

Dr. Jerry Gustafson

After witnessing national tragedy in Dallas in 1963, he settled in Tulsa for a long and distinguished medical career.

Chapter 1 – 1:18

Introduction

Announcer: Dr. Gerald “Jerry” Gustafson graduated from the University of Missouri in Columbia, where he received his degree in medicine. He completed a rotating internship and general surgery residency at Parkland Memorial Hospital in Dallas, Texas. He was on duty November 22, 1963 when President John F. Kennedy was assassinated. Dr. Gustafson joined Tulsa’s Surgical Associates in 1968. Dr. Gustafson impacted the lives of thousands of people through his work as a surgeon and his leadership roles in health affairs. He was involved in the development of Saint Francis Hospital. He is credited with helping to develop quality emergency medical services in Tulsa and throughout Oklahoma including emergency helicopter services, the birth of EMSA and the expansion of the Saint Francis Trauma Center. Retiring from Surgical Associates on June 30, 1997, he began to volunteer with the Tulsa County Medical Society, chairing the Committee on Concerns of Older Tulsans, also known as (COOTS) and a group of organized older and retired physicians known as the Golden Oldies. Dr. Gustafson became politically active working to pass legislation for a Special Medical, Osteopathic and Dental License for retired professionals working as volunteers in charity clinics. Thanks to our funding partners you can hear his entire story on VoicesofOklahoma.com.

Chapter 2 – 3:45

The Beginning

John Erling: My name is John Erling and today’s date is February 14th, 2013. We are recording this interview today in our recording studios here at VoicesofOklahoma.com. Jerry, would you state your full name and your date of birth and your present age.

Jerry Gustafson: My full name is Gerald Edward Gustafson. I go by “Jerry”, my nickname and I am now 78 years old. I was born on January 20th, 1935 in St. Paul, Minnesota.

JE: Were you named after someone in your family?

JG: I was named after an uncle, my father’s brother.

JE: Tell us about your mother’s name and maiden name and where she came from.

JG: Randa Ophelia Olson. She was born in the United States from Norwegian immigrant parents outside of Yankton, South Dakota on a farm.

JE: Her parents came from Norway?

JG: That’s right.

JE: Do you know about when they came?

JG: They came in the late 1880s.

JE: That’s my heritage as well—Norwegian—but mine came in 1894. Where did she grow up?

JG: She grew up on a farm outside of Volin, South Dakota—a little town of about 200 people and it hasn’t changed in about 100 years.

JE: What was she like? Describe her and her personality.

JG: She was the 9th of 11 children. Those people were all very bright and very ambitious. She went through the eighth grade. Then she and one of her younger sisters went to work in a building that was the first post office and telephone switchboard. They worked there for a couple of years and they could speak Scandinavian languages. Along came a headhunter if you will who said they needed some body to come to Chicago to work for the Pure Oil Company that could talk to Scandinavian people. I didn’t think they were pumping Norwegian oil in those days at all. But any way she had no high school graduation and no college—nothing like that. They went to Chicago and they lived there and that’s where they met my dad.

JE: Your father’s name?

JG: Arthur Clifford Gustafson. He was born in Chicago of Swedish parents. They came from the south of Sweden at about the same time, the 1880s.

JE: What was he like and what did he do for a living?

JG: He actually went through the 12th grade. His parents both died when he was about 8 years old. He was raised by his Uncle Jerry, whom I am named after. He delivered medication for drug stores and carried ice and other things. He started to teach himself. He bought the Harvard Classics bookshelf of books. I don’t know I you’ve ever seen that or not, but it’s a collection of books that’s about four feet tall. The theory was that if you read every one of those books you would be a gentile man. He also bought self-education books on engineering. The next thing you know he went to Toledo, Ohio to work for a gauge company that made release valves for railroad engines and gauges for pressure and stuff. Then the Pure Oil Company hired him to come and work for their refineries with

their gauges and stuff and that's where he met my mother was at the Pure Oil Company. Somehow they got to St. Paul, Minnesota because...

JG: Well, at that point my dad was hired by the Garlock Packing Company. We would call them washers I guess but they are pieces of metal and asbestos, although that's a bad word today—but they would put them between pipes to keep them from leaking, especially in the oil business and stuff. You have to realize that in those days, the mid-1920s there was not a lot of oil being pumped safely, so this happened and he worked for Garlock. Then he was transferred to Houston, Texas in 1935 when I was three weeks old. So they put mom and dad and me on a train and the car went into a freight car and we went all the way down to Houston when Houston was a town of about 300,000 people.

JE: Let's follow your life then, how long did you live in Houston?

JG: I lived there until I was an eleventh grader. My dad had a promotion to St. Louis and we moved up there. Believe it or not in June of 1951 we moved and in June of 1951 I met my wife. She was 16 and I was 17.

JE: Did you have brothers and sisters?

JG: I had one brother who was two years younger.

Chapter 3 – 3:00

Dec. 7, 1941

John Erling: The date of December 7, 1941, you would have been how old?

Jerry Gustafson: I was one month short of six years old.

JE: Do you remember anything?

JG: Yes, yes all the tears around the neighborhood. I remember it was my job to chop the victory garden—you know 70% of America had victory gardens.

JE: What is a victory garden?

JG: During WWII everybody grew vegetables and crops so they didn't have to spend money on gasoline to transport vegetables to grocery stores. Everybody walked to grocery stores. My mother didn't drive until we moved to St. Louis. I would come home from elementary school and my mother would have all of these women from the Red Cross sitting in the house there shredding old sheets and making bandages and packaging all of that stuff up—or they would be making cookies for the troops and then she had a flat British-style helmet that was white that had the words "Civil Defense" on it. It was her job to walk around and pass out brochures. We had blackouts, where you had to put your curtains all down because the Germans might be out in Galveston Bay in a submarine. It was scary.

JE: And you were seven or eight years old at that time?

JG: Yes. Then the day that Germany had actually surrendered—I was at a Cub Scout meeting the day that Franklin Delano Roosevelt died. That was kind of interesting in Houston because they didn't particularly like liberal Democrats down there and it was between people that were crying and people that were honking their horns and flashing their lights. So that sticks in my mind. That was incredible.

JE: So for the death of the president people were honking their horns?

JG: Those Texans, if they don't like you, they don't like you even in death. (Chuckle) A bunch of the kids in the pack started clapping their hands and shouting and boy my mother gave us all a whipping right there. Then came the end of the war and the heat was off. I had relatives and all of these Norwegians had children you know and one guy was torpedoed out into the Pacific and swam through flaming fuel to live. He ended up in a VA Hospital down outside of Houston. We'd drive out there to visit him when he was all wrapped up in swaddling clothes. Then as he got better he'd come out to the house for a weekend. Then four or five years later he rode all the way down from South Dakota to Houston just for a visit. My dad had a job because in these mechanical fields, the drive shaft off the ship's power plant goes out to the hull and that needs packing around it to keep water from coming back in. He would leave for three to six weeks at a time during the war. Actually in 1935 the petrochemical gulf coast started. They started taking things out of the seawater like magnesium and sulphur and other things, plus they were building victory ships. They were building like one ship a day down in Port Arthur, Texas. They were not very big and they weren't even armed. They were putting food for the troops in Europe on those things. He was down there all the time and of course they were building refineries for the fuel down along the coast outside of Houston where there are the world's largest refineries and he was always down around in there. WWII was very, very busy.

JE: Yes.

Chapter 4 – 5:40

On to Med School

John Erling: So here you are a young man and then you became 9, 10, 11 years old...

Jerry Gustafson: Yes. It was 1946 and this is part of my life, my dad had a boss up in Chicago and he flew a Florida Observer airplane during the war so he had an airplane down there as a civilian. So he flew the airplane tracks—they didn't have radar or anything back on those days—down to Houston for business and he would write off his airplane expenses.

So he was there and something happened—Texas City blew up—and all the smoke was blowing in on Houston and all the radios were on and it was terrible. So we got sent home from school at noon and this man was at our house. He said, “Why don’t we go take an airplane ride and look at Texas City?” So my first airplane ride was in a Piper Cub looking down at this huge fire and all of this smoke. The heat rising off of that fire would make that airplane go up and down. I was scared to death. I didn’t think I would ever ride in an airplane again. (Chuckle)

JE: Did you get sick?

JG: No, I didn’t get sick—but boy I was holding on! (Laughter)

JE: So the first school you attended was in Houston?

JG: Yes. I went to River Oaks Elementary School, then Sidney Lanier for junior high and then I went to Lamar High School, which is out in west Houston—in those days it was way out on the periphery.

JE: But then you ultimately graduated from what high school?

JG: Kirkwood High School in Kirkwood Missouri, a suburb of Saint Louis. We moved from Texas when I was in the 11th grade.

JE: So you did your final year then at Kirkwood. The call to the medical profession, when did that begin to dwell in your brain?

JG: That’s kind of an interesting story. I did not want to go to college because I was really good at Cushman motor scooters and stuff like that. General Motors had opened an educational facility in Kirkwood, where you could learn to fix cars. So I thought I would become an automobile mechanic. But none of the Swedes and none of the Norwegians family had ever gone to college and I was their great hope I guess. Many of them had not finished high school. They were picking chickens for Swanson up there in Omaha and driving cattle trucks. They talked me into going to Westminster College in Fulton, Missouri. I went there and I started out in engineering. Everybody in this house was pre-med. They all claimed that they were the smartest people in the world and they weren’t any smarter than me. So, the second summer, I decided that I was just going to see if I wanted to be a doctor. I went to Barnes Hospital in St. Louis and became an orderly. That was a cultural eye-opening experience. I was working the night shift with many people who were not too aggressive in their work ethic. There were about 1,500 beds and there would be two or three people dying a night. I would go up and wrap them in shrouds and take them down. Then they would tell me to go and guard the bottom tunnel rooms because the gypsies were coming through and they would steal all of the flasks that were supposed to be sterilized that night. There were people getting shot and they would come into the emergency room and they would ask me to come in there and help lift up people and stuff like that. I kind of liked that. Those guys were really nice

to me. So I decided to change majors, but I couldn't do it at Westminster, so I changed to the University of Missouri. My wife, we hadn't married yet, but she was going to Northwestern, so after about a year of that we just decided that we would get together down at the University of Missouri. In those days, that's where children to St. Louis went to university and they all just drunked out after one year. They would burn couches in the street at night for fun—never studied—parents cried when their child went to the University of Missouri—like they were on their way to prison or somewhere. But I found just the most incredible, eye-opening experience I ever got into. I just loved it. So I did well with pre-med and went to medical school there.

JE: But you quickly jumped from what you had planned to do, and then you said I think I will be a doctor?

JG: Well, those guys just kind of honked me off that they were so smart that they could be a doctor and I couldn't be one. It was a challenge.

JE: Okay. All right. You said in 1951 you met your wife and her name is?

JG: Her name is Julie. Julia Suzanne Forsyth.

JE: How old were the two of you?

JG: I was 17 and she was 16.

JE: You were both in school?

JG: We had not even gone to school, we have just moved to Houston in June of 1951 in the same month I met her. What happened was two guys from Houston were very good tennis players. They had been up to Michigan and up to Brooklyn. They were my age and went to my high school. So they were coming down through St. Louis and they were going to play in the national junior indoors tournament. They called me and said, "Get some hot dates and let's do something." So I had to work hard to find something, because I didn't know anybody. So somehow I heard about this slumber party over at Webster Groves when they were in town. Webster Groves is like Broken Arrow is to Tulsa. The three of us went over there and just saw what we could do. Sure enough we met these girls and said, "Girls come out here and see these tennis players. I'll take you downtown to the Armory and let you see them play tomorrow." They thought I was kind of full of bull, but some of them were interested and that's how I met Julie. It just went on from there.

JE: Then you were married when?

JG: In 1957.

JE: How old were you then?

JG: I was 22 and she was 21.

JE: And now you've been married how long?

JG: Fifty-five years.

JE: So, we get you into the University of Missouri in Columbia and then what happens?

JG: I really like to be participating in things that are not old and static. The University of Missouri had had a medical school since 1840 and they closed it down to a two-year school during WWI. It reopened as a four-year school in 1955. So it was just building—I mean there was still literally wet paint on the hallways when I went there. I started there in 1957.

