

Frederick F. Becker, MD

Session One: 13 December 2011

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Segment 00A

Interview Identifier

Tacey Ann Rosolowski, PhD

0:00

All right, I'm Tacey Ann Rosolowski interviewing Dr. Frederick Becker, a molecular pathologist. Dr. Becker's key role at the University of Texas MD Anderson Cancer Center was to serve as the first Vice President for Research from 1979 until his retirement in 1998. Dr. Becker also served as scientific director of the Tumor Institute until that date, as well as holding many other different positions, and serving many different roles. This interview is being conducted for the Making Cancer History Voices Oral History Project run by the Historical Resources Center at MD Anderson. The interview is taking place in Dr. Becker's office on the South Campus of MD Anderson. This is our first interview session. Today is December 13th, 2011, and the time is 20 minutes after 2:00. Thank you, Dr. Becker, for devoting your time to this oral history interview, and to the project. This is a follow up to an interview conducted in -- or a series of interviews, I should say, conducted in 2001. And so I'd like to fill in some of the gaps in that interview. And one of the really glaring gaps was about your research. And before I get to that, or sort of leading up to that, I wanted to ask a few, kind of, preliminary background, but we'll get very quickly to how you got into the area of molecular pathology.

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Segment 01

A: Educational Path

[00:00+] to [23:25]+

A Pathway to Pathology with Inspiring Mentors

Story Codes

A: Personal Background

C: Funny Stories

D: On Texas and Texans

A: Inspirations to Practice Science/Medicine

A: Influences from People and Life Experiences

C: Experiences of Injustice, Bias

A: Experiences re: Gender, Race, Ethnicity

C: Portraits

A: Character, Values, Beliefs, Talents

Tacey Ann Rosolowski, PhD

00:00

But for the record, please tell me where you were born, and when, and where you were raised.

Frederick F. Becker, MD

1:30

Yeah, I was born in New York City in 1931, and was raised in New York City, spent most of my early life, up to the age of 16, in Brooklyn in the famous, or infamous area known as Coney Island and Sheepshead Bay. Very family-oriented area. I went to a general academic high school named Abraham Lincoln High School, which plays a role in this story because, first, it's amusing that [eventuating?] in a place as southern as Houston, Texas, I went to that school, with that name. Secondly, despite the fact that it was a non-specified academic high school, not a -- what they now call a magnet school, it had a very high academic reputation, and indeed, produced three Nobel Prize winners, two in medicine and one in physics. Which lead to an MD Anderson funny story. When I first got here, as chairman of pathology, I was introduced to the chairman of the Board of Regents. And for those who don't understand the relationship, the Board of Regents is a heavenly body, appointed by the governor, with incredible power over the universities. And so when I came here, meeting, talking to, or whatever, a member of the Board of Regents was pretty much like talking to a heavenly emissary.

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Tacey Ann Rosolowski, PhD

Who was this person?

Frederick F. Becker, MD

3:48

His name was Jack Josey, a wonderful man, who became a long term friend, and whose family I still count as close friends. And he was a great enthusiast. And when he heard that I went to a small academic high school that had three Nobel Prize winners, he rushed over to the then chancellor of the university, dragging me with him, and said, this is Fred Becker, our new chairman of pathology at the Anderson, he went to a little high school in Brooklyn that has three Nobel Prize winners, how many does the University of Texas [have]? And the answer, at that time, was none. I digress to say we have many now, very distinguished. And Jack said to the then chancellor, how many does the University of Texas have, and the answer was none. And I remonished Jack Josey, because as I said, I will never get a raise. (laughter) OK, that was my introduction to the MD. OK.

Tacey Ann Rosolowski, PhD

4:59

Do you -- was there something about being raised in New York -- I mean, I'm asking you because you have -- you were living part of the year in New York, and I'm wondering do you consider yourself a typical New Yorker, and is there anything about that mindset that you bring to your work?

Frederick F. Becker, MD

5:13

Everything.

Tacey Ann Rosolowski, PhD

5:14

Tell me what.

Frederick F. Becker, MD

5:17

First of all, I consider myself a Texan [and a New Yorker]. One of the things that you learn about Texas, and one of the things that I've insisted upon, having hired zillions of people at all levels for this institution is, that it is extremely important to a Texan that you appreciate and enjoy being here. It's a little bit like going into the military. The worst thing you can do when you go into the military is tell anybody who's really military that you resent being there, that you were dragged there, that you miss the old place. You can miss it a little bit. But if you're going to become a Texan, live here and flourish here, you owe people here the courtesy of telling them

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that you're enjoying it. And if you're not, go away. If you do, you will find Texans to be among the most generous, courteous, warm people you have ever met. And there is one difference between here and, say, the northeast, for example. If someone says to you in the northeast, oh, you like to ski, you ought to come to our place some day, they don't mean it at all, and you never go. If someone in Texas says oh, you like to fish, you ought to come to our place, he means it, and they expect you there that weekend. And so that's a rule to remember.

Tacey Ann Rosolowski, PhD

7:06

Was that something that you discovered right upon moving here?

Frederick F. Becker, MD

7:08

Everything is what I've discovered.

Tacey Ann Rosolowski, PhD

7:10

Yeah. But right upon moving here?

Frederick F. Becker, MD

7:12

Absolutely. Absolutely. Even though, when my wife and I moved here...

Tacey Ann Rosolowski, PhD

7:20

And that was in 1976?

Frederick F. Becker, MD

7:22

Yes. Not only did we move from an apartment on 75th Street and Madison Avenue in New York City, we moved here with a small child, very few friends, although a number of academic colleagues that I knew well, as I'll tell you, and some grave concerns. Because the lifestyle was geometrically opposite ours. My wife was a former premiere ballerina in the movies, show business, given it up many years before.

Tacey Ann Rosolowski, PhD

8:05

Can I interrupt you just to ask your wife's name, for the record? Your wife's name?

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Frederick F. Becker, MD

8:09

As in, the previous life? No, I mean, before we were married.

Tacey Ann Rosolowski, PhD

8:13

Well...

Frederick F. Becker, MD

8:14

Mary Ellen.

Tacey Ann Rosolowski, PhD

8:15

Mary Ellen.

Frederick F. Becker, MD

8:20

Um...

Tacey Ann Rosolowski, PhD

8:22

And your daughter's name is [Bronwyn?], if I remember.

Frederick F. Becker, MD

8:24

Bronwyn Elizabeth. I'll show you a picture of her later.

Tacey Ann Rosolowski, PhD

8:31

I didn't mean to interrupt you...

8:33

Frederick F. Becker, MD

No, no, I don't mind. Nothing stops me. Someone said they stopped the blitzkrieg easier than they stopped me. In any case...

Tacey Ann Rosolowski, PhD

8:44

You said there was one thing that was similar between Texas and the northeast?

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Frederick F. Becker, MD

8:47

A desire to excel. Texans want their institutions to excel, they are enormously proud. They probably have a greater knowledge of their own institutions than most people in New York. Where the institutions are more isolated in terms of who runs them, who participates, because of the enormity of the population. Here, people are really aware of their institutions. And they want the best, they want the best, there's no question. OK. So let's go back.

Tacey Ann Rosolowski, PhD

9:32

Yeah, I was wondering, was anyone else in your family involved in the sciences? How did...

Frederick F. Becker, MD

9:37

Everybody, a lot of people, yeah. And especially in medicine. For example, my oldest cousin, Gerald Becker, was a brilliant surgeon, pediatric surgeon. One of the first accepted to the Harvard program in pediatric cardiology surgery. Became the head of pediatric surgery at Mount Sinai in New York, Long Island Jewish, North Shore Hospital, and was a role model for everyone in the family. His brother, Stanley, was the chief forensic pathologist of New Jersey. Stanley's daughter, Pamela, is a brilliant oncologist at the University of Washington, and it goes on like that. It's quite a family.

Tacey Ann Rosolowski, PhD

10:39

So how did your own gifts and interests in the sciences first show themselves?

Frederick F. Becker, MD

10:43

You don't have time.

Tacey Ann Rosolowski, PhD

10:44

I don't have time? All right.

Frederick F. Becker, MD

10:45

You'll have to buy my autobiography, which I'm not planning to write. (laughter) I was always interested in sciences, always.

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Tacey Ann Rosolowski, PhD

10:52

Was there a moment when you knew, this is where I've got to make my mark?

Frederick F. Becker, MD

10:58

Well, it was just always there. It was just always there. When I was in college, I went to Columbia College. For reasons that are diffuse and maybe personal, I ended up as a pre-med, pre-law, pre-creative writing major. And I scored second on the pre-law (laughter), I was invited to ride in the (inaudible), and barely -- well, I shouldn't say that, and got into medical school. That was an era when there were tremendous restrictions on who got into what medical school.

Tacey Ann Rosolowski, PhD

11:41

I wasn't aware of that.

Frederick F. Becker, MD

11:43

You're joking.

