

## Dr. C. T. Thompson

His distinguished career as a surgeon and hospital administrator spanned a time of great social and medical change in the United States.

### Chapter 01—1:01

#### Introduction

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**Announcer:** Dr. C. Thomas Thompson came to Tulsa in 1955 and became a highly respected general surgeon and administrator at St. Francis Hospital. He was born in Brookhaven, Mississippi and received his medical schooling at the University of Mississippi and Harvard Medical School. His military involvement included serving in the U.S. Navy during World War II and the Korean Conflict.

After establishing a surgical private practice in 1956, Dr. Thompson became chief of surgery at St. Francis Hospital and eventually chief executive officer. His medical service occurred at a time when polio, hospital segregation, the growth of St. Francis hospital, and opposition to Oral Robert's City of Faith were issues.

Dr. C. Thomas Thompson was inducted as a fellow in the American College of Surgeons, and after many years of service to the college, he was awarded its highest honor, the Distinguished Service Award. This oral history was recorded May 24, 2010.

### Chapter 02—9:12

#### Cajun Country

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**John Erling:** My name is John Erling. Today's date is May 24, 2010. Dr., if you will state your name, your date of birth, and your present age.

**Dr. C. T. Thompson:** My name is Dr. C. Thomas Thompson. I was born February 2, 1925. I am currently eighty-five years old.

**JE:** Where are we recording this interview?

**CT:** In my home office, which is called Suite 200, which is basically my room above the garage.

**JE:** Let's talk about your mother, your mother's maiden name. Where she came from.

**CT:** My mother was Margaret Johnson, she was born in 1895. She was Brookhaven, Mississippi. She died at age ninety-five.

**JE:** And what was she like? What kind of a person?

**CT:** A marvelous person. She was a little, short lady. She confessed to my wife, Anna, one time that she had always said she was five feet tall but then she whispered, "But really I'm only four-eleven." She was a very spunky lady and was a teacher, as was my father. I had twin sisters who were two years older than me. But my mother was a very remarkable lady. The only person I know that read newspapers from end to end and she never forgot the continued pages. If you ever see her with a *Times Picayune* from New Orleans, turning the page she would read the first page and then the second page and then the third page. Kept them all straight, knew everything about everything. Remarkable lady.

**JE:** And your father's name?

**CT:** My father's name was Clarence Tatman Thompson. We have a tradition of CTs. He was delivered by his old buggy-riding doctor uncle in Bayou Chicot, Louisiana. And they told him the name and he said, "No kid ought to have to carry that name around, therefore, I'm going to call him Dick." And my father was known as Dick Thompson all of his life.

**JE:** But his real name was again?

**CT:** Clarence Tatman Thompson. Nobody could ever find him because he was always in the telephone book the wrong way.

**JE:** So what does your father do for a living?

**CT:** He was a teacher and was principal of the school in the little village I was brought up in, Estherwood, Louisiana.

**JE:** And then your mother—

**CT:** Was a teacher. I was the only escapee. My two sisters were teachers and they both married teachers.

**JE:** Your sisters were older than you?

**CT:** Two years older, they were twins.

**JE:** And twins. So there were three of you in that family?

**CT:** Right.

**JE:** What was the first house you remember in your village and some of the memories going way back then?

**CT:** Well, you'd have to understand, Estherwood, Louisiana, was in Cajun country, deep south Louisiana, right above the marshes.

**JE:** How do you spell that?

**CT:** E-S-T-H-E-R-W-O-O-D.

**JE:** Estherwood?

**CT:** Estherwood. It was, you know, just a village, the only saving grace was Highway 90, which the Old Spanish Trail went through, it—it was a US Highway. There was a lot of traffic through it. We had one gas station and one store, one café, one of everything. No stoplights. It was a rice farming part of the country. Since then they've found oil, but when I was growing up that wasn't true.

**JE:** What would you do as a child, as a teen now and into the '30s, what did you do for entertainment?

**CT:** Well, that's very interesting because everything centered around the school. If you had a basketball game you went to the basketball game. Or if the band played or—everything centered around the school.

This was a kind of interesting part of the country. My father would hold his teachers' meeting in the local saloon 'cause this was French Louisiana, and that was not considered abnormal. So I can remember the early days along that line.

The school was so small that we were a Class D school, which where high school is under a hundred. So we had about sixty kids in the whole high school. But it was a school that went from first grade through the eleventh, that's all we had.

**JE:** You said it was French Louisiana. Did you speak French?

**CT:** Yeah, Cajun French. Yeah, a [something in French—time is 4:03].

**JE:** So as a child you would pick up on the French?

**CT:** As a child in school even, we went to school in English and played in French. I can play a whole baseball game in French. [more French - time is 4:24] That's because the kids all came from French speaking families, or virtually all of them.

**JE:** But in your home you spoke English?

**CT:** Yeah, well, my parents were the teachers. They were considered the professional, learned class. Both of them had master's degrees.

As a kid we would go to LSU during the summers as they worked on their masters degrees. During the Depression, I was a growing kid during the Depression, they had a hard time getting paid because all of the school boards were broke and all of the parishes in Louisiana were broke. They were paid in script, for sometimes two or three years in a row.

**JE:** Explain what script meant.

**CT:** Script, it's like funny money, some merchants would take it, some merchants wouldn't. It was like an IOU. This occurred all over the country, to some extent, because schools were broke.

**JE:** So the Depression from 1929 on and there, do you recall that it impacted your family much?

**CT:** Well, yes and no. I didn't know I was poor until I went to college. But my parents both had jobs even though they didn't make much money. Gosh, when I started college I think my dad as a principal made \$150 a month. My mother made about a hundred. But when I went away to school I found out, my gosh, other people didn't have money too, you know?

**JE:** But you always had meals on the table and all that?

**CT:** Oh yeah, yeah. He had a job. Most of the problems related to people, and I think about today's world, there's so many people without jobs. And, of course, along came the WPA and the PWA and the CCC and all of the Roosevelt anti-Depression moves. It was significant the amount of poverty that there was, but it was so universal.

There was a railroad that went through our town so we had hoboes, people brought up during the Depression remember hoboes. They'd just jump off the train, circle around, and ask for food. We never turned them down. That was part of our culture at that time.

**JE:** Weren't some of them kind of likeable characters?

**CT:** Oh yeah, I learned a lot from them because, you know, they'd sit there on the back steps. I'd sit there with my dog and we'd talk about where he'd been. I thought it sounded pretty romantic, myself.

**JE:** Did some of them come through on a regular basis?

**CT:** No. I don't think I ever saw one twice. And I always thought they had some way of identifying houses because they would skip other people and come to our house.

My parents told me, "Always feed them." I can't imagine a hobo enjoying a peanut butter sandwich but if I was there alone and my sisters were there we'd give them food.

**JE:** Then in the '30s did you go to movies?

**CT:** You know, the nearest town that had a movie house was six miles away, and it was a big deal to go to a movie. Occasionally, little tent shows would come to town and they would stay a week and they would have a cowboy show and then a serial, a mad scientist or something of that sort. And that was always a big deal.

**JE:** Songs of the '30s? You would have been ten years old in '35.

**CT:** This was the big swing band, I mean, the Big Band era. I can remember when we bought our family radio, it's hard to believe, which was always a big piece of furniture. We'd listen to the radio and we could hear two stations. There was one in Cincinnati—

**JE:** WLW?

**CT:** WLW in Cincinnati, and the Del Rio, Texas, station was right across the border in Mexico. It was the most powerful station. That was the guy that did goat gland implants for what we would now call erectile dysfunction. This was a big deal so you could always hear the Del Rio station. And WLW was the big deal.

**JE:** Yeah.

**CT:** The entertainment was largely local. There would be functions every Saturday night that our local patrons called the Fateadoes, which were French dances, basically. And they would have a little, we called them chinky-chinky bands with the fiddle players and stuff and dance. They would usually break up with some knife fight or something of that sort; that was part of the tradition.

We were always warned by my dad, “As soon as the knife fight starts breaking out you come home.”

**JE:** Do you remember listening to FDR?

**CT:** Fireside Chats. Yes I do.

**JE:** Franklin Delano Roosevelt. Would your family gather around the radio and listen to his Fireside Chat?

**CT:** Absolutely, because remember that these were preliminary years leading up to war. And there was a sense of knowledge that we were going to go to war. It’s kind of crazy.

My dad had been in World War I and wounded, and he said, “Well, we’re going to have to fight again.”

I don’t know that my schoolmates kept up with it as much. I was fascinated by the notion that we were going to prepare for war. And, of course, it came.

## Chapter 03—4:23

### Education

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**John Erling:** It came and particularly involved the United States December 7, 1941. Do you remember that day?

**Dr. C. T. Thompson:** Very well. I was sixteen years old and already in college because we only had eleven grades. I started when I was five because there was nothing else for me to do. My sisters were in school and my mother and father were in school.

**JE:** You started school when you were five years old?

**CT:** Yes.

**JE:** Because it was a daycare center maybe for you?

**CT:** Well, yeah, but there were no daycare centers. And you really want to know the truth, there was a lady named Liza. I have no idea what her last name was. I’m sure it was Tivado or Brusard or something, who eloped just as the school year started.

And my dad said, “Well, he’s been reading his sisters’ books for a year or two so he might as well go to school.”

So my dad being the principal, I started school. I wasn’t going to be six until February but I started school. I’m sure it was against the law. Since I could speak English I had a whole lot easier time than about half of the kids that started with me.

**JE:** Because they were French speaking?

**CT:** Yeah, and they’d come from French speaking homes. And then only be eleven grades I had turned sixteen when I finished. So I started college when I was sixteen.

**JE:** Then you went on to what college at sixteen?

**CT:** They were the only ones that would offer me a baseball scholarship. I was a pretty good baseball. I remember trying out at LSU but they didn't think I was quite good enough, as the guy said, "The pitching will get better and you won't." That was sort of a psychological blow.

So I went to school that was called Louisiana State Normal College, which was a teacher's college, on a baseball scholarship.

My two sisters were there, I started as a premed student.

