers, which was difficult to work with, but they did it. They did an excellent job. Connie Trantham had come in early because I was—office was still down on the main floor, whatever that was, third floor or something. And she had applied for a job I think with Lapolla and Leeland—two or three—and she was persistent. And I probably, I guess I interviewed her too. And I had no job for her, but it reminded me of what they do now in football, they'll call them instead of a position, athlete. I don't know if you've noticed that, but if you look on the—on their recruiting bottom line, recruited for safety, quarterback, whatever, and then they'll say athlete. It means this is a person that could probably play several positions. That's how I hired Connie. I knew she had good horse power. She came as a receptionist and answered phones. Boy, just like all you'd give her she could do it. Ended up famous as an assistant to the chairman of surgery in Boston, Harvard Medical School. Anyway, they're all good staff. In fact, I felt like those early years, everybody working at the college was good. Maybe it's because it was new, young, exciting enterprise, fun. We were all young. It's a good place to work.

THOMPSON: Faculty that stand out in your mind that you worked with while you were in those years?

NEWMAN: Yeah. Well, I guess Dan Duffy because I felt like we were colleagues, peers, and friends. Often whenever I get to feeling like I was going to lose my mind, or in some cases he, we'd walk around the campus and talk. But I always admired him. I admired him immensely. Great guy. He's had a lot of what, but my gosh—Bob Block, just an extraordinary guy. Then young and just so full of energy and anything he touched was great. His mentor Dan Plunket, you know, as a pediatric oncologist, saving lives, just a good hearted man, fun to hang out with. He'd always have a big pool party when the new residents came in, and he was a delight. They were younger and easier to get to know. Clingan was one of those that guys that just absolutely demanded respect. I mean not from him, you just absolutely respected the man. He's the ultimate in integrity. The students, residents, and staff all joked and called him the iron man because it felt like he could straighten a horseshoe. He just had that. John Nettles took me longer to get to know. He was a southern guy I think from Arkansas. He kind of talked like this (said in a Southern accent) and [I] wasn't really sure what he was saying. His desk was piled this high with papers, but when you got to know him, again, just heart as big as his whole outside. Good faculty. You know, I think later when we moved to Sheridan and began to get bigger, there were more that I—junior faculty that I didn't get to know as well. And I have no reason to say this except that I think they probably weren't the same kind of stars as those initial chairmen because, you know, they're pioneers. They come in and create something from nothing.

THOMPSON: That is interesting. Something that we haven't talked to anybody about is the actual configuration at 21st Street. You mentioned just a minute ago the fact that everybody was on one floor or the next floor and it compacted us together.

NEWMAN: It did. That was really great. We were—I don't even know how many floors we had. When my office got moved up to the top floor, it was the best office I ever had. It was a corner office looking downtown. I never wanted to leave that place, so when we moved to Sheridan for me that was —. We had a lot of space; we had a huge classroom up there, in which we did grand rounds and every year administered national board exams, which would fill it. It was very well used. I said top floor, it may have been fifth. You were on what? Fourth?

THOMPSON: Um-hm.

NEWMAN: And then Hoyt's operation, medical graphics, was on the same floor as you. Third I believe was the main administrative offices. Below that we had some clinical offices maybe. Anyway that was it. You're right; we were separated by some stairways or elevators. It felt like a tight-knit community. It was fun.

THOMPSON: And then the Sheridan Campus was more like a campus.

NEWMAN: Spread out. And, you know, just personally I did not enjoy that as much. We were in the library building, which was a big, older building. I have to admit, and Leeland will laugh at this, my main objection: it had no windows in it. And I always kept saying, Leeland knock a hole in the wall so we can have a window. I'm an outdoor guy; I just can't stand to be cooped up. It was a big building with classrooms upstairs, big library facility, and student affairs, and that was what was in that building. Of course, the clinics they built across the street were across Sheridan, which removed [us] from the rest of campus. Hoyt's operation was there—other administrative functions in the building, administrative, finance, all the department chairs had their offices.

THOMPSON: Any other faculty that you remember or that stand out?

