

Margaret Kripke, PhD

Interview Session One: March 28, 2012

A note on transcription and the transcript:

This interview had been transcribed according to oral history best practices to preserve the conversational quality of spoken language (rather than editing it to written standards). The interview subject has been given the opportunity to review the transcript and make changes: any substantial departures from the audio file are indicated with brackets [].

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Chapter 00A
Interview Identifier

Tacey A. Rosolowski, Ph.D

0:00:04.1

We are recording now, and I'll just record the identifier. I'm Tacey Anne Rosolowski interviewing Dr. Kripke for the "Making Cancer History Voices" oral history project run by the Historical Resources Center at MD Anderson. Dr. Kripke is a photoimmunologist who joined MD Anderson in 1983. In addition to her research, she held many important administrative positions, including that of Executive Vice President for Research and Academic Affairs, the position she held when she retired in 2007. And do I have that date right of your retirement?

Margaret L. Kripke, Ph.D

0:00:38.6

I believe so.

Tacey A. Rosolowski, Ph.D

0:00:39.2

Okay. She is currently Professor of Immunology and Vivian L. Smith Chair Emeritus at the University of Texas MD Anderson Cancer Center. She is also chair of the Mayor's Advisory Council on Health and Environment for the city of Houston. This interview is taking place in a conference room in the Residential Tower where Dr. Kripke lives in Houston. This is our first interview session, and today is March 28, 2012. The time is 2:15, and thank you for devoting your time to this interview. And as I mentioned to you earlier, since you were interviewed by Lesley Brunet in December of 2007 I have attempted to design an interview that covers new

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areas. But just for the record, I wanted you to indicate for this interview when you were born and where.

Margaret L. Kripke, Ph.D

0:01:30.7

I was born in Concord, California, which is near the Bay Area, in July 1943.

Tacey A. Rosolowski, Ph.D

0:01:40.9

Thank you.

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Chapter 1

A: The Researcher

[0:01:40.9] to about [0:16:54.8]

Photo-Immunology: A New Field Emerges from an Observation

Chapter 1 Story Codes

A: Joining MD Anderson

B: Institutional Mission and Values

B: MD Anderson Culture

A: Professional Path

A: The Researcher

A: Overview

A: Inspirations to Practice Science/Medicine

A: Career and Accomplishments

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

A: Definitions, Explanations, Translations

C: Discovery and Success

Tacey A. Rosolowski, Ph.D

[0:01:40.9]

And you joined MD Anderson in 1983 and I will want to—after we speak about this subject—go back and talk about your research area but I wanted—you talked a lot about the process that brought you to MD Anderson in 1983 from NCI-Frederick, but I wanted to get your impressions of the institution when you arrived. You said that you had heard about MD Anderson from being at conferences with colleagues, but what were your impressions when you joined the institution? What was its environment and culture like?

Margaret L. Kripke, Ph.D

0:02:18.3

Well, it was very different for me because I'd never been in a hospital environment previously. I was in academic institutions, research institutions, but never associated with a hospital, so that part was very different and was a very different experience. People were very formal, much more formal, dressed more formally because they were in an area where patients were treated. However, I was in a building that was remotely located from the hospital, and so we were relatively isolated there, and so I probably was not as sensitive to the culture of the place and what was happening to the place had I been located right on the main campus.

Tacey A. Rosolowski, Ph.D

0:03:13.1

What was the building you were located in?

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Margaret L. Kripke, Ph.D

0:03:15.0

The RE Bob Smith Research Building.

Tacey A. Rosolowski, Ph.D

0:03:25.9

Did you get a sense from colleagues about what they felt about working at MD Anderson? I'm just asking because a lot of people got a sense—from other people that I've spoken with—they had a sense that there was a real kind of ethos of the MD Anderson professional, and I was wondering if you picked up on that at all, or if that was something that came later, if at all.

Margaret L. Kripke, Ph.D

0:03:50.9

I think that came later when I became better integrated into the institution, and it became very clear to me after I'd been here for a while that people came to MD Anderson for many reasons. A lot of it had to do with specialized training, opportunities for doing research and so on, but regardless of why they came most of them stayed. Many of them stayed, and they stayed because they fell in love with the mission of the institution, which is very visible, very palpable within the institution, and I think people really became attached to just the spirit of the place.

Tacey A. Rosolowski, Ph.D

0:04:34.6

How would you describe that mission?

Margaret L. Kripke, Ph.D

0:04:36.7

Well, the mission is to cure cancer, simple. It's very simple, very direct, and it has a lot more verbiage attached to it, but basically the message is that the mission of the institution is to eliminate cancer in Texas, the world, the United States and the world, and it's a mission that permeates the activities of most people in the institution. People want to work at MD Anderson because they feel like they are contributing to the mission.

Tacey A. Rosolowski, Ph.D

0:05:06.6

And that's been a consistent—that mission has been consistent, that ethos has been consistent.

Margaret L. Kripke, Ph.D

0:05:12.5

Absolutely, yeah.

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Tacey A. Rosolowski, Ph.D

0:05:13.9

That's neat.

Margaret L. Kripke, Ph.D

0:05:15.4

It's very neat, and if you ride up and down the elevators in the hospital you see it. No matter who the person is on the elevator they're seeing if they can help whoever is there, and it's a very compassionate kind of atmosphere.

Tacey A. Rosolowski, Ph.D

0:05:32.2

When did you catch the particular fever of the mission yourself?

Margaret L. Kripke, Ph.D

0:05:37.0

Well, I think for the first 2 years I was trying to get the laboratory set up and get research going, hire people and so on, and so, again, I think that came after the first few years.

Tacey A. Rosolowski, Ph.D

0:05:52.1

I think what I'll do is I had some questions about some leadership issues, but I think I'll save those for a bit later when we talk about your own administrative experience, and let's talk a bit about your own research path. I wanted to get a picture of how that all evolved from your dissertation, which as I understand was on immune surveillance and cancer, and then you had mentioned at several points that you had made key discoveries at certain points that you felt really made your career path coalesce and take direction. Would you talk a bit about where you believe the real core of your research path began?

Margaret L. Kripke, Ph.D

0:06:42.4

I was actually asked to look at a position at the University of Utah in Salt Lake City. It was in the medical school in the Department of Pathology, which had a strong immunological research component. The chair of the department and some of the faculty members there were very interested in transplantation immunology and immunological research, and they had at the time a project that was looking at the role of immune suppression in cancer, and that comes from the observation that many renal transplant patients have developed cancer at some point in their histories. And so they had a contract to study this in an animal model to look at immunosuppressive drugs and their ability to enhance cancer development in, again, in animals,

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and one of the carcinogens that was used was ultraviolet light. Another one—there were chemical carcinogens and so on, and so there was an opportunity to look at cancers induced by ultraviolet light, and it happens that when I did a review of the literature as a graduate student while I was doing my dissertation it was apparent that there was something unusual about the immunology of cancers in the skin induced by ultraviolet light from studies of animal models. And so—

Tacey A. Rosolowski, Ph.D

0:08:18.2

What were those unusual properties?

Margaret L. Kripke, Ph.D

0:08:20.1

Well, the dogma of the day was that the longer it took for a cancer to develop the less antigenic it would be, the less capable of being recognized by the immune system it would be, and cancers induced by ultraviolet light took a very, very long time to develop, and yet they seemed to be very highly antigenic, and so I actually wrote a sentence in my dissertation in the literature review that said it would be important to investigate the immunology of animals being exposed to ultraviolet light, some kind of an offhand comment. Well, the job in Salt Lake City clearly offered the opportunity to do that, and because my dissertation had been on immune surveillance and cancer. This was a job that was absolutely tailor-made for my interest and background.

Tacey A. Rosolowski, Ph.D

0:09:20.4

Could I interrupt you just for a second? First of all I wonder if you could just—I forgot to mention earlier that it's going to be a fairly broad audience for these interviews, and so if you could define immune surveillance that would be really helpful. What is immune surveillance?

Margaret L. Kripke, Ph.D

0:09:42.0

It's the ability of your body's immune system to detect and get rid of foreign substances. Immune surveillance is what allows the body to fight off virus infections, for example.

Tacey A. Rosolowski, Ph.D

0:09:54.4

So it's like the body is always on watch or something.

Margaret L. Kripke, Ph.D

0:09:56.4

That's correct, and so there's been an idea for a long time that the immune system could be used

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against cancer because there is some evidence that at least some cancers look like foreign substances to the immune system, and that's called antigenic. They are antigenic, and they are therefore recognized by the immune system as not belonging.

Tacey A. Rosolowski, Ph.D

0:10:20.9

I also wanted to ask you if in addition to the unusual properties that you noticed of UV-induced cancers if there was any other reason why you chose to devote your career to the study of cancer?

Margaret L. Kripke, Ph.D

0:10:37.5

Because it turned out to be really interesting. It was a matter of following where the science led, and so in addition to the major project that I was responsible for I started working on skin cancers induced by ultraviolet light in a mouse, and the first thing that I discovered was that these skin cancers were very, very highly antigenic. They were perceived as being totally foreign by the immune system, and yet they grew and eventually killed their original host, and so that raised the question if these cancers are so antigenic that they are destroyed by the immune system of an identical twin why would they grow and persist in the original host? How did that happen? And so that was really the basis for the studies and all of what followed subsequently because it turned out that ultraviolet light exposure of the skin has the ability to modify the immune response and in a way that it changes the immune response in a systemic fashion, which was up until then unheard of because ultraviolet light doesn't really penetrate through the skin like an x-ray does. It's very superficial, and so no one believed initially that it could have any lasting systemic consequences.

Tacey A. Rosolowski, Ph.D

0:11:59.8

Was anyone else doing work of this kind?

Margaret L. Kripke, Ph.D

0:12:03.1

No.

Tacey A. Rosolowski, Ph.D

0:12:04.0

And how was it received when you were first—?

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Margaret L. Kripke, Ph.D

0:12:06.0

People were extremely interested in it, and the model was so striking. The results were so black and white that it was hard to argue with them, and so I think people believed the data, and so the people who were really interested in the results were dermatologists who have to deal with things in the skin and ultraviolet light and all kinds of things dealing with those things and photobiologists who were very interested in what the affects of photons or light rays were on biological processes.

Tacey A. Rosolowski, Ph.D

0:12:51.3

Where was the first place that you presented these results, or was it a paper that you first published?

Margaret L. Kripke, Ph.D

0:12:57.0

I actually presented the results—it was—I don't remember whether I published first or presented the results. It was very close together, but I first presented the results at a meeting of the American Society for Photobiology, and people walked into the room, I think, very skeptical of the presentation and walked out saying "My, isn't this amazing?" It was a very receptive audience. That's one of the things that I've always loved about that society is that it's very receptive to new ideas, very supportive of young people, young investigators, and I was encouraged to go to that meeting by one of the collaborators on this project that I was working on in Salt Lake City.

Tacey A. Rosolowski, Ph.D

0:13:48.2

And who was that person?

Margaret L. Kripke, Ph.D

0:13:49.0

A man named John Spikes. He passed away a couple of years ago, but he was a photobiologist, and he was the photobiology consultant for this project that involved ultraviolet light.

Tacey A. Rosolowski, Ph.D

0:14:04.1

What happened next? How did you decide to take these results and further refine your experimental process to take the ideas further?

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Margaret L. Kripke, Ph.D

0:14:13.4

They just really unfolded as the information came in. Since there was nothing known about this phenomenon, you have to make up hypotheses about what's going on and then design experiments to say is it right or is it wrong? Most of the time we were wrong, as it turns out, but we discovered that ultraviolet light changes the immune system, and eventually it happens because ultraviolet light has the ability to interact with immune cells that live in the skin. That wasn't known at the time. It wasn't really realized how much of your immunology, how much of your immune system actually lives in the skin. There are cells that are there that are the first line of defense. There are lymphocytes, white blood cells that circulate in and out of the skin, but the whole idea of how much of skin is an immunological organ was just beginning to be brought to light, and so the work was very, very timely in showing that ultraviolet light had a dramatic effect on the immune system.

Tacey A. Rosolowski, Ph.D

0:15:26.5

How did your work in this field of immunology kind of dovetail, reflect other trends in new understandings about cancer at the time? It seems like the '70s was a period where a lot of new thinking was developing, and I'm wondering what else was going on that may have influenced you or that you may have influenced during that period.

Margaret L. Kripke, Ph.D

0:15:52.2

I'm not sure how to answer that. I was very focused on my own work and on the work of others that was looking at really medical problems in the skin, not necessarily cancer, so the work was not—it wasn't only related to skin cancers. There are a lot of conditions in the skin that are triggered by ultraviolet light. For example, there are all kinds of odd skin conditions where you get allergic reactions if you go out in the sun or you have to be protected from the sun because you're very sun sensitive, and most of the mechanisms were completely unknown at the time. There was a lot happening in dermatology, and that probably influenced me more than anything that was going on in the cancer field.

Tacey A. Rosolowski, Ph.D

0:16:50.0

What were some of the thought patterns in dermatology that influenced you?

Margaret L. Kripke, Ph.D

0:16:54.8

Well, people were looking at some strange cells in the skin and thinking that they—and the function of which was unknown and then it was discovered that the strange cells in the skin are

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actually part of the immune system's antigen-presenting mechanism. These are the cells that find foreign substances that accidentally enter the skin, and they are the cells that direct the immune system to make an immune response, and so that was what was being discovered at the time, and then as a corollary to that there were other populations of immune cells that were discovered in the skin, most of which are actually affected by ultraviolet light.

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Chapter 2

A: Professional Path

0:17:35.9 to 0:26:30.0

Administrative and Leadership Experience

Chapter 2 Story Codes

A: The Leader

A: Professional Path

A: Experiences re: Gender, Race, Ethnicity

D: On Leadership

C: Discovery and Success

Tacey A. Rosolowski, Ph.D

0:17:35.9

Fascinating. What happened after you left the Department of Pathology at Salt Lake City and went to NCI-Frederick? And the years you spent there were 1975 to 1983. Why did you—well, I think you already covered why you made the move in your previous interviews, so maybe we could focus on exactly kind of what you were doing when you were there.

Margaret L. Kripke, Ph.D

0:18:04.8

In Frederick?

Tacey A. Rosolowski, Ph.D

0:18:05.4

Yeah.

Margaret L. Kripke, Ph.D

0:18:06.1

I had the opportunity to run a major research laboratory, research program, and so I was continuing to do the work that I had started in Salt Lake City but with some managerial experience coming along at the same time. It was, again, a matter of breaking new ground in terms of the immunology of the skin.

Tacey A. Rosolowski, Ph.D

0:18:35.9

Was there any kind of new arenas of the skin's mechanisms that you were focusing there? I'm trying to get a sense of how did it evolve? How did one discovery lead to the next? Or maybe it didn't follow that kind of pattern.

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Margaret L. Kripke, Ph.D

0:18:51.8

Well, it did, but it branched out into a whole lot of different directions at the time.

Tacey A. Rosolowski, Ph.D

0:18:56.9

Would it be relevant to talk about that?

Margaret L. Kripke, Ph.D

0:18:58.4

I don't think so. I mean, it's very technical. It's fairly technical, and it was a long time ago.

Tacey A. Rosolowski, Ph.D

0:19:03.5

That's a more relevant issue. And sometimes it's just interesting to trace how the thought process went to see how the idea is related, but if you don't feel that it's something we need to trace that's fine. How long—let's see, because you were a scientist grade 4 and head of the Immunobiology Physical and Chemical Carcinogenesis section in the Cancer Bio Program, and what was that shift from you were hired to manage a lab, and then you had more of an administrative role or—?

Margaret L. Kripke, Ph.D

0:19:42.7

Yes, when I was at Salt Lake City I ran a laboratory, and I had a lot of supervision. There were other people who were the principal investigators on the project that I was running, and when I went to Frederick it was to set up my own laboratory from scratch to hire people, and when I had gone to Salt Lake City I had walked into a situation where most of that already existed. It was a matter of starting a new operation from scratch. I also was in the position to hire people who had PhDs and were already scientists or postdoctoral fellows, and so that was also very different trying to manage and provide research opportunities for people who were trying to establish their own research careers, so it was a very different setting.

Tacey A. Rosolowski, Ph.D

0:20:43.0

Now, of course, later on in the interview it's going to be an important theme of your work for ensuring that women have the opportunities that they need to have in these professional contexts and I'm wondering since you—

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Margaret L. Kripke, Ph.D

0:20:56.0

That came much later.

Tacey A. Rosolowski, Ph.D

0:20:58.1

It did but I'm wondering just what happened—were you aware at NCI-Frederick when you had this setting up a lab role in position to hire and of course fire, did you have any kind of sense of yourself as a woman being in the situation? How did you experience that?