**JE:** Why premed? Where along the line had you developed this thought?

**CT:** Well, you know, I tried to analyze that forever. I had a grandfather who was a doctor, actually who delivered me in Mississippi. My mother went home and he delivered me there.

Ever since I was little I can remember my dad always said, "He's going to be a doctor." And I often wondered whether that was sort of implanted. He'd give me little books on the names of all the bones in the body.

My mother swears that when I was two I knew them all. I think that perhaps is a little exaggerated. But every now and then somebody would come by and if I could recite all the bones in the body they'd give me a nickel. I remembered this as a very profitable sort of occupation.

At any rate, it was all sort of foreordained and I don't have any idea whether it was totally my dad's idea or mine. But I liked it.

**JE:** There was an awful lot of encouragement from your family then?

**CT:** Oh sure. My dad and mother believed that education could solve everything. You'd have to know a little bit about my dad. Every kid that showed the remotest interest in college or anything further, he would take them to the college and try to get them situated. They were all poor. I can remember him going over and he'd take me along with him usually. And we'd go to Southwestern, which was in Lafayette, Louisiana. Or to LSU if they showed significant talent of any kind, and try to get them in. And he'd talk them into giving them a job or doing something.

He was absolutely a remarkable influence on the kids because, again, it was a very, very poor community. The Depression particularly of the rice farmers and they were in desperate shape.

**JE:** But your father obviously had a tremendous experience on these kids. Many, many, you don't even know? Is that—

**CT:** Oh after my folks moved to Baton Rouge, my dad got a job in the State Department of Education. That was toward my senior year in high school so I never really lived in Baton Rouge. But I'd be visiting there and there would be kids coming all the time to thank my mother and father for getting them here, there, yon. And out of that little old school came some PhDs. Again, to that type of folk he believed that you had to get educated, you had to learn to do things, and you had to get experience and all this sort of business.

So when I started college there was never any question in my mind that education was fundamental to wherever I was going in life.

**JE:** And that was in the '30s?

## **Chapter 04—5:43**

**December 7, 1941**

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**John Erling:** Let's talk about again December 7, 1941. Do you remember hearing about it on the radio or do you—

**Dr. C. T. Thompson:** Yes. This was on a Sunday. I was in Natchitoches, Louisiana, where this little college is. It's now Northwestern Louisiana State, by the way, and they call themselves a university. Yes, I remember. We were playing touch football, probably should have been in church. But we were playing touch football and somebody came out of this little dormitory that we were in and shouted, "We're at war! We're at war!"

And all of us came and listened to the little radio that we had there. Oh I remember it very well.

**JE:** How did that make you feel?

**CT:** Well, it made me feel like that I'd better rethink the whole educational process.

**JE:** Because?

**CT:** In 1940, the National Guard had been mobilized and there was a country in western song called "I'll Be Back in a Year, Little Darling." And those guys came back in 1945 and 1946. I can remember waving bye to some guys who were in the National Guard.

We all had the knowledge that we were going to be somewhere, somehow. When they changed the draft laws in the fall of '42, the original draft laws were twenty-one to thirty-five. They changed them eighteen to forty-two.

They called a meeting of all the boys left on the campus because immediately after the war started a lot of guys just signed up and went. And there were already a preponderance of girls in the school, it was a teachers' college. So they called all the boys together and I was not quite eighteen. They had people from the Selective Service, they had recruiters, and they made this interesting speech that "Those of you who are essential to the defense of the country will be deferred." Not many seventeen-, eighteen-year-olds are essential.

My roommate and I decided that since we weren't essential, weren't excepted into some graduate school, my roommate and I decided to join the navy. He was just eighteen. I wasn't eighteen yet so my mother had to sign for me, which created a little stir.

But my dad said, "No, he's a man and men are going to have to go and fight."

**JE:** The stir within the family?

**CT:** Well, my mother just didn't think I should be going off to the military. But her dad had been in the military and her brothers in World War I. So I went off to boot camp at Great Lakes. I got credit for much of my first semester of my sophomore year. I remember I was in my sophomore year. I got credit for much of it because I volunteered to take the finals if they'd give them to me so I could get credit. Some of my professors let me do that so I got credit for several. I think I had eighteen hours going, or something.

But at any rate, I went off to boot camp. They said that we were losing a fair number of people in the Pacific at that time and the war was going poorly. So they wanted us to get as many corpsmen as they could out of the crowd. So I went to corps school to become a naval corpsmen. Because they were sending virtually all of them to the Marines at that time.

**JE:** What type of work was that, corpsmen?

**CT:** Being a medic basically. So I went to corps school and learning splinting and bandaging and first aid and giving shots and a whole bunch of stuff. And I was sent out to California with a Marine outfit. And just about the time that I was supposed to go to Guadalcanal as a replacement I got sent back to school. They had given us a whole bunch of tests when I started boot camp. And they inaugurated a new program called a V12 program in the navy. If you scored high and stuff on the test, and, of course, I had a huge advantage over everybody because I had a year and a half of college behind me.

So I trudged off and the navy sent me to about another semester of college at Southwestern Louisiana where they had a V12 program. And then they sent me to the University of Mississippi to medical school. At that time there were a number of two-year medical schools, Mississippi, Alabama, North Carolina, Missouri, there were a whole bunch of them, Dartmouth.

**JE:** So the V12 program was to identify?

**CT:** And send you to school.

**JE:** To any school or medical school?

**CT:** Wherever the navy sent you.

**JE:** Okay.

**CT:** I was sent to medical school because I had been a premed student. And as the dean said, I was hopelessly unqualified because I hadn't had enough preliminaries. But I went anyway. It turned out I was pretty high in the class, really was first.

And everybody then had to transfer to another school, to a medical school. And again, North Carolina, Alabama, they are all big four-year schools now, but at that time there were a lot of two-year schools.

And I transferred up to Harvard and got my MD degree from Harvard.

**JE:** So how old did you transfer to Harvard? On the recommendation of the navy?

**CT:** Of the University of Mississippi and, well, no, the war ended. This was 1944 when they sent me to the University of Mississippi. And the war ended, was in '45. They were on the accelerated program so we were doing three semesters a year. So I finished my part at Old Miss in '45 and transferred into a class that was just decelerating at Harvard in '46.

**JE:** During the war years then you went into the navy in 1942, so the next three years you were actually being educated.

**CT:** Either I was in boot camp and serving with this Marine trucking outfit or in school.

**JE:** Because they wanted you to be a doctor in the navy?

**CT:** Yes.

## Chapter 05—7:40

### Harvard and Military

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**John Erling:** So you transferred to Harvard and you're how old then?

**Dr. C. T. Thompson:** I wasn't quite twenty-one. I'd covered a lot of territory in a pretty short time, because I finished medical school when I was twenty-three.

**JE:** At Harvard?

**CT:** At Harvard.

**JE:** So how was that? Was that a big adjustment then to attend Harvard?

**CT:** Well, yes and no. There were about forty transfer students into and the war had ended then. It was kind of a polyglot class, we had old guys, young guys, because there were some veterans that were coming back. It was an interesting class.

Actually, there was a study made of it because they wanted to see if we were any better or worse than other Harvard classes. And to see if that kind of thing worked. And actually we turned out to be right at about the norm for the Harvard med classes. It was a very high class medical school. It was not an adjustment academically particularly because I wound up pretty high in the class there. But it was an adjustment from the little bitty school. I'd been to nothing but little bitty schools, you know, to a very prestigious, Ivy type of atmosphere.

You know, some of the Nobel Prize-winning professors and all that sort of business. So yeah, it was an adjustment from that standpoint. But you know, you're young, and maybe cocky is the wrong word, but I was that too.

**JE:** And you took it all in stride, I'm sure. Right?

**CT:** Yeah, yeah, it was not a problem.

**JE:** During the war years you were fortunate enough to be educated and going to school—

**CT:** I was not shot at during the war, for which I was very grateful.

**JE:** You weren't even in harm's way?

**CT:** No.

**JE:** But yet you heard of, obviously, the war going on. Did you know the people who were in the army and—

**CT:** Oh, I graduated in a class of thirteen from high school. And two of my classmates were killed, yeah. And kids that I'd been in college with. Yeah there were a lot of them, wounded, hurt. We were very, very fortunate, and then I had enough time on the GI Bill that I was able to go to Harvard on the GI Bill because I'd had time other than school and I had enough to finish medical school on the GI Bill. God, I could have never afforded to go to Harvard, it was expensive even then.

**JE:** I guess you felt there but for the grace of God—

**CT:** Oh sure.

**JE:** And I don't know, did your thoughts of *Should I be over there with my buddies or should I be over here?*

**CT:** Not really. Because one of the things that I can still remember, sitting on a bunk when I was in corps school out in San Diego, there was this kid from Iowa. We were sitting there just staring at the ceiling and he said, "Do you know you get the feeling that life is a great big checkerboard and that you're nothing but a checker on the checkerboard? And there's some damn WAV in Washington that's just pushing us around?"

That's kind of the way I felt. Yeah, what's going to happen is going to happen. I didn't know we were going to have other wars but along came the Korean War and then off I go to that. So they caught up with me.

**JE:** And we'll get to that. Then you're in Harvard—

**CT:** I finished in 1948.

**JE:** Right out of school.

**CT:** Yeah.

**JE:** In 1948. Then what happens to you?

**CT:** Then I went to Tulane Charity Hospital in New Orleans.

**JE:** As an intern?

**CT:** As an intern.

**JE:** And then resident there, I suppose.

**CT:** Yes. A rotating internship and was going to try to get a residency in surgery there because I wanted a big city, county, hospital where you could get a lot of experience.

After my internship the navy reactivated me and loaned me to the Air Force. The Air Force just had separated from the army, from the old Army Air Corps, but they had no doctors except a few that volunteered to go in and deal with them. So they borrowed a hundred army doctors and a hundred navy doctors, and I was one of them.

And I went over to England with a bomb group and we were on RAF bases. I got out and went back and started my surgery residency, and that was in 1950. You may remember the Korean War broke out in 1950.

