

Michael Ahearn, PhD

Interview One – August 2, 2011

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Chapter 00A **Interview Identifier**

Tacey Ann Rosolowski, PhD

[0:00]

I can take these off. I'll just leave them over here. Now, I need to put an identifier on the beginning since this is the formal beginning of the interview, and so this is for the record. I'm Tacey Ann Rosolowski, interviewing Dr. Michael Ahearn at the University of Texas, MD Anderson Cancer Center in Houston, Texas. Dr. Ahearn came to MD Anderson in 1965 as a cytologist, and he is now dean of the School of Health Professions, a position he has held since 1987. Is that correct? OK. This interview is being conducted for the Making Cancer History Voices Oral History Project, run by the Historical Resources Center at the University of Texas MD Anderson Cancer Center. We are seated in Dr. Ahearn's office, and this is the first of two planned interview sessions. Today is August 2, 2011. The time is 10:50.

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Chapter 1

A: Professional Path

A Texan is Inspired to Practice Medicine and Lured to MD Anderson with an Electron Microscope

Story Codes

C: Discovery and Success

A: Personal Background

A: Inspirations to Practice Science/Medicine

A: Influences from People and Life Experiences

A: Professional Path

Tacey Ann Rosolowski, PhD

[0:00]+

Thank you, Dr. Ahearn, for devoting your time to this interview and to this project, and I also wanted to say congratulations, because as I understand it on June 30th you received an important award, the President's Award for Excellence.

Michael Ahearn, PhD

[1:20]

Yes.

Tacey Ann Rosolowski, PhD

[1:20]

Which is very exciting, and I hope we'll have an opportunity to talk about that later. And I think another kind of congratulations is in order, as well -- we alluded to this briefly off record -- because in 2001 the first degrees in the School of Health Professions were awarded, and I believe there were 13 given?

Michael Ahearn, PhD

[1:40]

Yes.

Tacey Ann Rosolowski, PhD

And it's a decade later, and as I came in I saw boxes of caps and gowns, and it seems like there are more than 13 degrees being awarded. How many are being awarded?

Michael Ahearn, PhD

[1:51]

This year it's 123.

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Tacey Ann Rosolowski, PhD

[1:53]

A hundred and twenty-three.

Michael Ahearn, PhD

[1:54]

On August the 12th.

Tacey Ann Rosolowski, PhD

[1:55]

So that's exciting evolution over the course of a decade of degree granting. We will, I hope, be touching on both of those subjects and many others, but I'd like to begin, if I may, with some personal information just for the record and background. Can you tell me where you were born and when?

Michael Ahearn, PhD

[2:18]

I was born in Jacksonville, Texas, a little town in East Texas in 1936.

Tacey Ann Rosolowski, PhD

[2:25]

And did you grow up in that area?

MICHAEL AHEARN, PHD

[2:27]

Yes. I spent my entire formative years in Jacksonville, through secondary school, and then went to the University of Texas in Austin.

Tacey Ann Rosolowski, PhD

[2:38]

In Austin. And were you always focused on the sciences? And were there other people in your family involved in the sciences?

Michael Ahearn, PhD

[2:46]

I had an uncle that was a physician, and my mother was a nurse technologist, X-ray technician. In those days, in small towns one did a little bit of everything, and so I did grow up around a clinical environment, and when I went to the University was primarily thinking about pre-medicine at that time. And met up with a professor, Dr. Theophilus Shickel Painter, who had just retired from the Presidency of the University of Texas and had come back to the Zoology Department, and I took a course under him my first semester there, which was Cytology 320, and

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he was the most wonderful mentor. It was like the pied piper, because he had a class that had about 300 students, and it was across the street in the old biology building on the UT campus, and his office was in the Experimental Science Building, and when he would leave the lecture hall about 20-30 students would follow him all the way back to his office just to get some little snippet of conversation. He had the most engaging lectures I have ever heard in my life, and it just turned me on. And he was the person that advised me to pursue a PhD rather than an MD degree, and that was a very influential person in my academic life.

Tacey Ann Rosolowski, PhD

[4:30]

Was he also influential in terms of your commitment to education and the quality of education?

Michael Ahearn, PhD

[4:37]

I think that I wanted to try to be an educator like he was. He had a God-given talent, being able to make lectures the most interesting I had ever heard from anyone, and that was... He always said, you know, you needed to provide something for the pipeline -- that was his term -- new people engaged in science.

Tacey Ann Rosolowski, PhD

[5:04]

Interesting. So that's very much on a continuum with the role you're now serving as --

Michael Ahearn, PhD

[5:09]

Yes.

Tacey Ann Rosolowski, PhD

-- the dean of the School of Health Professions. Let's focus a little more on that earlier part of your career. So you graduated with your BA in zoology in 1958 --

Michael Ahearn, PhD

[5:23]

Yes.

Tacey Ann Rosolowski, PhD

-- and then an MA in zoology and biochemistry in '61 --

Michael Ahearn, PhD

[5:29]

Yes.

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Tacey Ann Rosolowski, PhD

-- still at the University of Texas, Austin. Then you stayed at the same institution for your PhD in cytology in 1965, is that correct?

Michael Ahearn, PhD

[5:38]

That's correct.

Tacey Ann Rosolowski, PhD

[5:40]

You know, as I was looking at your background, I was just -- you're Texas born and bred, and I'm wondering if that has had any influence on your commitment here at MD Anderson as a Texas institution. Is that anything?

Michael Ahearn, PhD

[5:56]

Well, yes. When I left the University, the last -- and I must say that Dr. Painter, who served as my supervising professor for my Masters and the beginning of my Doctorate, but he was getting ready to retire, and he had a former student of his that had gone to Sloan-Kettering in New York, and it was Dr. John Beaslie, and Dr. Beaslie was brought back to the University to assume Dr. Painter's role in the Zoology Department. And so I finished my degree with Dr. Beaslie as the supervising professor, transferring from Dr. Painter, and Dr. Beaslie had certain connections at Sloan-Kettering, and I was prepared to go there and work with one of Dr. Beaslie's former associates, and Dr. [Etienne?]

D'Harving, and the... My specialty had been electron microscopy, and Dr. D'Harving was an electron microscopist at Sloan-Kettering, but MD Anderson had acquired in the Department of Pathology, or Clinical Pathology at that time, an electron microscope from a grant, and Dr. Russell, who was the Chairman of Pathology, was looking for someone, as he said, that knew how to turn it on. And when they were installing it in Anderson, the team from Germany -- it was a Siemens electron microscope -- said that they had just installed one a couple of years earlier in Austin, and that I was the person that was running the electron microscope there. So Dr. Russell contacted me and asked me if I would come to Houston for an interview, because he needed to have someone who knew how to turn it on. I really had already accepted the offer between, for Dr. D'Harving, and started not to come, but Dr. Beaslie, having lived in New York, said, "You know, maybe you ought to go and talk with them down there, because," he said, "you don't have the proper wardrobe for New York. You don't even own an overcoat." And he said, "You would have to buy much heavier clothing." And he said, "For the amount of money that you're going to get at Sloan-Kettering you're going to live in a three-story walk-up with one window that looks out at an air shaft at the back." So he said, "Go down and see what they say at MD Anderson." And he said, "Besides, they've got an exciting leader down there, and I think

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they're going to go places." So I came to MD Anderson and, you know, soon found it to be a place that offered a lot of opportunity.

Tacey Ann Rosolowski, PhD

[9:17]

Well, I want to talk about that environment when you arrived, but I just wanted to ask: did you have a particular commitment to cancer research before you came to MD Anderson?

Michael Ahearn, PhD

[9:29]

Yes. My Master and my PhD degrees had been directed towards cancer related projects.

Tacey Ann Rosolowski, PhD

[9:37]

And was there any personal motivation for that particular focus?

Michael Ahearn, PhD

[9:42]

I think it was the influence of Dr. Beasley, having been at Sloan-Kettering, a number of problems that they had encountered there, and some preliminary work that he had done, and it was in the field, and so all of his graduate students at the time were working on cancer related projects.

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Chapter 2

B: MD Anderson Past

Memories of a Small MD Anderson and R. Lee Clark

Story Codes

C: Portraits

C: This is MD Anderson

B: MD Anderson History

B: MD Anderson Culture

Tacey Ann Rosolowski, PhD

[10:02]

So how did you find MD Anderson when you came here, and what...? I'd like to get a portrait of what it was like: the atmosphere, the teaching, the research environment...

Michael Ahearn, PhD

[10:15]

Well, as you can imagine, it's quite different today. We were much smaller then. The first day I came they were building the what we called the Bates-Freeman Wing at that time, which was an addition for research. It's the Legett Building now. But when I got home the first day my wife, who is a native Houstonian, asked me, "Well, what did you think about it?" And I said, "Well, it's a fabulous place." And I said, "As soon as they take that construction fence down, it's going to be beautiful." Well, that construction fence never came down. It just kept being moved from one spot to the other as the institution continued to grow, but it was... I always get a laugh when I say that we had uniformed elevator operators when I came to Anderson, because we only had one bank of elevators, and the ones that took patients to surgery had a back door to it, and the other two elevators in the central core area were for passengers, and the third one was for passengers when they weren't transporting a patient to surgery.

Tacey Ann Rosolowski, PhD

[11:31]

That's certainly a different era.

Michael Ahearn, PhD

[11:32]

Yeah.

Tacey Ann Rosolowski, PhD

[11:33]

It really is.

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Michael Ahearn, PhD

[11:33]

A complete different era.

Tacey Ann Rosolowski, PhD

[11:35]

So in terms of a professional environment, what were you jumping into here? How did you find it?

Michael Ahearn, PhD

[11:49]

Well, Dr. Clark -- and I was blessed to serve under all three Presidents of the institution -- Dr. Clark was a visionary person, and he had built the Anderson really from absolutely nothing. I remember Dr. Painter, who was in the Presidency at UT, said at the time that they never envisioned that MD Anderson would be anything other than almost like a hospice, because at that time surgery was the only treatment for cancer. We did not have chemotherapy. We didn't have radiation therapy. Those would come later. And so they figured it would stay on the Baldwin, I mean the Baker estate, but Dr. Clark had other ideas. He was quite a visionary. The first day you were here as a faculty member you had an hour appointment in Dr. Clark's office with him, and I remember he had a model there on a table in his office with a big, plastic dome over it, and it had the big campus and the south campus already on that model, and that was the era when Disneyland was coming onboard with futuristic things, and he had a model of a monorail that went from Anderson's campus here in the medical center out to the south and the mid-south campus. And people were always saying, "Wouldn't Dr. Clark be surprised if he came back and saw Anderson today?" And I say, "No. He already visualized that we would outgrow the space here in the Medical Center and would need the mid and south campus, and had already envisioned in his model what it would be like, and it's come to pass. We just don't have a monorail going back and forth like he had drawn."

Tacey Ann Rosolowski, PhD

[13:39]

Now, was he able to really instill in the people he worked with a sense that they would share that sense of the future, you know, that we're focused on getting to that futuristic place?

Michael Ahearn, PhD

[13:52]

Yes, and people always laughed and said, "You know, I don't know why in the world I ever came to Anderson," because we had nothing to start with. We were an Army barracks for [wards?]

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and things of that nature. Dr. Clark was such a charismatic person that he attracted people and got them to see the vision that he saw for MD Anderson.

Tacey Ann Rosolowski, PhD

[14:20]

Is there any moment of interaction that you had with him that you particularly recall that demonstrated his gifts in that area?

Michael Ahearn, PhD

[14:32]

Well, the Mayfair was a building that Anderson had purchased. It had been an apartment area across the street where the Rotary House is now, and we had a faculty dining room on the second floor over there, and this was a little bit later development, but Dr. Clark would often join us for lunch over there, and I think there was a very close knit group of faculty at that time -- we were small, and it was possible.

Tacey Ann Rosolowski, PhD

[15:08]

So he mixed.

Michael Ahearn, PhD

[15:10]

He mixed, very much so.

Tacey Ann Rosolowski, PhD

[15:10]

He mixed, which is amazing.

Michael Ahearn, PhD

[15:12]

Yes, and we had many... He could talk about anything. He could talk about various fonts in lettering, and he had a tremendous engineering background, and was sort of a Renaissance man. He talked in every area. He was a delightful person to be around. In fact, being an engineer, you know, the stone that clad the original building is that pink marble that you see still today. He had seen that when he was in medical school in Georgia. He used to hitchhike back and forth from medical school to home on the weekends and would have to get up real early on Monday morning in order to be sure and catch a ride and be back at medical school by the time classes started. And so he said as he would be standing on the highway, the sun would come up on this quarry, and he said that the marble took on a rosy pink glow that to him indicated hope, and he said, "If I ever have a hospital I'm going to have that marble at the hospital." And so sure enough, R. Lee Clark had a hospital, and he used the pink marble. The only problem was that

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the quarry ran out of pink marble, and so now the additions have to have it stuccoed on the side. I understand that when the Anderson-Clayton Foundation gave the building, wanting to preserve the quality of the structure, they said that all additions should have that pink marble, and so -- but now it's impossible because there is no more slabs of pink marble, and I think they crush it and put it into the stucco in order to maintain the trust document specifications. And that marble is one half inch, and at the time the building code in Houston said that any external cladding stone had to be three quarters of an inch, but Dr. Clark, with his engineering background, was able to change the building code from Houston for the Anderson to half-inch exterior cladding stone, so that's...

Tacey Ann Rosolowski, PhD

[17:31]

He was a man who could get things done politically, too.

Michael Ahearn, PhD

[17:34]

Yes, very much so. They always said that the Board of Regents Room in the main campus in Austin used to be a very austere room. The Regents don't meet there anymore. But it had some gilt dimensions that lined the wall, and then the big center table where the Regents sat, and when the Presidents would go up for their budget hearings, they would be grilled one at a time as they came to the table while their compadres sat around the room in the benches listening. And when Dr. Clark would get up to the table, the Regents would say, "Dr. Clark, is there anything else that you need?" And it used to just infuriate the other Presidents because they were having their budgets cut, and here was a man coming up there, and they were asking him if he needed anything else. But he was that way. He could go to the legislators and pat them on the back and talk about cancer eye in the cattle at home, and he just had a... He was... As I say, he was an amazing man, an amazing man.

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Chapter 3

A: The Researcher

Research Innovation Leads to a New Ultrastructure Diagnostic Laboratory and Discovery of a Cytogenetic Marker

Story Codes

A: The Researcher

C: Discovery and Success

B: Contributions

A: Overview

B: Devices, Drugs, Procedures

A: Overview

A: Definitions, Explanations, Translations

A: The Researcher

A: The Clinician

B: MD Anderson Culture

B: MD Anderson History

Tacey Ann Rosolowski, PhD

[18:45]

Now, when you came to MD Anderson what roles did you serve?

Michael Ahearn, PhD

[18:50]

Well, I came as, in the Department of Clinical Pathology as an electron microscopist, and in those days the differentiation between myeloid and lymphoid leukemias were very unclear many times in the undifferentiated patients, and normally undifferentiated leukemias are only about 20%, but here the number is higher because so many patients were referred that could not be diagnosed outside the institution. And the therapy for the lymphoid and myeloid leukemias is different, and so there was a need to be able to differentiate them early on before you started treatment. And so we were doing ultrastructure histochemistry, which could differentiate early granule formation in the myeloid lines, and then within the myeloid lines there are variants. The M3 variant, which is a progranulocytic leukemia that has a hemorrhagic episode if you're not aware when you start therapy to give some supportive therapy for that. So they were -- all the differentiations of the leukemias needed to be done, and we developed an ultrastructure diagnostic laboratory. And at that time, I guess, because there had never been any real need for speed in ultrastructure studies, it was about a five day process, because the tissue has to be cut very, very, very thin -- 600 angstroms -- and so it has to be infiltrated with plastic and then polymerized. But we developed a technique that allowed this process to take place in 24 hours, which was revolutionary at the time and rendered the diagnosis in a time that could be utilized by the clinicians to begin therapy. So we ran a 24 hour diagnostic service here for many, many,

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many years. And then, of course, molecular markers came along, and they allowed them to determine this in 15 minutes what had taken 24 hours in a really speeded up process, so it was...

Tacey Ann Rosolowski, PhD

[21:09]

Was there something about the spirit in the organization, resources at MD Anderson that enabled, that helped facilitate the speed with which you were able to make those discoveries?

Michael Ahearn, PhD

[21:26]

Well, I don't think that there was anything particular about, it was just that the need was there from the human and the patients' point of view, that we needed to be able to help the clinician determine, rather than having to start one therapy and if they didn't respond switch, you know, midstream.

Tacey Ann Rosolowski, PhD

[21:45]

Well, I guess I'm trying to understand is how, you know, we have an institution that have this new like the electron microscope and they have this person who came in who knew how to turn it on, and so they're setting in place everything to begin to do this kind of work. I guess what I'm trying to get at is how did MD Anderson as an organization, as an institution help support that kind of work?

