

Chapter 01 – Introduction

Announcer: Dr. James A. Rodgers, a neurosurgery specialist in Tulsa, Oklahoma, completed his medical school prerequisites at the University of Tulsa in 1972. He then graduated with honors from the University of Oklahoma medical school in 1976. After completing his internship and residency in neurosurgery in 1981, he opened a solo practice in Muskogee, Oklahoma, returning to Tulsa in 1989. In his solo practice, he focused on cervical and lumbar spine problems.

One of the founders of Tulsa Spine and Specialty Hospital, a physician-owned hospital, Dr. Rodgers has nearly 50 years of diverse experience in neurosurgery.

Beyond his medical career, he developed a strong interest in music in his youth that eventually led to owning and rehabilitating the internationally known music venue, Cain's Ballroom. This Tulsa landmark, inducted into the Oklahoma Music Hall of Fame in 2005, is remembered for its role in the history of western swing music, and rock'n'roll.

Dr. Rodgers's advice to young people when considering a career: "Choosing a lifestyle is very important, think about how it would affect your family."

Chapter 02 – 8:34 Puzzle of Medicine

John Erling (JE): My name is John Erling and today's date is August 1st, 2022.
So, Jim, would you state your full name, please?

Jim Rodgers (JR): James Allen Rodgers.

JE: And your date of birth?

JR: September 1, 1951.

JE: Making your present age?

JR: 70 — soon to be 71.

JE: Where are we recording this interview?

JR: At my home here in Tulsa.

JE: Where were you born?

JR: Here in Tulsa.

JE: Let's talk about your parents. Your mother's name, maiden name, where she came from and grew up.

JR: Denia Louise Burnworth was her maiden name. She was born in Independence, Kansas in 1928. My father, Calvin Rodgers — no middle name — was born in 1924; also, I believe in Independence.

JE: What kind of personality did your mother have?

JR: My mother was driven, loving, but pushed me to become the man and the professional that I became. She always wanted to be a nurse and she always wanted to be a doctor. She went to one or two years of junior college — never went to a major university, never got a degree; was a beauty queen in high school, and met my father and got married.

JE: So did she plant this medical thought in your head?

JR: Well, there was no other medical people in my background. No other nurses or doctors on either side of the family. I think that they identified early that I could make good grades and I was focused on studying, and if you put a challenge in front of me, that I could handle it. And maybe that was some of it. I was also very good at math, but I couldn't — they never explained to me how I could make money with a math degree. And I had

my appendix taken out at age 11 by Bob Periman, the father of general surgery here in Tulsa, and I was so impressed with hurting terrible one second and, two hours later, the pain was gone. Kind of a god-like figure in my life and that was maybe another turning point. But they just knew I could do whatever I wanted to do, and I did like the puzzle of medicine — everything's a puzzle. When somebody comes in with a symptom, what is wrong with them, and working backwards from the symptoms to the cause. That probably also pushed me towards medicine. I didn't mind blood. I realized the powerful feeling that making someone better would give me and that is something that stays with me to this day. Respect for my patients, do no harm, and do your best.

JE: Yeah. And then, your father: What did he do and what was his personality?

JR: My father — initially an insurance salesman when I was born — but then, soon after I was born, started working at Rogers Galvanizing. R-O-G-E-R-S. West side of town, West 21st Street, and rose from being not a worker in the shop — where they dipped metal into hot zinc and galvanized it, seal it so it does not rust — rose up to become president in the '80s until he retired later in the '80s. He was a very religious man. He was very honest, very well respected; shy, not really gregarious. My mother was more that way, but they were a good couple and a good combination that, as a byproduct, made me who I became.

JE: You obviously felt support from both of them.

JR: Absolutely.

JE: Brother or sisters?

JR: I have a sister that is 4 years younger than me, Paula, who lives here in town; married to a Tulsan. She got all the beauty and I got all the brains. She would admit that if she was sitting here.

JE: (Chuckles) Rodgers, you've been asked: "Is that a Will Rodgers name?"

JR: I always spell it differently. R-O-D-G-E-R-S. I think my first name was named after Jimmy Rodgers, the yodeling Western singer.

JE: Yes. And which one of your parents would have enjoyed that, I wonder?

JR: Oh, I think we all loved music — my mom more than my dad — but we were always listening to albums. They weren't in the choir; I was in the choir a little bit in junior high at the church. But she did teach me an appreciation for music, but not talking about it. We'd play things and I would hear wonderful things — in songs, words, melodies — and I loved to sing along. And I think that was another seed that they planted that, to this day, makes me always have music around me in the operating room, and in my car, and when I exercise.

JE: You said you sang. Could you sing publicly?

JR: I have stage fright. I can; I can harmonize great. Somebody sings lead, I can go up or down above them, I can go still high. In 7th grade, Lavin Soul was the choir instructor at Edison. And I was in that group, that class, for about 3 or 4 weeks until, for some reason, we changed my mind and I started French and took French for 6 years at Edison. But Mr. Soul, he said later on, "You should have stayed with singing." My whole life would have changed, probably, had I continued singing because I always envisioned myself as being a rock 'n' roll star.

JE: Oh. You said church. Were they church-every-Sunday? What church was it?

JR: At least 2 or 3 times a month. It was Southminster Presbyterian Church that I grew up in and got married in in 1973. When I left town in '72 for medical school and residency, and then 8 years in Muskogee practicing, when I came back, my parents were members of First Methodist, which was a great experience — all the ministers and Connie Ichord — just the special people there was good. I wasn't religious about going to church every Sunday. In medicine, and in making rounds on Sunday, it was just somewhat of a problem for me. But I still have religious roots in my life and in my practice. My faith is strong and it has helped me many times in many ways.

JE: Was Bill Thomas pastor there when you were there?

JR: Yes he was.

JE: Right. Yeah. He was a good man.

JR: Very good man.

Chapter 03 – 7:38

Test a Contest

John Erling (JE): What was the first school you attended?

Jim Rodgers (JR): I attended John Marshall Elementary School at 55th — 56th and Peoria in Tulsa. We lived on South Madison, not very far from there, but then we built a house at the southeast corner of Southland Shopping Center, which is now The Promenade. And, in building that new house and moving, I went to Carnegie for about a year and then Waite Phillips opened at 36th and Hudson, and that also was an important thing in my life because they had some advanced learning programs like math. I had multiple special teachers — I think it was kind of a, going both ways, they recognized that I enjoyed school, did whatever they said, didn't get in trouble, and the bond that I had with all of my teachers at Waite Phillips was wonderful, as it carried on to Edison for 6 years after Waite Phillips. I always felt school was kind of a contest. That's maybe not good, looking back, but every test was a contest. I wanted to win. I wanted to be the fastest to finish the multiplication tables or make as many As and 100s on tests as I could. I was not very athletic. I played basketball a couple years in elementary school — church league and then a couple years at Edison, but, physically, that was back in a time where we didn't lift weights, we didn't work out, we didn't do anything and I was 120 - 130lbs and 6ft and had a family that didn't exercise and didn't enjoy sports, but they never participated in sports — tennis, golf. So, that also shaped my life because it gave me more time to study.

JE: Were you active socially in clubs and all that at Edison?

JR: Well, I was disappointed that I wasn't in social club at Edison because that was the "in" thing. But I was really close to all the members of the clubs. I was just kind of the next guy in that never got in. I was "Mr. February" my senior year at Edison. I was head of the key club and heard of the K club and on the student council — loved Edison. I mean, I had at least 4 teachers in high school that were teaching night class at TU or ORU.

JE: (In agreement) Hmm.

