

Emil J Freireich, MD

Interview Session Three: 6 August 2001

Chapter 16

Charles LeMaistre, the New President, Initiates Reorganization, with Impact on Developmental Therapeutics

B: Building the Institution;

Codes

C: Leadership; D: On Leadership;

C: Portraits;

C: Professional Practice; C: The Professional at Work;

B: Growth and/or Change;

B: Obstacles, Challenges;

B: Institutional Politics; B: Controversy;

Emil J Freireich, MD

0:00:41.5

We were in 1978. Dr. Charles LeMaistre arrives.

Lesley Brunet, MA

0:00:43.8

He was the head of the search committees?

Emil J Freireich, MD

0:00:56.9

Correct.

Lesley Brunet, MA

0:00:57.4

How was that possible?

Emil J Freireich, MD

0:01:05.9

You'll get the real story from Dr. LeMaistre, but probably you'd get the real story from the guy who was chairman of the Board of Regents, who they named the center after, Frank Erwin. He was the big builder.

Lesley Brunet, MA

0:01:27.8

He's dead, of course.

Emil J Freireich, MD

0:01:28.0

Is he?

Lesley Brunet, MA

0:01:29.9

Oh, yes.

Emil J Freireich, MD

0:01:30.7

What happened? Did he shoot himself or something?

Lesley Brunet, MA

0:01:33.1

No.

Emil J Freireich, MD

0:01:35.5

Disease?

Lesley Brunet, MA

0:01:36.5

I forget, but I worked for the Johnson Foundation then, so I had to stand by his coffin.

Emil J Freireich, MD

0:01:41.5

Oh, my goodness.

Lesley Brunet, MA

0:01:42.5

It was an interesting experience.

Emil J Freireich, MD

0:01:43.8

Mickey [aka Charles A. LeMaistre, MD] was Frank Erwin's guy. Then there was the DWI against Erwin, and he resigned as chairman of the board. Now the board had either a new

chairman or no chairman. It was obvious that Frank Erwin was running the university, so they needed someone to run the university. Remember, this is my perception. Mickey will give you a really gorgeous analysis. So they appointed the business guy, Don Walker, as chancellor. They negotiated with Dr. LeMaistre first, but the university doesn't like scandal, so they had to get rid of LeMaistre. But they didn't want to do it publicly, so they said to him, "Since Dr. Clark and Truman Blocker have resigned at the same time, we're going to form 2 search committees to replace them, and we'll ask you to head these 2 search committees."

Lesley Brunet, MA

0:02:44.6

Dr. Clark resigned before they headed up the search committee?

Emil J Freireich, MD

0:02:47.2

Correct. Dr. Clark announced to the faculty that because Truman Blocker wanted to absorb MD Anderson, he went to the wall, the confrontation occurred, and they both agreed to resign simultaneously.

Lesley Brunet, MA

0:03:01.0

But was he still acting president until someone else came in?

Emil J Freireich, MD

0:03:05.7

Yes, he was acting president, and so was Truman Blocker. Then they asked Mickey to run these 2 searches. Of course, the idea was that he could choose which of the 2 presidencies he wanted, based on what he learned about these 2 institutions. That was probably implied. It may never have been spoken, but it was my perception of what was going on. So here's Dr. LeMaistre chairing these 2 sessions. He's still chancellor of the University of Texas system, and the search goes on. I was a candidate. Someone nominated me. I wrote a really strong support of my own candidacy for the position, but I was never interviewed. They never took it seriously.

Lesley Brunet, MA

0:03:50.6

Who nominated you?

Emil J Freireich, MD

0:03:51.4

I have no idea. The letters came from the search committee and said, "You've been nominated. Please give us all your stuff." So I gave them all the stuff, but I was never considered seriously. But I was a candidate, so Dr. LeMaistre had to look at my curriculum vitae. So he knew who I was before he came here. I was the only one at MD Anderson, to my knowledge, who was nominated. No, I think Dr. Hickey was nominated.

Lesley Brunet, MA

0:04:15.2

There were 3 big candidates.

Emil J Freireich, MD

0:04:18.4

Oh, yes, from the outside. So the searches proceeded. I didn't keep up with the medical school search, but they ended up with a guy who became president of the AAMC. He was pretty good. Our search came down to 3 big candidates, one of whom was Vincent T. DeVita. I was his host when he came because he was one of my fellows when I was at NCI. He'd told me this really looked great. I forgot who the other 2 were. But suddenly it was announced that Dr. LeMaistre had chosen himself, or to put it in university language, the committee insisted that he take the position because they didn't have a better choice.

Of course, the reason he picked MD Anderson is because Dr. Clark had built an ironclad position for himself. The Physicians Referral Service was fully funded, and very well-funded indeed. The institution was booming, and it was a perfect time for someone who wanted to just coast along to take over MD Anderson. The medical school was struggling. They had to hire deans and presidents and everything else. That was no job for Mickey, so he took this one.

Lesley Brunet, MA

0:05:55.4

Did it have to do with this creation of the executive vice presidents, who seemed to take over more of a load for the president in the '70s?

Emil J Freireich, MD

0:06:09.0

At MD Anderson?

Lesley Brunet, MA

0:06:10.3

Yes.

Emil J Freireich, MD

0:06:10.9

We didn't have any such person that I know of.

Lesley Brunet, MA

0:06:14.3

Frederick Becker [oral history interview] came in the late '70s.

Emil J Freireich, MD

0:06:16.0

Oh, yes, but Becker was Chairman of Pathology when he was recruited, and he was a hopeless failure and soon stepped aside. All that was created under Mickey. Dr. Clark ran the place and picked all the people, and when he gave them authority, they had it. He didn't have any deputy that I know of. Dr. Hickey was there, but Dr. Hickey was kind of an adviser. Dr. Hickey was really the person who ran the day-to-day operation around here. But I don't know of any other executive position at the time.

So Dr. LeMaistre is announced as the new president, and soon after he resigns as chancellor of the University of Texas. The papers say he wants to come back to medicine. We all think that's a great idea.

Lesley Brunet, MA

0:07:12.2

You're being facetious?

Emil J Freireich, MD

0:07:16.6

No, we really did. You have to meet Dr. LeMaistre. He's a movie star. I mean, this man comes out from Heaven. Everyone who meets him is impressed by him.

Lesley Brunet, MA

0:07:32.6

So you were all looking forward to him coming.

Emil J Freireich, MD

0:07:34.9

Dr. Clark ran it with an iron hand. We had lots of frustrations, so Dr. LeMaistre sounded wonderful. Everybody was enthusiastic. As you know, I was running the most important part of this institution at the time. He was supposed to be a pulmonary specialist, so we thought we'd get him interested in medicine, and we invited him to see a patient on leukemia service. We took him on rounds, but it only took 5 minutes to realize that he knew nothing about medicine. So in 5 minutes we discovered that medicine was not his forte, and he didn't come to MD Anderson to return to medicine.

I thought his first moves were just wonderful. The guy had a lot of class. Dr. Clark was a good old Texan. It's as if Mickey was from the movies, and he made these speeches. "We're going to reorganize the place. We're going to decentralize authority."

Lesley Brunet, MA

0:09:26.7

There was a big push on that.

Emil J Freireich, MD

0:09:28.6

It's just going to be wonderful. I was chairman of the executive committee at the time, which was the medical staff executive committee, and we had the 5 departments. He came to the executive committee, and he said, "Dr. Clark ran this place with an iron hand, but I am using modern administrative techniques. We are going to decentralize the presidential authority, and the first step is, we're going to pick a vice president for clinical affairs and a vice president for research." I think those are the only 2 positions he created.

Lesley Brunet, MA

0:10:11.1

Education came in later.

Emil J Freireich, MD

0:10:12.9

Yes, it came later. By some mechanism that I don't know, maybe the executive committee of the science faculty, Becker was appointed vice president for research, which everybody was happy with. And the executive committee of the medical staff had to pick a vice president. We had about 6 nominees, and we had some very emotional meetings. Remember, DT is too powerful now. So this is an opportunity for the other chairmen to get some handle on it.

There was a guy named Fred Conrad. Dr. Clark hired Fred Conrad. He was an air force general, and they used to hunt bears in Alaska together, so he liked him. He came into the Division of Medicine under Clifford Howe, and he was just a doctor, no training, no expertise. But someone on the executive committee got the brilliant idea that Fred Conrad was well organized and decisive; he ought to be the vice president. Of course, I said, "We need someone who's academic, who cares about clinical research." But everybody hated clinical research, except DT. So to make a long story short, there were 7 people on the committee, and the vote was 6 to 1 in favor of Conrad, and I was the 1. Of course, Conrad knew about that. So Conrad became vice president, and Fred Becker became the vice president for research.

Lesley Brunet, MA

0:12:00.2

Where was Hickey? Hickey was out?

Emil J Freireich, MD

0:12:04.6

Hickey was special adviser to the president or something of that kind. He had no authority. He was immediately castrated. This was not looking good, so I went to Dr. LeMaistre. This is the world's greatest person. If you talk to him, he sounds like a semi-intellectual. He knows all the right sentences and paragraphs. He's really amazing. When you consider that between the ears there's only air, he is just amazing. Did you see that movie *Being There*? The guy was really retarded, but he just knew how to say sentences. This was Mickey. What a slick guy. I went to Dr. LeMaistre, and I thought, "Here's the really intelligent person who understands it."