Tacey Ann Rosolowski, PhD

11:44

No.

Frederick F. Becker, MD

11:45

No?

Tacey Ann Rosolowski, PhD

11:46

I'm not joking.

Frederick F. Becker, MD

11:46

Up through the 1950's, and into the early 1960's, even in New York City, the majority of medical schools would not take anyone of color.

Tacey Ann Rosolowski, PhD

12:00

Oh, OK.

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Frederick F. Becker, MD

12:01

Wait. Very few women, a modicum of acceptable Catholics, and very few Jews. In New York City. My own medical school, Columbia PNS, was totally restrictive. And I -- you can read my biography for funny stories about my interview at Columbia. And I went, proudly, to New York University, which was not restrictive in any of those categories, a fact of which makes me very loyal. Anyhow, let's...

Tacey Ann Rosolowski, PhD

12:39

Why weren't they restrictive?

Frederick F. Becker, MD

12:40

Because the people who ran that institution felt it was wrong.

Tacey Ann Rosolowski, PhD

12:48

OK, so it was policy, basically?

Frederick F. Becker, MD

12:50

Yeah, of course it was policy. It was policy not to accept at Columbia. Cornell, Cornell was called the South of the North because almost all of its faculty was from below the Mason-Dixon Line. Oh yeah, my president, Mickey [Charles A. LeMaistre, MD [Oral History Interview]], who chose me as Vice President, was from Alabama, and ended up on the faculty -- on the house staff of Cornell. And then, also Rockefeller, and so on. One of the very distinguished figures in American medicine. OK, back. OK, so I graduated Abraham Lincoln. I went to Columbia College, which was then a very small all-male college at a time when a number of the people in my class were World War II veterans, quite different. And then I was accepted to New York University School of Medicine, one of the blessings of my life.

Tacey Ann Rosolowski, PhD

14:02

You started in 1952 there?

Frederick F. Becker, MD

14:04

Right

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Tacey Ann Rosolowski, PhD

14:04
OK.

Frederick F. Becker, MD

14:05
Where the dean said to me, instead of going up to Boston to do a fellowship as a student, there is a new professor of pathology named Lewis Thomas [MD], and I think you'd like him a lot. And naturally, being a medical student, [I] thought -- I thought he was lying to me, but I got along very well with the dean, who thought I should be a humor writer instead of a doctor. I said I hope that was not a critique of my work. But I made him laugh, and no one else did.

Tacey Ann Rosolowski, PhD

14:43
You're making me laugh.

Frederick F. Becker, MD

14:43
And I went up and met this handsome, erudite, brilliant, imaginative, creative man named Lewis Thomas. And instantly became his student fellow, and I -- then, having finished my [development at NYU], I went to Harvard, to Boston City Hospital, the Harvard service, and since this won't be in there anywhere, I was the first NYU student accepted to that Harvard service. So in a way, my oldest cousin and I were the two NYU students who broke certain barriers at Harvard. And that service was one of the most highly thought of academic and research medical services in the world. And they have produced [scoodles?] of chairmen, and deans, and prize winners, and so on. It was a great experience. Since you're here to be amused, I will tell you on the last day of my internship, you are supposed to receive the new intern and introduce him to the patients. And this tall gentleman, young man with brown hair and brown shoes walked in, []-- he said, "Are you the outgoing intern," and I said, "Yes." I said I'm Dr. Becker, originally from New York City. And he said, I'm Walter Menninger, Jr. And I said, let me guess, Topeka, Kansas. And it was. That's the level of that internship. (laughter) Yes, yes. Other funny stories are reserved for parties and wild events about my internship.

Tacey Ann Rosolowski, PhD

16:33
Tell me...

Frederick F. Becker, MD

16:33

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At that -- go ahead.

Tacey Ann Rosolowski, PhD

16:34

Oh, I was going to ask you about what made you click so immediately with Lewis Thomas? What was it about his -- him, as a researcher?

Frederick F. Becker, MD

16:43

Well, first of all, if you -- there are certain people in the world who are called -- should be called golden people, golden. Lewis Thomas was golden. Everywhere he went, and everything he did had a golden aura around it. When he was finishing in the South Pacific with a research group in World War II, one of his colleagues said, you know, Lew, I'm going to be the chief resident in pediatrics at Hopkins, what are you doing? Lew Thomas said I'm giving thought to a couple of jobs. And this fellow said look, I could pull some strings, and you could probably get a job in pediatrics as a resident. And when this chap arrived at Hopkins, he found Lew Thomas had been given an associate professorship without training.

Tacey Ann Rosolowski, PhD

17:46

(laughter) Yeah.

Frederick F. Becker, MD

17:47

Golden.

Tacey Ann Rosolowski, PhD

17:47

Talk about golden, yeah.

Frederick F. Becker, MD

17:49

He just was so intelligent, and so creative, he had one of the most fertile minds in the world. To prolong that, no one from NYU had ever gotten into Hopkins internship. And I applied, and one of the people who interviewed me was thumbing through my file, and I had quite a file, but that didn't mean anything. And he said, "Oh my god, you've worked with Lew, don't worry about a thing." If you read his books, and there are many of them, I mention in a couple of them, you just realize you're talking about someone who was so creative that if you enjoy creativity, if you didn't challenge creativity, you just wanted to sit at his feet. I was in his office when Sputnik went up. And he said, "Oh wow, isn't that wonderful, we have a god now." And I said, what?

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He said, we have a god, it's omnipotent and omniscient. It came from his mouth like pearls. I will tell you one funny story []. (laughter)

Tacey Ann Rosolowski, PhD

19:08

(laughter)

Frederick F. Becker, MD

19:08

When he became dean at NYU, I went to the graduation ceremony, and I went up and sat with all of these very proud parents, and listened to him, and what he started to talk about was his theory of universal communication. That the cities on the world were like ganglia, and one day, we'd learned to communicate instantly from one city to another. And that might let us communicate with similar ganglia in the universe. And [a student's] mother in front of me, proud mother of a graduating student said to the father, that's what he's been teaching them? (laughter) And I said, leave it to him. I guess he didn't want the kid to be a galactic neurologist. (laughter)

Tacey Ann Rosolowski, PhD

19:55

(laughter) Or an analogical thinker.

Frederick F. Becker, MD

19:57

Yeah, yeah. (laughter) That was him.

Tacey Ann Rosolowski, PhD

19:59

Hmm.

Frederick F. Becker, MD

20:00

He picked out brilliant people, he saluted brilliant people, he was just brilliant. He was not the person to choose the color of the façade of a new building, or the pencils. He was the guy to build a galactic neurological institute on Mars, and that's it. So I was blessed, thrice, blessed. Because, in the middle of my internship at Harvard, he created the first research oriented pathology fellowship in the country, which was funded by the National Institutes of Health, in which we, who would take part in it, would get training in pathology, he was then the chairman of pathology at NYU, and also work in that laboratory of one of the many brilliant unbelievable scientists he brought to NYU.

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Tacey Ann Rosolowski, PhD

21:04

So how did that experience affect you at that time? What did you get from it?

Frederick F. Becker, MD

21:08

Everything. Everything. First of all, I had a remarkable affinity for pathology, having tried to avoid autopsies as a medical student. (laughter)

Tacey Ann Rosolowski, PhD

21:22

(laughter) Did you really?

Frederick F. Becker, MD

21:23

Yes. (laughter)

Tacey Ann Rosolowski, PhD

21:24

(laughter)

Frederick F. Becker, MD

21:27

I have what's called the eye. I have a very quick eye for pathology. I learned it very well and very thoroughly, even though my formal training wasn't very extensive, because I was doing research. And since he had brought to the Department of Pathology at NYU, some of the most outstanding young scientists, unknowns, he could pick them out, we were surrounded by extraordinary research. An example, it's more to give you an amusement, you need it in your life, one day he said he had hired so and so, a new immunologist assistant professor, and he wanted me to meet him. I was then a, I guess, a resident fellow, or was I a fellow? Whatever. So I went down and knocked on the door, and this gentleman said come in. It was a little rotund gentleman, and he was bleeding a mouse from the eye with a capillary tube, and I kind of did a double take, and who are you, and I told him, and he said I'm so and so. And he said would you like to learn to bleed a mouse from the eye? And I said why would I want to? I was always a freshie. And he said, because you can do it every day. And I said no sir, I have a hobby. (laughter) And walked out. And as I walked out, I met a young [researcher] [] one of my best friends, now the Beeson Professor of Medicine at Yale, and he said did you meet Dr. [Benacerraf?]? And I said yes, I don't understand why Dr. Thomas, who's never wrong, thinks he's going to be one of the great ones, all he does is bleed mice. Well, he bled them to the Nobel Prize, Dr. Benacerraf did. []

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Tacey Ann Rosolowski, PhD

23:22

What was his Nobel Prize in?

Frederick F. Becker, MD

23:24

Immunology.

Tacey Ann Rosolowski, PhD

23:24

Immunology?

