

Marshall Hicks, MD

Interview Session Six: November 20, 2018

Chapter 00F

Interview Identifier

T. A. Rosolowski, PhD

[00:00:01]

I'm Tacey Ann Rosolowski and I am on the 16th floor, sitting with Dr. Marshall Hicks, for our sixth session together, as we talk about the complexities of MD Anderson, what it's going through. Today is November 20, 2018, and the time is about eight minutes after five. Thank you again for your time.

[00:00:23]

Marshall Hicks, MD

[00:00:23]

Oh, you're welcome.

[00:00:24]

T. A. Rosolowski, PhD

[00:00:24]

Excuse me, eight minutes after four. I never reset my watch from going to Charleston, that was what that's about. All right.

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Chapter 22

Changing the Institutional Governance Model: Challenges

B: Building the Institution;

Codes

C: Leadership; D: On Leadership;
A: Professional Values, Ethics, Purpose;
A: Professional Path; C: Evolution of Career;
B: MD Anderson Culture;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
B: Controversy;
B: Institutional Mission and Values;
C: Understanding the Institution;

T. A. Rosolowski, PhD

[00:00:24]+

So, we were talking last time about the process of implementing the new shared governance system, and I had neglected to ask you at the time, what were your views of that structure, if you had any concerns. What you felt were its strengths, if you had any concerns about how it had been designed. What were your thoughts about how it was actually going to be implemented?

[00:01:06]

Marshall Hicks, MD

[00:01:07]

This was the shared governance structure from the chancellor?

[00:1:09]

T. A. Rosolowski, PhD

[00:01:10]

Yeah.

[00:01:10]

Marshall Hicks, MD

[00:01:11]

The Shared Governance Committee was formed by him, I guess it was the summer of '16. It

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was really just putting representation from different groups on there from the Executive Team, from the Faculty Senate, Executive Committee, and then from division heads on there. It was really to make sure there was representation, and it was formed as the foremost advisory group to the president. But it was an advisory group, and over the ensuing months, really looked at some of the issues that were brought out in the White Paper from the Faculty Senate. We formed subcommittees and groups that worked on these particular issues and tried to bring solutions back. I think it was a good start. We were finding our way and spent some time at the very beginning defining more issues around --I mean defining confidentiality and the rules around that and the principles. I think we probably spent a little too much time on the confidentiality part because most of these issues, there's nothing really that confidential around.

[00:02:32]

T. A. Rosolowski, PhD

[00:02:32]

I think you may have misunderstood, because we did talk about this part. I was referring to what the Shared Governance Committee came up with in terms of a reorganization administratively.

[00:02:45]

Marshall Hicks, MD

[00:02:45]

Actually, the reorganization was done at the executive level, it wasn't done out of the Shared Governance Committee.

[00:02:52]

T. A. Rosolowski, PhD

[00:02:52]

Oh, okay.

[00:02:52]

Marshall Hicks, MD

[00:02:53]

The main driver for that, there were a couple drivers for that, but a main driver was the fact that Dan Fontaine had announced his retirement, and he was one of the executive vice presidents at the time who had a huge portfolio essentially, and so there were a number of his key leaders that were—this was I guess in the spring of '17 and he had announced his retirement for January 18th, and he had a number of people that were wondering what was going to happen.

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T. A. Rosolowski, PhD

[00:03:35]

Right.

[00:03:36]

Marshall Hicks, MD

[00:03:38]

And out of discussions with him, it became obvious that his portfolio was huge but how—it was the opportunity really, to look at what was the best structure for the organization and the transition going forward, and a way to also give some reassurance to some of his key leaders, that we value them and wanted to retain them in roles here at the institution. But the reporting structure was a question in how that was going to be done in the interim. So we knew that we also had a situation where we had pretty deep siloes. We had three EVPs and we had a lot of communication issues across those siloes, coming out of Epic, that was one of the perceived main issues, was we had these silos, Business and Finance under Dan, the clinical under Tom Buchholz [oral history interview] and then Ethan [Dmitrovksy; oral history interview] was the academic side, but there was a lot of challenges --working through Epic, where you had the clinical side and the finance side-- that needed to be communicating at multiple levels and it wasn't really happening as it needed to happen. Finance clearance is an example. Something where you had the clinical teams that needed to be working with finance. That process had been centralized, there were struggles with it. So we looked at the opportunity broadly to say what's the best structure that could get us through the transition, give us stability but also give us some flexibility for coming out on the other side; and, particularly, transitioning Dan out of that role because he wanted to be able to help with that transition and have that go on during the ensuing months, up to his actual retirement in January, and not have it something that was left to us to figure out afterwards. He wanted to be a part of that solution, which was a real credit I think, to Dan's leadership; and wanting to take care of his people to make sure that they had certainly or some idea of what was going to happen, rather than leaving them in limbo, because we were at risk of losing some good people there. So that was a main driver. Then the communication issue and the siloed nature of it. Really, the discussions that we had as the leadership group at the time, were of what was the best path forward. We actually looked at his portfolio and how it might best be rearranged. Which sort of structure made sense for the organization and how we could flatten the organization? That was something that --in discussions with the chancellor, when I had run some drafts past him, that he found appealing, was flattening the organization. That's what he had done in the military in terms of the whole team of teams concept that came out of the McChrystal Group. He was part of working for McChrystal and we talked about the advantages of having a flattened organization structure and teams being able to identify who is in charge and reach across and work with the team of teams concept. So that was something that was appealing to me and seemed like the natural evolution of where we needed to go as we also worked with the structure that the chancellor had put into place, which was the COO role, which we talked about, which was Steve Hahn. The COO role was intended to try to pull those silos

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together, and it really was a challenge because we had not had anybody in that role before here. Even though technically the EVPs still reported to the president, they were supposed to work through the COO, and that was just something that was very difficult to work through for the EVPs, as well as for the COO.