Michael Ahearn, PhD

[22:11]

Well, I think MD Anderson has always tried to be on the cutting edge of anything regarding cancer, and I think that when the decision to acquire that microscope -- and those microscopes are very expensive; I mean, in today's dollars perhaps not so much, but in those days \$300,000 was a big investment, and that was just the instrument. The supporting laboratory that has to support that was a great deal more, because the corals have to have refrigeration in them and they have to have a unit. It has to be piped in, and the microscope has to be in an area that's vibration free, so the compressing units for the [chilled water?] has to be in a remote site. There's a lot that goes on, so the development of that laboratory was a very expensive investment for the institution, but I think they realized the advantages that it could offer in the treatment and care of the cancer patient, and they were willing to make that expenditure in order to be offering cutting edge technology to the treatment of the hematopoietic malignancies.

Tacey Ann Rosolowski, PhD

[23:21]

So who was making the decisions to make those investments?

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Michael Ahearn, PhD

[23:26]

Well, I think it came from the top down. It was the culture, you know. And certainly, my immediate superior was Dr. Bill Russell, which was Head of Pathology, but he had to get the funding from Dr. Clark, so it was...

Tacey Ann Rosolowski, PhD

[23:45]

Who are some other people that you worked closely with at that time?

Michael Ahearn, PhD

[23:50]

Well, Dr. Jose Trujillo was a... He and I were both in clinical pathology. Dr. Trujillo eventually became Head of Clinical Pathology, which is now Laboratory Medicine, but he was a cytogeneticist, and in the treatment of certain cytogenetic abnormalities there were indicators of malignancy, and so by doing cytogenetic analysis you could tell when a patient went into remission and the abnormal cytogenetic clone disappeared from the hematopoietic system, and then when relapse came, impending relapse, the cytogenetic abnormality came back, and so it was used as an indicator of predicting relapse in hematopoietic malignancies. But the problem was that patients who were on maintenance therapy, cells did not divide properly, and so therefore you could not always get the mitotic figures that you needed to be able to determine whether the cytogenetic, abnormal cytogenetic clone had returned. But what we discovered early on, was that there was structure, ultrastructure bleb on the nucleus of the cells that had the cytogenetic abnormality. It was very closely associated with the cytogenetic abnormality, and that gave us an orthologous marker that we could use to determine that this cell actually did have the abnormality in it, and it was interface cells, which did not depend on division, and so therefore they were present. So we were using the ultrastructure technique to also monitor patients that were under therapy to determine imminent relapse and return of their disease state.

Tacey Ann Rosolowski, PhD

[25:58]

I noticed that you coauthored a number of papers with Dr. Trujillo.

Michael Ahearn, PhD

[26:03]

Yes.

Tacey Ann Rosolowski, PhD

[26:04]

And how long did that collaboration last?

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Michael Ahearn, PhD

[26:06]

A number of years. I don't remember exactly, but it was a revolutionary thing at the time, to be able to take an orthological marker and associate it with a cytogenetic abnormality, and then to use it in a useful way in regard to the care of cancer patients.

Tacey Ann Rosolowski, PhD

[26:25]

Mm-hmm. So again, one of those -- for quickly seeing immediate results.

Michael Ahearn, PhD

[26:30]

Yes. And today, not necessary because we've gotten \$\$electrode markers?, but at the time all of these things were state of the art, so to speak.

Tacey Ann Rosolowski, PhD

[26:45]

I wanted to move on. We've kind of begun talking about your own research area, of course, but I was reading in a previously conducted interview with James Bowen, and he said something kind of interesting about the context of the historical moment of the 1950s and '60s. He said it was really, as he called it -- let's see if I can find his phrase -- he called it the golden age of cancer research, and he said that there were kind of three things coming together: there were discoveries from DNA and the whole, the way in which DNA was altered by cancer; and then the idea that viruses could transmit cancer; and then, of course, the electron microscope. And I'm wondering, since that was sort of the historical climate or, if you will, the history of science climate in which you were working, as well, how do you see the activities that were going on MD Anderson in that larger context? I mean, was MD Anderson more innovative? Was it kind of keeping up with others? What was that all about?

Michael Ahearn, PhD

[28:05]

I think it was perhaps more innovative. We had, as Jim had said, viruses were very much of interest at that time, and we had a virologist here, Dr. Leon Demokowski, and Dr. Demokowski got the second electron microscope to study viruses. His work was primarily research work, not involved in patient care. Our work, because of the intensity involved and the number of samples that we had to process daily, our application was more patient oriented than research, although certainly the observations that we made with Dr. Trujillo could be considered research observations. But they were primarily -- our work was involved with patient care. But Anderson was leading in the number of publications and everything in the field of cancer, even back in those days, in the '50s and '60s.

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Tacey Ann Rosolowski, PhD

[29:13]

Well, and when you think about that time, were there any weaknesses in the system? I mean, we talked about, you know, the strengths, but were there things that you found frustrating dealing with the institution, things that needed improvement?

Michael Ahearn, PhD

[29:26]

No, I really do not think so. As I remember back, as much as we could think and dream, the resources were always there to pursue that, so I don't remember any weaknesses at all in the institution. It was an experience -- everyone knew everyone else, and Dr. Clark, when he built the Anderson, he wanted the patient care and the research areas connected, because he said, "I want the clinicians to be able to talk with the research side of the house," and that very much took place, because we were small. The area where the Clark building and the outkick from the original structure used to be a tree forested area out there, and they had round, concrete picnic tables, and the faculty on every day that it wasn't raining -- we had no separate dining room -- we went through the patient cafeteria, which was a very small area and not sufficient for the staff, and we would go outside and sit at those round picnic tables out under the trees, and there was a lot of conversation and mixing of the research and the clinical staff at that time.

Tacey Ann Rosolowski, PhD

[30:48]

Dr. Clark very early had this commitment to teamwork and interdisciplinary --

Michael Ahearn, PhD

[30:53]

Very much so, very much so, and he promoted that in every occasion that he could.

Tacey Ann Rosolowski, PhD

[30:58]

And it sounds like at that time the small scale of the institution --

Tacey Ann Rosolowski, PhD

[31:03]

Absolutely. I wanted to pick up like one little detail, because one of the things I've noticed is that the names of departments change amazingly in this institution. Now, I think it said you were hired in the Department of Laboratory Medicine. Is that what it was called when you...?

Michael Ahearn, PhD

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[31:21]

No, no, no.

Tacey Ann Rosolowski, PhD

[31:21]

OK.

Michael Ahearn, PhD

[31:22]

It is now Laboratory Medicine. It was Clinical Pathology.

Tacey Ann Rosolowski, PhD

[31:25]

OK, so that was the original name in '65.

Michael Ahearn, PhD

[31:29]

Well, it really started out as Department of Pathology, but right after I arrived they decided to split Pathology into Anatomical and Clinical Pathology.

Tacey Ann Rosolowski, PhD

[31:38]

Why was that done?

Michael Ahearn, PhD

[31:40]

Because of the size, the growing needs, and the differences in the needs to support those two areas, distinctly different.

Tacey Ann Rosolowski, PhD

[31:49]

OK, and so it went to those two, and then what happened?

Michael Ahearn, PhD

[31:53]

Well, years later I think that they figured that the term Laboratory Medicine was better than Clinical Pathology in describing the scope and function the department had evolved into.

Tacey Ann Rosolowski, PhD

[32:06]

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OK, so the name change at that point was just a descriptive term and not -- it didn't represent any structural change.

Michael Ahearn, PhD

[32:11]

No.

Tacey Ann Rosolowski, PhD

[32:12]

OK, OK. Now, I think I read in one of your CVs that you directed the Diagnostic Ultrastructure Hematology Laboratory --

Michael Ahearn, PhD

[32:24]

Yes.

Tacey Ann Rosolowski, PhD

-- for 23 years, and when did you take on that role?

Michael Ahearn, PhD

[32:29]

Well, when I came.

Tacey Ann Rosolowski, PhD

[32:30]

When you came. OK, OK, so that was --

Michael Ahearn, PhD

[32:32]

1965.

Tacey Ann Rosolowski, PhD

[32:33]

OK, so that was right away. OK, and what was your mission when you took on...? Did you have a sense that there were things you wanted to develop or to change?

Michael Ahearn, PhD

[32:44]

Well, first of all, I never anticipated that I would stay 23 years in that area, but there was always an excitement and a challenge there, and so I never felt that the call left, and here I'm winding up 46 years at the same institution, so...

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Tacey Ann Rosolowski, PhD

[33:04]

Was there anything in particular that you instituted in the running of that laboratory that...?

Michael Ahearn, PhD

[33:11]

Well, as I said, the development of the 24 hour diagnostic service part of it was revolutionary at that time. No one else was able to do that the way we were doing it, so...

Tacey Ann Rosolowski, PhD

[33:25]

And how were you able to do it?

Michael Ahearn, PhD

[33:28]

Well, by incorporating and looking at the techniques involved. The penetration of the plastic -- we instituted a high vacuum processing, and then we just speeded up every part of the process by different alterations in the techniques, in the infiltration of the plastic and in the polymerization, and ultimately the sectioning and examining it. And then, too, some of the staining, the histochemical staining process, we altered that, too, (inaudible) detect early peroxidase in forming granules.

Tacey Ann Rosolowski, PhD

[34:17]

Would you... Directing that laboratory for 23 years, and you've noted any number of times that, well, things are really different now, how would you describe some of the important changes that took place in your field during that period, in terms of the research, the knowledge?

Michael Ahearn, PhD

[34:38]

Well, I think that we saw that there were better treatment offered for the patients in the institution, those with hematological malignancies. Ultimately, Anatomical Pathology got another scope for their work. Ultrastructure offered a lot of advantages in those days, and as I said, particularly in the area where I worked of hematological malignancies, but no one is using an electron microscope today to determine the difference between myeloid and lymphoid leukemias, because we have much faster, much better, more accurate methods with molecular markers. But in those days it was a constant challenge to work out new techniques and to be able to refine the techniques that we had, and then just the day to day service activity, which was...

Tacey Ann Rosolowski, PhD

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[35:34]

Mm-hmm. What was the size of the department at that time?

Michael Ahearn, PhD

[35:39]

Relatively small. I think when I came Dr. Trujillo and myself and Dr. Merrick, which was a biochemist, and Dr. Roman Rienta was a microbiologist, and Dr. Shively. That was about the extent, I think, of the people that I worked directly with in those days.

Tacey Ann Rosolowski, PhD

[36:12]

And then support staff? Did you have other support staff?

Michael Ahearn, PhD

[36:17]

Yes, we had support staff in the laboratories. Yes.

Tacey Ann Rosolowski, PhD

[36:21]

And what was the size? Do you remember about how big it was, what your personnel was like?

Michael Ahearn, PhD

[36:24]

I think I had two technologists and a secretary.

Tacey Ann Rosolowski, PhD

[36:27]

Oh, so it's still a relatively small --

Michael Ahearn, PhD

[36:30]

Yes.

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Chapter 4

A: The Administrator

The Need for a School of Allied Health Professions

Story Codes

A: The Administrator

A: The Educator

A: The Leader

B: MD Anderson History

D: The History of Health Care, Patient Care

C: Evolution of Career

C: Professional Practice

C: The Professional at Work

B: Education

B: Institutional Processes

B: The Business of MD Anderson

B: The MD Anderson Brand, Reputation

Tacey Ann Rosolowski, PhD

-- very small group, yeah. I guess I wanted -- maybe we could change, shift gears now and talk about some of your roles in developing the institution, because your interest because to bifurcate, I guess I would say, between the interest in the ultrastructural pathology, and then you became interested in really developing MD Anderson as an educational institution. And the major role, of course, that leaps to my mind is the creation of the School of Health Professions, and I'm wondering if you -- that took place in 1987, as I understand, it was formally created. Would you tell me what that process was like? When did someone decide, and who decided that this was needed?

Michael Ahearn, PhD

[37:29]

Well, we had had training at the Institution for many, many years -- in fact, from almost the inception of the \$\$ WHY CAPS? Institution. They had training programs because they needed to be able to train technologists to be able to meet attrition needs within the Institution. But there were programs -- I think at the time I remember only two basic programs; one was in histotechnology, which supported the pathology service, and the other was in what we call medical technology; it's now clinical laboratory sciences. But in those days it was medical technology that supported the diagnostic clinical laboratory, and these were programs that were in the departments. They had accreditation from professional organizations, but they were very loosely structured and did not have any academic base whatsoever. And in 1987, Jim Bowen, who was the Vice President for Academic Affairs, approached me and asked me if I would be willing to work in developing those programs and bringing them into the Office of Academic

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Affairs. Now, they were certificate based programs because Anderson could not award degrees, because in the initial formative legislation it actually said MD Anderson could not award degrees. And as I understand, it was a town and gown decision when Anderson, the formative legislation was done, in which some of the institutions -- I think particularly maybe Rice -- was concerned that maybe Austin UT was metastasizing to Houston, and so they thought to allay those fears they would simply say that Anderson was not to award degrees. They could do clinical training but not be degree training. So we brought them together as a collection of certificate programs, and by that time we had also radiation therapy, which had been a new area that Anderson had been very in the forefront of radiation therapy development with Dr. Fletcher here, and the development of the Cobalt 60 unit at Anderson. And so we brought those programs together as certificate programs, but with an academic structure in the Department or in the Office of Academic Programs. And then it became obvious that we really needed to be able to award degrees, and as we kept adding programs, by the time we became degree granting in 2000 we had some five academic programs. We had added cytogenetic technology to that, and also cytology.

Tacey Ann Rosolowski, PhD

[40:45]

Can I interrupt you just for a sec? Because one of the things I haven't really understood about the climate or context in which this is taking place -- so today, and actually for the past, I don't know, 10, 15 years, I think the general public is very aware that there's a lack of doctors and of nurses, but I guess I hadn't been aware that there was such difficulty in finding this kind of support staff, and were the reasons for the lack the same in 1987 as they are now, and...?

Michael Ahearn, PhD

[41:19]

Yes.

Tacey Ann Rosolowski, PhD

[41:20]

And what are those reasons?

Michael Ahearn, PhD

[41:21]

Well, allied health is some 200 different professions, and you hear a lot about the need for nursing and the shortages of nursing. Nursing is one profession, and it is well lobbied, and you hear a lot about the needs for nurses and physicians. You do not hear a lot about the allied health fields because each one is a separate field and they are not as well organized to make their presence known. A lot of the allied health training was taking place in hospital-based programs, and when third party payers came along hospitals found that they could no longer support the education efforts in their institution. In the mid 1970s, just as an example, we had over 700

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programs in medical technology. Today we have some 248, and the number of graduates has been precipitously dropping, along with those program closures. And the Bureau of Labor Statistics in the clinical laboratory sciences is saying by the year 2015 that we're going to need some 86,000 new people in the clinical laboratory sciences to take the place of individuals that are retiring for attrition need, and another 68,000 for all individuals that would be new opportunities, new employment opportunities. We're not producing nearly enough graduates to meet those needs. I mean, the total number of laboratory science graduates is about 4,700 annually in the US, so you can see there's no way we are going to meet those goals. It's going to be a limiting factor in the delivery of patient care. You don't hear a lot about it, but certainly individuals that are aware of the situation know what's coming, and that's the reason that most of us are trying to help the fields of allied health increase the number of students in order to be able to meet the needs of these people there. Many of them are hidden. They're behind the walls. You don't know who's doing all the testing on your specimens, laboratory specimens, who are delivering the radiation therapy, who are doing the diagnostic imaging. All of these areas are not really at the forefront. They're not touching the patient.

Tacey Ann Rosolowski, PhD

[43:55]

So tell me more about -- you were telling the story of how the school came into existence and then I interrupted you with that question more about the lack of allied health professionals, so tell me more about that, the story of setting up the school. You said that Jim Bowen wanted to have a conversation about doing this, and how did it work? What was the process of actually getting the school instituted?

Michael Ahearn, PhD

[44:22]

Well, for years we developed new programs -- as I said, they were all certificate based programs -- but even with certificate based programs you had to get passed through the Texas Higher Education Coordinating Board, so it was a process each time we developed a new program of being able to get approval from the Coordinating Board and then from the Professional Accrediting Body. But in order to sit for the Registry as these fields developed, they were requiring the baccalaureate degree, and what we had to do is we had to depend upon affiliations with other institutions that could award degrees. We provided the clinical training here at this institution, but their actual degree came from another institution, and that became a very awkward and limiting factor, not being able to control the degree part of this training, and so it was very obvious, particularly when Dr. Mendelsohn came on board, and he was supportive of the fact that if we were doing the actual training in the field that we ought to have our name associated with that. And so it required us going back and redoing the formative legislation, and it was House Bill 1314, which Representative Hochberg from the Houston area sponsored. But it took a lot of -- it was about a three year process, because any time you go back and undo some kind of legislation you have to explain to people why, because there's a natural tendency to

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“What’s going on here?”, you know, and “It’s been in existence all these years; what is the need for the change, and what are the fiscal implications going to be to the State in doing this?” And so it was an educational process that required many, many trips out to Austin with our Government Affairs Office, and certainly with the support of Dr. Mendelsohn, that was very heavily involved and having to take his time to go and appear before the Higher Education Committees in the House and the Senate in order to lend support to this. And then a lot of dealings with the legislative staff people, which -- the legislatures have a great deal on their plate, and they depend upon their staff to apprise them of what needs to be done and to listen to a lot of people like us that are coming with requests. And so it meant that we met with a staff of almost all the people in the House and the Senate, answering their questions and making their case. So it was a long process before we actually got the vote to be able to change the legislation to award degrees.