Frederick F. Becker, MD

[23:25]

Yeah. He just died at 90. Fantastic man.

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Segment 02

A: Professional Path

A Pathologist Discovers His “Eye”; An Introduction to Judah Folkmann
[23:30] to [33:05] +

Story Codes

A: Character, Values, Beliefs, Talents
A: Professional Path
A: Influences from People and Life Experiences
A: Military Experience
A: The Researcher
C: Portraits
C: Discovery and Success

Tacey Ann Rosolowski, PhD

23:30

Can I ask you, just for a sec, to go back to that phrase, the eye.

Frederick F. Becker, MD

23:34

Bleeding it from the eye?

Tacey Ann Rosolowski, PhD

23:35

No, no, no, when you said you have the eye, for pathology.

Frederick F. Becker, MD

23:37

Yes.

Tacey Ann Rosolowski, PhD

23:37

What does that mean, exactly?

Frederick F. Becker, MD

23:39

It means that [] many superb pathologists are trained into their expertise. [] Because it's a visual science [they] get to the point where they look at things in autopsy, or they look at things

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under a scope, and they can identify it. Or identify that they don't know what it is, so that's of interest.

Tacey Ann Rosolowski, PhD

24:08

So it's recognizing, kind of, the details of a visual field, a ...

[24:12]

Frederick F. Becker, MD

It puts an image in their mind that connects, it connects. I was kind of blessed. It's not an ego thing, it just is. You can ask people who know me, that I could look and know. And that really intrigued me, because I never knew I could do that.

Tacey Ann Rosolowski, PhD

24:30

When did you discover that?

Frederick F. Becker, MD

24:32

When I got into pathology residency.

Tacey Ann Rosolowski, PhD

24:33

At the residency?

Frederick F. Becker, MD

24:34

Yeah, yeah.

Tacey Ann Rosolowski, PhD

24:34

OK.

Frederick F. Becker, MD

24:35

Yes. It just came to my mind what something was. And then I became very enamored by autopsies when it proved to me what they could reveal. And it was an enthralling experience, because at that time, our tables were [shared] with the medical examiner of New York. So they would have 25-30 bodies that had [undergone] everything you ever read of in the papers []. (laughter) It was like, it was a Bruegel painting, bodies going this way and that way, and in the

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summer, a grotesque, grotesque. [] And when I finished three years of combined training, cell biology and pathology, I was offered the opportunity [] to go into the Navy, and I ended up at the Navy Research Institute in Bethesda, Maryland, which had a degree of fame about it. It was one of the great experiences of my life. I adapted to the Navy life, and learned [] that if you made it clear that you were perfectly happy and grateful to be [] in the Navy, you were treated like family. And that's exactly how I felt, and it led to a number of fascinating experiences, two in particular. The one that I didn't experience, but came so close that, it's part of my being, and that is that if I had stayed in the Navy six months longer than I did, I would've been part of the team that autopsied Jack Kennedy. Of course, that's where he was autopsied, and frankly, I had all of this medical examiner experience in New York. And the two people who did autopsy him, one of them became a [] lifetime friend of mine, and the other, I knew very well, another Navy pathologist, who never got over it, actually, psychologically. So that was close. By the way, it was also the time of the Cuban Missile Crisis, and I was involved in certain parts of preparations for that. I was listed as the head of a radiation team. So if anywhere in the world, we dropped an atomic bomb and then wanted to send in troops, I had the one little job of going in first, and checking radiation. (laughter) I'm stopping here!

Tacey Ann Rosolowski, PhD

27:44

(laughter) With your [Geiger?] counter.

Frederick F. Becker, MD

27:45

[]

Tacey Ann Rosolowski, PhD

27:56

(laughter)

Frederick F. Becker, MD

27:57

The other, though, [] tremendous lifetime experience, was the Navy. On the first day reporting in, my Navy lieutenant uniform, a tall gangly physician in a uniform also reported in at seven in the morning. The man on duty said to us, what are you two doing here? And both of us said simultaneously, reporting for duty. This was the Navy Medical Research Institute. The sailor on duty said no one reports in this early in the Navy. (laughter) And we said we're here to do research. And his response was, those people usually come in between nine and ten. And we said, what are we to do? He said go have breakfast in the office's mess, it's terrific. And we both said, but we've had breakfast. And he said have another one, it's only \$0.75. And he said, by the way, could I tell you two something? [] And we said, what is it? And he said, your

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insignia are all upside down. (laughter) So we helped each other, and I said to him, I'm Fred Becker, and he said, I've heard of you. And he said, I'm Judah Folkman. You know that name.

Tacey Ann Rosolowski, PhD

29:27

I do, of course.

Frederick F. Becker, MD

29:28

Yes. And I said, I've heard of you. And the reason was this, remember, I was an intern on the Harvard medical service, Judah was a senior in medical school. He knew me because they all knew these prized characters from outside of Harvard, only a third of the internships were given to outsiders. I know him because there were talk about this genius that was at Harvard at the time developing heart pacemakers as a junior medical student. []

Tacey Ann Rosolowski, PhD

30:05

That's fine, yeah.

Frederick F. Becker, MD

30:06]

OK. To make this short, Judah and I found that we could do what we were asked to do in the Navy very readily. He was helping on cardiovascular operations, etc., and I was doing things that to this day, I don't know if I can tell you. But I was in the space program before the first astronauts were picked. And also, in radiation biology. So Judah and I decided to do a project together because we were so used to 18 hours a day. And to make a long story short, we were told not to do anything that wasn't military, because this was, as I told you, just after Sputnik went up. [This] was the first time the NIH had been given millions and billions of dollars. The military was given money, but for military research only. So we began to work on what was called a hemoglobin substitute. The Navy was concerned that on boats, especially submarines that were now beginning to go under for a long time, there wouldn't be sufficient supply of blood, and they didn't want to be tapping the active sailors. So to make a long story short, we started to work together on hemoglobin substitutes. But that wasn't enough for us, because we devised a way of doing it [that] was mostly cranking things through that the Navy was testing. And therefore, we decided to see if, in our test vehicle, which was a rabbit thyroid [lobe] profused in vitro, we could grow tumor. (laughter) And the long of it -- or the short of it is, we grew tumors, [but] they wouldn't grow beyond a certain diameter, yet, they remained viable. And when we took them out of that situation, and transplanted them back into a mouse, they blew up into a huge tumor. And I made the observation, being the pathologist, that they -- when they were in this profusion apparatus, they didn't vascularize. And I said, that's fascinating, and

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Judah said, no, that's amazing. And then [] in the subsequent years, became the father of angiogenesis. I always say I'm the illegitimate father of angiogenesis. I'm the one who came in the night and left. (laughter)

Tacey Ann Rosolowski, PhD

33:05]

What made you start working on the tumors to begin with?

Frederick F. Becker, MD

33:08

Because we were bored. Because we were so used to doing so many things, that we wanted to see, plus the fact that if this [perfusate?] was keeping a rabbit thyroid lobe alive, which we proved, the question is, would tumors be able to grow in this environment, and if the tumors grew in this isolated environment, we could put filters across the perfusate and actually enumerate metastatic tumor cells. And it turned out they [did] and the tumors that metastasized in the animal threw off these little cells, and the tumors which didn't, didn't. So angiogenesis was a byproduct observation of colossal magnitude, all due to Judah []. But I was the one who observed it, the beginning. So that was a little byproduct of the Navy, OK?

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Segment 03

A: Joining MD Anderson/Coming to Texas

An Introduction to R. Lee Clark and MD Anderson

[33:08]+ [55:17] +

Story Codes

C: Evolution of Career

D: On the Nature of Institutions

C: Portraits

A: Joining MD Anderson

B: MD Anderson History

B: Growth and/or Change

B: Obstacles, Challenges

A: The Leader

Frederick F. Becker, MD

33:08]+

Then I went back to NYU on pathology, I worked on a lot of things there, regeneration, carcinogenesis, control of tumor growth, so forth. [] I have it right here, actually. In any case, and I rose up the academic ladder, making, probably, the wrong choice at each level, became the acting chairman of pathology when the then chairman, who succeeded Lew, left to become the chancellor of medicine at Florida. And that's when my life bifurcated. At that point, my medical school, New York University, had just instigated one of these reviews. And one of the things that they were criticized was that they had too much inbreeding. Not that it was bad, because we had giants, giants. But too much inbreeding. So when they looked for a replacement for the chairman of pathology, of which I was the acting chairman, they had a conundrum. Basically, I was being offered two out of three chairs in the country, as the consultants told them, but here they had this thing that said "too inbred." And I understand that. And they then did me the greatest favor they ever did, they passed me over. Such a terrific favor that 15 years later, at some event, I met the guy who's the chairman of the search committee, who had been picked himself because he was from the outside, and therefore instigated this. And I gave him a big hug [] from which he's never recovered. I think he had a small stroke soon after, because he didn't understand it. I think he expected to be poisoned by the kiss, on the cheek, I might say. But I meant it with everything in my heart. Because [it was] one of the greatest things that happened to me [and] one of the dearest and wonderfulest people in the world, named Jose [Trujillo], who I'll come back to, who was on this faculty, and was just [] such a wonderful human being, such a brilliant guy, such a creative guy, such a loyal man, such a warm person, as you could hardly

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ever meet. I had met them on various search committees, and committees for the National Cancer Institute, the National Institutes of Health. And he was the head of clinical pathology, as it's called, called elsewhere laboratory medicine. Now, MD Anderson is amazingly young. This is in 1975, and it was like 30 years old. When I was the head of pathology at Bellevue Hospital, which was my other title, the first head of pathology at Bellevue Hospital had been chosen in something like 1887. And by the way, it was a pathologist named William Welch, who later became one of the founders of a place called Johns Hopkins. So as I like to say, cockroaches in my office, as director at Bellevue, would come out and speak to me in German and say how is Professor [Welch] doing?