JR: To sit there and think "They're teaching the same things to the college students, and for them to say 'Oh, you guys are a whole lot smarter than my college students,'" That's blowing smoke — ya know, making you feel great! And, so, made lots of As in Edison. Tied for #1 in the class. I had my methods for studying. I had my own room at home and a hideaway bed/sofa; so I would fold the bed up and study, lying on my sofa during the day, and then unfold it, sleep at night. But that was my little private area that I could study and when it came time to decide where to go to school, maybe my shyness or my lack of adventurousness made me — I applied at Westminster and got in and applied at TU and got in — and I just stayed at TU because I figured, "Well, if I really want to be a doctor, and I really have to make As to get in, I know I can sit in this room and study and make As," and that worked.

JE: You referred to shyness. Were you a shy young man?

JR: Well, I dated, but I — I wasn't quite as wild, well, not "wild," but not as aggressive with girls. And because I wasn't a jock, that hurt me a little bit, I thought. Now, looking back, when I go to my reunions, I'm kind of the king because (chuckles) everybody knows what I've become — a neurosurgeon and all the things I've done with my life — now I'm a star compared to some of these guys that were the stars when they were younger. That makes me feel good. I just kept the course — focused, determined. Never let anything get in my way, which, made me different than lots and probably ended up with psychosocial issues that made family life and things different for me and more difficult for me — was some rocky times in my married life. Because, me, I was married to medicine. I mean, I was married to my wife, but she was assigned the kids, assigned the house, assigned the checks, assigned the cleaning. I was working half-days, 6 to 6.

JE: Right. (Chuckles) But, when you said you were shy and so forth and didn't get into social clubs — but you felt — there must have been a confidence in you, because you knew mentally, "Hey, I'm mastering this work."

JR: That is correct.

JE: So you had that going for you. When you walked down the hall, you knew who you were.

JR: Yes. That got stronger as I moved further — getting accepted into medical school, getting the only neurosurgical residency slot out of OU. There's a godlike power bestowed on you because — you do — you take somebody that's about to die, and you save them, and take someone that no one knows what's wrong with them and figure it out and do the right surgery. Yeah, there's a narcissistic flair to neurosurgeons. I've been told by psychologists that you don't ever want to be called a narcissist because that is incorrigible, irreversible, just terrible. But a narcissistic flair, you have to be — to have some of that — because you're the captain of the ship in the operating room. You got 15 people doing everything you want to; you've got the family outside waiting on you; you've got the smoothness of your surgery day moving along, wanting the patient to do well — the worry, the next day, are they going to be okay when I make rounds the next morning? You've got to have this confidence and bravado that allows you to do the same thing over and over every day.

JE: Yeah.

Chapter 04 – 15:45

Health Battle

John Erling (JE): Before we continue, and I asked you before the interview if you wanted to discuss the health battle you're going through right now, and you said "Yes." Tell us what it is you're fighting.

Jim Rodgers (JR): Well, I'll make it short, but long, too. For about 3 years I've had some breathing problems, and so I went to a pulmonologist and we never found anything specific. I always had a little bit of shortness of breath that limited my exercise, but I was able to keep working and nothing limited my ability to work and play and travel. And then I got tired of nobody telling me what was wrong.

In July of 2021, I went to Denver to the National Jewish Hospital which specializes in autoimmune disorders and pulmonary problems and figuring out difficult cases. And they determined that I had something called sarcoidosis. Well, for 15 years, I've had what we'd identified as psoriatic arthritis but I never really had any arthritic changes in my joints that disturbed me. I had to have my thumb fused because that joint was bad, but that's not typical of psoriatic arthritis. I was taking a medication for 15 years called Humera, and maybe that surprised any worse symptoms and signs that I had.

So, I come back from Denver, they worry that the Humera I've been taking for 15 years had maybe caused the sarcoidosis. So, I stopped the Humera, started something else. It was the beginning of 2022 that I slowly started losing weight — didn't pay attention to it — starting out at 177 and losing down to 160s; clothes didn't fit right, but I was stubborn and thought maybe it was still the sarcoidosis, even though my breathing was better. So, in early May, I'd been having some reflux and I went to a gastroenterologist and he did an upper GI — I mean, an endoscopy, with a scope down into my stomach to see if my stomach looked okay, I didn't have a bunch of inflammatory changes of the lining of my stomach and the lining of my esophagus, like with bad reflux.

But that same day, because some lab work earlier in the week had shown an elevated LDH, I had a CT scan of my abdomen on the month of May that showed a large left-liver-lobe tumor. I'm feeling pretty good when I get off the CT scanner and go back to the radiologist. And, I walk in, he goes, "Jim, it's bad." I go, "What's bad? I just had an endoscopy and they said it was all good. I mean, what's bad?" "Oh, it's real bad." So, I tried to trick him into saying it was something besides cancer, but he said "No, it's cancer."

So, 6 days later, I had a biopsy that proved that it is liver cancer with a combination of some biliary duct involvement, which makes it very unique. I sent the slides from St. John to M.D. Anderson and they took 6 or 7 days and came up with the same diagnosis. I went to M.D. Anderson and they've come up with a chemotherapy and an immunotherapy plan for me.

2 days from now, I'll take my 4th chemotherapy session under the direction of Oklahoma care specialists here in Tulsa on Broken Arrow Expressway and Allen Keller, a great friend and a great oncologist. But they agreed with the same plan that M.D. Anderson did. I feel some better than when I started — haven't gained any weight. The tumor is so large; it's at least peach-sized. It's pushing on my stomach, so, for awhile, I couldn't eat more than 3 or 4 bites and I'd feel full because it was just taking up that room. And, now, all of the sudden, I can eat as much as I want. I'm not gaining weight, but I have a good appetite; I feel fatigued all the time; I have a fullness in my stomach.

With all this information in mind, I retired from practicing at the end of May. Closed down my office — the same office I've been in for 21 years. I assigned my patients to 3 or 4 other doctors here in town, which has gone smoothly. Nobody has been too upset. There's a great, big hole in my heart from my practice; there's a great big hole in my heart for — I have a tumor that may not let me live 5 years, maybe even less. But I'm going to try to have some good days and do some things I haven't done.

I have, in working as hard as I did — and I've been a solo practice, I was by myself since 2001. That was a self-inflicted issue I created, but because I was only doing spine surgery since 2001, and because I do a good job, I didn't have a lot of complications, and if you don't have a lot of complications, everything can run smoothly. You can go out of town for 2 or 3 days and have someone take your calls and you can still manage things from 1000 miles away, as long as you have someone backup if they have to go to the hospital.

So, by becoming a solo practice, I added to the issue of being totally consumed by medicine, you know? You'd make your rounds on Sunday morning and Saturday morning.

I've loved my life. I've had a great life. I was married for 40 years and, I think, we grew apart but all the things I've talked about before and created me being different and a hard person to be married to. That happened in 1973 and, fortunately, I got married again in April of last year, which has — it's a blessing. I am renewed youth-wise and I don't know what I would do now if I didn't have a partner with this bad illness.

JE: What's her name?

JR: Her name is Patsy.

JE: Yeah. How many chemo treatments must you take before they think you may see some success?

JR: Well, a little disappointingly, last week, after 3 sessions, we did another CT scan and there was minimal, if any, change. Now, the oncologist comes back and says "Well, it may be too early to see any change because you've had some improvement in some of your symptoms, it's probably working. And, so, let's stay the course with at least just one more treatment." And I think they'll have 4 more on for me. I go again to see him tomorrow and we'll come up with a long-term plan.

If I have to go back to M.D. Anderson for some more experimental things, I will; there have been some amazing results with the medications I'm taking as far as — not necessarily "cures" — but shrinking the tumor so much that it just stays at bay. It's there, but it's just not harming you. My liver function is good, my right liver lobe might have a couple areas of disease, but my liver enzymes and things are fine. I don't drink very much, but I could — alcohol.

