

Stephen Tomasovic, Ph.D.

Interview Session One - August 2, 2011

A note on transcription and the transcript:

This interview had been transcribed according to oral history best practices to preserve the conversational quality of spoken language (rather than editing it to written standards).

The interview subject has been given the opportunity to review the transcript and make changes: any substantial departures from the audio file are indicated with brackets [].

In addition, the Archives may have redacted portions of the transcript and audio file in compliance with HIPAA and/or interview subject requests.

Chapter 00A
Interview Identifier

Tacey Ann Rosolowski, PhD

[000:00]

I'm [Tacey Ann Rosolowski] interviewing Dr. Stephen Tomasovic, the senior vice president for academic affairs at the University of Texas MD Anderson Cancer Center in Houston, Texas. Dr. Tomasovic is also a tenured professor in the Department of Molecular and Cellular Biology and a professor in the Graduate School of Biomedical Sciences. This interview is being conducted for the Making Cancer History Voices Oral History Project run by the Historical Resources Center at the MD Anderson Cancer Center. The interview is taking place in Dr. Tomasovic's office at the MD Anderson Cancer Center. And this is the first of two planned interview sessions for today, August 1st, 2011. The time is 7:58. Thank you, Dr. Tomasovic, for agreeing to participate in this project. And this is an unusual session, because it's the first interview of really a new phase in the life of the oral history project. And as I understand it, you were very instrumental in setting up the Historical Resources Center and also in helping to support further work on the oral history project. So I thought maybe you could take some time at the beginning of this interview and talk about what your hopes are for this oral history project, its significance in the context of MD Anderson.

Stephen Tomasovic, PhD

[001:29]

Sure. If I could I'll make one small correction on the identifier. The correct name for that

department is molecular and cellular oncology. I think you said biology.

Tacey Ann Rosolowski, PhD

[001:41]

I'm sorry. I did, I did.

Stephen Tomasovic, PhD

[001:44]

It's interesting. Its original name was tumor biology. But we can get to that at some later point.

Chapter 1

A: Overview

The Making Cancer History Voices Oral History Project

Story Codes

C: About the Oral History Project

B: MD Anderson History

B: MD Anderson Culture

B: Building/Transforming the Institution

D: Understanding Cancer, the History of Science, Cancer Research

D: The History of Health Care, Patient Care

Stephen Tomasovic, PhD

[001:44]

Let me say a few words about the oral history project and its origins. It came from some discussions that Steve Stuyck [Oral History Interview], who's the Vice President for Public Affairs at MD Anderson, and I had in 1999. And we were talking about MD Anderson, and the importance of its history. We were both familiar with one of the earlier books. A couple of other earlier books had been written about MD Anderson. But we felt quite a lot of time had passed, and we wanted to try to see if we could get an updated book of MD Anderson. And we felt we needed to take some steps to help preserve MD Anderson's history. So we wrote a request for funding to President John Mendelsohn [Oral History Interview], and that was submitted to him around the date on the document that I have here. We submitted a proposal to him December 9th of 1999. And the proposal was entitled Establishing a Historical Resources Center at the University of Texas MD Anderson Cancer Center. And we had a task force that prepared this document, chaired by myself. Kathryn Hoffman, who was the executive director of the research medical library at the time, was a member of the task force. Walter Pagel, the director of scientific publications, was a member. Mary Jane Schier, whose title escapes me a moment. I think she was a senior editor or -- but she was in scientific publications, still is in scientific publications. Steve Stuyck, who is the vice president for public affairs as I said. And Elizabeth Travis [Oral History Interview], who at that time I think didn't have an administrative title. She was a professor and still is in experimental radiation oncology. And now she currently holds the title as the associate VP for Women's Programs [Women Faculty Programs]. This proposal that Dr. Mendelsohn approved three days later on December 12th called for three related projects. Establishing an archive of significant documents and other materials. Creating a program to tape and catalog oral histories of faculty, staff and others who have contributed to MD Anderson's mission in advances against cancer. And a series of publications and/or books that describe the achievement of the institution. So that was the start of this project. We consulted with various local public historians in the area whose names are given in the document.

Tacey Ann Rosolowski, PhD

[004:53]

I notice that the word voices figures very prominently in the title of this project. And I'm curious about the significance of that. Why choose to do an oral history project as opposed to simply collecting CVs? And why tell the stories in this way?

Stephen Tomasovic, PhD

[005:11]

The voices phrase was much later in this process, probably within the last three or four years we developed that tagline as part of a grant submission that Kathy Hoffman made to the -- well, you'll have to do some research on that one. I'm drawing a blank now. I think it was a TexShare grant as I recall. And we used that phraseology there. But back to your question why do that. The primary reason is that CVs and resumes, particularly CVs, are very structured documents that give metrics of a professional career. Lists of publications. Lists of courses taught. Lists of memberships in professional societies. Lists of various academic appointments. And they don't capture most of the important details about how you came about to do those research that led to those publications. What was the significance? What was the impact of your role in those professional societies? Many of the very important things about the contributions that people make to an organization, to the history of cancer research and care in the United States, very many of those things are not captured in these kinds of documents. And even reading the papers describing the clinical protocols and the outcomes from that don't give very many of the important details about the relationships between people and why that direction was taken, what were the challenges that people overcame. That's why we wanted to capture oral histories. And so we felt that MD Anderson history was fascinating. It had humble beginnings. It had a daunting mission. It accomplished a lot in a relatively short period.

CLIP: "When Cancer was a Death Sentence"

Codes:

D: Understanding Cancer, the History of Science, Cancer Research

D: The History of Health Care, Patient Care

Tacey Ann Rosolowski, PhD

[007:39]

How would you describe that mission at the beginning, the daunting mission?

Stephen Tomasovic, PhD

[007:43]

Well, in the 1940s when the institution was created, cancer was a death sentence. People didn't like to talk about cancer. Public awareness was relatively low. People whispered about it in families. But it was a terrible terrible ravaging disease. And the treatments that we had were quite primitive compared to now. Massive radical surgeries that left people extraordinarily disfigured. Caustic agents. Radiation that was very poorly controlled and delivered to lots of unnecessary structures in the body. So the morbidity and the mortality from the treatments was severe. And people were extremely afraid of the disease and afraid to talk about it. And so the people who committed to those kinds of careers were dealing with a very very difficult disease. And MD Anderson was a place where people came who really had a mission and believed in that mission, and many of them spent their entire lives here, and some of them died from the exposure to the agents that they were trying to develop for use to make them safer for people.

Tacey Ann Rosolowski, PhD

[009:33]

They literally gave their lives to the cause.

Stephen Tomasovic, PhD

[009:35]

That's correct. So those are the stories that we wanted to save and promote. And help contribute to our shared sense of mission, provide a resource for researchers in the future, and try to save some of that important information.

Chapter 2

A: Military Service

Vietnam Trains an Administrator

Story Codes

A: Personal Background

A: Professional Path

A: Inspirations to Practice Science/Medicine

A: Influences from People and Life Experiences

A: Military Experience

A: Character, Values, Beliefs, Talents

Tacey Ann Rosolowski, PhD

[009:57]

Well, shall we start with a more traditional approach here? I thank you for that statement and context for this next phase. Well, I wanted to start with the question one usually starts with with these, to tell me please where you were born and when.

Stephen Tomasovic, PhD

[010:19]

I was born in Bend, Oregon January 5th of 1947. My father was in the military, in the Air Force. And we moved every few years in my childhood. He had met my mother in Bend, when he was stationed near there in the air force. And my mother's family lived in Bend.

Tacey Ann Rosolowski, PhD

[010:50]

Could I interrupt you just briefly to ask what your parents' names were, are?

Stephen Tomasovic, PhD

[010:55]

Yeah. They're both passed now. My mother from cancer, and my father from heart disease. But he was Peter Alexander Tomasovic, and she was Barbara Jean Scott. Barbara. Excuse me. Barbara Ann Scott. I'm confusing Barbara Jean my wife with Barbara Ann my mother. And so for the next few years we moved as his duty stations changed. My oldest sister was born in Texas. My only brother was born in Virginia. And my youngest sister was born 16 years after I was in Oregon. When my father was nearing retirement we were stationed in Oregon, and he was asked to move again. My parents were living near the town of Corvallis, Oregon, where Oregon State University is. They decided they would buy a house there, and we would stay there, begin to try to go to college there. And my father took his last duty station by himself, and retired a couple years later, and then returned to Corvallis.