Margaret L. Kripke, Ph.D

0:21:21.4

Well, it was clear from the beginning that there were not a lot of women in the field, and particularly in Salt Lake City the Department of Pathology at that time had only one other woman. It was a very large department, but there was only one other woman faculty member, and so I was very accustomed to being the only woman in the room, and so I just didn't really think much about it. In terms of hiring and so on, I don't think I particularly favored women candidates or worried about them any more than I worried about anybody else. My real involvement in terms of trying to support women came after I got to MD Anderson.

Tacey A. Rosolowski, Ph.D

0:22:07.3

Let's go back to your research focus during the NCI years. What were the kind of landmark discoveries that you felt you made during that period that you—

Margaret L. Kripke, Ph.D

0:22:20.2

You're asking me to really go back a long way. (laughs) I haven't done science for a long time, for a really long time. I just gave a lecture, a historical lecture on the evolution of the work, which I will be happy to send you a copy of. How's that?

Tacey A. Rosolowski, Ph.D

0:22:43.4

That'll be great. I don't want to put you on the spot with this. Do you want to skip to MD Anderson then? Is there anything else that you'd like to say about your experience at NCI-Frederick in terms of the work situation or experience that you gained from that to bring to MD Anderson?

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Margaret L. Kripke, Ph.D

0:23:04.0

There were a lot of things to be gained in terms of the experience, both scientifically. I was in a program that had quite a diverse group of people in terms of their scientific interests, and so I really broadened my outlook in biology by being in that kind of a context, so it was a terrific, very creative environment and one that was devoted entirely to doing science, so that was the only area that we were required to do, and so that was extremely beneficial. I also learned from the program director a lot of things like how to run a scientific meeting. He thought I should host a scientific meeting on ultraviolet carcinogenesis to get myself better established in the field, and he helped me do that and really taught me how to organize and run a scientific meeting.

Tacey A. Rosolowski, Ph.D

0:24:10.0

Let me just put this on pause. (audio pauses 0:24:11.1) Okay, so you were talking about your experience putting together this conference, and what was it that you gained from that experience?

Margaret L. Kripke, Ph.D

0:24:18.5

Just how to do it, and it had the desired effect. It really acquainted me with people who were the major movers in the field and had my work recognized as something that was unique and important in the field. The other thing that I had to learn to do was to manage people, which was at the beginning really by trial and error and more error than success, I think, and I think it was at that time that I realized the reward for doing good science is for people to promote you into positions of leadership where you have absolutely no experience whatsoever, and so I think probably during that period I became more interested in issues of leadership rather than just strictly issues of science. And before I left, the last few years that I was in Frederick I was promoted to being the program director, and that was, again, a huge learning experience because then I was dealing with people who had been my peers, and I was now leading, and they were theoretically following, although I don't think that happened.

Tacey A. Rosolowski, Ph.D

0:25:34.4

What kind of awareness did you have at the time of yourself as a leader? Did you have a sense of your own evolving style and what your strengths and weaknesses were in those positions?

Margaret L. Kripke, Ph.D

0:25:44.5

Again, that was beginning in those days because it was—I mean, I made some awful mistakes and then came to the conclusion that that wasn't my style. I shouldn't try to do things if it's not

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my style. The principles of leadership which carried me through my last position really started—I really started thinking about it then and started paying more attention to issues of leadership and reading articles about leadership and effective leadership because I felt so lost in terms of my inability—inexperience and inability to actually run things.

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Chapter 3

A: View on Career and Accomplishments

0:26:30.0 to 0:50:10.4

Coming to MD Anderson: First Woman Chair; Setting Up a Laboratory, Leading a Department

Chapter 3 Story Codes

A: Career and Accomplishments

A: Joining MD Anderson

A: Experiences re: Gender, Race, Ethnicity

C: Portrait

B: MD Anderson Snapshot

B: Gender, Race, Ethnicity, Religion

A: The Leader

A: The Researcher

A: Career and Accomplishments

B: MD Anderson History;

B: Building/Transforming the Institution;

B: Multi-disciplinary Approaches;

B: Growth and/or Change;

Tacey A. Rosolowski, Ph.D

0:26:30.0

Do you want to move now to MD Anderson and talk a bit?

Margaret L. Kripke, Ph.D

0:26:34.4

Sure.

Tacey A. Rosolowski, Ph.D

0:26:35.5

Okay, so you came to MD Anderson in 1983, and I was uncertain, were you hired with tenure?

Margaret L. Kripke, Ph.D

0:26:43.3

Oh, yes.

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Tacey A. Rosolowski, Ph.D

0:26:44.3

Okay. I was uncertain from the—so you were the Kathryn O'Connor Research Professor and chair of the brand-new Department of Immunology. So again—

Margaret L. Kripke, Ph.D

0:26:55.2

I'm very proud of the fact that I was 39 when I came here as department chair. I turned 40 the next week, but still.

Tacey A. Rosolowski, Ph.D

0:27:03.4

That is great. Congratulations in retrospect. So again, starting something from scratch, first woman department head at MD Anderson.

Margaret L. Kripke, Ph.D

0:27:16.3

I found out subsequently that I was also the first tenured full professor in a research department at MD Anderson. I hadn't known that until recent years. There weren't very many of us and, actually, that was one of my concerns. When we were interviewed to come here I actually asked the president. He said, "Do you have any concerns about coming here?" and I said, "Yes, I think that there are two huge obstacles. One is not being a physician in an environment that is really physician dominated, so being a PhD in a medical establishment is somewhat disconcerting." And I said, "And second, being a woman in this context," where it was clear that it was very, very male oriented, much more so than Frederick was, that was that going to be an insurmountable difficulty. The president's response was "Well, why don't you talk to my assistant about this?"

Tacey A. Rosolowski, Ph.D

0:28:29.1

And this was Charles LeMaistre, of course, at the time, right?

Margaret L. Kripke, Ph.D

0:28:31.5

Yeah. He was a delightful, delightful southern gentleman, but he couldn't quite get used to the idea that I thought of myself as being self-sufficient. He always wanted to provide assistance and open the door and hold my chair and make sure that I was not walking down the street by myself at night or something like that. He was a great gentleman, is a great gentleman.

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Tacey A. Rosolowski, Ph.D

0:28:59.6

Now, you said that the issues around being a woman were much more palpable here in Houston than they were in Frederick. How did that manifest itself when you first arrived?

Margaret L. Kripke, Ph.D

0:29:15.8

Well, it was just perfectly obvious. All you had to do was look around, and the fact that I did know that I was the first chair of an academic department who was female, that there had been, of course, a head of nursing who was female. There were some other women, prominent women in the institution, but none had ever been an academic department head. I was continually the only woman in the room when I was at a meeting of department heads or activities, committees and things that were populated by senior leadership.

Tacey A. Rosolowski, Ph.D

0:29:59.1

Now, as you went about setting up your lab from scratch I kind of want to hear about that process, if you'd like to cover that, and then maybe you could comment along the way on whether or not you ran into any difficulties in leadership in that position as you were setting up the lab in this brand-new department.

Margaret L. Kripke, Ph.D

0:30:20.6

I don't think there were any difficulties that were unique to women. It was very hard from a remote site trying to organize research things in an environment that was—and to some extent still is—totally geared to the hospital. And so everything is organized and set up according to running a clinical department, not running a research department.

Tacey A. Rosolowski, Ph.D

0:30:51.2

What are some of the differences so that I can get a handle on that?

Margaret L. Kripke, Ph.D

0:30:56.7

I'll give you a recent example, visas for students. The administrative structure—the administration in most clinical departments is not set up to deal with all of the nuances and intricacies of bringing people into a laboratory who have visa issues. They're not accustomed to having visiting scientists and graduate students and whatever, and so there are no mechanisms set up to facilitate that, and to some extent that's still true in the clinical departments. It's not true in the research departments, but it is still true in the clinical departments. But again, everything is

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geared toward hospital practice, and I had come from a purely research institute, so this is very different, really different. Purchasing, for example, was geared toward bringing in supplies and doing all kinds of things for the hospital. It wasn't really used to bringing things in on dry ice for research purposes.

Tacey A. Rosolowski, Ph.D

0:32:14.2

So really practical issues.

Margaret L. Kripke, Ph.D

0:32:15.9

Just basic, practical things were at least initially quite frustrating.

Tacey A. Rosolowski, Ph.D

0:32:22.9

How did you go about resolving those?

Margaret L. Kripke, Ph.D

0:32:25.3

Well, we asked—Josh and I both asked the president to arrange for us an orientation with the head of finance, the head of purchasing, all of the service kinds of parts of the organization so that we could figure out how to get things done. It was very difficult to get anything done and to get any information. And again, being in a remote location did not help that situation, but they were very accommodating. That gave us the opportunity to meet with the head of personnel, the head of purchasing and so on and have a go-to person to help facilitate getting things organized so that was very—I think really crucial in terms of getting us finally up and running.

Tacey A. Rosolowski, Ph.D

0:33:23.2

A couple of follow ups on some details. When you expressed that concern to Charles LeMaistre that there would be a different way of looking at you because you had a PhD rather than an MD how did that resolve itself? Was your fear well-founded?

Margaret L. Kripke, Ph.D

0:33:42.3

It's hard to tell because my style of managing things is to simply not pay any attention to it, and so was my progress impeded versus a clinician? I don't know because I wasn't in that context. Was it impeded versus a male counterpart? I don't think so, but it was a concern. I do feel that women are not taken as seriously as men are administratively, scientifically, clinically.

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Tacey A. Rosolowski, Ph.D

0:34:23.7

And you're using the present tense.

Margaret L. Kripke, Ph.D

0:34:25.3

Yes, yes, and I think it's more apparent to me now that I have been in a leadership role in the institution than it was at the time.

Tacey A. Rosolowski, Ph.D

0:34:36.0

Do you think there have been changes in that since 1983?

Margaret L. Kripke, Ph.D

0:34:41.2

Yes, and I should say that the person to whom I reported when I first arrived was the vice president for research, and he was extremely supportive and extremely careful never to make me feel like I was a second-class citizen in any way.

Tacey A. Rosolowski, Ph.D

0:35:04.5

And this is Frederick Becker.

Margaret L. Kripke, Ph.D

0:35:05.4

Yes, and he was very supportive of his women faculty members and was really a true champion of women in the institution, and he probably made it possible for me to do things. He appointed me to head one of the prestigious committees in the institution as the department head, so he made sure that I had opportunities to progress, and I think that was really very important.

Tacey A. Rosolowski, Ph.D

0:35:41.5

I had a question on just the fact that MD Anderson was setting up a department of immunology in 1983. Were they ahead of the curve? What other significant departments of immunology were being set up? Why, then, aside from the fact that you and Dr. Fidler were available to come?

Margaret L. Kripke, Ph.D

0:36:03.5

I don't know the answer to that because they had started recruiting for a head of immunology quite some time before Josh and I came here, and so they were obviously looking to start a

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department of immunology. I think it has to do with just the evolution of basic science at MD Anderson, and that was largely Dr. Becker's initiative, and so there were a limited number of departments, so it was a time when new, basic science departments were being created, and immunology has certainly been a major player in the cancer field for a long time. It wasn't that timely. I think it was a little late in coming probably to MD Anderson, but that has to do with simply the evolution of basic science and the timing of the development of science.

Tacey A. Rosolowski, Ph.D

0:37:08.7

And I should just take a moment to mention for the record you've mentioned Josh several times, and I say Joshua Fidler, who runs the cancer metastasis lab and is your husband, because we hadn't mentioned his full name and title at this point.

Margaret L. Kripke, Ph.D

0:37:23.1

But I know you've interviewed him.

Tacey A. Rosolowski, Ph.D

0:37:26.2

Yes, yes, I have. I'm just mentioning that for the sake of the recorder.

Margaret L. Kripke, Ph.D

0:37:33.1

Understood.

Tacey A. Rosolowski, Ph.D

0:37:34.2

Is there anything that you'd like to say about that time of setting up the lab in terms of what your goals were when you first came? What were your goals as chair?

Margaret L. Kripke, Ph.D

0:37:48.5

Well, that's a double question because there were goals in setting up the laboratory, and when I came the laboratory was not built, so I was in kind of temporary space. I brought with me one person who had been my postdoctoral in Frederick, and so he came and helped set up the laboratory, and I'd had another scientist who worked with me in Frederick who had previously moved to Houston and was interested in coming back to my laboratory, and so I had 2 people whom I knew well and collaborated with, had collaborated with, who came as the starting—founding members of first of the laboratory and then the department.

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Tacey A. Rosolowski, Ph.D

0:38:32.7

And who were they?

Margaret L. Kripke, Ph.D

0:38:33.7

Steven Ullrich.

Tacey A. Rosolowski, Ph.D

0:38:37.0

And he was the grad student, the postdoctoral?

Margaret L. Kripke, Ph.D

0:38:39.7

He was my postdoctoral fellow. He is now the Ad Interim Chair of Immunology, and a doctor named Honnavara Ananthaswamy, who retired about 2 years ago as a full professor at MD Anderson, and we remain good friends to this day, and we were scientific collaborators for many, many years. There were goals for setting up the laboratory and for establishing my own research, and then there were goals for recruiting people into the department and really trying to build a department of basic immunology.

Tacey A. Rosolowski, Ph.D

0:39:16.8

Tell me about those goals in the 2 different areas.

Margaret L. Kripke, Ph.D

0:39:20.5

Well, the laboratory goals were to organize things in a way that we would be able to continue the research, and part of that involved setting up an animal facility, building and setting up an animal facility and finding the people to run it in the way that we had previously experienced in Frederick. We had a wonderful animal facility there and were interested in trying to duplicate that in Houston and so that was a long, lengthy process and—

Tacey A. Rosolowski, Ph.D

0:39:54.4

What were some of the features you were trying to replicate? I don't know anything about the issue of animal facilities.

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Margaret L. Kripke, Ph.D

0:40:00.3

There's a pathogen-free animal facility, which means that the animals have a defined body flora. They're not germ-free. They have bacteria and viruses, but they are the kind that live in your body normally. They are tested and known to be free of all exogenous pathogens, and we insisted on having that kind of an animal facility when many places have only conventional animals. You bring animals in, you take them out. It's not a big deal. But this is a very controlled facility with limited access, and animals don't have to be quarantined before they can go in or out. It's a very—

Tacey A. Rosolowski, Ph.D

0:40:53.7

Sure for immunology it's—

Margaret L. Kripke, Ph.D

0:40:56.0

Yes, it was a very serious operation. It turns out that most—many animal facilities are pathogen-free facilities because it's been shown that, particularly for immunology studies and for cancer studies, you really need to have that, otherwise your results are clouded by pathogens in the facility.

Tacey A. Rosolowski, Ph.D

0:41:18.9

Were there any other goals for setting up a lab that you were working on?

Margaret L. Kripke, Ph.D

0:41:24.8

Well, I was also very interested in teaching. I'd not had an opportunity to participate in any teaching previously, so I was very interested in the graduate program and so one of my goals was to become involved—there was a multi-departmental monthly institutional graduate program in immunology, and so one of the first things that I did was to join the immunology program and develop some leadership in the area of basic immunology for MD Anderson. The program previously was centered primarily at Baylor and had some people from the UT Health Sciences Center, a few people—maybe a handful of people from MD Anderson. And so that did change during my tenure as chair of immunology, and I have also started doing some formal teaching in immunology when we—

Tacey A. Rosolowski, Ph.D

0:42:25.0

How did you find that?

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Margaret L. Kripke, Ph.D

0:42:27.5

I loved it. That was great. It was really extremely rewarding. I loved the students, and I loved the teaching part of it.

Tacey A. Rosolowski, Ph.D

0:42:35.9

Are you one of the kinds of teachers whose teaching feeds their research and vice versa?

Margaret L. Kripke, Ph.D

0:42:41.7

Well, that's pretty much the way it works because in order to train graduate students they have to have a research laboratory/research experience, so yes, but I like the didactic—the formal didactic training and teaching people the history of how immunology worked and how transplantation immunology developed and how to give a presentation and how to design an experiment and what are the appropriate controls that one uses, so that part of it was very appealing to me.

Tacey A. Rosolowski, Ph.D

0:43:18.0

Was that a surprise?