**JE:** Yes. So through all this time, obviously, from Harvard and then to Tulane it was all part of the GI Bill and you were attached to the navy?

**CT:** I was attached to the navy but I got GI Bill through about half of my residency and then it wore out. We got virtually no money. The internship, we got ten dollars a month and residents went twenty-five, fifty, seventy-five, hundred dollars a month.

**JE:** So the navy kept track of you where you were at Tulane?

**CT:** Oh trust me, they always keep track.

**JE:** They want to, I suppose, see transcripts and your grades and—

**CT:** No. No I wasn't in the navy during that, that was on my own.

**JE:** At Tulane?

**CT:** Yeah.

**JE:** After Harvard you were on your own?

**CT:** Yeah, pretty much.

**JE:** But—

**CT:** Except when they would reactivate us. You see, the navy never let their people out of the Reserves, as opposed to the army. They had a training program where they sent kids to college too, but at the end of the war they let them all out. The navy kept everybody in the Reserves. So I was a Reserve guy all the time.

And when the Korean War came then they activated me again.

**JE:** And that was in 1950?

**CT:** No. They let me do a couple of years of residency and then I went over to Korea in '52, '53, something like that.

**JE:** In Korea then, what did you do there? Where were you stationed?

**CT:** I was assigned to the First Marine Division. Wherever they were. I was not there for the big push up at the reservoir. They had come from the reservoir down and bloodied up pretty badly. I joined them, we had a bridge we had across the Imjin River.

I was a battalion surgeon for a few months and then they brought me back to a—they called them medical companies. They were the equivalent of a MASH unit, MASH is army, of course, but this was a mobile surgical hospital. I spent the remainder of my time there.

**JE:** For how long?

**CT:** I was there a year.

**JE:** So these were soldiers who were wounded and you saw all sorts of—

**CT:** We actually saw, not dispute, if you ever look at MASH it was very similar to this because in my particular sector we operated on not just Marines but there was a commonwealth

brigade, which were Irish and Aussies and New Zealanders, we took care of them. There was a Turkish battalion that we took care of and a polyglot sometimes of Korean Marines.

We operated on civilians because there were people stepping on mines and getting shot all the time. So I did that for a period, came back, finished my residency.

**JE:** All that different experience, obviously, was—

**CT:** Oh yeah. I figured I owed that. Yeah, there were a lot of people that bitched because they were recalled.

The picture I showed you was a forty-nine-year-old oral surgeon. The guy that was with me in that picture. We'd been drafted. Remember there was a doctor's draft in the Korean War that some people thought was unConstitutional, but they could draft the doctors and dentists and veterinarians up to age fifty-two. He was forty-nine years old and said, "I'm old and I'm fat and what am I doing traipsing up and down the hills running from the Chinese, you know?"

## Chapter 06—7:45

### Why Tulsa

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**John Erling:** Let's keep track of your age again. When you were in Korea you were how old?

**Dr. C. T. Thompson:** Twenty-seven, twenty-eight.

**JE:** And were you single or married?

**CT:** I was married, had a kid.

**JE:** And so you had to leave that young family behind, obviously.

**CT:** Yep.

**JE:** And gone for a year.

**CT:** Yep.

**JE:** Did you leave when the Korean War was over or was it before?

**CT:** No, they had rotations then. I rotated back and then they looked and said I should not have been recalled because they hadn't counted my enlisted time correctly. So they just discharged me. Instead of spending two years like they were taking people for I got out after then.

**JE:** So it was, "Oops, we shouldn't have sent you that long?"

**CT:** Yeah.

**JE:** How did that make you feel?

**CT:** You know, I'm back to the checker on a checkerboard. I just thought, "Oh well, what the hell."

**JE:** But you gained a wealth of experience by being there.

**CT:** Yeah. And then I started looking for a place to practice. It was kind of unique. I'd taken the first part of my surgical boards, man, oh, you had to be certified. That was the written part and it was when I got back I needed to take the second part of my boards, which was an oral exam, in Chicago. I was out in California and I bummed a ride on a military plane that was going. I was looking for anything free, you know. And went to take part two of my boards.

People always ask me, "Well, why did you ever come to Tulsa?"

I'd never been in the state of Oklahoma. This is where, as my wife says, she gets tired of hearing the story. The oral exams that they give you as your part two it's a grueling two-day deal. You meet with these professors and they grill you on all kinds of stuff. But I was right behind a guy that every time he'd come out he would say, "Watch the guy with the mustache." Or "Watch the guy..." you know. I had no idea what his name was, I still don't remember what his name was but he said, "I'm not doing well, I don't think." He said, "What did you have for dinner?" We didn't know anybody. "Would you have dinner with me?"

I said, "Oh sure, let's have dinner and cry about it or do whatever."

While we were having a couple of drinks, this matter of ID got worse than that. He was sure he had flunked. And he said, "Well, where are you going to practice?"

I said, "I haven't the faintest clue. I'm looking at places. I've been offered a job as an associate professor at Memphis." We yakked and talked.

And he said, "I'm already settled down," and he was sloshed by this time. "You look at Tulsa, Oklahoma, it's the greatest place in the world, you know." And on and on.

And I said, "Well, how long have you practiced there?"

And he said, "Well, I'm in Miami, Florida."

Well, I said, "Well, how in the hell do you know so much about Tulsa?"

And he said, "Well, I'm from a little town," and he named it and it sounded so Indian I'm sure it was Broken Arrow. "And that's where I'd practice but my wife can't stand my parents and she made me promise I would be over a day's drive away."

"Well, that's a pretty good recommendation, you know."

And he said, "The great news is there's only two hospitals there that you would work in."

And I'm sure he was talking about Hillcrest and St. John's. Osteopathic was here but they were sort of off the beaten path. I thought, *Well, hell.*

I went to Memphis to check with the professor there. He said, "No, you went off to Korea so we filled the job."

And so it was a pretty easy hop, skip from Memphis to Tulsa.

**JE:** That was in 1955.

**CT:** Yep. I came, and this is what makes it vintage, really, I landed at the airport and asked a guy did he know the hotel you might go to?

And he said, "Oh everybody goes to the Mayo."

So I shared a cab with him to the Mayo, and this is what is fascinating to me. I get out, I go in and they said, "You know, we don't have a room available. We're absolutely full." How times did change. So they sent me down to the old Hotel Tulsa, which was very vintage, let me tell you. But they had pictures of all the big oil guys and all that stuff.

I looked in the telephone book, in the Yellow Pages, to see if I knew any doctors here, and I found two. They were both obstetricians. I had been residents with them and I knew them, at Charity Hospital.

**JE:** Charity Hospital where?

**CT:** New Orleans. On the Tulane services. I thought they had gone to Oklahoma City. One of them was a native Oklahoman and the other was from Alabama, but they had both been in service.

I called one of them and he said, "Oh, man, that's great you're here." One of them came and picked me up at the Hotel Tulsa and I spent three days here just looking around. It was October and it was gorgeous. I thought I had never seen a prettier city.

Now they chased me up and down 31st Street and 41st Street and all this good stuff. I never went to West Tulsa or North Tulsa. I thought, *This is so pretty*. They took me to both hospitals and I talked to people.

**JE:** Both hospitals meaning?

**CT:** Hillcrest and St. John's. Everybody said, "Oh come on in, the water's fine. We're not making a living yet but it's a nice town to live in."

That was the days when you came to town by yourself. There were no big clinics, oh the Springer Clinic was here but they weren't looking for anybody. The old Tulsa Clinic, which was Dr. A. B. Kearney, and the Perry Clinic, but there were four and five guys. I mean, they weren't big organizations like you think of big clinics. So everybody would come in solo. I thought that was great so I thought, *I'll just come to Tulsa*.

At that time, when I came back on January 1st I arrived here. I had already applied for a license and to be in the County Society and all that sort of stuff. Took my little mustering out pay and started trying to find an office. The Medical Arts building downtown was absolutely full. They had just opened Utica Square, they were full. It was a matter of finding a spot you could land so I went out to 31st and Harvard, found a little office there in the Ranch Acres building where the Walgreens is now and opened my little old office.

**JE:** As a general surgeon?

**CT:** As a general surgeon. By that time I'd found out that I had passed my boards. So I came to town with my boards in surgery, so you take away a lot of the problems getting eligibility in terms of doing things. So I went on the staffs of Hillcrest and St. John's and it was slow, it was very slow. Could have been lots of surgeons. Keep in mind that everybody was solo surgeons, a lot of good guys.

Tulsa was wonderful at that time in surgery because it was very cosmopolitan. There were very few, of course, there were no local people trained here. We had residency programs but they were called Type Two programs. There was no Oklahoma-trained surgeon in practice. So they were from everywhere. Like I'd trained at—been to Harvard, trained at Tulane. B. Nice was Michigan-trained, there were guys from practically every medical training program around. There were people from Columbia. And it was a very cosmopolitan medical community, which I really liked. 'Cause you know, there were a lot of people with local ties.

So yeah, it was slow getting started but you'd jump and run every time the phone rang to Hillcrest or St. John's. Hit the emergency rooms and smile a lot. After a while stuff would begin to come in. It was very good.

## Chapter 07—2:27

### Solo Practice

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**Dr. C. T. Thompson:** So I did solo practice for eleven years. When St. Francis was built in '60, by that time my practice was coming along. And to travel to three hospitals was truly a pain as a solo practitioner because this was before the paging systems. You had to have a number to call to see if you had any calls. And we didn't have beepers and all that sort of business. So we'd wind up with two patients some place and another one some place else and three more at another one. So it was truly an inefficient way to do things.

You put cases on wherever you could. Remember, Hillcrest and St. John's were basically small hospitals, and they were three-hundred-bed hospitals. So getting operating time or rooms to bed them down.

Style of practice was so different. All patients went in the day before and there was no out patient surgery. All patients went in the day before, no matter if they were getting a little lump removed. So hospitals were full of people who probably didn't need to be there, but that was the style of practice at that time.

So there were soloists just running all over town, crossing paths here, there, and yon.

**John Erling:** Let me just clarify a soloist and a solo practitioner. Were there those who came in that would attach themselves to one of the hospitals?