[00:08:00]

T. A. Rosolowski, PhD

[00:08:02]

Now are you talking in a practical sense or in more of a personal sense?

[00:08:06]

Marshall Hicks, MD

[00:08:07]

I think both. On a personal sense, when you have somebody that's put into a role like that and you're supposed to work through them and you've, up to then been reporting directly to the president and still do, on a reporting line, report there, but how do you work through that role. It was really an integration role. But it was something I think that, as a leader, is probably difficult to figure that out and we hadn't had that structure before. Practically also, it's how does this work? What decisions are made where? So I think it was both. It was also, with Dan leaving and the issues of frankly, working through the structure, it was what's best for the institution? That's what my ask was. We had a sense of where things could fall through when I discussed it with Dan. Shibu was a big part of it, being in HR and helping figure out --Shibu Varghese-- what a structure might look like for the organization, and knew Dan's portfolio well. So we had some drafts we worked through that ended up shifting some of the things around. But at the end of the day, I realized that we had to pull the entire team together, of my reports at the time, and the reports to Steve, and say how are we going to—actually, there were no reports to Steve at the time. So they were all my direct reports pulling together as a team and saying what would this look like? What makes sense? And so we actually had little sticky notes. Jim Huggins from McChrystal Group just did the facilitation basically. He didn't do any of the advisement, but he made sticky notes of all the different reporting lines to each of the EVPs and to the president. We put them on a wall and we started grouping them according to what made sense together. That's when it came to the concept of having the COO having reports directly to him, as Steve had responsibility for day to day operation. The reports to the president were more reports that supported the overall function of the organization, not the day to day operations, and also were more outward facing: Government Affairs is an example, and Development with Tadd [Pullin]. It ended up being split that way, where the day to day was under the COO, which was the way that the chancellor had designed it. Then the president was more outward facing but also had a team that supported the institution, like HR, IT, Facilities. Those would fall underneath Shibu at the time. Compliance and Legal reported to the president because those supported more broadly, the organization. Development and Finance with the CFO reporting, so all of those things, Government Affairs, all of those things ended up in Strategy with Chris McKee. All of those

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things ended up reporting to the president because they support the organization in general, whereas Steve had the clinical, the academic piece, some of the business development and the [MD Anderson] Network and things like that. The day to day runnings of the organization, whether they're on the main campus or for satellites, our outreaches, and that seemed to make sense to get through. We put a couple people ... We looked at whether we could—it really meant doing away with the EVP structure, and we looked at whether individuals could be in roles, the two EVPs outside of Dan that were still here. They were involved in all of these discussions, but it also became clear that they didn't really—they weren't really seeing it that way. They thought that the way it was structured was working fine, and there was general agreement with the rest of us really that it wasn't working fine. So we had some of those discussions with the group, saying we don't see the communication piece. We have issues of dealing with the finance piece, with financial clearance and things in Epic, and examples of things of where we were so siloed that we weren't really functioning together as an organization. So it became pretty clear that that was a point of disagreement for the team. I can understand it, you know if you have a piece of the organization and your view of it is that things are working okay, that you didn't see a need to change. But we also were hearing a lot out in the organization, as I went out in the organization and talked to people, and knew this from my own experiences before stepping into that role: that there were issues there and problems, and that we needed to go a different direction. What ended up happening, even though we considered them for lesser roles, as chief medical officer and chief academic officer, that we ended up deciding that it was probably better to have other individuals in those roles. It's very difficult to go to a reduced role.

[00:14:19]

T. A. Rosolowski, PhD

[00:14:20]

Right.

[00:14:20]

Marshall Hicks, MD

[00:14:21]

That was part of the advice that I got actually, in talking to some of the Board of Visitors, individuals that I talked to about this in terms of restructuring. That was one of the pieces of advice that I got, was that it's very difficult for people to adjust to reduced roles. So we ended up making those added on positions, to give the new president flexibility, and also for those individuals that stepped into those roles, at the time it was Karen Lu and Steve Sherman in the clinical and the academic officer piece, respectively: made them an add-on because they were both chairs, and if they wanted to go back to a chair role and not continue on permanently, but also allow the president to appoint those roles or make changes as he or she would see fit. Most of the other pieces of the organization, the individuals that went into those roles, were already in a similar role, mostly under Dan. So when you look at Shibu for example, or Steve Hayden as

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the chief legal officer, he was already in that role. Ben [Nelson] was already in the role of CFO, reporting to me. Tadd [Pullin] was already in that role, reporting to me previously, Mark Moreno as Government Affairs, was already reporting to me, but at the time, the ones like Ferran Prat, who was reporting to Dan, would report to Steve, because that was sort of more the day to day. The individuals that fell under those roles that reported to Steve, most of whom were already in that role reporting to Dan or they were already in those roles, reporting to Dan but then reported to me in those same roles, like Tadd.