JE: You graduated there in what year?

JG: Undergraduate in 1957 and then I graduated medical school in 1961.

Chapter 5 – 6:07

Internship

John Erling: What happens to you after graduation?

Jerry Gustafson: Well, I had wonderful mentors who were professors at Missouri. For surgery I had Dr. Hugh Stephenson, who just died last October at age 90. He was one of the first heart surgeons in America. We played flag football every Sunday afternoon at Hickman High School in Columbia, Missouri. That's where Sam Walton graduated from high school, and also a guy named C. Thorpe Ray who was a guy like Uncle Remus—he was a professor of medicine. I told him I wanted to be a heart doctor like him—because he was a big internist from New Orleans. Threefoot, Burch and Ray wrote to the original books on cardiology. Ray was bald and he would rub the top of his head and go, “oh boy” and look like an Uncle Remus guy. He took me aside one day and said, “boy you are too good to hang around here. You've got to get out and see what sick is. I'm going to call a guy down in Dallas, Texas and set you up with an internship down there.” So he called Dr. Don Seldin, who was like talking to the God of medicine. He said, “send him down for an interview.” And that's how I ended up going down there to become an internist. That was 1961. I did a rotating internship, so they put me on surgery.

JE: What hospital is this?

JG: Parkland Memorial Hospital, which is run by the Dallas County Hospital District—it's a tax supported—so Dallas County supports the hospital. I went there and poor Julie, she had a miscarriage the first day I was supposed to be at the intern meetings, so I was with her over at Baylor Hospital. I didn't know anybody at Parkland to take her to, so I called some friends in Dallas and they said, “go to Baylor” so I took her there. So I missed the meeting and my first assignment at Parkland was psychiatry. (Chuckle) So in July of 1961, I was the Dallas County psychiatrist in the emergency room. (Chuckle) I saw people that were just incredible. One story was they brought a guy in off a city bus. The police had jumped him

and he was on there and he had a gun and he was pointing at people. He had bullets that he had painted with aluminum spray to make them look silver. They brought them in and said, “you’ve got to talk to this man.” I didn’t want to talk to him. He had spray-painted bullets. I mean—he’s nuts. So I called my resident down and he said, “you don’t know anything about mythology. What was the Lone Ranger’s gun? What kind of bullets did he shoot?” He had silver bullets. “Don’t you know that you kill evil with silver swords and silver bullets?” I didn’t know that from Adam—you know? So it was a learning experience. I didn’t learn anything about Thorazine, I learned all about mythology. So then after that, they stuck me on surgery and anesthesia rotation in August. Then they put me on surgery in September and October. They gave us all two books—a pink book and a gray book and they were the rules of Parkland and said that we had better do what’s exactly in these books. So this guy came and that had this really infected leg. It had gas in it—and it had bubbles, and that means that some infection is turning to gas. I called my resident and he said, “oh, you can handle that! Put him in the hospital and give him some antibiotics.” I thought, don’t we need to test it? So I went and got the books out. He had gangrene, which is a rapidly spreading disease (common) in diabetics and people like that. If you squeeze their leg it feels like cellophane. I called him back and said, “I think I have a case of gangrene over here.” He said, “No, you’re crazy.” So I went to the pharmacy and asked for gas gangrene antitoxin. He said, “We don’t give that out. We don’t use that.” I said, “Well, I’ve got a guy with gas gangrene.” I took the pus out and I smeared it and it looked just like it—that was it. I cultured it and I called the pathology department and told them what I was dealing with. Anyhow, the next day, a man named George Tom Shires, who was chief of surgery had a meeting in the hallway. He wanted all the residents and all the interns and everybody there. He lined us all up. He said, “Who in the hell gave the guy gas gangrene antitoxin last night?” I said, “I did.” He said, “Well, tell me your story.” I told him the story just like I told you and he came over and shook my hand. He said, “You did exactly the right thing. Why did you do it?” I said, “Well, I read it here in this pink book.” He said, “We haven’t used that pink book here in 10 years. Thank God you did what you did.” He asked who the resident was that didn’t come over and help me and said he wanted to see him in his office. Then Dr. Shires said, “I want to see you too when you’re free come on up to my office.” I walked up there and he said, “Son, I want to give you a job as a surgery resident.” Here’s the God sitting there—I mean he is a really big deal—and he is offering me this job to work with him, I would have to tell Dr. Ray that I’m not coming back to Missouri to be a cardiologist. So that’s what I did—I flipped it. But I do like working with my hands and I do like projects, so I switched and became a surgeon.

JE: How old were you then at that point?

JG: I was 28 years old.

JE: So you were 28 years old and a resident there and we are talking about what years?

JG: 1961 and 1962 was when I was a first year resident. But I did that as an intern, so that was 1961 when I gave the guy gas gangrene antitoxin and then the doctor invited me to come over. I worked there and I started my service. I had a second-year resident ahead of me and all of a sudden he disappeared. It was like October and they said, “Dr. Duke is gone.” I don’t know if you’ve ever heard of Dr. James H. Duke, he goes by Red Duke. You ought to Google him. He is bigger than life. He disappeared. So Dr. Shires said, “don’t you know that he is a big game hunter and he is off on the slopes of the Rockies shooting elk. He won’t be back for three weeks.” I said, “Well, who is going to be my boss?” He said, “Well, we’ll go to fourth year residents and they will help you out when you need help but you just go out there and start working.” So I started out as a first year resident doing all sorts of surgery and bossing first years around (chuckle). I guess I did all right because I just kept going and Duke came back and told me that I had done a great job. That was the second year. In the second year you become sort of the resident that’s in charge of the hospital. We had three trauma units and three general surgery units. But you were the guy that was there all day. Thirty-six hours on—12 hours off—managing these people and doing things and calling when you need to call, staffing, getting private practitioners out if it was a private case and stuff like that.

Chapter 6 – 14:19

Nov. 22, 1963

Jerry Gustafson: And then the fateful day in November.

John Erling: You are talking about November 22, 1963, when John Fitzgerald Kennedy, our 35th president was assassinated at 12:30pm CST.

JG: Yes. The doctors were working so hard and I was so tired. You’d get about 8 hours’ sleep and then you would have to go back. Then you would have to do this and do that. We knew the president was coming to Texas, but who cared? We didn’t care anything about that. We were up in the clinic doing our work and Dr. James Carrico, actually was an intern with me, but he dropped out for a year to do some research and then came back. He was my junior resident. We flipped a coin. One guy would have a good job and one guy would have a bad job. So the bad job was to go to the emergency room and work on three patients down there that we had to go see and then the good job was just to see some patients on rounds. I won, so I said I was going to see some patients upstairs. Carrico had to go to the emergency room and that’s why if you read the Warren Commission Reports,

Dr. Carrico was the surgeon in the emergency room that day. The paging system went off and it said, “Dr. Shires, STAT, Dr. Shires, STAT.” I picked up the telephone and said, “Betty, Dr. Shires is in Galveston, Texas talking to the Western Surgical Society. What do you have?” She said, “I don’t know. Some guy has been shot downtown and they are bringing him up. They said they needed some surgeons down in the emergency room.” So I walked down there. I went to the room door and there was my junior resident Carrico standing up talking to a lady in a pink dress with a pink pill hat on. I said, “Do you need help in here Jim?” He rounded his back and put a thumb’s down on it. But he said, “the guy across the hallway needs help” and that was Governor Connolly.

JE: So you went to his attention to take care of him.

JG: Yes.

JE: What did you observe there?

JG: He had wounds. He had a big chest wound and an arm wound and a leg wound—where the one bullet supposedly went through all of them.

JE: And you performed surgery?

JG: We did emergency resuscitation on him in the emergency room. Then he had to go up to surgery. When we got him up there, see we were all just—please weren’t considered full-time doctors yet—it was just a bunch of residents floating around. This Red Duke guy was the resident then on chest surgery. So he comes into the room and he says, “We’ll take care of him.” I said, “Red, what are you going to do? We don’t have a professor here. What are we going to do?” He said, “If we can saddle him, we can ride him—typical Texan.” Anyhow, luckily, Dr. Robert Shaw who was a giant in the thoracic world came in and said, “Governor Connolly, this is Bob Shaw and I’m here to take care of you.” He said, “Oh Dr. Shaw, thank you for coming over.” And that took the sweat off of us. He was the actual surgeon at the table and everything on Governor Connelly.

JE: So your role in that was just to make sure that he was stabilized?

JG: Yes.

JE: Then they moved him off to surgery?

JG: Yes.

JE: Did you see John Kennedy’s body at all?

JG: Yes, I saw him, but Carrico was standing there with a lady in front of him. He was talking to her and the body was over here (motioning) on the other side.

JE: Would that have been Jacqueline Kennedy that he was talking to?

JG: Yes.

JE: And you saw the body off to the side and there was nothing else they could do obviously?

JG: There was nothing. There was no resuscitation attempt going on.

JE: When is the enormity of this hitting you?

JG: I didn't even know who the man was.

JE: That body?

JG: Yes.

JE: You didn't realize that with the President?

JG: No I didn't even though that was Governor Connelly until Dr. Shaw said it.

JE: So at that point, you didn't, but then—

JG: Well, you know the residents still had the three patients in the emergency room that we had to take care of. So we took care of them.

JE: I'm still taken with the fact that you saw this body and you didn't know whom it was, and here it was the 35th President of the United States.

JG: Actually, when I walked into that room I did not know. I did not know. I had a thought after—when we were working on Governor Connelly's wounds—the door opened up and the lady in the pink dress came in and said, "How is he doing?" Duke said, "not very well ma'am." She said, "well, we will pray for him." And then she left the room.

JE: And that was Jacqueline Kennedy?

JG: And then I could tell because she was down looking my way. See before she was looking at Carrico's face.

JE: Was that the moment then that you knew that that was JFK's body that you looked at?

JG: I will tell you when things really dawned on me. There was an elevator at Parkland that went from the emergency room up to the 1st floor and then surgery was on the 2nd floor. All of a sudden, the trap door in the roof of that elevator was open and there was a state highway cop up in there with a machine gun. Honest to God, it was the first time that it really hit me that this is something really serious. Then there was an NBC news reporter that was always literally touching your body. He didn't know anybody, but he was asking everybody if there was any news. He was very much in your face and bothersome.

JE: So then as investigations continued, you had no idea about John Connelly or how many bullets or where the bullets went and all of that.

JG: No, no.

JE: It was just to make sure that he was stabilized and then they moved on—lots of controversy of course, as we know about all that, but.

JG: True. It was interesting because Governor Connelly lived. Governor Connelly had his ups and downs. Red Duke was actually a Baptist minister before he became a doctor. He was a big game hunter. He would take his slides of Africa into the hospital room and show them to Gov. Connelly on the wall. He would say, "What do you think about that governor?" Then the next day he would say, "Now, governor you've got some pus in your lungs and we've got to put a red tube down your nose and into your lungs and suck it out." They would actually be praying over him. The people of Parkland are absolutely incredible

people. He is still alive. He is probably 85 or 86. He is the head of a trauma department at a hospital down in Houston, making rounds with a dog. (Chuckle) You know, it's unheard of.

JE: So then you were up in John Connelly's room and in and out of there every once in a while?

JG: Oh yes. We worked 36 hours on and off—so that was my Friday. Then the next day was Saturday and we worked until 6 o'clock or so and I went home and talked to my wife. People were calling my house and I had to go to bed. I got to bed and went back to work the next day and was sitting there with the head of neurosurgery at Parkland at Southwestern Medical School. He had a visitor in town, a professor from the University of Michigan. There were a couple of us sitting in the surgery lounge drinking coffee after we had finished rounds. The recovery room was there and Connelly was still there and we were over here just visiting. (Motioning) Mrs. Connelly would stop by the door and say, "Thank you very much," and then she would leave. So, Dr. Kemp Clark was in there—he was the professor of surgery. The phone rings and I go pick it up and it's a student. I said, "Hello, this is surgery office." The voice said, "Who is this?" I said, "This is Jerry Gustafson, who am I talking to? He said, "This is Fred. I'm the jail doctor. Jack Ruby just shot Oswald! We're bringing him out to Parkland." So I said, "Okay Fred, thanks a lot." (Chuckle) And I turned and said, "Hey guys, this is crazy, Oswald has just been shot." So everybody went to the emergency room. Duke was in the building and then he rolls in and we started IVs on this guy.