**CT:** No. Well, many of them did, or many of them gave up one hospital after a while. For instance, a lot of the St. John's people did not go to Hillcrest for whatever reason. Younger people that came in solo would go anyplace because you made a living by operating. That's how we sort of survived.

When St. Francis came on the scene in 1960, it literally changed, not so much the quality of care as much as it changed the style of care. It is when people began to gather into single practice specialties as groups. For instance, the orthopedists began to meld together as groups. We formed Surgical Associates, our group, and ultimately, you began to look at practicing in one institution. So St. Francis had a big part in that, not that they started out to do it that way, but because it was the only way you could efficiently practice.

## Chapter 08—4:22

### Hospital Segregation

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**John Erling:** Let's go back prior to 1960. I'm talking about segregation. Were patients segregated in those hospitals? Black patients assigned—

**Dr. C. T. Thompson:** Very much so. St. John's, when I came to town, had them in the basement of St. John's. Hillcrest had them in a couple of ward type things. Yeah, they were highly segregated.

**JE:** How did that make you feel in coming from where you grew up in Louisiana?

**CT:** Well, during my residency at Charity Hospital it was segregated. There would be duplicate wards, you know. You would have white male surgery, colored male surgery, even our polio hospital, our infectious disease hospital. Charity Hospital was comprised of a bunch of hospitals. They had TB hospitals, for instance, but they would have black and white. So that was kind of the nature of the business, so I didn't feel particularly uncomfortable with it because that was the way I was brought up.

**JE:** Were the blacks given the same kind of treatment and the same equipment?

**CT:** They have the same equipment, yes, because you take them to the same operating rooms. There was an old doctor named Frank Flack, who was the Sinclair doctor. He was a surgeon. And I used to go with Frank over to Moten Hospital, which was a black hospital. There were several black doctors there. We would help them operate, a good many of them had very inferior training.

I did that for a couple of years, just because Dr. Flack was very nice to me. We'd go over once a week and help him operate. The integration process was more gradual than sudden. It sort of mirrored how the schools did it, I think.

**JE:** There's a doctor by the name of Dr. Liebendorfer.

**CT:** Oh, I knew Dick Liebendorfer.

**JE:** You knew him?

**CT:** Yeah, very well. He was in Korea, somewhat after I was, so we kind of touched base on that.

**JE:** Was it true that at St. John's he admitted a black female without telling her race?

**CT:** Yeah. The nuns didn't like that.

**JE:** In the same room where two white ladies felt like they had to put sheets over their head, at first, but then they realized that this black lady was a good person and they all became friends.

**CT:** I can believe that.

**JE:** And that's the way they began to say, "You know—"

**CT:** Yeah. At St. John's, in the first place, the bulk of the rooms were semiprivate in those days. They were semiprivate because Blue Cross, Blue Shield would pay for semiprivates. So hospitals were largely built for semiprivate rooms.

By the time St. Francis came along they were not as insistent upon semiprivates and they built more privates, which now they build them all nearly private. But segregation was slower at St. John's than it was at Hillcrest, I will tell you. Now it wasn't that Hillcrest was all that much nicer or anything of the sort, but I think they, for whatever reason, there's an old German order, you know, at St. John's. Marvelous ladies but they had their own views on things.

**JE:** When St. Francis comes on line segregation was not an issue for St. Francis in 1960?

**CT:** Not really, but then again, part of it was geography. They didn't have that issue greatly.

**JE:** Because they were way out in the country?

**CT:** They were way out in the country.

**JE:** At 61st and Yale.

**CT:** Yeah and going there was a pain in the rear because there were blacktop roads with four-way stop signs south of 51st. And it was a long way from St. John's or Hillcrest to get out there. I started very early out there because it was a matter of getting operating time. As my practice was growing I wanted to get on the ground floor at St. Francis. Because, in a sense, my personality requires something a little bit different. I like to be a part of something that's growing. And then I want to be able to influence it. That's just my peculiar personality.

Well, there was no way I could influence St. John's, and I'm not sure there was any way I could influence Hillcrest either. Although I ran their training program there for five years, gratis, at Hillcrest.

## Chapter 09—5:40

### Polio

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**John Erling:** Let's come back to St. Francis in a moment here, but the waning days of the polio epidemic in the nation were probably about this time when you came here. And let's talk about polio, regardless, because you had experience of it at Charity Hospital.

**Dr. C. T. Thompson:** Yes. We had a polio hospital.

**JE:** Talk about polio and the epidemic it was and what it left behind.

**CT:** Polio probably led to more myth than many things. There were a lot of mythical things about how you caught polio. You may remember they closed swimming pools, they didn't do tonsillectomies during the summer. They were all manner of almost mythical things about how you caught the polio.

**JE:** Can you just generalize for our audience what polio was?

**CT:** Polio is a virus, *poliomyelitis*, is a virus that affects generally the interior horns of the spinal cord, which are your motor functions. If you get polio that primarily affects the brain that's nearly always fatal. Of course, it can affect many other things. Polio can affect upper limbs, but it affected lower limbs more than anything. And there were all manner of people who tried to treat these people.

There was a Mother Kenny, you may remember, in Australia, who developed the Kenny Treatment for polio, which never worked because you can't restore nerve cells that are gone. You can't restore them by physical therapy.

So the polio was devastating because it generally affected younger people, although it affected older people too, i.e., Franklin Roosevelt. I had a sister, one of my twin sisters, had polio very young. This was not in the big epidemic and she had a smaller leg always. It wasn't terribly crippling to her but she had it. So people were petrified of it.

And when it hit nationally here in the '52 or '53 area there was a desperate move to come up with vaccines for polio as an antidote at Harvard, in spite of the fact that Salk and Sabin developed the vaccines.

**JE:** You're talking about Dr. Jonas Salk—

**CT:** Jonas Salk.

**JE:** And Albert Sabin.

**CT:** By and large, Sabin got the sugar pills and Salk was doing the shots for polio. But the guy that got the Nobel Prize for polio was a guy named Enders, at Harvard. Because he developed the method of growing the virus. The virus was difficult to grow, they had no way to grow it, so you can't develop a vaccine until you can culture the live virus. All of this was coming along, and in the early days of polio vaccination there were a huge number of kids who caught the disease from the vaccine. I say a huge amount, I don't know how many.

But Dr. Auchners, my old boss, his first grandson died from the vaccine itself. Polio was a dread, dread disease because parents feared it so much and you didn't know what to do with your kids. You were scared to send them to school. You were afraid to let them swim.

**JE:** Because it was a contagious—

**CT:** Yes.

**JE:** ...disease?

**CT:** Yes. Transmitted by and large by, I presume, contact or respiratory stuff, so it became epidemic because of this. But because you couldn't grow the virus nobody knew exactly how it was transmitted. It was a frightening disease because of that.

When I came to Tulsa there was still a polio hospital. At that time hospitals had nursing schools. Hillcrest had their nursing school, St. John's had their nursing school. The old nursing dormitory was taken over as a polio unit at Hillcrest for the city and this area. They had iron lungs, as I've told you Bob Shepherd and his picture I pointed out, told me of the number of tracheotomies he had to do because these kids would get paralyzed with their breathing apparatus.

**JE:** Okay, so it was more than just the lower extremities, their legs?

**CT:** Oh absolutely, absolutely.

**JE:** I mean, they couldn't even breathe unless they were in this iron lung.

**CT:** That's exactly right. It would paralyze their chest muscles, so you can't breathe, you know, without being able to expand. So they lived in these iron lungs. Some of them got out but most of them didn't. But he would do tracheotomies on a lot of them, they were having difficulty controlling their secretions.

Now there were still patients in iron lungs when I came to town, 'cause I saw a couple of them for one thing or another. I don't know when they closed it, to be honest with you.

**JE:** But there was the Children's Medical Center started by the Junior League of Tulsa?

**CT:** Yes but that was never an acute care place.

**JE:** It was a convalescent wing?

**CT:** No, it was more a research organization. They dealt with a lot of sight problems, they dealt with a lot of genetic problems. I don't recall there ever being an acute care hospital there.

**JE:** So Hillcrest then was—

**CT:** They had the polio center.

**JE:** And along comes nationally then the March of Dimes named by the actor Eddie Cantor?

**CT:** Right.

**JE:** And then you had President Franklin Delano Roosevelt and that was kept quiet for a long time that he was a polio patient.

**CT:** Oh yes, oh yes, I had no idea. As you'd watch him in the movie newsreels I had no idea he was a paralytic.

**JE:** Long term rehabilitation was supervised by the Crippled Children's Society of Oklahoma.

**CT:** Yes.

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**Chapter 10—4:38**  
**St. Francis Hospital**

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**John Erling:** So that is waning as you are now in 1960, at St. Francis Hospital. Were you invited to come out there?

**Dr. C. T. Thompson:** When the hospital was announced by the Warrens it was a very controversial business. He originally announced in the newspapers that he wanted to build his hospital at Woodward Park.

**JE:** You're talking about William K. Warren Sr. now?

**CT:** Yes.

**JE:** And Woodward Park, which was at 21st and Peoria.

**CT:** Yes. Which created one heck of a ruckus, as you can imagine. I mean, people raised Cain and editorials were written. I remember all of this.

Then when so much Cain was raised about that he was going to build it at 21st and Darlington. I remember that one very well too because at that time I lived on Fulton, which we called it the Sears and Roebuck neighborhood, Wedgewood. And they drilled a bunch of test pipes down and found that it had a whole bunch of old coal mines under there. At least that's the story I heard. And that's when he came to the conclusion that he was going to build it at 61st and Yale.

He appointed his first board of directors. He picked the first president of the medical staff. It was Carl Lindstrom. Carl was a very highly respected Ob-Gyn guy. Carl sat down with a whole group of people to sift through all the applications for staff, he applied for staff out there. And there were just a lot of people they didn't want on the staff.

But I was fortunate to get on the staff along with most of the other board-certified people. I had no problem getting on staff but they were pretty picky about it.