Usually — what's funny about this disease, hepatocellular carcinoma — is it usually comes from alcoholics and people that have had chronic appendicitis B or C that destroys the liver cells and creates a medium for the cells to then become cancerous and divide extra-rapidly.

One of my best friends called me "Jimmy Pants-on-Fire," because I always went about 95 miles-per-hour, talk fast, think fast, anticipate what

somebody's going to say before they it, and even Patsy will say, "I just can't rest on a Sunday afternoon. You gotta keep going." But I'm trying to reduce my speed from about 95 to about 25. I haven't — I don't have the greatest sense of smell — but I haven't smelled very many roses in my life and haven't seen some of the things I wanted to see.

Now, with still the COVID issues — traveling, and all the travel issues, COVID and the travel issues: overworked airline employees, lost baggage and all that — I'm not sure going to Europe's the perfect answer for all my bucket list's checkoffs. I know I can travel here in America. There's things here in America I haven't seen that I still would like to.

I love Tulsa, I love medicine. I love my family. I have 2 great sons that we'll probably get into later. I'm closer to them now than I was, for sure, 9 years ago when we got the divorce. Divorce is never good, but grown boys that were put through this — they were not, well, I don't want to say they weren't wise enough or — they sided with my ex-wife, which was okay. I accepted that. I didn't like it, but I accepted that. And, so, that's kind of been a sore subject for 9 years and, all of the sudden, now that I have this issue going on, we're extremely close and it almost makes me cry to think about it now. I'm catching up on things that I missed.

JE: You're so open about this. How do you handle it mentally? Obviously, depression is attacking your mind. So, for those people who are listening to this, and maybe going through the same thing of any kind of illness, how do you bring yourself out of that depression?

JR: Well, what makes it worse for me is being a doctor and knowing a whole lot more than John Q. Public when they go to see their oncologist or have a diagnosis made of cancer. I am very business-like in making decisions in surgery and making decisions in telling a patient what they need to do. "These are the options. These are what we may find. This is what you may do. These are the complications."

So, I don't know — again, it may just be my personality — but if I could sign something tomorrow that I had 5 good years, I'd sign that. Yeah, I'm a little bit depressed, and yet, at a party, we're going out with friends now. I'm still trying to go out, I just don't have the staying power to stay out 'til 11 or 12. I

can still can be the life of the party. I still like making people laugh, making people happy. That's part of my giving. I've just given, and given, and given; and so, I've told myself I'm going to continue to give like that until the end.

Does that help me with my depression? Does that help me live longer? No. And, also, I talk about men being able to box things away better than women. I just have a big box. I don't ruminate about what tomorrow is, I just want today to be okay and to love everybody around me. The text messages, and the letters, and the cards I'm getting are just overwhelming — people I haven't seen in a long time. So, I can tell that I've lived a good life. And I can tell that I've done a good job medically and community-wise, and if it ends tomorrow or next week or next month, that's just the way it is, but I'll be proud of my track record and the waves and ripples I've left behind.

JE: You think you became fatalistic?

JR: Well, more than I was 10 years ago. I didn't have anything going on, yeah.

JE: Yeah.

JR: You know, it is what it is. I don't think about having a car wreck when I'm driving down the street — I don't always think something's going to happen to me; something quickly could get you. I just am not going to suffer. I've seen way too many people suffer making bad decisions about continued treatment when there was no hope. Yes, there are miracles. Yes, there are. Somebody's calling me every week about Ivermectin or saying it's for cancer. It's cured some people. I don't think I'm quite at that point yet without trying the normal treatment plan that lots of smart doctors all over the country have figured out with trials and lots of testing.

But I'm ready. If they tell me tomorrow that the jig's up, I'll be ready. I'll miss my granddaughters, my sons, my new wife — but my faith is strong enough to know that there's probably something better for me down the line or some other job I can work hard at.

JE: Yeah.

JR: Someplace.

JE: Thank you for sharing, Jim.

Chapter 05 – 10:40

Medical Profession

John Erling (JE): We want to cover, actually, 3 areas of your life: your medical profession, your love of cars — maybe that helps you get your mind off your health a little bit — and what led to ownership of Cain’s Ballroom, and discuss the music business.

So, when did you — you’ve talked about already maybe an influence through your mother and all and your grades. So, what led you to make that decision that you were going to follow the medical field?

Jim Rodgers (JR): In my 8th grade — I was great at math, I loved math — one of the accelerated programs at Waite Phillips was this new math program, the only one in Tulsa Public Schools. So, I loved math. It was just so simple.

But, in 8th grade, I had a first-year, red-head science teacher. And all of us, growing up, had crushes on our teachers — one or more. And so I had a crush on this beautiful “Missus Moore” at Edison in 8th grade. So that’s when we dissected frogs and dissected worms. And, so, again, it was kind of a puzzle and I liked that, so that’s when I started looking more at science. Then there’s biology and anatomy at TU. But, probably, about my senior year in high school I figured I’m going to go to medical school.

JE: So, then, I believe in ‘72, you completed the medical school prerequisite. What was a prerequisite? What did you have to accomplish there?

JE: Great. Not very many people know, but you only need 90 hours to get into medical school. So, truly, I didn’t graduate from TU in 1972, I had like 103 or 106 hours, but OU accepted me. I had such a strong letter written for me by Dr. Levensgood, the head of the Life Science Department at TU, that when I took my interview at Oklahoma City, I had a substitute interviewer,

who happened to be the Dean, and the first hour — three hours of interview — first hour he read this letter from Dr. Levenson and he goes, “You’re going to get in, just go the next two hours.” That was just one letter from a wonderful professor that did that for me.

Medical school, first two years are in the classroom, last two years are on rotations where you’re less than an intern but you start doing intern-like things. But [I] became friends with all of the neurosurgeons and the head of the neurosurgery department, continued to make good grades on my test scores and on my classroom work.

And then, in 1976, when I graduated from medical school, I got accepted to the neurosurgery program at OU. It was an unusual program because it wasn’t as academic as Columbia or Rush in Chicago. We had in-town neurosurgeons, kind of our professors, instead of a great big faculty on campus; so I had professors at St. Anthony’s and Mercy, Baptist, and we’d make rotations where we’d go operate with these doctors all over town.

And I got to do a lot of surgery in my training. Nowadays, you don’t do a lot of surgery in training until you become chief resident, but I was doing brain surgery and back surgery when I was a second-year resident. So that gave you a lot of confidence. Your professors just stand there and: “You. You go ahead and do it. You do this.” So, I have to thank them over and over and over.

All the guys that came out of the program are all good surgeons. And I don’t have as much contact with the program now as I did, but in the ‘70s and early ‘80s, it was a great, great program. I always thought when I finished the residency that I would want to come back to Tulsa and practice.

That didn’t work out because there was some changes in Medicare reimbursement and none of the groups here in town wanted to hire anybody else because they were afraid their reimbursement was going to fall off a whole lot based on DRGs, which is way of monetizing and assigning a unit-value to every surgery that you do — this surgery’s a 20-unit surgery, this one’s a 30-unit surgery, and per unit you get paid so much — so nobody wanted to take a partner.

So I went to Muskogee for 8 years, 3 years by myself. That also made me a great, careful surgeon. Because, Muskogee, if there was a problem with a patient in Muskogee, everybody in Muskogee knew about it about 45 minutes later. Everybody would know; so I was very cautious, but I did a good job. A Muskogee boy came back and joined me the 4th year and we were together for 8 years — a total of 8 years. I just realized that Tulsa was better for my boys, better for my family — my family was here. Her family moved to Tulsa, so it was better.

JE: You could have chosen many areas. I asked you broadly why you got in the medical field, but why neurosurgery?