Tacey Ann Rosolowski, PhD

[012:16]

I missed the name of the state university, the division.

Stephen Tomasovic, PhD

[012:18]

Oregon State University in Corvallis, Oregon.

Tacey Ann Rosolowski, PhD

[012:22]

And was yours a scientific family? Were your father's duties -- I'm just curious where your own interest in the sciences came from.

Stephen Tomasovic, PhD

[012:32]

No. My father didn't graduate from high school. He got the GED type of path in the air force. He wasn't an educated man, although he wasn't an unintelligent man. But he was never well educated. My mother didn't quite complete college. She started college. I don't think she finished. But my family was typical of families in the '30s and '40s that didn't have much background of education. All families at that time aspired for their children to go to college and graduate from college. It was part of that developing American dream. And so from my earliest times it was understood that I was going to go to college, and all of us were to go to college. And we all did. And I was an intelligent boy. I never really had to work very hard in high school. But scientific subjects other than mathematics were easiest for me. And I don't know that I had much particular direction in my intent to go to college. I just went. And my interest and my ease with scientific topics led me to graduate with a bachelor's degree in zoology, which was not a particularly useful degree to graduate with. By that time the Vietnam War was in full swing. And although I applied to graduate school, I was drafted before I could enter graduate school, and went into the army.

Tacey Ann Rosolowski, PhD

[014:38]

What were the dates? I noticed your military service. What were the dates of that, just for the record?

Stephen Tomasovic, PhD

[014:42]

I'm going to be flipping in my CV here.

[014:47]

I actually indexed it for you here. So I have US Army operations and intelligence military occupational specialty. Staff sergeant. '69 to '71. And then there's another. The US Rangers, the Vietnam service. L Company. August 1970 to August 1971.

Stephen Tomasovic, PhD

[015:11]

Yes. Of course at that time there was quite a lot of -- in the late '60s quite a lot of -- that was the period when antiwar protests were building strength. But my family was military. I never had any thought of not going into the service. And so I did. Because of my familiarity with the

military life and my willingness to follow the program I did very well in training, and was selected for the NCO academy, noncommissioned officer academy, at Fort Benning, which is some extra training. They were having a lot of -- they needed a lot of young sergeants and lieutenants in Vietnam. Casualty rates were higher for those groups of folks. So the graduates from the academy were sergeants, E5s in the military designation. I graduated near the top of my class and became a staff sergeant. And so in the traditional military progress it could take you years to do that. But at the time of the Vietnam War these so-called Shake 'n Bake sergeants were being turned out as fast as they could turn them out. And the tops of the classes were made staff sergeant, E6. And then so I went from there briefly to some more on-the-job training in the US, and was sent to Vietnam. My military occupational specialty was -- at that time I think it was called 11 Hotel. 11s were the infantry MOSs or military occupational specialties at the time. The Eleven Series. So 11 Bravo was straight infantry. 11 Hotel was indirect fire crewman. Or was it 11 Foxtrot? I don't remember exactly. But when I got to Vietnam, by random choice, I was assigned to a ranger company. The US Rangers, the 75th Infantry Division, were split into companies, spread up and down Vietnam. And they performed mostly Long Range Reconnaissance Patrol duties, LRRPs they were called using the acronyms the army loved to use, Long Range Reconnaissance Patrol. They would be inserted. They would be attached to air cavalry units that could insert them in small teams. They'd do ground reconnaissance, sneak around basically in the jungle. They'd be extracted back out by helicopters. And that intelligence along with the aerial intelligence of the air cavalry units was reported to the division level, which helped guide military operations, combined with other intelligence.

Tacey Ann Rosolowski, PhD

[018:21]

Wanted to ask you. I'm sorry.

Stephen Tomasovic, PhD

[018:22]

Well, let me finish that train of thought. So I was in L Company, which was a ranger company, which was attached to the 2nd of the 17th Air Cavalry, which had aerial units that were supporting the 101st Airborne Division. So we were providing ground and aerial reconnaissance for the 101st Airborne Division, which in turn was sending out infantry companies. They didn't do very many jumps at that time in Vietnam. And so they'd go in and out by helicopter for the most part. And so that's what I did for a few months. And then I was transferred from the ranger unit to the headquarters unit of the air cavalry, where I worked for the S-2, the intelligence officer for the air cavalry. And I compiled intelligence reports from the air cavalry and from the ranger teams and sent that up to division. And that's how I finished out my tour in Vietnam. So I had 12 months there.

CLIP: "A Military Intelligence Skill Set"

Codes

A: Personal Background

A: Professional Path

A: Inspirations to Practice Science/Medicine

A: Influences from People and Life Experiences

A: Military Experience

A: Character, Values, Beliefs, Talents

Tacey Ann Rosolowski, PhD

[019:29]

The question I wanted to ask you. For some reason that military experienced jumped out at me, which is odd, given that I was given a 30-page CV. But I was wondering. Were there dimensions of that experience that developed your skill set? Because we haven't gotten yet to the vast responsibilities that you have as senior vice president. But I'm just curious about how those things go together.

Stephen Tomasovic, PhD

[019:55]

Yes, I think very much so. It affected me to quite a large degree. I don't think I had much direction or much maturity in college. I got incompletes and Fs in most of the mathematics. Took French. And my GPA was very poor. It was barely 2.5 going into my senior year. Not that I wasn't intelligent. I did OK on the science courses. But I just blew off most everything else. So I took huge amounts of credits my senior year in science courses to try to push my GPA back up. I had met my wife. We got married just before I went to Vietnam. I was trying to pull it together, because I was thinking I'd want to go to graduate school. But my credentials for graduate school weren't particularly stellar except for that last year. But when I got to Vietnam, as I said, I was comfortable with military life. I was with the program. I was a staff sergeant. I was more organized and more goal-oriented and more educated than most of the other soldiers around me, with the exception probably of officers. They were mostly infantry. Not stupid kids, but they took the ones that they didn't think would be military career people, and they put them in the infantry for the most part. And those that they didn't want to train for specialty jobs, they knew they weren't going to stay in the infantry. So they weren't stupid, there were lots of college kids there, but in the ranger unit in particular they tended to be wild characters. Anyway the officers that I interacted with became interested in me. I liked the intelligence work, because I always liked to know the big picture. So that developed my interest in high level knowledge, knowing what was going on across the field of operations, gathering information, analyzing that, and using that to make decisions. So when I came out of there, I was much more mature, much more goal-directed. The military recommendations, the officers wanted me to go to officer candidate school. They wanted me to stay in the military. But I didn't want to do that. But they gave me very strong recommendations, which probably made a significant difference in me getting into graduate school. And so by then I had much more sense of direction. I still didn't exactly know where my scientific career was going. But I was much more motivated to work at it. And I had that global sense, that organizational sense. I was very aware of chains of command and organizational structures and strategic thinking, and lots of things that they use in the military that I was very comfortable with and could turn around and use. So I came out as a very dependable guy who could deal with chaos and uncertainty and think strategically and was interested in taking on responsibilities and was quite used to saying yes rather than no to people who were above me in the chain of command that wanted me to do things. So that translated into my willingness to take on lots of jobs when people asked me, even though it wasn't part of my job description. I wasn't worried about well what's the reward for me at the time. As with

converse, you'll see how that influenced particularly at MD Anderson how I advanced in the organization.

Chapter 3

A: Professional Path

Choosing Cancer Research

Story Codes

A: Overview

A: Definitions, Explanations, Translations

A: The Researcher

A: Personal Background

Tacey Ann Rosolowski, PhD

[024:32]

Let me offer you a choice right now, because we have a nice moment for subject change. Would you like to continue with a narrative about how you ended up going into the sciences? Or would you like to skip and talk about what inspired your commitment to cancer research once you'd gone through your graduate program?

Stephen Tomasovic, PhD

[024:55]

I think maybe it would be helpful to talk a bit about how I got into cancer research. And it was largely chance. So as I said, I wasn't a real strong candidate for graduate school. But my alma mater Oregon State University combined with the recommendations that I'd gotten accepted me into their general science program. That program had at the time -- they had a small reactor there at Oregon State University. They still do I believe. And I thought I was interested I marine science. And they had an ecology program there in the general science area. They had radio-ecology and they had this marine ecology, marine biology programs. And so I started taking those kinds of courses. And I taught undergraduate biology. But I took a number of -- I took radiation biology. I took radio-ecology courses. As it turned out I had a real sensitivity to motion. And so a marine biology career was largely -- unless I wanted to stay on land the whole time, was largely off the table. I got so sick as soon as I got on any boat. So I was working on the master's degree at Oregon State University. Most people took masters' in science at that time, most of the time. Now they're mostly skipped. But I did a thesis on -- I worked for someone in the department there. My adviser was interested in neoplastic diseases in shellfish. So that was my introduction to cancer. These were proliferative diseases in oysters and freshwater mussels. And that's what we were looking at. And so we would

Tacey Ann Rosolowski, PhD

[027:14]

I can't resist asking. Do you order them in restaurants?