**JE:** So you then began to practice at St. Francis?

**CT:** Yes.

**JE:** And you left St. John's?

**CT:** No, no, oh no, no. We had to practice everywhere, because I still had people who sent me stuff at Hillcrest and St. John's. I continued to practice solo going all over town until '67, when I, along with two other guys, put a group together called Surgical Associates. That was Lester Nienheiss and Dean Heidi and myself.

**JE:** Did people think that William K. Warren Sr., was just ridiculous going that far out in the country?

**CT:** You have no idea how many doctors said, "He's gone crazy. We're not going to go out there." They had a very difficult time getting internists to go out there, particularly

entrenched ones that were mostly at St. John's. There was a lot of sort of resentment of him building it out there because he had been a huge supporter of St. John's.

**JE:** He donated financially to St. John's?

**CT:** Oh huge amounts. They had the William K. Warren operating room. When I came they had a small operating room, God, they still opened windows, you know, at both Hillcrest and St. John's. He built a new operating room. There was a many, many hundred thousand or several million or whatever. So when he announced that he was going to build a hospital they were honked off, let's put it that way. They got specifically honked off when he tried to go to Woodward Park.

But then when he moved to 61st and Yale and began to get successful, early on it was difficult, and a lot of us young Turks went out there, again, because we wanted to participate in its growth.

There were editorials written in the paper, a great deal about if W. K. Warren really wants to help the city why doesn't he build a hospital out north? It was a huge move to build a north hospital.

I facetiously suggested one time that they just declare everything north of 21st Street north and you'd have lots of hospitals. You'd have Osteopathic and Hillcrest and St. John's. But they didn't think that was funny. That was an old planning commission stuff.

The hospital began to pick up steam at St. Francis during the mid-'60s because it took a while. Many people just didn't want to go away so far. And patients felt that way too.

**JE:** Well, it was five to six miles out there.

**CT:** Oh yeah, yeah. There weren't office building out there and then he built the Warren building and as we put our group together, we formed it in '66, but we officially went together in '67, that's five guys. We made a command decision that we were going to move to St. Francis at the first opportunity and concentrate all our efforts there so that we could be a part of their growth and development.

So we moved in '68.

## Chapter 11—13:00

### W. K. Warren Sr.

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**John Erling:** You were around W. K. Sr. at various times. How would you describe him?

**Dr. C. T. Thompson:** Ah, pretty rough and ready guy. I got close to him, I think, in several ways. Number one, is when I got involved in all the Oral Roberts crud he didn't like Oral at all. I don't know whatever reasons and stuff. And so he would call me up just to find out what was going on. And at that time our offices were one floor below his.

By that time was heavily involved in the developmental areas of St. Francis. I'd been Chief of Surgery and President of the staff and ultimately became their Chairman of the Executive Committee of the Board. So one of my jobs was growth and development at St. Francis.

So you know, I talked to him a lot. He was always Mr. Warren to me. Bill was Bill, he was Mr. Warren to everybody. But he was crusty. I liked him because, you know, we talked the same language about everything. He wanted to make it a great hospital out there. He wasn't sure what a great hospital was but by God, he wanted a great one.

**JE:** And when it was built it had, obviously, the state of the art equipment and since it was newer than the other hospitals probably ahead of the others?

**CT:** You know, as things develop that are technologically superior hospitals all track along pretty well together. When CT scans came along everybody gets CT scans, but it was built with ability to expand and develop a lot better. They had land, 'cause he bought up this huge amount of land around there.

**JE:** About 160 acres?

**CT:** Oh yeah. Nobody else had that opportunity. And they had the opportunity to kind of pick and choose staff and recruit people differently. He had the opportunity because it was sort of fresh and new to do things.

Again, I go back to what I considered one of the great things was the development during this period of time of its growth and development of single-specialty groups. We ultimately grew to seven, eight, ten people. Now they have thirteen or fourteen. We would do our own recruiting for people and everybody that came brought in something to add. And so that added to the technological things and advances that you could bring with the people and all of us involved nationally, and a bunch of stuff.

But so did the orthopods, the urologists, and so did the various single-specialty groups that came out. They were able to bring advances in technology along, probably quicker just because they were large groups that demanded, to some extent, this kind of thing.

Now all the hospitals compete, they all do, so that all went along with just advancing technology all over the country.

**JE:** So I suppose when W. K. Warren Sr. said he was building a hospital, St. John's says, "You're breaking your allegiance to us and now you're going to compete against us," so he felt all that pressure, didn't he?

**CT:** Yeah. Each of the hospitals, and I was involved in all of them at one time or another, each of the hospitals, like Hillcrest had the Helmricks and they had the Boulevards and they had a lot of the moneyed folk that, I won't say that they were anti-Catholic but they were there like D. D. Boulevard. I remember when they decided to clean up their act.

**JE:** Who cleaned up what act?

**CT:** D. D. Boulevard was Chairman of the Board of Hillcrest when they had huge numbers of just family-doc surgeons operating and had some quality problems. And they decided to clean the place up. Now what that did was spawn Doctors' Hospital because the doctors that were either going to get thrown off the staff or not allowed operating privileges formed Doctors' Hospital, which was largely a general practitioners.

St. John's then had their group, Seigfrieds and LaFortunes and ultimately the Kaisers and the Chapmans that do a lot of support of St. John's. They've had, again, a lot of support from the moneyed families over the years. As opposed to the Warrens who didn't want any. He didn't go out and look for community funds or other funding people. He wanted to buy his hospital.

**JE:** And his wealth had come from oil?

**CT:** Well, he had one petroleum, and Bill could probably speak to this better than I could, but he and LaFortune were the main stockholders, but he was far and away the largest stockholder in Warren Petroleum. When he formed Warren Petroleum it really was natural gasoline, he and Natalie, she was his secretary.

**JE:** His wife, Natalie?

**CT:** Yes. And LaFortune was basically the sales guy.

**JE:** That would have been Robert LaFortune's father?

**CT:** Yeah. He was basically the sales guy, this is according to the Warrens. And they made a move right after World War II to get tank cars for liquefied petroleum products. Well, LaFortune didn't want to do it 'cause they were already rich, I think. And they went heavily into tank cars, which built the Warren company up from modestly big to really big. And they had liquefied petroleum plants through hither and yon.

He bought up used plate steel and got into the tank car business. Ultimately, of course, he sold one petroleum to Gulf Oil.

**JE:** And then formed the foundation?

**CT:** I think there was a foundation before then but this made it big.

**JE:** And it was the foundation then that funded the hospital?

**CT:** Yes.

**JE:** It's quite a story for a young man, W. K. Sr., as he was sixteen years old when he came to Tulsa.

**CT:** Yeah.

**JE:** Bill Warren has told me, and you can hear on another segment of this website, [voicesofoklahoma.com](http://voicesofoklahoma.com). This young man comes here as a sixteen-year-old and then develops what he did.

**CT:** Eighth grade education.

**JE:** Yeah.

**CT:** Now he's told me a little bit about it because he asked me to go to Washington with him one time to talk to the secretary of HEW, then Health, Education, and Welfare, about something that he wanted to do. We were being hampered by all the planning agents, which they had at the time. You couldn't do this, you couldn't do that. They would come up with the notion that one CT scanner was enough for a whole city, and all this sort of business.

And on the way up, he said, "Well, what do you like to talk about?"

"Oh anything but, Mr. Warren. What do you like to talk about?"

"Well, you want to talk business?"

I said, "Oh yeah."

He said, "Well, let's have a drink." I ordered Scotch and water and he got a Coke. We talked and we had another drink. He said, "Well, I'm going to teach you the first thing about business, son. When you're drinking and the other guy isn't you don't talk business."

So we talked and he told me about going to Seminole and calling up Mrs. Warren when it was time he was getting his start. Yeah, he liked to talk about it, he was very nice.

I had a son who was up in Washington at the time working for the summer. And so he took us all out to dinner and regaled us all with more stories.

**JE:** W. K. did?

**CT:** Yeah.

**JE:** Was he connected to Washington? Did he need people influence in Washington?

**CT:** Oh he knew people everywhere. I was with him when they were doing the West Wing at St. Francis. Sister Blondine and Lloyd Red and myself were talking to Mr. Warren. We'd gotten the bids on the West Wing. We'd looked at two or three bids from various places. And one of the deals was that any business deal that related to building had to be cleared with the Warren Foundation. Since I was the Chairman of the Executive Committee of the Board I was involved in that so we took it over to him. We thought the Limbeck bid was the best, they were an outfit out of Houston.

He got his pencil out and he looked at the bid and all and he picked up the phone. I can't remember Limbeck's first name but he got him on the phone, and he said, "You're not going to [bleep] an old buddy of yours, are you?"

We were just sitting there, Sister was there, and he said, "That's way too much." He said, "Let me tell you, we need to talk."

He said, "You look at this bid."

And he said, "Well, I've looked at it already."

Well, he said, "You look at it again and I'm going to tell you where you're going to cut." It was something like eleven million dollars and it came back 9.8 or something. At any rate, he just picked up the phone and called him.

When he was going to develop and build the Doubletree Hotel and the Prudential people that he eventually sold it, he just called the guy on the phone. And the guy came down. I can remember we all went to lunch with him.

**JE:** The Prudential people?

**CT:** Yeah, CEO of Prudential. He called him on the phone, he said, "Here's the deal. Here's what I want you to do." He wanted a hundred-year lease for all that land to go into the Warren Foundation for X dollars per foot, or whatever. And you develop it and build it and, you know, blah, blah. And he was not timid about just calling people up and telling them what he wanted.

I was sent one time to talk to him. Red Cross wanted to build a building out on 169 and Bob Thomas was a Mapco guy, was the chairman of the fundraising for it and I was put on the committee, I think because they thought I would be the one talking to W. K. And I did.

And he said, "Well, how much do those damn pipeline people want?"

I said, "I don't know how much they want. I can tell you what the building cost."

He picks up the phone and he called Bob Thomas and he said, "Don't send anybody up here to look for money, you tell me what you need." And so he sat down and wrote me a check for a hundred thousand dollars.

Just a little different, coming from my school-teaching background you can understand why I didn't understand.