Margaret L. Kripke, Ph.D

0:43:18.3

Yes, actually. Yeah. I enjoyed it much more than I thought I would, and that was the one thing that I was really very reluctant to give up when I moved to full-time administration. That was one of the harder things. I did make a lot of research progress once I came to MD Anderson, so we had the dual responsibility of running our own research operation plus running a department with other principal investigators. To start a laboratory is really like starting a small business. It's like a small business enterprise. You have to have—you hire people and fire people, and you have to have the supply chain, and you have to make sure the supplies get there and everything. It really is like running a small business, and so you have to do that, plus you have to help half a dozen other people run their own small businesses and get them started and find them and recruit them and so on, so it was very all-consuming probably for the first 5 or 6 years.

Tacey A. Rosolowski, Ph.D

0:44:32.7

Oh, interesting. For that long?

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Margaret L. Kripke, Ph.D

0:44:33.9

Yeah. Oh, yeah.

Tacey A. Rosolowski, Ph.D

0:44:35.9

Because that kind of goes to the recruiting issue you were talking about earlier that part of your goal was to recruit people for the department. Can you tell me about that process? What did you want to accomplish with your recruiting program?

Margaret L. Kripke, Ph.D

0:44:49.5

Well, I wanted to make sure that there were people working on different aspects of immunology than what I was interested in, and particularly I was interested in bringing in some people who did human immunology since I am a mouse doctor and all of our models were in animals. I thought it would be important to branch out so that we actually had something to do with real human immunology, so that's part of what I was looking for. Mostly I was looking for people who had excellent training, excellent backgrounds, and who had a real talent for research. And again, I must say that I learned a lot from that experience. I am not a very good recruiter. I like everybody. I like to—I hate not to hire someone, and so I'm not the best judge of who to hire either administratively or scientifically, and so I learned a lot from the process, made a number of mistakes, moved on and whatever.

Tacey A. Rosolowski, Ph.D

0:46:01.6

Who were some of the people that you hired at the time to round out the focus of the immunology department?

Margaret L. Kripke, Ph.D

0:46:07.2

Oh, goodness. It's been an awfully long time, a long time ago. I think there are still 2 faculty—well, counting Steve Ullrich there are 3 faculty members who are there whom I hired at some point during my tenure as department head, and I think all the rest of them were hired by my successor in that role.

Tacey A. Rosolowski, Ph.D

0:46:32.9

And who was your successor?

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Margaret L. Kripke, Ph.D

0:46:35.6

Yong-Jun Liu, L-I-U, and I always said that the best thing I ever did for the Department of Immunology was to resign as chair and to recruit him as chair, and I still absolutely firmly believe that. He has recently left to take a position running a research institute in Dallas, actually, and he is a human immunologist, very forward thinking, works on those funny cells in the skin of other places that initiate the immune response, and he was very interested in building a program that would have an application of the basic science findings in clinical trials, in clinical medicine, and so it was an extremely—it is probably my last great immunological experiment in hiring Yong-Jun and trying to set up really a program in—multidisciplinary program in immunology. They were recruiting for a head of melanoma in medicine, and they recruited a person who is interested in immunological treatment of melanoma. The same thing happened with lymphoma. The head of lymphoma is also part of the immunology program, and then there was a person here in bone marrow transplant who was also interested in cancer vaccines and developing immunological treatments for cancer, and so that was really Young-Jun's vision was to have that kind of a program of science where everybody had their own laboratory, but the goal was to take the laboratory findings and get them into clinical medicine, and they succeeded beyond anybody's wildest dreams, I think, and so that was a very, very successful program. Building that program—we put it in a new building, and we had space, a beautiful new space to house it in—was a grand experiment which I think is probably one of my better ones.

Tacey A. Rosolowski, Ph.D

0:48:51.1

What was the new building?

Margaret L. Kripke, Ph.D

0:48:52.6

It's the South Campus Research Building 1. I was involved in the design and organization of the building, and I did talk them into putting an auditorium and cafeteria and stuff in the middle section of that building when the second half was built, so that, as I say, remains my great immunological experiment.

Tacey A. Rosolowski, Ph.D

0:49:23.0

I read that when you came to MD Anderson you were really aware of the fact that you had to—in your words—come up to speed to work in clinical situations.

Margaret L. Kripke, Ph.D

0:49:33.0

I said that? Yeah, I guess so. No, I don't—

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Tacey A. Rosolowski, Ph.D

0:49:34.2

You don't think so? Okay.

Margaret L. Kripke, Ph.D

0:49:36.9

That does not sound like me.

Tacey A. Rosolowski, Ph.D

0:49:39.6

It doesn't sound like you. (laughter)

Margaret L. Kripke, Ph.D

0:49:42.7

I never worked in a clinical situation.

Tacey A. Rosolowski, Ph.D

0:49:44.9

No, that you hadn't, so that you needed to come up to speed to get used to dealing with that situation.

Margaret L. Kripke, Ph.D

0:49:51.7

When I became an administrator, not when I was head of immunology. I mean, I had some sensitivity to the fact that we were in a hospital, and we should hire people who knew something about human immunology, but getting up to speed on clinical issues is what happened when I became a vice president—

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Chapter 4

A: The Researcher

0:50:10.4 to 1:09:04.7+

Research Advances and the Excitement of Scientific Discovery

Chapter 4 Story Codes

A: The Researcher

C: Collaborations

C: Research, Care, and Education

A: Career and Accomplishments

A: Influences from People and Life Experiences

A: Character, Values, Beliefs, Talents

A: Personal Background

C: Discovery, Creativity and Innovation

C: The Professional at Work

D: On Research and Researchers

A: Overview;

A: Definitions, Explanations, Translations;

C: Discovery and Success;

B: Multi-disciplinary Approaches;

Tacey A. Rosolowski, Ph.D

0:50:10.4

Okay, because I was wondering did you ever work on any or collaborate on any projects that had direct human applications, or were you always, in your words, a mouse doctor?

Margaret L. Kripke, Ph.D

0:50:21.5

I was always a mouse doctor, but I had some collaborations. I had a lot of dermatologists who came to work with me, and they, of course, did some things on people, so they were the ones who actually translated things from the laboratory into clinical use.

Tacey A. Rosolowski, Ph.D

0:50:41.6

What were some of the—do you recall some of the findings?

Margaret L. Kripke, Ph.D

0:50:45.1

I'll tell you one of my favorite findings. We were interested in understanding what was the initiating event that started all of this cascade of immunological stuff in the skin. What is

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ultraviolet light really doing? And one of the things that's been known for a long time that ultraviolet light does is cause DNA damage, and so the question we tried to ask is is it DNA damage that somehow triggers the response that leads to this cascade of immunological events? And I'd found a collaborator who had developed little liposomes, little fat capsules which contained an enzyme—oh, dear.

Tacey A. Rosolowski, Ph.D

0:51:35.3

We should just pause until these—(audio pauses 0:51:38.0) Okay.

Margaret L. Kripke, Ph.D

0:51:40.1

My collaborator had developed little fat packets that had inside them an enzyme that repaired DNA damage specifically of the kind that's made by ultraviolet light, and the minute I heard him talk again at the photobiology society meeting, this was a way to address the question that we were interested in. He had been using this in all kinds of other systems, but using these things as an approach to repair DNA damage in the skin of an animal had not been done before, and it turned out that yes, the fat little globules got into the skin. You could trace the enzyme into the cells and into the nuclei, and you could track the enzyme within the inside of the cells in the nucleus of the cell, and they actually worked to repair DNA damage, and they completely prevented the effect of ultraviolet light on the immune system, and so that was very exciting, and so I had a dermatologist from Austria who came to work with me, and he actually did some more experiments in humans.

Tacey A. Rosolowski, Ph.D

0:53:00.2

Who was the first collaborator?

Margaret L. Kripke, Ph.D

0:53:00.9

A fellow named Daniel Yarosh, Y-A-R-O-S-H.

Tacey A. Rosolowski, Ph.D

0:53:06.1

And who was the Australian?

Tacey A. Rosolowski, Ph.D

0:53:09.0

Austrian.

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T.A. Rosolowski
0:53:09.6
Austrian. Oh, I'm sorry. Austrian. I put an extra syllable in there.

Margaret L. Kripke, Ph.D
0:53:15.6
Peter Wolf.

Tacey A. Rosolowski, Ph.D
0:53:18.1
And did those findings end up to have some kind of clinical application?

Margaret L. Kripke, Ph.D
0:53:35.0
The finding I think that had the most clinical application is the finding that UV radiation—exposure to ultraviolet light can decrease immunity to almost anything, not just to skin cancers but to other things as well, and one of the kind of side avenues that we took here was to look at the effects of ultraviolet light exposure on infectious disease models in animals, and other people went on to show that vaccinating in an area that's been exposed to ultraviolet light decreases the immune response and that there are some effects on the human immune response between light exposure and immune responses to the organisms.

Tacey A. Rosolowski, Ph.D
0:54:22.0
But it sounds like there's still a long way to go to discern all of the complexities there.

Margaret L. Kripke, Ph.D
0:54:28.9
Yes, and therapeutically there are people who are trying to use ultraviolet light to decrease unwanted immune responses in the skin and to get rid of things like—there's a graft versus host reaction that occurs when you have bone marrow transplantation where the cells, the lymphocytes that you put into the body, react against the recipient, the host, and so people are trying to use ultraviolet light to decrease the skin reaction, and so there is a phototherapy application of the ultraviolet light, but mostly it's really about understanding the mechanisms by which these very highly antigenic skin cancers are able to grow and defining the role of the immune system in the establishment of skin cancers.

Tacey A. Rosolowski, Ph.D
0:55:29.0
I was wondering if you could talk about—I'm never quite sure how to ask this question, but I'm

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interested in the mental process that you go through when you're doing an investigation, what that's like, what kinds of—I mean, is it purely intellectual? Is there a sense that you've got an inner compass that tells you you're on the right track? Obviously you're doing experiments and collecting data and evaluating that data but—

Margaret L. Kripke, Ph.D

0:55:54.9

But that's the end process.

Tacey A. Rosolowski, Ph.D

0:55:55.8

Yeah.

Margaret L. Kripke, Ph.D

0:55:56.7

Yeah, that's right. I'll give you a couple of examples.[CLIP C: Discovery, Creativity and Innovation, C: The Professional at Work] One is a very famous experiment that Josh Fidler and I did, probably the greatest scientific experiment he and I ever did. He had claimed in his usual flamboyant manner that cells in a cancer were heterogeneous and that cells that formed metastases preexisted in the parent population. That was his conclusion, and I kept saying "You have no proof of that. These cells could become metastatic while they're running around in the body and doing things." And so we argued and argued and argued about whether that was true or whether it was proved or how we could do it, and I remember distinctly sitting in front of a—sitting doing tissue culture one day thinking about nothing in particular and the light bulb—I mean, literally the light bulb goes off, and I stopped what I was doing. I went into his laboratory—this was in Frederick—went into his laboratory and I said, "I have the experiment to do. I know the experiment to do to settle the question." And it was cloning, making individual clones out of the tumor and asking—if he was correct then some clones would be metastatic, and other clones would not, and that was in fact the answer. But the fun part is when the light bulb goes off and you have this feeling that all of a sudden you know something or know how to do something that no one else in the world knows, and that's the exciting part. The rest is just doing the work. The other part that's really interesting is looking at the data that you've got and trying to make sense out of it. It's like solving a crossword puzzle. How does this work? What does this tell you? What can you learn from this? But the real excitement is in designing the right experiment and loving the fact that you've done the elegant experiment, the real definitive experiment that really gives you the yes or no answer, so that was one. END CLIP]

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Tacey A. Rosolowski, Ph.D

0:58:27.3

What were some of the most memorable laboratory experiments, if you can pick one out, for you? I mean, laboratory experiences, I should say, moments in your lab that were just killer.

Margaret L. Kripke, Ph.D

0:58:45.4

You mean the a-ha moment kind of thing? There were really—there have been several over the years. One was listening to Dan Yarosh's talk and knowing that that was the approach that would answer the question of is DNA damage important and knowing that if they could get into the mouse skin and if the enzyme actually got to where it was supposed to be that that would be definitively answering the question, and that was very exciting. We had a long and enormously productive collaboration over that issue. Another one was early on, when we were looking at the effects of ultraviolet light on skin cancer development and on the immune response to skin cancers, we started profiling the immunology of the animals. Are they immune suppressed? Can they make responses against anything else? It turns out they can make responses against almost everything else, so the defect was very selective for cancers induced by ultraviolet light, but there were some exceptions. There were some interesting exceptions, and one of the exceptions was that animals that had been exposed to ultraviolet light, one site, and if you then immunized them at a site that was not exposed to ultraviolet light and the immunization was through the skin, the animals didn't make the immune response. There was a systemic alteration that prevented the animals from making an immune response to a—it's called contact sensitizers, what you get when you have nickel allergy or some contact allergy. Poison ivy is another example, poison oak, those kinds of things. Those are contact allergies, and ultraviolet light had the ability to turn those down or turn them off, and at first it was kind of annoying because we were so sure this was a selected response because the animals could reject other kinds of cancers. They could reject skin grafts. They could make antibody responses. They could do everything, but they couldn't do this, and it was kind of an outlier, and then I started thinking about it, and I thought, well, if ultraviolet light can alter the immune response to these chemicals that you put on the skin could you use that—what would be the implications of that for bacteria and viruses and stuff that get in through the skin, and does ultraviolet light play a role there? And it turns out it's very important in the herpes virus, by the way. And the fact that you could use that as an experimental model to understand the mechanism of what ultraviolet light was doing because you could then use the contact allergy system to follow the fate of the cells that picked up the antigen in the skin. You use a fluorescent antigen in the skin, and then it turns out they travel to the regional lymph node, and you can separate them out, and you can show they have DNA damage in them and so on. It was an a-ha moment that this wasn't an annoyance. This was a tool that could be used to really go further in the understanding of the mechanisms and what was going on and also perhaps be of some therapeutic benefit, so there you have it.

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Tacey A. Rosolowski, Ph.D

1:02:39.2

That's a great example. You've noted a bit of your collaboration with Dr. Fidler, and I notice that you've co-authored papers. Obviously you've talked and argued about things.

Margaret L. Kripke, Ph.D

1:02:58.3

All of our papers were the result of an argument. (laughter)

Tacey A. Rosolowski, Ph.D

1:03:04.5

In his interview he credits you with asking him some very challenging questions that helped him redirect his research, so I was wondering how you would summarize the effect of this kind of life partnership collaboration on your career.

Margaret L. Kripke, Ph.D

1:03:19.8

Well, Josh has always been my serious political advisor. He's much more attuned to the political world than I am, and so he's been extremely helpful in that regard, and I mean the politics of science and he used to tell me—you know, you send a manuscript for publication, and it comes back, and they say, "Well, we didn't like this, and we didn't like this, and we want you to rewrite this and revise that and do 3 more experiments" and whatever. And I would start writing this long, lengthy rebuttal about how they were wrong, and that's not the way to do it, and they don't know what they're talking about. And Josh would—I would say "Look at this for me," and he'd look at it, and he says, "Do you want to get the paper published, or do you want to be right?" And so that was a real learning—a difficult learning experience for me is to kind of sit back and say okay what do we have to do to get—because if it doesn't get published no one will ever see it anyway, and so he taught me a lot about the processes of science and the politics of science and also was a very good critic of my work and writing. Was it clear? If he couldn't understand it, then no one could understand it, so it was a very synergistic relationship, and as I say, most of those scientific publications came out of an argument about who was right and designing the experiment to determine who was correct. The other interesting outcome was that my daughter—I had a 4-year-old daughter when Josh and I were married, and she grew up at the dinner table speaking both metastasis and immunology, and she could spell metastasis by the time she was 7, and she now has a PhD in immunology and works for the National Institutes of Health.

Tacey A. Rosolowski, Ph.D

1:05:35.8

And her name is?

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Margaret L. Kripke, Ph.D

1:05:36.4

Katherine Kripke.

Tacey A. Rosolowski, Ph.D

1:05:40.7

How would you say you've influenced Dr. Fidler's career?

Margaret L. Kripke, Ph.D

1:05:50.7

I like to think that I've—I don't think I've influenced it in any way. I like to think that I've facilitated some things. I used to spend a lot of time reading his scientific articles, again, for clarity and logic and presentation and so on, the same kinds of things that he did for me as well, and I think we improved each other's scientific output. It was, in general, a pretty synergistic relationship. Sometimes he would think of things for me to do, new experiments that I could do and vice versa. It was a productive relationship. Pretty boring dinner table conversation if you run into it.

Tacey A. Rosolowski, Ph.D

1:06:45.7

Well, it sounds like your daughter Katherine definitely profited enormously from it.

Margaret L. Kripke, Ph.D

1:06:48.8

She benefited. By the time she went to college she already spoke immunology.