JE: Oswald?

JG: Yes, because I am back to being the trauma admitting doctor that day. So we get him resuscitated and by this time Dr. Shires had been brought back from Galveston. He had been flown back after Kennedy's body had left they brought him right back. He came in an Air Force fighter jet I heard. He was in town and he was immediately over there. So he assumed the duty there with Dr. Mac Perry and Dr. McClelland and Baxter and the senior people. They took that over and then he didn't make it.

JE: Oswald did not make it.

JG: No.

JE: How long did he live after he got there?

JG: Maybe an hour.

JE: You could tell immediately that he wasn't going to make this. He was shot where?

JG: I talked to the top security guards that day. I said, "What about that gun shot?" They all said, "It's the commando shot." I didn't know what that was. I said, "What's a commando shot?" He was shot with a gun that didn't have a hammer on it. So you can't reach over and stop the hammer from coming down. The second thing is—take a look at the pictures. He was grabbed by the arm and he was turned sideways and shot from the side, because the square footage of the target is great if you look from the front, but it really narrows

if you look from the side. Everybody said, “This is a professional killing.” I just sat there with my mouth open in awe because all of these people seemed to know what they were talking about. I was just a dumb surgeon trying to help out. My job when Oswald was in the operating room of all things, the chief of homicide was up there—Will Fritz...we dealt in a lot of deaths at Parkland...a lot of gunshots and a lot of stabbings and a lot of trauma, so we knew people like the chief of homicide and he knew who I was. The hallway was sort of like a cross. The elevator was coming up and the operating room was down one of these hallways. He said, “You stand here and you don’t let anybody come down this hallway that you don’t know.” They had an armed officer there with me. I went out to call the operating room to tell them to bring a gunshot wound up and it’s Lee Harvey Oswald and to prepare for chest surgery and abdominal surgery. So I went out to get on the phone and all of the phones were busy. During the night, Robert Caro talked about when they brought LBJ from the hospital to the airport nobody knew where he was in the United States. There wasn’t any communication. Well, when I went out there, there was a guy talking on the telephone with four stars on his shoulder in an Air Force uniform. He was talking about sack being scrambled and he had the box and everything in front of him. We had seen movies about that, so I knew that they were really suspecting big-time stuff.

JE: Let me just say that Robert Caro was in town speaking at the University of Tulsa. He had written a book about LBJ.

JG: Four volumes of LBJ history.

JE: Right, and that’s what you attended.

JG: Everything else Mr. Caro said was absolutely on the mark. I am sure that Air Force officer went with the President back to on Air Force One. I am sure he did, and they knew where he was, but anyhow, a thing has come up that has been very controversial about the whole thing and his body leaving. It came up again last year when a good friend of mine Earl Rose died up in Iowa. Dr. Rose was the medical examiner of Dallas County at the time. He came to the emergency room and they prepared to take the president out and take him to the airport. Dr. Rose stood in front of the door and said something to this extent—I didn’t have a tape recorder. “This was the president of the United States—he is now a murder victim in Dallas County, Texas and he is in my domain to do a medical legal examination. Those guys just jumped him and threw him to the floor and got him out of the way, in front of Mrs. Kennedy, and they just hauled that body right on out.

JE: So that’s how that happened?

JG: Yes. That’s in the press. That’s in articles and everything.

He was a marvelous doctor and a marvelous person. He was from the Indian Reservation in South Dakota. He went to medical school in Iowa and he went to law school and he became a forensic pathologist. Dallas did not have medical examiners until the summer

of 1963. He was our first one. He was academically inclined. He would come to the operating rooms to see our problems and he would call us to his labs to see his problems. He was a wonderful, wonderful guy.

JE: There's a point where the federal authorities overruled the local authorities physically and literally—

JG: Physically, yes.

JE: —and just threw him to the side and took that body to Washington, D.C.

JG: That's right. Another funny thing, I can't tell you who did it or anything like that, but when the motorcade arrived the squawk box went off and they said, "We need a gurney on the dock. A gurney on the dock." That language means that some lady is having a baby in a car. You need to get a stretcher and what they call a precept tray and get out the back door quickly. So a resident grabbed a thing and went out the back door. When he got out there—there was a man in a convertible with his head shot. He was stunned. He so he came back in and he said, "I don't know what's going on but there's a man with a gunshot to the head out there in a big car. But he said, "It looked like I walked by LBJ on the way out. There were two people holding him up and carrying him in." Mr. Caro mentioned that. He talked about Rufus Youngblood who was a Secret Service Agent that threw his body over him. He said, "we've got to take him to a safe place." The highway patrolman driving the car knew that Parkland would be as safe as anything so he just drove him right in there. So LBJ headed to the hospital first. Everybody said, "Well, did he have a heart attack? What's going on? Why did they haul him down there?" So this was explained. Mr. Youngblood explained why they brought him there and hid him away in what was called minor medicine, which was a section of three rooms where they see people with sore throats. As soon as it calmed down they called him out.

JE: At some time, this had to all sink in on you?

JG: Well, a lot of people...there is always humor in tragedy and certain people were really sad that Jack Ruby was arrested because Jack Ruby ran two nightclubs. One of them was called the Merry Go Round in the Oak Lawn area. We would we working at night and there was a great, big black orderly named Big Earl. Big Earl would take food orders. I would say, "Would you get me a hamburger and fries?" He would just take these big food lists over and Jack Ruby just had instructions that anytime the Parkland emergency team wanted food, just give it to them. (Chuckle) So, where are we going to get our hamburgers now at 1am? (Laughter)

JE: This is so well documented but you have given us your eyewitness account of what you saw.

JG: Yes. I will tell you that people have been down to the museum and they have told me that you have to go down and see it. Believe it or not my wife and I did not go down to see the JFK Museum in Dallas until last summer.

JE: How long did that affect you?

JG: It was just like déjà vu—all over again. I just could see all of that stuff.

JE: Did you have any dreams about it later on?

JG: No. I think that once you go over the line and become a surgeon, you see so much horrible stuff—just horrible.

JE: So to take the emotion out of it, that was one of many.

JG: I guess you can just repress it or something. I will tell you that I am quite disappointed with the Marine Corps pathologist that did the three autopsies at least.

JE: The autopsy on JFK?

JG: Yes, and never came to a conclusion. After the first one they burned all of the papers, which was kind of unique and left them without any conclusion. They are still arguing about the bullet and whether it came from the front or the back.

JE: Whether four bullets were actually fired or three?

JG: Yes.

JE: And was there one from the grassy knoll, was there one up there? And we still don't know.

JG: Nobody knows.

JE: And up until 2003 there was a very high percentage of Americans, I think it was 60% or 70% felt that it was still a conspiracy of some sort.

JG: I think the generations have moved on and people don't even know what happened, but I think today people in certain age groups still think it was a conspiracy.

JE: Yes.

Chapter 7 – 11:40

Vietnam

John Erling: Let's move on from Parkland.

Jerry Gustafson: Yes.

JE: What year did you leave there?

JG: 1966. I was going to Florida. I had a Florida license, a Texas license and a Missouri license. Florida is very hard to get into. I had a partner down there and I had a telephone number in Broward County and I was going to Fort Lauderdale. I didn't want to see anymore trauma for the rest of my life. The Oklahoma Surgical Society came to Dallas to Parkland to the Marriott Hotel for one of their annual meetings. My boss, Dr. Shires threw me a bunch of hotel keys and told me to go take care of them if they needed a bar or a projectionist or whatever it is, even if they wanted to come to Parkland and watch surgery,

or drive their wives around or whatever it takes. So I did and I met Dr. Les Nienhuis, Dr. C.T. Thompson and Dr. Dean Heidy. They were three people that were forming a company called Surgical Associates in Tulsa, Oklahoma. They thanked me and that was about it. A few months later, a very well known OBGYN doctor in Tulsa married a girl that we knew as a second wife and she said they were coming down to Dallas on their honeymoon and they wanted to stay with us. I said, "For God sake's you know we were staying in a \$90/month house made out of cardboard and somebody was going to have to sleep on the floor. I was still working 36 on and 12 off, so let's not bother Jim with that, get a hotel room. They said, "No, we want to stay with you." They came and it was Jim Maddox, a very well known OBGYN doctor. He was over at Saint Francis and the three or four surgeons there were talking about whom they were going to hire to come to Tulsa. So Maddox said, "You guys are damn fools if you don't hire Jerry Gustafson." They said, "Who is that?" C.T. Thompson said, "That's the guy that we liked so much that showed all of our movies!" (Laughter) So Maddox invited me to his house and we had a party with those guys and that's how I ended up here. But, I got my draft notice.

JE: The Vietnam War was on and your notice came, what did you do then?

JG: Actually I had 30 days to sign up or go in as a private. We went on vacation. My wife's family's had a cottage in northern Wisconsin for years, so we went up there with the kids. We wondered what was going to happen to me and to her. She thought that she was going to be a widow or something—it was just terrible. I had to be sworn-in to be commissioned. So I went over to the Hazel Hearst, Wisconsin Post Office. There was an 80-year-old lady in there that had a Bible in the drawer. She grabbed that thing out and swore me in as a commissioned officer of the United States. (Chuckle) Isn't that amazing? I said, "Have you ever done this before? Is there a charge?" She said, "There is no charge. And I've done this a lot."

JE: Didn't she have to know your credentials?

JG: I had orders that said that I had to do this in 30 days. Because I had registered for the draft in St. Louis, Missouri, I had to report to the St. Louis Armory at 7 o'clock in the morning on August 28, 1966 to enter the Army as a private.

JE: She knew then by your papers your education?

JG: Yes.

JE: So you were sworn in and then what?

JG: There was some other literature that was forwarded to us that said, "You are going to love the land between the Lakes. They've got great schools here." This was Kentucky. Come on down. So I thought we had better drive by there on the way back. So we did and it was Fort Campbell, Kentucky. We went up to the guards at the gate and we said, "Where is the 71st Evac Hospital?" They said it was way back in transportation.

So we went back and here are all of these big, green metal boxes. 71st Evac, Vung Tau Vietnam. Vung Tau is the name of the port off Saigon. I didn't know that until later. Boy, my wife broke out into tears and said, "You're going to Vietnam. This is it. We don't need to look at schools here." So we drove back to Dallas and kept the house that we were going to give up. She stayed there for the next year. So then the military got me and put me in Fort Sam Houston into basic training. Then we had some combat training for doctors. Then I got sent to Fort Campbell, Kentucky and that's a crazy place with Airborne Rangers—don't mess with them. By this time I was 31 years old. They would get us all up at 5 or 6 o'clock the morning standing on a telephone pole with like a clothes rod with 15 pounds of sand on each end playing this game of trying to knock the other guy off the pole. And here would be these 18-year-old kids, (laughter) and they would beat the doctors up something awful. They made us march. The airborne would throw gas grenades at your feet, because you always wore your field gear. And you'd have to get your mask out or else you were going to have tear gas all over you. It was tough. Shooting pistols and guns and stuff. Then we took off and took a boat to Vietnam. It was the U.S.S. Darby from World War II. There were about 5,000 onboard, with 10 doctors from Fort Campbell and two Navy doctors who were just out of their internship. People got hurt on board the ship and we took care of them. I did one appendectomy on board. We stopped in Okinawa for us to buy Christmas presents for our family. Then we went to Quinn Yan, Vietnam, not Vung Tau, which is up on the coast. Nobody knew we were coming. Nobody knew where we were supposed to go. We didn't have a place to go or anything. So, I went over to the 67th Evac Hospital and got a bunk. I stayed there and waited and I waited there the whole war.

JE: You were a surgeon there until when?

JG: They gave me credit for my boat trip over—28 days. So I didn't have to do the full 365 days. We left the United States on Halloween and we arrived around Thanksgiving and I came out of Vietnam on Halloween.

JE: And you were awarded the Bronze Star for meritorious service?