Stephen Tomasovic, PhD

[027:16]

Yes I do. And in fact one of the things. We would go to the estuaries. Estuaries didn't give me a problem. The open ocean did. And we would collect samples in the Oregon rivers or in the estuaries. And at the time when we were collecting from the estuaries we'd collect during the day, process samples. It was here's one for science and here's one for me.

Tacey Ann Rosolowski, PhD

[027:44]

So raw shellfish even.

Stephen Tomasovic, PhD

[027:45]

Beer and oysters were part of scientific life. So I did a thesis on neoplastic diseases in mussels. And I applied for graduate schools for a PhD. Because of the radiological health, radio-ecology types of courses that I took -- and at this time my GPA was significantly better. I was paying attention to that, and I did very well. When I got accepted by Colorado State University north of Denver, they had a radiation physics program there. A radiation biology program there that was in the college of veterinary medicine. I got accepted. I got a teaching assistantship which would provide financial support. I had the GI Bill. My wife was working as a research technician in horticulture-related areas.

Tacey Ann Rosolowski, PhD

[028:44]

We didn't catch her name earlier. You said --

Stephen Tomasovic, PhD

[028:46]

Barbara Jean Davis was her maiden name. And so Barbara had worked the whole time I was in Vietnam. We'd saved money. She worked as a technician in horticultural research. She lived with my parents to save money. And so by the time I went to graduate school we were relatively well off for graduate students. We bought our first small house when I was in graduate school at Colorado State. So we had more income than most. That was another way the military helped me. We had the GI Bill. And so there I met -- I started taking more radiation biology courses. And I met -- and radiation biologists of course were interested in understanding how radiation affects cells and normal cells, cancerous cells. Were trying to develop ways to kill cancer cells. Either interaction with drugs or radiation alone or radiation in this case plus heat. So I had a well known radiation biologist, Bill Dewey, William Dewey. And he turned out to be my PhD adviser. And I did research on the interaction of radiation with drugs and with hyperthermia or heat.

Tacey Ann Rosolowski, PhD

[030:08]

Can I just ask you? Let's remind me and the listener right now about what year this was.

Stephen Tomasovic, PhD

[030:15]

Let's see. I went to Oregon State University on the master's degree. Graduated in 1973 with that master's in general science where the emphasis was on radiation biology. And then I went to Colorado State University in '73 and graduated four years later in 1977.

Tacey Ann Rosolowski, PhD

[030:39]

The connection I wanted to make was you hadn't yet established the interest specifically in cancer. Or it was just the interaction with cells.

Stephen Tomasovic, PhD

[030:49]

Right. We were looking at cancerous cells. For example we used the famous cell line HELA for Henrietta Lacks. So these were studies directed to trying to learn more about how cancer cells can be killed by radiation.

Tacey Ann Rosolowski, PhD

[031:09]

So these were the very early days really of studying that in a concentrated way.

Stephen Tomasovic, PhD

[031:12]

It was a fairly well established field by then. It wasn't very early days. It was early days for the use of hyperthermia with radiation. But drugs and radiation had been studied pretty extensively for some time.

Chapter 4

A: Joining MD Anderson/Coming to Texas

Joining the Department of Tumor Biology at MD Anderson

Story Codes

A: The Researcher

A: The Administrator

B: MD Anderson History

C: Portraits

A: Joining MD Anderson

B: MD Anderson Culture

A: Professional Path

Stephen Tomasovic, PhD

And it was during that research period and going to scientific meetings that I began to run across of course lots of other people doing cancer research. I would go to the Radiation Research Society annual meetings. People from MD Anderson were coming to those meetings. And so I completed a degree there. And I took a postdoctoral research fellowship, with Lyle Dethlefsen, who was at the University of Utah Medical Center, and was a radiation biologist working in the department of radiology there. So that was my first hospital-based -- the University of Utah Medical Center. It was in the department of radiology. And I was doing postdoctoral research again trying to do further studies with radiation and cells. And that was really not a particularly successful postdoctoral fellowship. I was there a little over -- let's see. I went there in 1978. Only stayed there a year. And this is how I ended up at MD Anderson. During that time I went to a pathobiology of cancer workshop in Keystone, Colorado. It's a long-running workshop series. And there I met a gentleman who was leading the course, who was a very well known up-and-coming scientist named Garth [Nicholson]. He was well known for publishing about some models with another scientist about models for the cell membrane. He was a tumor biologist. And he and I tried to establish, he being in California at the time at UC-Davis, and I being in Colorado. We tried to establish -- I had some ideas that I suggested to him. We tried to establish a collaborative research relationship, which wasn't getting very far along. Lyle Dethlefsen wasn't very impressed with me in the end. That postdoctoral fellowship ended in failure. He ultimately said well you need to move on. So it wasn't a successful relationship. At that point I was floundering, didn't know where my direction was going to be. And was at risk of not doing much of anything. But about that time MD Anderson had changed its leadership from its founder R. Lee Clark to a new president, Charles LeMaistre. That happened I believe sometime in the range of 1978 or '79. Dr. LeMaistre with Frederick Becker, who was named as his vice president for research, determined they wanted to strengthen the basic research at MD Anderson. And they began around that time, '79, '80, reconfiguring research departments, adding new research departments, and bringing in new department chairs. And Garth Nicholson took the job as chairman of the Department of Tumor Biology, a new Department of Tumor Biology at MD Anderson. And he brought one of his postdocs with him, and for some reason he had taken an interest in me, and asked me to come to MD Anderson to be an assistant professor on a term tenure track. And that was my only option at that point. I had no other opportunities. I wasn't in a particularly successful position to search for a job. So this came out of the blue based on this relationship.

Tacey Ann Rosolowski, PhD

[036:03]

What do you think he saw in you?

Stephen Tomasovic, PhD

[036:04]

I'm not sure. Ultimately he went crazy. Which is part of the latter part of the story. How I took on my first leadership role was related to that. But he was an unusual guy. He was a bit paranoid even at the time. He was very narcissistic. Quite egotistical. And I'm not sure. I wasn't a confrontational kind of a guy. Maybe he felt that I was the kind of person that would fit well with him. Maybe he thought I would follow his direction. Maybe he saw some intellectual capacity in me that attracted him. Maybe he saw other traits. We never had a discussion. I'm not exactly sure why he picked me. Maybe he thought I would be a good fit with most people and would help him bring other people to the department. So I'm not sure exactly what it was. But for some reason he made me one of his first recruits there.

Tacey Ann Rosolowski, PhD

[037:34]

What were your impressions when you first came to MD Anderson?

Stephen Tomasovic, PhD

[037:38]

Well, it was a tiny fraction of the size that it is now. I don't remember what the total faculty were at that time, total employees. But faculty were in the hundreds and employees in the few thousand. But it was an exciting place. It was resource-rich relative to -- for its time. And there was a lot of drive and growth. And it was a chance for Barbara and I to rescue my floundering career. So I went about trying to do that, and succeeded in doing that.

Tacey Ann Rosolowski, PhD

[038:33]

How did that work? Did you establish your own laboratory? Or did you collaborate?

Stephen Tomasovic, PhD

[038:40]

Primarily established my own laboratory. We were in the Gimbel Building. We had little offices at the back of the lab. I shared my office with a postdoctoral fellow that came to join the department, Peter Steck. And started trying to do research. And I came across some studies on heat-shock proteins. And within a couple of years I had gotten an R01 for that research. And I held that grant until late 1990s, when my administrative role became so extensive that I decided not to renew that grant, because I didn't have the capability to run a research lab and take on heavy administrative responsibilities at the same time. But also because my interest had evolved. I was an adequate but not star researcher for the time. And as I became more involved in the life of the institution I became more and more interested in taking on administrative tasks. And it was a natural shift over time from spending a fair amount of time on research to more time on administrative tasks.

Tacey Ann Rosolowski, PhD

[040:13]

I wanted to ask you a few more questions about the climate and the culture at MD Anderson that you noticed when you arrived. How did it compare to other institutions that you had experience with? And I'm thinking in terms of research support, the educational mission, those kinds of things.