Tacey Ann Rosolowski, PhD

[47:40]

And how did you make your case? I mean, what were the points that you made?

Michael Ahearn, PhD

[47:45]

Showing the need for -- certainly, even back in those days we were seeing that we were not meeting the goals of what the professions were going to require for the general populace, and then the fact that we were doing the critical part of the training but were not being recognized for the effort that we were putting forth, because we were not able to have any sort of tuition. We could not charge for tuition and we could not get formula funding, so we were doing this training without any support from the State at all, and it was a burden on the institution as these programs grew, which they needed to do to meet the workforce demand, but we were having to do it out of just the revenues from the institution without having any State support at all.

Tacey Ann Rosolowski, PhD

[48:41]

So you received no revenues from the degree granting institution for providing the--?

Michael Ahearn, PhD

[48:47]

No.

Tacey Ann Rosolowski, PhD

[48:47]

Wow.

Michael Ahearn, PhD

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[48:48]

None. None.

Tacey Ann Rosolowski, PhD

[48:50]

That's pretty amazing! (laughter)

Michael Ahearn, PhD

[48:51]

Yeah, they collected the formula funding for the students. We did not get anything.

Tacey Ann Rosolowski, PhD

[48:58]

Was -- a question occurred to me a little earlier as you were describing the scenario; I'm wondering if -- was the education compromised at all, you know, having the students sort of institutionally based elsewhere and then having their experience at MD Anderson?

Michael Ahearn, PhD

[49:13]

They determined the prerequisite courses at the institution. We did not have any control over that. We could just control the curriculum that we provided here, and we certainly knew what we needed insofar as prerequisites, but many times the students that they sent us, we were not privy to say "This is not satisfactory," because it met their degree requirements and they were the ones awarding the degree. We were just providing 90 hours -- I mean 30 hours or 60 hours of clinical training.

Tacey Ann Rosolowski, PhD

[49:53]

I read -- I mean, on a slightly different subject, but related -- I read that John Mendelsohn wanted MD Anderson to be, the phrased used was a "full service academic center," and from your perspective, what did it mean really to the identify of MD Anderson to be able to grant degrees?

Michael Ahearn, PhD

[50:17]

I think up until that time MD Anderson was recognized as a cancer center, as a hospital, but had no academic basis whatsoever. I remember early on when we contacted the Southern Association of Colleges and Schools for regional accreditation, which you have to have in order to have transferable credit, and also to qualify for all Title 4 programs within the federal government, and so every academic institution has a regional accreditation in the United States. And when we first applied for that, we had a call from the representative from SACS that was assigned to MD Anderson saying, "You all have a real problem, because they said this morning

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when we had our staff meeting here in Atlanta, we were going around the table talking about the applicant schools that each one of the staff was assigned to, and when it came to MD Anderson and I said that, you know, MD Anderson is applying, and they said unanimously around the room, they said, "That is not an academic institution." So she said, "You're going to have a double burden, because you have got to convince these people that you are an academic institution." And I think that was the general feeling at that time, and I think Dr. Mendelsohn realized that, and it was going to be a little bit of an uphill battle, but it was one that in order to be an academic institution we needed to overcome. And it was the same thing with the graduate students. Anderson faculty were mentoring and supervising about half of the graduate students, and yet the degrees were being awarded by UT Health Science Center in cooperation with MD Anderson, but it was not an equal partner. And yet, our faculty was making up half of the faculty or more in the graduate school faculty, but we were not recognized for the effort. And I think, to Dr. Mendelsohn's credit, he recognized that this had to be changed.

Tacey Ann Rosolowski, PhD

[52:47]

Did not being recognized as an academic center put into question at all the quality of research or the quality of care? I mean, how -- I'm wondering if there was sort of an aura that academic lends --

Michael Ahearn, PhD

[53:00]

No, I don't think so, but I think we were training a great many people and providing, perhaps, some of the finest training there could be in the United States, but nobody was recognizing that because we were not recognized as an academic institution.

Tacey Ann Rosolowski, PhD

[53:16]

Just didn't have a, didn't have a label, basically.

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Chapter 5

A: The Administrator

Establishing the School of Allied Health Professions: Challenges and A Commitment to Excellence and Critical Thinking

Story Codes

A: The Administrator

A: The Educator

A: The Leader

B: MD Anderson History

C: Professional Practice

C: The Professional at Work

B: Education

B: Institutional Processes

B: Building/Transforming the Institution

C: Education at MD Anderson

Michael Ahearn, PhD

[53:18]

Yeah.

Tacey Ann Rosolowski, PhD

[53:18]

Yeah. So can we talk about the growth of the school? And maybe let's start this -- because you've served as Dean of the school since 1987, so when you took on that role, what was your philosophy about education and about developing this as a formal institution that would deliver educational products?

Michael Ahearn, PhD

[53:42]

Well, we were looking at some of the areas that were critical for workforce needs within the institution and where we might best put our resources, because they were small as we began the programs, particularly when they were backing certificate based programs and we were getting no State support whatsoever for these programs. We had to use our resources wisely, and so each program we added needed to have the backing of the clinical department that was associated with that profession in order to be able to help us financially support the programs. And that was the way they developed. It was piecemeal. As I said, by the time we became degree granting we had five programs. Now we have eight that cover most of what I call the meat and potato professions to make an institution run. That's not to belittle any of the allied health professional areas, but some are not as required for the everyday operation of an institution and a hospital patient care facility like the eight programs that we have. These are

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core programs that take, carry a major burden of the diagnostic in providing chemical services to our patients.

Tacey Ann Rosolowski, PhD

[55:10]

What were some of the first tasks that you had to take on when this school was formed? And thinking back to your relationship with -- Dr. Painter, is it? -- the stellar teacher, the pied piper teacher that you mentioned earlier, you know, were you thinking at all about that level of quality of educational delivery in the classroom at the same time that you're making decisions about what fields to train in?

Michael Ahearn, PhD

[55:39]

Well, for the excellence of the training I must tell you that when we started we had one classroom that was made up of Dr. John Shively in his office, and his outer office, where his secretary was, was a computer laboratory, and every student that entered into the classroom had to walk through that computer laboratory, which was -- as you might imagine, if it was an outer office area, it was very small. And everybody had to squinch their chairs up to let people move through to get into that one classroom, and being able to schedule lectures for three programs with one classroom -- it was a challenge. And we couldn't deliver quality programs that way, and so that was the challenge first, to get the physical facilities to be able to train adequately. The laboratory facilities did not exist. We were having to depend on our service laboratories to provide space for our training of our students, and as the Institution grew and as our numbers of students grew, this was an impossible situation, because we were intruding, really, on the patient care areas to provide laboratory space for our students. And although certainly they needed to have that exposure, they didn't need to have basic training in the area that was delivering patient service, because it was interruptive. And so we -- you know, those first years were involved in just providing the physical needs for the school in order that we could have quality instruction and education here. And I think that we were always -- the goal was to be the very best and to provide the very best, and certainly Anderson has always had that feeling that ours was the very best, but we did not have that insofar as the basic support structure for these educational programs at that time. We do now, we have the very finest, but in those days it was very difficult. And it was a stepwise process; it couldn't all happen at one time.

Tacey Ann Rosolowski, PhD

[57:58]

How many students did you start out with?

Michael Ahearn, PhD

[58:01]

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We had 35 students back at the time we became degree granting, and this fall we're going to grow 348 students, so there's been a tremendous growth in the number of students.

Tacey Ann Rosolowski, PhD

[58:17]

Can you tell me a bit about the process of getting the physical plant established for the school, and...?

Michael Ahearn, PhD

[58:25]

Well, there's always been a space problem at Anderson because we've always grown, and we've always outgrown the space before it was completed, you know, and so therefore it was difficult, because we had to wait for some laboratory to move out to a newer space, and then we would claim the old space. And so that was the way we grew. Now, of course, it's a different situation. As I said, some of the finest laboratories and classrooms based anywhere in the country, but in those days we had to take what was, sort of what was left, because there was such a need, first of all, for patient care, which has always been the primary goal in providing for that, and it -- education had to sort of take a little bit -- understandably so -- a second seat. But each time we gained something, it was something far better than what we had before, so we were always moving up, and that was the atmosphere that the faculty and the students felt. You know, we didn't have anything like this before. I remember we had -- we tried to schedule some of our classes in conference rooms, but once again, as Anderson grew the conference schedules did not allow us to be able to utilize the rooms as much as we needed to, and when we moved into the area that had formerly been occupied by the Nursing School and the Health Science Center Nursing School built their new building, and they had classrooms over in the Houston Main Building, which had been the old Prudential building, and that was the first time that we actually had classrooms. Before then it had been what we call conference rooms where we could move in and try to use for a couple of hours each day, but we actually, when we moved to the old Nursing School area, we had classrooms.

Tacey Ann Rosolowski, PhD

[1:00:36]

That's amazing to think about, you know, that that... That seems so basic to running an academic institution! (laughter)

Michael Ahearn, PhD

[1:00:40]

Yes! Well, you know, it was because we were building an academic institution within an existing structure that was pressed for space and resources for patient care, and as I said, we've always recognized that, and the institution has been very generous to us in supporting us and allowing for growth.

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Tacey Ann Rosolowski, PhD

[1:01:05]

Who were some of the other people who were involved in establishing the school?

Michael Ahearn, PhD

[1:01:12]

Well, I think all three of the -- Dr. Clark, of course, was a little bit earlier on, but he was nevertheless supportive of these early certificate programs, and then Dr.[Charles A.]

LeMaistre [Oral History Interview]

, who came to Anderson from the Chancellorship of the University of Texas certainly was aware of the value of education and was supportive. And then when Dr. Mendelsohn came and really made the big push to make that big hurdle -- I think that had always been something that people perhaps knew was going to require a tremendous amount of effort, and they didn't know at the time if it was going to be worthwhile doing, Dr. Mendelsohn jumped in and said, "We're going to do it," and so...

Tacey Ann Rosolowski, PhD

[1:02:03]

Who else was involved with you as you were visiting with people, you know, legislature...?

Michael Ahearn, PhD

[1:02:09]

Well, I think that the initial impetus was from Dr. Bowen to bring these programs and give them some sort of an academic structure initially, and then in each one of the leadership roles after that Dr. Margaret Kripke was the Vice President for Academic Affairs, and she was tremendously supportive. And then subsequently Steve Tomasovic, that you interviewed yesterday, has been a tremendous supporter of our academic programs. And the arrival, of course, of our first Provost, Dr. DuBois, he has continued that support. So we have always from upper administration had support for the academic programs here at this institution.

Tacey Ann Rosolowski, PhD

[1:03:00]

I noticed in some of the materials from the school that I was looking over, you had this phrase: "It's critical to think critically." And I'm a big supporter of critical thinking myself, I have to say, in academic settings, and so that jumped out at me, and it's very prominently displayed on most of your materials, so I'm wondering where the phrase came from at MD Anderson, and how you execute that mission to the critical thinking, and why?

Michael Ahearn, PhD

[1:03:34]

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Well, it's simply because in each one of these professional areas, that is what they're going to be doing from the time they graduate throughout their professional careers. It's critical thinking, because they're no longer going to be able to say the four reasons for this are ABCD. It's taking that knowledge and transferring it to the professional setting which they're working, whether it be in the clinical laboratory or one of the other areas, and we found through the years -- I don't know what it says about our educational effort, but at the undergraduate level so many students know how to memorize things very greatly, but they do not transfer that knowledge over to being able to solve problems, and problem solving is almost paramount in each one of these allied health professions. So I think that we developed that term "It's critical to think critically," as the Institution's quality enhancement plan for our regional accrediting. Regional accrediting bodies require you to have a quality enhancement plan that you work on, and for ours we discovered that since we were already very much concerned with problem solving and critical thinking that that was a natural area for our School of Health Professions. And the fact that we were finding more and more that the students that came into the school, when their prerequisites -- because we teach the last two years of professional training here at this institution. The first two years are done at other undergraduate institutions, and then the students transfer those hours in to this institution. We were finding students were less well prepared than ever, and so we have had to step up our efforts in how we can overcome that. We can't do remediation because our curriculum is so heavy already in the number of hours that we have to teach our students that we can't go back and re-teach the courses that they had had earlier, but that we could incorporate areas of critical thinking in our presentation of the professional curriculum in order to try to change this philosophy over from memorizing facts to being able to utilize facts to solve problems.

Tacey Ann Rosolowski, PhD

[1:06:18]

How does that happen in the classroom? I mean...

Michael Ahearn, PhD

[1:06:23]

In various ways. Rather than just being regular, didactic presentations of facts, the professor will stop and ask questions and get responses, utilizing response systems that we have now in our classrooms. All of our students are required to have laptop computers, and the classrooms are equipped where students can respond from their computers anonymously. They don't have to hold up their hand and be recognized. The faculty can say, "How many of you think A, B, C, or D is the proper way to approach this?" They can respond immediately from their computer and can see in the classroom how their peers are voting also because they can do histograms on the screen in front of the classroom, and the professor can also determine how well he's got a concept across. If he can see -- and he doesn't even have to project it, he can just look on his computer screen and follow the answers, and if he sees that a majority of the class did not get the concept then he can go back and repeat it again and emphasize it in a different way in order to

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get comprehension of that particular point that he was trying to make. He did have to wait until a test to be able to determine that, but it's that involvement of students in the actual process, and then interdisciplinary learning where we bring people from different professional areas together in solving problems that are presented to them, and each one of them has to use the skills of their profession, and it calls into play, what actually they will be doing when they get into the clinical areas of service; the problems that they're going to be confronting there. It lets them know early on, "I really don't understand the concept of this. I need to go back and get the facts." And so it's that constant interaction between the instructor and the student that -- and throwing out problems, rather than just giving facts, and depending on the student later to be able to utilize those facts to solve problems, actually bringing problem solving into the action classroom.

Tacey Ann Rosolowski, PhD

[1:08:53]

And interaction across disciplinary lines, too, and it's striking me that that's been a theme at MD Anderson from the very beginning.

Michael Ahearn, PhD

[1:09:01]

It has, and being able to train the students to be able to [fact?] that when they actually are in the professional area they're going to be interacting from one professional area to another. It's not just their profession; it's they're interacting with all the other clinical data that's coming in. So putting them in that in the classroom has been a very revolutionary area in our training, and certainly directed toward problem solving and critical thinking.

Tacey Ann Rosolowski, PhD

[1:09:33]

Have you -- what methods have you instituted to measure the effectiveness of these, this critical thinking model?

Michael Ahearn, PhD

[1:09:43]

Well, our Institutional Research Department does a lot of our testing of our students, and we have tests that actually measure, clinical thinking tests. One that we use here is the CAT test, Critical Assessment Testing, and students are given critical thinking tests when they enter the school and then when they graduate, and we look at the change in their... And of course, the critical thinking tests are utilizing knowledge not in any one particular professional area, but problems where they have to utilize the thought process of critical thinking, and we apply these when the students enter and when we leave we look at them, the growth, and there is tremendous growth. And our faculty are using this data to constantly go back and reevaluate how they can add more. We just had faculty that returned from a national conference in California on critical

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thinking, and so our faculty is constantly pursuing. Those that go to these meetings bring new, revolutionary things back to the institution that are being incorporated across the nation, and we adapt those, the best ones that fit our needs, here at this institution.

Tacey Ann Rosolowski, PhD

[1:11:06]

You anticipated one of my questions was, of course, it's always -- in many academic settings the faculty is complete, an individual faculty member is completely free to structure his or her classroom as he desires, but, you know, to have it as part of the institutional expectation that you integrate techniques to foster critical thinking or any other kind of, you know, complex cognitive goal, I mean, that's really very important.

Michael Ahearn, PhD

[1:11:35]

Yes, and our students are evaluated -- I mean, the students evaluate the programs and the courses every semester, institutional research. They evaluate the faculty and the course, and we pay a great deal of attention to those evaluations, and the faculty does, too. If there is a problem in the course or some particular aspect of the course, or a particular lecture that is not as effective, we take action on those to correct them, and to improve, because our goal is to constantly improve the education that we're providing.

Tacey Ann Rosolowski, PhD

[1:12:17]

When I was speaking with Dr. Tomasovic yesterday, he said that MD Anderson hires about 40% of the graduates from --

Michael Ahearn, PhD

[1:12:25]

Yes.

Tacey Ann Rosolowski, PhD

-- this program, and the rest go... Do you have a sense of where they're placed?

Michael Ahearn, PhD

[1:12:33]

Yeah. Only 10% -- well, truly 9% -- leave the state of Texas, and that's a ten year average. There's only 9% leaving the state. As Dr. Tomasovic said, the greatest majority fill attrition needs and growth needs within the Institution. About another 10, 15% are in Houston area hospitals, and then the rest in the state of Texas.

Tacey Ann Rosolowski, PhD

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[1:13:02]

Hmm. I'm just wondering if that helps continue to give you ammunition to justify to the legislature the importance --

Michael Ahearn, PhD

[1:13:14]

Yes, certainly, certainly. When you are -- only 10% of the students that you're training leave the state of Texas, 90%, 91% in the case of our school, are staying here in Texas, we're educating the Texans for Texans.