[00:16:13]

T. A. Rosolowski, PhD

[00:16:13]

So there was a kind of consistency there.

[00:16:15]

Marshall Hicks, MD

[00:16:15]

We tried to keep that, because we wanted to be as least disruptive. But we knew the issues in the clinical arena, the chief medical officer and the chief academic officer, those were pieces where there was some shifting around of things. For example, in the chief academic officer's office, Oliver Bogler [oral history interview] at the time, had oversight over conference services and things like that, that we thought probably should go under facilities or other things. It's historically not—we didn't really have the knowledge of why, but it really didn't make sense. There was some academic development components that really at the time, we were like let's work through it. Those are the things we've got to work through, whether that belongs in HR, whether it still belongs in the CAOs office as a separate piece. One lesson out of that --and the same thing with the chief medical officer's area-- We knew there were going to be people that were going to feel that they were going to need—we were going to need to do a good job of communicating and explaining or else it was going to be confusing to people. In fact that's what ended up happening, frankly. Right after we released this, Steve was traveling a lot. Steve left, I think he had a wedding in his family. His daughter was getting married, and there were some things he had to do. So I ended up witnessing what it looks like when you're trying to implement that when you don't have everybody all hands on deck, trying to make sure and stay ahead of things and be able to talk to people as questions arise, as opposed to laying it out and going and talking at forums. All that is great, but at the end of the day, the individuals that are affected want to know. They have some questions where they want to know the answers and you have to be available. If you don't know you don't know, but it's talking them through: hey, we need to talk through how this is going to work out. Because you can only at some levels go down so far and then beyond that, it needs to happen within each shop: what makes sense for the organization at that level. You can't really think through every level.

[00:18:42]

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T. A. Rosolowski, PhD

[00:18:42]

It was hugely confusing.

[00:18:43]

Marshall Hicks, MD

[00:18:43]

It was, yeah.

[00:18:44]

T. A. Rosolowski, PhD

[00:18:44]

And as the farther down you went, I think the more worried people were about their jobs and how all of this was going to trickle down, because it was really—the thought was if there is so much turbulence in reorganization at these higher levels, what kind of decision making processes are going to happen lower down. So yeah, it was a challenge and it's endured. I mean I was looking at the dates and Ronald DePinho resigned on March 8, 2017 and it's over a year and a half later and there's still a feeling of turbulence in the institution.

[00:19:18]

Marshall Hicks, MD

[00:19:17]

Yeah, yeah, and I think there were two drivers that happened out of it: one is that we needed a better system for managing the issues that we had at the time. A lot of them are financial issues that we had to deal with, and better means of communication. So we had basically the two reporting lines and a structure that we felt like would help us make sense through the transition. I think what you see is it has to be—it's communication and the clarity around that and conveying that, and sometimes you need leaders—if you have leaders in roles where you have issues to begin with, when you go through a transition like that and that leader is still in place, it's probably still going to be a problem, because they may not be onboard with it. They may not want to support it, and if they're not then communicating what you're trying to convey or there's not consistency there, it can be a problem. That was actually a couple of the issues we saw with individuals. We knew there were going to be problems. We didn't want to make changes but ultimately, those changes may have had to have happened. We were trying to be, even though it may not seem like it, as least disruptive as possible, but still manage a transition where Dan was retiring and we had to have a huge piece of the organization allocated to where there was stability.

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Chapter 23

Challenges Implementing Change, the Influence of the Board of Visitors

B: Building the Institution;

Codes

C: Leadership; D: On Leadership;
A: Professional Values, Ethics, Purpose;
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B: Institutional Mission and Values;
C: Understanding the Institution;

Marshall Hicks, MD

[00:19:17]+

Then we also had other leaders that we felt weren't really onboard with trying to make some changes in the organization, and understandably so. I also had a lot of feedback from out in the organization, including the Executive Committee and the Faculty Senate, including other chairs and division heads, where we needed to make those changes because it wasn't working there. When you think about it, that was done in two and half months. It was done in June, and we had to move pretty quickly if we were going to turn things around. This was done with a lot of discussion with the chancellor and the vice chancellor. And, again, they asked questions, but they were supportive of what we were trying to do. It made sense to them. The same thing with the Board of Visitors Kitchen Cabinet. I talked to them at least three times about this and --even the proposed changes, including roles that needed a change. That ended up, at the end when we did this, to be problematic, because even though I had gone over it with them, just the timing of it, when we met and when we were going to announce the changes, was basically two days later. They, at the last minute, there was—they had concerns. It was difficult for me to understand those concerns because I think it was more, at the end of the day, it was more about how it was being handled and the discussions with the individuals involved, rather than the actual changes.

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T. A. Rosolowski, PhD

[00:23:23]

Let me ask you just a couple of practical questions. Who are the individuals who you put into the Kitchen Cabinet, I'm not aware of who actually is part of that.

[00:23:32]

Marshall Hicks, MD

[00:23:32]

That's the Board of Visitors, the chair of the Board of Visitors, which was Jim Mulva, formed what's called his Kitchen Cabinet, which was really past chairs and future chairs primarily, of the Board of Visitors. He formed it as a small group that had not existed before he became the president of the Board of Visitors.

[00:23:59]

T. A. Rosolowski, PhD

[00:23:59]

And when did he become president, do you recall?

[00:24:01]

Marshall Hicks, MD

[00:24:00]

I think it was about a year before or less than a year before, so I think it was '16, I think.