JG: Yes, it was not for valor. I wasn't killing commies for Christ. But I did a lot of interesting things. I've always been selected to do crazy things. I went to refugee camps and worked with cholera. I saw thousands of bodies being burned at one time that all died of cholera. I saw people cupping their hands just drinking liquid stool out of the streets because they were so dehydrated and they were going to get more cholera. I argued with the Vietnamese government about giving these people cholera shots and they wouldn't do that. I wondered why in the hell we were over there. I dealt with the 101st Airborne. I found out that John Laird who was one of my medical school classmates was their medical doctor. He lived in a Swiss chalet on the side of a hill, over what they called the golf

course, where 600 armed helicopters came and a bunch of things. It was kind of fun to go up there and have a drink with him. They would have rockets stuck in their tubes that didn't come off. They had a big mountain there and they would just drop that helicopter about 10 or 12 feet trying to knock these things over and it would blow up on the hill. That was our entertainment, but it was crazy. We took care of people in a leprosarium, which is interesting. I had never seen lepers before. It was a Catholic group from France. It was marvelous. When you have leprosy it eats on your sensory nerves first so you don't feel anything. So you can go out and do amputations without anesthetics.

JE: Did you perform those?

JG: Oh yes, and a guy in town named Jerry Sisler who was an orthopedic surgeon who lives out at the Inverness now. It was a very unique situation that we dealt with there.

JE: Leprosy was so contagious.

JG: There's a very low level of it being contagious. I did see one case of smallpox. New Zealand doctors ran a small provincial hospital and they said, "Hey, you guys grab your cameras and come down and hold your breath so we can go in this room and take pictures of this baby." Oh, one other thing I did, they had several thousand North Vietnamese Army troops in a prisoner war camp—not Viet Cong but NVAs. They had to be inspected once a month by a doctor and I got that job. That's probably why they gave me the medal. I went up there and the dogs would come sniff you. You couldn't go in with any shoelaces on. You couldn't bring your belt buckle with you. You had to wear a shirt without any rank on it, so they wouldn't think that they were going to get to kill a high ranking officer or anything. The commander of the camp was a Lt. Col. Ear nose and throat man who had done his residency in Philadelphia and spoke perfect English. Isn't that outrageous?

JE: And he was a Vietnamese?

JG: Yes! We would visit and have tea and go look at their latrines and pits they had dug. I would ask him what he needed for his clinic. I would write these reports up and it was always top secret. Then I would get on my helicopter and put them in there and put the handcuff on and I carried a .45 with this secret record and everything. I was a big dog.
(Chuckle)

JE: Again that was a prisoner of war camp?

JG: Yes.

JE: They were the prisoners that we had captured.

JG: Yes.

JE: You were a Captain at the time is that right?

JG: Yes. That was a bummer because after my first year in the service they brought doctors in as Majors. (Laughter)

JE: It's always something, isn't it? (Laughter)

JG: I did get home once from Vietnam of all things. When highly respected officers needed to be transported all the way back to Walter Reed and they needed a doctor in attendance, we had this lottery. We would reach in there and pull the number and if you won the number you got to go. I had a Major who was an expert in helicopter repairs. He was playing volleyball and sprained his ankle and somebody put plaster on his ankle too tight. He had a blood clot in his leg and he threw one to his lung. He just about died. We had him on heparin and stuff like that. He may need instant CPR, or he may need heparin and you know you just have to stay with him. A doctor has got to go and nurses can't count. I drew the number and C-130s came in and picked up. We had two C-130s a day, that's how many people we were sending out of the 67th Evac. We had 12 general thoracic surgeons operating. We had orthopedic surgeons. We had eye surgeons. We would go over to the Philippines to Clark Air Force Base overnight. Then we would go to Japan for an overnight. Then we would go to Anchorage where we would gas up and then we would arrive in Washington at Andrews Air Force Base. Then I had to find my own way home with a set of orders. I'd paid my own way to Dallas and spent three days with my wife. Then go to San Antonio where they have a lot of Air Force bases and then go over to Randolph or Kelly and say, "I need to go back." I'd got to Travis Air Force Base and I didn't have enough priority to go to Vietnam real quick. They wouldn't give me a room because I might be called out any minute so I just had to stay there. So I spent three days living in the movie theater watching Modesty Blaise. (Laughter) Can you believe that? Boy, life's got to be funny or else it would kill you.

JE: Yes. (Chuckle)

JG: So anyhow, I came back to the Army.

JE: So you did hear then?

JG: Yes, one year.

JE: You weren't under any fire there were you?

JG: Everybody's under fire. You know it's an insurgency kind of thing.

JE: Okay. So you were. I didn't know how close you were to the firing line, but you were.

JG: Yes.

JE: So your wife back home was living on pins and needles because she knows that?

JG: Yes. She made a mistake she became president of the Vietnam Officers Club or something. A lot of people in Dallas who were in Air Force would come in and they would say, "Did you hear Sarah just lost her husband? He crashed in North Vietnam." It was just a terrible, emotional thing. These people were just and enmeshed like you wouldn't believe. Terrible.

JE: But, you survived that all and you came home. What happened then?

JG: We moved to Fort Lee, Virginia to Kenner Army Hospital, which is really nice, but it was on the East Coast. Things were kind of moving with Martin Luther King and the mule

trains and the 8 people that were always trying to raise a ruckus over there whatever they called them. One time they were going to set 50 cities in America on fire. I don't know if you were aware of that. In Fort Lee, Virginia, I couldn't live on the Post because they thought that America was going to go under Marshal Law. So people we knew were living there we studying how to run municipal water systems, libraries, bus systems, they were going to be able to go to places. Most Americans don't even know that they set fires in Detroit. They set a big fire up in Washington, D.C.—a monstrous big fire right across from the White House.

JE: What was the name of that group? It wasn't the Black Panthers?

JG: I can't remember all of their names.

Chapter 8 – 9:18

Tulsa

John Erling: Then what happened?

Jerry Gustafson: Then I got my job in Tulsa. We came on down and that was great. The first night they gave me call. I didn't want to be on call because we just drove in. I didn't even know where the hospital emergency room was. So I get a call on the first night to come to the emergency room because there has been a gunshot wound. Let me just give you an idea of what Tulsa was like then. Yale Avenue wasn't fancy—there was none of this four-lane stuff.

JE: You are talking about 1968?

JG: Yes. Actually Yale Avenue was only paved up to the hospital driveway beyond that it was a gravel road. So I went around and I found the emergency room and I went in.

JE: At Saint Francis?

JG: Yes. I went in the emergency room and told them who I was. It was a woman who attempted suicide of all things—she shot herself in the belly. But anyhow, I met this doctor and he was a very nice guy. I said, "What kind of doctor are you?" He said, "I'm an ear nose and throat man." I said, "What are you doing working in the emergency room?" He said, "The whole staff here, all 30 of us, we just rotate taking the call. We might have a pediatrician taking the ER calls and then we call a specialist as we need them." So I took care of the lady and that went all right and then I started talking to him. It turns out that they close the emergency room at about 5pm every night. It had a doorbell on it that rang up in the head nurse's office. The secretary would get a hold of her. So whether you are having a baby or whatever is going on—a gun shot or just a sore throat and went

to the emergency room, they would just open it up for you. That was pretty unusual I thought. Anesthesia actually stayed in the building. They had one anesthesiologist in there. He answered all of the code blues. He delivered babies if the OBGYN guy didn't show up on time.

JE: We should also point out that at 61st and Yale was considered very, very south for the city.

JG: Oh yes.

JE: So the population out here wasn't all that great. So maybe the call on the ER was not as great and maybe they were able to skip by doing that.

JG: Besides that, the reputation of Saint Francis as an emergency center was not made at all. Hillcrest had it. We were on the Hillcrest staff and we were on the St. John staff. So we bought a house over near Edison High School so I could spend my time going as quickly over there as here.

JE: But your group was known as Surgical Associates?

JG: Yes, and by this time Bill Loughridge had joined the group.

JE: So then you brought all of your experience from the EVAC hospitals and the trauma rooms, you brought that whole experience here and you figured—

JG: I didn't come here for that. I didn't figure anything. I came here to escape that. I thought this would be a place where you could watch your kids play softball.

JE: What did you think you would be doing?

JG: Nice hernias and nice gallbladders. This is the pink palace. This is a lovely high-class place.

JE: So then, did you decide that here was a problem and I need to fix it?

JG: I didn't, but C.T. Thompson was a visionary. He had a vision that in order to get this place to fly we need to get something that we were known for. We needed to be known for trauma and emergency care, cardiology, neonatal services and cancer. Mr. Warren bought the cancer thing right away because of his daughter Natalie had died of cancer. Neonatal, I guess that's the Catholic mission, a lot of children, and that went okay. Cardiology was kind of just listening to your chest. There wasn't cardiac care stuff and there was no trauma. So C.T. said, "I'll tell you what we ought to do, we have to get busy here and you know all about this stuff." Going back a little bit...the summer of our honeymoon, we went back to northern Wisconsin. There is a place in Woodruff, Wisconsin called The Hospital That Pennies Built. It was built by Kate Newcomb, who was a woman from Chicago that moved up there. There's a book that's written about her called *The Angel in Snowshoes*. It was 12 rooms with 22 beds. I worked there that summer. It was amazing. They didn't even have a kitchen—food was brought from homes. I rode on ambulances on emergency calls. I did all sorts of stuff when I was hardly trained to even open a medical book. (Chuckle) So that gave me a lot of interest. A man named J.D. Farrington would come up on Thursdays. He was an internationally known

orthopedist from Chicago. He would see patients on Friday and he built his own home on Saturday and Sunday. He hired me. I was poorer than a church mouse so he hired me to be just a gopher and bring him 2 x 4s and stuff. I just sat at his feet and listened to all sorts of things. I made rounds with him on Fridays. In 1966 he wrote a book called *Accidental Death and Disability: The Neglected Disease of Modern Society*. I really liked this idea of doctoring even before I entered medical school. I thought it was just superb. So then I went back another summer and worked there. I learned a lot about emergency care. In 1966, the Department of Labor said that kids in college couldn't drive ambulances anymore—that it had to be a full-time job. Funeral homes had two years to get rid of their ambulances. Things like that were going on in the background that I didn't really know. C.T. said, "You're a Hamm radio operator, you've been in combat, you've been at Parkland, you know how to put splints on people. You know all about that trauma. I haven't done it since I was in New Orleans a long time ago. You are going to have to carry this thing. So he was the front man. He was out there all of the time dreaming up things for me to do. I was in the back spending New Year's Eve writing papers and thinking. (Chuckle) We make a great pair. I love that guy. Anyhow we said that we can do better and suddenly the ambulance situation changed and a guy named Pat Mace came here. He had the orange and white central ambulances. Pat Mace was a Marine combat medic who got out, went to school at OSU and became an entomologist. He owned Sure Kill Chemical Company and he was an entrepreneur. So Sure Kill went into the ambulance business. I went down to talk to him about training his ambulance drivers and he thought that was just great. He and I became close friends. We would sit down there and teach people how to put on Thomas splints or how to really wrap an arm or how to put tourniquets on and that started some basic little education. There was a wonderful guy named Dr. John Kalbfleisch, a cardiologist, showed up at Saint Francis and became a good friend. He volunteered to come down and teach them heart work and how to do CPR and how to give certain medicines. Dr. Carl Stevenson, an anesthesiologist came in and showed them how to put tubes in airways and do respiratory support. It was all helter-skelter. Dr. Farrington meanwhile had written a handbook of emergency care. We were using that as a textbook. Somehow C.T. Thompson had the idea that we were going to make an audio/visual thing. So we met Hal Balch with Creative Specialist, Incorporated. He is not doing well now, but he was over in Utica Square. Phil Atkinson was his photographer and he had writers. We sat down and talked about that textbook and we outlined what we wanted to include. No EMT had ever been taught how to deliver a baby. So I called my old friend Jim Maddox and he went to the hospital administration and said, "We are going to start filming some deliveries up here." So this real fancy hospital and now we are going off the cliff because

now we have unlicensed people doing things that require a license and supervision. He brought in society people and told them what he was going to do and they loved it. We weren't going to show their faces and no one would know their names, but the first childbirth film with him instructing an EMT was made here in Tulsa. We made another movie called *A Matter of Judgment*. Mr. Bell who owned the amusement park let us down there. We wanted to show a guy having a heart attack on a roller coaster. So we filmed that when the place was closed. The voice was the guy that always did the Oklahoma Natural Gas commercials. He was the victim/patient. We go out there and the films are going and Bell is saying, "Come quick! Come quick!" and we run out there and pick up this guy and throw him in the ambulance and take off for Saint Francis. We told the nurses and everybody we were coming, but guess what? They all went to dinner. So we had substitute nurses. So we round this driveway and we come in with the red lights going. They think it's a real emergency. By now, we don't have a doorbell—we have an emergency room. So they come running out to meet the ambulance and I jump out of the front seat and yell, "Don't open the back door!" We had film crews up against the back window. They opened the back door and everybody fell out with their equipment. I said, "Get out of here. Don't stop shooting!" So we hauled this actor in and we told him that if he just put his arms—we had these metal things on an EKG thing. We told him to put them down on the metal bars it would short out and go straight line. I told him just to say, "I can't breathe! I can't breathe! Oh my chest hurts!" So he did and the EKG strip went boom! Dead. So the nurses were clutching him and I yelled, "Don't do anything!" And they were saying, "You're crazy!" So in walks Dr. Ted Wenger, a wonderful anesthesiologist who is now dead. He walks in and he says, "You're the pinkest dead man I have ever seen. What in the hell is going on in here?" (Laughter) And the actor opened his eyes. So that sort of started us going. We got the ambulance and we got the training package. So then Henry Zarrow knows all about what we are doing. He's very influenced by all of it. He thinks it's great and asks us if there was anything that we needed. Kalbfleisch says, "Well, there's a guy at Yale that's made an EKG machine that can go from an ambulance to a hospital. Pioneer Electronics is what he calls himself." So we went down and met at the Community Service Council and Henry Zarrow saw the machine we were talking about. He said, "How much is it?" We told him and he wrote a check for it right there.