I said, “Dr. LeMaistre, you have a vice president for patient care who’s a clinic doctor, doesn’t know anything about research. You have a vice president for research who’s okay. He does research, but he only cares about laboratory people. What you need is a vice president for clinical research.” Dr. Hickey was present during all this. Dr. Hickey didn’t like this kind of stuff. He was between Mickey and me for all the time he was here. He tried so hard to be helpful. In dealing with Dr. LeMaistre, you soon learned that everyone who came to him left his office feeling that he had accomplished his mission—everyone. Dr. LeMaistre said, “That’s a great idea.” So Dr. Hickey prepared a job description for this vice president for academic clinical research, and they offered me the position.

Lesley Brunet, MA

0:14:40.7

This is instead of Conrad or in addition?

Emil J Freireich, MD

0:14:45.4

It was in addition. We’re going to have 3 vice presidents: one who ran the clinic, one who ran the laboratories, and one who ran clinical research. The department had its own beds. We had a Clinical Research Center. We had built the eleventh and twelfth floors on the Lutheran Pavilion. We had our own operation at Center Pavilion Hospital. The Clinical Research Center was a whole institute within MD Anderson. The responsibilities of this vice president were laid out that he would handle all of the DT part of it, the clinical research, and the office of research. It’s all in the job description that was 2 pages long. So I read it carefully, edited a few ifs, ands, and buts. Dr. Hickey wrote it; I accepted it formally.

Then Dr. Hickey, Dr. LeMaistre, and I had a meeting. Dr. LeMaistre said, “This is really wonderful. We’re distributing authority from the president, and it’s an excellent idea. But what concerns me is the borders between the vice president for clinical research, the vice president for research, and the vice president for the clinics.” He said, “I think what you ought to do, Freireich, is you meet with Conrad and Becker, and just be sure you define the borders, and then—”

Lesley Brunet, MA

0:16:07.4

I saw that letter, actually, and I have a note on it.

Emil J Freireich, MD

0:16:09.4

Do you? Where did you get it?

Lesley Brunet, MA

0:16:11.3

It’s in the *President’s Office Records*.

Emil J Freireich, MD

0:16:14.7

Good.

Lesley Brunet, MA

0:16:15.3

“To ensure clear lines and delineation of authority where possible and definition of deliberately”—it’s really wordy—“overlapping areas.”

Emil J Freireich, MD

0:16:27.2

I went to Dr. Conrad. Dr. Conrad said, “There’s no such thing as clinical research. If it’s clinical, I’m in charge of it. No need for that job.” I said, “Well, let’s go meet with Dr. LeMaistre, because we have a difference of opinion.”

We arranged a meeting with Dr. LeMaistre. This is where I suddenly realized what we were dealing with. Dr. Conrad speaks, I speak, and Dr. LeMaistre makes a 10-minute speech. Remember, Dr. Conrad thinks he won. Dr. Freireich thinks he won. We leave the room.

Lesley Brunet, MA

0:17:15.3

What happened?

Emil J Freireich, MD

0:17:20.8

“Well, Fred, I won.” “No. You don’t understand LeMaistre. You don’t pay any attention to him. You lost.”

This is the secret of Dr. LeMaistre. He never, ever, acquired responsibility for any decision. That’s why he lasted 18 years. That’s why he lasted 10 years as chancellor of the university, because everybody he talked to, he agreed with. There were no controversies in his mind. It’s not anything deliberate. It was part of his personality. He just wanted so desperately to help people. Everybody around him immediately realized that whatever he said made no difference. So everybody who had responsibility simply used it. And since Conrad was in charge, he said, “It doesn’t make any difference what Mickey said. I’m in charge.”

I understood LeMaistre, so I went to Becker. I didn’t understand Becker. I understood Conrad, because, remember, I voted against him. I knew he was a straight hospital guy. He thought research was trivial. He was a carbon copy of Shullenberger. They just work until they retire. Conrad ran a hospital. He just wanted to retire, and when he got 20 years, he came here. He just wanted another 20 years to retire. He wanted to become Air Force Surgeon General, and he lost that job, so he quit the air force and came here. He just comes to work every day. Conrad was the hardest-working person I’ve ever seen. He was here every morning at 6:00. He drove a fast car from Conroe. We began to compete. I always used to be the first one here.

I had a practice of being the first one here and the last one out. If I was going to build a department, I had to be a leader. So I came to the parking lot one day; there was a car there. It annoyed me a little bit. After 3 or 4 days, I found out this was Conrad's car. So I came a half hour earlier. That lasted about a week, and then I came, and his car was there. So I came a half hour earlier, and there was his car. You couldn't beat Conrad. He was indefatigable. So I finally gave up on that. He was here at 6:00 a.m. He checked every clinic. This guy ran it like you run your kitchen. He's a military guy. He was really terrific at what he did.

Mickey was terrific at what he did. That's the secret of surviving in the UT system. Never make a decision, but appear decisive. When we met with Mickey, I was certain he agreed with me, but it didn't matter, because he wasn't going to act on it, anyway.

Lesley Brunet, MA

0:20:18.1

He didn't ever follow up with delineating responsibility?

Emil J Freireich, MD

0:20:20.1

He never followed up anything. Then I went to Becker. Now, Becker's a different breed of cat than Conrad. Becker really is academic. He wanted to have all Nobel laureates here. He recruited Isaiah J. Fidler [oral history interview] and Eric Olson and a lot of very good people. Becker and I sat down. Becker said, "Yes, I understand, J." Becker really appreciated DT. He appreciated what we did. He understood clinical research. He knew the difference between clinical research and just patient care. He said, "No problem." So then we had the follow-up meeting with Dr. LeMaistre, Dr. Hickey, and me. How did it come out? Conrad still disagrees. How about Becker? Well, Becker disagrees, too. When I met with him, he thought it was perfectly okay. We understood the difference. He said, "But he has a letter here." That's typical Becker. Becker is a swine, in the real sense. He's the inverse of Mickey. He's not well-intentioned. He's very self-serving. He's very arrogant, and he's very malevolent. When he talked to me, he led me to believe he agreed with me, and then he sat down and wrote a memo to LeMaistre saying he totally disagreed. So he had Becker's letter. He had Conrad's opinion. He said, "I'm afraid this isn't going to work." That was the end of me.

What's the next thing? Well, the next thing is, "I'll tell you what. Since you can't be vice president for patient care, what we ought to do now is combine Medicine and DT, because we can't have 2 departments of medicine, one good and one second-class. You have to bring DT and Medicine together."

There was another deal. The deal was that he would make me VP for clinical research if I gave up the possibility of being chairman of DT. I said, "No way, because DT is what I do. The only reason I want to be vice president for clinical research is to be sure DT prospers."

Chapter 17

The Beginning of the Division System, Closing Developmental Therapeutics (1983), and the Legacy of the Department

B: Building the Institution;

Codes

C: Leadership;

D: On Leadership;

C: Portraits;

C: Professional Practice; C: The Professional at Work;

B: Growth and/or Change;

B: Obstacles, Challenges;

B: Institutional Politics;

B: Controversy;

C: Understanding the Institution;

A: The Researcher;

A: Overview;

A: Definitions, Explanations, Translations;

C: Discovery and Success;

B: Critical Perspectives on MD Anderson;

B: MD Anderson History; B: MD Anderson Snapshot;

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

D: The History of Health Care, Patient Care;

D: Technology and R&D;

Emil J Freireich, MD

0:20:20.1+

Now we're going to put Medicine and DT together. By this time, Cliff Howe had resigned. He actually was fired by Dr. Clark. The acting head of the Department of Medicine was Tom Haynie. Tom Haynie is a lovely guy. He came 2 or 3 years after I did, from Galveston. He is a very good guy, very academic. He was one of the few clinicians who wanted to be academic in the Department of Medicine. So he was an interim chairman of the Department of Medicine. We had some meetings, and he and I saw completely eye to eye. We need to build up Medicine, put it together with DT, and have a joint training program.

I got the first training grant at MD Anderson, and we had the first clinical oncology training program. It began in '65. So by the time Mickey came in '78, we had a very well-developed fellowship program. Medicine also developed a fellowship program, and they had also some fairly good fellows, but we had totally separate training programs. We combined the training programs. We combined our faculty. We reorganized it. We had meetings of the whole department. Everybody was happy. It was going along well.

We also had 2 searches when Dr. Clark was here. They both ended up with me. Now Dr. LeMaistre says, "Now we're going to have a third search." This search was really big. They had Roger Bulger, president of the Health Science Center, on the committee. They had the guy from Southwestern, a hematologist friend of mine who was dean at Southwestern, Dr. Charles Sprague, on the committee. It was really a big committee, very prestigious.

Lesley Brunet, MA

0:24:53.9

This was going to be a new Division of Medicine?

Emil J Freireich, MD

0:24:56.7

Right. We had Department of Medicine and Department of Developmental Therapeutics. We inverted the way medical schools do. Medical schools have a Department of Medicine and divisions that are subspecialty. But because we had 2 big departments, he said, "Let's use the title 'Division' to put them together." It was the first division.

Lesley Brunet, MA

0:25:18.6

And what was it going to be called?