JR: That's great. Okay. You get a taste of everything in your internship. Plastic surgery would have been something I would have liked, but my first years of medical school, I was hired by a neurosurgeon, Charles Bondurant, to help him with rounds and surgery in the morning, and in the afternoon, take care of his house and his kids.

His wife had multiple sclerosis and couldn't walk, so I would take the kids to the country club to swim, I would mow the yard, I'd paint, I would just be a "go-fer," jack-of-all-trades for him that he couldn't do when he was working.

But I went to the office with him and went to surgery with him, so I saw early on the preciseness, the beauty of the nervous system — spinal cord, the nerves, the brain — the delicacy, the accuracy, not a lot of infections — I didn't like pus. I didn't like urology, didn't want to be a gynecologist, and I just knew that cardiovascular surgery and neurosurgery were kind of the top of the food chain. I just kept going. I thought, "This will be a wonderful profession." Honorable; I had great hands, no tremor, good eyes, and so that helped.

JE: You were in solo practice. What did you focus on?

JR: In Muskogee, I had to do everything down there — aneurysms, hematomas on the brain, ruptured discs, spinal stenosis — and I did that through 2001. But, I realized that I wasn't doing very many brain surgeries.

It wasn't because I was cut out of that it was just luck of the draw. I just didn't see as many of them. So that's when, in 2001, when I left a big group, because I just wanted to do spine, that's what I've done now for 21 years, which made my lifestyle — nighttime, E.R. call — much better. Spine, broken backs and broken necks, but far less than the head injuries that you take care of as a general-practicing neurosurgeon.

JE: Let me just bring you way back to the first time you even cut on a person, and you knew the next day you were going to do that, and you're a student, and you're going to have a surgeon follow you. I mean, can you even remember that? How nervous you must have been?

JR: God, I forget so many things. I was most nervous as an intern, your last day of your internship on general surgery. They let me do a gallbladder. Well, that's when the gallbladder incisions were 10 inches and not laparoscopic like we do now; I was scared because I just didn't like general surgery, but I had to do it.

I was scared then, but I'd done a little bit of neurosurgery for so long with my mentor, Dr. Bonderant, that it just went right into it — I wasn't nervous, I knew I could do it. MRI scans made things a whole lot easier. I mean, you knew the exact anatomy compared with the neurosurgeons in the 50s and 60s — a lot of things were exploratory, something's wrong in there and I need to go look for it — you don't know what the hell you were going to find. But MRI scans making it 98, 99% sure of where, what side, in front of the spinal cord, behind the spinal cord — all those things — life-changing for all neurosurgeons.

JE: Yeah.

Chapter 06 – 6:25

Longest Surgery

John Erling (JE): What would be the longest surgery you ever worked on?
How many hours?

Jim Rodgers (JR): Well, I wasn't the main surgeon, but I was there for 23 hours on a — oh, I think the baby was less than 2-years old, had a large, venous malformation at the back of his brain. Venous is the blood that's leaving the brain. Venous. Arterial goes to the brain, venous leaves. And so we had to, very carefully, burn, tie off, eliminate all of the feeders to this thing to try to shrink it down so it could be taken out.

Well, I remember going to the bathroom once. Then I remember having one meal. Again, I wasn't at the front lines of this surgery, but that was the longest I had to stand around the operating room.

And, unfortunately — it was a terrible surgery — unfortunately, we knew from the beginning that it might not turn out well and it did not. That's the longest. I've done some 6 and 8-hours — would take small breaks. But I got quicker as time went on. And I can tell you, the guy that does this 6-hour surgery and I do it in 2 hours, his chance of infection is much higher because the wound's open that much longer and germs are flying around. So, knock on wood, I've been very good about not having very many infections in my whole life.

JE: You talked about fire-on-pants, always fast, fast, fast. (Chuckling) You even brought it to the surgery room, right? It must be tough because you haven't been able to save everybody.

JR: No.

JE: And so we always think about the doctor who has to go out to the parents, to the family, and you know what you're going to have to do. Talk about that.

JR: Well, I will say that when you know things are bad, or a complication occurs in the middle of surgery, you're already thinking about how you're going to explain it, because we're portrayed as being perfect — never make mistakes. How you handle the families is very, very important — explaining it to them, making sure that they understand that you did your best, this is what happened, it'll probably be okay, these are the things we're doing now to make sure that it becomes okay; if it doesn't we'll take them back to surgery and fix it again.

And then there's that being able to talk to one family about all this bad news and then go do another surgery that's a really easy surgery and you go see the next family. Again, you kind of have a switch where you turn off one emotion and have to go to another emotion.

JE: In the same day.

JR: In the same day.

JE: Right. But that's got to be a thrill to know that "I am going to give these people good news."

JR: It's a thrill.

JE: Yeah.

JR: It is a thrill. You're proud. You're happy. But I never became too confident. I had some medical students, and they'd just jump right at the beginning and start doing something. I was always kind of a little bit cautious. You know, I'd done a surgery 1000 times; I'm still scared when I go in a little bit — I don't want to mess up, which gave me an advantage over lots of the guys that I see that are just a little bit more reckless.

I started doing neurosurgery in '77, so I've done it for 45 years. That's a long time.

JE: How many surgeries you think you did in one day?

JR: I've done 5 in one day and then maybe one later that night. I've done over 10,000 surgeries. That's a lot.

JE: But 5 in one day, how exhausting that had to be.

JR: It was. You eat. Eating would always give me some more energy. I didn't drink coffee. Never had a cup of coffee in my life. I like frappuccino now, but I just have an internal extra energy switch that I could just turn on.

JE: My wife, Margaret, watched one of your procedures and she talked about this loud music that was playing. Do most doctors do that? What type of music is it? And why is the use of loud music important to you?

JR: It's relaxing, because, again, I sing along with the music. I know something about the music. I teach people in the operating room some trivia about the music, so that's relaxing for me. I just read a study out of Europe that said that there were better outcomes with loud rock 'n' roll music for surgeons. So, when things get tense, or I have to ask people to do things, I'll say: "Turn that down, I can't stand it. I can't stand it right now." And we'll turn it back up later. I usually let the girls in the operating room pick what music we listen to because I like all genres of music — rap doesn't fit in quite with my operating room, so we don't do that, but —

JE: Does it keep your energy level high, too?

JR: (In agreement) Mhmm. It does. For sure.

JE: Yeah. And then you have a bandana on your head, I think?

JR: I have a cap on to hide my hair, then I have a band that has the headlight, and I have magnifying glasses that magnify 3.5x. I use a microscope sometimes, but when you have what are called "loops," you can move your head very rapidly and see things very quickly, whereas a microscope, you can't move the microscope very quick. You have to grab it and move it, and so I have a bigger field quickly with my magnifying glasses.

Chapter 07 – 7:40

New Technology

John Erling (JE): I think you've already referred to technology, but how has technology changed your profession to this day?

Jim Rodgers (JR): A lot in the big medical centers, not as much in my setting. We have better light, we have better retractors to hold tissue back, we have — for cranial things, for brain things, it's changed a lot, but because I

haven't done that for 21 years, it just hasn't affected me as much. The incisions have gotten smaller. I can do a lumbar ruptured disc easily through a less-than-one-inch incision. I joke: Patients can't tell the difference between a 1-inch or a 2-inch incision on the back pain-wise, they can't tell. But we're just more meticulous. Our cauteries, our instruments that burn small vessels, are better.

I've talked about speed. I really never thought I went too fast or left things behind because I was going too fast, or had complications because I was going too fast. But I just don't fiddle around much. I just keep on going, because I've done it so many times.

JE: It may have been 10, 15 years ago. I had surgery at the base of my neck. Dr. John Coates, who you knew very well —

JR: Yes.