The guys around town at that time, I was always fascinated where the guys would sign their names to build things. And they would just sign their names. Like they built an airport.

**JE:** Stud Horse Notes?

**CT:** Stud Horse Notes. That story fascinated me from the time that I first heard it because they did so much exactly that way.

**JE:** They would just sign a piece of paper.

**CT:** Talking about community leaders.

**JE:** Yeah.

**CT:** Now, who can do that?

**JE:** Wasn't that they would just sign their signature?

**CT:** It would be a two million dollar or ten million dollar development and they'd just sign their names.

**JE:** So those names that were on there were really taking responsibility to make that happen.

**CT:** Absolutely.

**JE:** But it was just nothing else to make it official.

**CT:** They would make it good if it didn't work. It was very interesting.

Now W. K., I thought, was a pioneer thinker and he thought big. Like when he said, "I want a great hospital."

I remember specifically saying, “Well, Mr. Warren, what do you consider a great hospital?” “Like the Mass General or...” and named a few places.

“Well, I don’t know,” he said, “I think the Mayo Clinic.”

I said, “The Mayo Clinic isn’t a hospital.” At that time they did not own St. Mary’s and the other hospital.

“Well,” he said, “I want a great hospital and you people go think about it.”

It was Blondine and Lloyd Red, myself, and I think Bob Parker, who was Chairman of the Board.

**JE:** Chairman of the Board of?

**CT:** St. Francis. He was Chairman of the Board from the very start.

So we went and we called all our little groups together and went, “What is a great hospital?” I was given the job of articulating it. We wanted to have an acute care general hospital, but we wanted it to have regional expertise or even national expertise in certain areas. And we choose Neonatal Care, Trauma, Cancer, and Heart and proceeded. Each of those we were given the notion that we would recruit the people to make those programs happen. One would move this slow, one would move that fast, you know?

The Trauma impetus built our Emergency Department into the largest in the state, by far.

**JE:** So as you laid out your vision W. K. was in agreement with you?

**CT:** Well, it wasn’t just my vision, it was the other guys’ too.

**JE:** Right, but he could see that this is what he had envisioned.

**CT:** Yeah, yeah.

## Chapter 12—2:27

### Helicopters

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**Dr. C. T. Thompson:** And the outgrowth of that was we developed the first helicopter system. My discussions with Mr. Warren about helicopters was very interesting because Sister said, “Well, you’re going to have to talk to him about it because I don’t know that much about helicopter programs.”

Well, I’d been involved in Korea with taking people off the sides of helicopters. And had a very good friend in Denver, who started the first hospital helicopter program. It was a guy named Henry Cleveland. And I talked to Henry, so we developed a sort of a plan and I was sent to talk to Mr. Warren.

And, you know, he always kind of gave me a little bit of a hard time and he said, “Well, tell me about these helicopters. What’s your financial plans?”

I said, “Well, we’ve got the little outline of stuff but we have no idea, you know, how soon it’ll take place and how soon we’d have to get out. And, you know, we’d have to sort of market the area a little bit.

He said, “Well, you go ahead provisionally, but I want to see some financials on your helicopter program.”

We started. I’d almost walk around to keep from seeing him because he kept saying, “You never brought me those financials, Thompson.”

I said, “Sister’s working on those.” I’d always blame it on Sister. And I’m sure he got sick and died never really getting his financial. I saw it was—he knew, but he had to give me a hard time.

**John Erling:** He didn’t see the program come to fruition?

**CT:** Oh yeah, oh yeah he did. But he never failed to mention that I didn’t give him his financials on time. ‘Cause they never looked good, they never looked good because you couldn’t charge people all that much. But it was financially viable just because of the patients that were being brought in. The helicopter program is the most successful at bringing heart patients in, as opposed to most people think that it brings automobile wrecks and stuff off the side of the road. It’s very important for that too, but I’d say 35 percent of all the patients that were brought in by helicopter were cardiac. So it literally helped build the Cardiac program at St. Francis.

**JE:** That would have been about what year?

**CT:** The ‘80s. In the ‘80s.

**JE:** So you’re talking about helicopters in the ‘80s?

**CT:** Yeah.

**JE:** This would have been a new program, obviously, for Tulsa.

**CT:** Yeah, oh yeah.

**JE:** St. John’s, obviously, not involved and Hillcrest and—

**CT:** We had to sign contracts with them and then they got helicopters, of course. The program now is a St. John’s, St. Francis joint venture. But that just happened here recently.

## Chapter 13–14:50

### City of Faith

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**John Erling:** So along about 1977, Oral Roberts claims to have had a vision of Jesus to build a City of Faith Medical and Research Center. And in 1980, he said he had a vision, which encouraged him to continue the construction of the City of Faith Medical Building. Which opened in 1981.

When you or W. K., Mr. Warren, got wind of this, I suppose in 1977 or 1976—

**Dr. C. T. Thompson:** Yeah.

**JE:** What was the feeling then at that time?

**CT:** We thought that at that time we had plenty of hospital beds. The notion that people were going to come from far and wide for ordinary care, which is what he was proposing. He was proposing obstetrics and it didn't make sense. You know, nobody is going to travel two hundred miles to have their appendix out. Unless you have a very high-classed medical staff. And basically what he was doing at that time were bringing in missionaries from out in the world, out in the field, to man his hospital.

Well, that's not exactly cutting edge medicine. It was our view that the premise was faulty, that you can't build a medical school that didn't have a high-class medical staff. And you can't build a hospital that doesn't have high-class medical staff. And we saw very little effort.

The original people that he brought in, Jim Winslow, who was a good orthoped got enamored with Oral and was trying to recruit people. Well, we saw the people he was recruiting. Most of them just didn't measure up. And I have a lot of national contacts because I've been involved in a lot of the American College of Surgeons programs, particularly their Trauma program. And he just had no-names, as far as we were considered.

Well, I talked to Jim Winslow about it and I said, "We're going to have to oppose it if you don't look at your quality of your program. Because you can pray over people all you want." I've been in practice a long time and people may ask me if I'm a Christian, but that's not the first question. The first thing they want to know about is if I'm a good surgeon. So prayer is not going to make up for that.

Jim Harvey at Hillcrest and myself were appointed by the Tulsa County Hospital as spokesmen. After the few times we came out publicly against this thing Jim was kind of told by his board that he could no longer continue doing this. He was representing a hospital, not a personal point of view.

Mine was a personal point of view, I didn't represent St. Francis, although they adopted it pretty quick.

**JE:** But Jim Harvey, in essence, was representing?

**CT:** He was representing Hillcrest. And I think that they got a lot of flack because they were the only protestant hospital. And here are St. John's and St. Francis. So he got a lot of flack and kind of had to bow out.

So I got sort of stuck being the major spokesman. It was a pretty hot topic for a while. *60 Minutes* called, they stuck me on *60 Minutes*. My telephone stayed hot.

One of the things you find out in a religious context is that there are just as many crazy people on your side as there are on the other side. Because I had crazies that would call me from North Carolina or Virginia or California saying, "Oh you're the one that's against

that Devil. And every time I turn on the program and Evelyn is on it my ovaries shrink.” That was one call I got I remember.

By the time you listen to that for a while you think, *Man, don't ever let me in the middle of a religious controversy again.*

**JE:** He did build the hospital but then he was having difficulty raising money to continue for, I believe, the research center. And oh in 1980, he made the announcement that he would build and he said a nine hundred-foot Jesus talked to him about building the hospital. He sent out a letter, which said in part that Roberts encountered Jesus at seven o'clock in the evening as Roberts stood in front of the City of Faith. And he said, quote, “When I opened my eyes, there he stood, some nine hundred feet tall, looking at me. His eyes, oh his eyes. He stood a full three hundred feet taller than the six hundred foot tall City of Faith.”

**CT:** As I recall, his first letter that he wrote said that Jesus lifted the City of Faith. We did the calculations on the nine hundred-footer. I think that came later from somebody in our group, and I don't remember who, but at any rate, that matters not. It was such a phony—

**JE:** You openly opposed the project. You sent copies of the letter that I just quoted from to the media.

**CT:** Yeah, yeah.

**JE:** Local media or national media too?

**CT:** No, no I originally wrote a letter to the *Tulsa World* opposing it and basically I said that Oral Roberts had had a great dream. Now I didn't oppose his dream, but it's not our dream and it should not be the City of Tulsa's dream. And I gave, I thought, some pretty cogent reasons why you couldn't just build a place based on religion and this type of thing. So I wrote a letter and they turned it into an op-ed.

Then when he continued, I copied his letter and sent it to all the ministers in town, and I said, “I would think that when you read this type of letter that I would hear thundering from the pulpit about this type of charade.” And that leaked to the media. I guess from some ministers. And that's when I got called from the Chamber of Commerce who were very upset because they thought what he was doing was wonderful for the city.

And I wrote them a letter and said, “If you think this is good for the city you ought to hear the calls I get from outside who think this is stupid.”

**JE:** State again why did you feel it was not good for the city?

**CT:** I didn't think it was good for the city because I thought it was a quality issue. That if we were going to compete between each other based on quality then why would you bring in some place that's basically a faith thing? The original Chief of Surgery that they got, I knew. I can't say he was a charlatan, that's the wrong word, but he was a guy that was not up to the snuff of half the surgeons we have here in town.

The original of one of the specialty guys was an old broken-down missionary running a program. I also knew him. He wanted a national hospital. You have to recruit doctors with national skills.

**JE:** Not unlike the Mayo out of Rochester—

**CT:** Yeah, I mean, if you're going to build a great institution that has international and national stuff. And the other thing, be blunt. Before his hospital even opened I got a patient in the Emergency Room at St. Francis that had ridden a bus from New York to come to Oral Roberts, and she took a taxi from the bus station out to Oral Roberts. It wasn't open, but she found somebody there and they shipped her to the ER at St. Francis with a gangrenous leg.

I said, "You know, there's something wrong with this that if you're going to be attracting people riding buses." I, you know, his was a ministry but it certainly wasn't a medical neck, let's put it that way.