Tacey A. Rosolowski, Ph.D

1:06:56.5

That's very cool. Now, I read at one point—I hope I got this correct—that when you—that you reluctantly gave up research to really focus much more strongly on the administrative aspect of your career.

Margaret L. Kripke, Ph.D

1:07:12.5

That's true. That is correct.

Tacey A. Rosolowski, Ph.D

1:07:13.7

Okay. And so I wondered would you like to talk about that?

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Margaret L. Kripke, Ph.D

1:07:16.9

I want to say one other thing about Josh's and my influence on each other's careers. In some senses it has been difficult in terms of my leadership role. I was the program director in Frederick, and he was one of the people there. Of course, he can never report to me, but it made for an awkward situation, and it probably disadvantaged him in many regards, including one at MD Anderson when I became a vice president because I feel like I had to bend over backwards not to show favoritism in cases where I had the ability to do that, and so he has been very supportive and very long-suffering in that regard. I think—would he have done differently or better? Probably not, but it was not easy for him or me.

Tacey A. Rosolowski, Ph.D

1:08:24.7

Is there an instance that you feel you could diplomatically share that would—in which you had to make a decision that in another situation—

Margaret L. Kripke, Ph.D

1:08:35.9

I can't think of a specific one.

Tacey A. Rosolowski, Ph.D

1:08:37.8

I was just curious. Yeah, I was thinking that might have—that would bring up some very difficult issues, and I think if you had a 2-career couple there are always going to question about the activities of one that rises into a position of leadership and even more so if it's a woman in a male-dominated situation.

Margaret L. Kripke, Ph.D

1:09:04.7

I think Josh has kind of had to make the decision over and over again not to move up administratively, and it has forced him to really define what it is that he—how he wanted to spend his career, so obviously I think he's made the correct choice. But as I say, it has not been easy always.

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Chapter 5

A: The Administrator

1:09:33.1 to 1:38:10.9

Moving into Administration: a Path from Department Chair to Executive Vice President for Academic Affairs

Chapter 5 Story Codes

A: The Administrator

C: Leadership

C: Mentoring

C: The Professional at Work

D: On Leadership

A: Experiences re: Gender, Race, Ethnicity

C: Understanding the Institution

B: Institutional Mission and Values

B: MD Anderson Culture

B: Critical Perspectives on MD Anderson;

Tacey A. Rosolowski, Ph.D

1:09:33.1

Would you like to shift gears a bit and talk about administrative roles?

Margaret L. Kripke, Ph.D

1:09:35.2

Sure, whatever. Yeah.

Tacey A. Rosolowski, Ph.D

1:09:40.7

We've talked about your role as chair of your brand-new department. Is there anything else that you would like to add about building that department from an administrative point of view, maybe of connections with other programs? Or I'm just curious if there's anything we haven't covered about that.

Margaret L. Kripke, Ph.D

1:10:02.2

Well, I think being chair of immunology was kind of a continuation of the learning curve or an administrative role, a leadership role, and so I continued to really try to learn about leadership and learn about administration.

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Tacey A. Rosolowski, Ph.D

1:10:24.7

What were some of the lessons that that experience taught you?

Margaret L. Kripke, Ph.D

1:10:28.8

I don't think when I started that I had a very clear idea about setting goals and getting people to share goals and to move the department in the direction—it was really about hiring individuals and helping them be successful, and so I think I gradually learned about getting feedback from the other faculty members, what is working for you, what is not working for you, what could we do better to help you do your work and so on. And so that was something that I learned as part of that job just to be more conscious about leadership issues, and I should say that for the first—I don't know—probably 5 to 10 years in that position my evaluation by my superior was about my science, not about building the department and then that also—then there was more attention being paid to the department.

Tacey A. Rosolowski, Ph.D

1:11:50.0

I was just going to ask you if you found that there was a mentor for leadership issues within the institution for you, anyone you looked to or—

Margaret L. Kripke, Ph.D

1:11:59.4

I feel like I've had lots of mentors. In fact, every place that I've been I have learned something from the person that I reported to, including a lot of things about how I would not do things, which I think is just as important as learning things that you like is learning what you don't like and what you see doesn't work, and so in that sense I've had lots of mentors. They've all been male, by the way, but I think it's been—I do think that I was cognizant of what I was learning from people as I watched them in a leadership role.

Tacey A. Rosolowski, Ph.D

1:12:50.5

Now, in 1996 through 1997 you were part of ELAM or the Executive Leadership in Medicine Program. In fact, you were the only person from Texas selected to participate in that program that year and you had mentioned—I can't remember if it was in your interview or in your autobiographical essay for Legends and Legacies that that was really a critical experience for you, and I wonder if you would talk a bit about what that was, what that offered you.

Margaret L. Kripke, Ph.D

1:13:25.3

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Well, it was a new program that had started the previous year, and the year that it was announced it was too soon for me to go. I couldn't organize things to get to go the first year, and so I asked permission to go to this program and I was really at a position—I had already told Dr. Becker that I would be stepping down as department chair after 15 years, and my feeling was I'm not learning anything else. This is not a learning experience for me anymore. Someone needs to come in and really take the department in a different, broader direction that has more relevance to the human cancer issue, and I'm either going to go back to the laboratory and continue my research, or I'm going to do more administration. By then I was really interested in the science of administration and in leadership issues in general from a didactic point of view, and so when this course became available I thought that would be a good thing for me to see whether I'm really—which way should I be going here, and it was interesting. There was a woman in my class my same year who was also an immunologist, and I ended up going the administration route, and she ended up staying in the laboratory. But it was a time—it was a year's program—we went for a week or 10 days or something in the fall, and we went to the American Association of Medical Colleges meeting in the winter, and then we had another week in the spring, and then we had assignments during the year in addition to that.

Tacey A. Rosolowski, Ph.D

1:15:17.9

And this program was just for women.

Margaret L. Kripke, Ph.D

1:15:20.6

It is just for women, and it's for women in academic medicine, and the entire focus of that program is to increase the numbers of women in leadership positions in academic medicine. And so it was an extremely formative experience for me. It was an eye opener for me. I learned things about leadership and administration that I had no idea about, and it was incredibly valuable in terms of teaching me how to lead people who have different styles than I do. It helped define what is my own style, what are the principles on which you are going to lead, and just really crystallizing a lot of those issues for me. It was also extremely energizing to be in a room full of very talented, very bright, very high-powered women, which is something that had been totally beyond my experience before. You're in a room full of women, and you don't have to be the one who organizes and does everything. There are other people who will also help out. But it was a phenomenally exciting time, and I really met wonderful people, and it really gave me the opportunity to reflect on where I wanted to go with my career. One of the most valuable things that they did in that course, which they are still doing now after 10, 11, 12 years, is one of the intersession assignments is to interview people in your institution, the head of development, the head of finance and administration, the head of personnel, people that you don't normally have contact with. I learned so much from that exercise about how the institution worked and what was important to people and what they were trying to accomplish in their jobs. It was really an

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incredible exercise. It also was amazing that they were so thrilled that somebody wanted to know what they did, also a revelation that some faculty member was interested in what they did, which was very telling. At the end of it I decided I really did want to do administration and that I was not going to—I felt for many reasons that my major contributions had been made scientifically. I always say that if I were married to anybody but Josh I probably wouldn't feel like that, but every time I think he's done his important work he comes out with something else. I thought, no, I've done my thing, and I was really interested in learning other things and moving on to something where I was kind of growing professionally, and so that was the choice. And it happened that that is when Dr. Mendelsohn came to the institution, and so that provided the opportunity because there were many changes in the administration and the structure at the time that he came, and so he gave me the opportunity to participate.

Tacey A. Rosolowski, Ph.D

1:19:14.1

You were appointed in 1998 Vice President for Academic Programs, and maybe we could kind of do a couple things. As you talk about that appointment, take me through what your roles were, but I was also interested in going back and picking up some of those lessons that you learned during the leadership program, what you learned about your style, what you learned about creating a vision and dealing with other people, so however you want to tackle that particular territory of the vice presidency for academic programs.

Margaret L. Kripke, Ph.D

1:19:52.4

It became very clear to me that you can't anticipate every set of circumstances. Once you move into that level of administration it's like the white water rafting analogy. You get in, and you start paddling because you can't do anything else, and you have time to think about what it is that you're doing, and so it's extremely important to lead from principles because it forces consistency. It enables transparency, and it gives you guideposts for decision making.

Tacey A. Rosolowski, Ph.D

1:20:38.3

What were your principles?

Margaret L. Kripke, Ph.D

1:20:39.9

One of them came from—was a mandate from Dr. Mendelsohn, and that is to support excellence. He wanted excellence in science, excellence whatever, so you support excellence. If you have a choice to make, you have to decide who gets resources, you support excellence. One of my favorites is reward the behavior that you want. I really, really tried to stick with that. It's easy to do things for people who are pounding on your desk and screaming and being the loudest, and I

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tried always to not reward bad behavior and to make part of the institutional awards include an element of being a role model in the institution, so reward the behavior that you want is an important one of mine.

Tacey A. Rosolowski, Ph.D

1:21:46.4

It's administering and also culture creating in a sense.

Margaret L. Kripke, Ph.D

1:21:49.8

Yeah, yeah. Another principle: always tell the truth. It's amazing how many people don't do that. Always tell the same story. I know people in leadership positions that at the scene they will say one thing in one context and say something somewhat different depending on who the audience is. That never works. It's a disaster. Or never taking responsibility for decisions and for actions, that's another principle. Always be ready to stand up and take responsibility for what it is that you're doing.

Tacey A. Rosolowski, Ph.D

1:22:34.1

That's interesting because those sound like not only leadership principles but also just ethical principles.

Margaret L. Kripke, Ph.D

1:22:47.7

It's amazing how often those are not followed. I mean, I have seen previous leaders who were very secretive about who got resources and how things worked and whatever, I suppose as a protective mechanism. Dr. Mendelsohn's administration was much more open in terms of we can all look at the finances. We all see the same numbers. We all get the same data. We all get the same story. It was a major cultural shift under Dr. Mendelsohn.

Tacey A. Rosolowski, Ph.D

1:23:29.0

From Charles LeMaistre.

Margaret L. Kripke, Ph.D

1:23:31.3

Yes, and it was partly Mr. Leach who changed the financial systems to make them totally transparent so everybody is working—all of a sudden everybody is working from the same set of numbers, which was a terrible source of contention in the previous administration. Everybody

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kept their own set of books. Everybody had their own numbers, and money was hidden everywhere, and that was a major cultural change.

Tacey A. Rosolowski, Ph.D

1:23:59.9

I can see when you mention it there was just a huge institutional shift at that moment when you became vice president. Suddenly there was a new set of guiding principles at the—

Margaret L. Kripke, Ph.D

1:24:09.8

Well, I don't think it happened overnight. It evolved over the first few years, but I think there was a major cultural change. There was also a big mindset change because at the time that Dr. Mendelsohn came in the institution had had an outside consulting report come in and say that managed care is going to kill your business. You're going to have to downsize. They actually did downsize the institution significantly at that time, so when I became Vice President for Academic Programs I think there were only 7,000 people in the institution. But it was an easier administrative role in those days, I can tell you.

Tacey A. Rosolowski, Ph.D

1:24:51.1

Now, I was going to ask you what your goals were as vice president, and I don't know if those overlap with your principles or not, but how would you respond to that question about your goals and intentions?

Margaret L. Kripke, Ph.D

1:25:05.6

They are overlapping with the principles to a good extent. One of the goals was to level the playing field for scientists in the institution. There's basic scientists in basic science departments. There are basic scientists in research departments that belong to clinical divisions, and there are research scientists that are in clinical departments, so there are 3 different ways that you can actually be a researcher at MD Anderson, and when I came to administration they were all treated very differently, and they were not given the same resources.

Tacey A. Rosolowski, Ph.D

1:25:48.0

Why is that?

Margaret L. Kripke, Ph.D

1:25:53.5

Historical evolution, I think. Clinical departments hired PhDs to do their work, and they hired

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them without any institutional support and without any infrastructure and without anything, and they controlled whether they got promoted or not, so about the time that I came to the institution they were trying to make sure that the criteria for promotion and tenure for research faculty were the same across the board. But what I inherited was a situation where everybody wanted the criteria to be the same for promotion, but the resources were very different, which is very unfair, obviously. Leveling the playing field for researchers was a major issue. Another one was the transparency issue, letting everybody know what the principles are and why decisions were made in the way they were. I really believed in trying to communicate with the other department heads, with faculty, in terms of trying to interpret the institution and what was happening in the institution for them because people—if they don't have enough information they'll make up stories about how things are working, and so that's a constant challenge is to use the opportunities that you have in meetings or whatever to really talk about your goals, the principles, what's happening, rather than just feeding people information.

Tacey A. Rosolowski, Ph.D

1:27:41.9

How did you go about resolving or meeting that goal of leveling the playing field for researchers?

Margaret L. Kripke, Ph.D

1:27:47.7

Well, I'm not sure it ever has been completely resolved, but one of the things that I did is to make sure that people were hired by the same criteria. It used to be that you could bring somebody into the institution on a non-tenure track, research non-tenure track, and then switch them into the tenure track. That doesn't work. If you want everybody to have the same resources, you have to be able to plan how many faculty positions do you have, what kind of resource packages are they going to get when they come, and so we absolutely put a stop to the ability for people just to slide people into the tenure track under the table.

Tacey A. Rosolowski, Ph.D

1:28:45.0

Right, the, oh, gee, we like you.

Margaret L. Kripke, Ph.D

1:28:47.8

Come work for me for a few years. I'll make sure you get your promotion. That was one. Another one was that research departments created during certain periods of time had lots of resources, secretary positions, technician positions, money to support departmental activities. The basic science departments had that. The other ones didn't, and again, that was a historical issue that people in the clinical departments had a different reporting structure and a different

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financial—they were under a different budget system. And so one of the—I think—major things that I did was to take all of those resources—and of course, if a department was created during the time when the institution had a lot of money, you got a lot of resources. And if it was created at a time when there wasn't a lot of money, you didn't get a lot of resources. What we did was to take all the positions and put them together and create a pot of dollars and then re-divide the dollars on the basis of how successful the departments were in terms of bringing in grant money, external funding. So again, it's a matter of rewarding the behavior that you want, making sure everybody understands what the game plan is, and people who lost resources of course were not very happy about it, but no one really complained about it. Everybody understood what the basis of it was.

Tacey A. Rosolowski, Ph.D

1:30:16.5

And again, that transparency. That's so key to getting people to just buy in at least.

Margaret L. Kripke, Ph.D

1:30:21.2

We tried to make it as painless as possible so that was a major—I would say a major initiative.

Tacey A. Rosolowski, Ph.D

1:30:29.3

Was there something during that period—because you were in that role for a year, and then you were promoted to senior vice president.

Margaret L. Kripke, Ph.D

1:30:37.0

Yeah, what happened was that the senior vice president position I had applied for, and so did Andy von Eschenbach, and Dr. Mendelsohn chose Andy. As he has said subsequently, he just did not think that he could have someone in that position, head of academic affairs—or he was chief academic officer—who didn't have a clinical background, so that was the clinical issue. And although I wasn't thrilled about that, he made it clear that Andy needed to incorporate me and my research talents into his administration, and so that's how that evolved. But after a year, Andy resigned from the position, and so I got the job, and I have thanked Andy many times for this, but it gave me a year to kind of get my feet on the ground, to get a better sense of the institution, to learn something about what were the issues for clinical faculty and so on before I actually took on that role. The president did me a real favor by not putting me in that role initially. It was extremely helpful, as it turns out.

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Tacey A. Rosolowski, Ph.D

1:32:20.6

What were the issues for—well, I'll let you choose how you approach what went on because you were in that position of senior vice president for 2 years. I'd like you to tell me a bit about that period and kind of what your goals were.

Margaret L. Kripke, Ph.D

1:32:37.3

What happened after that was I was executive vice president.

Tacey A. Rosolowski, Ph.D

1:32:36.7

You were then promoted to executive vice president.

Margaret L. Kripke, Ph.D

1:32:39.8

That's a title issue. The job didn't change.

Tacey A. Rosolowski, Ph.D

1:32:42.3

Okay. What was your role? It was pretty wide-reaching, as I understand, what your responsibilities were in that position.