JE: Wonderful reputation. He knew I needed it and on New Year's Eve he says: "I'm going to get everybody together and we're going to do this right now." And I woke up on New Year's Day. He got the staff together and then they took a bone from my hip, placed it in my neck. I think Dr. Fields, Eugene Fields, would have done that. And, so, I only bring that up because that's probably something they don't do anymore?

JR: Well, I've gone away from taking bone from the hip because too many people complain that that was the worst pain. So now we have some plastic, box-like spacers that we fill full of bone chips or fill full of a material that makes bones fuse together, and it works great. It works great, so you've got 100 different sizes to choose from, so, at the end of taking out the disc, and the ruptured part, or the spur, you've got all these different boxes to choose from that fit in there nicely with some bone-making material and then you usually use a small metal plate on — he may have used a metal plate or may not have used a plate in your neck — the plate ensures that what you put in there doesn't move and increase the chances of healing. So that's my favorite surgery. I can do that all day and all night. People do great. You don't even cut a muscle to go through the front of the neck. You just move the muscles aside. It's slick and when everybody talks about neck surgery, they always think from behind, but the anterior

discectomy developed in the '50s. It's been bread-and-butter surgery for neurosurgeons forever.

JE: I'll never forget the night before. He said he was coming in through the front and he said, "I don't want to alarm you, but you have a vocal chord in there, and I know you make your profession in that, and the chances are great that we're not going to harm you, but there is that possibility." And it didn't and the whole surgery was fine; I never had any complications at all. So it was very smooth.

JR: One thing I had determined over time that has made my practice as strong as it's been is the way I handle patients. When I went to Muskogee in '81 by myself — of course, the Hippocratic oath is to do no harm, but I promised that I wouldn't do a surgery on anybody that I wouldn't do on myself or have myself have done. So that made me very conservative.

Also, when I went there, I had plenty of work in Muskogee, so I didn't want to operate on everybody, so I would choose to do injections, or traction, or physical therapy, or bracing — things to give people a chance to get well. And I see somebody at least once every 3 or 4 months that comes up and says, "Do you remember me?" I go, "No. I don't remember you." And he goes, "Yeah, I came to you. Two other surgeons had said I needed surgery and you said 'No,' and look! I'm great!" So that's one thing I always did.

Second thing is now that medicine has changed so much because, most of the time, when you go see your internist, or your GP, he is locked into a computer. He's putting in data as you're talking to him and that lessens eye contact.

The physical examination is now so abbreviated that there's not a lot of hand contact. So one thing I always do to patients — and this wasn't premeditated, it just worked out this way — I always talked to patients about something else: how their work is going, "those are a new pair of shoes, those are really nice, I like those!" or "Your hair is different this time!" Just do something that kind of, maybe it disarms them, but it makes them think that I'm not just about throughput and getting them in and out of there.

I also touch patients because I always do reflex examination, muscle strength testing, straight-leg raising, I touch them. And there's other doctors — I'll get a 10-page report from another doctor — and ask the patient "Did he even touch you?" "No, he never touched me."

So, I'm bragging, but I'm saying, you know, medicine is shifting to a — later on, we're going to put our finger in a machine and it's going to diagnose everything, I understand that. But there's still the art of medicine, and there's the empathy, and the compassion, and the friend — I'm your friend, I'm not your enemy, this is what I would do, and this is what I'd do for my wife. There's just unique things that if I had another job right now teaching medical students, I could probably do a good job of teaching them things they don't ever get taught.

JE: But aren't there some doctor who don't want to get close to the patient? And, for some reason, that gives them some confidence that they — I don't know. Is that true?

JR: Well —

JE: Certainly not like you have just described. You want them to know that "I'm human and I've touched you." Do you see them the day before or the morning before you go into surgery? And some doctors don't even want to see them that day.

JR: (Chuckling) Yeah. It's just the way — everybody's personality is different. Again, that pride of going and making a post-op round, seeing them in their room after surgery — "My leg pain is gone, doctor, I feel so great!" I mean, that's that little jolt of stimulant in your system. And then, seeing them before, to promise what I can and can't do and I'll do a good job, and I think you'll do perfect...

JE: Yeah.

Chapter 08 – 5:26
Founder

John Erling (JE): We should point out that you are a founder — the founder of Tulsa Spine and Specialty Hospital.

Jim Rodgers (JR): Yes, sir.

JE: And I believe mostly St. John's doctors?

JR: Mostly in the beginning — I was really second-tier. There was like 10 or 15 founders and I was the next one. I've been there since the beginning, 2002. We're having our 20th anniversary this year.

Yes, we determined that we were not in control of the big hospitals. We as surgeons couldn't get a special instrument within a month at some of these big hospitals, whereas at our hospital, if we need something that will make patient care better or safer, we can get it done. There wasn't 14 different boards and different layers of bureaucracy and administration to go through. That's one thing that made us better.

Small is sometimes better. You know, we do 50 to 60% Medicare, so we're not — it's not like we're cherry-picking just the easiest cases. Now, somebody that's got a terrible heart and terrible lungs and terrible infections everywhere, they probably won't come to our hospital because we don't have all the people to take care of all those things.

But we do big back surgeries. We do 10-level fusions and we do — go through the chest to do some spine surgeries and we go through the stomach to do some spine surgeries. We have great ENT doctors — biggest group of ENT doctors in town. We have several great orthopedic surgeons that work out there, besides the neurosurgeons that're mainly guys that do spine.

JE: So this was the first physician-owned hospital in Oklahoma, is that true?

JR: It was either 2nd or 3rd because Oklahoma Surgical Hospital at City of Faith was just before us and, in Oklahoma City, Oklahoma Spine Hospital may have been right before us also; but they all three came about the same time.

JE: Okay, you mentioned City of Faith. Don't you have Oral Roberts to thank for the fact that you could start your own hospital? Because, when he wanted to start his, he went to Oklahoma City, and he got legislation changed to eliminate Oklahoma law which required a certificate of need in order to create a hospital. And, unwittingly, he opened the door for you to do that. Is that true?

JR: I believe that would be correct, because he did ruffle a lot of feathers and cause lots of problems, but we needed it. It was a wonderful idea.

JE: Right, but I remember when he was trying to get his hospital, I remember the other hospitals saying, "We're overbedded the way it is." Doctor C.T. Thompson, who just passed, I interviewed him, and he spoke a lot about his opposition at St. Francis to Oral Roberts. So, that's kind of how I'm into this, but it was Oral who went after the certificate of need and said, "No, you don't need that."

JR: That is correct.

JE: And then, that opened the door for you guys.

JR: That is correct. And by the time we did ours which was long after Oral Roberts' City of Faith, it was a different mindset then because big hospitals were still against us, but establishing centers of excellence — where some hospitals do things better than some other hospitals — nobody could argue against that. We have less infections than anybody in the state. We have high patient satisfaction and the nurses love working there. You know, we don't do anything special except we're a big team together where everybody's going the same direction.

JE: And the hospital is operating today —

JR: Yes. Correct.

JE: — and probably had surgery this morning.

JR: Great.

JE: When we're talking about surgeons, I keep thinking "male," but there must be female surgeons, too. Are there? And not as many? Or are they coming on more these days?

JR: Not as many, but I just saw pictures of the white coat ceremony for OSU medical students that start right now, and there's — 50% of them are women now going into medicine. There's lots of internists, there's general practitioners, lots of gynecologists that are female. We have a great ENT female physician at Tulsa Spine Hospital. We have some orthopedic surgeons who are female. They come to our hospital. Things are changing. My class, back in '72, it wasn't 50/50, but we had the most females of the medical school class than ever before, changing then. I think there's certain specialities that are probably better for men than women, but women would argue against that.

JE: (Chuckling) Right. So, lookit, you have so much to be proud of: your own medical profession, but the hospital as well on top of all that. How many would that hospital employ today?

JR: I think we employ 200, I believe.