Emil J Freireich, MD

0:25:20.5

It was going to be the Division of Medicine. That included all the medical specialties and everything. So we're going along fine. He appointed a new search committee. It had a lot of very prestigious people on it. The search committee was asked to make 3 recommendations without priority. The 3 people they picked were Joe Bertino, John Durant, and me. LeMaistre went after Joe Bertino. Joe Bertino came by, and he had a wonderful visit. Everybody was in favor of Joe Bertino, including me. Joe Bertino went back east, where he had a lot of connections. He had social problems. He came back at least 3 times. The search for Joe Bertino went on for over a year. Finally, Dr. LeMaistre decided that he really wasn't going to come. He was just constantly leaving the door open. So he moved on to Durant. John Durant walked in the front door, came to my office and said, "J, this job is ridiculous. Conrad decides everything. What the hell would I come here for?" He was at Fox Chase Cancer Center, in Philadelphia, as head of the center. It was out of the question. He wasn't here 5 minutes, and he knew that was no job for him.

Two presidents and all the chairmen, and there was only one candidate left. What would you do if you were Mickey? It was a bad situation. If he appoints Freireich, everybody at MD Anderson is down his throat, except the people in Medicine. It was a tough decision. What would you do? Only Mickey could come up with this solution. The committee insisted that he interview Freireich. They said, "We gave you 3 names. You've rejected 2. You've got a third. You've got to interview." So Dr. LeMaistre called me. "Come to my office." I went to his

office. This was one of Mickey's greatest performances. I wish I had a video camera. He's very elegant, and he always talks with a deep voice. He had a sunburn on the back of his head from sailing. He had someone who always did his hair, and he wore nice suits. He had a manservant who used to come and turn on the lights and the air conditioning before he went anywhere. This is King LeMaistre. "J, the search committee has recommended you for this job." He talked for 15 minutes, telling me things that I knew better than he.

Lesley Brunet, MA

0:28:41.6

He was telling you things about the situation.

Emil J Freireich, MD

0:28:45.0

Yes. "This is the job." So after about 15 minutes, I was getting a little bored by the performance. I said, "Dr. LeMaistre—" "Do you have any questions?" "I have only one question. Would you ever consider appointing me to this position?"

Of course, he wasn't going to do it. So the next thing he did was he discharged the search committee, and he announced in public to the faculty that the reason he discharged the search committee was that there were leaks. They were supposed to be confidential, and there were leaks; therefore, this search committee was discharged. He appointed a new committee, appointed by only him, which were all slaves. There was only one person from DT on this committee. It was Jeane Hester. God bless her. She told me what happened. This committee was assembled and asked to review the credentials of one Irwin Krakoff.

Who is he? The prestigious search committee had at least 100 names recommended, and he was not in it. He was a hopelessly incompetent, no-good, worthless guy who ran the Rhode Island Cancer Center, and all of a sudden the committee was asked to review Krakoff and approve him. And they did, surprise of surprises. Krakoff was appointed in 1983.

Lesley Brunet, MA

0:00:38.1

Was he already here?

Emil J Freireich, MD

0:00:41.4

No. He was in Rhode Island. So in 1983, Irwin Krakoff is appointed head of the Division of Medicine. Four to six weeks after it was announced, he appeared at MD Anderson, and he called all the department chairmen to his office—Tom Haynie, Evan Hersh, and Gerald Bodey [oral history interview]. He announced that DT was being eliminated. It was the first time in the history of this institution, any academic institution, that the best department had just been eliminated. Took it out of the bylaws, and it was just eliminated. DT was Balkanized, and I was given the responsibility to be head of the Department of Hematology. This is in 1983. The other 3 were department heads, he was head of the division, and that was it.

Lesley Brunet, MA

0:02:01.4

They dissolved the department. Is that what you're saying?

Emil J Freireich, MD

0:02:01.4

Yes, just eliminated it. It was Balkanized.

Lesley Brunet, MA

0:02:07.5

No wonder I couldn't find more records on DT.

Emil J Freireich, MD

0:02:10.0

It just vanished, vaporized.

Lesley Brunet, MA

0:02:12.4

Did they change it into other names?

Emil J Freireich, MD

0:02:18.6

Everybody was given different jobs. I could give you a list of things that DT contributed to MD Anderson. I told you we didn't have any platelet program. We established the platelet within the department and then farmed it to Pathology. I personally invented the blood-cell separator when I was at NCI. I told you I got fired. When I came here, Seymour Perry couldn't do anything with it. He was a total dolt, so the thing languished for a couple of years. Then IBM came to me and said, "This project's going to die unless you move it, Freireich." So they gave me a free machine and some money. We developed the blood-cell separator. It's now used the world over. That was all done in DT. Platelets were all done in DT. If it wasn't for DT, there wouldn't be platelets anywhere, because remember, NCI was a unique place. But to do it at MD Anderson, everybody copied it. We showed it could be done. We did the blood-cell separator. That established the proof of blood stem cells, the granulocyte transfusions, and all that stuff.

We started the IV team. When I came here, doctors administered medications. If I ordered Cytoxan, they used to have 20 bottles of Cytoxan, because we'd give 2 grams, and they came in 200-milligram vials. The doctors had to go mix this stuff and administer it because the nurses couldn't do it. I said, "This is a terrible waste of professional time." So I hired research nurses, and now, of course, we have an IV team. The research nurses mixed the drugs. Then I made a deal with Mr. McKinley, who was then in the pharmacy. "Maybe the pharmacy ought to send the drugs up." And we established the unit-dose system, which is the way the place operates now. That was all done just for DT. Everybody else benefits from what we did.

When I did the blood-cell separator thing, we had to get our own space, so we created a pheresis center. In order to run it, we had to have nurses, because I didn't want doctors sitting by the bedside for 3 hours during these procedures. So I hired a nurse for DT, and we developed the research nurses, which now, of course, everybody has research nurses. When Joyce Alt came in, she immediately said obviously she should have done that. Renilda Hilkemeyer used to hate me. "Freireich, you can't do all this stuff."

So we had our own nursing service, and now we have research nurses on every unit. We had a guy come to us with these catheters in order to figure out if we could use outpatient chemotherapy. We developed the outpatient pumps, the long lines, and the catheters in my department, with our own money and our own grant money. And then, of course, everybody else acquired it, and now we have an IV team, which is run by Surgery, to put in the catheters and long lines, so we can do outpatient chemotherapy.

The people I recruited are all giants in this institution. Even though DT was eliminated, our footprints remain. Evan Hersh became head of the Department of Bioimmunotherapy, which is now headed by Dr. Moshe Talpaz. Dr. Talpaz was one of the fellows in my training program. Razelle Kurzrock, who has won awards, was one of the DT fellows in Bioimmunotherapy. Dr. Rosenblum, who does the monoclonal antibody stuff, was a DT postdoc with Dr. Ti Li Loo. David Farquhar was a postdoc with Dr. Loo. Grady Saunders, who's still retired and still working every day in biochemistry, was in DT. Gerry Bodey, who started the infectious disease program, created the reverse isolation unit with our money on the twelfth floor. He's now retired, but is coming back, I think, part-time. He became Office of Protocol Research director. Gene McKelvey, who was the first or the second vice president for academic affairs, was a DT recruit and alumnus. Ti Li Loo, of course, did the pharmacology program. Robert Benjamin [oral history interview], who's head of sarcoma, was a DT fellow and trainee. Jaffer Ajani, who's still in GI, was a DT fellow and trainee. Yehuda Patt, who still does the liver program, was a DT fellow and trainee. Giora Mavligit, who does the melanoma service, was a DT trainee.

I may not have remembered them all. Barthel Barlogie, who was very important, is now director of the myeloma program at the University of Arkansas. He's one of our distinguished alumni and was a DT trainee. Robert Livingston, who's head of Oncology at University of Washington in Seattle, was one of our DT fellows. And there was Jeane Hester and Ken McCredie. Jeane Hester developed the whole Pheresis Center. If you go down there and see that big Pheresis Center, that was all hand-built by us with our own money. When we were at our peak, before I got fired in 1983, Dr. Clark decided to expand our clinical research program, and we wrote a construction grant. The 2 floors that had been added to the entire building were built entirely by DT. We defended the grant. It was our research program. We built this whole thing.

It was typical Dr. Clark stuff. It was supposed to be all DT, but when we finally finished it and occupied it, it got reduced substantially. He took away the seventh floor entirely. We were given the entire sixth floor. Then he negotiated with Pediatrics, and they got that little bit in the

front there, and he gave the whole Gimbel Wing away. So we only got this piece of it. So that's why my office is here, because we built that, and I put myself in the middle.

Dr. Hersh was here in immunology, this section, and Dr. Bodey was over on that wall with the infectious disease. This was all pharmacology and transplant. DT had a big impact on this place, and it will last forever. That's all written up in our book.

Lesley Brunet, MA

0:09:08.7

What you wrote on DT?

Emil J Freireich, MD

0:09:08.7

Yes. In 1983, it was gone. I was very upset about it. I went to Dr. LeMaistre.