Stephen Tomasovic, PhD

[040:31]

Well, it was quite different. It was the first place I was at that wasn't really -- it was the University of Texas MD Anderson Cancer Center, but really it wasn't a university at the time. It didn't have any independent degree-granting authority. Its faculty participated in graduate education through a graduate school that was organizationally linked to the University of Texas Health Science Center at Houston. And the students who graduated from the school received their masters' or their PhD degrees from the University of Texas Health Science Center at Houston regardless of whether their PhD mentor was at MD Anderson or UT-Houston. All of the research was very integrated in the hospital. You walked the corridors and rode the elevators with cancer patients. That's all the institution did. Everywhere else I had been had multiple schools, multiple educational programs, multiple research. This was a very focused place. And you got that sense of focus, that sense of mission very quickly. The people that were coming here were coming here because this was a place where we in the institution were doing the latest research, had the latest -- even then the things that other people didn't have for cancer. Surgeons doing different newer surgeries. Radiation therapy was famous here for the development of the cobalt irradiator. And so this was even then a place of hope for people. And it was a very empathetic atmosphere for patients because even then everyone who worked here could really feel an identity with the mission. So those were the things that you noticed about it. That focus, that identity with the mission, the sense that you were really participating in something that was going to affect people's lives.

Tacey Ann Rosolowski, PhD

[043:11]

Was there a particular circumstance or situation that you remember when you had the aha moment that this work you were doing at the bench really was going to --

Stephen Tomasovic, PhD

[043:25]

I don't think I ever really had that with respect to my particular research. Hyperthermia, the use of hyperthermia for cancer therapy in combination with radiation or alone or combination with drugs is a sidebar kind of a thing so far. It's very difficult to deliver, control. It certainly has some minor roles. But it's not been ever moved into the mainstream in a big way. So I felt like I was -- I think in retrospect that the research I did was picking away at the details and never was a leap that was going to impact patient care in a great way. But I think you could see that around you. And being part of the organization, you felt like you had a sense in whatever role you were contributing to that. And I very quickly got involved in helping develop our department. And some of the faculty that I helped recruit have had significant impact. I figured out a way for us

to develop a graduate student program in the department that has become one of the best cancer biology graduate programs in the country. It's ranked number one and number two. And so there were things that I was doing, participating in. I took on a leadership role in the animal care and use committee. Things that I was doing I knew were impacting in a way that I wasn't necessarily doing through my own intellectual independent scholarly contributions, but that were contributing to the institution.

Chapter 5

B: Building the Institution

The Cancer Biology Program

Story Codes

B: MD Anderson History

D: On Research and Researchers

D: On the Nature of Institutions

B: Building the Institution

A: The Administrator

B: Building/Transforming the Institution

B: Institutional Processes

Tacey Ann Rosolowski, PhD

[045:37]

I do want to move on to those specific roles. But I wanted to ask you one final question about your perspective on the institution in those first years, which is you've talked about the positive elements of the culture and how it functioned. But what from your perspective did you think were the weaknesses, the places where the institution really needed to be developed?

Stephen Tomasovic, PhD

[046:03]

Well, in those early days I don't think I had a good sense of that. I was still an assistant professor. And our clinical research was what MD Anderson was known for. And the patient care that resulted from that. It wasn't known then as a great basic research enterprise. And still to this day, that's certainly improved over these years, but still to this day they're working on that. And one of the underlying reasons for the choice of the president designee, Dr. DePinho, is yet another run at really transforming research at MD Anderson. That level of basic research has never quite matched up with the level of the clinical research. And they're still working on it. That's what Charles LeMaistre was trying to do when he brought in Garth Mendelsohn and Josh Fidler, Margaret Kripke, and a whole host of department chairs that came in in the early '80s, some of whom we still have today. That's what they were trying to do. And we certainly made progress, and probably our quality is better than our reputation. But we still after talking about it for years still don't have National Academy of Sciences researchers here. We still don't have a Nobel laureate here. And some of our competitors in the state have managed to achieve that.

Tacey Ann Rosolowski, PhD

[048:03]

Was that difficulty in the basic sciences behind your motivation to get involved with developing a graduate program in your own department?

Stephen Tomasovic, PhD

[048:14]

Not directly. The graduate students are the engine that drives research. And they have a very reciprocal relationship with faculty. Really good faculty want to come to organizations that have

really good graduate students because they know how important those graduate students are in their conducting their research and in generating that kind of exciting atmosphere. And so if you want stronger faculty you've got to pay attention to the graduate school. And if you want to have a strong graduate school, graduate students want to come to places where there's strong faculty. So it's this cycle. You have to build on both ends of it. And they reciprocally will influence each other. And so our department was a new department.

Tacey Ann Rosolowski, PhD

[049:24]

When was it established again? It was in 1979 or '80?

Stephen Tomasovic, PhD

[049:29]

Probably early 1980. Because I came in November of 1980, and I was one of the first faculty here. And I think Dr. Nicholson, Garth, had come in the early 1980s. I'm not absolutely sure. Maybe very late '79, but probably early 1980. And so we were trying to recruit faculty. And we needed to have access to graduate students. So I think I joined the graduate school in 1981. Yes, 1981. Probably -- came in November, the next year I joined the graduate school. And the graduate school was a nondepartmentalized graduate school. You were a member of the graduate faculty. You had to be a member of the graduate faculty in order to have graduate students work with you. You didn't admit graduate students into your own department. They had to be admitted to the graduate school. So the only way you could get graduate students into your department was to be a member of the graduate faculty. The graduate school was structured so that it had some required courses and some optional courses. And I realized that the required courses were mostly courses that students weren't too interested in. So I had the idea to create a cancer biology course. It would be a team-taught course. Mostly by faculty in our department. That would fulfill one of the core requirements for the graduate school. Since the other options weren't very attractive to many students, it immediately became a large course. And it exposed our faculty to graduate students and made it easier for us, because we're giving lectures to them, talking about our research, to get graduate students into our department. And I also created a program in cancer biology that had that core cancer biology course around which we could build other courses. And it's that program that became multidisciplinary. And I made Garth the director of it because he was the name. But I had the idea. I created it. I ran it. And that's what started off the Cancer Biology Program. That's what helped build the strength of that department by getting access to graduate students. And as a result I was made the -- what is it he called me? Director for training or something like that. Garth made me. Yeah. So I created that program. At the time it was called Interdisciplinary Studies in Cancer Biology. Now it's called the Cancer Biology Program. I was the associated director for the first two years. Then Garth really wasn't -- really never was the actual leader. And so I led that then for three years. And he made me the training coordinator in the department. And shortly after the chief of the section of tumor biology in that department. So those things happened between '86 and '88 and were my first forays into leadership. Having the idea to create that program, seeing the strategy that we needed to follow there. Creating the program, managing the main course, which at some points had as many as 13 teachers I had to bring in and out of the course. And a large number of students for that time in the graduate school.

Tacey Ann Rosolowski, PhD

[053:40]

What was the process that you went through to set it up?

Stephen Tomasovic, PhD

[053:44]

Well, I first had to get the -- there's an academic -- there's a curriculum committee in the graduate school, and there were forms that had to be filled out. And so I had to tell them why this was a good course, that it didn't overlap with other courses. I can't quite remember the sequence. I know I created the course. I think either simultaneously or shortly thereafter I got it approved as fulfilling. They had three or four required areas. One of them was a systems biology area. One of them was a quantitative thing. So people would take statistics or something like that. One of them was a cellular -- they still have these four areas. I can't quite remember what they all are now. But that's the area that I picked. Systems. Because I don't remember what the courses were in that area, but they weren't very interesting to most of the students. So I got approval for it to meet the systems area requirement. First to be approved as a course. Then be meeting the systems area requirement. That drove a lot of traffic to it. And then wanted to create a formal area of study in the graduate school. Started that off as something called interdisciplinary studies. Then I got approval for it to be called a program in the graduate school, and that's where it resides now. So that was the general process. But that's what got me recognized in the graduate school. Because I was running one of the bigger courses, creating this program. Got me recognized for my educational expertise within the department. So Garth made me the training coordinator in the department. It showed me to have some administrative capabilities. And so he created a section of tumor biology and made me chief of that section in the department. So that all occurred over '86 to '88. And began to give me low level administrative roles within the department, within the graduate school, that helped get that experience, that recognition, and started me down those kinds of paths.