Chapter 09 – 6:45

Cars

John Erling (JE): You have an interest in cars.

Jim Rodgers (JR): Yes.

JE: When did that interest begin? Was that at Edison? Where does it begin?

JR: I don't have a great memory of my mom taking me to school, but I do remember when I turned 16, they promised that they'd buy me a car. And so my first car was a 1968 red GTO. It was only the 2-barrel. My dad thought that'd be smart than giving me something extra-fast. And it was an automatic, which, most of them were standards.

But it was beautiful, and I love taking care of cars. I just love the beauty of cars. Again, I'm not a mechanic — didn't want to become a mechanic. I just love cars. So, I've had over 55 cars. Trade frequently. For awhile everybody joked I hadn't bought a set of tires for a car because I didn't have them long enough but now I have. Simple cars — I had a Pinto, an Audi, I had several BMWs. I've had a Dodge Caravan and a family car, Riviera. Lancia. L-A-N-C-I-A. Lancia Beta Coup — Italian car; that was a mess. It wasn't so good. Volkswagens, Mazda RX7.

But when I got to Muskogee in '81, we had a powder, baby blue Mercedes station wagon, which I loved. That was the family car. Then I started buying Porsches. I've had every kind of Porsche. Now I finally graduated to an electric Porsche. That's not bragging, but it's the best car I've ever had. It is — just sitting in the car turns me on. So, I mean, I don't have a hobby. I don't collect stamps or coins — I don't hunt and fish. I don't shoot anything, but I do like cars.

JE: I was going to ask you about electric cars and their future. Right now, in 2022, the demand is probably greater than the infrastructure will allow. We have grid issues, all that that's facing us now, but I would imagine in the next 10 years some of that will be solved. What do you see of electric cars and how fast they're going to be accepted?

JR: Well, I think the battery life will slowly increase, I hope. I think the price of the batteries will come down, I hope. But, yes, there is the problem — they're selling so many electric cars so fast now. If you look around town, there's lots of Teslas and there's lots of charging stations, but charging stations don't — they take some time. Some of them rapid-charge, 20-30 minutes; I guess you could plan to eat lunch or eat dinner while your car's charging if you're traveling across the country. But somebody said they traveled from Chicago to LA and they had to charge 6 times, 2 - 3 hour downtime everytime you charge. I mean, there's some disadvantages to it, but, because I have a charger here at the house, I just charge it at night when it gets low and so the quietness of the car — that first second of acceleration is just... The Porsches I've had in the past are loud and fast, screaming. I loved all of those, but now I'm old and maybe I like my loud rock 'n' roll music, but I like my soft, quiet car.

JE: Do you have to pipe in the sound of a motor?

JR: They do have that now.

JE: (Chuckling) Yeah.

JR: And it sounds pretty good.

(Both Laugh)

JE: Did it increase your electric bill here in your house much?

JR: I am embarrassed. I can't tell you.

JE: (Chuckles) Okay.

JR: It's so high right now because it's summer time.

JE: It's best you don't know.

JR: Patsy might know it. She told me she wanted me to get rid of the car recently, with all the things going on in my life, because it's expensive — until I let her drive it. Now she's driven it several times in the past month. She goes, "Nope! Let's not get rid of it; it's too nice."

JE: (Chuckles) Yeah.

JR: She's a car person, too.

JE: Good! Now, Ronnie Watson, who is a good friend of yours — good friend of Bill Lobeck who is a car person himself — tell me: Ronnie's 80th birthday. You traveled on Route 66. Tell us about that event.

JR: Okay. So we all rounded up at about 11, had lunch at Mother Road Market. And then, there was about 30 or 40 cars and we all got together and the police had a patrol escort and we on Route 66 all the way to Pop's outside Oklahoma City. We all stopped there and came back. It was just fun. We

weren't driving fast. Highway Patrol made sure we could go through all the towns. It was a great time. It was a great idea. I know Bill had a great time. Ronnie had a great time. Lots of nice cars — nicer than mine. Yeah, that was several years ago.

JE: I know this present car — electric is specialty. Is there a car that you said, "You know, I should never have sold that one."

JR: Well, in retrospect, I should have sold the GTO, but because I really didn't own it — my parents did — that'd have been a hard one. I don't know. I am always looking at the next best thing that comes down the road, and so I have very few regrets about getting rid of a car, because the next car that I get was always better for me. I wouldn't have traded. Trade cars as often as I did, you don't make a whole lot of money. I have lately, based on the market being so upside down, but, no. That's another maybe good or bad thing about my personality is, you know, I don't look back very much.

JE: Yeah.

Chapter 10 – 13:50

Cains Ballroom

John Erling (JE): Cain's Ballroom. Now, you've already talked about your love of music and we can talk about just a little bit of history of Cain's, but what brings you to Cain's Ballroom?

Jim Rodgers (JR): My eldest son graduated from TU —

JE: And his name?

JR: Chad. He is 44. So 20 — he was about 22. Graduated from TU and took a job with Morgan Stanley. I had no familiarity with stock brokers and stock at that point in my career. But his job was to cold-call people and see — just pick a number out of the phone book — and say "Would you like to set up an account with Morgan Stanley? I can help you out."

He didn't like that. He's shy like I am. It's hard to sell a product that you can't guarantee — I mean, it's just lots of issues with that. So he goes to New York City 3 months before 9/11 for the Morgan Stanley training in the World Trade Center and comes back and says "I just don't think I like this."

And so, for some reason, we decided to lease a building across from the Reynold's Arena on 11th street. It was a bar and small grill. And we leased that building and Chad dabbled in both bar sales, food sales, and he'd schedule bands on Thursday, Friday, and Saturday night. So that's how he got involved in the band scene — local bands.

The building was owned by an Iraqi who promised that he would go back home and sell the building to us some day, as soon as things smoothed out in his country, but that never happened. The building needed lots of work. The kitchen needed lots of work. It was not very nice.

TU was selling beer across the street in the activities center for the same price or less, so there was no motivation for the kids to walk across 11th street and come buy a beer for more money except for the bands. So, all of the sudden, we still liked the idea of doing this, but it was the last week of August 2002. I'm laying in bed, watching the 10 o'clock news. We always watched, usually, channel 2, but for some reason we were on channel 6 that night. And the reporter goes: "Historic venue for sale! Cain's Ballroom!" And I said "Wow!"

The important part of this story is that I'd never been to Cain's. I left town in '72, Larry Schafer didn't buy the Cain's until '76 — made it big, rock 'n' roll, country and western, took all-new bands up and coming. But I wasn't here. I didn't come back until '89. And so I didn't pay attention to Cain's Ballroom when I was in Muskogee or Oklahoma City, but I did know that it was something — something I needed to look at.

So I called the real estate person on Wednesday, comes up with a contract Wednesday afternoon, show it to the owner on Thursday, and buy it on Friday.

JE: Wow!

JR: I walked in there and saw all the portraits on the wall, saw that it was not being given the TLC that it needed, didn't have air conditioning, had hung-ceiling lows that made you feel a little bit more claustrophobic in there for 12,000 square feet. The women's bathroom had, like, 7 stalls. The men's bathroom had 2 stalls and 2 troughs, so you kind of go "Oh, my god. What am I doing?" But we bought it with the idea that we'd have to shut it down immediately and rehab it.

So we bought it last of August, first of September. The first show that we co-sponsored with Danny Finnerty, who used to own it for a short period of time between Schafer and us, we lost money on the first show but I remember all the work that everybody had to do in the bathrooms the whole night — none of the toilets works, and plunging the girls'.