[00:24:08]

T. A. Rosolowski, PhD

[00:24:08]

Two thousand sixteen. And I'm sorry, his name again?

[00:24:10]

Marshall Hicks, MD

[00:24:11]

Jim Mulva, M-U-L-V-A.

[00:24:12]

T. A. Rosolowski, PhD

[00:24:13]

Okay. I hadn't heard that name, okay.

[00:24:15]

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Marshall Hicks, MD

[00:24:16]

He did it, I think to try to advise Ron [DePinho; oral history interview] because of the concerns, the financial issues. Normally --the Board of Visitors, as you know, is a huge group of what, 250 or whatever. Then there's an Executive Committee, and normally it was the Executive Committee that would meet and advise --that was the chairs of the different committees within the Board of Visitors. He formed a small group to meet more frequently with the president and advise. These are individuals that led corporations, and they're used to being able to give advice and have it followed. I had a good relationship with them, but at this point it became a bit contentious. We have a procedure that historically we go through when we make these changes, when you're taking people and removing them from a role at that level, where it's managed in a certain way with HR and Legal.

[00:25:24]

T. A. Rosolowski, PhD

[00:25:29]

So their concerns were specifically about Tom Buchholz [oral history interview] and Ethan Dmitrovsky [oral history interview].

[00:25:36]

Marshall Hicks, MD

[00:25:35]

Ethan, yeah. Their concern was to have them more involved, rather than telling them that this is what we're going to do. Even though I think that they had been involved in discussions where we had talked about a lesser role for those EVPs, so I think they were aware we were talking about making changes, that they wanted them—and I think it was a fair point. They wanted them to make sure that we gave them the opportunity to help with communication and announcements. The advice I was given from our team who dealt with those things in the past, from the legal standpoint, an HR standpoint, was that there was concern that there was a risk there. That if you telegraphed it too much or talked with them days in advance, that there might be opportunities for it not to be managed in a way that was best for the organization. You know, individuals may say things or do things.

[00:26:47]

T. A. Rosolowski, PhD

[00:25:48]

Sure.

[00:25:48]

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Marshall Hicks, MD

[00:25:49]

At the end of the day, I just decided, after the discussion with the Board of Visitors, that we were going to pause and I was going to talk to the two individuals and then get them engaged in how they wanted this to be announced and managed going forward.

[00:27:06]

T. A. Rosolowski, PhD

[00:27:07]

Let me ask you, why do you think the Board of Visitors was so concerned about these two individuals in particular?

[00:27:13]

Marshall Hicks, MD

[00:27:15]

I think it was relationships that they had not only with Ron, because they were part of Ron's team, but also a couple of the Board of Visitors had been on committees where these individuals were the chair of the committee or part of a committee where they had developed a relationship with them. Even though the feedback I got on an individual level was this was probably a necessary change at the time, when the group got together and heard it and again, they were more concerned that we were going to talk to them that morning and then announce it that same day, as opposed to talk to them, get them involved in how we might communicate it and frame it and talk about a role for them. I think that was a valid point. The risk that I was advised was probably not high enough risk to warrant not being more—I mean these are colleagues, these are friends of mine.

[00:28:24]

T. A. Rosolowski, PhD

[00:28:25]

Right.

[00:28:25]

Marshall Hicks, MD

[00:28:25]

People that I wanted to treat with respect. So the decision I made at the end of these discussions was that obviously I wanted to treat them the way that I would want to be treated. That's ultimately what drove the decision to say, hey let's talk to them and we'll have a day to kind of plan all this and manage it and make sure that they're involved in communicating how we want to announce it.

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T. A. Rosolowski, PhD

[00:28:54]

It's a hugely delicate situation, I mean really a challenge. What were your main concerns? You talked about treating everyone with respect, but I mean for yourself, what did you find particularly challenging about this?

[00:28:11]

Marshall Hicks, MD

[00:28:12]

They were, they were friends and colleagues and my former bosses, and now it's a reversed role. I was always trying to do what was best for the organization. At that point it was just very difficult to move forward with them not wanting to be on the same page and to acknowledge and to be part of solutions, as opposed to wanting to keep it the way it was. That was just not working. We needed to move in a different direction, and it was hard, knowing that that was the best thing for the organization, but these were individuals that you wanted to treat with respect and dignity through this. You put yourself in their situation and it's hard. It's very difficult, but yet, I didn't feel like it at the time, even though we talked about putting them in reduced roles and I talked to the Kitchen Cabinet about the chance for a vice chancellor, different options and so forth. It was felt that that wasn't going to be a solution because you're putting them in roles where they still have significant responsibility over those areas and if there were concerns about that presently, that that wasn't really going to be something that was going to necessarily be an effective solution.

[00:30:43]

T. A. Rosolowski, PhD

[00:30:43]

Yeah, you really need to guarantee alignment early in the game.

[00:30:47]

Marshall Hicks, MD

[00:30:47]

Exactly. So that was it and balancing that against what you're advised by people who have managed situations like this multiple times in the past where you don't, as an organization, want to be vulnerable to information that gets out there that may not be accurate or that isn't being representative of what was being done at the organization at the restructuring level.