Tacey Ann Rosolowski, PhD

[1:13:30]

Texans and the health of Texas.

Michael Ahearn, PhD

[1:13:31]

Yes.

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Chapter 6

B: An Institutional Unit

A Virtual Radiation Therapy Machine: Innovative Education in the School of Allied Health Professions

Story Codes

A: Overview

A: Definitions, Explanations, Translations

B: Education

B: Building/Transforming the Institution

D: Technology and R&D

C: Professional Practice

C: The Professional at Work

C: Education at MD Anderson

Tacey Ann Rosolowski, PhD

[1:13:32]

Yeah. I've pulled this brochure -- actually it's your newsletter -- out of my pile because you mentioned something in your message from the dean page that just resonated with the image of when the school first started and kind of moving by chairs to get into some little room to hold these little classes, and here in one of the paragraphs you're describing a radiation therapy program, which is -- [now as you?]

, and I'm reading here from your message, it says, "Now incorporates a life size interactive teaching tool that simulates hands on training for our radiation therapy, diagnostic imaging, and medical dosimetry students. It's the immersive IVERT system, a rare projection virtual radiation therapy classroom, the first one to be installed in the United States," which shows how long you've come... I wonder if you could tell me more about this innovative teaching tool.

Michael Ahearn, PhD

[1:14:33]

Well, you have to see it to understand it. It is a virtual radiation therapy machine, a linear accelerator, with a patient on the table that you could put on the table, whether it's a whole patient or a particular section. We have thorax, the head and neck, whatever area of the body that you're interested in, and you can incorporate into that body CT scans. The body can be opaque and then suddenly you can make it transparent. You can see all the different organs. You can take the CT scans from an actual patient and the location of where the tumor is and place it into that patient laying on the table, and this is all in a virtual environment where the students and the instructor standing there. There isn't anything there. It's a vacant space, but they are seeing a table and a patient and a gantry all in the area. In fact, it's always interesting to see when there is being demonstrated that the students with the goggles on that are seeing this in the three dimension in front of them will actually walk around the table when they're moving to

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another side to get another view, and they could've actually walked straight across it, but it is so real that you feel like you're going to bump into the table if you move forward. But it allows so many advantages, because, first of all, we've never before been able to show the location of the tumor where the patient, I mean the student could actually see the patient's tumor in the body location in relation to the beam, because once the beam is turned on in the gantry and you design the treatment pattern, you can watch the beam and see how well with the multileaf collimator that you are treating the actual tumor area and sparing the other organs, like the spinal column and the other areas where you do not wish to get radiation, but you could actually visually see that, and students have never been able to do that before. And then, as the classes have grown, the only way we could do radiation therapy or any of our ionized radiation is to actually go into the treatment rooms, and we have some 20 linear accelerators here in the Institution. But as our patient load has grown, those treatment rooms are utilized from early morning to late night, so being able to get them free to be able to take students in and to utilize that equipment to do basic training has become harder and harder, and it interferes with the revenue stream of those instruments, because if you take one down to use for training, you're not delivering patient care. And then the treatment rooms are perfectly adequate for the delivery of treatment, but they were not designed as classrooms, so therefore the space involved, you could only have four or five students in there at a time. And when we had less than ten radiation therapy students that was not a problem, but now we have over 40 students of radiation therapy, and the need for their clinical training component has put a burden on the clinic, but now we're able to do all the basic training in classroom, utilizing a piece of equipment. And the students are using the pendant that is the same pendant that they will use in the treatment rooms to operate the gantry, to operate the table height, to do the laser markings on the patient for the particular therapy he's going to get. Everything can be duplicated in a classroom of 85 students that before we had to do four or five students at a time in a clinical treatment room. So the difference is just daylight and dark, plus the advantages of being able to see anatomy in the patient that we could never have seen before, because you can add the lungs, you can add the liver, you can add the spinal cord, the trachea. Whatever you need to add anatomically you can put into this mannequin that's laying there on the table that's a virtual mannequin, and you're seeing all of this, and then to take the same patient that they're going to see in the clinic later and put that CT scan and show actually where the tumor area is in a virtual system, it's... It's just amazing. I mean, it's the most wonderful teaching -- it's revolutionized the way we're teaching radiation therapy. And the dosimetry students, these are the students that use the physics and the math to calculate the port of entry, the level of dosage, what structures have to be passed through in order to deliver the right treatment dosage to the tumor area. Once again, before they have been operating in an opaque patient laying there, knowing the approximate location of the tumor, but really not being able to see it visualized, they can take their treatment plans and put it into this machine and actually see how effective they are in hitting the tumor that had before been hidden from them, but now is very clear with the CT scans that are in the patient while he's receiving the treatment. So it is tremendously helpful to all of our areas of radiation sciences.

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Tacey Ann Rosolowski, PhD

[1:20:25]

When was the simulator acquired?

Michael Ahearn, PhD

[1:20:28]

Last year. We had it installed in the fall of last year, and it was made possible by a gift to the Institution from the Kinder Foundation. And the piece of equipment, of course, is revolutionary, but the installation of it required a tremendous amount of physical alterations in the classroom in order to accommodate it, because the generator for the image creates so much heat that it had to have special air conditioning considerations made for it, and it was an expensive endeavor, but the Kinder Foundation very graciously provided that support for the Institution.

Tacey Ann Rosolowski, PhD

[1:21:13]

Is there some part of the School of Health Professions, some individual department that's charged with the mission of keeping up innovations and teaching tools of this sort?

Michael Ahearn, PhD

[1:21:25]

Well, each of the program faculty are very aware because of their professional associations and professional continuing education in their areas, they are very much aware of the very cutting edge, and that was the way we became aware of the virtual system was through our radiation therapy faculty, who had seen this demonstrated. It's made in the United Kingdom, and they saw a small demonstration of this at one of the professional meetings, and, knowing the pressures that we were under here, the limitations of the training for clinical areas for our students, brought this information back to us, and that was the genesis of the Kinder Classroom that we have now.

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Chapter 7

A: The Educator

Feeding the Pipeline of Health Professionals: The Outreach Programs

Story Codes

A: The Administrator

A: The Educator

B: Philanthropy, Fundraising, Donations, Volunteers

B: Education

C: Professional Practice

C: The Professional at Work

A: Professional Values, Ethics, Purpose

B: Beyond the Institution

Tacey Ann Rosolowski, PhD

[1:22:13]

Now, I've never heard of the Kinder Foundation. Can you tell me a bit about that?

Michael Ahearn, PhD

[1:22:18]

The Kinders are a member of our Board of Visitors, and they have a foundation, and they were very interested in making a contribution to the education, and when we presented them with the possibilities of incorporating this virtual system into the Institution, and they very graciously decided that this would be a good investment.

Tacey Ann Rosolowski, PhD

[1:22:43]

It sounds really exciting --

Michael Ahearn, PhD

[1:22:45]

The Institution has been supported by outside philanthropy very generously.

Tacey Ann Rosolowski, PhD

[1:22:51]

Yeah. I... Is there a way in which the School of Health Professions communicates these kinds of exciting things to the rest of MD Anderson that's...?

Michael Ahearn, PhD

[1:23:03]

Well, certainly from the newsletter that we put out, and --

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Tacey Ann Rosolowski, PhD

[1:23:05]

From the newsletters, yeah... I wasn't aware -- is this -- so this is a system-wide newsletter? It's not just for the School of Health Professions?

Michael Ahearn, PhD

[1:23:13]

No, no, no, it's institution-wide. In fact, it's almost system-wide, because it's mailed outside the institution, so...

Tacey Ann Rosolowski, PhD

[1:23:21]

OK. It was... I wasn't sure how this particular newsletter was used, so that's great. Is there anything else at this point that you'd like to tell me about the School of Health Professions and your hopes for it?

Michael Ahearn, PhD

[1:23:40]

Well, I suppose that's simply the fact that we are continuing to grow and to meet, try to meet the workforce needs, and that is going to continue to be an uphill struggle. As I said, the allied health fields are not well known, and it's a constant education effort. We reach out through our recruitment efforts to colleges and try to inform students of these wonderful opportunities, professional opportunities within the allied health arena. Most of the time they do not have any knowledge of these fields before someone has approached them about it from our school.

Tacey Ann Rosolowski, PhD

[1:24:28]

Does that dovetail, too, with...? It seems as though the US in general is in a kind of crisis of science education. You see in the news initiatives to try to get young kids interested and feeling competent in math and science so they will go on and continue. Is that -- do you see that as part of...? Is that kind of a cultural dimension to the challenge that's being faced in the allied health professions?

Michael Ahearn, PhD

[1:24:54]

Well, it's one that we've recognized, and you mentioned it earlier about our outreach efforts, which we bring students and science educators into the Institution for that very purpose, because many times young people do not have any idea of the different science applications within an institution like MD Anderson, or any of the other health care areas. They know what a nurse does and they know what a physician does, but they have no knowledge of the other support

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areas, and they may be very good at mathematics but have never thought that the role that biomath plays within an institution like MD Anderson. So these summer programs where we bring students in, beginning at the time that they are in that transition between secondary education and their first undergraduate year, during that time we think is a very critical time in making decisions regarding their professional goals, so we bring students in at that time. We also bring college students in that we may have missed in the high school program, and then we bring in medical students to actually let them see professional areas that we would hope that they would consider entering related to oncology. And then in order to sort of get the word out to more students than what we can bring into the Institution, we bring in science educators from secondary schools across the state, and they spend time here each summer. We do it in concert with the high school program, the King Foundation program, where we bring students in. They - it's an eight week program, and then the last two weeks of the program we bring the science educators in, and the students get to reverse the role. They've always been taught by the teachers, and now they get to teach the teachers, because in those two weeks' time the teachers are able to incorporate and benefit from the research efforts that all those students have been doing for eight weeks and benefit from their knowledge. It's also wonderful for the students because if you don't understand something you can't teach it to someone else, and so it's a realization: do they really understand what they've been doing for these first six weeks while they've been here at Anderson. And it's a wonderful process, very symbiotic, and so each one supports the other in a very valuable way, because the teacher can say, "Well, did you ever consider this? Because you remember we learned this back in the classroom." And so it works to the advantages of both groups, but it allows the teachers to stay abreast in their particular teaching discipline of cutting edge technology, which makes science interesting in the classroom. They learn techniques here that they can take back and apply in the classroom that can make the subjects more interesting than they ever would have been if they had been just depending upon the textbook to provide the information. They can --

Tacey Ann Rosolowski, PhD

[1:28:09]

Which will certainly help retention, too.

Michael Ahearn, PhD

[1:28:10]

And then it increases the image of the teacher, because the student sees that the teacher understands that we... When we first started the program we looked at some cutting edges, and we queried teachers about, "Are you teaching in this particular area?" And we found that they were not. They were reluctant to do so: not because they couldn't read the information that was being provided, but they were insecure in answering the questions, because they couldn't -- they didn't have the depth. After being here and understanding the depth of the particular field, they're perfectly comfortable to incorporate it within their didactic presentations and laboratory presentations at school.

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Tacey Ann Rosolowski, PhD

[1:28:57]

Let me just give the name of that program. This is the Carl B. and Florence E. King Foundation Summer Program in Biomedical Sciences for Graduating High School Students.

Michael Ahearn, PhD

[1:29:09]

Yes.

Tacey Ann Rosolowski, PhD

[1:29:09]

That's correct.

Michael Ahearn, PhD

[1:29:10]

That's the high school program.

Tacey Ann Rosolowski, PhD

[1:29:11]

Yeah, and what was the date that that program was instituted?

Michael Ahearn, PhD

[1:29:16]

Back in 1986.

Tacey Ann Rosolowski, PhD

[1:29:18]

1986. And who did you work with in creating that program?

Michael Ahearn, PhD

[1:29:26]

A gentleman by the name of Mr. Carl Yeckel, who was the first -- he was our first contact. At that time Dorothy King, the daughter of Florence and Carl B., was the President of the Foundation, but the person that was actually out in the field and that we met with initially was Carl Yeckel. He was the son of one of the King Daughters, Jane Yeckel, that he ultimately, after Dorothy King expired, he became the President of the Foundation. But they were very generous in realizing -- they had always been directed toward education, but this was a program that was not duplicated anywhere in the state, and they generously funded and established an endowment that is funded. And then from that program our teacher or science educator program was funded

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by Jane Yeckel, Carl Yeckel's mother, and father. Phil and Jane Yeckel funded the Michael J. Ahearn Summer Workshop for Science Educators.

Tacey Ann Rosolowski, PhD

[1:30:37]

Now, how did you -- why did you get interested in high school students? And also later on, I've noticed -- and we'll talk about this -- the programs that you've developed for younger kids, as well? How did you get interested in that?

Michael Ahearn, PhD

[1:30:53]

Well, I think anyone in education realizes, as I said earlier, the pipeline concept that Dr. Painter had initiated earlier, and that had been reinforced by Dr. Clark. Because Dr. Clark always said law offices bring in summer interns, business brings in summer interns, and he said that we need to in the health area have summer interns also to expose bright, young people to the career possibilities in these medical and health science fields. And so I think that was the area. And we found, too, you know, students used to -- the first two years of colleges were pretty much the same, and then they decided upon a professional major in their last two years. But as colleges have evolved, students from the very first year almost need to know what their area is in order that they can take the proper prerequisites or by the time they reach a junior year they can't enter some of these areas simply because they don't have the proper prerequisites. So we think that it was important to expose them early on to some of these careers in order that they could get advice on what courses if I'm interested in this field should I be taking during my undergraduate years, and these are areas that perhaps, even though college advisors are very well placed, they don't have the knowledge of the field, as it is evolving constantly, that someone working, say, at the Anderson has in what you need in order to be able to pursue this profession today with changing technology and the requirements that needed to be. So not only did they get exposed to this, but they had the benefit of the knowledge of their mentor telling them, "Look, if you're interested in this area, here's what you need to really concentrate on during your early undergraduate years."

Tacey Ann Rosolowski, PhD

[1:33:03]

We're almost out of time for today, and maybe this is a good place to stop, and then we'll resume talking about some of the summer programs and some of your other educational initiatives tomorrow when we get back together.

Michael Ahearn, PhD

[1:33:17]

(inaudible)

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Tacey Ann Rosolowski, PhD

[1:33:17]

All right, well thank you. It's 20 after 12:00 and I am turning off the recorder.

Michael Ahearn, MD

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Chapter 00B **Interview Identifier**

Tacey Ann Rosolowski, PhD

[0:00]

...for today, thought we've kind of partially done that. I'm Tacey Ann Rosolowski, interviewing Dr. Michael Ahearn at the University of Texas MD Anderson Cancer Center. This is the second of our interview sessions. It is August the 3rd at 10:35, and this interview is taking place in Dr. Ahearn's office in the School of Health Professions. So I wanted to thank you for giving your time today at this very busy time of year when your students are getting ready to graduate.

Michael Ahearn, PhD

[0:30]

Yes.

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Chapter 8

B: Building the Institution

The Rosalie B. Hite Fellowship and Other Programs for Students

Story Codes

A: The Administrator

A: The Educator

B: Philanthropy, Fundraising, Donations, Volunteers

B: Education

C: Professional Practice

C: The Professional at Work

A: Professional Values, Ethics, Purpose

Tacey Ann Rosolowski, PhD

[0:32]

(laughter) And yesterday we ended up our time together talking about some of the educational programs that you founded: the King Foundation summer program for high school students, and then there's also the Michael J. Ahearn Summer Workshop For High School Science Educators, and you spoke a bit about that, and then the Rosalie B. Hite Fellowship Committee to support graduate students in cancer research, and I think that was the one program we didn't touch on. I'm wondering if you'd like to tell me about how that started and what the mission of it was.

Michael Ahearn, PhD

[1:09]

Well, the Rosalie B. Hite Fellowship was a bequest of Rosalie B. Hite, which was a Houston native that passed away and left the money to the University of Texas with a stipulation that it should be for cancer education, and it became a System-wide fellowship program back in I guess maybe early '50s. And Dr. Clark was a member of the Fellowship Committee, and Dr. Clark felt that since Mrs. Hite had been a Houston native, and the intent of the education program was cancer, that it should be administered through MD Anderson rather than the University of Texas system in Austin. There was some reluctance to that, and it was about a ten year process in which Dr. Clark had the original trust document that established the Fellowship, looked at by the original law firm, and finally -- in fact, I think Dr. LeMaistre was the Chancellor at the University of Texas system at the time, that it was transferred back to MD Anderson. But there were some stipulations -- Dr. Clarence Oliver had been the Chairman of the Rosalie B. Hite committee in Austin, and it was transferred, when it was transferred back to MD Anderson, Darrel Ward, a professor of biochemistry here, became the Chairman, and he served for a number of years, and then Dr. Bowen, Jim Bowen became the Chairman of the Rosalie B. Hite Committee. And when Dr. Bowen left in '94, I became the Chairman of the Rosalie B. Hite Committee. When Dr. LeMaistre retired and Dr. Mendelsohn came, in '96 I believe, everybody,

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of course, that had presidential appointees turned in their resignation and then Dr. Mendelsohn subsequently asked if I would remain on that capacity, and I have up until the present time. It's a fellowship that used to be pre- and post-doctorate fellowships for graduate students that were registered in our school, graduate school of biomedical sciences, and they submit research proposals for their doctorate degree, and the Committee, which is composed of both MD Anderson faculty, UT Health Science Center faculty, faculty from the main campus in Austin, and then someone that's in an academic role outside the UT system (inaudible) membership of the committee.