Margaret L. Kripke, Ph.D

1:32:50.4

Well, I was in charge of academic affairs, and I had a wonderful vice president. Steve Tomasovic was my vice president for academic affairs—academic programs, I guess. That's promotion and tenure, hiring and firing evaluation of all faculty. Not just the research faculty but all faculty, so that was really the difference between working under Andy and moving up into his role is that I originally had that responsibility for the research faculty, but then I inherited the clinical side as well. It was all of the academic affairs piece, all the educational programs piece which Steve also did. I guess he started out being in charge of educational programs, and I brought in someone to run academic affairs and was not happy with the outcome, so after a few years Steve took that on as well. I had all of the research administration that included the grants office, how to get grants out and in to the institution, animal care and use committee, all of the regulations surrounding research and use of hazardous substances and all of those kinds of issues, all the research infrastructure things, patents, and that's pretty much the scope of the operations.

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Tacey A. Rosolowski, Ph.D

1:34:46.2

What were your goals in dealing with this expanded—?

Margaret L. Kripke, Ph.D

1:34:50.3

Survival, number one. Well, the first goal was really to develop a better understanding of the clinical side of the operation. Originally I did not have the responsibility for clinical research. That was on the clinical side, and so a lot of those functions remained under the vice president for patient care, and again, there was another reorganization at the time that I became executive vice president where clinical research was moved into my bailiwick.

Tacey A. Rosolowski, Ph.D

1:35:31.5

What were the issues that you saw evolving for clinical faculty and researchers that were different from basic scientists?

Margaret L. Kripke, Ph.D

1:35:40.7

Well, their responsibilities are so totally different. The clinicians have responsibility for taking care of patients, so they have to be in the clinic a certain number of days of the week. They don't always have the privilege of doing research. Many of them want to do research but don't have the mandate or the time or whatever, and so trying to sort that out and decide who is a physician-scientist who gets laboratory space and research resources is an issue that I think still is not very satisfactorily resolved either at MD Anderson or anywhere. It's a very difficult role, and so I really had to learn what are the specific issues of clinical faculty, a lot of which has to do with how their time is scheduled, how they are scheduled, whether they can go to scientific meetings or not, clinical meetings or not. It's just a completely different culture, and it's a completely different set of responsibilities. Basic scientists can go off and sit in scientific meetings 50 percent of the time and nobody cares. As long as you get your work done, you're producing, you're writing grants, you're being productive, it's not such a big deal for you to be somewhere else. For a clinician it's critical because you've got patients. You've got followup patients. You have real other institutional responsibilities, and I think one of the things that I've learned is that MD Anderson is not a one size fits all institution in terms of the faculty, in terms of a lot of things, in terms of a lot of policies, in terms of faculty, certainly in terms of patients. I think that's a given. That's taken for granted. But I think initially I was trying hard to be equitable and level the playing field, but it just somehow didn't work between the research and the clinical faculty, and I think that there are still some things where we try to fit everybody into the same box, and it's not a comfortable fit.

Making Cancer History®

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Tacey A. Rosolowski, Ph.D

1:37:50.9

Looking at the time, and it's almost 4, I don't know if you'd like to stop for today, and we can resume tomorrow. Would that work for you?

Margaret L. Kripke, Ph.D

1:37:58.1

Yeah, that's fine.

Tacey A. Rosolowski, Ph.D

1:37:59.0

And maybe we can continue with some of your experiences at this level of administration tomorrow. That'd be great. Okay, so it's 5 minutes to 4, and terminating the interview for today.

(audio ends 1:38:10.9)

Margaret Kripke, PhD

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Chapter 00B

Interview Identifier

0:00:02.8 to 0:00:02.8+

Tacey A. Rosolowski, Ph.D

0:00:02.8

All right, this is Tacey Ann Rosolowski interviewing Dr. Margaret Kripke during our second session. Today is March 29 of 2012, and the time is about ten after two.

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Chapter 6
B: Building the Institution
0:00:02.8+ to 0:18:28.3+
Roles in Building Research and Advocating for Faculty

Chapter 6 Story Codes
B: MD Anderson History
B: Growth and/or Change
C: MD Anderson Past
C: Understanding the Institution
C: Leadership
C: The Professional at Work

Tacey A. Rosolowski, Ph.D
0:00:02.8

+

Yesterday we ended up our interview talking about your role as executive vice president, and I wanted to continue with that a bit particularly getting your view on the fact that—well, you had mentioned that under John Mendelsohn the institution was under a tremendous period of reorganization and transformation, and in fact, during the period that you were executive vice president there was a great increase in both faculty and trainees at MD Anderson and also a period of great growth in research programs. I wanted to ask you what Dr. Mendelsohn's mission was and how you went about designing a plan to execute that mission and maybe places where you had your own independent ideas of what needed to be done.

Margaret L. Kripke, Ph.D
0:01:04.7

Well, I think you have to ask Dr. Mendelsohn what his vision was for the institution, but he was certainly very instrumental in the huge growth of the institution. I don't think his vision included that kind of explosive growth of the institution. It was really a result of what he did with the institution. I think I mentioned yesterday that at the time that he came there was a spirit of retrenchment at MD Anderson, and there was actual downsizing of the staff and faculty, and when Mendelsohn came the first thing he did was to go around and ask faculty members—he met with all the departments, and he asked people "What's your biggest challenge?" And what he heard from all of the clinical areas was that they needed more resources. They could do more work if they had more space, more personnel, whatever. Instead of continuing the trend of shrinking the institution, he allowed it to grow, and it was financially very successful. The

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predictions of the Sharp Report, which is the consulting firm that came in, the predictions about the impact that managed care would have on MD Anderson did not occur, and so instead of being in a situation where we needed fewer and fewer beds and smaller clinical programs we were really burgeoning with not having—well, we were unable to really keep up with the demand, and so in recognizing that Dr. Mendelsohn enabled the institution to really expand to meet some of that huge demand, and in doing so the institution simply grew like crazy. I don't know if the growth is still at the same rate that it was then. I doubt it because it was just hugely—a huge expansion. But you can see the result of that in the numbers of buildings that have been built, and Dr. Mendelsohn and Mr. Leach, who was the financial genius who allowed the buildings to be built and who figured out how to manage the finances to keep building continuously, they are really responsible for changing the landscape of the city of Houston in terms of the creation of the South Campus at MD Anderson and a lot of the things that have happened south of the main MD Anderson hospital.

Tacey A. Rosolowski, Ph.D

0:03:55.4

In terms of the growth under your purview, how did you make a plan for that to happen?

Margaret L. Kripke, Ph.D

0:04:01.5

Well, I think one of Dr. Mendelsohn's goals was to improve the science at MD Anderson and to expand the scientific activities or to continue the expansion that had started under Dr. Becker, and so that provided an opportunity to increase to some extent the basic science activities in the institution, and of course, that was also, again, only made possible with the creation of new facilities because the most rate-limiting resource for the research part of the institution is always facilities. Even more than money it's facilities that keep you from expanding because researchers need space, and they need space for students and people and animals and whatever it is that they work on, so space is really quite rate-limiting in terms of the scientific activities.

Tacey A. Rosolowski, Ph.D

0:04:58.8

How did you proceed, and were there particular program areas, areas of research that you targeted?

Margaret L. Kripke, Ph.D

0:05:04.9

Yes, and those came out of—really they were guided by Dr. Mendelsohn's personal interests and

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by some discussion and a mutual interest in developing or furthering certain areas of science. I think, again, one of the guiding principles was to expand areas of excellence, build on excellence, and then also to kind of fill in some gaps where there wasn't scientific activity

Tacey A. Rosolowski, Ph.D

0:05:41.6

What were some of the areas that began to flourish with this period of growth?

Margaret L. Kripke, Ph.D

0:05:47.9

Clearly immunology was one, and again, that was due to the fact that Dr. Mendelsohn was very interested in immunology as an approach to cancer therapy, and interestingly and gratifyingly the new president is also very interested in that as an approach to cancer treatment, so I think that will continue to thrive in the institution.

Tacey A. Rosolowski, Ph.D

0:06:10.0

And this is Ronald DePinho.

Margaret L. Kripke, Ph.D

0:06:10.9

Yes, yes.

Tacey A. Rosolowski, Ph.D

0:06:12.0

Just for the purpose of the recorder. And other areas?

Margaret L. Kripke, Ph.D

0:06:20.0

Genetics was greatly expanded during that period. We started a new program in cancer genetics. We had a program in basic molecular genetics. That was expanded, and a group was added in cancer genetics. What else? Biostatistics and all of the kind of quantitative sciences were added during that period. We were very interested in building some of the areas of new technology such as molecular imaging, so that was an area that was really started from scratch and is still evolving in the institution. Those are some of the things. There were others probably but those were the—

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Tacey A. Rosolowski, Ph.D

0:07:09.9

Was there anything that you wish that you could have done during that period that you were unable to achieve?

Margaret L. Kripke, Ph.D

0:07:24.5

Yes. I think I would like to have left that role with greater clarity about how to manage physicians who were also laboratory investigators, and I think, again, that these are people who have been referred to in the past as endangered species because it is so difficult to do clinical medicine and also run a research laboratory, and of course, these are the people who really understand both worlds and can help bring them together. And it is a very difficult role for anyone to play, and I think there is still a lack of clarity about a career path for physician-scientists in the institution. How do you fund them? Most clinicians are funded by the fact that they take care of patients, and the patient income covers their salary and expenses and so on. If you are a physician-scientist, you're in the laboratory much of the time and not generating income, and so there's not a clear career path and a clear vision of how that is supposed to work in the institution going forward. Perhaps that has been resolved since I stepped down, but I think that was one of the things that I was sorry that I had not been able to complete or manage better during my tenure.

Tacey A. Rosolowski, Ph.D

0:09:04.7

On the flip side, what are you very glad you did accomplish in that role?

Margaret L. Kripke, Ph.D

0:09:11.5

Let me say one other thing about what I think was unfinished business. The other unfinished business has to do with how researchers are placed within the institution, like yesterday I mentioned that it's possible to do research in three different contexts at MD Anderson. One is in a basic science department. One is in a research department in a clinical setting division, and then you can just be a PhD in a clinical department. I would like to have seen better coherence in terms of how the careers of scientists were managed and organized within the institution.

Tacey A. Rosolowski, Ph.D

0:10:05.3

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Do you have any observations now or intuitions on how that might be managed better? What kinds of issues need to be looked at?

Margaret L. Kripke, Ph.D

0:10:14.5

Well, one model would be to put all the basic scientists into a research department or to put all of the researchers and clinical departments into a research department in a clinical division, so there are some other models that would be somewhat easier to manage and I think would be beneficial for the scientists involved. That's a very unpopular notion if you run a clinical department and you want researchers working on your particular type of cancer and so on. The mentality still exists that people need to work for the doctors and do whatever it is that they provide the funding to work on. It's a model—the current model is one that works, but I think it doesn't work as well for the individuals who are in those roles as it does for people who are part of a true research enterprise, and part of that is access to infrastructure. Basic science departments provide a lot of infrastructure help in getting grant writing and help in doing things that are the business of research. Clinical departments often don't have those kinds of infrastructure things, and so it makes it more difficult for the individuals.

Tacey A. Rosolowski, Ph.D

0:11:47.6

It's interesting that you're taking the perspective—not completely—but trying to find an administrative model and a framework in which the individual can develop through their own career more effectively. Do you feel that you—?

Margaret L. Kripke, Ph.D

0:12:05.2

Well, that's because science is all about people succeeding to be able to do their research unencumbered by worrying about lots of other things, so the more that you can do to foster an environment in which people can talk science to each other instead of complaining about what doesn't work in the institution it's very beneficial to the research.

Tacey A. Rosolowski, Ph.D

0:12:28.7

In terms of your own experience, how encumbered do you feel you were over the course of your career? What were the settings like for you?

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Margaret L. Kripke, Ph.D

0:12:39.6

I was in research settings for my entire career so I didn't have the experience of—well, actually, in Salt Lake City I was in a clinical department, but there was a research component to that department that was very strong and that belonged to the department chair and was very well supported by the department head. I was never in a position like some of the researchers at MD Anderson who live in a completely clinical setting.

Tacey A. Rosolowski, Ph.D

0:13:18.0

So you've had a much more ideal kind of path.

Margaret L. Kripke, Ph.D

0:13:19.5

Yeah, yeah. That's easier. That's just easier.

Tacey A. Rosolowski, Ph.D

0:13:23.0

What are the accomplishments that you are pleased you were able to achieve as executive VP?

Margaret L. Kripke, Ph.D

0:13:30.0

One of the main ones—again, we talked about yesterday—was the leveling the playing field issue and kind of redistributing resources to support research on the basis of who deserved them, not who felt like they were entitled to them, so that was one thing. Another thing we instituted was a review of research space. Again, many people when they came to MD Anderson were given an amount of research space probably depending on what was available at the time, and there was really no mechanism to adjust that up or down, and so we put into place a review process where space utilization and productivity was reviewed on an every-3-year basis, and it did 2 things. It took away or at least reduced greatly the thought of entitlement that this is what I was given when I came here, and you can't take that away from me. It's in my letter of offer, etc. We promulgated the idea that research space, again, is given based on merit, not on history, and so there was a review process. There were some adjustments made within departments. It's harder to do that between departments just because of the physical constraints, but within departments it gave the department chair the ammunition, if you will, to reduce someone's space if they were not being productive and to increase the space of junior faculty who were growing in terms of their research programs.

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Tacey A. Rosolowski, Ph.D

0:15:24.3

What was the reaction of the faculty to those kinds of changes? Did some people feel—?

Margaret L. Kripke, Ph.D

0:15:31.1

No one likes change, particularly when it's an administrative change, so there was a lot of—I think in both instances the feelings were mid [CHECK AUDIO HERE. MAY BE “MEH”]. On the one hand, I think people appreciated the fact that we were trying to distribute resources on the basis of merit and on the basis of fairness. On the other hand, there were some people who were very unhappy because they lost resources and also the review process—any time you institute a review process that makes people a little uncomfortable.

Tacey A. Rosolowski, Ph.D

0:16:12.6

Because losing resources is a comment.

Margaret L. Kripke, Ph.D

0:16:15.6

Right, correct. It put some pressure on people who ran research laboratories that they would rather not have had. But my feeling is that administration—leadership is not a popularity contest. It's about doing what needs to be done and trying to do it in a transparent way. It's not about being popular.

Tacey A. Rosolowski, Ph.D

0:16:42.6

Were there any other accomplishments that you want to talk about right now with that role?

Margaret L. Kripke, Ph.D

0:16:55.6

No, I'll have to think about that some more.

Tacey A. Rosolowski, Ph.D

0:16:56.4

Okay. One thing I did want to do was you're talking now about—

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Margaret L. Kripke, Ph.D

0:17:05.9

I did think of one other major agenda. There were two things that were kind of hot-button issues when I started. One was the grievance process for faculty, and so in collaboration with the legal office and the physician-in-chief and people who were involved in faculty grievance issues, we completely rewrote the grievance policy for faculty, and there was a lot of concern among the faculty that there was an institutional policy for all staff, and it was not being applied appropriately to faculty members and that they didn't have access to real due process if they had a grievance to bring forward and that was quite a—there was a lot of tension surrounding the issue when I first started and Dr. Mendelsohn first started, and so that was one of the first things that we attacked was trying to negotiate a grievance process that the faculty was happy with and also one that met the legal requirements for the institution.

Tacey A. Rosolowski, Ph.D

0:18:18.1

What were—I'm sorry. What were some of the specific issues that were coming up for faculty that were different than staff and administrators?

Margaret L. Kripke, Ph.D

0:18:28.3

I don't recall the specific circumstances, but there were a couple of cases that the faculty were very unhappy about. These are things that occurred before I actually took on an administrative role, so I'm not really privy to all the details but it had to do with people feeling like they didn't have any—they didn't have due process, and they weren't allowed to speak on their behalf, and they weren't entitled to a meeting with the president and so on, so a lot of those things were actually fixed by putting in place the new policy. The second thing of that kind was the promotion and tenure process which was really revamped to make it clear that you couldn't just switch people from the non-tenure track on to the tenure track, and it tried to lay out clearer criteria for promotion, what people needed to do to get promoted in the institution and what are the requirements, what are the processes, and we held a lot of educational sessions for faculty about that. That was another thing that I think we accomplished. It's probably time to do it again, I guess, because those are always evolving systems, but that was another one that I spent a great deal of time on initially in that role.

Chapter 7

B: Key MD Anderson Figures

0:20:06.3 to 0:26:44.4+

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MD Anderson Presidents

Chapter 7 Story Codes
C: Leadership
C: MD Anderson Impact
C: Portraits
B: MD Anderson History

Tacey A. Rosolowski, Ph.D

0:20:06.3

Would you comment on the—kind of compare and contrast Charles LeMaistre and Dr. John Mendelsohn in terms of their leadership styles and what you feel they—the mark they left on the institution?