NEWMAN: What's interesting is I was walking around this building [Administration Building at the OU-Tulsa Schusterman Center Campus] and I saw down outside the dean's office pictures of five distinguished faculty, outstanding whatever—I knew everyone one of those but one, including three of them who were former students, which is really cool to see them move on. I don't think I can think of any others.

THOMPSON: Staff in other offices that you interacted with that you remember, stand out in your mind, that you want to make comments about them?

NEWMAN: The librarian [Marty Thompson] there is famous. Another character I interacted with was a medical artist, which I had never heard of such a thing before. He came right soon after I did and I don't know how we got acquainted—went to lunch I guess because we were both fairly new. Took to Hoyt, over the years we've become good buddies. A common interest is that we like to play practical jokes and tease each other still forty years later. Well, of course, Leeland was the start. He was the alpha and omega, he began it. Mike [Lapolla] and I joke we'll probably have to carry him out of here in a bag. Mike, who again came about the time I did. We hit it off well from the start. What's funny is you find in those situations, sometimes you find common areas of interest that you don't—wouldn't necessarily know were there. Because we were not traditionally medical people. Often medical schools, people who do my job were almost exclusively would be MDs. Because we were a small operation and their salaries would be more than mine, I was lucky to play that function. So, most professional meetings I'd go to, everyone else was an MD. But, so we all came from—well, you had training in medical librarianship, so that was different. And Mike had had some in clinic management. But a lot of us didn't; we learned from scratch. Who else? Let me think.

We went through a period of time when they established this word processing center. Remember that? That was really fun, where you'd dictate a letter and the center would transcribe it for you. I

thought that was pretty much magic. Everything new that came along, technology—I'm sure you had more to do than I—changed things. I can't really think of any others.

THOMPSON: He's saying that because you said something else a minute ago. Do you remember where you were in your history with the medical school when you had your first computer on your desk?

NEWMAN: I do. It was in the Sheridan Campus. We shared one among all eight of us. It was, you know, the bare, basic PC, I suppose. And the reason was I had to do this ten-page spreadsheet thing. It was the first time I ever encountered a spreadsheet. And I actually loved the spreadsheet function; it just immediately made so much sense to me. Took me longer to learn word processing. But we'd share that, we had to have a time, you know. It was a combination of the new person I'd hired, Debbie, for physician placement, was skilled, she could write it. So, it was she and I having to share time, and trying to get the others in there to use it, who were terrified of it. And Connie reminded me of that recently, was how I had to fight her to get her in there to learn it. Now she's, you know, an expert. She went on to UCLA and Harvard and so forth. But she thinks that's just so funny. But I remember that vividly. And we had it in the storage room and we would have to do a time-share. I don't know how long it was before we got the second one, but it was a while.

THOMPSON: Deans. Any of them stand out in your mind?

NEWMAN: Well, of course, the very first was Fitzpatrick, which we talked about. Stood out because he terrified me, particularly when he asked me if I could do anything besides grow hair. I was actually talking to Hoyt about this; it seems like there's a missing one in there—but Jim Lewis, I believe came after Fitzpatrick. He was unusual in that he was like me: he had no medical background. He was an administrator, seemed to be adequate. I think he was a friend of Bill Thurman's, and he needed an interim in there, and he [Bill Thurman] knew him [Jim Lewis] and thought he was capable. And he was for a while. I don't remember how long. Ed Tomsovic, that's the person I should say something about. And well, either before, during, or after, Bill Thurman acted as our dean in addition to being the—

THOMPSON: Provost.

NEWMAN: —provost. Oklahoma City campus. Tomsovic came in from the military career, as did Plunket, as did Guernsey. And he was such a good man. And like often happens after the fact, you realize more of what a good man he is. He had a great heart—a genuinely deep affection for him. A good man. And I guess he was there when I left. I remember at that time, several times when we had those shifts, I told Dan Duffy, you ought to be dean—because he

could've been. And I think at one point someone wanted him to be, maybe the other provost after. It's ironic to me he ended up being dean here, much later.

THOMPSON: Anything else you want to say about Dr. Tomsovic because I didn't work for him long, but I agree with you. He was genuinely an administrator that I knew during my career that I think was truly interested in the people that worked for him.