Chapter 6

B: Building the Institution

Fostering Innovation and Multi-disciplinary Research

Story Codes

B: Multi-disciplinary Approaches

B: Growth and/or Change

B: The Business of MD Anderson

C: Portraits

Clip

B: The Business of MD Anderson

C: Portraits

[056:16]

ROSOLOWSKI: Before we speak more specifically about some of those many roles that you've taken on, I wanted to pick up on the theme of the interdisciplinary work that was really obviously the core of that program. Because as I understand it, team interaction, interdisciplinary work was really part of the ethos of MD Anderson from its very founding. So I'm wondering if you could comment on that and how what you did was developing that, and also maybe even part of a national movement.

Stephen Tomasovic, PhD

[056:46]

Yeah, that's correct. That was one of the unique things about MD Anderson from its beginning. And it was one of the very smart things that R. Lee Clark did. At the time when he was beginning his practice as a physician, physician practices were very discipline-segregated. That is if you had cancer and you visited the surgeon, you got surgical treatment for your cancer. If you happened to visit a radiation therapist you got radiation therapy. Medical oncology was just beginning to become -- it was really World War II where they began to discover some of the really cancer chemotherapeutic drugs. Because of some effects they saw from some of the gases that were being used. Or was that the end of World War I?

Tacey Ann Rosolowski, PhD

[057:51]

I think it was mustard gas, yeah.

Stephen Tomasovic, PhD

[057:53]

Mustard gas. So that probably was World War I.

Tacey Ann Rosolowski, PhD

[057:54]

Yeah, I think it was World War I, yeah.

Stephen Tomasovic, PhD

[057:56]

So it was after that point they began to develop medical oncology. But they had as I mentioned earlier a pretty toxic set of things to work with. But again those disciplines did not work together. And part of the reason was your income depended on the number of patients that you saw. And then they paid you. So Clark did one thing that was very very smart. Everybody that worked for the hospital was paid, got all their salary from the hospital. They didn't work part-time here and have a private practice. So they worked here. We paid all of their salary. So now something becomes very easy. You don't lose any money if you collaborate with somebody else. Doesn't make any difference whether you treat the patient or the radiation therapist treats the patient or the medical oncologist treats the patient. You still get the same salary. So that made interdisciplinary ease. That took out the financial piece of interdisciplinary. And I think many people of course were of goodwill and would certainly want the best to patients. But that took it off the table. And then radiation therapy had progressed to the point where it was a useful and manageable reproducible component of therapy. And medical oncology was getting there as well. So surgery was the original treatment for cancer. They predominated for many many years. Now we had a situation where those folks could work together in a hospital where Clark was driving that kind of a culture.

Tacey Ann Rosolowski, PhD

[059:46]

Can I ask? Because I know from other academic experiences there can be all kinds of goodwill for people of different disciplines to sit around a table. But there are differences in vocabulary and theory. Were there those sorts of challenges to overcome?

Stephen Tomasovic, PhD

[060:01]

Oh sure. There's always personal clashes. And if you look through the history of MD Anderson at various points -- I think I recall that some of the stuff in Jim Olson's book refers to that. This book.

Tacey Ann Rosolowski, PhD

[060:17]

Making Cancer History.

Stephen Tomasovic, PhD

[060:18]

Making Cancer History. Gilbert Fletcher was arguing, complaining that the surgeons weren't collaborating.

Tacey Ann Rosolowski, PhD

[060:25]

I guess I wasn't referring so much to personality conflicts. But just at a very practical level there's someone's trained in a particular area. They have a particular paradigm for thinking about a problem. So how were those kinds of issues overcome? Or how were they addressed?

Stephen Tomasovic, PhD

[060:41]

Well, they were -- it was a struggle. There would be people who would -- surgeons who would think that the radiation therapy was no good. No use to their patients. And the same about medical oncology. So there was certainly lack of knowledge. There was certainly discipline-related egotism. Differences in knowledge, what works, what doesn't work. Still persists to this day. People have their theories. But over time -- but Clark set organizational structures where people were expected to work together, and they learned to do that. They learned more about each other's disciplines. They all really were desperately wanting to make progress against cancer. And when you began to learn more about radiation therapy or medical oncology and you realized your surgery couldn't do it, and your patient was going to die, what could -- you start looking around. And if people are there, they're working with you, or you're hearing about what they're doing, having this all together in an organizational structure that fostered that climate and that culture began to have its effect. And that has continued to this day. And the clinics are all integrated. People are seen by multiple -- and they try to figure out given this particular patient. That was almost the beginnings if you will of individualized patient care. That's where it began, because you no longer thought about them as a radiation therapy patient alone or surgical patient alone. Began to think about this patient. Where's the tumor located? What kind of a tumor is it? We know that's not going to respond to radiation very well. We better use surgery on it because we know this history. And so before they had molecular biology tools they had these histories of different types of cancers. And they had a primitive idea of how they had to individualize therapy to some degree for that type of patient with that type of tumor. It was very crude. But that in my view is how we began to think about personalized cancer therapy is when you got these teams of people together and they began to think about what therapy would work best for this patient. And yeah I can't get it all surgically, so I'm going to -- I know the margins on this type of cancer are very bad, or it's already metastasized when I see it. So I know I'm not going to be successful. I've got to hand them off to somebody else because it's not going to work in this patient. This other patient, I could see I got a clear margin. I can just treat this patient that way. But this patient I have to get somebody else involved, because this patient is a little different. So that's the kind of thinking. And research tended to follow because you were using multiple therapies and you were trying to bring up new therapies. And the research departments had lots of connections with the clinical faculty in this organization. So did I answer your question?

Tacey Ann Rosolowski, PhD

[064:33]

You did. And I'm just seeing how you were talking on one side, which is delivery of care. And I'm thinking about how in that period in the 1980s when you were setting up the interdisciplinary program you're basically getting faculty and students to sit in a room and think about interconnections between different perspectives on a particular subject area.

Stephen Tomasovic, PhD

[064:54]

So we had multiple -- we were teaching cancer biology. You had to have multiple people. Dr. Josh Fidler [Oral History Interview] was a veterinary pathologist. So he came and talked about

pathology of cancers. And people talked about -- basic researchers that were talking about what we knew about signaling pathways in cells, what we knew about the cell cycle. And of course the content from 1981 was very different -- '86. Excuse me. When we started that course. The world is different now.

Clip:

D: On Research and Researchers
'Collaboration Feeds Innovation'

Tacey Ann Rosolowski, PhD

[065:45]

What effects did you see from putting together that interdisciplinary experience for the students and for the faculty? What did you notice in the next year or two?

Stephen Tomasovic, PhD

[065:56]

Well, it increased the number of students that we had in the department. It helped us recruit faculty. And we established some relationships with other departments whose faculty were participating in the program. Some collaborative studies. And Garth was a collaborator with a friend and colleague of Dr. Kripke who was in the Department of Immunology. Dr. Fidler who was in the Department of -- what did he call their department? We were tumor biology. I think he was called cancer biology from the beginning. I'm trying to remember that. I think he was called cancer biology from the beginning. And so it helped when you're working together as teachers and talking about research and talking about problems in the field, it tends to help establish personal relationships and collaborative relationships. And networks that are very fundamental to research in academia. It's all these people that you meet, talk about your science with, and they tell you about something they're working on. And you begin to discuss it and you begin to see ways that you might work together. Different approaches to it. It's very popular now to talk about this in a formalized way. Innovative thinking. The intellectual framework around innovative thinking calls for people to try to think outside of their frames. I think you may have mentioned that a few minutes ago. So the really innovative thinkers, the people who make leaps, generally are able to see things in a different way. They are able to break out of the frames of their cultural experience, their educational experience, the normal way that people think who have that kind of a context around them and their life experience. They're able to get out of that. And you foster that kind of frame breaking, critical thinking, innovative thinking when you bring people with different frames together, and they start talking. And it makes it easier for them to move beyond the frames of thinking that they're normally in.

Tacey Ann Rosolowski, PhD

[068:47]

Can you think of a specific example in which that happened? Sounds like it would be a really cool story.

Stephen Tomasovic, PhD

[068:56]

Yeah, it would be a really cool story. There are probably dozens of them. I don't know that I can think of one at the moment.

Tacey Ann Rosolowski, PhD

[069:02]

Perhaps one will come to mind.