[00:31:22]

T. A. Rosolowski, PhD

[00:31:24]

As you look back, is there something that you would have handled differently going through that

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challenge?
[00:31:32]

Marshall Hicks, MD

[00:31:33]

I think you always look back and wonder. You know, the conversations. Were you explicit enough? How do you think this is working? Even though you have topics and things that you discussed that weren't going to well, that you would point out the obvious even a little bit: what's your perception and how do you think this is working? Some of the conversations seemed circular at the time and you wondered how could you have done a better job of communicating that this is not a level of performance that is acceptable or that is helping the institution move forward. There are things we need to pay attention to in certain areas. I think people see things that they want to see and they hear things they want to hear. Even though you can have conversations with them and be pretty explicit, in retrospect you wonder if it was explicit enough. It generally probably is enough. People should be getting that message. I mean, these are executive-level physicians in senior leadership positions in the organization. At these levels they have to have a situational awareness and understand that you need to be supportive. At the very least, are going to be asking what it is that I need to be doing, to help us move through the transition because it was a very difficult time. I think it was probably difficult to accept, when you've been in certain roles, at certain levels where it's difficult to accept significant change like that to happen, that led to change in the presidency. But even historically, looking back even when the chancellor was involved in discussions --when we'd gone over to talk to him in the summer of '16-- that generated the governance structure, there was that same resistance to change and listening which persisted and led to the inability to be able to move forward with changes.

[00:34:38]

T. A. Rosolowski, PhD

[00:34:39]

Yeah, that's interesting. I mean it makes you wonder what that was about, particularly if it emerged early in the process, when some kind of openness to the change that was coming could have secured their jobs.

[00:34:53]

Marshall Hicks, MD

[00:34:54]

Right.

[00:34:54]

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T. A. Rosolowski, PhD

[00:34:54]

So what was that resistance about?

[00:34:58]

Marshall Hicks, MD

[00:34:59]

The chancellor and the vice chancellor just wanted us to be fair, wanted me to be fair. I promised that I would give them a chance and I did. But when we're still struggling and we were trying to make changes and do things, and even set—you know we had a morning huddle where everybody would contribute. It was pretty obvious that the sharing of information and the different things we were all trying to do wasn't really something that they were buying into even. So you see these behaviors and it's what they're contributing and acknowledging, or not acknowledging that maybe things could be better, that there were issues or problems.

[00:35:48]

T. A. Rosolowski, PhD

[00:35:48]

And it sounds like they were not buying in to basic values of the process that everyone was—because you've talked about the importance of creating this team and transparency and all of that, and so those aren't good signs that these individuals want to take part in it at that level, for whatever reason.

[00:36:05]

Marshall Hicks, MD

[00:36:05]

Yeah, for whatever reason. It was difficult. It's understandable, but you had to just take a step back and say, "we're really going to do this based on what we think is best for the organization, best for the institution," because you can't let the personalities get in the way or your own emotions about individuals and even the restructuring. We had to do something that was going to keep us stable through it. Even though I think as it rolls out --the communication-- we tried to do the best we could. We had obviously had the communications group involved, and we had forums and we had meetings with chairs, meetings with pieces of the organization. But it really does, as it cascades out, become more and more dependent on individuals out in the organization. There were clearly quite a number that --these were their silos. These were their pieces of the organization, and you could understand that they would be intimidated at the least and maybe fearful of losing their job, as you mentioned, at the most, or just didn't agree with it. Maybe also thought everything was fine and why does this have to happen.

[00:37:41]

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T. A. Rosolowski, PhD

[00:37:41]

Well it's funny, you know in talking to people at all stages and the reflections on changes in the institution, I think it's hard, when you've spent many years in a position, not to have a proprietary sense about what you've created. I mean even if you're not a mini-king over a fiefdom or kingdom, still it's a sense that you've built something, and you did it for a reason, and suddenly it has to be changed, and so there can be some real resistance to that. There's a sense of grieving and you know, does the change mean I failed, you know all of those questions that do come up for people.

[00:38:20]

Marshall Hicks, MD

[00:38:22]

Well, my thought was, Ron did not fail alone. He had a team, and just because one person in that team who is the leader of the team, that leader still depends on the team to help him or her. I think that's ultimately, when I looked at it—and I had input. I remember the Executive Committee and the Faculty Senate, we were talking about we vetted this with certain groups. We didn't vet it with the entire groups, but we vetted it with certain chairs and certain division heads and certain Executive Committee members, the Faculty Senate. Because we were asked to kind of socialize it a bit and see. When we talked about possible reduced roles, I remember the Executive Committee of the Faculty Senate was on the verge of a no confidence vote on the EVPs, and I had to look at that as well. It wasn't the only factor but when I knew that that view was shared by other division heads and chairs. It wasn't that this was something that was pervasive: there was a lack of trust, there was a lack of confidence that if I didn't do something fairly soon, it could precipitate another round of painful embarrassments for the organization, because that's the sort of stuff that would get out into the papers and so forth. Again, it wasn't the reason for the change, but it was one factor that was likely best for the organization. After it happened, I had a lot of leaders in the organization --and these were respected leaders, these were chairs, administrators-- that came up to me and said that it was the right thing to do. It was painful but it was the right thing to do. These are people that I respected and worked with a long time, that made me understand that as much as people don't want anybody to lose their job --and they didn't lose their position here, both faculty members, but they lost their administrative roles-- and so it wasn't like they were losing their job here. They were just losing a role.

[00:40:52]

T. A. Rosolowski, PhD

[00:40:52]

Right.