NEWMAN: He was. He was a pediatrician by specialty, and maybe that's why he had a big heart. My regret was when I left—when I left I wanted to go to Colorado, I wanted to teach—this was both. And he was so kind. And I can't remember exactly why, he and Leeland, a combination of, said why don't I take a leave of absence. Subsequently I figured, well, that was a financial benefit to them, too, probably, but it was so kind. And they said you know, you may find you don't like it or you can't live on a teacher's salary. But there were other times. I know he was under a lot of pressure at different times; I felt for him. The provost came after Dr. Thurman, remember who?

THOMPSON: Oh, you mean old—

NEWMAN: Provost, yeah. Anyway, I guess it doesn't matter. He was very demanding, and I know Tomsovic felt a lot of pressure. I felt for him. But he's always had an open heart for other people, too. I had a weekly meeting with him; I got to where I didn't want to give him any bad news. There rarely was any, anyway. So, but he'd always say, do you need help with anything? So, he was very generous, giving. Everybody loved him. Just a good-hearted man. Like I said, I regret I came back from Colorado one time visiting family, and someone had told me he was in the hospital ill. And I thought I should see him, and I didn't. And that's one of those regrets, I wished I'd have gone and said how much I admired you and what a good man you were. So, I think sometimes it was difficult for him because that's one of those jobs, kind of like being a general, you kind of got to be a hard ass, and he was more of a big heart.

THOMPSON: Another thing I'll ask you about because I think you did have a lot of relationships. Any of the people in Oklahoma City that you remember that you might want to make comments about that you worked with in getting things accomplished?

NEWMAN: Sure. (laughs) I did have relationships with people in Oklahoma City. Of course, always starting with Student Affairs and the first guy who was there was named Ed—have to look that one up. He was kind of a legend. He'd been a, I think, a family practice doc. But he'd been in Student Affairs forever. And his desk piled that high with paper, literally that high. It was a joke he could find what he needed. He always had a pipe going. A little bit crusty guy, but beneath that, he was helpful to me sometimes.

I always had the feeling that they kind of resented our presence here, and they kind of thought it was second rate, and there was a kind of a tolerance. So, with each change in the administration, particularly in Student Affairs, I felt like I had to win them over. Show that we weren't trying to subvert them and we were friendly people, and sometimes that was difficult. I don't know how much I should tell—there were times I felt like there was some—our efforts were subverted a little bit. I definitely felt like when we'd come recruit students there was, we weren't encouraged on that level. Sometimes to the extent, I know, I know because I heard from students that some instances discouraged—you don't want to go over there. Which really is just, I mean at that point —. Financial aid director over there I got to know well, registrar, there were a lot of people. I got to where I was, toward the end of my tenure there, which frankly I wasn't enjoying it as much because I was in meetings more than I was with students and residents. I'd go to Oklahoma City every other week at least. Then I remember getting assigned to a committee in Norman, I think centennial or something. Had to go down there for faculty meetings. So, going to Oklahoma City as often as I did, sometimes it was with trepidation. It wasn't always joyful, but it was—we worked. I remember who the other ones that followed, Nancy Hayes?

THOMPSON: Hall.

NEWMAN: Hall. Nancy Hall. And before her, she was related to a senator from Tennessee. Dunn? No. Ugh. I don't know. That's the disadvantage of dealing with an old mind.

THOMPSON: Not making an impression enough that the name still sticks—

NEWMAN: Yeah, well, it was impression, but she wasn't there real long. She was very sharp, but I got the sense she was on her way somewhere else. I wish I could think of the name of that senator, he was a very famous senator. Anyway, she was related, so. So, mostly my interaction with people at Student Affairs, except then, on, as you well know, the committees you get on. I ended up at—I had to attend the—it was the monthly of the Oklahoma State Board of Medical Examiners, which was never fun because it always involved some resident who they felt like his credentials weren't up to date, and their rules and regulations changed. And they had sort of an adversarial relationship with everybody in resident training. So, that was always difficult. Then there was the OSMA, Oklahoma State Medical Association, which Mike Sulzycki helped me work for(??). And there were a few of us, Burr Lewis, who was always there, probably Leeland and I. So, there was a lot of meetings.