Stephen Tomasovic, PhD

[069:09]

Well, one of the -- we've certainly had individuals here over the course of history of MD Anderson. If you look in the Making Cancer History book. People like [J Freireich] and [Emil Frei] who I believe we're going to organize another interview with J. They had a different way of looking and thinking about chemotherapy and developed a number of areas that essentially changed. They, because they could pull it all together and think in innovative ways, moved childhood leukemias from being a death sentence to near 100% cure. And they had to fight to do that and had to think very differently than lots of people. Some of the radiation therapists that are -- Gilbert Fletcher and others. R. Lee Clark himself in figuring out OK, I'm going to get beyond this individual discipline care for patients. I'm going to have multidisciplinary care and I'm going to have all our docs supported by salaries and we're going to turn cancer from being you send people off to the sanitarium to being where people come here for treatment and they go home. And they don't die in the hospital, they don't live in the hospital. We want outpatient care. They're going to come here, take their treatment, go home, live their lives, do their work. That was very different thinking than most people were able to do at the time. So I see I'm rattling my keys in my pocket. If I make any distracting noises like that remind me to stop it.

Tacey Ann Rosolowski, PhD

[071:22]

OK. I will.

Stephen Tomasovic, PhD

[071:23]

I don't know if that's picked up by your microphone or not.

Tacey Ann Rosolowski, PhD

[071:24]

It does get picked up by the mike. And if there are ever times when you want to use the direct audio it can be -- somebody will be scratching their head. What is that little noise? That's all right. I'm glad you became aware of it.

Stephen Tomasovic, PhD

[071:37]

So if you look at the history of cancer therapy there are real leaps that people made. Recognizing, someone observing the big increases in the effect of the mustard gas on blood cells

and thinking wow. I could maybe use that to kill leukemia cells. That was an innovative leap. And so those are the things that people tend to be getting Nobel prizes for and things like that.

Tacey Ann Rosolowski, PhD

[072:22]

I'm also struck how those stories that you're telling about the decisions that were made about institutional structure from the very beginning were about throwing people together. Helping them do that. Maybe we can talk more about your own role in that kind of institution and culture building right now.

Stephen Tomasovic, PhD

[072:41]

Well, I came pretty much late to that game. That culture was established when I came in 1980. And we were a much simpler organization in 1980 than we are now. And what we've become has had some pluses and minuses depending on how you view the different aspects of the organization. So I think I've had roles in relatively small ways in small pieces of that. And I think what I did to help establish cancer biology as an area of education in the institution and helping establish that cancer biology program was one of the things that was an important contribution on the way to us becoming more predominant in the graduate school as an institution. And many years later I was one of the key individuals I think along with Michael Ahearn in helping MD Anderson become an independent degree-granting institution. Certainly we were urged to do that. Dr. LeMaistre wanted us to gain more recognition for our institution as an educational institution. But it was largely left to Michael and I to work with others to pursue degree granting authority for MD Anderson in the graduate school. To pursue being able to award the baccalaureate degrees. And to get the institution accredited by the Southern Association of Colleges and Schools. So I think that was another step that we accomplished ultimately. We worked on it in the late 1990s. But we ultimately got that accomplished in '99, 2000, 2001.

Tacey Ann Rosolowski, PhD

[075:04]

Let me interrupt you just for a second. I'd like to pause the unit for just a moment.

Stephen Tomasovic, PhD

[075:07]

Do you want to check sound again to make sure?

Chapter 7

B: An Institutional Unit

Academic Affairs: Administrative Structure and the Role of the Vice President

Story Codes

A: Professional Path

C: Portraits

C: Understanding the Institution

B: MD Anderson Snapshot

A: Overview

B: Institutional Processes

Tacey Ann Rosolowski, PhD

[075:08]

No, I'm good. Once you set that, that's really fine. So we had just briefly paused the recorder. This is for the person who is transcribing and processing the data. And that was just for a few moments. Now we're back. So we're shifting topics a bit now to a more direct focus on Dr. Tomasovic's role as Senior Vice President for Academic Affairs. And I wanted to start by asking you to give a snapshot of this enormous role and responsibilities. However you want to give a portrait of that.

Stephen Tomasovic, PhD

[075:44]

Sure. I think we'll talk in a few minutes about how I came to be at this point. But at the moment the institution is organized. And it's possible that this organizational structure could change in the next few years because of Dr. DePinho's arrival. But currently MD Anderson is structured such that the president reports to the executive vice president and chancellor at the University of Texas system, the executive vice president -- excuse me. Executive vice chancellor. I'm sorry. For health affairs. And there's several executive vice chancellors who report to the chancellor of the University of Texas system. So the president of a health-related institution in the University of Texas system like MD Anderson is fairly independent and is delegated a lot of authority from the board of regents of the University of Texas system. And the president currently has a structure of three executive vice presidents. One for the physician in chief, the executive vice president and physician in chief Tom Burke. The executive vice president and provost Ray DuBois. And the executive vice president Leon Leach who's really over the areas of business, administration, finance. I'm one of three senior vice presidents at the moment. One of the others is Dan Fontaine who's the senior vice president over human resources and regulatory affairs. Gerard Coleman is the senior vice president in the hospital and clinic operations. And I'm the senior vice president for academic affairs. And this job really consists of multiple areas that I often break down into three components. And then I talk about accreditations associated with those. So one component is faculty affairs. Faculty academic affairs. That is the component that can be thought of as the human resource function for faculty. So our HR office does not manage faculty at MD Anderson. Faculty appointments, faculty evaluations, faculty personnel files, faculty policies, faculty terminations, faculty promotions and tenure renewals are all

managed by faculty affairs. Faculty development is managed by another department that is also part of that group. So the care and feeding the lives of faculty is one of those roles. Another main role is the trainee and alumni affairs area. We have a centralized appointment process for all educational trainees at MD Anderson. They're not appointed by departments. They're not appointed by human resources. They're appointed by the Department of Trainee and Alumni Affairs. We currently have -- to back up one moment, we have a little over 1,500 full-time faculty at the moment. Several hundred more adjunct and part-time faculty. In the trainee area we have over 7,000 trainees who come through here every year. Several hundred graduate students, several hundred undergraduate students. 1,000 plus medical residents and fellows. Including our own in-house group. 1,000 plus postdoctoral research fellows. And visitors and observers from all over the world come in and out of the institution. Trainee and alumni affairs is the office that appoints them, keeps their records, deals with policies related to them, deals with personnel issues related to them, and generally manages the human resource function if you will for all the trainees. The third major block of departments is the academic infrastructure departments. And so that is things like conference support services that manages all of the institutionalized meeting rooms. CME conference management manages all of our national meetings. Television production. Medical graphics and photography. Scientific publications. Visa office. Research medical library. Probably for telehealth. Have to get out my org chart to make sure I've got everybody there. But those are academic infrastructure departments that support the academic enterprise. Now in managing those groups I'm also the designated institutional official responsible for three institution level accreditations. So we deliver thousands of hours of continuing medical education for our physicians and our staff. And we organize national meetings, 30 or 40 of those a year that are either held here in Houston or elsewhere, where we deliver continuing medical education. And to be able to credit people with continuing medical education we have to be approved by a national accrediting body to do that. So MD Anderson is an authorized provider of continuing medical education. We're probably one of the largest oncology continuing medical education organizations in the country. And I'm the institutional official responsible for making sure that we maintain that accreditation. And we have to renew that accreditation every three to six years. Depending on their policies and how much time they give us between cycles. The other area of institutional accreditation is graduate medical education. So we are a specialty training center for physicians who've completed their medical education. Most of whom have had some training elsewhere. A residency elsewhere. And they're coming here for specialized oncology training. And so we are authorized to deliver 70 programs of graduate medical education that enable physicians to be boarded in those programs, to be authorized to offer that kind of care to patients. And again we have to be accredited to do so by a national organization. In this case the ACGME, Accrediting Council or Commission, I don't remember which, for Graduate Medical Education. And again that has to be renewed every four to six years. The last area of institutional accreditation I'm responsible for is degree granting authority. We are independently authorized to award masters' and PhD degrees in the graduate school. If the University of Texas Health Science Center decided tomorrow it didn't want to do any more graduate education, MD Anderson could continue to run that school, deliver those degrees. We are also independently accredited to offer the baccalaureate degree in eight fields. These are allied health fields in areas like cytotechnology, histotechnology, cytogenetic technology, molecular genetics, medical dosimetry, radiation therapy technicians. These baccalaureate degrees are very important to us. We hire 40% or so of the graduates of the school to work at our own hospital and clinics. And the vast majority of

the rest of them find jobs in the Texas Medical Center or elsewhere in Texas. So this is a very important pipeline for very hard to find professionals. And is a major reason why we've created that school and are continuing to grow that school. So that's the broad scope of my responsibilities. And I interact with other individuals in the institution to help lead education generally in the institution in the areas that I'm not principally responsible for. So for example I'm not responsible for nursing education. But I work closely with them to make sure that we have an environment that supports their education as well. I work with the training and development group in HR. And many others in the institution. There are over 40 units that conduct training within the institution. And I worked to create an education council that brings them together. An educational resources committee that helps us work together to try to identify ways to maintain the high quality of educational programs at MD Anderson. So that's the scope of my activity as the senior vice president.