Tacey Ann Rosolowski, PhD

[4:19]

How has the, how has the program evolved? Has its focused changed, or the type of research funded?

Michael Ahearn, PhD

[4:28]

Well, the focus has changed because when it first started the fellowships were \$2,500 a year, and that was when it was a pre- and post-doctoral fellowship award. Now the awards total about \$31,000 a year, so it has become a pre-doctoral fellowship. And this year I think we've got 24 applicants from the fellowship, and we meet on Friday, and probably will select four students. It's given for a three year period, and so you've got a continuum of people that are already on the fellowship, and then we add new ones each year. The interest on the money allows us to put about three or four students per year in the fellowship, and then those that are rotating off that have served their three years, or see the fellowship for three years.

Tacey Ann Rosolowski, PhD

[5:26]

How have you tracked the careers of the individuals who have had this fellowship?

Michael Ahearn, PhD

[5:32]

Well, since the competition is pretty tight, the careers are usually very spectacular. You know, the individuals that receive the Rosalie B. Hite -- which is considered sort of an honor fellowship -- have been very good. I mean, all of them are productive research people, scattered by now all the way across the United States and even foreign (inaudible).

Tacey Ann Rosolowski, PhD

[5:59]

I wanted to go back, if you don't mind, to the King Foundation summer program, kind of for the

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graduating high school students, because I was wondering how that program worked in the sense of how do you select the students who are going to participate in it.

Michael Ahearn, PhD

[6:14]

Well, we receive nominations from high schools throughout the state of Texas, and I think this year we received about 470 or 80 nominations from high schools in the state of Texas. Each school is limited to one nominee, and the reason we do that is because we're trying to cut down on the number of applications, because the committee, if we just had it open we would have thousands of applications, and we only are able to award 20 positions. So it's a faculty selection committee here, and they're donating their time, and it even now requires a great deal of time to select the final 20 students. We limit each school to one nomination, and the students then are notified that they have been nominated by their school, and then they complete an application, submitting their high school grades, which is one area of consideration, a letter of intent why they want to participate in the program, and then letters of recommendation, and once those are received the committee evaluates and tries to select the 20 top students.

Tacey Ann Rosolowski, PhD

[7:32]

Are there any plans to grow the program so we can serve more students?

Michael Ahearn, PhD

[7:38]

Probably not, and I'll tell the reason why is because this year we have over 120 students participating in academic programs for the summer, and those are both King Foundation programs, and several grant programs, the CURE program, and there's a CIPRIT program that Dr. DuBois has. The faculty is fairly well saturated with these summer students that are coming in, in addition to the graduate students and the other educational obligations that they have. So I think right now the number has grown considerably. Initially we only had the King Foundation program. I subsequently received this CURE funding, which is a federal program - Continuing Umbrella of Research Experiences -- for underrepresented minority students, in which we bring in eight students at high school level and eight at the college level. In addition to that, there is a college and a medical school program that each bring in 12, and then, as I said, other faculty members have programs, (inaudible) programs where they're bringing in students, too. So we're pretty well, at the present time, saturated in the Institution for the summer.

Tacey Ann Rosolowski, PhD

[8:59]

The name, again, of the program that Dr. DuBois administers? CIPRIT?

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Michael Ahearn, PhD

[9:04]

CPRIT [Cancer Prevention and Research Institute of Texas]

It's the Texas grant program from the cigarette...

Tacey Ann Rosolowski, PhD

[9:12]

I'm not familiar with it, so that's why I'm asking.

Michael Ahearn, PhD

[9:14]

Well, there was a, there was a... And I'm trying to think exactly how to say this. The cigarette companies had to pay the State of Texas a certain amount of money, and that was put into a program that is for prevention, cancer prevention.

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Chapter 9

A: The Educator

Creating Project SAFETY [Sun Awareness For Educating Today's Youth

Story Codes

A: The Administrator

A: The Educator

B: Philanthropy, Fundraising, Donations, Volunteers

B: Education

C: Professional Practice

C: The Professional at Work

A: Professional Values, Ethics, Purpose

B: Institutional Mission and Values

C: Patients

C: Human Stories

B: Beyond the Institution

B: MD Anderson and Government

Tacey Ann Rosolowski, PhD

[9:33]

OK, now I recall the situation. OK, the acronym didn't connect for a second. Well, since we're broaching the subject of preventative questions, I wanted to turn to that, because a good part of your career has been involved, too, in setting up programs to educate people about cancer and cancer prevention, and I wanted to first talk a little bit about the history of that movement at MD Anderson, because then Dr. in -- excuse me -- in 1979 Dr. LeMaistre established the only department of cancer prevention in the world, and I was reading Dr. Olson's book, *Making Cancer History*, and he said at this period of time that was a pretty unusual move, because the thinking about cancer prevention was fairly rudimentary. So I'm wondering if you could set the context a little bit and tell me your perspective on in the late '70s and the '80s what the thinking on prevention was, and then how you responded to that with your own programs.

Michael Ahearn, PhD

[10:46]

Well, I think you pretty well said... During that period of time I think that we turned some of our direction away from trying to cure cancer into trying to prevent cancer, and in the summer programs it was sort of the natural attrition, because we had these summer students in at the high school level, and I noticed that so many of them arrived with blistering sunburns, and during the time they were here on the weekend they'd come back on Monday morning blistered, and information began to come available that blistering sunburns during adolescent years could trigger (inaudible) development of melanoma, which is the more deadly of the skin cancers, and

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it was the episodic blisterings that seemed to be the key. And so we saw young people, and we would talk with them, but they had absolutely no idea the kind of risk that they were running, because it's pretty well established now that you get your lifetime risk for melanoma prior to year 18, so it's these students that right at the time they were coming in here was a perfect time to approach them. So we started in our summer program, in the enrichment series, and doing a cancer prevention, a skin cancer prevention module for them, but we realized that we were catching them at the very end of the time and that we needed to move back into middle school and elementary school, so we developed a model for the high school teachers to provide education on cancer prevention in their science classrooms, and that was Project SAFETY, or Sun Awareness For Educating Today's Youth, and --

Tacey Ann Rosolowski, PhD

[12:39]

And that goes from fourth grade to twelfth grade, too, isn't that correct?

Michael Ahearn, PhD

[12:42]

Yes, yes.

Tacey Ann Rosolowski, PhD

[12:43]

OK, mm-hmm.

Michael Ahearn, PhD

[12:44]

So we had a module that started out as a boxed unit. I think one of them is up there.

Tacey Ann Rosolowski, PhD

[12:48]

Oh yeah, there it is. It's in a box and it's got a bright --

Michael Ahearn, PhD

[12:52]

That was the elementary module

Tacey Ann Rosolowski, PhD

[12:52]

For the recorder, I'm just saying it's got a bright yellow thing on it with a sun! (laughter)

Michael Ahearn, PhD

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[12:56]

Yeah. We had three modules at that time: one for elementary, one for middle school, and then one for high school. And it had 35-millimeter slides, a video tape in it that talked with the students that teachers could actually use, and then a lot of visuals that could be used with an overhead projector, and that was the primary -- and then a teacher's guide, too.

Tacey Ann Rosolowski, PhD

[13:29]

Now when, when did that project actually start? Do you remember when the first boxes went out to the teachers?

Michael Ahearn, PhD

[13:35]

Gosh... It was in the... It was in the mid-'80s, I think.

Tacey Ann Rosolowski, PhD

[13:44]

In the '80s. OK. And what was the response? I mean...

Michael Ahearn, PhD

[13:48]

Very good. It was an expensive unit to produce. I mean, we had to, you know -- you can look at it and see the component parts.

Tacey Ann Rosolowski, PhD

[13:58]

You were doing multimedia.

Michael Ahearn, PhD

[14:00]

Yes, we were doing multimedia. It soon became the idea that it was popular and we couldn't keep up with the demands, so we took the VCR and changed it into a DVD, and it could be just done, you know, all the visuals, and what -- there was another reason is simply because schools no longer had slide projects. That sort of went out with the computer area. And then the VCR units, they didn't have those anymore, so we needed to get into a cheaper way of producing them, and that way we could put all the slides and everything that we had had in that big box in just a sleeve inside the teacher's guide, and it was easier to transport, it was cheaper to mail, so it was a much more feasible unit. The Texas Cancer Council, which was the predecessor for the CPRIT here in Texas, we got a grant from them to supply these units to all the schools in the State of Texas, and once they got out in Texas, neighboring states started seeing them, because

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teachers were talking at meetings about Project SAFETY. And then it was necessary to try to supply some of those for out of state. We tried to get cost recovery out of it by selling them at the out of state. And then the Institution's Advance Team, which is a philanthropic area in the hospital in which we have outside individuals that support initiatives at Anderson, and they decided that it would be good, since we know that in the Sunbelt area, which is latitude 46 below, the incidence of skin cancer is one in three, and then in the rest of the United States it's one in five. They said, "Why don't we provide you with some funds to see if you can introduce the Project SAFETY unit in all 16 of those Southern states that are in the Sunbelt?" And so we accepted that challenge, and we did distribute about 46,000 units in the 16 Sunbelt states to schools. And we went primarily through the education agencies in those states, or some person that was Superintendent of Education for the state, or a leading figure in the state to endorse the modules to the teachers within his state system. And we just finished up in California, which was the biggest bite because there were over 9,000 schools in California that we had to supply the module for. And Senator Feinstein wrote a letter to the educators within the State of California endorsing the unit. That was just one person, but there were -- in each state we had a covering letter to all the educators in that state from a recognizable figure within the education area.

CLIP:

A: The Educator

B: Institutional Mission and Values

C: Patients

C: Human Stories

"The SAFETY Program for Kids Helps Teachers and Parents, Too"

Tacey Ann Rosolowski, PhD

[17:36]

Now just so I understand, are these various programs offered through the School of Health Professions?

Michael Ahearn, PhD

[17:45]

No.

Tacey Ann Rosolowski, PhD

[17:45]

OK, how does that work?

Michael Ahearn, PhD

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[17:46]

Well, this is just a pro bono, an interest of mine in prevention, and it's been very effective. You know, the letters that we've gotten back from teachers and students and family members that have been affected by Project SAFETY, which was primarily a message directed to the young people, one of them was from a high school principal. Seemingly they make observations of their teachers each year, and during the period that he was visiting in one of the classrooms the teacher was presenting the Project SAFETY unit, and in the Project SAFETY unit it talks about the different lesions and the importance of the ABCDs of detecting a lesion that can be melanoma, and he saw the slides that were being projected from the DVD and realized that he had a lesion like that on his back, and so he wrote us and said, "You all saved my life, because if I had not been in that classroom that day, I ignored it, you know, and up until that point I realize." And then there was another teacher that wrote and said that one of her students' father had what the student called "fisherman arms," and the student saw a lesion and went home and told his Daddy, "You've got one of those on his arm," and sure enough it was in April and there was a skin cancer awareness fair going on in his hometown that was offered by the local dermatologist, and he went, and sure enough it was a melanoma. So it was not only the students that got the information, but there was collateral knowledge transferred both to the families and to the administrators in the school that were actually using the unit themselves.

Tacey Ann Rosolowski, PhD

[19:42]

It also puts the school itself in a really interesting position of, you know, being, you know, part of delivering health care information, so part of the whole education, and that new mindset, basically, for primary and secondary schools.

Michael Ahearn, PhD

[19:57]

Yeah, and I think that it has changed a lot of the behavior in schools. A lot of the teachers said, "We never had any sun shade." And of course, they have to have physical education, and they scheduled it by the hour, and there were always those individuals that their time for physical education outdoors was 11:00, 12:00, 1:00, 2:00, all the hours where we're telling people to avoid the direct rays of sun. So a lot of the teachers have told us, "We got sun shade areas simply because of the information that you provided to us in Project SAFETY." So I think that it had a lot of effect in an audience that needed it. When we first introduced the module I had an invitation from some teachers in Midland and Odessa to come out and to give an introduction to a workshop that they were going to get science educators from the whole area, and we could just give an overview of Project SAFETY to them prior to their being able to teach it in their classrooms, so I flew out -- the airport is between Midland and Odessa, and I think in the morning I went to Midland, and in the afternoon to Odessa to one of these workshop areas that had been set up in a school. And when I drove up to the Midland school there was a campus

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there with a school, and it's kind of a barren area out there, and on the front of the campus, laying out in front on great big strips of aluminum foil, was all these girls in their bathing suits laying out all over the front of the campus. And so the teacher had told me, she said, "I'll meet you at the front door of the school." So as I stood there I said, "What is going on out here?" She said, "Oh." She said, "Friday night is the junior/senior banquet," and she said, "it's been raining here for three weeks and the girls are enhancing their tans for the junior/senior banquet." So I said, "Well, I am in the right place." (laughter) So she said the PE teacher had gotten the kitchen to give her these wide strips of aluminum foil, so it was like bacon frying out there on the campus in front of the school in the direct sunlight in midmorning, so...

Tacey Ann Rosolowski, PhD

[22:22]

Do you know if that's changed? Have they, have they...?

Michael Ahearn, PhD

[22:24]

Oh, well I'm quite sure, because the teacher was very chagrined when we started the workshop and she saw what they were doing, so...

Tacey Ann Rosolowski, PhD

[22:32]

Pretty amazing. That's... But I remember that from my own college years, you know, going and... I mean, I was educated up north so it was even more, catching those rare rays was even more important.

Michael Ahearn, PhD

[22:43]

Well, and we put iodine with baby oil on to enhance the effect of the sun, but too, you know, with the advent of these tanning booths, which they say are absolutely safe because they're using UVA radiation rather than a UVB, unfortunately this is not correct information, and young people believe the ad, so to speak, but in reality it's penetrating -- these rays are penetrating deeper into the dermis than the sunlight would normally do and destroying collagen and doing much more genetic damage than even the UVB radiation. They don't -- UVA doesn't burn you, but the effects of the radiation is really more intense insofar as causing genetic damage. And now, of course, the Environmental Protection Agency has listed UVA as a carcinogen. But still, there are no regulations on these suntan (inaudible), and you see them popping up everywhere.

Tacey Ann Rosolowski, PhD

[23:53]

Is there any way in which the tanning booths are integrated into your educational materials?

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Michael Ahearn, PhD

[23:58]

Yes, yes. It's very much addressed, because the young people are the ones that primarily use these [areas?]

.

Tacey Ann Rosolowski, PhD

[24:05]

Sure, sure. I know I've seen even on online, you know, you can get coupons from them popping up in your e-mail, and there's a real encouragement for people to use it. Are there any...? I've noticed that you authored an Action Plan On Skin Cancer for the State of Texas. Can you -- how is that related to these other projects, and can you tell me a bit about that?

Michael Ahearn, PhD

[24:32]

Well, I had approached the Texas Cancer Council to get the grants for the Project SAFETY, and --

Tacey Ann Rosolowski, PhD

[24:41]

So this also was in the early '80s probably, mid to early '80s?

Michael Ahearn, PhD

[24:45]

Yes, I think that the Action Plan was closer to -- it was in the '90s.

Tacey Ann Rosolowski, PhD

[24:52]

Oh, OK, OK.

Michael Ahearn, PhD

[24:56]

The Texas Cancer Council asked, after they had seen the work that we had done, if we, if I would chair a committee to do an action plan on skin cancer to direct them and other areas approaching the need for skin cancer prevention of Texas, and so we convened a group that was not only Anderson faculty in the areas of prevention, dermatology, but also people across the state that were interested, and formed a committee and developed collectively an Action Plan For Skin Cancer from the State of Texas.

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Tacey Ann Rosolowski, PhD

[25:41]

Who were some people that you worked with, specific individuals that you worked with to put that together? Was there anyone else from MD Anderson, or...?

Michael Ahearn, PhD

[25:48]

Oh yes, Dr. Duvic was here. Dr. Jim Bowen was on the committee. There were -- it was a committee of about 24 people. I can't remember all of them, but there... Dr. Margaret Spitz, I think, in epidemiology, and it was a large group of individuals. I could get the listing for you, but I can't recall all of them (inaudible).

Tacey Ann Rosolowski, PhD

[26:15]

So MD Anderson was strongly represented.

Michael Ahearn, PhD

[26:17]

MD Anderson was very strongly represented.

Tacey Ann Rosolowski, PhD

[26:21]

Is there anything else that you'd like to say about these various prevention programs? Anything you'd like to add?

Michael Ahearn, PhD

[26:31]

Well, we're coming out with a revised module, updated with more statistics that are recent, and it will be distributed within Texas this fall. Some 8,700 modules will be sent out to Texas teachers. These things sometimes have limited life in school. Teachers move and they take the unit with them, and so the school no longer has a unit, and so we've gotten a lot of requests for replaceable units, and so we decided that we would once again do a Texas distribution (inaudible).