JE: Was he on the board of Saint Francis Hospital yet?

JG: Oh yes, he had been on since the beginning.

Chapter 9 – 9:14**Birth of EMSA**

Jerry Gustafson: So then we formed the Oklahoma Trauma Research Society. It had Jack O'Brien, Henry Zarrow, C.T Thompson and myself and whoever was head of the Department of Transportation for the state. We started training people from Burns Flat, Oklahoma where there was an Army Air Base in World War II. At Burns Flat we brought people in from all over western Oklahoma. We trained emergency ambulance treatment to people all over. Then came radios...

JE: What you are describing is the birth of EMSA, is that true?

JG: Yes. I just want to talk about radios for a minute. I had this Hamm radio thing and we were on CBs when that doesn't work. What happened was we kept talking and talking and finally the Motorola guy says, "I want you to sell your program." I was calling the program HEAR for Hospital Emergency Ambulance Radio. They flew me to the Baltimore Hunt Club outside of Baltimore to talk to all of these high up people with Motorola and I gave them my song and dance. They told me that there was a market for the program because back then there was no way that an ambulance could talk to a hospital and you are talking about the solution. They said, "We can do it with a Hamm radio or we can do it with CBs, but you need to do it!" By God they went and got one frequency, 55340 was the only one they could get and we started. General Electric said hey if they are doing this, we are going to do it and it happened. Now it's gone up to UHF rather than VHF.

JE: Could we say then that Henry Zarrow made a lot of this happen with that check?

JG: Absolutely.

JE: He would be the father of this?

JG: Of telemetry in Tulsa, Oklahoma, that's right—or the guardian angel or something.

JE: Saint Francis and W.K. Warren, he knows that all of this is going on and he was encouraging as well?

JG: Simple marching orders—just simple.

JE: Just get it done.

JG: Yes, we wanted it to be first at this hospital.

JE: You wanted to put the emergency room in the front of the hospital with a flashing neon sign?

JG: That's right.

JE: How did that go over?

JG: It didn't, because this is a really fine place for nice people. My point was if Dad cut his arm trimming a hedge or something and he is all wrapped up in a towel and mom is driving and she is about ready to have a wreck, why make them drive all the way around to the back?

Instead why don't we put it up front with flashing red lights that say "Emergency" and be open and they could just drive right in and say, "Oh thank God we made it." I used to tell this to Lloyd Verret. A general surgeon and a hospital administrator went to a meeting. What is in the back always smelly and always busy and nobody wants to go there? The general surgeon says, "A rectum." And the hospital administrator jumps up and says, "An emergency room." They wouldn't move the ER up front. Cancer trumped. The cancer center went out front, because that was a greater priority.

JE: We could point out that St. John does have it up front on the corner, probably like you would have liked it?

JG: Yes, sure.

JE: We should go further back here before the birth of EMSA and say that funeral homes were running ambulance services.

JG: Yes, funeral homes were running the ambulance services and whoever got their first could claim the ambulance trip or the dead body until otherwise changed. So they actually had ambulance races to scenes and they would get there and have fist fights at the scene that had to be broken up by local police or state highway patrol or somebody.

JE: Elsewhere on this website I have interviewed Joe Moore of Moore Funeral Homes. He is no longer with us, but he talked about that. He was in on those races to the bodies and he talks about that. I might also mention that Dr. C.T. Thompson has also been interviewed for this website and you might consult that. So let's continue, how did EMSA come about?

JG: What happened was the world changed and everyone wanted more documentation and verification. Costs went up. Pat Mace with Central Ambulance needed additional money to come in. He wasn't going to run this as a charity. Reimbursement was very poor. Mayor LaFortune was now in office. Mace literally was asking for \$250,000 in one dollar bills in a brown paper sack. No questions asked. He said, "Nobody will ever complain about my ambulance service." And they wouldn't, I mean he was a salesman and he could pull that off. But that just couldn't go on. So he threatened several times to take the ambulances off the street. You don't threaten LaFortune. So LaFortune called me and said, "What do you think we can do?" I did some checking and found out that we could go volunteer and go find a department or we could go find another private guy we dealt with. But there was a new thing coming called private public operations, where the City actually owned the radio towers and the dispatch centers and all of the rolling equipment and all of the supplies. You put an ad in *The Wall Street Journal* looking for a company supplying ambulance attendants, with so many EMTs and so many paramedics on a five-year contract and make bids. I was out at Oral Roberts. I love people that are podium speakers. They used to have these crazy things—motivational lectures out there. Zig Ziglar was one of my favorites. He would

give you a check up from the neck up. I would cancel my office appointments and go out and listen to these guys. By now we had pagers. My pager went off and said, "Call Mayor LaFortune right away." I called him and he asked me to come down and see him. I went down there and there he was and there was Pat Mace with his shoes off reading a book with his feet up on the coffee table. I walked in and I said, "What's going on in here men?" The Mayor said, "You are going to have to ask him." He said, "I just came up here to hold the Mayor's feet to the fire and make him tell the truth." That's exactly what he said. I said, "Pat, you don't tell Bob LaFortune something like that. You just said goodbye." It was the craziest thing I had ever heard. Then he said, "Then it's goodbye. What are you going to do?" I said, "How long will you stay with us?" He said, "I will stay with you until I need to be gone." And he got up and he said, "Call me for coffee." And I said, "okay." We called these consultants in and did this project. LaFortune said, "Who are you going to have on the EMSA Board?" I said, "Oh, Dick Horkey because he is always into health issues and we'll get Art Wallace who is running the ER down at the osteopathic hospital and we'll get some civilians in here." In those days we had commissioners, so we needed to get a commissioner in. So we did that and we started off and we were a really good board. We even went so far as to even hire Steve Williams, who makes the paper every other day now.

JE: So he was he on the original team?

JG: He came in pretty close to the beginning, yes.

JE: Steve Williams is still the current director of EMSA.

JG: Yes. So then all the contracts went out and they all came back and Pat Mace did not enter one. We picked a company and signed a contract and they said they could be in business in 90 days and that's the way it went. I went to the old OTASCO store down on 11th or 15th to buy a tire for my boat. I was down on my hands and knees looking for a tire and I saw these big feet next to me and it was Pat Mace. I stood up and he said, "Do you need help down there?" I said, "No, I'm just buying a tire for my boat." He said, "I am not here to say goodbye. I am just sorry all of this had to happen." I said, "Me too. We are still friends." And we shook hands and we just remained friends. Isn't that interesting? He just got out.

JE: It had to happen because you were going to have to be far more professional and regulated and that's why it had to happen that way?

JG: Yes. He didn't fight. He just gave up like a man.

JE: That's the birth of EMSA.

JG: That's it.

JE: And today in 2013 we might know that EMSA is under a lot of fire. Because the fire department is not as busy as they used to be, when a call comes out, we almost have the same situation and when the funeral homes ran the ambulance service, because we have

fire trucks rushing to the scene and we have EMSA rushing to the scene at the same time. Eventually I guess that's going to have to be worked out one way or another.

JG: I think they are showing that they really have trouble at the top of EMSA. Their Board was inadequate and they didn't watch their executives closely enough. The beautiful thing about it is, actually John Sacra who is running the Saint Francis ER, he took over as the medical director of EMSA and worked with the state. You talk about the Voices of Oklahoma. I think Oklahoma as a state has got more population covered by one ambulance service than any other state in the country. You take OKC and all of its suburbs and Tulsa and all of its suburbs and this is really a big system that provides very good care in the streets. I think that other people might like to have it. I have visited many fire departments before I went along with all of this and I didn't feel comfortable with any of them. I can tell you why. Boston saw that that was a place where the old firemen went, the guys who couldn't carry hoses up three floors anymore, or were always a workman's comp problem, they could go over and drive the ambulances or something. They really held them in disrespect. That sort of thing went on. The only one that was really sort of positive about it was the fire chief in Houston, Texas. He was on the medical side rather than on the fire department money and size issue. It did not appear that Tulsa would go that way—that it would go on the medical side. They would be more controlling in the fire department than they were with the medical department, and I thought the ambulance business should remain medical.

JE: If you were to be asked today?

JG: I would still go with EMSA.

Chapter 10 – 9:46

Life Flight

John Erling: Okay, let's talk about to Life Flight.

Jerry Gustafson: First we had a helicopter that Saint Francis leased from Rocky Mountain Helicopters. It had its own pilots and EMTs and paramedics and nurses on board. That worked pretty well and then we started sharing it with others and it just got bigger and bigger and became more work than the hospitals wanted to do, so they are out of that now and now it's run by a private service. We were doing very well. There were a lot of air ambulances going all over the state of Oklahoma helping out and doing well. We've been without a serious accident I think the whole history of the whole thing. It's worked out extremely well.

JE: Saint Francis I think was the first to have a helicopter here in Tulsa.

JG: Yes.

JE: How about the state?

JG: I think they were the first in the state. Actually, the military down in Lawton would fly their helicopters to OKC.

JE: I believe it was in September 1979 that LifeFlight was giving a demonstration over the Great Raft Race that KRMG sponsored on the Arkansas River. While they were giving that demonstration they got a call from Coffeyville, Kansas and I believe it was a birth there. They had to drop off the KRMG officials and head up to Coffeyville and that was actually their first call.

JG: I was a Hamm radio operator and I worked the Raft Race. One time they had a hot air balloon and it was really windy. The guy kept putting propane heat into it and it kept going up and down. Well, that thing broke loose and it took off and headed north. I got the balloon man in my car and I had a radio in there. We had telephones so we could actually dial people. I called one of the people I know and I said, "How do I get a hold of the people at the airport tower?" He gave me the number and I called them and I said, "My name is Jerry Gustafson and I am a Hamm radio operator down here at this Raft Race and a balloon broke loose and we just want to let you know about it." He said, "Oh, we don't care about those balloons. How big is your balloon sir?" I said, "Twenty-four thousand feet." (Laughter) It landed up on a fire station up on Archer. (Chuckle)

JE: You were also involved in programs for advanced cardiac life support?

JG: Yes I was. We began to have more and more residents and they didn't have CPR training. They didn't know about advanced cardiac life support. It had been developed by one of the professors down at Parkland and also other universities. I couldn't really find anybody that was very interested in this among cardiologists. They wanted to train nurses to do it, but I thought we ought to have something a little better than that. So I started dealing with residents. Bill McEntee, who happens to be the cardiologist that I see, was one of my first residents to learn about it on the first row. I've never had a cardiac arrest but I glow when I see McEntee because of how much has changed. So much has changed because here a general surgeon was teaching cardiac care to internal medicine residents, but the anesthesiologists were not going to stay and do all the hard work, those heart doctors can take care of that. So it sort of built and built and we started training classes. I was kind of the sponsor of it and we would have young residents teaching the classes and certain doctors would come in and take them. Mark Friedman came down from New York and he turned into a hot rocket on this. He was really great. He took over and taught all of the nurses that were working in the cardiac care units. He left and became a professor at the University of Arizona. I hated to see him go. He was a little New Yorkie—a little brusk

but I loved the guy. I mean he was all business. Now, I am very, very pleased to know how everything has turned out.