Chapter 18

Departments Undergoing Change under Charles LeMaistre

B: Building the Institution;

Codes

C: Leadership; D: On Leadership;

C: Portraits; C: Professional Practice;

C: The Professional at Work;

B: Growth and/or Change;

B: Obstacles, Challenges;

B: Institutional Politics;

B: Controversy;

C: Understanding the Institution;

A: The Researcher;

A: Overview;

A: Definitions, Explanations, Translations;

C: Discovery and Success;

B: Critical Perspectives on MD Anderson;

B: MD Anderson History; B: MD Anderson Snapshot;

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

D: The History of Health Care, Patient Care;

Lesley Brunet, MA

0:09:23.2

So what was your position then?

Emil J Freireich, MD

0:09:25.9

I became chairman of a Department of Hematology, because my specialty is hematology.

Lesley Brunet, MA

0:09:32.8

This was after Shullenberger?

Emil J Freireich, MD

0:09:36.2

Shullenberger had retired. The head of Hematology at that time was Raymond Alexanian. Jessie Gamble had died. Fredrick Hagemester and Peter McLaughlin were there, and Alexanian. They mostly saw some myeloma patients. That was about it.

So in 1983, I went to Dr. LeMaistre, and I said, “Dr. LeMaistre, this is a very bad thing. You have eliminated the most creative, most successful, most financially successful department in your institution. It’s not a good thing.” He said, “It’s very bad, J, but it was Krakoff’s decision, and it was up to him.”

Lesley Brunet, MA

0:10:43.0

What did you say when he said that?

Emil J Freireich, MD

0:10:45.4

There was nothing more to say. That was Dr. LeMaistre. That’s the way he operates. Nothing is his decision. This was Krakoff’s decision, and Krakoff was an absolute goon. You couldn’t talk to him in more than one sentence at a time. He’s a very unintelligent guy.

Lesley Brunet, MA

0:10:45.4

Is he still here?

Emil J Freireich, MD

0:10:59.8

Yes. He stayed for 10 years and then resigned. He created nothing but chaos, nothing positive. He brought nothing to the institution that I can think of. But I had a very negative view of him as a person, because he was the inverse of LeMaistre. LeMaistre was a movie star. Krakoff, he rolled up his sleeves and buttons were popping. He didn’t comb his hair. He was crude and spoke in ugly, declarative sentences. Mickey, his prose is like music. When he speaks, you just listen to the words. No content, but beautiful stuff. It’s like listening to Mozart. You don’t have to walk away with anything. It’s just pleasant.

So I’m head of Hematology. Mickey did a few other things before Krakoff that gave me a clue as to what he was going to do. Dr. Jose Trujillo, may he rest in peace, who was a good friend of mine, had gone to LeMaistre. He was upset about the fact that we ran the transfusion service for the hospital. We ran the platelets, we ran the white cells, we ran the Pheresis Center, and all they did was issue blood for the surgeons. He didn’t think that was right. He thought that they should have their own platelet program, because Pediatrics used to get platelets from him, and surgeons used to ask him for platelets. I used to just provide DT.

So LeMaistre called me to his office, and Trujillo was in the room. He said, “You know, Freireich, you’re not a pathologist. The blood banks are certified by the American College of Pathology, and you’re not certified. We think that this center should come under the Department of Laboratory Medicine.” “Are you kidding? Laboratory Medicine, they haven’t discovered anything. They haven’t brought any money in. Why would you put it in Laboratory Medicine? It’s ridiculous. This is a research operation. We create peripheral blood stem cells and granulocytes and platelets for support, and we’re doing research.”

Well, Dr. LeMaistre, see? We both left the room feeling we had won, but I realized there was something amiss here. It was one of those things. They eventually turned the pheresis unit over to Transplant. We had several of these kinds of confrontations that were nurses and stuff, and every time it came up the same way; that is, he never made a decision. The people who were combating had to work it out amongst themselves. Trujillo and I eventually worked out a deal where it worked okay.

I'm head of Hematology, and Krakoff calls me to his office one day. "Dr. Alexanian wants to be in charge of lymphoma." I said, "Dr. Krakoff, if you want me to be head of the Department of Hematology, I'll decide who's in charge of lymphoma. Dr. Fernando Cabanillas is infinitely more qualified than Dr. Alexanian. He's more creative, he's more of a leader, and I have appointed Dr. Cabanillas, period." Confrontation with Krakoff was a bad thing. I won that battle, and Cabanillas is still head of lymphoma. He's the world's greatest. He's one of the DT fellows who came here. Leukemia, of course, is all dominated by DT fellows. Hagop Kantarjian, Susan O'Brien, Elihu Estey, and Michael Keating [oral history interview] were all trained by me. They all came here to work with me.

I had another confrontation with Krakoff. He used to meet with the department chairmen. I've forgotten how often. It was maybe once a month. We had one meeting, and he announced that Dr. Blumenschein was leaving. Blumenschein, you remember, was in Medicine, but he was very close to DT. When we were Balkanized, he became head of medical breast in the Division of Medicine under Krakoff. He built the most magnificent medical breast program in the country.

We started the Adriamycin stuff. We did the first adjuvant therapy for breast cancer. We did the first Adriamycin-Cytosan. It's still the standard of therapy around the world. The breast cancer clinic was *the* successful clinic in the place, except for hematology, of course.

Why would Blumenschein be leaving? He fired Blumenschein because Blumenschein was one of these physicians that patients simply identified with, and his practice grew and grew and grew. He had his clinics in the afternoon, and he hired more and more personnel, but his patients came to see him. If he had 25 patients, they gladly would wait until 9:00 at night if they wanted to see Blumenschein. They came from Seattle; they were going to sit there until they saw him at 9:00. So his clinic used to run until 9:00 or 10:00 every night. The nurses complained to Krakoff, so Krakoff called Blumenschein into his office and said, "Blumenschein, you have to quit your clinic at 6:00." Blumenschein said, "Dr. Krakoff, I can't do anything about it. These women want to see me. I can only see so many patients an hour. If they want to wait, I have to see them. You have to provide nurses."

He gave him an order, and he didn't follow the order. His clinic still ran till 10:00, so he fired him. Krakoff fired Blumenschein. Blumenschein's in practice in Arlington. He took two-thirds of his patients with him. They all loved him. He's very successful in private practice, and our breast clinic has never recovered. It was typical Krakoff. Krakoff did all kinds of bad things.

He brought in this guy, Robert Newman. He's worthless. He fired Dr. Loo as head of Pharmacology. He almost destroyed Pharmacology.

Lesley Brunet, MA

0:18:10.2

I was going to ask you about Dr. Loo, because there are a lot of hints of something going on, but I couldn't tell.

Emil J Freireich, MD

0:18:16.2

I can tell you about the Loo caper. That's a very long story. That's why he was fired, and it was the reason Krakoff was brought in. I don't have evidence to support it, but my theory is that Dr. DeVita, as NCI director, suggested to LeMaistre that he hire Krakoff, because LeMaistre would have no idea where Krakoff came from. He wouldn't know him from Adam. He didn't know anybody in oncology.

The main reason that DeVita wanted Krakoff here was because we confronted DeVita repeatedly. We were the center of chemotherapy research in the United States, and DeVita wanted to control everything from Washington. He was an NCI director who was an absolute despot. He wanted to run everything. When I confronted him when Clark was here, Clark supported us. He was on the National Cancer Advisory Board. So DeVita couldn't do anything about MD Anderson. I had a confrontation with DeVita over a drug once, and Clark called him up while I was in the office. "Vince, what is this problem?" "Oh, yeah, Vince, you're right."

So the main purpose that Krakoff had in coming here was to make sure that the DT program was responsive to the NCI. That's my personal theory, although there may be many other factors, undoubtedly. Shortly after he came, he hired Newman, and Loo was asked to move out of his office and give up his lab, so he just retired. I can tell you about the Loo caper, but let me finish the Krakoff story, because it gets more interesting.

So after about 2 years of continually conflicting with Dr. Krakoff, I decided that in that 2-year period, what happened to DT happened to Hematology. I'm just a natural born leader, and we recruited dynamite people, the ones I've mentioned. Our practice in leukemia boomed. Our practice in lymphoma took off. It used to only be in Medicine, but we developed new combinations and new intensification. We were curing lymphoma. We hired Karel Dicke. We initiated a transplant program. Karel Dicke is still working in Arlington Cancer Center. Hematology was booming. It was the same problem. What are we going to do about Hematology?

Well, I made a very serious mistake of being arrogant and very self-confident and not yet having proven Mickey completely incompetent. I wrote a memo to Dr. LeMaistre. I said that Hematology had reached the point where it should be elevated to division status, because the hematology practice, the grant support, the number of research patients that we were developing, our beds and our support were such that we needed to be independent of Krakoff. I wanted to

get around Krakoff. This is not known to me for sure, but when the memo arrived to LeMaistre, the first thing he did was call Krakoff and say, “What is this all about?” Krakoff took one look at the memo and called me to his office. He was going to Japan for a meeting or something. He called me to his office and said, “Freireich, you’ve been fired as head of Hematology, and you’re replaced by Bart Barlogie,” who was one of my faculty. That was in 1985. The same thing that happened to DT in ’83 happened to Hematology in ’85. So now I was fired as head of Hematology, and Krakoff left town. So this got really exciting.

Lesley Brunet, MA

0:22:41.2

What happens if they fire you from head of Hematology, but you had so many grants? You’re wrapped around the grants.