[00:40:52]

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Marshall Hicks, MD

[00:40:52]

And as painful as that was, people felt like it was the right thing to do for the organization.

[00:41:01]

T. A. Rosolowski, PhD

[00:41:02]

Am I correct in understanding that this discussion and turbulence surrounding what to do about Tom Buchholz and Ethan Dmitrovsky was really that last symbolic piece before the organization could really move ahead, because it's sounding like it was kind of the watershed.

[00:41:21]

Marshall Hicks, MD

[00:41:22]

I think so, because it was still what was not working well in people's minds, who felt that this was still, it was still siloed, it was still not transparent. There were things there that were --if we were really going to get to a place where we had a flattened organization where there's transparency, where there was openness and sharing of information-- that that part of it had to kind of go. That was like I said, part of what people perceived as why we failed. You know, why you failed was still there in people's minds.

[00:42:12]

T. A. Rosolowski, PhD

[00:42:12]

And they were both very, very closely associated with Dr. DePinho.

[00:42:17]

Marshall Hicks, MD

[00:42:18]

Correct.

[00:42:20]

T. A. Rosolowski, PhD

[00:42:18]

So it's symbolic in that sense as well, I mean whatever values they held, there was that association.

[00:42:26]

Marshall Hicks, MD

[00:42:28]

And with each other too. They were often projecting a very symbolic sense of camaraderie and

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close collaboration. There's no question in my mind they both wanted the best for the organization. But it became a point where if people felt like we couldn't move forward unless we made that change --and I think it was not only change in personnel, it was a change in the structure to where it freed us up from having these silos-- where things had to go up and over, where people wouldn't talk to each other or share information. We had to do something that symbolized a different way of operating.

[00:43:20]

T. A. Rosolowski, PhD

[00:43:23]

Now aside from this enormous challenge that you had to address, were there other difficulties you anticipated with implementing this new structure, or things that you thought were going to go really smoothly?

[00:43:43]

Marshall Hicks, MD

[00:43:46]

Well, we were concerned about how this would be—and the Board of Visitors, the Kitchen Cabinet was very concerned about how this will be perceived publicly.

[00:43:57]

T. A. Rosolowski, PhD

[00:43:58]

Oh really? What were the concerns about that?

[00:44:01]

Marshall Hicks, MD

[00:44:02]

That this was something, this was newsworthy, and it was one more thing that was going to look bad here. In fact there was an article, I can't remember if it was only electronic, but it said something like "DePinho's lieutenants removed," and it was one article and that was it, so it was a blip, but they were very concerned. We were having daily calls with them because they thought this was, within the organization, going to create a lot of turmoil. I understand there was confusion, but it was also again, the feedback, there was a lot of positive feedback around it too. Ultimately, even --they announced at the next executive meeting of the Board of Visitors, Jim Mulva even said this was the right thing to do for the organization, to make this change, because it positioned us in a better. He said this in front of the group-- that in retrospect it was the right decision. They anticipated more issues with it than we did, because we knew that what we were hearing inside the organization was that we needed to make this change. Ultimately, they said it really helped the transition to the new president a lot easier, as much as it was confusing, as much as (inaudible), the reality was, I think that that's probably true. I mean if you end up with

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Peter [Pisters] coming in, he made some rearrangements. He's made some different changes, but he's really not had to do any changes that resulted in people losing their roles. We had set it up so that there were some interims and there were also the ability to move things around. Some of those tough decisions like that were made in order to be able to free us up from being able to move forward, as opposed to have that linger, which was ultimately --I didn't want to hand anything over to a new president that I knew I could have done something to change that would have been better for the organization.

[00:46:21]

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Chapter 24

Thoughts about Serving as President

A: Overview;

Codes
C: Leadership; D: On Leadership;
D: Ethics;
C: Professional Practice; C: The Professional at Work;
A: Professional Values, Ethics, Purpose;

T. A. Rosolowski, PhD

[00:46:22]

Had the process of searching for the new president already begun at this point?

[00:46:27]

Marshall Hicks, MD

[00:46:28]

I think it was yes. They had just formed the committee and the committee was, I think—yes the committee had met. They were going to start interviews, I think in July, so they moved pretty quickly, they moved very quickly. But yeah, the search process had been started. We didn't know how quickly they were going to move. They were anticipating that it would be probably early calendar year before they would get somebody in, and they ended up getting somebody in sooner, obviously. As it often happens with that level, whoever is coming here probably wants to get out of their organization pretty quickly too.

[00:47:12]

T. A. Rosolowski, PhD

[00:47:13]

Had you entertained thoughts of applying for the permanent presidency?

[00:47:17]

Marshall Hicks, MD

[00:47:18]

Well initially, initially, when I talked to Greenberg about it, first of all I didn't know if I'd like it. I didn't know if I'd be any good at it and I didn't know what it was about. Really, it's a big role. You don't know if it's something that is appealing. When I got into the role and realized that it's a lot about the same things with leadership at any level, and a lot of it is around people and processes, I did have thoughts about it at the time. At the time initially, I think Greenberg was concerned, and I was too, that any decision you would make or anything that would happen

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would be perceived as being done out of my interests as opposed to the interests of the organization. I think they just didn't want to have that be an issue.

[00:48:29]

T. A. Rosolowski, PhD

[00:48:31]

Right. So was that --you just decided not to pursue for that reason yourself, or were you counseled not to?