Tacey Ann Rosolowski, PhD

[27:13]

Have you done any formal follow-up to see if the information is sinking in and really changing behavior in a long term way?

Michael Ahearn, PhD

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[27:22]

For utilization of the module -- of course, it's very different, though, because students are in a classroom only one year, and it's usually taught in the spring right before spring break. The educators tell us that that's the most effective time to do it, because students are going to be out, and that's the time that they head to the beach or other places that they're outside the classroom. And so the students are not in the same classroom the next year, so it's hard to do a follow up. What we have done is utilization of the module, and teachers reply back that they are using the module, and it's 100%. I mean, the teachers -- everyone that gets one uses it. Sometimes because of curricular demands, things that they have to teach -- it's designed to be presented in three one-hour lectures, but many of the teachers tell us that they have to compress that because they really only have one day where they can present it and not three class period days. Others do it in three class period days, but everybody is using it.

Tacey Ann Rosolowski, PhD

[28:29]

Well, it sounds like it's a well designed program and that it has that flexibility to fit into different kind of curricular settings, which is great.

Michael Ahearn, PhD

[28:38]

And we have a map of the United States showing the number of modules that are distributed. As I say, we purposefully distributed it in the 16 states, but it's amazing to see how many of the eastern states are using the module, too, and several hundred in New Jersey, New York, you know, all of the eastern states, the number of modules. These are modules that they paid for (inaudible).

Tacey Ann Rosolowski, PhD

[29:11]

So you are recovering some of the investment.

Michael Ahearn, PhD

[29:13]

We are. For out of state sales, particularly when it was funded by the State of Texas, it was for Texans, and so therefore if someone outside the state -- we just did cost recovery; we're not making a profit on it, but we did cost recovery on it.

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Chapter 10

B: Key MD Anderson Figures

Charles LeMaistre, John Mendelsohn, and Other Leaders

Story Codes

C: Portraits

B: Institutional Mission and Values

B: MD Anderson Culture

C: This is MD Anderson

Tacey Ann Rosolowski, PhD

[29:28]

Mm-hmm. I wanted to shift gears just a little bit, because it struck me yesterday when you were first speaking, when we first started the interview, you said that you had the privilege of serving under all three MD Anderson [presidents]

, which is very -- so that's Dr. Lee Clark, Charles LeMaistre, and the most recent and now outgoing President, John Mendelsohn, and that's just a very unique situation among the people that I will be interviewing, and so I wanted to ask you a bit to reflect on similarities and differences in their vision, their styles as leaders, what you believe they accomplished. You talked a little bit about Dr. Clark yesterday, but I'm wondering if you could think about these three leaders or what they've offered.

Michael Ahearn, PhD

[30:22]

Well, the three people that have led MD Anderson, it's been a different institution each time. It's like parents that have three different children. They're different in their lifestyle. At the time, Anderson was different. When Dr. Clark was here, he was starting from nothing and building MD Anderson with a great vision of what it would become. When Dr. LeMaistre came along MD Anderson was different but he still picked up and supplied what MD Anderson needed at that time, which was --

Tacey Ann Rosolowski, PhD

[31:00]

And what was that, under his leadership?

Michael Ahearn, PhD

[31:01]

Well, it was, it was a growth in a different way. We had been concentrating earlier on just the basic necessities, and Dr. LeMaistre, having come from the chancellorship of the UT system, was more education oriented, and many programs came in, as you mentioned, prevention

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programs, because the knowledge base in cancer was changing with each of these three presidents. And Dr. LeMaistre had a great interest in education and prevention, and prevention, and that joined in with patient care, which had been a primary concern when Dr. Clark was there was patient care. We added to the mission, you know, education and prevention to the mission, so -- and, of course, research and patient care had always been there, but that --

Tacey Ann Rosolowski, PhD

[31:56]

Did you know Dr. LeMaistre pretty well?

Michael Ahearn, PhD

[31:59]

Yes, yes. (inaudible) Dr. LeMaistre had the same charisma that doctor... I guess all three of our leaders had a great deal of charisma and believed in getting to know the faculty and the staff in the Institution, so...

Tacey Ann Rosolowski, PhD

[32:15]

What kind of man was he?

Michael Ahearn, PhD

[32:17]

Doctor...?

Tacey Ann Rosolowski, PhD

[32:17]

Dr. LeMaistre. How would you describe him as an individual and his gifts?

Michael Ahearn, PhD

[32:23]

I think that his primary strength was from organization, and having worked with the UT system, knowing the ins and outs at the state level for education, and I think -- as I said, he was visionary in bringing in prevention, I think, for the first time, really, and strengthening all the education programs across the institution. I think he was very aware of that. And then, of course, in '96 --

Tacey Ann Rosolowski, PhD

'96.

Michael Ahearn, PhD

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-- Dr. Mendelsohn came on board, and once again, a leader for the time. I think that Anderson has been blessed with three leaders that met the needs for the institution at that particular time.

Tacey Ann Rosolowski, PhD

[33:08]

And what was the need when John Mendelsohn took over the leadership?

Michael Ahearn, PhD

[33:13]

Well, I think continued growth, because the need for Anderson to expand their patient care services -- because we never have been able to keep up with the demand for the services here, and I think that we have had spectacular growth under John Mendelsohn's tutorage within the Institution and the kind of care that we can deliver, and of course his interest always has been individualized, personalized cancer care, and, of course, that's what he's going back to now as he steps down from the Presidency is personalized medicine. But I think the scope of the Institution has changed, and, of course, if you were asking a clinician this question they would probably be able to elaborate more. I have, my remarks have been primarily what I have seen from the educational side of the Institution.

Tacey Ann Rosolowski, PhD

[34:09]

Another name that comes up during the time when you first joined was Gilbert Fletcher, and I'm wondering about -- did you have -- what was your relationship with him?

Michael Ahearn, PhD

[34:23]

I did not know Dr. Fletcher directly. We were here at the same time, but he was revolutionizing radiation therapy, as a new tool to treat cancer, and was a very brilliant man. Certainly I've, you know... He had clinics in which he presided over the clinic in radiation therapy. I've attended some of those, but never actually worked with Dr. Fletcher.

Tacey Ann Rosolowski, PhD

[34:55]

Who am I missing from that period when you came to MD Anderson in the '60s? People that you worked really closely with and really respected but I don't know about, so I'm relying on you to tell me who were the big figures there.

Michael Ahearn, PhD

[35:09]

Well, initially with Dr. Clark I think that Murray Copeland was an individual that... They used

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to say that Murray Copeland and Dr. Clark, either one of them could write the letter and it would be absolutely identical. They worked very much in concert together. Dr. Copeland was a very colorful figure, but very instrumental in those early years at MD Anderson.

Tacey Ann Rosolowski, PhD

[35:40]

What were his primary areas of activity? What was he really interested in?

Michael Ahearn, PhD

[35:45]

Dr. Copeland, I think, was an orthopedic surgeon, but I think that his interest here and his contribution was all over the Institution. He was like a second hand to Dr. Clark, and really in getting federal funds Dr. Copeland could go to Washington and come back with the money in his pocket, so to speak, and there were always very interesting tales. Dr. Copeland was very much the Southern gentleman and very robust and rotund, a little bit, and they used to say that he could drink anyone under the table because of his (inaudible), that everybody else could get tipsy and Dr. Copeland could be conducting the meeting. (laughter)

Tacey Ann Rosolowski, PhD

[36:33]

Probably why he could come home with money in his pocket!

Michael Ahearn, PhD

[36:35]

Come home with money in his pocket.

Tacey Ann Rosolowski, PhD

[36:39]

Is there anyone else that I should be aware of from that time who was important in your mind?

Michael Ahearn, PhD

[36:43]

Oh, Grant Taylor was a pediatrician here, and really, I think, developed the Pediatric Department. There's so many others. I mean, I don't want to leave anyone out but, I mean, there was a wealth.

CLIP

C: This is MD Anderson

C: Personal Reflections, Memories of MD Anderson

C: MD Anderson Past

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B: Institutional Mission and Values

C: The MD Anderson Ethos

“A Place of Love and Care”

Michael Ahearn, PhD

[36:43]

+

Anderson has had some fantastic people on their faculty and administration through the years. We've been blessed. And they've all shared the vision. You know, I remember when I first came, you know, when you're establishing something, and I was trying to get the ultrastructure laboratory underway, I was here really late sometimes, 9:30 or 10:00 at night, and when I would leave sometime in the front -- the drive in the front on Bertner was a circular drive in the front, and that was the primary entrance to the Institution, and everybody went through the lobby to get into the Institution, and it was not a large lobby, not any larger than this office area complex down here, and that was the lobby for the hospital. And Dr. Clark would be down there, because they had benches built in around the wall that were seating area, and people that had family members in the hospital would many times be asleep down there on those benches at night, and he would be distributing blankets and pillows, and if there was an empty bed somewhere in the hospital that he could take them, he would carry them upstairs and put them to bed upstairs in the patient rooms that weren't being used. A very dedicated person and concern, and that kind of concern has never left the Institution, even though we have increased in size. The care and the love of people, the Anderson spirit has been there, and I think it's very unusual for an Institution to move from a small place like that with that kind of feeling and caring from the leadership all the way down to the present time, and I think you still see that, people that are trying and concerned and helping other people. And I hear that a lot from friends that come here. They said, "I was so surprised of the caring relationship that your staff and faculty have with the patients." It's... I think that's been something that we've been blessed with, and certainly has been nurtured by the administration of this institution.

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Chapter 11

A: Career and Accomplishments

Awards and Pride in the School of Health Professions and MD Anderson's "Pipeline of Caring"

Story Codes

C: Portraits

C: Human Stories

C: Offering Care, Compassion, Help

A: Career and Accomplishments

Tacey Ann Rosolowski, PhD

[39:27]

One of the questions I had thought of asking was if there was ever a danger of MD Anderson becoming too large. What do you think about that?

Michael Ahearn, PhD

[39:36]

I don't think so, because it has become very large from the couple of hundred that were here when I first came in '65 to over 18,000 now, and we've never lost it, and I think as long as that spirit is transmitted down to each generation that follows, Anderson will never become too large. Because as it grows, so does its heart.

Tacey Ann Rosolowski, PhD

[40:00]

That's a -- yeah, that's a lovely way of putting it. I had an interesting experience yesterday: I went to get a post office box, and I showed my MD Anderson ID, and one of the women at the post office told me a story about her aunt who came here and had her life extended by two years, and they had just recently buried her, but she was very positive, you know, that that extra two years was a beautiful two years for her, and she credited MD Anderson. So it's just neat, you know, all over the city and probably all over the state and the world.

Michael Ahearn, PhD

[40:30]

And I think there's a great deal of pride in the faculty and the staff in maintaining that. I know in the summer, bringing in just the summer program students, we always tell them because of the fact that they have a coat, that they're getting a lab coat, and they wear an MD Anderson badge, that when patients encounter them in the hallway they think that they're an MD Anderson staff person. And I said, "You know, they'll probably ask you 'Do you know how...?'" Because that's one of the things -- as we've grown, it's very difficult to navigate this institution because

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of the size, and so a lot of the patients are having difficulty, and they always ask, “How do I get to this elevator bank?” or “How do I get to this clinic?”, and I said, “You’re probably not going to know, but you can take them to someone that does, one of the nursing stations through the clinic area, and those people will be able to direct them.” But I think that’s the way we do with all new employees or anyone that comes into the Institution. Somebody takes responsibility for orienting them in the way of helping patients, and it’s just passed down through the years, you know, that hopefully we won’t ever get egg on our face by not responding in the way we should, and...

Tacey Ann Rosolowski, PhD

[41:55]

It seems like MD -- you were talking about the pipeline of education yesterday. It sounds like MD Anderson has a pipeline, as well.

Michael Ahearn, PhD

[42:01]

MD Anderson has very much a pipeline for the MD Anderson spirit (inaudible).

Tacey Ann Rosolowski, PhD

[42:05]

It’s interesting. I didn’t want to neglect talking about the variety of honors that you have received over the course of your career, and mentioned yesterday that on June 30th you were awarded the Presidents Award for Excellence, which, as I understand, is signed by all three of the MD Anderson Presidents, and then in addition, in 2007 you were named University of Texas System Distinguished Teaching Professor. In 2006 you were inducted into the University of Texas Academy of Health Sciences, and in 2002 you were inducted into the Texas Science Hall of Fame, and I’m wondering as you look back over these awards -- and there are others, too -- which one of those means the most to you, and why?

Michael Ahearn, PhD

[43:00]

Well, they were all -- I’m very grateful to receive all of those honors, and whether they were deserved or not is someone else’s judgment, not mine, but I think perhaps the President’s award was one that I was extremely pleased to receive. It was very gracious of Dr. Mendelsohn, because of the small number of individuals that have received that particular award, and it was a culmination of a career here at the Institution of trying to contribute in a number of different areas. And to be recognized for that, I think, was... The other, perhaps, that you didn’t mention was the [Regina]

Rogers Award that I received for Excellence in Education, and that is a peer selected group of individuals, and they’re always outstanding people in each of the areas. And I received that

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award in education, and I was -- that was (inaudible), because I knew Ben and Julie Rogers, and the Award had been established in honor of Ben and Julie Rogers, so I was pleased to receive that award.

Tacey Ann Rosolowski, PhD

[44:26]

And that was in 2002.

Michael Ahearn, PhD

[44:28]

Yes.

Tacey Ann Rosolowski, PhD

[44:29]

Mm-hmm. As you look back over your career, what are the things that you've participated in, accomplished that you hope will continue?

Michael Ahearn, PhD

[44:42]

That's a difficult question. The areas that I contributed in at each time I felt were important because I devoted a great deal of myself to them. I think perhaps the school now would be the one that I would hope to see continue to grow. We started and laid a foundation that I think we can build upon to form a very fine health professional school here at the Institution, and I think that the nucleus with the eight programs that exist now are the way we need to go, but there are going to have to be programs that are going to be added to that. We already have needs within the Institution that have been presented to us, that we need technologists in different areas that did not exist at the present time here, and I think that the basis -- the faculty has grown. We started out very small, but we're at a level now that I think we can offer [initial?] programs. So I think perhaps the school and the growth that that will take over the next five, ten, fifteen years will be very important. And as I told you earlier, because of the fact that we are not nearly meeting the workforce needs, I think it's going to serve this Institution very well, because we see people that are coming in with training elsewhere in certain areas where are not currently offering training that do not meet the workforce needs of this Institution as far as quality is concerned, and so I think that the graduates that we produce, they are trained the Anderson way is the way I always put it. They graduate on Friday and they start to work on Monday, but they're just moving around from one side of the bench to the other. They know every drawer, what size pipettes are in every drawer, and they know the standards that Anderson has, which are very high. And sometimes we can't from the general workforce market find individuals that have that same quality of training, because they were trained at Anderson, by Anderson faculty.

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CLIP

C: Portraits

C: Human Stories

C: Offering Care, Compassion, Help

“Caring for Tobias”

Tacey Ann Rosolowski, PhD

[47:13]

I had just a few final questions I wanted to ask you, which are really a little bit more about the person behind the Institution, because we've talked about all your institutional roles, but so I wanted to just get a little bit more of a sense of maybe what you do when you're not here, and I wanted to ask you about how you relax when you take time away from this very, very demanding job.

Michael Ahearn, PhD

[47:43]

Well, currently we have a miniature horse, Tobias, and his name comes from Tobia, which is Hebrew for “God is my good,” (laughter) and God really saved him. The school that is associated with a church that I belong to was going to build a library, and they worked on this for a number of years, and they always had an auction to raise money for the library, and they always had a parent that served at the auctioneer, and well meaning but not a professional auctioneer, and if something had been donated at \$350 they might sell it for \$100 because they just didn't know how to work the room, so to speak. And finally it came down to the point that they said, “If we don't raise the money this year we're not going to ever have the library for the school.” So they decided rather than having a parent serve as auctioneer -- it was during the time of the Houston Livestock Show and Rodeo, so they said, “We're going to get some professional auctioneers from the livestock show, so they'll come in here and know how to do it.” And then they decided that the smart way to do it was to have shills. If something was worth \$1,000, the shill would bid it up to \$1,000 to ensure that we didn't sell a \$1,000 for \$250. So on the night of the event -- it was in one of the hotel ballrooms here in Houston, and the first item on the auction list was a miniature horse, and they had the actual horse there in the ballroom, and we had finished dinner, and they paraded the horse around the dance floor of the ballroom, and the bidding started with the professional auctioneers. And I did not realize this, but they had been bringing that horse to the school every morning for a week, and as the parents brought the children to school they saw the horse there, and every kid wanted the horse, so when the bidding started it was -- everybody in the ballroom was bidding on the horse, and it was easy to just keep pushing the level up. Well, finally it got to a point where there were just two people bidding, myself and a gentleman that was all the way across the ballroom at a table that I couldn't see, but every time I would raise the bid he would raise it again. And someone came up and whispered in my ear and said, “That's Charlie Thomas that owns all the automobile dealerships in Houston,

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and he wants that horse for his grandchild.” So he says, “Just stick it up there really high.” So I did in the next bid, and there was absolutely dead silence from the other side of the ballroom, and the auctioneer had a great, big, long stick, and he pointed at me and said, “Sold!” Well, by that time my wife had her fingers in my ribs, (laughter) and saying, “What have you done?” Because I live in a high rise, and I didn’t have a place for a horse. But I told her not to worry, that I would donate the horse to another charity and we could take it as a tax write-off. But during the week, the place that they had carried the horse was a local stable, Blue Fox Farm here, and they only had big horses, and they had what they called two-board fences, and the horse, if they had put it out in the pastures there, could have walked under the bottom fence rail, so they couldn’t let the horse out. They had to keep it in the trailer. So she had to go out every day and feed the horse and take it out of the trailer and let it exercise around, and then at night put it back in the trailer. So at the end of a week she said to me, “Forget it, because I have bonded with that horse,” so we inherited the horse. Now we’ve had him ever since, but his care now has fallen on me, and so she picks me up in the afternoon, and it’s 14 miles out, and we drive out, and I take care of the horse. And so that has been my relaxation.