Margaret L. Kripke, Ph.D

0:20:21.1

That's difficult for me because I didn't work directly with Dr. LeMaistre as a research department head so I never really reported—I didn't have a lot of contact with him, and I didn't spend a lot of time in his presence. That's totally different from my experience with Dr. Mendelsohn. However, I would like to say that one of Dr. LeMaistre's outstanding and lasting contributions to the institution was the creation of a cancer prevention program, and I think to me, at least as a researcher, not a clinician, that may be his greatest legacy for the institution was moving that agenda forward. There was a lot of opposition to it at the time. Resources were very scarce and shrinking at the time that that division was created. It was given an elevated status within the institution and in retrospect I think—even though I was opposed to doing it that way I think in retrospect that's the only way that it could have grown into the force that it is today is by giving it special dispensation, special privileges and so on, so I really think that that was one of his major contributions to the institution.

Tacey A. Rosolowski, Ph.D

0:21:45.4

And Dr. Mendelsohn in terms of his style?

Margaret L. Kripke, Ph.D

0:21:51.8

His style was very much the consensus builder. He did not like making edicts and giving authoritarian directives. He really wanted everybody to agree that this is the way to go, and so he

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worked very hard to try to attain consensus in terms of new scientific programs, clinical activities and so on. He was truly a consensus builder, in my opinion. [CLIP C: MD Anderson Impact, C: Portraits , He was also a very strong supporter of translational research, moving science out of the laboratory and into patients, and so that agenda flourished under his leadership. He is a physician-scientist, and he did do translational research himself. That's his forte in terms of his own professional career, and so under his tenure at the very beginning it was very difficult to attract physician-scientists into the institution, and that was one place that we saw the strength of MD Anderson is the ability, the potential of putting together basic science and clinical work to really move that agenda forward. And it was difficult in the beginning, but after a few years of Dr. Mendelsohn being there and people saying "Oh, this is the person who took an antibody, put it into the clinic, and it's now in patients" and whatever, I think his whole interest in that area changed the situation to the point that we have more physician-scientists who want to come to MD Anderson than we can afford to hire. That has been I think his—I think he has many legacies, but one of them is growth, which you mentioned already, but the other one is really moving forward the agenda of translational research in the institution. END CLIP]

Tacey A. Rosolowski, Ph.D

0:24:00.0

What are your observations about Dr. Ronald DePinho now as coming in as the new—who is now the new president? Do you have any sensibility—?

Margaret L. Kripke, Ph.D

0:24:08.0

I've met him a few times. I've known him in the past in various contexts. I do not know him well. He is clearly a brilliant scientist, very smart person. He's also very eloquent and I think has the ability to engage people in a very, very positive way, so I'm very optimistic that his tenure will also bring yet another incremental—quantum leap in terms of the progress of cancer in cancer treatment and especially in cancer research. I think he is the person who has been given a mandate to build basic science, really bring it to another level in the institution, and I think that's where he's headed.

Tacey A. Rosolowski, Ph.D

0:25:05.4

There have been a few individuals I've interviewed who have said that it seemed that MD Anderson was really fortunate in having the president that it needed at each particular kind of historical phase.

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Margaret L. Kripke, Ph.D

0:25:17.8

That's an interesting observation.

Tacey A. Rosolowski, Ph.D

0:25:19.2

Yeah, because every leader has strengths and weaknesses and it just—

Margaret L. Kripke, Ph.D

0:25:22.1

And when Dr. Mendelsohn was appointed, I thought he was a rather surprising choice for the institution and I think people expected that—there were I think 4 surgeons and 1 medical person, Mendelsohn, and I think everyone expected that the institution would be run by a surgeon, and so when he was appointed people really did sit up and take notice. But I think with 20/20 hindsight it's very clear that he was the person who was needed at the time, and I credit the board of regents for having the vision to recognize that, and I think they've done it again. Again, I thought Dr. DePinho was a very surprising choice. I thought it would be someone who had a much more solid clinical activity, someone who was more in tune with the clinical medicine, and so I was surprised at the choice. But again, I think in another 10 years time will tell, but I think it may continue to be the appropriate person for the appropriate time.

Tacey A. Rosolowski, Ph.D

0:26:42.1

Yeah, it's a nice testimony to the board of regents.

Margaret L. Kripke, Ph.D

0:26:44.4

Absolutely, yeah.

Chapter 8

B: Diversity Issues

0:26:46.3 to 0:51:20.7+

Evaluating the Status of Women and Creating Programs for Women Faculty

Chapter 8 Story Codes

B: MD Anderson History

B: Gender, Race, Ethnicity, Religion

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C: Women and Minorities at Work

C: The Professional at Work

D: On Leadership

Tacey A. Rosolowski, Ph.D

0:26:46.3

I wanted to shift gears if you're willing at this point to talk about the women faculty organization, which I know when you spoke with Leslie Brunet you covered your activity on the committee to evaluate the status of minority and women faculty and administrators in 1989, and that activity resulted in the organization for women. But you started to speak with her about how there really is no—what that organization developed into didn't serve the needs specifically of women faculty, and so I wanted to know what were the specific needs? What made women faculty different? What were they confronting, and then what the process was of establishing the women faculty organization.

Margaret L. Kripke, Ph.D

0:27:37.8

Let me begin at the beginning. After we presented the report to the president about the status of women and minorities in the institution I assumed—I was chairman of immunology at the time, and I figured my job was done, and I got a telephone call from one of the senior women clinical faculty members, and she said, "Okay, I read your report. What are you going to do about it?" And I said, "Nothing. I'm done. My job was to write the report." And she said, "You know it's just going to sit on a shelf unless you do something," and so I said, "Okay, well, let's have lunch. I'll get some people together and have lunch." We had lunch, and we included Dr. LeMaistre's chief of staff, who was probably the highest ranking female person in the institution.

Tacey A. Rosolowski, Ph.D

0:28:34.0

And her name is?

Margaret L. Kripke, Ph.D

0:28:34.5

Judy Johns, and she remarried in the middle of sometime in the—so it was Judy Watson.

Tacey A. Rosolowski, Ph.D

0:28:46.5

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And the person who called you? The person who called you and said “What are you going to do about this?” Who was that?

Margaret L. Kripke, Ph.D

0:28:52.1

Lillian Fuller. And so we met, and I got Liz Travis involved in this conversation, and we had a nice lunch, and Lillian said, “You need to do something.” I mean, there were a lot of things that were identified in the report. For example, salaries, particularly in the clinical arena, those of women lagged behind those of men pretty seriously, and there were very few women full professors. There were practically—hardly any women who headed important committees or who had endowed positions and so on, so if you looked at the leadership strata and who was recognized within the institution women were really sort of not there, not more represented. Let’s put it that way. And so Lillian really nagged us to try to—well, you need to take this on and do something about it, and I went away from that meeting saying “This is not what I do. I’m chairman of immunology. I’ve got my own issues. I have a day job here, and it’s not the kind of thing that I have ever done anything about.” The philosophy in my day was you pretend that you’re no different than anybody else, and you don’t draw attention to the fact that you are a female in the context of men, and so I was not at all an activist on behalf of women at that point. And the more I thought about it, I again had one of these revelations that there was no reason why I shouldn’t do it, and I thought, “Well, what if the president doesn’t like it? Am I going to get into trouble, and who is going to think this is an important activity for me to spend time on?” And then when I thought about it I was one of the few full professors. I had an endowed position. I was one of the few endowed position holders. I was the only female department head in the institution. I was married to someone who was also a research department chair, and between the two of us we owned about a third or a half of research in the institution, and so the light bulb was that I can do this because short of committing a felony they can’t fire me. No one is going to—

Tacey A. Rosolowski, Ph.D

0:31:32.1

It’s really interesting to hear you tell that story because I think in the reading that I’ve done—literature from a feminist perspective and speaking with women who are feminists—it takes women sometimes—there’s a lag time for them to realize “Oh, my God. I actually have power.” And it was interesting that it took that much for it to dawn on you that you had power.

Margaret L. Kripke, Ph.D

0:31:57.1

You know, when I tell this story now to women they look at me in disbelief. “You did not know

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that you had any power in the institution?” No, it really had not occurred to me that I was in such a position of strength that I could pretty much do whatever I wanted as long as I was doing my job, the job that I was being paid to do. The other thought was that if people like myself and Liz Travis, who was a full professor, and Lillian Fuller, who was a full professor, if people like us don't do these kinds of things it has no credibility because the people who were on the bottom end of the rung can't advocate for themselves because it's too self-serving, and so people who are not trying to make tenure and trying to get an endowed position in the institution, those are the people who need to fight this battle because they have more standing and more stature than people who don't. I got together a group of people.

0:33:02.4

The kind of early participants were people like Margaret Spitz who then came—she was, I think, probably the second female department head in research at the institution, and Ellen Gritz was another one who came a few years later, and so we got together, and the first thing we did was to call a meeting of the faculty members, and the beauty of including Judy Watson in all of this was that she negotiated all of this with the president and made sure that it was okay and provided some resources for us to do these things, so that was very helpful. We did first of all a needs assessment of what is it that women faculty would like to see? What do they need? What do they want? And the big issues are, of course, child assistance and equitable salaries, appointments to important positions, and it was kind of the spectrum of things that you would imagine, and so we went to work on those issues. And then somehow the group evolved so that people wanted women in administration to be included in that, and it came to the point of being very deluded, and so it evolved into an organization of women administrators rather than women faculty, and that's partly a cultural thing. Women in administration would come to the meetings. They were participatory. Women faculty have too many responsibilities. To get them to come to a meeting is like pulling teeth, and so it simply evolved in that direction, and so I did not think that that group was actually meeting the needs of women faculty, and they are very different than the needs of women in administration. When you are trying to juggle clinic schedules and you are the one who always gets called on to meet with the difficult patients or to fill in when somebody doesn't show up—and those are kind of the things that are in fact relegated to women—that does not further your career, and if you want to have an opportunity to do research it's extremely difficult, but if you are a female it's even more difficult, I think. There are very specific issues about women faculty—I mean, just writing grants, getting papers published and so on—that have no relevance for women administrators. There are certain similarities. They want equitable salaries and opportunities for promotion, but the day-to-day responsibilities and the places where people live are extremely different if you're faculty versus administration.

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Tacey A. Rosolowski, Ph.D

0:36:25.8

How did the steering committee for the women faculty organization go about establishing a conversation about how to resolve some of these issues, identify them as often—you said there was the—did you do kind of a second wave of a needs assessment or kind of get it on paper so that it could be shown around?

Margaret L. Kripke, Ph.D

0:36:56.3

Well, part of the report—the report had all the data, and I should say that to the institution's credit we had access to all the data. Nothing was kept from us. We got to look at salaries. We got to look at numbers. We really had access to the data, and I think in any kind of an institutional organization if you don't have access to the data there's not much you can do, and so I credit the institution in that regard that we were given real access to information that we needed.

Tacey A. Rosolowski, Ph.D

0:37:40.9

And who were the individuals that enabled that to happen?

Margaret L. Kripke, Ph.D

0:37:44.3

Dr. LeMaistre, number one, and I think David Bachrach, who was the vice president. I think he might have been executive vice president for finance. He was a finance guy, a very enlightened guy. I know that we made changes as a result of this. There was a—I actually chaired the Promotion and Tenure Committee for a while, so it was possible to rewrite the bylaws to enable men and women to take time off for medical reasons, including pregnancy or elder care or something like that, to stop the tenure clock and then have it resume. There were things like that that were done. We had some salary review. We got some salary reviews instituted in areas that we thought were problematical and then when I became part of the—crossed over to the dark side and became part of the administration we instituted an annual salary review for women and minorities within the institution to make sure that someone was looking at those issues annually as salaries were adjusted. How did we do it? I don't know.

Tacey A. Rosolowski, Ph.D

0:39:15.6

How long did it take for the women faculty organization to actually become a formal body? And

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then from that came women faculty programs, and I'm just kind of wondering how that took shape.

Margaret L. Kripke, Ph.D

0:39:32.0

Well, as soon as we convened women and did a needs assessment we had a women faculty organization, and so it had different leaders over time. I didn't lead it, and as different leaders came into that role some were more amenable to the idea of including administrators, and so then there would be an administrator and a faculty leader alternating as leaders, and so that survived for a while. I don't know that it still exists even. I don't know what happened to it. I really lost track of it, partly because I lost interest in it because it wasn't specifically dealing with issues of women faculty. And then I think while I was in my administrative role I was very interested in continuing to further this agenda of trying to have women promoted into positions of more responsibility, making sure that women were considered for awards and endowed positions and heads of search committees and those kinds of things, and I still had a group of women leaders who were, say, advisors or helpers in those issues, and we continued to meet on an informal basis. But the difficulty was that all of us had a day job. There wasn't anybody whose major business it was to watch over those issues and so that was—when I decided to retire it was clear to me that once I walked out of the position that would probably just go away, and so to try to institutionalize that I created the position of associate vice president for women faculty programs, whatever it's called, and so that was really an attempt to provide someone whose business it was to make sure that women had increased visibility, that they were considered during recruitment activities, and also to try to change the image of MD Anderson to one that says we are women friendly, and we have activities for women faculty, and we are interested in furthering their careers here, and I think Dr. Travis has done exactly that. She's done a very excellent job of that. The Legends and Legacies book is one of those things. I think Liz has done very well in terms of perpetuating this. Now, whether they will appoint someone to replace her as she moves on or retires or whatever is really up to the new president.

Tacey A. Rosolowski, Ph.D

0:42:43.7

And is there a perception that—one of the difficulties in the population at large is that feminism is the F word, and it's already been taken care of. Parity has been achieved. Is there that kind of sense within the culture of MD Anderson or—?

Margaret L. Kripke, Ph.D

0:43:03.9

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Oh, sure. I don't know whether you know about Nancy Hopkins being at MD Anderson last week.

Tacey A. Rosolowski, Ph.D

0:43:09.8

No.

Margaret L. Kripke, Ph.D

0:43:12.4

Okay. One of the things that Dr. Travis did was to establish the Kripke Legend Award.

Tacey A. Rosolowski, Ph.D

0:43:17.3

I was going to ask you about that.

Margaret L. Kripke, Ph.D

0:43:19.3

And so last week the recipient of that award was a woman named Nancy Hopkins, who is a professor at MIT, and she is very famous because she got up and walked out on the speech of Larry Summers, who was the president of Harvard, when he made some comment about that he really didn't think that women had the same type of mental capability in science and math as men did, something of that kind.

Tacey A. Rosolowski, Ph.D

0:43:44.2

And that was in 18 what? (laughs)

Margaret L. Kripke, Ph.D

0:43:48.1

Yes, right, so that made all the newspapers. Well, Nancy had been famous before that because she looked around at MIT, and there were so few women. There were just very few women, and she kind of couldn't get resources to increase her scientific activities. Even though she could get grant money, she didn't have enough space to do the work, so she started looking around to see how much space did I have? How much space did other women have? How are other women being treated at MIT? And to her astonishment she found that all of the women—that senior women, all ten of them or six of them or whatever it was—felt totally marginalized from the institution. They all believed that the accomplishments of men were recognized more than

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equally earned accomplishments of women in science, and so she wrote a report, and the president of MIT said, “We are going to fix this” and went out and actively recruited women into the institution, so she gave a wonderful lecture here about how if you don’t do anything, nothing changes, and she showed the number of women faculty at MIT from 1960 to now, and there’s a blip in the beginning when she was hired—affirmative action. It was the civil rights movement. And then nothing happened. Women came and went, but it was a steady state in terms of numbers of women until her report came out, and then the president of MIT made another impressive incremental jump, and then in recent years they’ve established an office of women’s activities, and they are doing specific outreach and a lot of the kinds of things that Dr. Travis is doing, and again, it went up another notch. But her point is that if you don’t do anything, it doesn’t fix itself. Time does not solve this problem, even when the pipeline is full, and so I think it is widely perceived that as soon as you get enough women in the pipeline, all of this is going to change. It’s not really correct. It was very interesting—to me at least. An interesting message that I hope people were paying attention to.

Tacey A. Rosolowski, Ph.D

0:46:07.2

Well, I think just as individuals we live in a culture that keeps telling us that everything has been fixed, and we just need to kind of get on with it and forget about this discussion. It’s over, done with and it’s—

Margaret L. Kripke, Ph.D

0:46:21.2

To me what was so powerful about Nancy’s presentation is that she is a first-rate scientist. She’s a member of the National Academy of Sciences. She presents this information in a totally unemotional, rational, data-driven manner, which is much easier for people to digest than something that comes as an in your face kind of feminist activity, so I think feminists have kind of a bad name because people immediately have a vision of somebody who is very emotional and not very rational about things. I think her message is extremely important because it speaks to the audience that she’s dealing with.