Emil J Freireich, MD

0:22:51.3

It just so happened that the year that I was fired, I had been awarded the first Outstanding Investigator Award in the United States. There were only 20 awarded in the United States, and I was 1 of 20 outstanding investigators.

The important thing that happened when I got fired is I now understood Dr. LeMaistre. I was very upset about this because I’d been fired 2 years ago as DT head. Now I was really angry. The first thing I did was I went around and talked to all the chairmen of all the division heads, to tell them what I thought was going on. I wanted them to understand. Everybody supported me except one, Jan van Eys. He was really a cartoon character. Jan van Eys said, “Freireich, isn’t it obvious to you that they want you to leave?” I said, “Yeah, it’s pretty obvious. But shouldn’t it be obvious to you that I’m not going to leave?” When Krakoff fired me, I said, “Irv, I’m going to be here long after you’re gone.”

Lesley Brunet, MA

0:24:12.7

Is that why you stayed?

Emil J Freireich, MD

0:24:16.3

No.

Lesley Brunet, MA

0:24:16.7

I’m sure you’ve had many offers.

Emil J Freireich, MD

0:24:18.1

I love MD Anderson. This is the best place in the world for anyone to work. There’s no question in my mind about it. That’s why I’ve recruited outstanding people. That’s why I

trained outstanding people. That's why everybody loves it. It's just a great place. LeMaistre can't ruin it and Krakoff can't ruin it. It's too good. Clark created a gem. It's a unique place in the entire world.

Lesley Brunet, MA

0:24:45.1

Yes, I have that feeling.

Emil J Freireich, MD

0:24:47.1

This place has everything. I have no intention of leaving because of some jerk like Krakoff that doesn't care about anything. I want to cure cancer. So I was very upset about being fired as chief of Hematology.

Lesley Brunet, MA

0:25:08.9

You're still on staff.

Emil J Freireich, MD

0:25:10.7

I counsel with everybody, including Conrad. Oh, maybe Conrad was dead already.

Lesley Brunet, MA

0:25:17.9

Hadn't Conrad been killed?

Emil J Freireich, MD

0:25:18.7

Had he been shot already? I can't tell you what year it is.

Lesley Brunet, MA

0:25:20.3

I think he had. I think it was '82.

Emil J Freireich, MD

0:25:28.1

I went to Fred Becker, and Fred Becker really helped me, because I was so angry, so upset, and I had no idea what the next step would be. Dr. Becker said, "Freireich, I've learned one thing in dealing with Dr. LeMaistre. If you want to accomplish anything, you use 3 words: 'Board of Regents.' That gets his attention."

I said, "Now, that's a very good idea." So I made an appointment with Dr. LeMaistre, and I said, "Dr. LeMaistre, I've been fired as head of Hematology. I think it's bad for the institution, and I wish to bring this to the attention of the Board of Regents." Whoa! Remember, everybody

always gets what he wants from Mickey. That's why they call him Mickey, as in Mickey Mouse.

Lesley Brunet, MA

0:26:28.2

That's not really why they call him Mickey.

Emil J Freireich, MD

0:26:32.0

It's his name. He calls himself Mickey. I call him Mickey Mouse. He's about that level of skill and intelligence. Mickey Mouse was a great entertainer. You'd want to go see him anytime, but you don't want to put your life in his hands.

"Board of Regents," he said. "Well, J, in order to get to the Board of Regents, there's a protocol you have to follow." I said, "Yes. That's why I came to you. What is the protocol?" "Well, first you have to go to the vice chancellor for Health Affairs. Then you have to go to the chancellor, and the chancellor goes to the regents." "Okay. I want to talk to the vice chancellor for Health Affairs, Dr. Charles Mullins." "I'll arrange an appointment." "Thank you."

I went back to doing my thing. One day I get a page from Dr. LeMaistre's office to come to his office. The secretary says, "Dr. Mullins wants to speak to you." "Hello, Dr. Mullins." "Hi." "I want to talk to the Board of Regents." "What's the problem?" "I think that Dr. LeMaistre and Dr. Krakoff are harming MD Anderson. I love MD Anderson, and I don't think it's right. I think the regents should try to straighten it out." He listened very carefully, and he said, "You know, the way the University of Texas is organized, the president, once appointed, has absolute authority. The administration in Austin has no effect on the institution. So whatever Dr. LeMaistre wants to do, that's his privilege." I said, "Well, thank you, Dr. Mullins. I think that's a very good system, but in this instance, I don't think it will work, and I would like to go to the regents." "Well, you can't do that." That was the end of that conversation. I forgot all about it.

Incidentally, Dr. Mullins said, "Put it in writing." So I wrote him a memo. "Dear Dr. Mullins: Here's what's wrong." A couple of weeks later, I get another phone call from Dr. LeMaistre's office. "You have an appointment with Dr. Hans Mark in Austin, the chancellor." So I get in my car and drive to Austin.

So I walked into the chancellor's office in Austin; it was a very impressive place. Sitting in his office was Dr. Mullins, Dr. LeMaistre, and Dr. Mark. "Dr. Freireich, what's your problem?" Well, I told them the problem.

It's interesting, because LeMaistre was in the room, but by that time I understood him. I didn't hesitate to say that I thought he was incompetent, in his presence. I would say it to him anytime. I said that I think that the decision to hire Dr. Krakoff was harmful to the institution, the decision to eliminate the Department of Developmental Therapeutics was harmful to the institution, and the decision to eliminate me as head of the Department of Hematology was harmful for the

institution. I thought it was time for the Board of Regents to review the situation of the administration of MD Anderson Cancer Center. Dr. Mark said, “Dr. LeMaistre, what do you think?” “Well, Freireich’s got a good point.”

Okay. That’s the end of the meeting. It was very emotional for me. I’m just a young whippersnapper, and I’m talking to the kings. I got in my car, drove back to Houston, and went back to work. I’ve never stopped working. I’m still taking care of leukemia patients. I do what I do every day.

About 3 weeks later, Dr. Mark appears in my office. “Freireich, I want to know what you do.” I told him what I do. I took him on a little tour of the protective environment, the Pheresis Center, the clinic, and gave him some figures. “Thank you.”

Dr. Mark was too good for chancellor of the University of Texas. It’s a position that was perfect for Mickey. You don’t have any idea the dimension of the University of Texas. I do, because I was on UT Faculty Advisory Council. But Dr. Mark was a wonderful chancellor. One of the good things he did was he created the Faculty Advisory Council and the Student Advisory Council. It was true what Dr. Mullins said. The way the university ran was the way it ran in 1860. You appoint a president, and he ran the Health Science Center. The administration had nothing to do with it. But when it gets big, there has to be someone who is worried about it. Of course, when Mark became chancellor, he realized that the presidents were not all perfect. In fact, the president of Dallas was fired, and the president of San Antonio was fired. They had to fire Mickey. He was a hopeless case. But Mark realized that the administration of the University of Texas required someone with academics, intelligence, and leadership, who could make the university run. It’s too big to be totally Balkanized. Someone has to be thinking about it. The legislature can’t run it. The coordinating board can’t run it. You need administration in Austin which is strong, and Mark realized that to communicate with these presidents, he had to have some information other than what the president feeds him, because that’s all PR. The president just tells him how great he is. He wants to know what’s going on there.

So each campus has a faculty. They elect a chairman. The chairman of the Faculty Senate is a faculty member that goes to Austin and tells them what’s going on. All the campuses talk to each other. They have committees, and they have structures, so we have common language and common grounds and common degree-granting authority. It’s a wonderful thing, all established by Mark.

Mark is a wonderful guy. He really cared about it, so he came to MD Anderson to see how it worked. Before, when I had left his office, I said, “Dr. Mark, I would like to go to the regents with this.” Mark was offended. He said, “My responsibility is the regents, not yours, Freireich. So if you have any problem, come to me, and I run to the regents.” Then, to represent the regents, he came to my office. He really cared about MD Anderson. He found out how it worked. So I was very flattered that he would take the time. I mean, he’s got lots of stuff to worry about.

Two weeks later, the most interesting meeting that ever happened occurred. I was called to the Governor Allan Shivers Conference Room. Dr. LeMaistre was at the head of the table. Also at the head of the table was the chairman of the Board of Regents, and around the table are sitting Krakoff, Becker, and all the division heads. This is the guns of MD Anderson Hospital. They had obviously been in session for many minutes before I arrived. It was like a courtroom proceeding. The secretary takes me in the side door. Whoa! What am I doing here? “Dr. Freireich, please take a seat.” Dr. LeMaistre said, “Well, you’re concerned about these decisions. Tell us what you’re concerned about.”

Lesley Brunet, MA

0:06:44.0

Haven’t you already told him enough times?

Emil J Freireich, MD

0:06:47.2

Not the chairman of the Board of Regents. This is my hearing with the regents. Dr. Mark is not here, but Dr. Mullins is here. Dr. LeMaistre and the chairman of the Board of Regents are there. They want me to tell Mr. So-and-so what my problem is. Everybody in the room knows what my problem is.

I said, “I just want you all to understand one thing. Emil J Freireich is completely happy. There is nothing that you can do for me. Nor is there anything that I want you to do for me. What I want you to understand is that decisions are being taken here which are harmful to the goals of this institution: research, education, and patient care. That’s what I’m talking about.”