JE: And now Saint Francis Hospital's numbers are 101,000 visits annually to the emergency room.

JG: Yes.

JE: Something you could never envision.

JG: From those original small rooms, we expanded to some old x-ray rooms and then we got our own bigger emergency room. Doug Wixson who has now passed on, was a marvelous architect with Huggins, Thompson & Ball, I helped him a lot on that new emergency room. They used to laugh at me about my new design, but it was built. Here's the deal. You can't build an emergency room with a whole lot of rooms, because every time you put a seriously ill person or injured person behind a door, you have to put a person back there. The way the military did it was they had big tents that we would lay out a lot of people. We would put up dividers between them, but you could hear and you could literally see and smell what was going on around you. If you needed help you could say, "Hey come help me over here." About 1974 I think, was that the year that the big tornadoes came through here?

JE: Yes.

JG: I got a call from Cushing, Oklahoma asking me if I could come up there with some of Pat Mace's ambulances because all the doctors, they were all osteopaths were all out at a convention and they had been hit by one tornado and there was another one coming. They had trouble. So Mace drove an ambulance and I rode with him and we had three ambulances and we took off. We got as far as the Pier 51 marina out there and a big tornado was coming off that thing. I heard this Hamm radio announcement saying that they needed help at Pier 51. They had people in the water and people injured. So Mace dropped one ambulance off there. Then we got up a little farther up the road and farmers were clearing everything off the road, it was just marvelous. We got up there to an intersection. There were two cars that had run together with two college girls in there and they were really injured. So we lost another ambulance to that. We get up to Drumright. Drumright was where the action really was, it was not Cushing. Cushing had just made the phone calls. They had a hospital that was built after WWII and it didn't have any windows in it—literally and they didn't have any generators there. The first tornado hit a retirement center and there was over a dozen dead. All of the insulation from the roof had come down on top of the people. They wrapped them in sheets and blankets while they were waiting for evacuation out of there. More would come down and they would wrap them up. We got to the hospital and there was no electricity and no water running. These people were wrapped like mummies and inside I had a flashlight in my mouth and I was putting chest tubes in people and stuff. (Chuckle) It was just like Vietnam all over again without electricity. I had to go out there and say, "Here's what we are going to do and you

are not going to like this at all. We might even kill them.” I told the firemen, “turn your hose on as low as you can and re-wet this thing and get it off of them. I don’t care if they are stark naked out here. Get them in that emergency room.” Mace was triaging for me. Triage is if you’re going to die, put them over here and if you could possibly save them put them here and if they are walking wounded put them over here (motioning). So he was going through them and marking them 1, 2 and 3 like the military does. We had other ambulances showing up then, but we had people showing up at the hospital with broken arms and cars and everything. I think we sent two dozen down here to Tulsa and split them all up. That was another one of my Oklahoma experiences that the system sort of worked. We didn’t really have perfection because we didn’t have anything local over there, and we didn’t have helicopters over there, but at least we had some responders and somebody to take charge and it turned out okay.

JE: So the seed that was planted and began in 1968 or so was beginning to work out?

JG: Yes, it sure did.

JE: We should point out another number. 22,000 patients then are admitted to the ER each year at Saint Francis.

JG: That’s right. I will tell you that the new emergency room plans are to accommodate 60,000 visits per year. We will never make that because that is one fourth of the population of Tulsa.

JE: Is there a different mindset today that we run to the ER for just a runny nose?

JG: There’s a lot of that. Everyone has got these minor emergency centers, there’s one at Springer—they are all over town.

JE: Ergent Care and that type of thing. So they are taking some of the pressure off. But then how are they being reimbursed, which is another topic and that’s driving rates up.

JG: Well this morning I was listening to NPR and they had an Oklahoma health care story and they said that 17% of the state of Oklahoma has no health insurance.

JE: So we have what is being called Obamacare that’s trying to address that and we say that here in 2013 because maybe in 2050 people will look back on this and see that we were still dealing with this issue.

JG: If you want to talk about that, number one Obama made a mistake by just not going for Medicare for everybody just off the block, but it couldn’t be done. It could have been much easier and quicker—all of the computers running—everything’s ready to go. Now we have a governor that doesn’t want this.

JE: We have a Republican governor now.

JG: Anyhow if you look at the *Tulsa World* calculations, everybody is just talking about how it will cost us \$689 million to do this over the next 10 years, but she doesn’t talk about how if it doesn’t work out I can quit at any time with no penalty. If we keep on going on our own, it will be over \$350 million anyway. They don’t talk about the difference between the

two. If you take the difference between the two—and the Kaiser Health Family Foundation report says that there is 200,000 that could get full insurance. *Tulsa World* says that there are 175,000. I don't know what the real number is, but if you're talking about a \$350 million difference over 10 years, \$35 million on a \$7 billion budget, it's a no-brainer. Now here's the problem, we have a tipping point—if these people get insurance they can go to the hospital and it gets paid for and we hope that your insurance will not rise. If they are not paid, and they are all walking in and pay as cash, Aetna and Blue Cross are going to go out the window and that's not right. Everybody ought to share in this event. Florida has changed and Ohio has changed and Arizona has flip-flopped on this deal. Mary Fallin has not changed.

JE: Yes.

JG: About the numbers at Saint Francis, we now have 65 Warren Clinic locations. There are 280 medical professionals at Warren Clinic. 810,000 Warren Clinic patients are seen yearly.

JG: I was on the original board. If you look in the back of that book about members of the boards...

JE: You they talking in the book about the 50th anniversary of the hospital and you are in the back of that book?

JG: In the back of that book where it lists the board members and their tenure, I was one of those original guardian angels that started that with Kalbfleisch and Randy Mills, and also the Laureate and also a whole bunch of stuff.

JE: Wow.

Chapter 11 – 5:07

Mr. & Mrs. W.K. Warren

John Erling: When you had meeting with W.K. Warren Senior, what was that like?

Jerry Gustafson: He really didn't want to know anything from me. I just wanted to come in and tell him this is what I've dreamed—this is what I think is going to work and this is what I want to do. He would just smile and say thank you.

JE: Meaning he was approving obviously of whatever you did and wanted to do and just go do it.

JG: Yes. I might want to talk about Mrs. Warren, she might be talking to him too, because she really liked me. They had these parties on Saint Francis Xavier Day for the hospital over at Southern Hills. One time there was a Hispanic dancer festival or something. I had this great big hat. I took it out of the trunk of my Honda and people walked in ahead of me and I walked in the back and I walked up and the marketing department about stroked! "You can't wear that in here! You can't be the clown!" I was the clown of Saint Francis.

I wore a lot of funny things. So anyhow Mrs. Warren saw me. She came over and she knew I was Jerry, but she gave me a big kiss and she said, "Jose I am so glad you are here." Until her death she called me Jose. About 1998 or 1997 I walked out that door and she was out there in the sun in a wheelchair. She said, "Come talk to me." I said, "I will. What's the subject?" She said, "You know, I was before 1900 and if I live past 2000 I will have lived in three centuries." I said, "How are we going to get you to do that?" She said, "I don't think he is going to tell you!" (Laughter) But she was always just the most wonderful, delightful lady to talk to and she always stopped and wanted to talk.

JE: I should mention that Bill Warren, the son of W.K. has been interviewed on this program as well. He details the story about his father and how he came to Oklahoma and started Saint Francis Hospital. It's a great, inspirational story. So many things have happened I know.

JG: I will give you a few other things. Because I like radios, I was hung up on all sorts of intercoms and radio systems. I brought a guy to Saint Francis named Frank Ephron. Frank was in the Navy and was an electronic engineer and everything. He served in WWII and served in the Korean War. As a civilian, he was married to a Tulsa girl. They came through here and they liked it. He went to work making Geiger counters for smart pigs that go down oil pipelines. He hung around. Then they advertised that they wanted somebody to put a TV station on the air. He said, "I can do that." So we went down there and he soldered all the wires together. He would turn on the machines and do stuff. He quit the day that someone else bought them. The new owners came in and a shoeshine was more important than the technical aspects of the station and he just went home. I knew him from Hamm radio. Mr. Verret over there at the hospital called me and he said, "You know all about those transistors and stuff. We can't find a reasonable intercom in the whole world. They set them up in my board room and I call on them and no one can understand me. What are we going to do about that?" I said, "Let me think." Frank Ephron was sitting at home so I brought him in and he looked the system over and said none of it was going to work. Mr. Verret said, "What do you know about this?" He said, "This is my business." Mr. Verret said, "Would you come back and work for me a week and just see if you can find something?" So Frank came back for a week and he found some things and advised what we could do. And Frank then just stayed on for like 15 more years. He became my sailing instructor and best friend and travel partner. He is doing well, he and his wife. Because I like computers I became the physician liaison to the IT department to talk to them about things and fought with IBM on a daily basis. (Chuckle)

JE: So you brought the computer system into the hospital?

JG: They had full-time IT people, but they didn't know how to apply it to physicians.

JE: Oh.

JG: I did that and I actually was the medical director of surgery as we built up to 36 rooms and rooms across the road in outpatient. I had a wonderful sidekick Denise Geuder, who is now the big nurse out at Cancer Treatment Centers of America. Then I became medical director of the Warren Clinic for about eight years. They wanted to build an office for me and I said, "I can't do that." At the time I was still doing gallbladders for a living, so I managed by walking around and carrying a little notebook. I told them I could just jeep doing what I could do. I was busy! Then 1997 came and I decided I had just about had enough.

JE: And that's the day, June 30th, 1997 that you retired.

JG: Yes, I walked out and gave up my medical pager.

JE: Was that a ceremonial thing? (Chuckle)

JG: Saint Francis still invited me back to all sorts of events. When ever they have a groundbreaking or a topping out or a party, I get to go to everything.

JE: Well I am sure they see you as the rest of us look upon you—you are a pioneer and very much a part of the success of Saint Francis Hospital.

Chapter 12 – 14:46

New Programs

John Erling: But you didn't really retire because you began to volunteer with the Tulsa County Medical Society. You chaired the committee on the concerns of older toasters, known then as COOTS and the Golden Oldies, which was a group organized for older and retired physicians.

Jerry Gustafson: That's right.

JE: So, let's discuss this. You became politically active. You hadn't been before, but you did to pass legislation. Tell us why.

JG: Well, number one with the Golden Oldies, doctors would retire and if they wanted to keep their license they had to pay \$350 and they had to do 30 hours of continuing education. It got to be that the Red Cross or anybody, if they wanted volunteer doctors to come out and help them with physical exams or help with something like health fairs, they wanted the doctor to be able to show some document that he's a doctor. So we went and got a special volunteer physicians license for medical doctors passed at the state legislature. Then it had rules and regulations written by the state board of medical supervision and licensure. That's worked out very well. Physicians appreciate that and they can write prescriptions, but not narcotic prescriptions.

JE: You also worked to pass legislation regarding those who were getting married?

JG: That's right. Suddenly something goes off in my head that this is not right. Let's see if we can change it. I looked at all of these charts and found out that there's a lot of laboratory work being done that was not needed. One of them was if people got married they had a VDRL test, which is a test for syphilis. I said, "Why are we even doing that?" It turns out a doctor over at St. John had a brand new computer database, he could help me out and he was the lab that was doing most of the tests, collecting \$30 or \$35 a piece, whatever it was from hundreds of thousands of people. He honestly reported to me that there were only five cases out of hundreds of thousands that had a positive test at his laboratory. Two had had the disease since childhood, two were false positives and one of them couldn't be found.

JE: Tests for syphilis?

JG: Yes. So why are we wasting all of this money there? Ron Peters became my state representative. I had the first fundraiser for Ron Peters. He and I worked together at the Parent Child Center of Tulsa over the years. We forced this law to be changed and now it still stands and that worked out well. We also worked on three-year licenses for boats, which drove me crazy to have to stand around every year to get a boat license.