Tacey Ann Rosolowski, PhD

[52:29]

That’s a great story.

Michael Ahearn, PhD

[52:30]

Sometimes, you know... I feel like sometimes with the problems we have during the daytime that I shovel a lot of manure, and then (laughter) I can leave here and go out, but I said, you know, “That doesn’t talk back to me.” (laughter) But it is a relaxation, and just getting to be -- I’d been around animals all my life. We had dogs when I was a child, and my wife and I had had two little Dachshunds, but I’d never been around horses before. But it was a new thing, and when we first went out people said, “A horse is not like a dog. They don’t have the same affection for you. They’re traded back and forth and they have allegiance for whoever owns them at that point in time, and they’ll perform the task but they don’t have the same problems, I mean the same abilities that a dog does or a cat to have some affection for you.” But that’s wrong, and I saw that very quickly. It’s because those people rode their horses, and then they turned them over to a groom to wash them and put them back in the stall, but we’ve not had that same feeling with Tobias because we have to do it all, but he is just like a pet to us. And in fact, they had to put, develop a pasture for him with three board fences, which he can’t walk under, but they also had to build a special stall for him because he could, the big stalls he could walk out of. So he has his own little area, and it has a Dutch door on his paddock area, and at night when we are cleaning up to leave we shut the bottom door and leave the top one open, and he’s in the inner stall area, and he will not let us shut the top door to that Dutch door until we reach over the edge and hug him around his neck, and then he’s perfectly free to let us go. But he will

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stick his head in the door where it can't close until we have shown that little bit of affection before we leave. So horses are the same as any one of other God's creation. They have the ability to love and care for you, too. So it's been very rewarding, and it is a relaxing thing.

Tacey Ann Rosolowski, PhD

[54:58]

Well, thank you very much for sharing your time and experiences for the oral history project, Dr. Ahearn.

Michael Ahearn, PhD

[55:03]

Thank you.

Tacey Ann Rosolowski, PhD

[55:04]

I'm turning off the recorder now at 11:30.

END OF INTERVIEW

Michael Ahearn, MD

Interview Three: November 21st, 2011

Chapter 00C **Interview Identifier**

Tacey Ann Rosolowski, PhD

[00:00]

This is Tacey Ann Rosolowski. Today is -- my goodness.

Michael Ahearn, PhD

[00:09]

Monday.

Tacey Ann Rosolowski, PhD

[00:10]

Monday. Is it November 21st, already?

Michael Ahearn, PhD

[00:14]

Yes. Yes. Yes.

Tacey Ann Rosolowski, PhD

[00:14], *PhD*

I think it is. It is, indeed, Monday November 21st. And the time is 10 o'clock. And Dr. Michael Ahearn is with me this morning in Pickens Tower in the conference room at the Research Medical Library. And we're doing a follow up to some interview sessions that we conducted in August of this year. So thank you for coming back in. You retired at the end of August, isn't that correct?

Michael Ahearn, PhD

[00:39]

August the 31st, yes.

Tacey Ann Rosolowski, PhD

[00:40]

August the 31st, and you said you've been in California, traveling?

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Michael Ahearn, PhD

[00:43]

Yes.

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Chapter 12

B: MD Anderson in the Future

The Future of The School of Health Professions and the Summer Programs

Story Codes

B: Education

B: Beyond the Institution

B: MD Anderson in the Future

C: Education at MD Anderson

C: Funny Stories

A: The Administrator

A: The Educator

C: Professional Practice

C: The Professional at Work

B: Building/Transforming the Institution

Tacey Ann Rosolowski, PhD

[00:44]

Well, I wanted to do some catching up. And I realized that this is such an unusual period of time to be talking because not only are you -- you've retired. As you're thinking about the school of health professions, which you founded, there will be a new successor there.

Michael Ahearn, PhD

[01:05]

There is.

Tacey Ann Rosolowski, PhD

[01:06]

There is a new successor, and there's also a successor to John Mendelsohn, so there's a lot of change in the air. And is there one of those subjects you'd like to talk about first? The kind of change in the school of health professions, or would you like to talk about the -- more globally about the institution? Do you have a preference where to start?

Michael Ahearn, PhD

[01:26]

Well, you know I am not really familiar with the changes in the school. Because I've not had any connection with it since I left in August. And so I'm not really apprised to the changes that are taking place there, nor the institution as far as Dr. [DePinho's coming]

.

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Tacey Ann Rosolowski, PhD

[01:46]

Who is the successor when you (overlapping dialogue; inaudible)?

Michael Ahearn, PhD

[01:48]

Dr. Shirley Richmond.

Tacey Ann Rosolowski, PhD

[01:50]

Shirley Richmond, OK.

Michael Ahearn, PhD

[01:51]

Yes, she came from the University of Illinois. One of their campuses. And is a Texan that was transplanted to Illinois, and now has come back home again. Has experience here, she was Associate Dean at UTNV [??UTMB?] for a number of years.

Tacey Ann Rosolowski, PhD

[02:16], ***PhD***

UTNV?

Michael Ahearn, PhD

[02:17]

Yes, Galveston.

Tacey Ann Rosolowski, PhD

[02:21]

And what are your hopes for what she will work on, and eventually achieve with the school of health professions?

Michael Ahearn, PhD

[02:30]

Well, I think that it's a critical time in the school in the fact that there is a growth phase needed that I anticipate will take place over the next five years. And I think that probably some new programs. Two of our programs -- molecular genetic technology and medical dosimetry -- both are poised to go to the Masters degree in order to be competitive with other schools that are marketing these programs. And so the transition from a Baccalaureate to a Masters degree program will take place during her tenure. And that will be a major push. Also, during the next couple of years, we will have our SACS reaffirmation visit, which will take place probably 2014.

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And the preparation for that will be ongoing for a couple of years prior to the arrival of that time so.

Tacey Ann Rosolowski, PhD

[03:40]

And SACS is the?

Michael Ahearn, PhD

[03:42]

Southern Association of Colleges and Schools. (pause) So those are big projects that are on the horizon. And I think it was a very opportune time for her to come because she and the faculty will be -- have time to get the Masters degree programs ongoing. And then be able to incorporate that into the self-study for the reaffirmation visit.

Tacey Ann Rosolowski, PhD

[04:16]

Do you know her personally?

Michael Ahearn, PhD

[04:18]

Yes, I had met her professionally at Deans meetings through the years. And I think she was an excellent candidate for the job.

Tacey Ann Rosolowski, PhD

[04:28], ***PhD***

How do you think her leadership or management style compares or differs from your own?
What does she bring?

Michael Ahearn, PhD

[04:36]

Well, she comes from a larger school. I think that there were some 3,400 students in her campus. And she's coming to a much smaller program, but more concentrated. The program that she was leading had everything from hotel management, which is an allied area, but not necessarily health related. She's moving into a program. She is a medical technologist by training, and I think that the real plus for our opening here to her was the fact that we were all in the health professions area either in the clinic already launching sciences. But very concentrated core field of study that is necessary, as I said, always the meat and potatoes of the healthcare team.

Tacey Ann Rosolowski, PhD

[05:38], ***PhD***

Now you mentioned that there are these two programs that were poised to evolve. But you also

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said that the school in general is poised for change. What are the other dimensions of that, that you've seen?

Michael Ahearn, PhD

[05:48]

Well, just growth that will take place.

Tacey Ann Rosolowski, PhD

[05:49]

Just growth. In terms of more students, more --?

Michael Ahearn, PhD

[05:51]

More students, there will be space needs that will need to be met. When we moved into our present location, the classrooms were perfectly adequate for what we anticipated to be a four or five year growth period. But I think that they'll be planning for the future, and that will have to be where the school is going to go, or how they're going to handle the growth phases as far as the classroom size, and allocation of classroom spaces.

Tacey Ann Rosolowski, PhD

[06:21], PhD

Do you think that Dr. Richmond brings anything special because she's a Texan, and understands?

Michael Ahearn, PhD

[06:27]

Yes, I think that her dealings and experience with the Texas higher education coordinating board will be invaluable as we move these programs into the Masters degree. Because they'll have to be substantive degree requests that will be followed through. And I think that she'll be able to steer the faculty in preparing those requests. And then the proposal through the board of regions, and then the Texas higher education coordinating board so.

Tacey Ann Rosolowski, PhD

[07:00], PhD

As you kind of envision what the future would be, the School of Health Professions in five years and ten years, I mean what do you see? And maybe not even realistically, but fantasizing what it could be.

Michael Ahearn, PhD

[07:14]

I think simply meeting the demands, not only of the state, but the nation. Because many of our

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surrounding states have no programs in these disciplines. And so there's going to be a great attraction to pull our students. Right now, some 92% stay in Texas. But that's going to become more competitive because other states are going to be after our graduates. And so in order to meet the needs of the states, the programs are going to have to grow. And we're going to see a great push for some of these professions in the years ahead. And so I think that anticipating that growth is going to be exciting to handle. Which means the faculty's going to have to grow, space is going to have to grow. It's an exciting time.

Tacey Ann Rosolowski, PhD

[08:06], ***PhD***

I can see too that establishing Masters programs would really elevate the profile of the school because it would make the candidates -- I mean as the students come out, their can -- as their candidatures are even more strong.

Michael Ahearn, PhD

[08:18]

Yes. And some of the curriculum in the present masters programs are identical to what we're awarding the Baccalaureate degree. And so in competing for bright students to come into the school, many of them would much rather go and get a masters degree for the same amount of effort as a baccalaureate degree here. So we really need to go in those areas to the baccalaureates. It's not -- there's always been a charge that many times we have to [degree creep]

. We just keep moving degrees up. But in this case, it is an absolutely necessity that we move forward, and it's not a degree creep.

Tacey Ann Rosolowski, PhD

[09:03]

You said you really don't have too much of a finger on a pulse on what's happening in the Anderson wide with Dr. DePinho, but I can't imagine you haven't listened a bit to some of his vision. So I'm wondering what you think about what he brings.

Michael Ahearn, PhD

[09:19]

Well, he certainly comes in at a very opportune time, and his vision is far reaching, and it's certainly to elevate all of the present areas of expertise within the institution, and address new developments. So I think that in that, certainly I think that the faculty is excited and what I anticipate.

Tacey Ann Rosolowski, PhD

[09:44]

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How do you see the school of health professions dovetailing with his vision? Work at the institution as a whole.

Michael Ahearn, PhD

[09:54]

I've not had -- I'm not familiar with his vision for education. He has spoken on many different areas, and certainly he's looking on education. Education of residents, fellows, physicians. But and I think that he has plans for the graduate school to excel in certain areas. But I have not heard his vision for the allied health area. So I'm not really able to respond to that.

Tacey Ann Rosolowski, PhD

[10:26], **PhD**

How would you compare his style to that of the three presidents under whom you served?

Michael Ahearn, PhD

[10:34]

I really don't have any way to judge that.

Tacey Ann Rosolowski, PhD

[10:40], **PhD**

I had a few other questions about kind of the institution. And one of them was about the issue of global oncology. I was wondering what your take on was on that particular subject area. Which has been a big push under John Mendelsohn, and another issue about growth. How can growth - - and it brings to my mind the question of how can growth be managed to at the same time, that one preserves the quality of care that's delivered?

[11:18]AHEARN:

Well, I think that certainly the protocols of Anderson are transferable. In any global outreach program, you have to take some of the technical expertise along with the protocols. And to me, in education, it's a wonderful opportunity to be able to train people in order that they can move out with the technology in the global outreach. And I think that that's a very fertile field. Not only within this country, and our outreach to other locations within the U.S. But also, for global training. I think opportunities for bringing technologists in, and training them, and then sending them back home with the technology that would go along with a treatment protocol from Anderson in the outreach facilities.

Tacey Ann Rosolowski, PhD

[12:17], **PhD**

On another subject, what is going to be the future or fate of the pro-bono programs that you've developed? For example, the skin cancer awareness projects that you've been working on.

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Michael Ahearn, PhD

[12:32]

Well, I hope that those will continue. The skin cancer, which is Project SAFETY -- Sun Awareness For Educating Today's Youth -- has been very successful. We've just finished reissuing a new module for the state of Texas, which is where we began. And then that was distribution took place at the end of August, right at the time that I was leading. It was very interesting because when I was in California, on October the 10th, I believe that Governor Brown assigned an order prohibiting youth under the age of 18 from using tanning beds. This was one of the great pushes in Project SAFETY. And it was very interesting looking at the San Francisco Chronicle newspaper, and seeing what appeared to be almost direct quotes from Project SAFETY regarding the dangers of tanning beds for young people, and the lifetime risk of developing melanoma. That incurs prior to the year 18. And so it was rewarding. And I know there's been many efforts in California directed toward prohibiting tanning beds. But I can't help but believe the 9,600 units that we sent there about a year and a half ago were not part of the education process that led to that legislation.

Tacey Ann Rosolowski, PhD

[14:04]

I mean that's amazing 'cause you send those out to schools, and that meant that it filtered up.

Michael Ahearn, PhD

[14:09]

Filtered up, yes. And there were more connections even in that. Because in each area where we have sent Project SAFETY, in the 16 states in the sun belt, we always got someone at a higher state level to write a letter of introduction. Because something arriving on the doorstep of teachers and classrooms doesn't mean much if you don't tie it in together. So either the head of the division of education in the state, and in the place of California, we were able to obtain a letter of introduction and support from Senator Feinstein. And so it started out with knowledge at the higher level because Senator Feinstein wanted several copies of Project SAFETY to familiarize herself and her staff on Project SAFETY. So I think that it started out at an upper level too, but they met nicely in so far as some of the changes that have taken place there.

Tacey Ann Rosolowski, PhD

[15:13]

Now in terms of that approach of getting awareness for a particular educational product, how did you leverage networks to get access to people like Senator Feinstein or --

Michael Ahearn, PhD

[15:27]

Well, in each area, it's a little bit different. But in the case of Senator Feinstein, I was familiar

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with Senator Hutchins [sic]
, and her staff. And we worked through Senator [Hutchins]
to reach Senator Feinstein, and to pass the message along so.

Tacey Ann Rosolowski, PhD

[15:48]

What about your other educational projects? There's the summer?

Michael Ahearn, PhD

[15:51]

The summer programs, Dr. Peter Hugh is going to take over the King Foundation Program, called the Carl B. and Florence E. King Foundation Program, and also the Michael J. Ahearn Science Educator Workshop. And he's going to direct those in the coming years. And he is one of our faculty members in the school of health professions, and he played a role in previous years with those programs in some of the enrichment materials that we provided both for teachers and for students through the molecular, genetic technology program which he directs. So I think it's a good match.

Tacey Ann Rosolowski, PhD

[16:37], ***PhD***

I meant to tell you that I was speaking with Regina Rogers [Oral History Interview] last week, and she mentioned Lauren Golden, and how successful that student was in getting accepted into medical school, and how she -- her start -- basically got a start in your summer program.

Michael Ahearn, PhD

[16:57]

Yes. There have been many cases like that.

Tacey Ann Rosolowski, PhD

[17:01]

What are your hopes for that program growing, changing?

Michael Ahearn, PhD

[17:05]

Well, you know, the faculty -- we have a number. Those were the basic, initial programs here. But Dr. DuBois has a secret grant now that allows for the training of students. Primarily pulling students at the undergraduate level into graduate education through coming to Anderson for summers, and being introduced to the possibilities for graduate study here. So we can't overload our faculty because it takes a lot of effort to mentor these students. And so I think that although programs will grow, that there's going to have to be a limit of what we can ask our faculty. This

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past summer, we had 120 undergraduate students within the institution. Well, that included some medical students. But most of them primarily were undergraduate students. And I just think that with the demands the faculty have on them, that that'll be the limiting factor in our growth to properly mentor students. You can always accept a student and then pass them off to a technologist, or to a graduate student to supervise. But it doesn't carry the same weight as when the primary investigator interacts with the student, and enriches that summer experience. So we don't want to dilute the programs by just bringing in large numbers, and then assigning them to inappropriate people in the institution. Because as much as it can be an encouragement, it can also be a turnoff if they had the experience that is not satisfactory. So I think that that will always be a limiting factor, and we'll have to be careful in how the balance takes place.