So, we stayed open until, like, March or April doing some shows, learning the business. Schafer had told us — because we were really closer to Schafer than Finnerty — Schafer had told us that "if you win 2 out of 5, you'll be okay. If these agents call you from LA and say 'I got this new band, please take it,' you don't know anything about the band but you should take it because he'll give you the next band that's also good." So we did some of that, but closed down between April and October, I think, of 2003. Dwight Yoakam was our opening act when we opened back up. Million-and-a-half dollars into it, on top of the price of the building, but had to buy the building to the south of the Cain's, including 44 bathrooms because BOCA — the International Building Codes — say that when you're designated a "bar," you have to have a potty per 4 people, and our occupancy was 1600. So we put in 22 women, 22 men, put in a unisex bathroom for handicap, and we used the new building that we bought, besides the bathrooms, we made it a little side-room called "Bob's" that we'd serve some food out of and have smaller events, smaller people in there playing to about 150 people. So we used it like that for awhile.

And then the rest is history. Chad was here and started running it with a couple employees that we hired. Hunter, my 40-year-old son, was currently, when we bought it, at a school in Orlando called "Full Sail." S-A-I-L. I don't know where they got the name, but it's an audio engineering school, so I thought, "Hunter's learning audio engineering skills. Chad's the business guy. Maybe this would be perfect. So Hunter

comes back in 2003 and, amazingly, they've been able to maintain a marriage with lots of rough spots since then. Hunter's more laid-back, Chad's more like me: OCD. But Hunter's the poster guy and the ticket guy and does some of the shows, books on the shows. Chad books the big shows and does — keeps track of all the monies.

We have stayed on the straight-and-narrow with the fire marshall. We do not oversell. We've got air conditioning, which makes it a more pleasant experience for people. The bathrooms are wonderful.

We did have experience with the bar on 11th street, so we knew that beer and alcohol — that makes your money. If you break even on ticket sales, you'll have the cushion of making money on alcohol. So my thought was if you have a bathroom you can go to without waiting in line, you'll get back in line and buy another beer. Now that's way perverted and that's tending to over-serve, but we also try not to over-serve, too, and we've had very few run-ins with bad actors and fights.

Yes, we've had some fights, yes we've had some people accusing us of the security guards being mean and roughing them up, but we're in a situation where, after 10 o'clock and people have had 5 or 6 beers, it's all-bets-are-off. It can be wild.

JE: Yeah.

JR: Boyfriends, girlfriends —

JE: When you were buying this building, you were buying into such history. I believe it was built in 1924 — was it true? As a garage for W. Tate's automobiles?

JR: His name is on the outside of the building. Built in 1924. It was automobile repair, it was an automobile dealership, and then, finally, it wasn't very long before it was then used more as a dance hall.

JE: Madison W. "Daddy" Cain purchased the building in 1930, named it "Cain's Dance Academy."

JR: That's correct; and they'd have 10-cent — where the men would pay 10 cents to dance with women — and that was back during prohibition. And, so, nobody was selling any booze. They may have been selling beer, but they weren't selling alcohol and people would leave and go across the street and buy moonshine — bootleg stuff — bring it back in flasks in their boots. The story about Bob Wills, who made us famous in 1935, January 1st, the trifecta of: The building, Cain's Ballroom; Bob Wills, which was a great entertainer; and KVOO who had 100,000 kilowatts and could broadcast from East to West coast before the FCC restricted —

JE: 50,000 watts. Right, yup.

JR: Cause I had a patient tell me once that he was coming back from World War II, off the coast of Washington, and the captain of the ship brought him up to the tower and said "Here, your hometown's playing on the radio!" I mean, what a story to tell him. So, everything blew up. But Bob Wills was the first performer to have a #1 song, a #1 movie — and, just kind of a Will Rogers kind of a guy, too.

JE: Right. He was on KVOO near-daily show, performed weekly, then we bring in Leon Russell and his band. They were booked regularly at Cain's, to add to the story of Cain's. Yeah. And I noticed, last year, 2021 Pollstar ranked Cain's Ballroom the #12 worldwide for ticket sales at club venues.

JR: Right. There's lots of clubs that don't submit their numbers, but we do. We think submitting the numbers is helpful for bands to look at places to go because of the sell-outs. One week, we had 3 sell-outs, which is really good for us. The boys have been very honest. This is a business that can have money going out the back door and fudging the numbers and things to make more, but Chad has stayed straight with the agents and they're calling us.

In the beginning, we had to call agencies to say "Can so-and-so come play?" We had people that would rent the building and would bring a band in, so that was a neutral thing and we'd get the alcohol sales. But now, 75% of the time, the bands are calling us now. And so it's running smoothly now. You know, you could ask George Kaiser, you could ask David Sharpe — big land owner downtown, who we bought the extra building

from — yes, they had lots of properties down there that weren't developed, but all of the sudden, we took something that was kind of quietly important and resurrected it to something that more people have heard about the Cain's Ballroom in America than they've heard about Philbrook.

JE: Oh, yes.

JR: It's funny.

JE: No question. The dance floor. Is that special? Wasn't it noted for being spring-loaded at one time? Is that still true? And the maple floor and —

JR: It is.

JE: That's an important part of it, so tell us.

JR: It is maple. It's now been replaced twice since we bought it. But when we did the first rehab in 2003, we did not find springs. We found trusses that were far enough apart that allowed it to have some bounce, and some of those were cracked.

We were getting lots of dips in the floor where it was unlevel and people were falling, so that's why we had to replace it. Then we replaced it and the replacement — oh, believe it or not — some of the nails rusted and the replacement floor failed really quickly. So now we have a floor that is now a picnic-table design — small rectangles getting bigger, bigger, bigger, bigger rectangles. So somebody used the word picnic table. It has some bounce. The combination of sweat, beer, and kids bouncing up and down — it's tested every night.

Chapter 11 – 7:00

Sex Pistols

John Erling (JE): Let's think of all the lives it has affected, and not just those who came to listen, but performers. Curly Lewis I interviewed. He was a great "fiddler," as we say. In fact, I interviewed him on the stage of Cain's

Ballroom. You may not remember that, but you helped make that happen. Tommy Allsup — interviewed him and he'd come in from Claremore and he'd just stand, mouth wide open and we knew what a great musician he became, and so many others that this influenced just by standing there watching performers. It's just great. And it was known as country-western and western swing, but then the Sex Pistols appeared in Cain's Ballroom in 1978. Tell us that story.

Jim Rodgers (JR): Well, as much as I know about it — again, this is one of those groups that Larry Schafer took a chance on. I think they played 8 places in the United States. It was a couple days after the concert in Tulsa, they played in San Francisco and everything fell apart and they went back to England.

But it was a snowy January or February, because I've got pictures of Ku Klux Klansmen outside boycotting (laughing). These guys were 4 crazy guys from England — very anti-establishment. But it came off and we got recognition because of that.

JE: You get recognition because of Sid Vicious.

JR: He put his hand through the wall of our greenroom. The greenroom was very small back then, behind the stage. But he was mad and he put his hand through the plasterboard, and we kept that and framed this 24 x 24 piece of plasterboard.

Again, that's what Schafer did so many nice things. I mean so many great things, not "nice." Schafer did so many things that made the Cain's big in a different way than Bob Wills, because you had "new" rock, "old" rock — the Willie Nelsons, the Merle Haggards, the Badboys from Texas. You just have them all the time. And so people knew there was always something going to be going on at the Cain's. There used to be a little area for children in the back, like a little play area.

Bob Wills also said that they wouldn't stop playing because they were afraid people would go across the street and not come back if they go get some booze. So they'd all have, like I said, flasks in their boots, and they'd

just take a little nip every once in a while and just keep right on playing because they didn't want the fans to leave.

JE: So we've got that history and then I just saw advertised, maybe a few weeks ago, the group — and I get a kick out of the names of groups now — “‘Insult Attack,’ ‘King Cabbage Brass Band,’ ‘Blue Whale Comedy Fest,’ ... are appearing at Cain's Ballroom.”