Everybody listened very quietly. They had already had a meeting and decided everything. So then Dr. LeMaistre makes a speech. “J, here’s what we decided to do. You’re now director of the Adult Leukemia Research Program.” “What is that?” “Since your primary interest is in leukemia, and you want to cure it, with Adult Leukemia Research Program, your office will remain intact. You’ll have administrative people. You’ll have secretaries and clerks. You’ll be able to do your work. There will be no interference with progress in leukemia research, and you will have all this authority.” “Thank you.” End of meeting.

Lesley Brunet, MA

0:08:49.7

Did they just want to make you happier so you would shut up?

Emil J Freireich, MD

0:08:53.5

They wanted to shut me up. After that I repeated, “This will do nothing to the problem, and I don’t need anything for me, but I will continue to do the best I can as director of Adult Leukemia Research Program.”

Lesley Brunet, MA

0:09:12.0

Is this just an organizational change, or were they actually giving you something?

Emil J Freireich, MD

0:09:14.4

It was organizational change. Don Pinkel had been recruited by Jan van Eys to work in the Department of Pediatrics, and he was having the same problem with van Eys that everybody did. He was hopeless. Van Eys was hopeless. Pinkel had already made a stink, and I had made a stink.

Mickey is very good at administrative things, so he got the idea that I would be director of the Adult Leukemia Research Program and Don Pinkel would be director of the Pediatric Leukemia Program. We would work together, and leukemia would be a prime activity at MD Anderson. Everybody would be happy, and we could leave Krakoff and van Eys alone. Pinkel and I were administratively to report to none other than Fred Becker.

Lesley Brunet, MA

0:10:06.4

Was that a little unusual?

Emil J Freireich, MD

0:10:13.3

Becker was to assure that this clinical research activity continued. In other words, he was going to have an influence on clinical research.

Lesley Brunet, MA

0:10:23.5

Who's in charge of patient care now?

Emil J Freireich, MD

0:10:26.8

When Conrad got shot, it was Stratton Hill [oral history interview]. Howe and I had a confrontation at one point about admissions to leukemia. We were developing our own practice, and Howe wanted to control our practice, and he declared that we could not admit patients without his office approval. We had a meeting with Dr. Clark, and Dr. Clark said, "Cliff, you can't do this kind of thing. It's not useful." So he fired him, and Stratton Hill became Director of Clinics.

So Howe was replaced by Stratton Hill as head of clinics. Then when Conrad was shot, as I recall, Stratton Hill became director of the hospital, because he was already in charge of the clinics. Stratton Hill was a very colorful guy, and he was a positive guy. He was here before I came, and he liked DT. We got along very well.

Our clinic was thriving, everything was going fine, and then he got fired and replaced by Joe Ainsworth. Joe Ainsworth was the perfect solution to running anything, because he was exactly

like Dr. LeMaistre. He didn't care about cancer. He didn't care about anything. He was a retired family doctor. He was the sweetest guy. He still is a lovely guy and very well intentioned, but no academic nothing. Unlike Conrad, he wasn't a cruel, vicious, arbitrary person. He was a very nice, sweet, and kind person. After Joe Ainsworth, I guess Charles Balch came next, and Balch is still alive. Anyhow, we were supposed to report to Becker, and we had a budget and all that, but Becker didn't care about it. Nothing ever came of it. So that was the end of the Freireich caper.

Lesley Brunet, MA

0:13:09.4

That was the end of your caper?

Emil J Freireich, MD

0:13:10.5

That was the end of the caper.

Chapter 19

Head of the Adult Leukemia Program and a “Project Reassignment” Year at the NIH

B: Building the Institution;

Codes

C: Professional Practice; C: The Professional at Work;

C: Education at MD Anderson;

B: Growth and/or Change;

B: Obstacles, Challenges;

B: Institutional Politics;

B: Controversy;

C: Understanding the Institution;

B: Critical Perspectives on MD Anderson;

B: MD Anderson History; B: MD Anderson Snapshot;

Lesley Brunet, MA

0:13:13.2

But you did stay head of the Adult Leukemia Program?

Emil J Freireich, MD

0:13:18.0

Well, it’s nothing; it’s meaningless.

Lesley Brunet, MA

0:13:19.4

It’s just a title?

Emil J Freireich, MD

0:13:21.6

You might as well call me “Chief Janitor.”

Lesley Brunet, MA

0:13:22.9

But it didn’t affect your grants?

Emil J Freireich, MD

0:13:36.3

I had just gotten this Outstanding Investigator Award grant, which was a 5-year grant. That was a million and a half dollars or something like that. Krakoff called me in his office, and he said,

“We decided you should return the money to NIH.” So I made an appointment with Dr. LeMaistre. Jim Bowen was here at the time, and I love Jim Bowen. Jim Bowen sat in his office and listened to me scream until 9:00 one night, telling him how ticked off I was at Krakoff. He was a wonderful guy. So we had this meeting, LeMaistre, Bowen, Krakoff, and I. I said, “If you return this money to the NCI, you’re going to read about it on the front page of the *New York Times*.”

Lesley Brunet, MA

0:14:59.6

What year was this?

Emil J Freireich, MD

0:15:03.3

I can’t tell you exactly, maybe ’87. So that grant was agreed. But what he did do was he insisted that I resign as director of our training grant. That was given to McCredie. I also had to resign as head of the 2 program project grants I was in charge of, and they both went down. I also had to give up the Clinical Research Center. The only thing I had was the OIA, Outstanding Investigator Award.

Lesley Brunet, MA

0:15:49.5

How can they make you give up the grant if it’s already been awarded to you?

Emil J Freireich, MD

0:15:51.6

They wrote to NCI and said, “We want, as an institution, to change the principal investigator.”

Lesley Brunet, MA

0:15:56.4

And they had the privilege of doing that?

Emil J Freireich, MD

0:15:58.3

Evidently. Certainly when DeVita was there, he was more than happy to have that happen.

Lesley Brunet, MA

0:16:03.3

But they couldn’t take away your Outstanding Investigator Award?

Emil J Freireich, MD

0:16:08.7

The OIA was the only thing I had, and it turned out to be very important, because I had no support for this so-called Adult Leukemia Research Program. There was a young guy that Trujillo had just recruited named Sanford Stass, and Dr. Stass was a hematopathologist. We

started to talk about leukemia and what we needed to do. Stass wanted to build up hematopathology.

Lesley Brunet, MA

0:16:46.4

What is hematopathology?

Emil J Freireich, MD

0:16:48.5

That's the pathological part of hematology. In other words, bone marrows, bloods. Dr. Stass decided that what was wrong with hematopathology was there was no research; it was all service. He wanted to make it a research department, so he did. He recruited people. He recruited Kun-Sang Chang from Baylor. He recruited Maher Albitar, who still runs hematopathology and leukemia. He recruited Ming Lee, who runs the molecular lab.

We established the first molecular service lab in the country under Dr. Stass, and all this was done with my money. That's what I decided to do. Leukemia was headed by Barlogie; they had plenty of money, and hemopath had nothing. So all these people were hired with my grant, and we built the Hematopathology Department to where it is today.

See, every time I got a big honor I got fired. When I got the GM Cancer Research Foundation prize, my recollection is, it was about '83. That's when Krakoff came in and eliminated DT. When I won the Outstanding Investigator Award in '85, that's when I got fired as Chief of Hematology. I was chairman of the American Society of Clinical Oncology, ASCO, in 1980.

In 1990, I went to the Association of American Physicians. I was the only faculty member at MD Anderson who was in the Association of American Physicians. That's the most prestigious internal medicine research society. All the chairmen in Departments of Medicine are elected to that. It's an honorary society. You have to be elected by the membership based on your research. In 1989 or so I went to the meeting. Dr. Samuel Broder had just been appointed director of the Cancer Institute to replace Vince DeVita. Vince DeVita, after whatever number of years of despotism, was finally fired, and he went to Memorial to be physician-in-chief. He got fired there; he's now at Yale.

Sam Broder was nominated and elected to the Association of American Physicians, and I went to the meeting. We have a dinner and a cocktail reception where 200 or so members get to renew old acquaintances. I just bumped into Broder, and I said, "Congratulations on being head of the Cancer Institute. You can do a lot in that position." He said, "You know, I've been thinking that I don't know a lot about cancer." His research had been in AIDS. He said, "I could use someone to advise me. Why don't you come and spend a year's sabbatical at NCI with me?" That was a period in my life where we thought we could do it. I talked to my wife. But Texas doesn't have sabbaticals.

Lesley Brunet, MA

0:20:56.3

I didn't realize that.

Emil J Freireich, MD

0:20:58.1

University of Texas does not have a sabbatical program, but we have a thing called Project Reassignment. You can remain on the faculty and be assigned to work on a project outside the institution. I went to Jim Bowen, and he said, "Yeah, we can do it." He did the thing through LeMaistre, and, by golly, we went to NCI for a year. It was a fantastic year. It was the best year of my life. We really had a wonderful time. I was there as an adviser to Dr. Broder. I had an office right next to his office. I went to all the big meetings, the National Cancer Advisory Board, and all those things. After I was there for about a week and I had met with Broder every day, he asked me what I thought the most important thing he needed to do was. I said, "What you have to do is improve funding for clinical research, because clinical research is being eliminated. It's all going to PhD's." "How can I do this? There are no grants coming in." I said, "Well, you have to spend it on training."