Tacey A. Rosolowski, Ph.D

0:47:15.4

Absolutely, absolutely. I’m curious about whether your process of coming to the realization that you had way more power than needed to go ahead and take on this kind of activity at that time and then going through and talking with other women with similar concerns and deciding to advocate for women, junior women who really needed somebody to pave the way. I was

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wondering if that experience, even though you've decided to back away and continue with a different track into administration, if nonetheless that brush with that activism changed your sense of yourself as a leader or felt it gave you a different sense of your leadership skills, if it had any effect.

Margaret L. Kripke, Ph.D

0:48:04.0

It did have an effect. It had an effect on realizing—I really started thinking about power and sources of power, and I did some reading on the subject and so on, and so I actually have given a number of lectures over the years about women and power because women are typically uncomfortable with power. They don't want to be powerful. They don't want to use what power they have, and it is to their disadvantage in a professional setting, and so I realized that I had a lot more power than I was actually using. Just power of my position in the institution meant that I could pick up the phone and call somebody or other or get things done that other people couldn't do, and I was not making use of that, and so it really did change my outlook to some degree.

Tacey A. Rosolowski, Ph.D

0:48:58.1

How would you define your own style as it evolved? I know you talked about transparency and tell the truth. There are other kinds of dimensions of your style, and you talked about how John Mendelsohn was a consensus builder. How would you talk about your own leadership style in those sorts of terms?

Margaret L. Kripke, Ph.D

0:49:19.5

I think that's one of the reasons that John and I got along so well and got so much done is because I also—I share his preference for consensus building rather than authoritarian types of style, and so I would say yes, I'm a consensus builder. I feel like I have some—a reasonable level of sensitivity of when to back off an issue, when it's going to be unproductive to try to move it further, so you kind of retreat and find a different way to do it or come back on a different day. I'm a firm believer in picking your battles and not picking ones that are absolutely unattainable at the time.

Tacey A. Rosolowski, Ph.D

0:50:07.5

I'm thinking of that comment that Dr. Fidler made to you about that paper. Do you want to get published, or do you want to be right?

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Margaret L. Kripke, Ph.D

0:50:17.4

I always wanted to be right.

Tacey A. Rosolowski, Ph.D

0:50:19.1

And sort of operationalize that in the administrative field as well. That's funny.

Margaret L. Kripke, Ph.D

0:50:25.8

One of the things that I think people appreciated about my administration was that I tried to be accessible to faculty and others. I had a fairly open door policy, and when I committed to doing administration I not only gave up the laboratory, I quit traveling. I was traveling all around the world, like Josh does, and I really gave up the travel, and I really gave up science, and so I was at home. I was accessible. I was in the meetings. I was visible to the faculty, and I think people appreciated that.

Tacey A. Rosolowski, Ph.D

0:51:16.3

Was that a difficult transition for you?

Margaret L. Kripke, Ph.D

0:51:20.7

No. I mean, it was my choice. I could have continued to travel and run a laboratory, whatever. I didn't feel like I could really do justice to doing excellent science and writing grants and continuing to do the scientific work and at the same time do the kinds of things I was supposed to be doing administratively. I just couldn't see how that would work and the lack of traveling— if you're not doing things scientifically, there's less reason to travel, although I probably should have been more diligent in keeping up with what was going on in science, but it was really a matter of wanting to be available inside the institution.

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Chapter 9

A: Professional Service beyond MD Anderson

0:52:14.5 to 1:17:57.7+

The President's Cancer Panel and Post Retirement Activities

Chapter 9 Story Codes

A: Overview

A: Career and Accomplishments

B: Beyond the Institution

B: MD Anderson and Government

B: Information for Patients and the Public

C: Professional Practice

C: The Professional at Work

A: Post Retirement Activities

Tacey A. Rosolowski, Ph.D

0:52:14.5

Could we shift gears a bit now? I'd like to ask you about your two terms of service to the President's Cancer Panel. You were appointed by George Bush in 2003 and then reappointed in 2006, and I'm wondering if you could talk about your role and what that experience was like, what you feel was achieved.

Margaret L. Kripke, Ph.D

0:52:38.9

Well, first of all, it was a huge honor, an unexpected—great and unexpected honor. In fact, I was so stunned when I got a call from the White House saying that they would like to know if I would be interested in serving on the President's Cancer Panel, I almost started laughing. I did Berkeley in the 1960s, and at the time President Bush, 43, was being criticized by filling all of his committees with like-minded people. If you were pro abortion, you couldn't get appointed to a committee, so there was a lot of public criticism about who he was appointing to various things, and so I actually asked the staff person who called, I said, "Do you know that I went to Berkeley in the 1960s?" And he said, "Did you ever get arrested?" and I said, "No," and he said, "You're fine." I felt that it was really quite anomalous because we couldn't be farther apart in terms of the political spectrum then where I came from and where he came from. And I know that Andy von Eschenbach was really very instrumental in getting me appointed to that position, and he had gone on by then to be head of the National Cancer Institute, and so I owe that to

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Andy. It was just a fantastic opportunity for me, and I learned so much from being in that role. It was really an incredible experience. The first probably 4 or 5 years on the panel, Lance Armstrong was the public member of the panel, and of course, that was very exciting because there were always cameras and hordes of people following him around wherever he went, but he was also extremely engaged in this activity. I think people were surprised at that, but he, of course, is very committed to the agenda of furthering life for cancer survivors and has done wonderful work in that arena, and so several of the studies that we did—the President’s Cancer Panel is required to look at a particular issue and write a report every year on some aspect of the cancer issue, and so the first year I was on the panel they did cancer survivorship and what were the issues and problems and so on and then a couple of years later there was another—we did a volume on lifestyle factors and cancer, diet and exercise and tobacco use and so on, and again, both of those were really big issues for Lance, and so he was quite participatory in that time. It was fun. That was part of the fun part. But I must say, I learned a tremendous amount about cancer research and about how cancer research doesn’t necessarily serve the needs of cancer patients.

Tacey A. Rosolowski, Ph.D

0:56:02.4

Tell me more about that.

Margaret L. Kripke, Ph.D

0:56:02.9

Well, one of the talks that I have given in recent years has to do with if you want to cure cancer, there’s more to it than the science part. There’s more to it than discovering a new gene or a new pathway or whatever, that if you don’t have access to medical care, it doesn’t benefit you. All this research in the world does not benefit you, and something that everybody knows intuitively, so everybody thinks we don’t have to talk about it anymore. If you wanted to cure or prevent 80 percent of lung cancer deaths and 30 percent of all cancer deaths you would get rid of tobacco. I mean, it’s huge. If someone said they had a research result that would result in that kind of an outcome that would be on the front page of every newspaper in America, in the world, but yet we all know this, but somehow it’s old news. Didn’t we fix that problem already? Aren’t smoking rates coming down? It’s something—so those kinds of things were really a revelation to me because I had spent my entire career in the research laboratory worrying about science and whatever, and the idea that very little of this makes a difference to cancer patients was quite eye opening for me, and so I really became an advocate for changing the balance of how we fund cancer research and what we fund in cancer research. Not that it’s made any difference but—

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Tacey A. Rosolowski, Ph.D

0:57:45.8

What's the process of the committee—the cancer panel prepares this report, which then goes to the White House and is there any mechanism—have you seen any of this information put to use at a very high level?

Margaret L. Kripke, Ph.D

0:58:01.9

It varies. I think it's varied depending on what the subject matter was. For example, when the survivorship issue was done—this was quite some time ago. This was 10 years—8 or 9 years ago. At the time, there wasn't really any focus on cancer survivors. They were worried about curing cancer, not about what happens at home. They're cured. Who needs to worry about that? I think partly as a result of the attention that we brought to that issue and people who looked at the report and heard the press releases and so on things did begin to change. It may have just been fortuitous, but I think our pointing that out really helped facilitate the agenda of doing things about cancer survivors. For example, ASCO, the American Society for Clinical Oncology, started a new focus on survivorship in their organization. There was a new emphasis on developing care plans. When you leave cancer treatment—I mean, one of the things survivors said was that they felt abandoned. They had been getting treated and whatever, and all of a sudden it's finished, and they're kind of left with nothing, not a good transition back to their community physician, and so one of the things that we advocated for were 2 things that have been taken up in a major way by the Lance Armstrong Foundation. One is to get a complete record of the treatment that you've had because we heard testimony from people who had cancer as children. They had no idea what they were treated with. They're subject to late effects of their cancer treatment such as heart problems, infertility problems, second cancers, and they have no idea, and it's very treatment dependent, and so many of them had no idea what they were treated with. Their parents didn't tell them or didn't pay attention. Everybody wants to be done with it.

Tacey A. Rosolowski, Ph.D

1:00:19.9

Yeah, especially with a child.

Margaret L. Kripke, Ph.D

1:00:21.1

Yes, and so getting people to leave the hospital with a complete record of their treatment is a big deal, and the second thing is a plan for followup, what resources are available. If you need psychosocial help, for example, where do you go? Where can you get help? How often should

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you be screened for certain conditions that might come as a result of your cancer treatment? Those kinds of things, and those are major things now of survivorship, and again, Lance's foundation has been very instrumental in furthering that agenda.

Tacey A. Rosolowski, Ph.D

1:01:02.5

What do you feel is—what do you feel the cancer panel needs to address now?

Margaret L. Kripke, Ph.D

1:01:08.6

Well, it's not my call anymore.

Tacey A. Rosolowski, Ph.D

1:01:11.9

Right, but I'm just thinking if you were still on the panel, what would you like to see done?

Margaret L. Kripke, Ph.D

1:01:18.1

I would like to have seen them do in this next year something major on prevention, cancer prevention, for 2 reasons. One is probably the most notorious report that we did was on cancer-causing agents in the environment, environmental carcinogens, and it was very controversial. It was an eye-opening experience for me to find out how little we know about the stuff that we put in our environment, pesticides, fertilizers, household pesticides, stuff you put on your food, whatever, how little we know about the cancer-causing properties of those agents, and the fact that there are agents that are known carcinogens that are banned in other countries that are still in widespread use in the workplace, particularly in the workplace in the United States. We wrote a fairly bombastic, flamboyant report about the evil—the difficulties of—and the fact that no attention has been paid to this issue. The government doesn't want to deal with it. There's no money for doing environmental carcinogenesis. It's just lagged behind. Scientifically, that field has lagged behind everything else. It's all about genetics these days. It's not about anything in your environment. We wrote a fairly strong—strongly worded report about that for which we took a lot of criticism from the American Cancer Society.

Tacey A. Rosolowski, Ph.D

1:03:01.6

Really?

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Margaret L. Kripke, Ph.D

1:03:02.6

Yes. They thought that focusing on environmental chemicals detracted from the issues that people could control like lifestyle, obesity, exercise, tobacco.

Tacey A. Rosolowski, Ph.D

1:03:16.9

It seems they'd be interested in having a complete picture.

Margaret L. Kripke, Ph.D

1:03:20.0

Well, it was annoying because 2 years before we had written a report on lifestyle factors in cancer, and they kind of didn't notice that, and also their major message these days is in fact the lifestyle factors and cancer, so they were not at all happy with that, nor were lots of other people.

Tacey A. Rosolowski, Ph.D

1:03:40.7

Who makes the selection about what the panel focuses on?

Margaret L. Kripke, Ph.D

1:03:45.1

The panel.

Tacey A. Rosolowski, Ph.D

1:03:47.6

What was the discussion among you that led to this focus on environmental factors?

Margaret L. Kripke, Ph.D

1:03:53.2

That's another thing that I've given several lectures on in the last few years, so it's a long answer. The staff suggested that—and when we did the volume on lifestyle factors someone—people do make public comment, and somebody wrote to the panel afterwards and said, “But you didn't include—under lifestyle factors—anything about stuff in the environment.” And we had deliberately not done that because it's a huge issue unto itself, so that was one of the ways that that got on the list as a potential topic. There's a statistic in the literature that says that only 6% of all cancers in the United States are attributable to environmental causes, and that figure has been quoted since 1940—1950—well, 1970 maybe. And it's widely quoted, and even the people

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who made the quotation originally said that it's really an underestimate. We didn't include smoking. We didn't include all these other things. And so I wasn't too excited about looking at something that was only responsible for 6% of cancers because this is—should we really elevate it to the level of the President's Cancer Panel? But several things persuaded us to do it. One is that that topic had never been looked at by the President's Cancer Panel. The second was that if you go to a cancer meeting, a scientific meeting on cancer, you never hear anything about it. It's an absolutely understudied area, and the people who have healthy lifestyles and don't smoke, some of them still get cancer, and they'd like to know if there's anything in their environment that is contributing to that. We looked at the subject and it turned out—I think we were convinced that 6%—and I think we said in the cover letter to the president—it is a gross underestimate of what actually is out there. And of course, we took a lot of criticism for that because people said, "Oh, you don't have any evidence for that. You're supposed to just report the facts, and you have no evidence for that." It turns out that the World Health Organization came out a couple of years later estimating that the cancer burden—about 15 percent of the cancer burden worldwide is due to environmental contaminants, so I feel justified anyway in having drawn—I think it was very important to draw attention to that. But that, again, is one of the reasons that I think prevention is very important because when most people think of cancer prevention they think of lifestyle factors and screening for breast cancer and prostate cancer and so on. But prevention also includes getting stuff out of your environment and reducing your risk of even developing cancer in the first place, so it was a way to kind of integrate what was going on. Also, it's so much more cost effective to prevent cancer than to treat it once you get it, and in terms of research, if you want to do research, where there's the biggest impact, the biggest impact is if you prevent cancer or detect early rather than treating late-stage disease, which is what we do now. Most research is on treating established, late-stage cancer. That would have been my choice.

Tacey A. Rosolowski, Ph.D

Can I ask you about your role in 2007—and this would have been after you retired, I assume, when you were a special assistant to the provost.

Margaret L. Kripke, Ph.D

1:07:44.0

Yes. When Dr. DuBois came, my promise to him and to Dr. Mendelsohn was that I would stay on for 2 years and help integrate him into the institution because by the time he came in my role, the institution had doubled in size, and so it was a very different job than it was when I started with Mendelsohn 9 years earlier. And also, I had kind of grown up scientifically at MD Anderson. I knew the people, I knew the history, I knew the culture, I knew the problems, and he

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was coming from completely outside of the institution, and I think that's also very difficult, particularly with the size of the organization that he had to deal with. I agreed to stay on for a couple of years and be there as a consultant or whatever, whatever he needed, and so that's what I did.

Tacey A. Rosolowski, Ph.D

1:08:41.6

What were some of the issues you helped him navigate?

Margaret L. Kripke, Ph.D

1:08:44.8

Well, a lot of it was—the first thing that happens when someone steps down is that everybody raises the old issues. The people who got told “No, you can't do this,” or “No, you can't have that” now see an opportunity to ask the same question again of somebody new, so I think my major role and my major benefit to Dr. DuBois was he could call me up, and he said, “So and so told me they were promised X. Is that true?” And I'd say, “No, actually, and it's in the file, and it's here, and here's the paperwork” and whatever, so that was, I think, a major thing. I did do a couple of projects during that 2-year period. One was when the head of the carcinogenesis department stepped down I actually went out to Smithville and spent time helping manage that. It's a remote facility, and so I commuted to Smithville a couple of days a week.

Tacey A. Rosolowski, Ph.D

1:09:51.3

And what did you do there?

Margaret L. Kripke, Ph.D

1:09:53.6

I was the ad-interim department chair. The department chair there has a very different role because you're in charge of the whole facility. You're not just running a department. You're running an enterprise, a free-standing enterprise, so there's a lot more responsibility associated with that kind of an operation than a department that's located within MD Anderson.

Tacey A. Rosolowski, Ph.D

1:10:22.1

Is there anything else you want to say about that or about the special assistant role?

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Margaret L. Kripke, Ph.D

1:10:26.9

No. I mean, I was really there as a sounding board, a backup, whatever was needed.

Tacey A. Rosolowski, Ph.D

1:10:35.4

I wanted to ask about your membership both on the Mayor's Advisory Council on Health and Environment for the City of Houston.