[00:48:39]

Marshall Hicks, MD

[00:48:41]

This was the initial conversation before I even accepted. Greenberg and I were just talking and he said, "It's probably better that you're not a declared candidate because then people will perceive it potentially or you're going to be focused on that and not on helping the organization." That made sense. It all happened very quickly, as we've discussed, in a matter of a few days, so it wasn't like that was a major thing for me. It was more did I think I could offer anything to help in the interim, and did I think I could do a good enough job to accept it and so forth. So I was really focusing on that and whether it was the right thing for the organization and not as much on any of the other things around it.

[00:49:46]

T. A. Rosolowski, PhD

[00:49:45]

Sure. But I could imagine, like with any initiative of this kind, I mean you talked about that profound sense of commitment that you and the individuals on the Shared Governance Committee felt when suddenly you realized wow, we're really involved here, in saving the institution. You have a real investment, and I can imagine that you would had a sense, said yeah I want to go further with this, see it through. So I could imagine there is some momentum that comes with that.

[00:50:21]

Marshall Hicks, MD

[00:50:22]

Yeah, and even though that wasn't ... When I got into the role and realized that I've always liked challenges, I've never really shied away from making tough decisions in a role like that. It energizes me to be able to feel like I'm contributing to the institution improving. Initially, obviously it wasn't about making any tough decisions about individuals. It was about making tough decisions for the institution, about what do we need to do to get out of this crisis. And then I realized that you see a different world, but it's just different levels of risk primarily and different things for the organization. It's managing. It's pulling a team together and just doing

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the same things that I had done at every other level, but it had to be a team. That was the first thing I told the group: is that we're going to be a team and that's my expectation. That was the first meeting we had and then that was one of the things we laid out at the forum that first week as well. We were striving to develop a team-based culture because that's how successful organizations function. So as I got into it and realized that—and I got a lot of positive feedback. I got a lot of encouragement actually, to consider it, but I don't think you ever know. If anything, being in that role in an interim capacity can be a blessing in that sense because you don't have to commit to it: to find out what it's really all about and to discover whether it's something.

[00:52:23]

The concerns that Greenberg and I talked about, because he knew this, is I'm an introvert and you have to be "on." I had just read the book *Quiet*. I don't know if we talked about that. That helped me prepare my day and my schedule and my team to --what sort of cadence works for me, so that I can make sure that I can be on when I need to be on, and then I can recharge when I need to recharge. Actually, I've enjoyed the interactions. Enjoyed even the public speaking and the events that you do, as long as I'm prepared. But a certain amount of that job is being in the unprepared moment too, so you had to be willing to accept that. But if you can be prepared 90 percent of the time for stuff, then as an introvert, I can deal with that. I can work with that. But if you're in an interview or in a situation like that, where it's a little less controlled, with the media or something, then you have to be prepared to be unprepared. But for most of the speaking and engagements and the ceremonies and different things like that, as long as you're prepared and know what your responsibilities are and what you're going to say, it becomes enjoyable at that point because you're representing a wonderful institution and meeting really neat people and caring people, so that part, I mean—

[00:54:00]

T. A. Rosolowski, PhD

[00:54:02]

So you never put in an application for the presidency.

[00:54:04]

Marshall Hicks, MD

[00:54:05]

I did.

[00:54:05]

T. A. Rosolowski, PhD

[00:54:05]

Oh, you did put in.

[00:54:06]

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Marshall Hicks, MD

[00:54:07]

I ultimately did. I talked to Greenberg late. It was pretty late in the process, but he had come over for another reason and I said, you know I struggled with this, because I actually had more than a couple of the Board of Visitors Kitchen Cabinet actually tell me that they—encouraged me. Now this was before the change with Tom and Ethan, so that may have affected some things. But they actually encouraged me to, and I had people out in the organization encouraging me to. The concern was that—and even when I talked to the Board of Regents, a couple of Board of Regents, about totally unrelated things and they'd say, 'What's going on down there,' there was an expression that we really needed to get somebody from within, who knows the organization and understands the organization. Because their perception was that somebody coming from outside, like with Ron, could repeat the same sort of issues that we didn't understand. So at the time, there wasn't any obvious connection that there was somebody out there that could come in, like Peter [Pisters], who had been here long enough. Part of it was well, if I'm being encouraged and there's support for having an internal candidate, I'll put my name in and see. I made it to the finals and interviewed but that was with the first round of interviews. But the reality was, I didn't have a track record very long at that time, it was three months, four months or whatever, in that role.

[00:56:04]

T. A. Rosolowski, PhD

[00:56:03]

Sure.

[00:56:04]

Marshall Hicks, MD

[00:56:04]

There are other people like Peter, who had been doing it two years, three years, or something like that, and others. So it was nice of people to think of me and encourage me, but the expectation wasn't high, I guess on it. My biggest concern was whether or not somebody who came in here needed to really understand the organization or we could potentially repeat some of the issues that led to problems in the past.

[00:56:38]

T. A. Rosolowski, PhD

[00:56:43]

Shall we leave it there for today?

[00:56:44]

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Marshall Hicks, MD

[00:56:44]

Sure.

[00:56:44]

T. A. Rosolowski, PhD

[00:56:45]

It's five after five.

[00:56:46]

Marshall Hicks, MD

[00:56:46]

Oh, okay, yeah.

[00:56:47]

T. A. Rosolowski, PhD

[00:56:47]

Yeah, yeah. Well thank you.