JE: That was out of your field, but because you were—

JG: Well, I had a boat in Wisconsin and I had a boat down here. Up in Wisconsin, you didn't have to do anything to get a license and down here you are always spending money for mail and everything else.

JE: So you birthed that idea to have three-year licenses for boats.

JG: Yes, because it would be a cheaper deal to do them for three years.

JE: Well thank you, because I am a boating enthusiast myself. (Chuckle) I appreciate that very much. Through COOTS you worked with Dr. George Prothro?

JG: Dr. Prothro was the City County Health Director for many, years here and a wonderful visionary. He had a friend named Carl Lyons who ran a nursing home at the corner of 61st and Sheridan back in the old days. He had George come down there to look at something in a closet. The closet was 8 feet wide and 8 feet deep and 8 feet high. It was half filled with medication. Carl said, "All of this medication is being thrown down the toilet because the laws and Oklahoma say that you must get rid of it by flushing. It's still good. It's not expired and it hasn't even been opened. The plastic wrap hasn't been broken and it's still good medicine. We need a way of reusing this." In the background, that had been George's dream too. So they went to work and they work through the late 1990s on that. Then I was retired and George was on COOTS and George says, "You know Ron Peters and you've done these other crazy things, let's work on this thing." So we started and with the wonderful representative in North Tulsa named Darrell Gilbert, we started working on this. They threw a lot of straw men in our way and it took us from early November

in 2000 until sometime in 2004—that’s almost eight sessions to get this right. There was always somebody jumping up and doing something. It got the last day and we had Senator Bernest Cain, a marvelous man and he was my senator. So we all went in for the last hearing. The stamps were going down and it was going to pass and in came all these people carrying stacks of paper. I went back to Ron and I said, “What’s going on here? What’s all this paper coming in the room?” He said, “These are people that are going to come in and try and amend this.”

JE: Amend it?

JG: Yes.

JG: Meaning my bill was going through—Dr. Prothro’s bill was going to go through, but these people are going to come in with their power and try to attach something to it and it may be for anything. Senator Cain was actually chairing the committee. So I said, “Senator Cain, I’ve just been advised that a lot of people here are going to be asked to try and amend my bill.” He kind of smiled and I said, “Senator Cain, don’t let them kill my baby.” (Chuckle) And he just laughed. Everyone just kind of applauded and we just went and shot right through with no amendments.

JE: And today this program is producing some great results.

JG: Yes, wonderful results beyond our imagination. We started November 4, 2004. When a bill is signed by the governor without an emergency clause, it takes 90 days after he signs it for it to take effect. So that’s why we got the bill passed in early fall, but it took a while to get it all set up and get the racks ready and everything else. So we went out and started collecting. We started out slowly. We found that we still had to keep going back and modifying the bills, because somebody would come in and cry liability crisis or the Bureau of Pharmacy would cry something. So we had to fight that off a little bit, but we got this done. By May 1, 2012 we had reached the \$10 million mark of re-dispensing the medication to the indigent population of Tulsa County. I don’t know how many millions of dollars of medicines we’ve picked up that were destroyed. What this bill did was, it allowed a pharmacy company to take medicines to nursing homes as a doctor prescribes them. If the medicines are not used, the nursing home had to destroy them by flushing and they had to prepare a manifest of everything they put down the commode. We took the manifest with unopened medication and it allowed anybody, it doesn’t have to be a doctor, to take these back to the Tulsa County pharmacy, so it’s a pharmacy to pharmacy to pharmacy transaction, with some transfers in between. Back in the pharmacy, they have a full-time pharmacist over there at Tulsa County social services they will look at the manifest and make sure that nothing was stolen. They would not send any narcotics. So that’s how we added validity to our system. We’ve had people try to walk into nursing homes and say, “Hey, I’m Dr. Erling and I’m here to pick up the drugs.” (Chuckle) But we have ID cards and

buttons we wear, but it's an amazing world. That's worked out. Then as of December 31, 2012, we had recycled \$2,237,000 worth of medications in that year alone. So it took us eight years to get to \$10 million and now we are doing \$2 million in one year. There are a lot of reasons for that. What they are writing prescriptions for, the cost of medicines, more people joining medical plans who can afford medicine. I don't know what's going on but we used to pick up one or two boxes from nursing homes but it's not unusual to pick up five or eight boxes at a time now.

JE: So we don't know why you're picking up so much now?

JG: No.

JE: Doctors are over prescribing somewhere along the line?

JG: I really don't know. I really got upset with a drug named Lovenox. It's used for people who have clots in their veins. It's used instead of heparin shots, which are given several times a day because you can give them just one Lovenox shot. Something happened in the nursing home business that they felt if a person caught the flu and went to bed for more than 24 hours they may get a blood clot, so they started using this on those patients. It costs \$200 or \$300 a vial to give it. We ended up with \$10,000 or \$20,000 or \$30,000 worth of it because a person with the flu would get up out of bed on the third day and not need it anymore. So we wrote letters saying please don't do this or let's keep a dose back here but not destroy it just in case. It's illegal to share medicine that goes to a nursing home. It's meant for one patient and you can't use it for somebody else, even though it's not even been opened. But we are working on all of these things.

JE: It's interesting that you are using a collection box of old post office boxes.

JG: In summary, when we did this, Dr. Prothro's idea was to number one provide free medication for indigents of Tulsa County and number two lessen labor at long-term care facilities. Those men and women after eight hours of punching out all of those plastic things had big red and bruised fingers. Number three was to relieve family and friends and agencies from paying for medicines and allowing their funds to be used elsewhere. The Tulsa County Pharmacy existed for 80 or maybe 100 years giving cowboys and the indigents medicine at cost. How does an indigent pay? Well, they don't. Catholic Charities pays and the Zarrow family and the Schusterman family and the Warren family—Good Samaritans or brothers and sisters and families paid for this. Now we are allowed to give away that much money so it's back in the pockets of those that used to pay. Number four, remove pharmaceutical pollutants from our ecosystem and five, improve the health of Tulsa County residents, and six, save taxpayer money. I want to talk about the issue of pollutants as one of the final things we have really gotten into. A wonderful young lady named Kristi Shreve has come to Tulsa to work for the City of Tulsa out in Environmental Compliance—like what's in the river. The EPA has found like in Chesapeake Bay, that there

is so much estrogen hormones coming from people taking it or all those young women putting makeup on their face and taking showers, that the poor little frogs and fish are being feminized and they are not reproducing as adequately as they used to. So maybe that's the reason why we have so many boys not doing well in school and girls doing well right here in Tulsa. But that has happened. So we went into the disposal of these medicines—how do we collect them and get rid of them? We were doing it very poorly. We were basically sending them to the dump and then the dump would get a rainstorm and the drugs would leach into the water and the water would run into the ground. The EPA would test the water and say we were out of compliance and Kristi would scream, "You've got to do something about this thing." So we started collecting them and they started going to incineration plants. Somehow some people had the same idea in the U.S. I might say our drug recycling program has been picked up by 39 different states and several foreign countries—so it has gotten around. So somehow people got the idea that disposal was a good idea, including the Oklahoma Department of Narcotics and Dangerous Drugs in Oklahoma City. They decided that they would put old mail boxes into police and sheriff stations where they are observed 24 hours a day. Then households could take their medicines over there and without questions asked put them in these mailboxes. They don't want illegal drugs or aerosols or businesses like drug stores to use this. They don't want syringes and what they call "sharps" in the business in there because somebody might get cut picking them up. But this has worked really well. Along came the Drug Enforcement Agency and they have a take back day usually in April and October. They have an armed guard at their collection point and the city police out a policeman there and they will take illegal drugs. They don't ask questions. Now all of these drugs are taken out to Covanta, who has become a really good partner of the City of Tulsa. Covanta burns trash—it's the old Walter B. Hall trash to energy plant that never seemed to work out. They've upped the temperature of the burn from 1,600 to 2,200 degrees. There are burning everything there and it's working well. They are accepting things from out of the county even now. There is another thing that occurs in Tulsa that works well called the MET, with "Recycle Michael" who is a guy named Michael Patton with the Metropolitan Environmental Trust. He goes twice a year in April and October down to the fairgrounds and you can come in there with about anything and they will pick it up and they take it away to be destroyed. We are removing tons of unused medication one way or the other. So that's the story on that part of my life.

JE: That is a remarkable story. I'm thinking about there are more people who are dying from overdose of prescription medicine than illegal drugs. Is that amazing or what?

JG: That's amazing. West Virginia first reported that and nobody believed it here but it's true. Now these people—it's a misuse of drugs. We won't call them all suicides, but if a child

gets into the medicine cabinet that is a death due to a prescription drug. If a teenager gets your stuff, I don't know they have a tricky name for when they just throw all the tablets together on the rug and then you take a fist full of them and see what happens. That's a death by prescription drug. And if old people go in there and they can't see well and they have an allergy and are looking for Zyrtec and instead they pick up something else, then you've got a dead person there. So we need to clean out these cabinets of things that are not being used or things that people might not be able to identify correctly. I personally am not concerned about the expiration date. People in drug testing don't have any serious literature. They have no serious science that a Cipro tablet wears out in two years. The military will tell you it will go 10 years at least. They will put it on a submarine and if you are someplace they can't get to you, they will tell you to take Cipro. What's Cipro good for? It's good for Anthrax. On Israel, every doctor and every nurse and all of the children and family of doctors and nurses at care workers have Cipro at home. So if somebody says that they are blowing Anthrax into this part of Israel, they don't clutch and go home, you pop your Cipro tablet and just on taking care of patients. Try and sell that around here.

JE: Should there be a program for cleaning out your medicine cabinets?

JG: Yes, there should be. We talk about that quite a bit.

JE: There could be a certain day maybe twice a year?

JG: Right. It could come before the MET day or right before the DEA day or it could come anytime to the Bureau of Narcotics and Dangerous Drugs. There's a glitch. The commercial people that pick up from apartments, condos and industries like that, they don't burn their trash. They either own their own landfills or they use a landfill and that's still leaching chemicals, so somehow we have got to stop that. It's occurring maybe on the illegal side, but I know that people that live in gated communities will knock on doors and announce that they are collecting unused medicines into just a Reasor's bag and the people will come out and give them their unused meds and they will then take them down to the police station mailboxes to drop them off for them.

JE: So there is some of that going on?

JG: Yes, but you are not supposed to be handling other people's medicines, but they're helpful.

Chapter 13 – 5:07

The Gustafsons

John Erling: Here you are today at 78. You could live to 88 or 98. Do you have some long-range goals that you are working on?

Jerry Gustafson: Well, yes. I help my wife a lot. She's worked with the League of Women Voters. I go up to Booker T. Washington High School and help sign up people to vote. She has been a big person in the fight against abuse and child neglect here in Tulsa. She did the first work with Parents Anonymous and then she worked at Rainbow House and then she put Parents Anonymous and Rainbow House together and called it the Parent Child Center. She was the executive director of that and then she hire Claudine Self to replace her, who has been an old friend for years. She then went on to work with the Dester Shelter and then there was a fundraiser for the new Tulsa County Emergency Children's Shelter, it's on 72nd and Pine. If you ever get a chance to get out there, you ought to take a look at it. It's built on 20 acres. Of course, my friend Ron Peters put the Pinnacle Law into effect with DHS and got Howard Hedrick gone. They were going to do all of these things. They believe that if you pick up children at 3 o'clock in the morning from a meth house that you can't have them in a foster house at 4:30am, so where are you going to put them? So they closed down the baby house because they thought that no children under two should ever have to be in a shelter. So now social workers have to take them home or find somebody to take care of them and it doesn't work. People ask how successful it is with the older children. I will tell you. There were 88 kids in there yesterday. They've got social workers sitting there side by side by side with names of people that have taken foster children. We've got a 14-year-old boy here whose parents beat the hell out of him and he's got a broken arm—but he's going to school and making good grades and he needs help, can you take care of him for a while? People will say, "Sure, I've got three of them out here already." It's just awful. When they were down there at the old Boys' Home that was a mess. Lucky Lamons was a local policeman and he worked hard to keep the local drug sellers from coming over the fence and selling. Anyhow, it's worked very well. Then the state doesn't pay these people for taking children for 90 days? They don't have anything to give them? If you get a baby in the middle of the night, use your own money and go to a 24-hour drug store or grocery store and buy whatever you need to buy. So Julie and her friends run the resource center. Mrs. Sanditen gives them a storefront down next to Bodean's off of 51st. It's a resource center for DHS. They give people bassinets, bed sheets, mattresses and food. They just work all of the time. They are so busy that the woman that's in charge of that who actually works for the DHS is asking for a second employee.