Chapter 20

A “Flexner Report for Cancer” and Commitment to Education

B: Building the Institution;

Codes

C: Professional Practice; C: The Professional at Work;

B: Education; D: On Education;

C: Education at MD Anderson;

B: Growth and/or Change;

B: Obstacles, Challenges;

B: Institutional Politics;

B: Controversy;

C: Understanding the Institution;

B: Critical Perspectives on MD Anderson;

B: MD Anderson History; B: MD Anderson Snapshot;

Emil J Freireich, MD

0:20:58.1

Being a scholarly person, I had read about the Flexner Report. At the turn of the century, Abraham Flexner was chairman of a committee of the National Science Foundation. They looked at medical education in the United States, and the idea was that science has to come to medicine somehow. All the medical schools were proprietary schools. Flexner did 30 medical schools in a year and wrote a report saying you had to have basic sciences and you got a doctorate degree. It changed medical education.

I said, “I need to do a Flexner Report for cancer.” He said, “Good idea.” So we sat down, and I prepared a list of all the major training programs in the major cancer centers, and I did what Flexner did. I went 3 days to each of the major cancer centers, and I wrote a report, which was published. I worked with Brian Kimes, who was the head of the training division, and we organized a workshop with training directors from all the major cancer centers. This led to the “K Program,” which is now all over the country, the K30 program for physician-scientist training. We also have the K12 program for patient-oriented research training. We have both K30, which I run, and a K12, which Dr. Robert Bast runs.

That was a very productive year. In one year we turned the direction of NCI funding around. Tragically, Dr. Broder didn’t last very long. He got replaced by Richard Klausner, but I liked Sam Broder. He and I were very, very good friends.

Lesley Brunet, MA

0:24:09.4

You weren't doing clinical care during that year you were there?

Emil J Freireich, MD

0:24:15.9

No, not at all. All my students are smarter and better and more accomplished than I am—all of them. I had Ken McCredie, Michael Keating, Eli Estey, and Kantarjian. These guys are so good. I just have trouble keeping up with them. These are real geniuses. They're all motivated. They want to cure cancer. They were doing fine. They didn't need me. They don't need me now. They're nice to me, but they don't really need me. It's like when you fix a car, it will go by itself. They're all self-going.

But what did happen is that I tried to maintain the OIA grant. Dr. Stass administered it ad interim, and we had to do a lot of paperwork with the NCI. They made a lot of exceptions, because it wasn't really legal. They were funding me, and I was there. But we kept it going. It went for another year or 2 after that, but on the recompetition, it went down. So that ended in '92.

When Dr. Trujillo died they did a search for the chief of Laboratory Medicine, and it was so obvious that it should have been Stass, who was a fantastically accomplished person. But Stass had the same problem that I had. He was just too good. The people in Pathology were very resentful that Lab Medicine had all this money and space and publications. They came up with this Armand Glassman recruitment, and he's a catastrophe. He's still here. Stass left and went to the University of Maryland in Baltimore, and there he's become director of their cancer center. He's chairman of the Department of Pathology. He's a fantastic guy. I've told Dr. Mendelsohn [oral history interview] that we ought to recruit him to come back, and he's actually interested.

But that was a terrible, terrible thing that happened. So that was the end of my grant, and that program is also Balkanized. Chang is in Ralph Arlinghaus's [oral history interview] department, and Albitar, too. But we're still going. So that's most of what I had to tell you.

We don't know how Conrad got shot. Do you know the date?

Lesley Brunet, MA

0:27:15.2

I don't have the exact date on here, but I think it's '82.

Emil J Freireich, MD

0:27:23.2

Something of that kind.

Lesley Brunet, MA

0:27:24.1

It's quite a mystery.

Chapter 21

Views of Charles A. LeMaistre and MD and R. Lee Clark, MD

A: Overview;

Codes

C: Leadership; D: On Leadership;

C: Portraits;

C: Professional Practice; C: The Professional at Work;

B: Institutional Politics;

B: Controversy;

C: Understanding the Institution;

B: Critical Perspectives on MD Anderson;

B: MD Anderson History; B: MD Anderson Snapshot;

Emil J Freireich, MD

0:27:27.1

Yes. I had a number of meetings with Dr. Conrad over very controversial issues: money, space, and academic fortunes. Every time I used to say something like, “Fred, this is so important that I think we ought to get Dr. LeMaistre’s input,” he would say, “Don’t worry about that. I’ll take care of it.” Dr. Conrad had maneuvered himself into a position where he was dealing directly with the regents. He never even spoke to Dr. LeMaistre.

Lesley Brunet, MA

0:00:03.3

Did he have a personal relationship with one of the regents?

Emil J Freireich, MD

0:00:05.2

No.

Lesley Brunet, MA

0:00:07.1

How did he have this access?

Emil J Freireich, MD

0:00:08.0

Because the regents already knew that Dr. LeMaistre couldn’t do anything. They dealt with him like I did. You don’t have to be stupid to understand how LeMaistre operates. He never makes a decision, so if you wanted a decision made at MD Anderson, it had to be done by Conrad. So

Conrad can go to LeMaistre, in which case nothing would happen, or he can go to the regents, in which case they can decide Conrad can do this or that or the other thing, and he would do it.

Conrad was within 15 minutes of replacing Dr. LeMaistre. Dr. LeMaistre would resign to go into art or something. He was totally excluded from the place. All the big donors were dealing with Conrad. Everybody in the institution went to Conrad. Dr. LeMaistre's office was a desert. No one went there. No one even talked to him. Conrad ran MD Anderson Hospital in every detail. Even Dr. Becker couldn't get to Dr. LeMaistre. Dr. LeMaistre's loaded rich.

Lesley Brunet, MA

0:01:38.1

How was that?

Emil J Freireich, MD

0:01:40.4

He served on the board of directors of every corporation in town. The same thing he did for the University of Texas. Suntanned head, perfect hair, deep speech, he was perfect. If you need someone on the board of directors to approve what you do, you'd hire LeMaistre. There's no one better. Every board of director pays him \$20,000 a year. You do 10 of those, it's \$200,000.

The university paid for his house. All the people who were here took care of him. He had a driver and a car. His wife had a higher administrative person working only for her than I did when I ran DT. Dr. LeMaistre abused his position of power more than any person who had ever been in the University of Texas System. He had everything. He had a private house. We used to have parties at his house. He had the personnel dressed up in black gowns with white aprons and white gloves working the kitchen. They were MD Anderson employees. He had valets, like you do when you go to a fancy ball. They were all MD Anderson employees. He had the police there with guns directing traffic. I went to one of these parties. He had a lady playing the harp. I couldn't believe it. It was obscene.

Lesley Brunet, MA

0:03:00.1

Didn't you say he was a Frank Erwin protégé?

Emil J Freireich, MD

0:03:07.8

Erwin trained him.

Lesley Brunet, MA

0:03:12.0

It might be a pattern.

Emil J Freireich, MD

0:03:14.5

Dr. LeMaistre abused his power more than any president in history. Dr. Clark probably did, too, but Dr. LeMaistre put his personal interest above everything. He had everything. He had 12 secretaries, 2 private people, and an office. He built a track room for himself to keep his perfect figure. People came in and primped him for every appearance.

Dr. LeMaistre was just like a king. He had everything. The only thing he didn't get was at one point he wanted a helicopter for his personal use to go to Austin. He didn't like driving. But they turned him down; he didn't get his helicopter. But other than a helicopter and a private plane, he had everything. He was very rich. So if you're rich, in a position of free housing, free servants, and with a huge salary—he had \$500,000 a year for entertainment from the PRS. He had these big parties for the board of regents. He raised money. He knew how to do all that stuff. He was like a king.

LeMaistre is great. We'd have functions, like when I got my 35-year pin. He put his arm around me. "J, you're terrific." This is a classy guy. My wife used to say, "Dr. LeMaistre doesn't care about you." I'm insignificant in his life. He was significant in my life, but I'm not significant in his. He probably didn't know I was alive. What did he care about me? I was trivial. I like him. He's a very high-quality person. He was just in the wrong job. I have another anecdote about Dr. Clark's 80th birthday.

Lesley Brunet, MA

0:06:08.3

He'd had a stroke, hadn't he?

Emil J Freireich, MD

0:06:11.1

No, it was after that. He was still compos at 80.

Lesley Brunet, MA

0:06:17.6

But I thought he had difficulty speaking.

Emil J Freireich, MD

0:06:20.3

It comes later. Mickey came in '78, so he was 72. He lasted 2 or 3 years. So by '81 or '82, they physically moved him out of MD Anderson. They had movers come and take his desk out of the hospital that he created.

Lesley Brunet, MA

0:06:45.0

Is that when they moved him to the Medical Arts?

Emil J Freireich, MD

0:06:49.1

Right. It was a horrible, horrible thing. Talk about ingratitude. At least he was a professor emeritus. He was a university professor.

Lesley Brunet, MA

0:06:57.8

What was he doing? Did he have an official function?

Emil J Freireich, MD

0:07:07.1

That's the anecdote.

Lesley Brunet, MA

0:07:33.2

He was born in '06, so he would've been 80 in '86.