Chapter 8

A: The Administrator

An Assistant VP Who Can Work With and Within Structure

Story Codes

A: The Leader

A: The Administrator

D: On Leadership

A: Professional Path

A: The Administrator

C: Mentoring

C: Collaborations

B: MD Anderson Culture

B: Growth and/or Change

C: Evolution of Career

C: Professional Practice

C: The Professional at Work

Tacey Ann Rosolowski, PhD

[085:39]

You may have already given me some of the themes of an answer for this next question. But just to put it into focus I wanted to ask you about what your philosophy of administration is in this particular role if you want to call it that. Or maybe your own marching orders if it were --

Stephen Tomasovic, PhD

[086:03]

So I think one of the interesting things about leaders is that they have their perception of their philosophy, and how they work and how people see them, and then when you talk to people who work for them or interact with them you may get a different perspective. But I think I have gotten to where I am because of several traits. And I think those influence how I lead and how I'm perceived by others. So as I said early, I am comfortable in organizational structures. I grew up in a structured military environment. I did reasonably well in my short time in the military. I am not someone who rails against administration and organizational structures. I understand them. I'm comfortable with them. So I'm comfortable working with others in that kind of an environment. Another characteristic is I'm an amiable person and I'm not given to outbursts. I'm not easy to anger. I have a high level of tolerance for different people's personalities and styles. And I have an ease with situational leadership and can work -- I've always been viewed here as someone who can work with almost anybody. And you get lots of different personalities in academia. Some of them ranging to the extreme of eccentricity. But I've always been able to get along with a lot of people. And so I haven't as they say burned a lot of bridges. I haven't created a lot of conflicts. If there's a fire I'm the kind of person who can smooth it out. I'm the oil on the water. And so I tend to be a problem solver more than a problem creator. And so that's the way I approach things. People will come in with their hair on fire. By my style of leadership I calm things down. I listen to what the issue is. I try to solve the problem. With not too much ownership. In other words I'm not a leader that tends to drive my agenda all the time.

I'm willing to accommodate other people's agendas and find compromises to a level where we're both comfortable. So I believe most people that work with me see me as that kind of a person. A person who can solve problems. The other trait that I have. The liking to know the big picture. And to think in that way. I have always paid attention to what's going on around me. And I'm not someone who ignores e-mails, doesn't read the communications from executives. And so I've always collected a lot of information. And so I've become very knowledgeable about a lot of people, their personalities and styles. A lot of information about the organization. Which as I acquired more and more jobs made it easier for me to be able to know what needed to be done and how to get there and who to call. And because I don't have a lot of ownership over my own ideas, it's been easy for me to let other people take lead. And when I'm working I'll focus attention on a problem until I think it is moving in the right direction. Then I'll back away and let the people that I have confidence in continue to take care of it. So I don't do -- when I'm first working on something I'm a micromanager. Very detail-oriented, very focused on it. When I'm satisfied that it's under control, I step away and rely on -- so most of my directors see me probably as not being a micromanager, and letting them have a lot of autonomy. And I keep in touch with them. I communicate with them. I get data. But I don't try to tell them what to do all the time. So I think that was rambling. I don't have a succinct three-sentence philosophy, elevator speech philosophy about how I do what I do. I've taken some training in leadership. But I think it's those style traits of being a friendly person who gets along with a lot of people, can modulate what I'm doing and how I'm leading depending on the situation and the person that I'm working with. And I don't make a lot of enemies. When I have to make decisions I can make them, but I let others make decisions once I have given them some direction and I'm confident that they're staying on the path. So stop there. Because I have a feeling that I'm rambling.

Tacey Ann Rosolowski, PhD

[092:55]

No, no, not at all. I just wanted to say I think oral history interviews would be pretty terrible if they were composed of elevator speeches. No.

Stephen Tomasovic, PhD

[093:05]

Probably so.

Tacey Ann Rosolowski, PhD

[093:09]

So maybe you could tell a little bit more about the process whereby you came from that first role that you were handed by Garth Nicholson into the more elaborate administrative positions.

Stephen Tomasovic, PhD

[093:21]

When I think back on it I'm struck by it. Because I think it feels mostly like random chance. But it wasn't really, probably. But it feels a little bit that way. So for example my initial contact with Garth Nicholson in this pathobiology of cancer workshop, I was floating around, trying to figure out what I could do. It wasn't going well at the University of Utah. I engaged with Garth at this pathobiology conference, suggested some ideas. He took an interest in them. But there

wasn't any way that we could really -- it just wasn't working out for us to have this. Research collaboration wasn't going well. I didn't have support at the University of Utah. And then from my perspective it was a chance that Garth had this opportunity at MD Anderson. And I'm not sure exactly what it was, as we discussed, but he decided to bring me here. So that's how I arrived here, which felt -- it was just -- some phrase.

Tacey Ann Rosolowski, PhD

[094:38]

Serendipity?

Stephen Tomasovic, PhD

[094:40]

Yeah, something favors the prepared. Or something. I can't remember what those are. But obviously I had initiated a relationship with him, and he saw something. And so when he had an opportunity, it presented an opportunity for me. And it was the only one I had, so I took it. Then here as I said, he wasn't a particularly great administrator. Not someone who wanted to do some of the jobs. He asked me to do them. I said yes. I had that tendency to say yes, even though it wouldn't necessarily be serving my career directly. It would serve the department or someone else. Helped me somewhat, but it wasn't me sitting in my lab doing research. It was me doing something for somebody else. So I said yes to that. And got those roles that we talked about as section chief and training coordinator, director of that program in the graduate school. And ultimately became the deputy chair of the Tumor Biology Department in 1995. And I'm going to have to hunt around for some dates at the moment. So several things happened in that mid 1990s time. I was more active in the graduate school. And I'm trying to find in here where I became president of the graduate school. Have to search around in this CV, thanks to my relatively poor retention of some of these dates. Trying to find. Let's see.

Tacey Ann Rosolowski, PhD

[096:45]

So member. The University of Texas Graduate School. That's different.

Stephen Tomasovic, PhD

[097:00]

Here. So in 1995 I was the deputy department chair. And then pretty active in the graduate school. Various committees. Visible because of this large cancer biology course, which was I think one of the biggest courses in the school at the time. And I got elected to -- became the vice president elect of the graduate school in 1997. And then I was president of the graduate school in 1998 to 1999. And also in that period of time the then vice president for academic affairs Jim Bowen had become aware of me, because I had been saying yes to various things. And he saw me I think as someone he wanted to mentor for a leadership role. He saw me as someone who could potentially do his job someday. And so I had worked with him on a couple of projects. And one of them establishing an ethics committee. I also began to work with Emil on establishing a faculty senate. But he made me an assistant to the vice president for academic affairs in 1994 right before I became the deputy chairman. And a year before I became the vice president elect of the graduate faculty.

CLIP

A: The Administrator

C: Mentoring

C: Collaborations

“Jim Bowen: Mentoring Toward VP”

Tacey Ann Rosolowski, PhD

[098:53]

Can I ask you about your working relationship with Jim Bowen?

Stephen Tomasovic, PhD

[098:58]

Jim was a like person to me. Well, it begins to sound like I'm bragging if I talk about his characteristics after saying he was a like person to me. But he was an individual who had done research, but administration was really his strength. He was a very strong proponent of education. He was a collegial kind of a man. He had a lot of integrity. And he was one of the three executives in the senior leadership team at the time Dr. LeMaistre was president. LeMaistre had a vice president for research, Frederick Becker, and a vice president for academic affairs, Jim Bowen. And I think they may have had a vice president for finance or something like that. So that was the executive structure. So in catching Jim Bowen's attention and being asked to work with him, he was a relatively high level connection in the institution. And him taking an interest in me and seeing characteristics, that he thought I could do these kinds of administrative jobs. And so he was I think very deliberately putting me forward and putting me in roles where I could be visible. And he could mentor me. And so that was one of the key points I think when he took that on, combined with the next year deputy department chair. The year after that vice president for the -- so I was becoming fairly visible in the institution. And I think the next key event was the faculty senate. And again I'm going to have to dig around in here to remind myself of --

Tacey Ann Rosolowski, PhD

[101:04]

That was a date I really had trouble finding too. But it would have been in the '90s.