**JE:** There's a quality issue but then wasn't it that you believed Tulsa had enough hospital beds the way it was?

**CT:** Yes, and I thought it was a charade, frankly.

**JE:** So the decision went to this three-person Oklahoma Health Planning Commission for a final decision. April 26, 1978. And by the way, both houses of the state legislature passed resolutions urging that commission to approve Roberts's application.

**CT:** Um-hmm (affirmative).

**JE:** Were you there? When that vote was taken?

**CT:** No. It was a guy named Jack Boyd ran the Planning. I knew Jack. When they passed it I talked to him on the phone. He said, "We had about a hundred thousand letters," or some number, it may not have been a hundred thousand, "sent to the Planning Commission."

**JE:** Oral had asked people to write and call.

**CT:** Right. He said, "Our phones are hot," and he said, "I think maybe five doctors wrote and said, 'Don't do it,' or something." It was pretty bad. And he said, "There was nothing else politically that we could do."

We told them it would fail, and it did, of course.

**JE:** The Commission voted three to nothing to approve the project.

**CT:** Absolutely.

**JE:** And the Commission was composed of two doctors and Lloyd Rader, the Director of the Department of Human Services. And then the other two were the Commissioner of Health and the Director of the Department of Mental Health. Certificate of Need was granted.

In an interview I did with Oral Roberts, and can be heard on this website, Oral talked about Lloyd Rader, how Rader had become a friend to him through the controversy. And

how Rader brought Roberts to the other two members of the committee to tell his story, and in fact, Roberts was able to lobby the voters. And then they all voted in favor.

**CT:** Rader was probably the most politically savvy guy in the state of Oklahoma. He ran an empire and the Welfare system and per capita got more federal dollars than any state in the Union. He was able to maneuver the welfare matching, so Rader probably could make him break governors and was a very powerful man. Whether he was good or not, I have no clue, but he sure brought a lot of welfare federal dollars in. And very powerful. None of the bureaucracy could match Rader at all.

Our deal was that we were predicting the demise of his medical school. I will tell you, they would never, never have become fully accredited. Religious medical schools are pretty tough because you get involved a little more into science than you do religion. And their quality issues become pretty big. That one was doomed to failure, as was his hospital. We thought we were impressing it in many ways and trying to point that out to him but they just brushed it aside.

**JE:** For some reason, Lloyd Rader took a liking to Oral Roberts.

**CT:** He was a likeable guy.

**JE:** Yes.

**CT:** Yeah, I saw him when I took care of one of his kids, or two. And his—

**JE:** From a medical standpoint you took care of them?

**CT:** Yeah from a nephew and his brother. I really thought he was affable. He had his views, I'm sure he wasn't a friendly guy when you didn't agree with him, but that—

**JE:** Through all of this did you have any conversation with him at all?

**CT:** I offered to debate him at any time and left messages and he left me a message back through one of his minions that he would do his through prayer. I could do mine any way I wanted. They kept sending Jim Winslow.

I said, "Jim, send Oral. I want him to defend himself. I want him to defend his thesis that he's going to be able to have a successful medical school." I was really more opposed to the medical school than the hospital, frankly. But he couldn't have one without the other. The medical school was a travesty.

**JE:** And then as you've alluded to earlier, of course, the whole idea failed.

**CT:** Yes. Miserably.

**JE:** Did it fail because he could not attract the kind of quality you felt he should have?

And being an outsider to your profession, I guess you have the interest of all patients at heart, that if he is producing a hospital or a medical school that does not maintain the quality that the rest of the hospitals do then patients suffer. Otherwise somebody could say, "If he wants to go off and do that on his own, so what? It has nothing to do with us."

**CT:** But it besmirches your whole profession, to some extent, and particularly if you get off in the medical education. As I say, the quality of his staff was certainly suspect and, you know, if you're going to have a medical school you've got to have some class people. They don't always have to be Nobel Prize winners but you have to have some class acts.

Jim Winslow left and I respected Jim, I liked him. They got another guy named Charles McCall to be the dean. Charlie came from LSU and I didn't know him there but I knew of him. Highly respected guy. Charlie ran afoul of the powers that be out there and literally left in the middle of the night, which bespeaks some of the other things that we've talked about. Bad actors are dead out there.

**JE:** Because of the standards he had he ran afoul? Or is it because—

**CT:** Well, no, I think he got his family out. I don't know, there were so many veiled threats of people that fought and dealt with that group. I never would have quibbled about him running a liberal arts school. It's fine. There's probably that should send their kids to places like that, I don't know. But when you get off into the professional arena whether it be law, whether it be medicine, and of course, you got a law school too. And it was inevitable that they were going to flunk.

And when Charlie McCall called me and said, "I wish you wouldn't talk about this but I'm leaving. Don't say anything because I want to get out of town before this breaks."

And I took that to mean that he felt under some threat or other. I don't know.

**JE:** Because he was either diametrically opposed or something, philosophy change there.

**CT:** Yeah, yeah. I don't know. Those days are long gone, but it was certainly a hot issue at the time. And I'm very pleased that we fought it, frankly, because I think to have allowed that to happen without at least predicting it was going to fall down, I think we as a community would have been on the wrong side.

**JE:** W. K., Mr. Warren, didn't particularly care for Oral Roberts.

**CT:** No. I don't know why.

**JE:** And it just so happens that you didn't take up the gauntlet for W. K. Warren. It was the fact from a medical standpoint, professional standpoint. You could have been anywhere in Tulsa, at St. John's or anyplace and you would have opposed this?

**CT:** I would have opposed it no matter when he started it or whether I was at St. Francis or not. Now, would I have had a platform? I don't know, to be honest with you.

**JE:** St. Francis gave you that platform?

**CT:** The Tulsa Hospital Council did. But I was high enough up the pecking order at St. Francis I guess they thought that it carried more weight. I don't know.

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**Chapter 14—8:10**  
**Faith and Healing**

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**John Erling:** In an interview that I did with Oral, even though the hospital medical school failed he believes that there is more combination of faith and science today in the hospitals because of what he tried to start there.

**Dr. C. T. Thompson:** That was one of my disputes with him. We've always had chaplains, we've always had priests. Every hospital has always done this. They all have pastoral care.

One of the problems that I had with the Oral system was that he had prayer partners. Now prayer partners were given equal footing with the doctors. Hey, that's a little different. In addition to which he had applied to insurance companies to pay for prayer partners. I thought that's a little much. I didn't argue with the prayer partner business.

I'm a reasonably good Christian, I don't know how good, but I have a unique belief along this line. I've always believed that people want to have faith in something when they're sick. Many of them have faith in their God, they have faith in their pastoral care, they have faith in their doctor, or they have faith in technology. They think, *Oh well, they have stuff that'll cure me.* So people need something to grasp on to whenever they're sick. If they feel the need that their doctor has to be deified then so be it.

You know, you do what makes them feel that they're going to get better, or something good is going to happen. And I don't see that as any different than prayer partners or anything else.

**JE:** Well, as a surgeon there are many of your patients who would be frightened and could be life and death situations.

**CT:** Oh sure.

**JE:** Were you ever asked yourself to pray for them before surgery?

**CT:** No. I've been asked if there was a preacher in the room or a priest or whatever. Will I hold hands with them or whatever? Sure, yeah, I mean, I think that's an essential part. Getting well isn't always just a matter of cutting and sewing and taking out the right thing or putting in the right thing, it's a matter of there has to be a lot of help along that line, in terms of a patient's mental status or what have you.

So I think any doctor who disputes that is apt to find himself on the wrong end of a patient getting well. So I believe firmly in this. But as I say, patients have faith in different things in different ways.

I saw a lot of kind of characters in medicine that they'd have faith in themselves, you know, be ornery cusses. A lot of times the patients that do the best are those who fight the system. By God, they're going to take care of themselves. They're going to do it their

way and, "Doc, you do what you got to do but I'm going to do what I do." I admire some of those guys because they did pretty damn well.

**JE:** I'm not sure I followed all that.

**CT:** Well, I can recall specifically. These usually tended to be guys from the country, farmers, they were tough as nails. They didn't particularly want to pray. They wanted you to do your job and then he was going to, by God, go out and take care of himself. Sometimes they'd agree with what you proposed for them or not. And a lot of those tough old coots would live forever just because they're tough. So I call that a faith in themselves, as opposed to relying on a particular religion or the doctor being a magic guy or whatever.

**JE:** Interesting you said, "It's more than just cutting and stitching and putting in the right parts and so forth." Do you believe that the mental state of a patient is extremely important?

**CT:** Oh absolutely, absolutely. I've dealt with a lot of people who are dying. We did a lot of cancer surgery and a lot of bad injuries and this type of thing. You always would try to keep them in as positive a frame of mind as you could. That sometimes is difficult, but that's also our job.

**JE:** Isn't it amazing that the mind is as much a part of repairing the body as the mechanical things you do?

**CT:** Oh sure. It is amazing. That's the reason people do well with a lot of nontraditional medicine. I can't think of any reason why acupuncture should work, but it does, on some people. It doesn't on everybody. Why many of our psychiatric things, whether you go and lie on a couch and tell them your troubles, or whatever. There are many ways that people get better. Most of the time the mind has a fair amount to do with it.

You know, a lot of diseases and illnesses are self-limited. They don't need somebody to do a magic potion on them or an antibiotic or take their gizzard out or whatever. Some people get well in spite of us all. I've practiced surgery for a long time. You see a lot of different kinds of patients and they have differing ways to make them well. And what you want to do is not to interfere with them getting well.

**JE:** So did you ever have patients where you believed that surgery was necessary but you thought in the back of your brain, *I'll do this but the chances of this patient surviving are not very great*, and they did survive, much to your amazement?

**CT:** Oh sure. I can remember a Jehovah's Witness patient. They wouldn't allow us to use blood. She had cancer of the colon and something like a five-gram hemoglobin. And I said, "You're putting me on the spot. You need your colon out and you're hamstringing me not being able to give blood because you may not survive."