Tacey Ann Rosolowski, PhD

38:32

(laughter)

Frederick F. Becker, MD

38:37

OK? And when the search committee met, of course, Jose was very influential on it, as the head of the other "pathology department." As you may know, in some institutions, clinical or lab medicine, in fact, here, and -- well, it used to be called autopsy pathology -- and atomic pathology are one department. Here, at that time, they were two separate departments. And he went to Dr. Clark, how can I describe Dr. Clark? If you look in the records, it's -- he's not clearly the founder of this institution, he's not even clearly the first director, he's just the institution [itself]. R. Lee Clark [MD] was a phenomenon. Tall, handsome, strong, smart, proactive. He could speak three languages, Texan, New York, and Europe, with authority. And I'll give you the best criteria for this guy, who I feel, built this place from brick to brick. [] When I was asked to come here and look at the chair, my wife came with me, because there was no way I would make a decision without her, and I knew this would be very difficult, indeed traumatic, for someone who loves great cities, breathes great cities. Not for restaurants, not for the theater, not for museums, for the movement, the movement, [but] the people. And I brought her here, and at a party given for us, we had had pretty standard stuff, Dr. Clark asked if he could talk to her for ten minutes, and I said only if you'll sign a paper you're going to bring her back, because he was something. My wife, as principal in the Ballet de Paris and otherwise, had met everyone. She'd been in Hollywood for several years in movies. That's why our wedding oath says with thou I will go, except Los Angeles, because she hates that place.

Tacey Ann Rosolowski, PhD

41:32

Is that a true story? Was that in your vows?

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Frederick F. Becker, MD

41:34

Private vows, OK? Oh, it was more important than anything. She hates that place! [] In any case, much to my surprise, she not only liked this place, but when she came back from ten minutes with Dr. Clark, her comment should've been on his headstone, and this is what she said, "He's dynamite." (pause) Dynamite. Even when he told you he wouldn't give you a raise, you just didn't even question it. [] And these were the days when he, OK, and [] Bob Hickey, you'll have to check the correct titles, ran this whole place. [If] you wanted a cyclotron or toilet tissue, you went to talk to Hickey. Elmer Gilley was the treasurer, and everything was in his desk. (laughter) Offers were in his desk, money was in his desk, anything you needed. They ran this whole place.

Tacey Ann Rosolowski, PhD

42:48

That kind of goes to what you were saying before we turned on the recorder that, then, it was a cancer center, and now, we are living in a cancer city.

Frederick F. Becker, MD

42:56

OK.

Tacey Ann Rosolowski, PhD

42:57

Yeah.

Frederick F. Becker, MD

42:57

OK. When you picked up the phone in those days, you got the person you wanted to talk to. Now, you get a lawyer who tells you no. Before you ask. I'm not joking.

Tacey Ann Rosolowski, PhD

43:16

Because it's run corporatively.

Frederick F. Becker, MD

43:18

[]

Tacey Ann Rosolowski, PhD

43:27

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Absolutely. Absolutely.

Frederick F. Becker, MD

43:29

OK? Good in the way it protects, very bad in the way it obstructs. Because it's easy to say no. You'll probably retire before anything notices, OK? If you say yes, god forbid it won't turn out well, and you'll be yelled at. No. OK? So I went in front of the search committee, who asked me funny questions like did I ever think a high rise would be put up in Texas, in Houston. There were no high rises.

Tacey Ann Rosolowski, PhD

44:12

What did they -- what were they fishing for with a question like that?

Frederick F. Becker, MD

44:15

I was New York.

Tacey Ann Rosolowski, PhD

44:16

Ah.

Frederick F. Becker, MD

44:17

I was short. OK? No less the fact that I was Jewish. And at that time, although Dr. Clark, who I [will always idealize] was a born and bred Texan. He could come up to New York, and talk to bankers, and lawyers, and that man could've been the head of the biggest corporations that ever [were], he would've been elected governor or senator if he ran. Several governors told me, they gave Lee whatever he wanted for the Anderson because they didn't want him to run. That's what we had here. I've met very many major people, and that man's nearly untouchable, OK? Now, the story of how he almost recruited me. He came to New York for a meeting of the trustees of the American Cancer Society, which he was a part of. And they listened to him, these are bankers, and this and that. We went to a club at the Waldorf Astoria, which I'd never heard of. He said, "Fred will pick the wines." And we ate, and drank. And then he said to this group, Fred's going to be the next chairman of pathology at the MD Anderson. Well, I was kind of taken a little aback since I [hadn't even been offered]! But I decided that why challenge him here. And we went back to his room at the Plaza Hotel, Lee lived large. The standing joke was that Mr. Gilley, the finance officer's, major job was to keep Lee from being arrested. Joke, joke, that's a joke!

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Tacey Ann Rosolowski, PhD

46:22

(laughter) That's a good one, though.

Frederick F. Becker, MD

46:25

Not that he would ever do anything dishonest, he just didn't think about these little things, you see. And he broke out a bottle of Chivas Regal. And we drank and discussed the MD Anderson good and bad, and what he wanted of me, and so forth, and so on.

Tacey Ann Rosolowski, PhD

46:44

What was that conversation, do you remember the details of it?

Frederick F. Becker, MD

46:46

Oh yeah! [] I was very dubious, I'd never even been here, this was before that party down here.

[46:54

Tacey Ann Rosolowski, PhD

Let me ask you...

Frederick F. Becker, MD

46:55

[]

Tacey Ann Rosolowski, PhD

46:56

Hmm, yeah, at the time.

Frederick F. Becker, MD

46:57

Oh no, in that time.

Tacey Ann Rosolowski, PhD

46:58

Yeah, at that time, sure.

Frederick F. Becker, MD

46:59

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No, no, no. Maybe a few elements, which I'll get to, were well known, but those were within the [cancer] community []. For example, radiation oncology was world-renowned [] because Lee had really focused on that. But the rest of it was just in its early beginnings.

Tacey Ann Rosolowski, PhD

47:22

Why was he so intent on recruiting you? What did you offer him?

Frederick F. Becker, MD

47:35

First, I was a Lew Thomas person, and it's traditional in academic medicine, or one of the traditions, you often go to the top of the line to recruit your people. Of course, you figure they've got the top of the guys who came in, and were trained, and stayed on. Second of all, the search committee had recommended this, and in particular, Jose Trujillo, bless him. And third, whoever he spoke to, wherever he spoke, I had a very good reputation by then, in publishing, and running my department, and this, that, and the other thing.

Tacey Ann Rosolowski, PhD

48:26

How would you characterize your style as a leader in your department? What was the mark you were making?

Frederick F. Becker, MD

48:35

Take no prisoners. (laughter) [] I can't abide waste of time, I can't abide someone who's not doing their job. I can't abide bias, I can't abide lack of progress. Second of all, I don't -- can't abide wasting time by not telling the direct truth right up front. And if you ask anybody in the world, they'll tell you that. I think J once told somebody who said [he] wanted to go to Dr. Becker to discuss how he was doing, and J said, only if you [really] want to know how you're doing.

Tacey Ann Rosolowski, PhD

49:28

Is this J Freireich [Emil J Freireich, MD [Oral History Interview]]?