Stephen Tomasovic, PhD

[101:15]

I'm just going to have to hunt around here. Let's see. Those were MD Anderson.

Tacey Ann Rosolowski, PhD

[101:39]

Because you were the first chair of the faculty senate too.

Stephen Tomasovic, PhD

[101:44]

Yeah, I'm just trying to find where that is in my CV here. Flip around a bit here. Within institutional committee activities such --

Tacey Ann Rosolowski, PhD

[101:57]

Yeah I'm looking. That's on page seven. That's where they start.

Stephen Tomasovic, PhD

[102:02]

Some of the tasks that I was working on with Jim Bowen pop up in here.

Tacey Ann Rosolowski, PhD

[102:11]

Here it is. 1991 to 1993. Faculty senate chair.

Stephen Tomasovic, PhD

[102:17]

Right. So this was an idea that Dr. LeMaistre wanted to establish a faculty governance committee. And Jim Bowen either convinced him of that, or he brought it up with Jim Bowen. But Jim Bowen was pushing for that. And then so Jim Bowen got me involved in that. So assistant to the vice president for academic affairs was '94, '95. But Jim Bowen had me working on the various things for him. And for example in '89 and '91 I was working on this faculty governance committee, which was working to try to establish the faculty senate. And I was working on this education awards program, which created the faculty achievement awards. And I was working on this ethics committee. '89 to '91.

Tacey Ann Rosolowski, PhD

[103:19]

So he was really trying to tag you as a person who was part of building educational culture.

Stephen Tomasovic, PhD

[103:25]

Yeah, he was trying to groom me for, mentor me for a leadership role. I think he saw me as someone who could do his job someday. And then so yeah the faculty senate election committee then happened in 1990. And I was elected chairman in 1991. And that in itself is a bit of an interesting story. Because there were at least two of us near the end that were being considered, J Freireich and myself. And J certainly had his supporters. But there were some faculty. J Freireich was a somewhat controversial individual in the organization. Very passionate, forceful guy. Of course with his incredible accomplishments in clinical oncology. But not easy to get along with. And fighting with Dr. LeMaistre. Fighting with other people at the time on various issues. And some of the people that were working behind the scenes to create the faculty senate and working on this election process were nervous about him being the first president of the faculty senate because he was likely to be a polarizing figure as viewed by them. And possibly someone who would get off to a rough start with the administration. I on the other hand was seen as someone who wouldn't be like that, who would be able to bring people together, and would work well with the administration. So I think that's what -- and Howard Thames, who was a professor in the Department of Biostatistics, was a guy who was arguing that -- he told me later he was pushing for me. And there were a couple of others that were pushing for me,

because they were worried about J as the first leader. J eventually did become chairman of the faculty senate, but many years later.

Tacey Ann Rosolowski, PhD

[105:31]

But it's always interesting how there's a particular person who's right at a particular historical moment at an institution.

Stephen Tomasovic, PhD

[105:37]

Yeah. And again these were -- wasn't something I was seeking. But it came to me because of I think this past history of things going on. So I was elected. And at that time the faculty senate chairman was two years. And ever since then it's only been one year. So I was the first one and the only one to serve two consecutive years. Others have been reelected and ultimately served two or more years. During the time I was faculty senate chairman we created the convocation, the honors convocation. And we created the faculty achievement awards. Even helped design the medallion. I won one of those eventually for education. And the other key thing about that was the president of the faculty senate was put on the president's advisory board. So now at that time LeMaistre had an advisory board that was the top people in the institution. It's now -- they changed it around when Dr. Mendelsohn came in. It's now the management committee. And I still sit on the management committee. Another reason why the senior vice president role is important. But now I was sitting at the table. This was the body most close to the president that he asked for advice. And so now I was really visible. First chairman of the faculty senate, etc. So that was '91, '93. My department chairman was getting increasingly erratic. I became the deputy department chair '95. And that same year, for a couple years my department chair had been getting increasingly erratic. He had married a woman who was -- psychologically something was wrong with her. There's some psychological stuff that I don't really understand where people can be influenced by their partner, and they both can exhibit paranoia, schizophrenia. And they had that kind of a relationship and they started making up incredibly wild scientific claims and stories of all sorts. She was particularly bad and toxic. And they claimed the Gulf War syndrome was caused by some sort of a mycoplasma thing that was created from some -- we had given Hussein some -- the CIA had done something. And it was a crazy crazy story. We had Gulf War veterans visiting us with their blood for them to test. And Garth stirring them up. And just craziness. Threats and accusations against his own friends. Josh Fidler in particular. But a bizarre episode of a prominent scientist and department chair becoming increasingly strange. And it's an amazing episode.

Tacey Ann Rosolowski, PhD

[109:09]

Sounds very painful too.

Stephen Tomasovic, PhD

[109:11]

It was very strange. And there was some serious concern that one of these Gulf War veterans or somebody else that Garth was stirring up would hurt somebody here. Because he was claiming we were blocking his research. And he knew how to save them and we were preventing it from

happening. And so get unstable emotional people who are ill. And so there was a lot of concern about that. So I was sitting at my desk one day in 1995 and I got a phone call from Dr. LeMaistre. And he said basically I've had it with Garth, you're now the department chairman ad interim. And so I had to walk across the hall, tell Garth he's no longer the chairman, and I was. And so he stayed there in the department for at least a year. And I had him up. And so I was trying to be the deputy -- I mean the ad interim department chairman then. And I did that for three years. And that was difficult.

Tacey Ann Rosolowski, PhD

[110:24]

What was difficult about it?

Stephen Tomasovic, PhD

[110:26]

Well, the man who had brought me here, supported me to become a tenured professor here, a colleague, a respected man, and a very proud man, egotistical guy. And suddenly he lost his job, and so that was difficult. It was difficult because there was some possibility of some physical threat. Either from him or from his wife or one of the folks that they were stirring up around the country.

Tacey Ann Rosolowski, PhD

[111:21]

Were there particular steps that were taken to calm that situation down?

Stephen Tomasovic, PhD

[111:24]

Well, just by dint of my -- what I did. I didn't move him out of his office. Some people probably thought that was wrong. But I didn't take him out of his office. I took over leadership of the department but I didn't throw him out of his office. I tried to treat him with respect. I tried to pull the department together and keep it going. The vice president for research Fred Becker seemed to be bent on having the department wither away from lack of attention. And so I tried to keep it going, tried to keep people from leaving. Only one faculty member left. And Garth left within a year or so. Think it was a little over a year. I don't remember exactly. And we hung in there. But there are today one or two faculty of that department who are in that department that still have negative feelings about me because they thought -- they didn't like the way I handled that situation. But by about 1998 Dr. LeMaistre was coming into the institution. Dr. Becker. So then we had this period of turnover between '98 to 2000 where Dr. Mendelsohn coming in, Garth leaving the institution, Fred Becker leaving the institution, Jim Bowen leaving the institution, and the search is going on for a vice president for research. What were we going to do there? What about the vice president for academic affairs? Physician in chief was changing. A lot of changing going on. People, there was the process where two of our internal individuals, Andy von Eschenbach and Charles Balch, were competing for the president's job along with John Mendelsohn. Ultimately Mendelsohn was chosen. Andy von Eschenbach went on to become head of the FDA, head of the NIH. Balch went on to become executive director of the surgical oncology professional group and various other things.

Tacey Ann Rosolowski, PhD

[113:50]

Could I interrupt you now? Because I'm aware of the time. We're almost at 10:00. And since we're at this moment of transition maybe we should --

Stephen Tomasovic, PhD

[113:57]

Yeah, so I think we should stop there and pick it up there from the point where we're transitioning the department, the institutional executive leadership, and Dr. Mendelsohn's arrival. And then we can go on into the how I ended up with moving from the department into essentially institution level administration.

Tacey Ann Rosolowski, PhD

[114:20]

That sounds like a good plan.

Stephen Tomasovic, PhD

[114:22]

Besides that my voice is getting hoarse.

Tacey Ann Rosolowski, PhD

[114:27]

All right. Well, I am stopping the recorder unit now at about seven minutes of 10:00.

[114:34]

END SEGMENT 8.

END OF AUDIO FILE