THOMPSON: Things that changed from the time you began—you talked about not being in medical education before you came here—to the end. Things that changed in your career as a student and resident supervisor. Are there things that you would talk about that changed during those times?

NEWMAN: Yeah, sure. You mean more globally than locally?

THOMPSON: Right, yes, yes.

NEWMAN: Yeah. When I got there, very few female students. Of the class of thirty coming to us, you know, there might be three or four. I'm trying to remember, I can hardly remember any African American students [who] came. Initially even, virtually no foreign students. That began to change, but initially, you know, they were viewed by the old traditionalists as second class. That really changed. That's—those people we had problems with the national board—the Board of Medical Examiners because they would always say, you got to prove that they came from Indonesia. How do we know that they're ready to be doctors? So, over that period of time, two things changed. The percentage of female medical students changed radically. I think it's now up to 50 percent. Probably the time I left it was over thirty. And I really thought that was a positive change. I always, it's a stereotype, you know, it's a generalization, but like all generalizations there's an element of truth—it felt to me like a lot of the female medical students, and ultimately doctors, had a sensitivity that particularly the traditional, male student, resident, doctor didn't. They're more formal and, you know, had to be strong and firm, and not always as open with the patient. I think that's a positive change. When I was in Europe in the army, we used to joke teachers were highly respected and physicians not as much. So, the thing was reversed, there were more female physicians and more male teachers. Isn't that crazy? That changed. I know that the admission of minority students changed. There was a grant, probably through the American Medical Student Association—I can't remember where it came from—to increase minority student enrollment in medical schools. They had meetings in D.C. and it was a big effort to push that, and, of course, it was successful. Physicians ought to be representative of the population. So, that's better. The thing about primary care versus specialty care has see-sawed. When I was at the osteopathic school and then certainly at OU most of the time, we wanted there to be an emphasis on primary care because that was where the need was. Osteopathic stated that further they went into primary care physicians who were from rural areas. Their recruitment was focused on people from small towns; thinking they would be more apt to go back. I'm not completely current on it now, but I think what has happened because of economics and financial reasons, more people want to go into specialties than they do primary care. So, it's going to be a little bit of a problem. So, what we found is the people motivated for primary care were a little bit more—I shouldn't say that—human-oriented [rather] than scientifically-oriented. We used to play a little game in our office between the student and resident coordinator and me. When new students would come in, we'd get to know them pretty quickly, going over their stuff and talking to them. We'd play a game—that one will go into pediatrics, or that one psychiatry, and that one family practice, and this one, this one's going to be a neurosurgeon. (laughs) So, that has shifted. I still think that there's probably, well I know there is, still an emphasis and a problem with needing more primary care physicians. But sub-specialties, you know, they make more money; they do specialize to the point they don't have to know as much. It's almost like in any academia

you specialize until you know more and more about less and less, until ultimately you know everything about nothing, or something. So, that kind of specialization, it's natural.

THOMPSON: Another question I'll ask you because especially in the early days—any of the physicians in town that you haven't already mentioned that stand out in your mind for any reason, whether it was because they were a powerhouse or you knew that they were really a good physician?

NEWMAN: Okay, let me think of some names. How I knew which ones were the good physicians was because I'd hear the students and residents talk about them. They were the ones that knew. They worked side-by-side in a hospital, office, clinic situation. Clingan was of that ilk. Probably most of them that came here—there were sub-specialty adjunct faculty. That's another thing I did. Dr. Tomsovic and I would meet with them monthly, so this would be non-paid, non-full-time faculty in specialty, like dermatology. Duane Brothers. Neurology—big presence in Tulsa still is—I can't remember(?). Anesthesiology. Let me think of more of those. Jose Medina, cardiologist, a legend. Still is. I see him at the gym two or three times a week, always chat with him. Every year students voted and selected an Aesculapian Award for the outstanding teacher, and Dr. Medina won it several times. So again the good ones you'd know by virtue of the students and residents. I'm sure there are others that I just can't think of.

THOMPSON: That's alright. To carry that just a step further beyond the individuals, your impression of what Tulsa Medical College did for the community?

NEWMAN: Well I think it did a lot. I hope it's appreciated and I think—you know, now you can look here, even though it's a small piece of the big picture here. And now the Oklahoma—Tulsa School of Community Medicine is the whole medical school, as I understand it, now even, basic science students here in collaboration with TU [University of Tulsa], you know, just growing immensely.