Frederick F. Becker, MD

49:29

Yes. I don't take a lot of time, I seek input from trusted people. I seek input from people I think are experts, and I'm arrogant enough to make a decision based on that. I am not concerned about whether it goes counter to common belief. And in my early days as vice president, since no one

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had ever been vice president, there weren't real rules about how I could function. [] Example! [] I was in my office, I always tried to leave time for people to come to see me. One of our young, very bright, neurooncology researchers wanted to see me. He came in, and he sat down, and he said, Dr. Becker, I love the MD Anderson, but I'm thinking of leaving it. And I said why, Peter? You're doing great. He said, well, I'm doing even greater than you think, because I've made a discovery of what I think is a very important gene in cancer research, in cancer function, and I would love to bring it to fruition here, but I don't feel that my chairman, who was a very major name in [clinical] neurooncology [] is aware of what I'm doing, or appreciates what I'm doing, and he's so busy, I can't get to see him to prove it. And I think I'm going to be passed over for promotion, and salary, and this, otherwise, I want to stay here. Well, usually, before I saw anybody, I had their credentials, recent discussions! [] And I had already read his survey, and I said tell me briefly about this gene, because he hadn't published it, and he told me about it. And I said have you really got the stuff on it? And he said I'm going to put in a paper, here's the paper. It looked like something important to me. I'm pretty good at that, even if I don't know the field cold, I can tell. And I said, well, let me see what I can do. And I was kind of upset about this, and I called this chairman, and I said by the way, I want to tell you about something I'm going to do today, and that is, I'm going to promote Peter to associate professor, and raise his salary, and he said, you can't do that, it's got to come from me, or go to the committee. I said, OK, then you do it today, and that'll save me doing it. And I said, you do know he's made an important discovery that's going to really be good for your department don't you? And he said well, surely, of course I know. And put him in for promotion, and Peter did stay.

Tacey Ann Rosolowski, PhD

52:49

Peter's last name is?

Frederick F. Becker, MD

52:50

Steck. And Peter died of a massive something or other, we think it was hypertension, very shortly thereafter, at a young age. The gene he described is called P, as in Peter; T, as in Thomas; E, as in Evelyn; N, as in Nathan; and is one of the crucial tumor suppressive genes, which ironically, [] the new president, Dr. [Ronald] DePinho, came and gave the "Peter Steck Lecture" a couple of years ago, and works on that gene. And I was the one who created the lectureship. That's the pride of my job, that's what I love. That's the memories that are great. And in those days, I had a freestyle vice presidency. Funny story, I ran all of research, both clinical and basic, because it was a new thing, no one had ever done this. Years and years later, when I had stepped down, I was talking to the chap who was, I'm going to say, "just" running clinical research regulation, just that part of one of it. And a crazy man named J [Freireich] came storming up to us and said to this poor guy, you stink, or something like that, J is very direct. And I said J, what the heck is that, why are you talking like that? He said well, when you were

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the vice president, Fred, we could put in a new protocol, a term you'll hear of over and over. And in three -- a couple of days, you'd say yes or no. And I said, well, Jay, I had ve a great -- I had a tremendous advantage over Len. And he said what was that? I said, I only had three people. (laughter) And now, the regulations that come from the government have exponentially increased, so they have many committees, and many people -- oh, anyhow. That's what I could do.

Tacey Ann Rosolowski, PhD

55:06

So what was your vision when you came in? What was your strategy?

Frederick F. Becker, MD

55:10

No, I'm going back [to my first meeting with Dr. Clark].

Tacey Ann Rosolowski, PhD

55:10

[]

Frederick F. Becker, MD

55:11

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Tacey Ann Rosolowski, PhD

55:11

[]

Frederick F. Becker, MD

55:13

So we're in the Plaza Hotel drinking Chivas[, and I am not a great drinker].

Tacey Ann Rosolowski, PhD

55:15

[]

Frederick F. Becker, MD

55:17

And Lee said to me, I'll never forget this as long as I live, "Fred, my family came to Texas as pioneers. Don't you want to come to Anderson as a pioneer?" And I said no, Lee, I'm the guy who comes in after the pioneers and neatens the place up. At which point, I went home, woke up

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my wife, and I said, Mary, I think I just blew this opportunity, and told her what I said. And she said, you're right, go to sleep. Well, I must've been close to right, because I was asked [to go], saw the place, I was being recruited as chairman of pathology.

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Segment 04

B: Building the Institution

[48:26] to [1:16:06

Building a Modern Department of Pathology

Story Codes

B: Building/Transforming the Institution

B: MD Anderson History

B: MD Anderson Snapshot

A: The Leader

A: The Mentor

D: On the Nature of Institutions

D: On Research and Researchers

B: Devices, Drugs, Procedures

B: Multi-disciplinary Approaches

Frederick F. Becker, MD

55:17]+

Pathology had in it, five or six of the leading figures in specialty pathology in the world. Blood, breast, skin, [and GI] pathology. And it had almost no research going on. Now remember, in my department, the legacy of Lew Thomas at NYU, we not only had some of the great pathologists, Bellevue Hospital and so forth, and I was taught by some of the greatest pathologists. My head of anatomic pathology was named Marvin [Kuschner], I'd been in this business for years and years, I've never met anyone who was a better all around pathologist. The head of the medical examiner's office was named Milton [Helpern], he was the premiere medical examiner in the world. So I was so well trained in pathology, and I had the eye, that I was a little shocking to the people here, because they thought they were getting a pure researcher, and they were very nervous about this. And they said to me, what would you do in pathology? And I said, the first thing is, I'd sit in as a [surgical] pathologist, which kind of shocked them, because they heard I wasn't a pathologist, I was just researcher. By my major job here would be to bring in research into the department of pathology, to modernize it, to bring it up in that quality. And as Lee told me privately, and also, he expected me, over the next couple of years, to look at other research going on, and give him my opinion on where it was going. It was close to the end of the first 30 years, [] when I got here. They had just put up two new buildings, one of which was a clinic building, which was filled to the brim with patients in three months. The facilities in research were old, having been built at the beginning. The cold rooms were frequently former butcher cold rooms. Wooden, beautiful, and they did work, but the pipes had lead linings. And

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what was characteristic of the place was that many of the chairmen of research, of science, had started here as graduate students. Now, some of them were terrific, but there was a lot of -- in those days, the term would be dead wood. I chose the word "hangers on," people who weren't getting grants, people who were dependent on the dole from administration, people who had been doing the same thing with the same graduate students, and evolving not at all.

Tacey Ann Rosolowski, PhD

59:39

Was this sort of part of the old problem that you were talking about a little earlier about inbreeding? Or was that...

Frederick F. Becker, MD

59:46

Yes.

Tacey Ann Rosolowski, PhD

59:46

Because there's a different spin on it...

Frederick F. Becker, MD

59:47

No, I want to tell you what my theory is. There's a limit to energy. God knows, we know that now. And the choice of the administration, wisely, in those first 30 years, buildings [] was to focus on the clinical excellence of the place, to husband their energy, which means money, support, and so on, and focus upon a few areas. So for example, Gilbert Fletcher had been brought in, and in a very short time, had built a fabulous department of radiation oncology that was beginning to be worldwide in its reputation. Lee had brought in, from the National Cancer Institute, J Freireich [oral history interview], and Tom Frei [Emil Frei, III], two of the most brilliant and fertile minds in oncology, medical oncology. The treatment of human tumors. And within a very short time, they started to recruit bright young people, a lot of them from the NCI, and were already beginning to achieve a reputation that went, you know, exponential. A lot of the chairmen, however, were people who were the first chairmen. The man I succeeded in pathology was the man who had been the first chairman of pathology. Pretty humorous, [since] I was the 17th after William Welch at Bellevue. The chairman of this and that were people -- I'm not in any way demeaning their excellence, but in terms of dynamics, in terms of energetics, in terms of moving modernly, were people who were of a previous era.

Tacey Ann Rosolowski, PhD

1:02:14

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I mean, this is a time when there were major transformations occurring in the thinking about cancer. And...

Frederick F. Becker, MD

1:02:21

And Lee was involved in all of them, as you know. But that's his life story. He was one of the instigators of international oncology, of the National Cancer Act, of all of these things.

Tacey Ann Rosolowski, PhD

1:02:34

I mean, do you think it takes a certain kind of research mind to want to keep up with those shifts, because...

Frederick F. Becker, MD

1:02:41

Experience.

Tacey Ann Rosolowski, PhD

1:02:42

Experience?

Frederick F. Becker, MD

1:02:42

[]

Tacey Ann Rosolowski, PhD

1:02:59

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Frederick F. Becker, MD

1:02:59

[]

Tacey Ann Rosolowski, PhD

1:03:00

[]

Frederick F. Becker, MD

1:03:01

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Yes. You take someone from a major place who's been doing a major job in that place. You couldn't expect more than what they accomplished here, it was amazing, it was miraculous. In 30 years, I mean, good grief. And to put it up there, where it would be [] counted as one of the three [leading institutions] with Roswell Park, and Sloan-Kettering Memorial, was an accomplishment of miraculous level. You can't do it all. And not only that, it's very hard to pick the person who should do your lawn, unless you get the recommendation from someone with a lawn.

Tacey Ann Rosolowski, PhD

1:03:54

[]

Frederick F. Becker, MD

1:04:00

[]

Tacey Ann Rosolowski, PhD

1:04:01

[]

Frederick F. Becker, MD

1:04:02

[]

Tacey Ann Rosolowski, PhD

1:04:04

[]

Frederick F. Becker, MD

1:04:06

And so, one of the best ways to do it, is get someone in house, from somewhere like that, who can then be the instigator of change. Because if you do it with just outsiders, they have their own agenda, hmm? And we did get a lot from outsiders, which I'll tell you about if I get to my board of advisors, if my memory still survives, which is -- it used to be eidetic.