Tacey Ann Rosolowski, PhD

[19:09]

You mentioned a grant that Dr. DuBois is administering for this purpose. I missed the name of it.

Michael Ahearn, PhD

[19:14]

It's a CPRIT grant.

Tacey Ann Rosolowski, PhD

[19:15], ***PhD***

CPRIT.

Michael Ahearn, PhD

[19:16]

Yes. It took place at the Texas Cancer Council, you know with the tobacco money.

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Chapter 13

A: Post-Retirement Activities

Time for Travel and A New Business; Reflections on MD Anderson

Story Codes

A: Character, Values, Beliefs, Talents

A: Personal Background

C: Faith, Values, Beliefs

A: Inspirations to Practice Science/Medicine

B: Institutional Mission and Values

B: MD Anderson Culture

A: Career and Accomplishments

A: Post Retirement Activities

A: Professional Values, Ethics, Purpose

Tacey Ann Rosolowski, PhD

[19:26]

You retired at the end of August, and what are you looking forward to with retirement? How has that been so far? And what are you looking forward to?

Michael Ahearn, PhD

[19:36]

Well, I'm enjoying a little bit more leisure time. And the time that we spent in California, we rented a house in Carmel. And it was the idea that you know, there was no deadline date. Our vacation time for the past 10 years or 15 years has been very limited. Simply because in the summer, which would be the heaviest time in my schedule because in addition to the school of health professions, I had the summer programs that I was administering. And it was impossible to get away. I mean the responsibilities, particularly in the King Foundation Program where you're bringing in high school level students that have perhaps never been away from home before. And there's a lot of responsibility there with young people in programs. You know, where they're exposed to elements that they have not had before. And then just the fact that they're usually a little bit more immature, and --.

Tacey Ann Rosolowski, PhD

[20:46]

What were some of the issues that would come up in that situation?

Michael Ahearn, PhD

[20:49]

Well, I mean (laughter) there were many. One night about two AM, I had a call from the University police. And they had arrested the students that were on the roof of Texas Woman's

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University dormitory. And the students had gone up there to play their guitars and have a sing along. And not wanting to disturb the people down in the dorm, they did not think it was bad just to take to the roof. And of course, this of course violated a sign that said do not enter the roof area. But they were up there anyway, and I came down and got them released. (laughter) The next morning at eight o'clock I had a call from the Dean of Women at Texas Women's University in Fort Worth. And she I want all of your students out of the dorm by five o'clock this afternoon. Because it violate -- they're not Texas Women's University students. So our insurance policies do not cover them, and the liability issues that have been caused by this, you know we cannot sustain. So I had them do a lot of finagling to get her. Because it would essentially ended the program, and this was about the second week of an eight week program. Because we didn't have any other housing possibility for our students. And then there's you know, just thinking about, there's lots of different incidences, you know.

Tacey Ann Rosolowski, PhD

[22:39], ***PhD***

So how did you resolve the housing issue for those students for those six weeks remaining?

Michael Ahearn, PhD

[22:43]

Well, I was able to convince her that this was an anomaly, you know. And that was shortly before one of the other students tossed a football through one of their plate glass windows in the lobby area. And the windows are 13 feet in height, and there was no glass stocked in Houston more than 12 feet in height. And so they had to order it special, and you know, there's just a lot of interesting things that take place. Students that need medical attention during the summer, and I had to appeal to my friends that were physicians to give pro-bono care to some of the students. And set their bones, and one thing and another. And we'd go together and buy casts for them, you know. (laughter) But it --.

Tacey Ann Rosolowski, PhD

[23:40]

It's all out from high spirits. (laughter)

Michael Ahearn, PhD

[23:41]

Yes. And it was just a very interesting time, always. But that kept me on a short leash during the summer. So being able to just take a vacation and go at my leisure, and come home when I felt like it was very good.

Tacey Ann Rosolowski, PhD

[23:59]

I don't think in the last interview I asked you what your wife's name is.

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Michael Ahearn, PhD

[24:02]

Joyce.

Tacey Ann Rosolowski, PhD

[24:04], ***PhD***

Joyce. What other trips or activities do you have planned for retirement?

Michael Ahearn, PhD

[24:09]

I think we're going to probably go in the spring to Ireland. My father and grandfather came from Clonmel, and I have never been back to Ireland.

Tacey Ann Rosolowski, PhD

[24:19], ***PhD***

I'm sorry, the name -- the name of that is? The name of that town or city?

Michael Ahearn, PhD

[24:22]

Clonmel.

Tacey Ann Rosolowski, PhD

[24:23]

Clonmel.

Michael Ahearn, PhD

[24:24]

It's in County Cork, in the southern portion of Ireland.

Tacey Ann Rosolowski, PhD

[24:30]

Did your family when you were growing up really think of itself as Irish? Was that ethnic background important to you?

Michael Ahearn, PhD

[24:37]

Yes, it was particularly to my grandfather and my father. They were very proud of their Irish heritage.

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Tacey Ann Rosolowski, PhD

[24:44]

So that will be a trip to a heritage laden place for you.

Michael Ahearn, PhD

[24:48]

Yes. Yes.

Tacey Ann Rosolowski, PhD

[24:52]

What does retirement mean to you at this point? I mean has it been something you've been looking forward to or --?

Michael Ahearn, PhD

[24:59]

No, I never looked forward to retirement. I mean I knew that I was going to retire at some time. But I enjoyed up to the last day engaged in what I was doing here at the institution. So I've remained very busy. My wife has a business, and she (laughter) I laughingly said she offered me the title of CEO, CFO, or COO. But she never discussed salary or benefits. But it's been a challenge to help her and her business.

Tacey Ann Rosolowski, PhD

[25:33], ***PhD***

What is her business?

Michael Ahearn, PhD

[25:35]

She does custom, ceramic tile. And has been in business for some 30 odd years here in Houston. But it's a business that has grown and since she was managing it entirely by herself, it's -- she's had need for someone else. And she'd been saving a spot for me. (laughter)

Tacey Ann Rosolowski, PhD

[25:55]

So what have you been doing?

Michael Ahearn, PhD

[25:56]

Well, I do a lot of things. I've always been an amateur draftsman, and that's been sort of a hobby. And I've helped her through the years with that. She does a great deal of it in her work 'cause that's part of the process in working up bids, and all of her projects, and cost. So I've been able to help her along in that line, which gives her freer time to do the artistic part of the

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painting that she does with her customer work. And so -- 'cause a lot of that is trips to job sites, people are always making alterations from the original architecture or plans as they begin their construction, they decide to move the stove, or the range, or shorten a counter, or enlarge something. And so it requires a lot of field work. And so I've been -- she's kept me busy in that respect, and it's --.

Tacey Ann Rosolowski, PhD

[26:52]

What did -- where did those drafting skills come from?

Michael Ahearn, PhD

[26:56]

Not really from formal training other than just watching her. She had drafting skills in her undergraduate work. And so in helping her, she's -- we just transmitted those skills from one to the other, you know and so.

Tacey Ann Rosolowski, PhD

[27:15], ***PhD***

I noticed in your office or your former office in the school of health professions you had some drawings on the wall that were very meticulous of birds, I believe. And I remember thinking that was interesting to have not paintings, but drawings of that kind. I was wondering about that. So perhaps you chose those 'cause of your interest in drawing?

Michael Ahearn, PhD

[27:35]

Yes. Yes.

Tacey Ann Rosolowski, PhD

[27:36]

Was there something about the birds too?

Michael Ahearn, PhD

[27:39]

No. No. Just -- we just started on something, and it -- one thing led to another.

Tacey Ann Rosolowski, PhD

[27:46]

To another. Led to another. (pause) Why don't I -- well, I guess I wanted to ask you, you know you've had some months to reflect on all the work that you did at MD Anderson. And I'm wondering now as you look back at everything you've achieved under three presidents. What is it that you feel most proud of?

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Michael Ahearn, PhD

[28:13]

That's a difficult question, because in my tenure here, I started out in a research area, research clinical pathology. It developed as clinical pathology, it came to form, the research part dropped off, and then it was patient care activity in the Ultrastructure hematology laboratory that I managed. So the research aspect of course continued. But patient care was added, and then education opportunities provided. And we were able to develop educational programs. And certainly then, found the school and the challenges there. And then the project safety that was sort of going hand in hand with that prevention. So really in addressing the four major mission areas of the institution, they've all been extremely rewarding. And I sort of see a pattern there. You know, but I think that --.

Tacey Ann Rosolowski, PhD

[29:20]

What is that pattern?

Michael Ahearn, PhD

[29:22]

Well, the pattern was that one area had just -- I've always said it has opened doors of opportunity. And beginning in the area that I did in the research area with Ultrastructure Research Laboratory, and then as I said, patient care unit; patient service unit really. Not care, but patient service. And then that opportunity was sort of dovetailed with the beginning of the summer programs. And then seeing the need through interacting with youth for some sort of area to address perhaps smoking and sun protection are the two areas that youth really need to address. And that interacting with students and seeing what they responded to led to the development of the initial project safety. And that program has continued to evolve from something with slides and videotapes to CD ROMs, and now to the latest edition with the DVD. It's you know, it's just been a process. But each one of the areas has been equally rewarding.

Tacey Ann Rosolowski, PhD

[30:43]

I just wanted to ask some questions to get kind of a sense of who's the more private person behind the job. You know, especially now that you retired. And on that line, at the end of our last interview session, you told a really wonderful story about that little horse, Tobias, that you enjoyed taking care of. And when -- as you were telling that story, when you finished, it occurred to me -- and I believe I asked you off record about this -- it occurred to me to ask you if you feel that your religious and spiritual life have had an influence on your work and your career. So I want to ask you that again now.

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Michael Ahearn, PhD

[31:28]

Oh, I definitely think so.

Tacey Ann Rosolowski, PhD

[31:29], ***PhD***

How so?

Michael Ahearn, PhD

[31:30]

Well, in the way that you approach everything that you do. You know, I've always thought that we always worked for the glory of God. And by doing a good job. Because people look at you a little bit different some time, and you don't ever want to disappoint them. And so it's a fact that you want to do the very best you can in everything that you do. Because I think that's what is expected of us as Christians.

Tacey Ann Rosolowski, PhD

[32:00]

How early did you have that sense?

Michael Ahearn, PhD

[32:03]

I think I always had it. It was an element in my home, my parents always stressed that. My father always said that don't ever badmouth your boss. If you're working and taking his money, you give him his day wage and more. And if you feel that you are not satisfied there, don't stay, you leave. And of course, here I stayed at MD Anderson for 36 years. (laughter) So I must have been satisfied with what we were doing here. (laughter) But I've always tried to do my very best. And you know, when you're interested in something and you believe in it, the hours in the day doesn't really mean anything, you know. I know my office staff used to always say because as the workload increased, it would be three o'clock in the afternoon, and I hadn't stopped for lunch. And so they would be coming in reminding me, you know. You need to stop and have your lunch. But when you're doing something that you're really enthusiastic about and interested, time doesn't really mean anything. And that I was blessed because that was the way I was challenged for the full, 36 years that I was at Anderson.

Tacey Ann Rosolowski, PhD

[33:23]

As over the course of your career, were there any particular people or books that were very inspiring to you? Not necessarily medical things, but just something that really influenced your thinking?

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Michael Ahearn, PhD

[33:39]

No, other than just my association with my colleagues. I think there's enough inspiration in this institution through everybody at every level that you just wanted to be a part of that time.

Tacey Ann Rosolowski, PhD

[33:53]

So was MD Anderson really your family, your social life? Were those the people that you associated most with?

Michael Ahearn, PhD

[33:59]

Primarily, yes. Yes.

Tacey Ann Rosolowski, PhD

[34:01]

So your friends and confidants, you chose from among the MD Anderson community?

Michael Ahearn, PhD

[34:05]

Yes, because we were together and that was primarily --.

Tacey Ann Rosolowski, PhD

[34:13]

What are some of your favorite places? And why are they important to you?

Michael Ahearn, PhD

[34:22]

What do you mean by places?

Tacey Ann Rosolowski, PhD

[34:23]

Any particular places that you go to for inspiration, for rest, for beauty?

Michael Ahearn, PhD

[34:30]

Well, California has always been that when I was at the University of California, Berkeley for a short post-doc there. It was my first time to visit California, and the beauty of the state, and the fact that flowers just seemed to grow wild. I mean it was extremely beautiful. And so we've always enjoyed going back to California. It was right after my wedding, and so it was our first time together. And we enjoyed the state of California a great deal. For foreign travel, we are

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very partial to Europe; Italy, France, Germany. These are countries that we've enjoyed visiting several times.

Tacey Ann Rosolowski, PhD

[35:21]

What is it about those countries that attract you?

Michael Ahearn, PhD

[35:24]

I think perhaps the heritage in being able to see some of the same structures that I've read about in my history books, and visiting. So many times here in this country, our history doesn't go back that far. And so it's very difficult to have some of the patina that Europe offers and cities.

Tacey Ann Rosolowski, PhD

[35:50], ***PhD***

And maybe you'll find some family patina when you go to Ireland.

Michael Ahearn, PhD

[35:53]

Ireland. I'm quite sure that I will. I look forward to going not on a tour, but just going and traveling at my own speed through the countryside. Staying as long as I want in a place 'til I feel the urge to move on.

Tacey Ann Rosolowski, PhD

[36:10], ***PhD***

It's -- I've heard it's very beautiful.

Michael Ahearn, PhD

[36:12]

It is. We've had several medical students in our program from Ireland. And they advised me of the right months to come to avoid the rain and to get the primary green colors of the spring. And avoid the crowds. So it's -- their descriptions have added to my curiosity to want to see the country.

Tacey Ann Rosolowski, PhD

[36:37]

Do you have any unusual hobbies or talents that help -- would show an unusual facet of your personality to people who don't know you well?

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Michael Ahearn, PhD

[36:48]

I don't think so.

Tacey Ann Rosolowski, PhD

[36:49], ***PhD***

Really?

Michael Ahearn, PhD

[36:51]

I'm pretty much a vanilla ice cream person. (laughter)

Tacey Ann Rosolowski, PhD

[36:54], ***PhD***

And you show who you are. (laughter) What do you think is your greatest -- your most important quality? I mean if you had to use a couple of words to describe yourself.

Michael Ahearn, PhD

[37:05]

Persistence.

Tacey Ann Rosolowski, PhD

[37:07]

Persistence?

Michael Ahearn, PhD

[37:07]

Yes. As my wife will tell you, I never let up. I hang on like a snapping turtle, you know. And it pays off. I've always figured you could do it if you just kept working at it.

Tacey Ann Rosolowski, PhD

[37:22], ***PhD***

Persistence. Is there anything else that you would like to add at this point? Or a subject area maybe that we didn't cover in the last sessions?

Michael Ahearn, PhD

[37:31]

No, I've primarily just answered the questions that you have asked and so I can't imagine that there's any interest there. But --.

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Tacey Ann Rosolowski, PhD

[37:43], ***PhD***

Is there anything that I haven't asked that would be revealing about you or the school of health professions? Something I should know about?

Michael Ahearn, PhD

[37:51]

No. I think everything that I have said though needs to be viewed from my perspective. And that's been primarily from an educational point of view. And so if you were speaking to someone that was a clinician, their viewpoint of the history of the institution would perhaps be greatly different. But my perspective has been that from an academic point of view as I look at the institution, and the changes that have occurred through the years.

Tacey Ann Rosolowski, PhD

[38:22], ***PhD***

Well, that's one of the great values of doing a project of this kind. 'Cause you do get all of those different perspectives that you can put side by side.

Michael Ahearn, PhD

[38:30]

There's common threads that run through all of them. But they're a different perspective because there are different challenges in each of those areas. Through the years, the institution has had challenges.

Tacey Ann Rosolowski, PhD

[38:41], ***PhD***

What do you think the common threads are?

Michael Ahearn, PhD

[38:43]

I think the common thread are the patients and what we are all here for. And it's for the patients. Whether we're training people to serve the patients, both here and outside the institution. And I know that that's a primarily motivating factor of the clinicians is the patient. And then all of those that support the patient care activities here.

Tacey Ann Rosolowski, PhD

[39:11]

What do you think are the different challenges in those areas? I mean in education, in clinical research?

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Michael Ahearn, PhD

[39:16]

I think at different times, the workload area as the institution continues to grow, they're always -- it's like your body. You know, as your body grows, perhaps the shoe gets a little tight some time until you go to another size. And any time you have growth, first you have to have the need for it, and then that increases, and then with that, then you can add the staff to help support that growth. But it's sometimes very difficult, I think, particularly for the clinicians and their workload. I see them work awfully hard, and their hours are extensive here. You have to believe in the institution and the purpose of the institution in order to be able to function in a situation like that. We have a very dedicated clinical faculty.

Tacey Ann Rosolowski, PhD

[40:11]

Well, I want to thank you for taking the time to talk to me this morning.

Michael Ahearn, PhD

[40:15]

Well, I've enjoyed it.

Tacey Ann Rosolowski, PhD

[40:17]

Thank you very much. And I'm turning off the recorder now at about 20 minutes of 11. Thank you again.

END OF AUDIO FILE