I can remember pumping the lady full of iron and doing the most bloodless operation I think I've ever done and she survived. There are a lot of guys who would have just not

done her because it was too much of a risk. I had a hard time talking the anesthesiologist into it. I said, "Well, you know, they know the risk and this is her only shot."

There are a lot of people, again, who don't follow the traditional routes and they do okay, depending on sort of a faith deal.

**JE:** But there is something that you have to admit of a miracle of faith of some sort that takes place that went beyond what you can do as a surgeon?

**CT:** Whether you call it a miracle or whether you call it way down on the bell curve, I don't know, but there are lots of people, for instance, I can tell you stories, bunches of them, that live a long time after they have inoperable cancer, for instance. And you think, *How can they do it?*

I remember specifically a nice little lady had inoperable cancer of the pancreas and I wound up bypassing from a biliary tract into her intestinal tract so she wouldn't be jaundiced again. I sent her home with all the appropriate stuff. She was from out of town, some place in Arkansas.

She showed up about three years later and said, "I'm going down to MD Anderson because I think you've made a mistake."

But I CT scanned her and everything. The tumor was not just still there, it was growing. She went down there and they called up and send, "Send us the slides because this may not have been a malignant tumor."

I sent the slides. She showed up and they said, "Yes it is cancer and we can't do anything more."

She showed up four years later. This lady lived seven years after something she should have been dead from in three months.

And you say, "What makes these people live?" I don't know. You call it a miracle or you can say the bell curve just went a little further. I don't know, but lots of that kind of stuff. People that die that shouldn't, live that shouldn't. It makes you believe to some extent that health is a little bit of a crap shoot. Why do thirty-eight-year-olds die of coronaries? Other old coots that do everything wrong live to be ninety or eighty-five or whatever.

**JE:** So there's an empowerment the doctor or surgeon kind of gets, but maybe we don't have so much power over this?

**CT:** Oh sure. You can do the right thing for the right reason and get a bad result. Most of the time, if you're one of the better ones, that you get a good result more times than other people.

**Chapter 15—7:00****Surgeon and Administrator**

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**John Erling:** You were in your career a general surgeon, but you also were an administrator. Not every doctor moves into those areas. You felt good about that and enjoyed both sides to this profession?

**Dr. C. T. Thompson:** Well, again, going back to our original thought that we wanted to influence the growth and development of an institution, which we did at St. Francis. Not only me but my group, they were at one time or another all presidents of the staff. We were all involved but I, probably a little more than others. In my position as the Chairman of the Executive Committee of the Board I kind of dealt with the growth and development of the institution and programs, as we developed programs.

And then when one of the administrators left, long after Blondine and Lloyd Red had gone.

**JE:** And again, we're talking about at St. Francis.

**CT:** Sister Blondine and Lloyd Red, yeah. Well, I had run a surgical program at Hillcrest in my early in my career, for five years because they didn't have anybody to run the program. So I'd had some teaching administrative program development there. But at St. Francis I was allowed, blessedly I think, to kind of help manage things. So when one of the administrators was fired I was asked to run the hospital on an interim basis for a year or so. I was about at retirement time anyway, I was seventy-one or two, and I was thinking of quitting surgery the following year. But at any rate, I did that.

And then as they were waiting for a *real* administrator they got a guy that came in and then I became his VP for Medical Affairs for another couple of years. By that time it was time to quit, so I quit.

**JE:** How long can a general surgeon continue to practice? When do they begin losing their skills?

**CT:** It depends on if you're a Debakey who can command and demand everything. He was so powerful. Debakey operated until he was ninety. Now, do I recommend that? No.

At St. Francis we developed a rule that after seventy-five that you could not admit patients to the hospital. So I would have had to quit operating at seventy-five. I actually quit operating at not quite seventy-two.

**JE:** Why did you?

**CT:** The July before December of '72, I took over as the interim administrator of St. Francis, the CEO. I continued to try to operate some but I couldn't.

**JE:** Yeah.

**CT:** So at the end of '96 I just quit operating.

**JE:** Here we are in 2010, the state of hospitals today, how do you see their future? And what would ever happen to St. Francis? Where do you see that institution going?

**CT:** There's been a sea change already in the Tulsa hospitals in that each of the hospitals have developed primary care basis. They have like the Warren Clinic and the Omni Clinic at St. John's, and the Parkside Clinic at Hillcrest where they have a whole group of primary care doctors, internists, medic pediatricians that sort of feed the system.

The specialists, little by little, are sort of being taken over by hospitals. For instance, the heart surgeons now are all salaried guys at each hospital. St. Francis is recruiting general surgeons into the Warren Clinic. And they're recruiting urologists into the Warren Clinic, orthopedists into the Warren Clinic. They're doing the same thing at the other institutions. So that ultimately doctors and hospitals are going to be married one way or the other, for better or for worse. They are already in the major clinics like the Cleveland Clinic, the Mayo Clinic, this type of thing. They're already married, they're all salaried doctors. Now whether they are part owners or not, I don't know.

Ultimately I think the system of medical care that's going to be delivered is going to be delivered into this kind of setting. The one thing that's holding out at the moment are the niche hospitals like the Tulsa Spine Hospital, Oklahoma Surgical Hospital, and that type of thing.

**JE:** Specialty hospitals?

**CT:** Specialty hospitals. Now they will hold out until the government says, "No."

**JE:** What do you mean when you say they'll hold out?

**CT:** Well, they're holding out right now, you know, they have to be paid by Medicare, they have to be paid by Blue Cross, Blue Shield, they have to be paid by Community Care. Community Care already shuts them out because they are owned by St. John's and St. Francis. So that whether the niche hospitals are going to survive the legislative process and because they don't confirm, perhaps, to not just our current law, but those laws will be changing. And the regulations that are being proposed that go along with the law may or may not shut them out, basically, and funnel them all into the big institutions.

I don't know that, it's a sort of an aberration right now based on doctors wanting to control the institutions. The doctors basically control Oklahoma Surgical, they control and own it. Whether that will ultimately pass muster with whatever type of laws that come down and whether it goes to purely governmental run medicine or not, I don't know.

**JE:** Bill Warren told me he thought maybe hospitals would become like public utilities, like PSO and that type of thing. I think he envisioned maybe what they would be focusing on is a clinic and maybe a children's hospital.

**CT:** I'm not sure he's wrong. One of the problems that we have right now is we're running into a huge doctor shortage. A doctor and nurse shortage, not just doctors, nurses. We're either going to develop other ways of delivering some kind of care or not.

In dealing with what we do now, like I'm on committees at the American College of Surgeons and stuff, in terms of manpower, general surgeons like I practiced forever are practically becoming a thing of the past. Because they're going into specialties in general surgery, like not only hearts and chest, four out of five of the general surgery residents right now go off into another field. They'll either go into doing nothing but thyroids or something that deals with lifestyle issues. We're dealing with generational issues in terms of work hours. I call them lifestyle issues, that's sort of a code word, I'm not going to work as long and as hard as you guys did. You don't find many young guys that are going to do the night work that we did. They just don't. They're not either better or worse, they're just different.

We thought that was part of the initiation fee, you know. And it's not true anymore.

## Chapter 16—3:30

### Advice

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**John Erling:** Potential surgeons listening to our conversation, young men or women, what is your advice to them?

**Dr. C. T. Thompson:** I think regardless of my advice I absolutely enjoy my career. I didn't always enjoy getting up at two in the morning but I did it. I thought it was just part of who I was.

The young guys coming out are probably going to go more toward shift work as our emergency physicians do now. We're going to find them banding together in large groups, and if you pull a night shift then you won't work the next day. You know, blah, blah. So my advice is if they have a dream, follow their dream.

Medicine is a great career. You don't see starving doctors. They're not ever going to make as much money as people think we do, you just don't.

**JE:** Doctors are not going to make as much money as people think you do?

**CT:** Well, it's always been cartoons of the rich doctors and all that sort of stuff.

**JE:** And they're not all rich?

**CT:** Playing golf and—no. We have “have not's” and “haves.” And that's a changing group. As I was coming along I can tell you the “haves” have changed dramatically. The “haves” for a long time were the surgeons, and then as that goes along they became the heart surgeons, who became the bureaus of the era. Now they're all on salaries and they're not filling their residencies with them anymore because they're not as lucrative.

Then the eye surgeons became the darlings of doing fifteen cataracts and getting paid big money. And now we're looking at people who don't need hospitals. And then the orthopods are the next big group doing total joints and all that stuff.

Now as you cut down on procedural dollars you look at people who are office-based where the residents want to go into. The hottest residency program right now is dermatology. Why? Because you can fill up, you can have assistants doing facial rubs and doing all kinds of things, anointing and all this sort of business. The dermatologists are becoming a fairly lucrative bunch.

Now to me, the further you get away from what I call blood and guts doctoring the less I think of them as doctors. That's my prejudice I guess. I mean, it used to always been getting in there, hands on with patients, and hands in with patients, and whatever. That's part of my culture and my life and it's different because it's not quite that way with a generation that doesn't look upon that as the end-all, be-all of medicine.

**JE:** So then when I ask how would you like to be remembered?

**CT:** I would like to be remembered as a good doctor, as a good surgeon, as a problem solver, and as one that is willing to give back to community. People say that but I've been involved in national programs of one kind or another and been recognized as contributing a great deal. That's a nice thing to fade out with that somebody else is caring about what you do.

I still have old patients call me all the time. If I could charge them three bucks I could almost make a living.

**JE:** Well, thank you, Doctor, for this.

**CT:** Thank you, John.

**JE:** I appreciate it very much. This will be on the website for generations to come so that they can hear what it was like.

**CT:** Yeah.

**JE:** Back in the good old days.

**CT:** The gunslingers.

**JE:** Right.

## Chapter 17—0:33

### Conclusion

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**Announcer:** This oral history presentation is made possible through the support of our generous foundation funders. We encourage you to join them by making your donation, which will allow us to record future stories. Students, teachers, and librarians are using this website for research and the general public is listening every day to these great Oklahomans share their life experience. Thank you for your support as we preserve Oklahoma's legacy one voice at a time on [VoicesofOklahoma.com](http://VoicesofOklahoma.com).