Tacey Ann Rosolowski, PhD

1:04:37

You've been real [inaudible].

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Frederick F. Becker, MD

1:04:38

Yeah, but now it's just incredible. (laughter) John Mendelsohn [Oral History Interview] said to Tom Frei when Tom Frei [] had gone up to be the head of the Dana Farber, and was visiting us for an honor, Mendelsohn said to him, don't you hate it when you find that Fred remembers your life better than you do? (laughter)

[1:05:03]

Tacey Ann Rosolowski, PhD

That eidetic memory must've helped you a lot in pathology, obviously.

Frederick F. Becker, MD

1:05:07

In everything.

Tacey Ann Rosolowski, PhD

1:05:07

Yeah.

Frederick F. Becker, MD

1:05:08

Yeah. But some people were a little taken aback occasionally, when you mention something they were saying, you know, ten years ago. [But] I've lost that, I tell everybody, so they can feel more comfortable. OK.

Tacey Ann Rosolowski, PhD

1:05:22

So what...

Frederick F. Becker, MD

1:05:23

Lee and I then discussed what I'd want, and he said send me something. So I send him a four page...

Tacey Ann Rosolowski, PhD

1:05:32

I'm not sure if this is it.

Frederick F. Becker, MD

1:05:34

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Um...

Tacey Ann Rosolowski, PhD

1:05:35

Or is this -- this is only a two page...

Frederick F. Becker, MD

1:05:37

Yeah, yeah.

Tacey Ann Rosolowski, PhD

1:05:37

[]

Frederick F. Becker, MD

1:05:37

[]

Tacey Ann Rosolowski, PhD

1:05:38

That's it?

Frederick F. Becker, MD

1:05:38

This was it. [Correspondence, "Bill of Particulars," 19 December 1975. See document, next page.] I think there was an addendum to it. That's wonderful. Good grief. Send me a copy of that, will you?

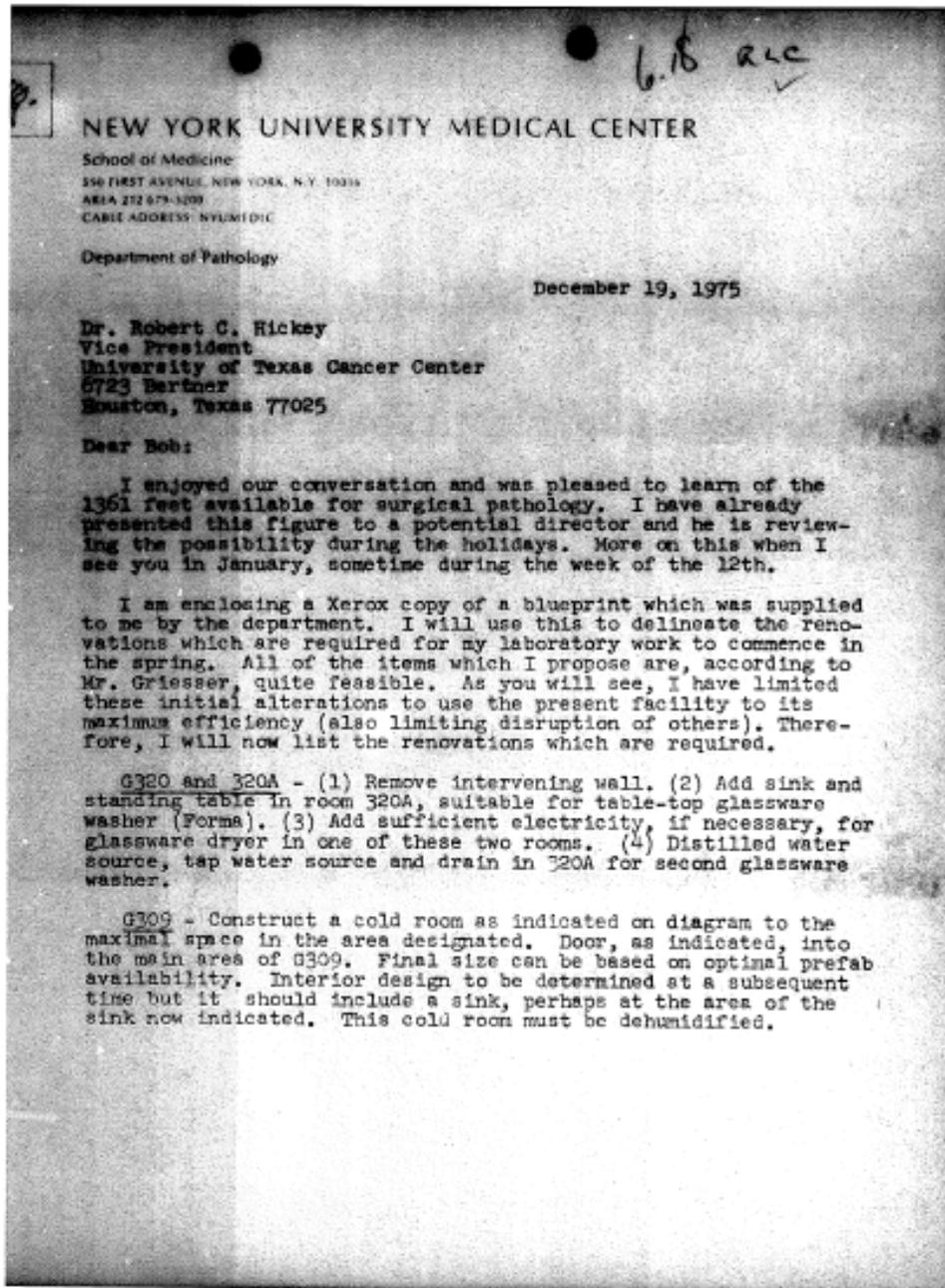


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Frederick F. Becker, MD: “Bill of Particulars”

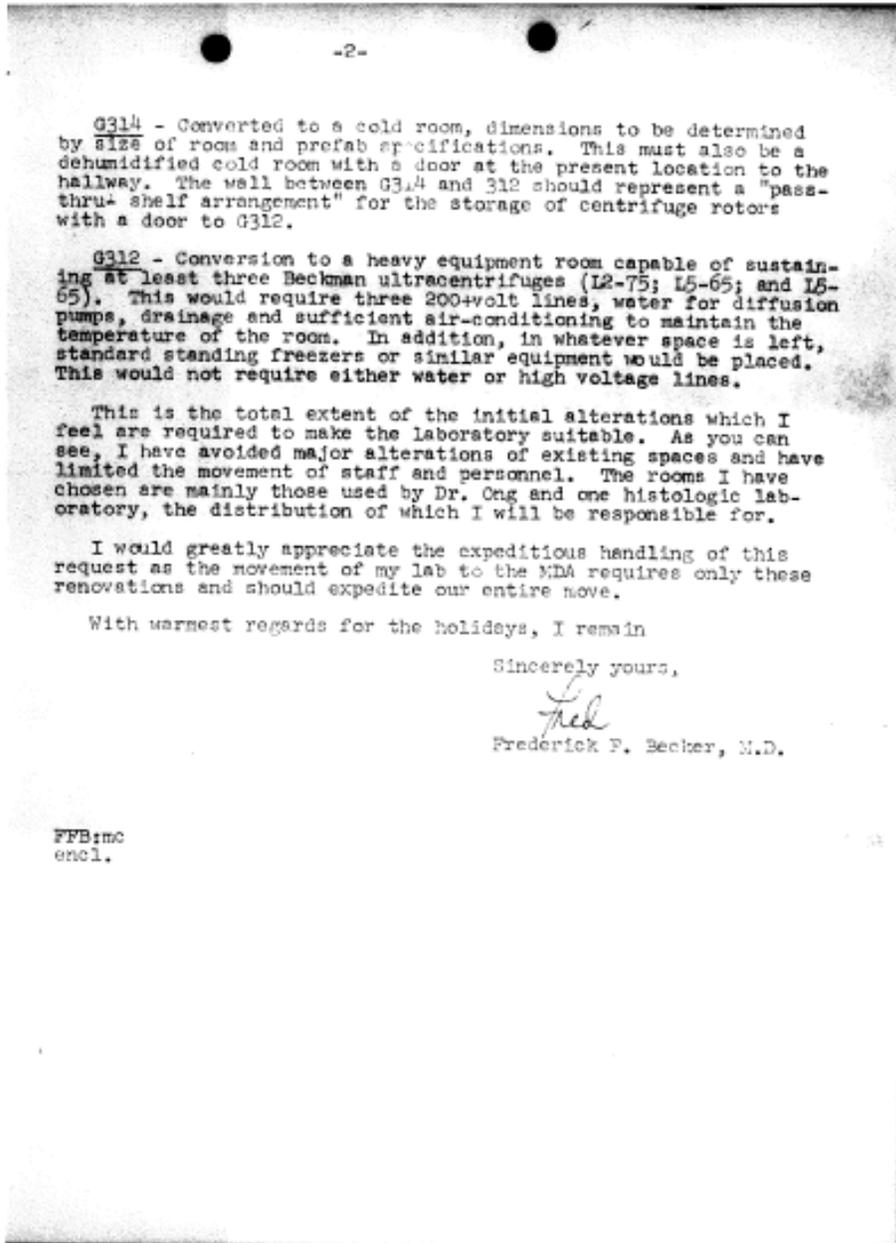
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[1:05:47]

Tacey Ann Rosolowski, PhD

I will, absolutely.