Margaret L. Kripke, Ph.D

1:10:45.2

Yes, one of the things that I did when I retired was to—well, actually I was serving on a board of directors for a non-profit organization for Hermann Park, and I had a friend who was the CEO of an organization called Neighborhood Centers, and when she found out that I was retiring she said, "I'd like to have you on my board," and so I joined her board of directors for Neighborhood Centers. This is an organization that is over 100 years old. It was started by James Baker's grandmother, I think, and it's an organization that today deals with the same issues. Also it still deals with the resettlement of immigrants in Houston, of which there are many, but it also tries to provide resources and educational materials and opportunities for people in under-served neighborhoods in the city. I started doing that, and then the CEO said, "You know, you probably should be doing something at the level of the city of Houston, and would you be amenable?" And I said, "Sure." I had nothing else to do. She really somehow or another managed to have me appointed as the head of the Mayor's Advisory Council on Health and Environment, and there was no previous advisory council of that kind, and it was just go forth and do wonderful things, and so we have a very small group of people, and we've done 2 major initiatives. One was to—you know about the CEO Roundtable for Cancer?

Tacey A. Rosolowski, Ph.D

1:12:51.1

No, I don't.

Margaret L. Kripke, Ph.D

1:12:51.8

It was something that was started actually by Andy von Eschenbach and George Bush, 41, President George Herbert Walker Bush, and it's an organization that engages CEOs of major corporations to institute policies and processes to reduce the incidence of cancer. If you belong to the CEO Roundtable, and you have gold certification for the CEO Roundtable, your company

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provides cancer screening, provides smoking cessation help. It provides opportunities for good nutrition and exercise, and it provides assistance if you have a diagnosis of cancer. MD Anderson I think was the first organization in Houston to attain gold standard status. They have a website. You can look them up on the website, if you're interested. Anyway, so one of the things that we did in collaboration with MD Anderson, the mayor's office, an organization—I don't remember what the organization is called—there's kind of a healthy lifestyle group in Houston that was appointed by the previous mayor and that still exists, and so they were also partners, as was the Lance Armstrong Foundation. And so we put together a kind of cocktail party and reception for the CEOs within the city of Houston to explain to them about the CEO Roundtable and what it was doing to try to engage people in joining that force. That was one initiative, and we've just finished a second one on developing a resolution for the city of Houston on obesity and how to deal with it, so we convened this very large task force of various stakeholders and have just put on the mayor's desk a resolution that we believe she will adopt for the city about instituting things to increase availability of fresh food, dealing with food deserts, increased exercise, opportunities for physical activity and some of those things.

Tacey A. Rosolowski, Ph.D

1:15:23.1

When you say food deserts, what do you mean?

Margaret L. Kripke, Ph.D

1:15:28.4

I've learned a lot about food in the last year. If you map—say in the city of Houston you do a map, and you plot the supermarkets, availability of fresh meat and produce, you find that there are large areas of the city that have nothing, and they correspondingly generally have lots of fast food opportunities and little bodegas, which is where people shop, but they have almost no access to fresh food whatsoever, and that's a food desert. And the difficulty is that people who live in those areas often don't have a car or don't have access. They can't go to a supermarket. It's a 2-hour bus ride, etc., and so part of the obesity problem is not just lifestyle. It's not personal choice. It's the lack of availability of a safe place to walk, safe neighborhoods, decent sidewalks, availability of fresh food, etc.

Tacey A. Rosolowski, Ph.D

1:16:30.8

How do you think the city of Houston ranks in terms of its interest in solving those kinds of—or see that as a civic challenge?

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Margaret L. Kripke, Ph.D

1:16:39.9

The current mayor is extremely interested in that issue, and the previous mayor was also interested in that issue, partly stimulated by a magazine article—and I believe the magazine was Men's Health—which said that Houston was the fattest city in America, and that happened under Mayor White. And so he put together a group to try to deal with that issue, and the current mayor is extremely interested in this. She's actually doing quite a lot in that arena already. They started a vegetable garden next to city hall, and they're doing container gardening for the people who work in city hall. They started a very successful, phenomenal farmer's market on the grounds of city hall. It's there once a week.

Tacey A. Rosolowski, Ph.D

1:17:40.0

They make very good crepes.

Margaret L. Kripke, Ph.D

1:17:43.3

Yeah, it's really qui good, so she is extremely supportive, and I think she will hopefully adopt the resolution.

Tacey A. Rosolowski, Ph.D

1:17:50.5

What are some of the issues you hope they'll address, the advisory council?

Margaret L. Kripke, Ph.D

1:17:57.7

Well, we really take our clues from what the mayor is interested in. I mean, we didn't just say we're going to deal with obesity. We asked the mayor if we could have her permission to convene a group to look at this issue, and the answer was yes, so that's on the basis of which we proceeded. It depends on what other issues she's interested in. I think there was some thought that she might be interested in childhood immunization, so that may be another issue that we would look at, but really we're trying to respond to her interests in what we take on. We have no mandate. We have no timeline. We're kind of at the beck and call of the mayor.

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Chapter 10

A: View on Career and Accomplishments

1:18:53.0 to 1:36:32.6

MD Anderson Growth; Key Awards; Views on Women in the Workplace; A Life in Magnolia, Texas

Chapter 10 Story Codes

B: Growth and/or Change

B: MD Anderson Culture

A: Career and Accomplishments

A: Post Retirement Activities

A: Personal Background

A: Character, Values, Beliefs, Talents

A: Experiences re: Gender, Race, Ethnicity

D: Women and Diverse Populations in Healthcare and Institutions

Tacey A. Rosolowski, Ph.D

1:18:53.0

I wanted to go back to a couple of general issues about MD Anderson, if that's all right, because you've certainly seen—during the time you've been here you've seen it just grow enormously, and I'm wondering if you could make a comment on what you think the impact of that growth has been, and if it's been managed well, if there are areas in which it could be managed better, if it's possible for MD Anderson to become too big?

Margaret L. Kripke, Ph.D

1:19:22.8

Well, a lot of people will tell you that MD Anderson has become too big, and it certainly is different than it was 25 years ago in the sense that there is, I think, less collegiality. It's hard to know your colleagues when there are 1,500 of them now instead of 500 of them, so I think with any growth of that magnitude there is a loss of personalization in terms of the employees. I think in spite of it all the mission remains strong. People's dedication to the mission remains very strong, but I do think it has an impact on—I think people feel more isolated, more insular in terms of whatever their little niche is in the institution. I think we did worry about at the executive level how big is big enough and—

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Tacey A. Rosolowski, Ph.D

1:20:27.2

Oh, that's thunder.

Margaret L. Kripke, Ph.D

1:20:27.4

—what's the logical extension of this for the future. The problem is that the cancer problem isn't going away anytime soon, and in fact, because of the aging of the population, it's going to continue to increase. The demand for services is going to continue to increase way into the middle of this century, and so I think MD Anderson could continue to expand. It seems that the new approach to dealing with that is to invest in satellite operations because even someone such as myself who is very familiar with the medical center would rather not go into the Texas Medical Center if I don't have to, and so I think most people are terrified of having to drive and park in the medical center and so on. And so I think that the new philosophy is to try to get treatment centers out of the medical center and not just in Houston in the local environs but also they've opened this place, the Banner Medical Center, and they're opening some additional facilities around the country.

Tacey A. Rosolowski, Ph.D

1:21:43.1

That was actually going to be my next question on whether you felt that the quality of care could be maintained at those remote locations.

Margaret L. Kripke, Ph.D

1:21:52.3

That is a question way outside of my expertise. That would not be my bailiwick.

Tacey A. Rosolowski, Ph.D

1:21:59.9

All right, fair enough.

Margaret L. Kripke, Ph.D

1:22:02.7

I would hope so.

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Tacey A. Rosolowski, Ph.D

1:22:03.6

One would.

Margaret L. Kripke, Ph.D

1:22:05.1

But I have no inside knowledge about that issue.

Tacey A. Rosolowski, Ph.D

1:22:08.7

I just had a few more questions left, and I wanted to first get maybe some of your personal reflections. Some of this you may feel you've already answered, and if so, we could just take a pass on those questions, but of all the work that you've done at this institution, what do you feel has been the most significant, the work that you're most proud of, that you've been gladdest to participate in?

Margaret L. Kripke, Ph.D

1:22:39.1

Well, here's a scientific answer to that and an administrative answer to that. The scientific answer is that I think one of the things that I am proudest about in terms of my scientific career was being involved in and maybe to a minor extent instrumental in moving forward what's called the Montreal Protocol, which got rid of chlorofluorocarbons in the atmosphere and my involvement in that issue—and you'll note on my CV I did some things for the Environmental Protection Agency and was on their science advisory board, and I was on the United Nations Environment Program Panel for a lot of years. The reason for that is one of the things that chlorofluorocarbons do, they damage the ozone layer. We all know that probably by now, but what happens when you have less ozone in the upper atmosphere is that you get more ultraviolet light coming through, and so when people found out that not only is there a skin issue here and some eye ocular issues, but there might be immunological issues and that this might have an impact on immune responses to infectious diseases, for example, that kind of added a new thought process to that whole area, and I think that work was in fact instrumental in helping us get rid of chlorofluorocarbons out of the environment. And so it's my small amount of environmental activism at work there, but I was thrilled to note that Albert Gore gave me a footnote in his book about the environment, that he noted the importance of my work in that area, which was very nice.

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Tacey A. Rosolowski, Ph.D

1:24:50.5

What would be the administrative answer to that question about what you're most proud of?

Margaret L. Kripke, Ph.D

1:25:02.7

What I think I'm most proud of was to be able to bring a sense of fairness and a sense of transparency to the faculty part of the institution and to really change the leadership style of that particular office.

Tacey A. Rosolowski, Ph.D

1:25:36.8

I know there's been kind of a lag time between when you've retired and now but I'm wondering—

Margaret L. Kripke, Ph.D

1:25:41.9

I want to add one thing.

Tacey A. Rosolowski, Ph.D

1:25:43.2

Certainly.

Margaret L. Kripke, Ph.D

1:25:43.9

I'm also very pleased with what I have been able to accomplish for women in the institution. That's another thing that I feel is a significant contribution to the institution.

Tacey A. Rosolowski, Ph.D

1:25:56.1

There's been a lag time since your retirement and today, obviously, but I'm wondering are there any particular initiatives or trends that you feel you established at MD Anderson that you hope will be carried on?

Margaret L. Kripke, Ph.D

1:26:13.0

Certainly the office of Women Faculty Programs is one that I hope will survive a new

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administration, and I'm hoping that some of the policies that have to do with research, resources and rewarding the behavior that you want will continue as well.

Tacey A. Rosolowski, Ph.D

1:26:37.1

I have a list of your honors and awards, and I'm wondering if there are any of them that mean anything—are particularly meaningful to you.

Margaret L. Kripke, Ph.D

1:26:49.5

Can I look at the list?

Tacey A. Rosolowski, Ph.D

1:26:50.3

Sure, certainly.

Margaret L. Kripke, Ph.D

1:26:58.1

Well, probably my favorite award is the Lila Gruber Award for Cancer Research from the American Academy of Dermatology in 1984 because the American Academy of Dermatology is an enormous organization, and they honor someone in cancer research each year. I was a very junior recipient of that award. I had been at MD Anderson for exactly 1 year, and it was extremely meaningful for me because it was being recognized by an aspect of medicine that I did not belong to. It's one thing to be recognized by your peers in societies that you belong to and so on, but to have that kind of recognition from the dermatology community was really very, very meaningful to me. What else? Well, the President's Cancer Panel we already talked about. The other one is I've received two lifetime achievement awards for science, and they have been relatively recent, and kind of to be remembered even after I haven't been in the field, active in the field for so long was both surprising and very pleasant. The same with the Finsen Medal, which is the Finsen Medal in Photomedicine. It's given by the International Society for Photobiology, and it's given once every 4 years, and it's to someone who has made a major achievement in photobiology or photomedicine, and so that was just a couple of years ago, so that was, again, totally unexpected and really very gratifying. People recognized a lifetime of achievement, even though I'd been in administration for 10 years and other things for quite a while.

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Tacey A. Rosolowski, Ph.D

1:29:18.9

And also the longevity of the implications of your work. That's really great.

Margaret L. Kripke, Ph.D

1:29:23.2

The more recent awards were Greater Houston Women's Chamber of Commerce and also the BioHouston Award. Those are, again, kind of surprising to me because I've been out of science for such a long time, and so being recognized by the community, the Houston community, is also very nice. That would be the—on my list.

Tacey A. Rosolowski, Ph.D

1:29:55.9

Just a few more questions. I had just a few questions to ask about the person behind the professional role. I know I've read that you have horses and have enjoyed horseback riding. We were talking off record yesterday about how you're taking some time during your retirement to learn some new skills and hobbies that you haven't had time to do before, and you're enjoying this sort of continuing of your learning, and I'm wondering if there is any hobby or indulgence that you allow yourself that shows a facet of your personality that you'd like to share with us, something that maybe is different from what people see.

Margaret L. Kripke, Ph.D

1:30:42.6

I guess one of my great passions is we have a house out in Magnolia, Texas, and it's in a beautiful setting. I moved my horses out to Magnolia 10 years ago when we bought the property out there, and the first thing I did when I retired was to build a greenhouse and a swimming pool on the property, and so that's kind of still my wonderful escape place. I'm very happy out there, and I have a greenhouse full of orchids, which are blooming now, which is very nice, and so I like the country life and the country lifestyle. It's very pleasant. I'm a biologist at heart and a naturalist by preference, and so that's very pleasant. It's like having the best of both worlds. We have a lovely apartment in the city right near the medical center and also kind of a country place to escape to, so that's very, very nice. In addition to horseback riding and orchid growing I'm really interested in food, so I enjoy cooking. I don't do it a lot, but I enjoy cooking, and one of the other things I did when I retired was to go to Mexico to a place that had a combined horseback riding program. You rode horses in the morning, and you learned Mexican cooking in the afternoon, so it was fabulous for me. I enjoyed that too. But as I think I mentioned to you yesterday, I'm only happy when I am learning new things, and so the Mayor's Advisory Council

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has enabled me to do that. I really learned a lot about the obesity issue from doing that, and I have a small group of ladies that I have a Spanish lesson with once a week. We write and talk in Spanish. We have a professor who comes and spends an hour or two with us every week. I like being able to do that. It's wonderful to have the opportunity to do things that you've always wanted to do, so that's where I am.

Tacey A. Rosolowski, Ph.D

1:33:16.7

Is there anything else that you'd like to add?

Margaret L. Kripke, Ph.D

1:33:18.6

I don't think so. Actually, there's one other thought that I think is very important. I don't know if this was in Legends and Legacies or not, but I was talking to my daughter. My husband also has a daughter. A number of years ago they were thinking about their own careers and kind of getting out of college and what are they going to do, and they said, "Well, we want to be able to have a family and a career, and we just think that the workplace will have to change to meet our needs." And I just looked at them in horror and said "Oh, my God, I'm going to be supporting these two for the rest of my life" because of course in my generation the way you succeeded was to pretend that you didn't have all these domestic responsibilities and you were not taking care of children at home and you were not cooking 3 meals a day and having to go to the grocery store and do the laundry and all of that kind of stuff. You just never even mentioned that, and so I was just horrified with their comments, but on further reflection what occurred to me was that the way we did it never changed anything, and the only way you get things to change is by acknowledging that there are differences, and that was so counterintuitive for women of my generation that we never would have dreamed of doing that, so it's interesting.

Tacey A. Rosolowski, Ph.D

1:35:00.5

Is there any implication from that that you'd like to follow up on for women today, and men too?

Margaret L. Kripke, Ph.D

1:35:09.9

That thought really influenced my work with women and women leaders in the institution that why are we pretending there's no difference? There are difficult challenges that women have that their male counterparts don't have, and so it influenced my thinking and actions here subsequently. I don't know whether—I mean, I do think the workplace is changing partly from

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the demands of women but also from the demands of men who want to spend more time with their families and more time at home, and they're not willing to travel, be on the road all the time and move around the country and whatever. I think the workplace is changing.

Tacey A. Rosolowski, Ph.D

1:35:55.2

Yeah, there have been a number of articles in Time and Newsweek about the changing face of fatherhood and the way that more and more women are earning more than their partners.

Margaret L. Kripke, Ph.D

1:36:08.1

And the ones about how women are going to reenter the workforce having stayed out of the workforce for a few years. How do they get back in and so on, and so I think things are changing.

Tacey A. Rosolowski, Ph.D

1:36:18.7

Anything else?

Margaret L. Kripke, Ph.D

1:36:19.8

No, thank you. You've been delightful.

Tacey A. Rosolowski, Ph.D

1:36:21.3

Well, thank you so much for taking the time. I'm really delighted to have had the opportunity to talk to you.

Margaret L. Kripke, Ph.D

1:36:27.8

Thank you.

Tacey A. Rosolowski, Ph.D

1:36:28.9

I'm turning off the recorder now at a quarter of four.

(audio ends 1:36:32.6)