JE: You as a couple have really made a major contribution. Do you have children from your marriage?

JG: We have three kids. The oldest is Ed who was born in 1960 and he is a CPA. He is a former musician who traveled around the country and finally came home and said, "Can I go to college?" He became a CPA and worked for some companies and he didn't like that at all. He is kind of a renegade. So he just works as a private CPA for some friends he has.

Our middle child was born in 1964 and she was a scholar and an excellent athlete. She especially loved soccer. She went to Stanford for five years working on her undergraduate and she played soccer for four years. She has three degrees: anthropology, Swahili language and civil engineering. She went to Africa to be the great blonde hope of Africa. She got in a lot of trouble with Muslims. The average woman has 12 children and six are boys and six are girls. Kenya will only educate four children so who doesn't get educated? The women. So the women if they have a little money will run a tie shop or an umbrella store or something like that, or they all become prostitutes for the people coming down from the Mid East that have the Indian Ocean for a big play park. So she didn't want to do that. She went back another year under another plan. The men there got really angry at her for telling the women that they needed to be more definite in what they were doing. During that trip she caught malaria and so she came back and then she got a master's degree in engineering. Then she worked for the EPA. Later she got a Ph.D. in psychology and now she's in private practice in Palo Alto and also in Oakland. She is working at a children's shelter over in Oakland but she is in private practice in Palo Alto.

JE: And her name?

JG: Cheryl Gustafson. The third one is here in Tulsa. She is very, very smart and a great musician. She went to Emory and majored in mathematics and music. She got out and went straight into the Ph.D. program in Econ at Cal-Berkeley. She lives here in Tulsa and works for Steven Dow with CAP. She is the data processor for all of the Educare systems that tell us how we are doing with all of these kids. It tells us whether they are making better grades or not. Mr. Kaiser I hear says, "Cindy, give me a good report I can't stand another bad report." (Chuckle) She works with some great people and she is very into education.

JE: Yes.

JG: My wife is very into education and she is always working double-time on that.

Chapter 14 – 11:16

Advice/Medical Future

John Erling: As you look back on your life, is there any one thing that you are most proud of?

Jerry Gustafson: Oh there are so many things.

JE: So you couldn't put your hand on any one thing?

JG: Every day is just a blessing. It's just crazy. I am one of those people that are not religious. I am one of those people that is not really religious. I am about as religious as the Unitarian Church will get. (Chuckle)

JE: You were Scandinavian, weren't you raised in a Lutheran Church?

JG: Yes, I was raised as a Lutheran originally. Then my dad took us to the Presbyterian Church in Missouri and then we became Methodists here. We were at Boston Avenue before Mouzon Biggs got there. He is a dear friend.

JE: Okay. Do you have advice for beginning students starting to look at their new life?

JG: I think students don't need to get focused on any one thing. Life leads you to many interesting places. I am always interested to read the reports that the president of Stanford University puts out. The president of Stanford writes every year about the previous 10 years of experience. The people that graduated and what they are doing now. If you weren't a physician or a registered nurse or an architect or a lawyer, then who knows what you are doing—and those people even change. For instance you might have started as a corn farmer for all I know and now you are a radio announcer and it just changes around. (Chuckle) I started out and my first paying job was selling women's and children's clothes at J.C. Penney before I became an orderly in the hospital, but I have always had a job. I always need something to do. I helped found the surgical technician program at Tulsa Vo-Tech. They contacted me about instituting a new program out there for surgical technicians and I said, "That's beautiful. How are we going to do this?" And I just fell right in. They got a wonderful young woman named Carol Dollar, who was a nurse from Saint Francis. They hated to see her leave, but years ago she left and she is still running the thing. She puts out extremely good products. I am proud of that. I am proud of a lot of stuff. I am proud of everything we did and the employees we brought into the hospital.

JE: For future generations, how would you like to be remembered?

JG: I wouldn't really care if they did. I went to hear Garrison Keillor when he came to Tulsa. I love him. He shocked the town hall by saying that in 10 years no one would remember 9/11. Now let's talk about what happened in the paper today.

JE: Well, today there is a full-page ad and at the top it says, "Tulsa County Medical Society Foundation extends its heartfelt thanks to project volunteers and partners for your compassion, generosity and goodwill." You are listed here as a matter of fact.

JG: As a donor. You understand that I am not listed on the other side, but I was whatever they call it in business now when the people have the first ideas and they put their money and their energy behind it. It's been several years ago now that a person down in Asheville, North Carolina figured out that too many doctors were doing too much charity work and too many hospitals were doing more than their fair share. So she decided to have a reconciliation program where people would share the indigent. I call it "share the poverty." I checked on this and I found out that actually although a doctor started it and hospitals loved it because no one hospital was overwhelmed with all of these "pay as cash" patients. I tried to talk about it here and I didn't get to first base. As I told you earlier, I am sort of

like an icebreaker. I run into things and sometimes they break right away and sometimes they break into pieces and I have to go back and sometimes it breaks me and I fall to the bottom. But I am also like a bulldog and I just hang on. I knew this is the thing that we need to do. I found a cardiologist in Wichita, Kansas who for \$30,000 made a program that would reconcile all of this. I kept talking about it. I was a member of the COOTS and I was also made a member of the Tulsa County Medical Society Foundation, which raises money for the building that they built and scholarships and for charitable activities. We didn't really have any charitable activities, people would write us grants and we'd just shotgun it. So we formed our own Tulsa County Medical Society Foundation to do what we thought was important. We talked and talked about putting this into the Asheville system, where we would raise money to hire people and buy a computer and get an office and get this thing started. Since then, I have left the Foundation. I am still with the COOTS. I still have a report on it. Whenever we meet I ask, "What's happening?" A man named Bill Gathon, a pediatrician retired and went to work for the University of Oklahoma and he became the President of the Foundation and reviewed the minutes and thought this was a good idea. He talked to Michael Lapolla who is a healthcare policy man at OU and talked to Dan Duffy who is an internist and now is an assistant dean at OU. They came back and they wanted to talk about it and they said they could get some money to do what I was unable to do and God bless them and away they went. They got Kaiser money, they got Zarrow money, they got Oxley money—they got all of this money to support the Schusterman money. In today's *Tulsa World*, they have an eighth-month report on what has happened and I am just like a proud papa today. I did get a call from Saint Francis that told me that there was going to be a large ad in the paper that would really excite me this morning.

JE: And I am holding it up right now.

JG: Yes! You are holding your copy up.

JE: Yes.

JG: As I said earlier, when we were talking before this interview. I sat around with the good old boys growing up and I heard all of these men complaining of life saying things aren't good and the president is bad and laws are bad, we're not making enough money and taxes are bad. They ended up saying I could have, I should have, I used to...somehow that went into my brain and I said that wasn't going to be me when I grew up. I have thoughts about something all of the time—either about me or my children or my wife, someplace to go or something. Everything is precious. One of the things I would like to do—I would like to drive all the way around Lake Superior. I would like to deliver more medicines to Tulsa County Pharmacy.

JE: You have got a lot to do yet, don't you? As Edgar Guest said, "You've got a heap of living to do."

JG: Yes and time moves so fast. I am not prepared. I've got trucks from 1986. I drive old cars. I just bought my wife a used car. I am very conservative like all of the Swedes and Norwegians are I guess. I've never had a Mercedes and I've never had a Country Club membership. I would always be up at 2 o'clock in the morning designing emergency rooms and stuff. There's one more thing you might want to include. In the Saint Francis Anniversary Book, the statement made about washbasins being outside the hospital rooms. That became a crusade for me. Now this is the basis of this. You have to realize that in the 1800s doctors put people in the hospital to die. If you went in the hospital you would catch something. There were very big infections. Let me tell you—that's going on today. Doctors ought to be washing their hands. You see in the paper—doctors aren't washing their hands. They hired nurses to spy on them. They would give them lessons. They have all of these things going. Way back before they built the tower at Saint Francis, I would go to see a patient and I would go into the bathroom to wash my hands and I would say, "I shouldn't be in here after I examined that wound, even with gloves on." When their toothbrush is up there and their washcloth is there on there were two people in each room back in the good old days. Then the sink would be a wash basin with people washing their feet or a place to brush their teeth—and I would be washing my hands between the hydrant and the basin, using a soap bottle that wasn't even under pressure. This is much better now that this has changed. I just went on a crusade that when they built that tower that they ought to put the washbasins outside with a foot-operated pump and paper towels where you just draw one at a time out, and a sack that you would throw them in that would be considered possibly infectious. I mean we had those in the Vietnam hospitals in combat. Boy did I have some tussles with architects and people that thought that Saint Francis was a beautiful pink hospital and it ought to remain the most beautiful place in the world and putting washbasins between every two rooms out in the tower was not our style. Way up at the top, the big man understood it.

JE: So it did happen?

JG: Yes, it happened.

JE: The big man being?

JG: W.K. Warren. Did you ever interview Bill Lissau?

JE: No, I haven't.

JG: He would be good. Mr. Warren had Bill go over and drop a plumb line down off the tower that was being built. He had a telescope and he would look at that thing and make sure that every brick was going up just right. (Chuckle) One time there was a guy down there shoveling, and he would stand around with his shovel and he would smoke. Mr. Warren would tell Lissau, "You go down and tell that guy to get to work!" Bill Lissau went down there and said, "Now Mister, don't get mad at me, but I am going to have to put

on a really good show here because my boss is watching.” (Chuckle) He was just a little guy, you know. He started shaking his hand at him and the man put his cigarette out and started shoveling. (Laughter) Healthcare was fun. It’s kind of twisted now. People just don’t want the world to change.

JE: What will become of hospitals in the next 50 years?

JG: They are all going to become systems. They are going to be very, very effective systems. There are a lot of things that could change. There’s a lot more diagnostic equipment that they will be able to just insert into your body. You won’t even know it’s there. It won’t even need a battery changed. It will be able to monitor your blood sugars and blood pressure and all sorts of things. It’s incredible. They are putting it all on your cell phone now, so when it’s time for your doctor’s report to go in you’ll just call up this number and things go over. All the laparoscopic surgery, the destruction of tissue that’s not with a knife, electromagnetic forces, it’s really changed. I’ve seen it since I was a doctor. A guy and I were on call at the University of Missouri obstetrics division. We didn’t have anything to do and everyone had gone to the football game or something, so we went and got an EKG machine and hooked it up to a pregnant woman. She didn’t care. We got an EKG of the baby and an EKG of her heart. We thought we were smart. Well, we went off duty and went down to the library and looked it up and the EKG machine had been invented in 1903 and it was first used on babies in 1904. (Chuckle) So we were that close to a Nobel Prize! (Laughter) But all of the nuclear medicine is new, all the CAT scanner and all the MRIs. There are new emergency room things, resuscitation equipment, medications—just to be able to get ambulance attendants to be able to do an instant blood sugar in the field to determine if it’s a diabetic and is he over-treating himself and things like that. Call EMSA and say you are having a heart attack and they will tell you to take an aspirin as soon as you can. They wouldn’t let anybody have an aspirin before—it’s really changed. And some poor doctors just don’t get it. The new people, over half of the surgeons in surgical training are females. Not only that I read all of the graduation names from Missouri and from Parkland Memorial and from OU, I get their information and I can’t even pronounce their names. I don’t know where all of the boys have gone. I just don’t know. It’s a great job. Everybody says, “Would you do it again?” Heck yes. What has happened to me at this point is going to happen in the future. Our life is a path and it just keeps going on.

JE: You came along at the right time and timing is everything. How we are prepared in life and don’t realize we are being prepared for the next adventure?

JG: Absolutely.

JE: Thank you for this time that you have spent and on behalf of those who will listen and the public I say thank you.

JG: Yes.

Chapter 15 – 0:33**Conclusion**

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