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Frederick F. Becker, MD

1:05:48

OK. I will only tell you that it turned out that when I came here, the first person I wanted to talk to was Mr. [Elmer] Gilley, the guy with the desk.

Tacey Ann Rosolowski, PhD

1:06:00

Uh huh? (laughter)

Frederick F. Becker, MD

1:06:02

And Mr. Gilley, who had a very austere facial expression, and I, became extremely good friends. And he said well, Dr. Becker, I certainly was interested in your bill of particulars. This place, you have to understand, had never received a bill of particulars before, because it had recruited only a few people. And by the way, things that I've helped here, which many people don't know about, was no one paid for moving expenses. They had another way of doing it, I asked for moving expenses. They never paid for equipment to be brought here, most of the people didn't have equipment, or technicians, and so on.

Tacey Ann Rosolowski, PhD

1:06:55

Yeah, I think in one of the letters that you wrote, you talk about what it would take, in terms of that kind of support, to recruit good faculty, and it's like (inaudible)...

Frederick F. Becker, MD

1:07:01

Yeah, absolutely. And he looked really sour about this. And I said, Well, my father brought me up to be businesslike. And he looked at me and said, "thank god. Most of the time, I never knew what Lee promised."

Tacey Ann Rosolowski, PhD

1:07:18

Ah.

Frederick F. Becker, MD

1:07:19

And [Elmer said,] people would come into me five years later and say, and by the way, Lee promised... I said, you mean, you're pleased? He said absolutely pleased. And he said we're going to be able to do business together.

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Tacey Ann Rosolowski, PhD

1:07:33

What did your father do?

Frederick F. Becker, MD

1:07:35

He was an architect, builder! []

Tacey Ann Rosolowski, PhD

1:07:37

OK. So he knew all about drawing up lists, and...

Frederick F. Becker, MD

1:07:40

Oh, oh. My father didn't allow erasers.

Tacey Ann Rosolowski, PhD

1:07:45

Oh, really?

Frederick F. Becker, MD

1:07:46

Yeah, if you didn't do it right, you started over.

Tacey Ann Rosolowski, PhD

1:07:49

Oh, wow.

Frederick F. Becker, MD

1:07:51

Marvelous man. I was one of those people, you hear all of the terrible stories, I was blessed with parents, blessed. Let's see. OK.

Tacey Ann Rosolowski, PhD

1:08:05

So your bill of particulars.

Frederick F. Becker, MD

1:08:07

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Yeah, and they agreed to everything plus, you know, things I might want.

Tacey Ann Rosolowski, PhD

1:08:10

And just for the record, because, you know, we're looking at a document here, and I want to make sure there are some of the details on the -- for the recorder, because you're talking about structural changes that you want to some of the spaces that you're going to be occupying.

Frederick F. Becker, MD

1:08:23

Right.

Tacey Ann Rosolowski, PhD

1:08:24

Removing intervening walls, and basically making a suitable lab space. Sufficient electricity, I like that.

Frederick F. Becker, MD

1:08:33

It wasn't here.

Tacey Ann Rosolowski, PhD

1:08:34

Yeah, no, I believe it. I believe it. It sounds like, from here, you were kind of designing it from scratch.

Frederick F. Becker, MD

1:08:39

Yes, I wanted some of the butcher rooms replaced by actual cold rooms.

Tacey Ann Rosolowski, PhD

1:08:44

(laughter)

Frederick F. Becker, MD

1:08:46

I found in a refrigerator, that the previous chairman had filled with radioactive materials for an experiment he had planned five years before. And no one knew that this atomic bomb [existed], no, (laughter) it wasn't that bad.

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Tacey Ann Rosolowski, PhD

1:09:01

Well, sure, but there's radiation there.

Frederick F. Becker, MD

1:09:03

But the way that had to be removed is a company came in, taped it shut, dumped it in concrete, and moved it out to some place in the far west.

Tacey Ann Rosolowski, PhD

1:09:13

Did he ever do the experiment?

Frederick F. Becker, MD

1:09:14

No!

Tacey Ann Rosolowski, PhD

1:09:14

Oh my gosh.

Frederick F. Becker, MD

1:09:15

But here's -- you know what, it's rather indicative. He wanted to show everybody, he was doing "modern research."

Tacey Ann Rosolowski, PhD

1:09:29

Some of the other things, yeah, you had the cold rooms, and then you have a heavy equipment room, and you're requesting three Beckman ultra centrifuges, and making specifications for the electrical lines that would feed those, as well as water and drainage requirements, and air conditioning.

Frederick F. Becker, MD

1:09:46

Yeah, well that seemed a good idea, drainage.

Tacey Ann Rosolowski, PhD

Yeah, I know. Well, no, I'm just -- you know, but these are the particulars, you really thought [1:09:47]out everything, and specified it.

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Frederick F. Becker, MD

1:09:53

Oh, well, I was from an area where we had all of that.

Tacey Ann Rosolowski, PhD

1:09:56

Mmhmm, mmhmm.

Frederick F. Becker, MD

1:09:56

Interestingly enough, my laboratories were in a building called the Gimbel Building. We've changed names so often here in the recent years, I don't know, it was one of the old -- original buildings. It's a fascinating building because it was built by a donation from the Jewish community of Houston. Now, you must understand, New York has Jewish communities. But you rarely ever hear anything designated like that. And let me say that this is the -- this is an interesting side, because now I'm here, OK? I have positions, I have this, I have a vision. I met with the -- every member of the department of pathology, and let me say that at least overtly, since I'm a very knowledgeable about human -- overtly, eventually, I became good friends with every member, even those who were terrified of me and what I represented. Because, as a matter of fact, I think I enhanced their careers. They would come to me and say, well, I have 26 examples of such and such a tumor. Now, I was the head of pathology at Bellevue Hospital and the co-head at University Hospital, I had never seen that tumor. I didn't tell them that, and I said well, when are you going to publish it? No, I want 30. See, this place is like a giant funnel, into which huge numbers of tumors of every type come. And the reason these people stayed, even though they grumped about it, was they knew, the minute they stepped outside those doors, they would never have this type of material to study right up, report, never.

Tacey Ann Rosolowski, PhD

1:12:05]

Now, when they -- when that researcher, for example, said, I have 26...

Frederick F. Becker, MD

1:12:09

Now, this is a pathology researcher, this is the...

Tacey Ann Rosolowski, PhD

1:12:11

Is that a legitimate reason to not publish?

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Frederick F. Becker, MD

1:12:14

No.

Tacey Ann Rosolowski, PhD

1:12:14

OK, I'm just -- now, is that...

Frederick F. Becker, MD

1:12:16

Now, it's a tumor that most people have never even seen.

Tacey Ann Rosolowski, PhD

1:12:19

So, were they -- was that part of the kind of, maybe, a provincialism, or not having experienced a wider research context? What's your diagnosis of that?

Frederick F. Becker, MD

1:12:27

Let me call it, one, a desire to be very thorough. Two, to be certain that the paper would impress, and three, they could expect five more.

Tacey Ann Rosolowski, PhD

1:12:41

(laughter) OK, yeah.

Frederick F. Becker, MD

1:12:43

At Bellevue, the person would die before the fourth or fifth one came in. Those three components, that's well said, by the way. And I said, publish! And they did, and their reputations were further enhanced, and they got lots of requests to talk about those. And they realized I was supporting that, and I told them, my first job, as good as you all are, is to make certain that anatomic pathology here is the best there is. Because that's our primary responsibility, that when a surgeon cuts out a tissue, we know what it is. We tell them efficiently. When we get a slide from outside, we tell them what it is, and correct and misapprehensions. They didn't expect that. But I meant it, I was a pathologist, I had my boards. And that's the responsibility of pathology that can never be forgotten. And besides, it's a valuable thing that's been going on for 150 years, I'm proud of it, OK?

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Tacey Ann Rosolowski, PhD

1:14:01

Let me just ask you, because you mentioned that these people that you were talking to were afraid of you because of what you represented. What was that?

Frederick F. Becker, MD

1:14:08

They thought I represented.

Tacey Ann Rosolowski, PhD

1:14:09

What wouldn't be...

Frederick F. Becker, MD

1:14:10

They thought I was here to convert pathology into laboratory research.