Emil J Freireich, MD

0:07:50.4

He had a party at the Houston Country Club, and he invited a handful of us old-timers. I was one of them, along with Dick Martin and a couple of others. He made a nice speech. He had a few drinks, and I said, "Dr. Clark, how could you allow the decision to hire a guy like LeMaistre? Didn't you understand what was going to happen?" I had been fired twice by then, and I was very bitter.

Of course, this is my perception of what he said. It may not be what he said, and he's not here to testify, but this was one on one. He said, "Well, when I resigned as president, I was still young and vigorous, and I was concerned that the person who comes here would change the direction of MD Anderson. I wanted to be sure it continued in the direction that we had pointed. It seemed to me like LeMaistre was the perfect choice because he's a very ineffective person. He was as chancellor, and I'd dealt with him for 10 years when he was chancellor of the university. I just figured that I would continue to run MD Anderson." The legislature and the regents didn't want him as president. He resigned.

Lesley Brunet, MA

0:09:19.7

Wasn't that a little naïve?

Emil J Freireich, MD

0:09:22.5

No, I think it's pretty smart, because everybody here respected Clark and no one respected LeMaistre. In fact, it was very possible that with LeMaistre as the figurehead he could've been the power behind the throne. That was his theory, and that's why he allowed it to happen. But, of course, it didn't happen. It didn't happen because he didn't anticipate the forces outside MD Anderson that were stacked up against him, and that's what Mickey buckled under to. See, all

the other university presidents hated MD Anderson for the same reason everybody here hated DT. MD Anderson had the largest state budget of any UT installation.

Dr. Clark went to the legislature. He always got what he wanted. The president of Southwestern at Dallas said, “You lost all the presidents.” They hated MD Anderson because we had everything we wanted and they didn’t get anything from the state. We were the only ones who had patient care support. All the other presidents hated Clark and MD Anderson, and they descended on Mickey. He did the Mickey thing, which is you go where you’re being pushed. So the forces lined up against Clark were strong enough so that LeMaistre evicted him.

He didn’t have any effect on the university, and he was very miserable for the rest of his life, because his whole life was MD Anderson. He was offered a job in the government, Secretary of HHS or something. He talked to me about it. I loved Dr. Clark in the end. In the beginning I hated him because he double-crossed me, but in the end I really loved him. He said, “Freireich, you have to stay where your roots are.” When I was given job offers, I went to him, and he told me the same thing. He said, “When you build something, you have to stay with it.” So he stayed with MD Anderson. But when they cut off his roots, he was very unhappy. He worked in the [UICC](#), but he was very unhappy.

Chapter 22

An NCI Audit and Problems with a Protocol and Leadership

A: Overview;

Codes

A: The Researcher;

B: Research;

C: Leadership; D: On Leadership;

C: Portraits;

C: Professional Practice; C: The Professional at Work;

B: Obstacles, Challenges;

B: Institutional Politics;

B: Controversy;

C: Understanding the Institution;

A: Overview; A: Definitions, Explanations, Translations;

C: Discovery and Success;

B: Critical Perspectives on MD Anderson;

B: MD Anderson History; B: MD Anderson Snapshot;

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

D: The History of Health Care, Patient Care;

D: Ethics;

Emil J Freireich, MD

0:09:22.5+

Now I'll tell you something about the Loo caper, and then I'll tell you something about why I had my heart attack in 1987.

Lesley Brunet, MA

0:12:00.8

I didn't have that down.

Emil J Freireich, MD

0:12:09.1

That was during the Krakoff period. It was 1987. I'm director of Adult Leukemia Research. I'm nothing.

Lesley Brunet, MA

0:12:35.3

But you had your OAI.

Emil J Freireich, MD

0:12:37.6

Yes.

Lesley Brunet, MA

0:12:38.5

Did you get that about '87?

Emil J Freireich, MD

0:12:40.6

Yes. The NCI did an audit, and they discovered that for one of our protocols, they charged us with giving an experimental drug to patients that were not approved to be on that protocol. The drug was AMSA. When the audit was completed, and this report was received by Krakoff, he had to take action. The action he took was to suspend the privileges to prescribe investigational drugs from all the doctors in leukemia.

Lesley Brunet, MA

0:13:40.7

Including you?

Emil J Freireich, MD

0:13:42.3

All the doctors in leukemia. So all the leukemia patients, if they were to get an investigational drug, had to take the prescription to Dr. Krakoff's office, and he had to approve it. The implications of that are pretty serious. First, suspension of privileges is something you're asked for every appointment you get, for licensing. Suspension of medical privileges is a major black mark on your record. Dr. Krakoff suspended the privileges of the 7 or 8 best doctors at MD Anderson. This is very serious. Secondly, it has implications for the granting agencies, for funding, and for research.

So this got our attention, and we looked into it very carefully. Then it turned out that Dr. Krakoff's office was incompetent and had failed in their job. When the auditors found it was wrong, they blamed it on us. It was a convenient time to do it. We had a protocol where we were using AMSA for acute lymphoblastic leukemia, ALL, and acute myeloblastic leukemia, AML. It was used for remission induction and for maintenance. After the study had been going for about 3 months, we noticed that the response rate in AML was very good but the response rate in lymphoid leukemia was bad. So we wrote an amendment to the protocol, and we said that ALL patients would not be induced with AMSA. They would be induced with a regimen that was analogous to CHOP, the vincristine-prednisone-based regimen.

But when the patients achieved remission, there was a second phase to the protocol. The patients were maintained on AMSA or Adriamycin. I forgot what the comparison was. So although the patients didn't get AMSA for induction, when they were in remission, they were randomized to receive AMSA. When the auditors came out, they found that the protocol said the ALL patients

shouldn't get AMSA, but they were getting AMSA in remission. So they said, "You violated the protocol." But we didn't violate the protocol. All they needed to do was look at the amendment.

After the suspension came out and we did this investigation, we immediately responded to the NCI, to Dr. LeMaistre, and to Dr. Krakoff, and we had a series of these very unpleasant meetings. I had one with Gene McKelvey, who was then director of the Office of Protocol Research, one of my trainees. I called him up, and I said, "Gene, this business is clearly not a violation of protocol on our part, and this suspension of privileges is totally out of order." He said, "I agree with you, J, but we have to get the NCI taken care of. I was present at the proceedings, and there is nothing pejorative that will reflect on you or your faculty. This is strictly a thing that we can get straightened out with the NCI, so don't worry about it."

I went to Dr. Ainsworth. Dr. Ainsworth said, "Well, suspension of privileges, this is very bad." So within 2 days, we got a memo from Dr. Ainsworth that said, "There is no suspension of privileges. Nothing will go in your medical record for your medical career. You don't have to worry about your licensing. This is strictly a procedure within house that has to do with research drugs. Don't worry about accreditation." So we fixed that with Dr. Ainsworth, thank goodness.

Finally, I wrote a memo, and I said, "I insist that Dr. LeMaistre write a memo to the Cancer Institute clearing our name and saying that there was no violation of protocols," and I had it documented. I also went back and looked at the patient outcomes, which is very interesting. This is duration remission for ALL patients who had AMSA. Their remission duration was actually better if they got AMSA than if they didn't. So not only was the protocol not violated, but it was a good treatment, and we've subsequently learned that that's correct.

Lesley Brunet, MA

0:18:42.8

So did LeMaistre write the letter?

Emil J Freireich, MD

0:18:45.4

Come on. You know better than that. Dr. LeMaistre never did anything. We're sitting in his office, Dr. Krakoff—the bull in the china shop—Dr. Freireich, and Dr. LeMaistre. What would the hollow balloon do? We'll get Dr. McKelvey on the phone, and he'll decide. LeMaistre was always performing. He was always onstage. When you went to his office, he always had his secretary call. "Hello. Senator So-and-so? Yes, I'll be right there, J. Just a minute. Yes, Senator, I'll be in Austin." You had to be impressed with his importance. He stood up dramatically, went to the desk, and he put on the speakerphone. "Mary, get Dr. McKelvey on the phone." Dr. McKelvey was on the phone, and we're sitting in the room. "Gene, Freireich says we should write a letter to the NCI."

McKelvey totally folded. I never forgave him for that. I've never spoken to him since then. He retired and became a minister or an evangelist. I still see him every once in a while. I couldn't believe he would do that. It was because he was terrified of Krakoff.

That weekend, I had my heart attack. I was so insanely angry about this. I had a bad heart attack. It was a transmural infarct. I was in the 80 percent mortality category, but in 1987 they were doing the TPA trial, and I was one of the fortunate ones that got TPA. It saved my life. They did a bypass, and 14 years later, I'm still cooking. I should be dead, but here I am. I attribute it entirely to LeMaistre and Krakoff. Oh, I was so insanely angry about that. They never did do it; they never fixed it. They just let it be. If you go to the NCI records, you'll still find that we violated the protocol, which is just a damn lie.

Lesley Brunet, MA

0:21:00.7

But it didn't cause any problems for you?

Emil J Freireich, MD

0:21:03.8

Well, yes, it did. We got fired from the cooperative group, and it had consequence for our grant support. It had all kinds of consequences. We never recovered. To some degree, that's still the case. We're still audited all the time because of that episode.

Lesley Brunet, MA

0:21:23.9

Is it because of that episode, or is there more and more auditing being done because of the problems that have been occurring in the last few years?

Emil J Freireich, MD

0:21:31.0

It's just part of it. Things are complicated.

0:21:55.9 (End of session)