(Both laugh)

JR: Yes, we've diversified ourselves beyond mud wrestling, which Larry Schafer did a couple of times back in the '70s and '80s; and we've been successful with some comedy shows. We've been successful with some burlesque shows. And, so, we learned — Chad has learned — we'd rather book things that make money. We don't want to book somebody, I think they're going to sell 1600 tickets, and sell 300. The bands don't like 300 ticket sales because they don't want to listen in Pollstar Magazine that they only sold 300 tickets in Tulsa. So, sometimes, bands will cancel a show because they just don't want that information ever put out.

You know, bands come and go. We'll book a band that hasn't had a new album in 3 years. That's hard, whereas we have Marcus Mumford coming in October and he has a brand new album come out in September — perfect timing! It's already sold out. It sold out in one day. We don't advertise on the radio very much. We do for country and western. We don't advertise on billboards at all.

There used to be the rag magazines that we used to have here that aren't popular now — not even there, I don't even see them. It's word of mouth. Social media. Facebook, Instagram. Hunter's big on Instagram and putting things out. It's just — we've learned. It took 20 years; Chad and Hunter have learned how to make this business go, and yet, and the same time, we want Tulsa to be proud of us because we're coming up on the 100 year anniversary of that building being built and it's still going — because there's not very many places, if any, that have continuously been serving booze and music for 100 years.

JE: Right. So, will we ever — can we see a country act there these days?

JR: Yes.

JE: Is there one coming in or been?

JR: Yes. They blow up — those country acts blow up pretty big. Sometimes they'll come up with one big hit and all of the sudden, they'd rather be the opening act for Luke Bryan or something than come to the Cain's by themselves. But, yes, we still do. Blake Shelton started there. Luke Bryan started there. It just goes on and on. Jason Aldean started there. Chad's got all these memories of meeting all these guys.

JE: You have an opportunity, if you want to meet these people, to do that, don't you?

JR: I try to. The ones I really am most interested in, yes. I'll go back and thank them for coming. We usually meet them back in the back; we have a big, separate building that we bought — it's called our greenroom. It is beautiful. Ping-pong table. Bathrooms. I mean, so the artists really like getting off the bus. Some might stay on the bus, but when they see this room, they get off the bus and move around more. So I'll go back and try to meet them all and just say "Thanks for coming. Appreciate it. Your tour manager's great. We'd love for you to come back."

JE: They're nice people, I would imagine, for the most part.

JR: For the most part, they're very nice people. The pandemic shut down my ability to see them as much, because they didn't want to see anybody, but it's loosening up a little bit. They're all still scared. Gary Clarke, Jr. came to town and they were all real scared. They all weren't wearing masks, but they were — if one of them gets sick, it screws up the next night. If 2 or 3 of them get sick, it really screws it up.

Chapter 12 – 3:20
OKPOP

John Erling (JE): I thought it was great. The OKPOP Museum is just across the street. That had to be good for OKPOP and for Cain's.

Jim Rodgers (JR): Yes. I think it's going to be great. We just need about 20-more million dollars from the state, which the state has, and needs to fund. They funded The Oklahoma Historical Society building, I know the state's helping with the Indian Museum; it's not fair. It's all ready to go except for the money to set up the displays. It's a beautiful building. I don't know if you've been inside of it. It's unbelievable.

They have a rooftop deck that hangs down over the Cain's — so many things. The windows are centered on looking across the street at the Cain's. It is a little intimidating size-wise, because there's a little overhang that goes over toward Main Street. And then we got these condos just south of us, so we're kind of getting crowded in, but I think we'll make something — north end of Main Street — everybody will go that way. And we've reached a critical mass of museums; I mean, somebody can come to town and buy a ticket to Bob Dylan, Woody Guthrie, Oklahoma Pop, and then work in Gilcrease and Philbrook — somebody could spend 2 days here, 3 days here and see lots of things that they never knew were in Tulsa, Oklahoma.

JE: OKPOP is all Oklahoma-connected: movies, radio, television, literature. It just makes sense. Bob Wills' bus, I think, is going to be going to be in the OKPOP. So things that happened in Cain's across the street will be on display in OKPOP. So this is like a meant-to-be thing.

JR: Right. I agree with that. There will probably be meet-and-greets — performers at Cain's that might have a meet-and-greet at Oklahoma Pop and have a little private 2-song session for some donors or something. I mean, there's so many things that they'll do. Jeff, who's running the thing, he's smart and just waiting. Nothing more they can do until they get that money.

JE: Well, I did attend — my wife and I did attend — the OKPOP opening, and then we walked across the street and we heard Mavis Staples sing, so there was that combination of both venues and it was fun to enjoy that. So, alright, you've had an influence there, too.

Medical world, the physician's-owned hospital, and Cain's Ballroom, you've improved and saved for hundreds of years to come in our city; so all of that together has got to make you feel real good. So if you get down, you can say "Well, I'm going to choose to think about the great things I accomplished."

JR: I don't forget those things. It's a glow that all these things give me that makes me who I am. I just — I really love Tulsa. I could have gone to school someplace else, I could have left medical school and gone someplace else, but I like Oklahoma — I like Oklahomans. We're a friendly bunch of people. I like to smile and make other people smile. And with my practice and with Cain's, I've done that.

Chapter 13 – 3:48

Advice – How to be remembered

John Erling (JE): I like to ask what advice you give to students going out in the world, maybe into the medical profession, whatever. What kind of advice do you give the — we have many students listening to this, Voices of Oklahoma, so what would you say?

Jim Rodgers (JR): I think choosing a lifestyle is very important. Some people are 8 to 4 people. Some people are excitement junkies and want to work midnight to noon in the emergency room. You start in medical school, you'll select out what you like as far as blood with surgery, as far as infection — infectious disease specialists — lung specialists.

But going back to what I first said, it's choosing a lifestyle. You know, think about your family. Think about how you can be a better father than I was for 40 years because of being an absentee parent most of the time. I'd go to their sporting events, but I wasn't there for changing diapers, and I wasn't there for sex education talks — I just wasn't there. I had to relegate that to my ex-wife who did a wonderful job.

It is not — medicine is not something you go into to make a trillion dollars

anymore. The salaries — first-year pediatricians, they're hiring them for \$150,000/year. And then they all have student loans to pay off. So those numbers don't work if you're starting to raise a family. You have to love medicine and you have to love your patients. Or you could be a pathologist and never see a patient. I mean, again, the shy person that doesn't want to touch a patient or examine a patient, pathologist is good, radiologist — sit in the dark looking at all of the x-rays — you don't have to touch the patients very much. Some of them do. You have to enjoy working. Residency is hard. It's lots of hours in residency and that gets you ready for the rest of your medical career.

Just do something that makes you happy. You know, there's so many people that are unhappy, so many people that are not trying to be happy, so many people that are not trying to work, so many people that are not trying to make this world better. And medicine is — you're going to make the world better. And you're going to make some patients very happy. You got to be able to explain the bad ones — the bad news, like we talked about.

JE: So then I always follow up these interviews by asking: "How would you like to be remembered?"

JR: I would like to be remembered as a great surgeon, a good father, someone that likes to have fun working and playing, someone that respects other people, and has brought good things to this world with the legacy of the Cain's, the legacy of my sons, lots of patients that are very grateful for my skill.

JE: Well, I want to thank you for this session that we'd had. You're very thoughtful and forthcoming in all areas of your life. So, I've enjoyed listening to it and I can only imagine the many thousands who tune in to Voices of Oklahoma — we're now in our 14th year — will be very interested in listening to your story. Thank you.

JR: Thank you very much. I enjoyed spending this time and I learn more about myself every time I do something like this.

JE: So I'm going to finish it by saying: "Thank you, doctor."

JR: Thank you very much.

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