The way the medical education delivery system works in most cities as you well know, traditionally the people who get the best care are those with the most money. They can go to distinguished physicians with great reputations. Another way is if there's a medical institution, school, academic institution in their town. In Oklahoma City you can go and get the top care from any narrow specialty you could want. So I think it always benefits a community if you're in a community that has a medical institution, just as if you're in a community with a university. So, Tulsa has always been behind Oklahoma City, partly because we're the little sister in state funding. It's going to naturally flow to Oklahoma City because the capital is there and because the health sciences system is there. So, that's natural. So, Tulsa has a problem in that extent. Then there's uncompensated care. What do you do with that? Well again, the medical school situation, people without the financial resources can go there to varying degrees up to getting

free care, but by first class people being trained and or trained teachers. So, that's just a real blessing—people who might not get any [care] are getting very good care. So, to Tulsa having a presence of a medical school, residents, they're on the front line. First hand, go into a hospital you're going to see more residents as a patient than you will an attending physician, at least then for sure. They were call house staff for a reason, originally they lived there. They just lived there. So, if you have medical students, then the upside of that, you have a greater prospect of them staying in the community, adding to—if you didn't that, a physician who comes to Tulsa from somewhere else has to have an incentive. Some group practice is offering him a good deal or, you know, they see some reason to come here, but it's not, that's a big decision, difficult to do. So, if you have a base of medical students, and then a base of residents, you're more apt to fill—you have a supply, a pipeline of people going into the community. The delivery of their healthcare goes up. If you bring faculty in, you already have a cadre of say, adjunct faculty, who've been here, are the best of the best practitioners. Then you bring people in from elsewhere, Duffy et al. So, and in a community healthcare system you get more delivery to the people who need it, primary care.

That's why the School of Community Medicine, I just think it's something to be so proud of. I think my friend Dan Duffy was hugely instrumental in making that happen. Because community medicine is a whole new field—it's not just getting care to those who need it, providing a way for those who need it to get there—it is medical problems in the community—drugs, what else, nutrition, all the things that any community of any size is going to have naturally occur. Unwanted pregnancies that are pregnancies to unmarried, young girls, drug addiction, you know all that stuff a community medicine model can provide for that. So the community is so much better off, even our small beginning. There was no question about it, it was an asset, and I think most people knew that. Asset to the hospitals is they got, as they always go through residents essentially, almost some free employment. And we coordinated, which was no small thing, and balanced it out and kept some of this warfare between hospitals neutralized, became a consortium instead of a —. So, there's no question, Tulsa benefited when we came here and, boy, I think now they're just, this community, school of community medicine is just marvelous. I think it will be a national model.

THOMPSON: One question I forgot to ask you. Any mentors in your career you want to mention, not necessarily from Tulsa, but mentors that you had?

NEWMAN: I had, I had two professors at Phillips University, and one at Tulsa University, that clearly instilled with me, if it wasn't there already, a passion for lifelong learning. When I graduated from college I felt like now I could read any and every thing that I wanted for the rest of my life because education was beginning. I even like that word commencement—you're beginning, you're not finishing. There was an English teacher and a philosophy teacher there, there was one out at TU I took a class in philosophy and religion from and it was more

demanding than anything I ever had in grad school. Professionally, Tomsovic was. Even though we were colleagues, Duffy was. I can't think of too many others.

THOMPSON: That's fine. Anything else you'd like to say?

NEWMAN: Well, when is this going to be on *60 Minutes*? (Thompson laughs) I've enjoyed it.

THOMPSON: You never know.

NEWMAN: Because an event like this causes you to remember things that you wouldn't otherwise. I would like to see Hoyt's because where we did work closely together was we did all the promotion for recruitment, and he did all the, I mean, it was our need, he provided it with the brochures, which you'll see. He said he's bringing lots of show and tell. And in his files he's got other photos that, blackmail, so I'll probably be _____ (??). So. No, I don't think so. I've enjoyed it.

THOMPSON: Well, we appreciate it. You did a great job. We appreciate it. Thank you.

End of interview.