[00:56:49]

Marshall Hicks, MD

[00:56:49]

Yeah, thank you.

[00:56:50]

T. A. Rosolowski, PhD

[00:56:50]

This was a tough period to reflect on.

[00:56:54]

Marshall Hicks, MD

[00:56:54]

I actually called one of the Board of Visitors, Don Evans, who was I guess the president the next year, because he had been somebody encouraging me and I had a lot of respect for him. I called him before I talked to Greenberg, because I said my concern is that even on the Board of Visitors, that people would now perceive anything that I did --and he reassured me and he said yeah that's a potential. But he says, "People, know you and they know that that's not the way you operate." That was my biggest fear, real or perceive it doesn't matter, right?

[00:57:41]

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T. A. Rosolowski, PhD

[00:57:41]

Right.

[00:57:41]

Marshall Hicks, MD

[00:57:42]

I didn't want to lose my ability to be viewed as doing the best thing for the organization and the confidence that people had in that. That was a tough decision, to do that. If I hadn't had a lot of individuals like him encouraging me, I wouldn't have done it. The reality is, it gets into committees and boards and all these sort of things that are outside of the organization, and I don't think they always know the insides of the organization, so they can't really understand some of those concerns. Certainly Don did, from knowing the culture of the organization and different pieces. It's interesting, how those processes that organizations go through in selecting new leaders, that oftentimes, they're focused on other things and not things that some people within the organization are more focused about and there's just that disconnect.

[00:59:05]

T. A. Rosolowski, PhD

[00:59:04]

Absolutely. Someone I interviewed quite early in my involvement with the project said that MD Anderson has always had the president it needed for the historical moment. I think I mentioned, in one of the sessions we had, that when I saw you at the first forum, after you had accepted the interim presidency, I thought oh yeah, this makes perfect sense. Because you have that internal reputation as a person who could be trusted, a person who was always a straight shooter, very team-based, a complete opposite from what Ronald DePinho had. So you were the antidote, you know? It made sense.

[00:59:46]

Marshall Hicks, MD

[00:59:46]

That's interesting, yeah.

[00:59:47]

T. A. Rosolowski, PhD

[00:59:47]

It made perfect sense. And the confidence and calmness, and I think that instilled in people, it's really, really important. So I completely understand, when you're thinking about well, if I put my hat in the ring for this, is that going to be compromised. Is this real reputation that I have going to be compromised and affect my ability to act? So all of these things, you know, you

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have no control over that stuff.
[01:00:14]

Marshall Hicks, MD

[01:00:13]

You have no control. Somebody else told me that—it was Leon Leach [oral history interview] actually, a former EVP, said—you know he had encouraged me. He said but you have to decide are you—if you don't get it, are you going to be more disappointed than you would be regretful if you didn't put your name in? I ultimately decided what will happen will happen, and I don't want to have any regrets about doing it --other than I think if I had known that in retrospect, there's a part of me that says it probably would have been better not to because when you're going through a time like that and you're making tough decisions, there is no way you come through that without feeling like you've lost a part of yourself. You come through with a heavy heart because of all the things that the organization is going through. You feel like it's probably better just to stay focused on that, and just do your job, and get through it and move on, as opposed to entertaining any thoughts about that or being involved in any of that discussion. There will be things that happen and you really can't let yourself be distracted, if that's the word, because you never know what's going to happen or what you're going to be asked to do; and if it did come out that you were a candidate, that it would be perceived in ways that are not good for the organization, even though it's a confidential process supposedly and all that. It's like that was always the biggest risk and I didn't want to be compromising it. But more so because I think you come through it and just feel like it was an exhausting time. You have things that happen to you and decisions you're making that may be best not complicated by considering something like that. I don't know, it's hard to explain.

[01:03:16]

T. A. Rosolowski, PhD

[01:03:16]

Well I'm grateful to you sharing these thoughts, because I think the experience of leadership is so complicated and something that most people never have the opportunity to take part in, so they don't understand it. I think some of the confusion is maybe there isn't a lot of language for these things, and repressions.

[01:03:38]

Marshall Hicks, MD

[01:03:39]

I'm sure every situation is unique and this one was no different. Even the situation where we got into when we made the changes was --the reactions were kind of all over the map with it. Somewhat unpredictable in certain corners that maybe you didn't predict it would be that way. You leave a piece of yourself with all these decisions, and you're right. I think sometimes it's

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the role that it's the right leader for the right moment. McChrystal's new book is about that.
[01:04:30]

T. A. Rosolowski, PhD

[01:04:30]

Oh really? Oh, interesting, huh.

[01:04:32]

Marshall Hicks, MD

[01:04:33]

You know not every—if you put Winston Churchill at a different time in history, it might have just been really not good. Certain people have strengths for certain times and I think --I'm anxious to read, he sent me a copy and I'm anxious to read it. But I think he looks at different leaders through history and has come to that conclusion, and I think it's no different for an organization like us, than it is any other leadership role.

[01:05:09]

T. A. Rosolowski, PhD

[01:05:10]

Well thank you for your time today.

[01:05:12]

Marshall Hicks, MD

[01:05:13]

Yeah, good to see you, thanks.

[01:05:14]

T. A. Rosolowski, PhD

[01:05:15]

Good to see you too. For the record, I'm saying that I'm turning off the recorder at about twelve minutes after five.

[01:05:20]