Tacey Ann Rosolowski, PhD

1:14:14

Oh, OK.

Frederick F. Becker, MD

1:14:18

Rather than to build it as a complementary activity, from which they could profit. Because new technologies, new application, things that would put them up front in the field. That's what I was brought up with, you know? Excellence, but in terms of being rec -- you know, the recognition of tumor, tumor pathology, it was the best there was in many of these fields. And in the fields where we didn't have that expectation, I wanted to bring it in. And I didn't care if we didn't have neuropathology, I wanted the best people who knew what it looked like, because at that time, that was important. But I wanted people who were already doing histochemistry, and maybe some immunochemistry, which was a new science in those days.

Tacey Ann Rosolowski, PhD

1:15:09

So I'm getting a picture of this moment when you come in, as an institution which has done amazing things, but it's almost as if there are certain parts of the institutional culture that are not letting the institution, kind of, explode with its resources the way it has the potential to do it. And you're kind of coming in to give people that message here, you have a really unusual situation here, with all of these tumors, here's how to make your -- here's how to get your public presences even higher up.

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Frederick F. Becker, MD

1:15:41

Here's how to exploit them even better.

Tacey Ann Rosolowski, PhD

1:15:44

Yes, yes.

Frederick F. Becker, MD

1:15:46

Period.

Tacey Ann Rosolowski, PhD

1:15:46

Yeah.

Frederick F. Becker, MD

1:15:47

Now, that was in pathology, you're very wise in saying that. It was not my institutional mission yet. And although Lee had made it clear he wanted me looking around and answering him, that was not why I was hired, I was hired in pathology.

Tacey Ann Rosolowski, PhD

1:16:06

OK.

Frederick F. Becker, MD

1:16:08

It was also an unusual situation, because of my background, I served both on the clinical and the basic activity boards, because at that time, they were not unified. So I was serving a clinical purpose. And by the way, I was trained in internal medicine also, and so forth. So I enjoyed it, I thought it was a terrific opportunity. OK. I'm now going to just shift a little bit, for a little bit of time, and then stop.

Tacey Ann Rosolowski, PhD

1:16:49

OK.

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Segment 05

B: MD Anderson Past

[1:16:52] to end of session

Memories of MD Anderson and the Texas in the Seventies

Story Codes

B: MD Anderson History

B: MD Anderson Snapshot

A: Joining MD Anderson

D: On Texas and Texans

C: Experiences of Injustice, Bias

A: Personal Background

C: Funny Stories

B: Gender, Race, Ethnicity, Religion

B: Building/Transforming the Institution

Frederick F. Becker, MD

1:16:52

This is called 'where the heck am I?' First of all, in terms of the MD Anderson, I was a little overwhelmed by a couple of findings, discoveries. First, I really found it rather surprising that this unbelievably active, growing entity, with a growing international reputation was governed like a bodega, like a mom and pop store. The entire senior management, I don't mean to demean anybody, but was basically Dr. Clark, who was in charge of everything, Dr. Hickey, who was sort of managing the clinical, and to a lesser extent, the research, although more than, probably, he should from his background, but with all good intentions. And Mr. Gilley. There were four or five -- four or five thousand people. There were tens of laboratories, hundreds and thousands of patients, and that was the management of the place. And that kind of blew me away.

Tacey Ann Rosolowski, PhD

1:18:27

So there was kind of this lag time between the management and actually what the institution was?

Frederick F. Becker, MD

1:18:31

It was a mom and pop store.

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Tacey Ann Rosolowski, PhD

1:18:34

Yeah.

Frederick F. Becker, MD

1:18:35

That had grown up, was doing a thriving business, and it had begun to get in gourmet foods, but didn't change the way they had buyers, or so forth. And second of all, about the Anderson, I was really stunned if MD -- if New York University thought it was inbred, ho, ho, ho, this place was really inbred. And when you get inbred, if it maintains excellence, that's fine. But if it begins to be a slap on the back type of place, where omissions and commissions are ignored, because they're being done by the nephews and nieces, that's no good, and that's what was happening, more in research than in clinical, much more. I discovered where I was when I suddenly, incomprehensively, for somebody this smart, discovered I was in the deep South. I mean, it was a tremendous shock to me. When I looked at an internship, one of them I looked at was Johns Hopkins University? Why did I even bother, because they'd never taken an NYU student? Well, I was the -- I was Lew Thomas' fellow. I told you, they looked at it and said, oh, you're Lew Thomas' fellow. I exed them out. Why did I ex out Johns Hopkins? Because I was taken on a tour by one of their senior professors, with some students, and residents, and interns, and I suddenly realized I was on an all black ward. 1955. Segregated, Johns Hopkins. []

Tacey Ann Rosolowski, PhD

1:20:51

[].

[1:20:52]

Frederick F. Becker, MD

[]

[The recorder is paused.]

Tacey Ann Rosolowski, PhD

1:20:55

[]

Frederick F. Becker, MD

1:20:57

You became a member of the liquor pool, it cost me \$11 a month, which meant I could bring a bottle and leave it there, and be served the booze, OK?

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Tacey Ann Rosolowski, PhD

1:21:06

I had no idea that this was a dry county for so long?

Frederick F. Becker, MD

1:21:09

Until the '70s.

Tacey Ann Rosolowski, PhD

1:21:10

That's amazing.

Frederick F. Becker, MD

1:21:12

And just culturally, I wouldn't have come. Number two, oh, funny doctor's club story. When I was vice president and recruiting a very sharp scientist, he drug his wife along everywhere, which worried me. And we went to the doctor's club, which in those days, always got these managers who was trying to make -- I use this southern 'drug,' you see?

Tacey Ann Rosolowski, PhD

1:21:38

I did notice that. (laughter)

Frederick F. Becker, MD

1:21:41

Classier and classier. And he was asking for more and more at lunch, and she kept asking for more than he asked for, and she had nothing to do with his lab. OK? And finally, I said to her, I don't remember her name, so and so, look, we're not made of money. At which point, the manager of the club came over, and ostentatiously dropped the newest advance in his desire to make it posh, matchbooks with my name on them in gold. Stamped in gold.

Tacey Ann Rosolowski, PhD

1:22:13

(laughter) Talk about the timing issues!

Frederick F. Becker, MD

1:22:18

Bad timing, bad timing! If you have gold stamped matchbooks.

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Tacey Ann Rosolowski, PhD

1:22:26
(laughter)

Frederick F. Becker, MD

1:22:27
It's a true story, you can't make that up. I still have the matches.

Tacey Ann Rosolowski, PhD

1:22:30
You did? That's funny.

Frederick F. Becker, MD

1:22:31
[] In any case...

Tacey Ann Rosolowski, PhD

1:22:38
So what -- how...

Frederick F. Becker, MD

1:22:39
Wait! No, this is the crucial -- what I got to [southern?].

Tacey Ann Rosolowski, PhD

1:22:42
Oh. OK. Gotcha.

Frederick F. Becker, MD

1:22:43
We had a beautiful baby puppy, a black standard poodle, gorgeous. And we thought we'd take her to a puppy show we'd read about, my wife and I, and my little tiny daughter, over here in, oh, Fred, Pasadena! Which is a neighboring town, it's kind of a suburb of Houston, and a very charming and uptight place today. We were driving in, and she's my navigatrix, and she was telling me where to turn, and I looked up, and there was a billboard as we entered Pasadena, 1977, and it said, you can feel safe, you are in KKK country. As I crouched down behind the steering wheel, I did not feel safe at all. And it was a shock to discover how southern Texas was. You see, up there, the cowboys seemed very nice in the movies. The people are very jolly. Everyone who met with me, everyone who asked me to come here couldn't have been nicer, couldn't have been warmer, couldn't have been less overtly biased. And then I suddenly

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realized, I was in a place that was barely desegregated, only 10 years before. And if it had been segregated, we would've laughed them out of New York. I mean, we never would've considered coming here. Texas is envisioned as southwestern. It is, but it's south. It fought in the Civil War, it was heroic in the Civil War, they're still fighting it at the University of Texas. Texas A&M, this guy Perry has a confederate flag on his license plate, and that was a bigger shock than anything. And when my wife saw that, who by the way, is Episcopalian, one of the barbarian hoards of Celtics. []

[The recorder is paused.]

Tacey Ann Rosolowski, PhD

1:25:10

OK, we're back on again.

Frederick F. Becker, MD

1:25:13

So seriously, we had to reconsider the attitudes, atmospheres, and so on. My daughter was applying for one of the few preschools in the city, and a very, very posh school, which we were told she'd never get in, it was a legacy school of governors, and loyal people, and so on, named Kinkaid. At that time, there was only one preschool in this whole city. And Kinkaid was one of the two great private schools, others had just started. I might tell you, during the psychological exam, (laughter) for a two and a half year old, my daughter finally looked out the window and said are we finished, to the psychologist. And I thought, doomed, doomed, doomed. And the psychologist said, why, Bronwyn? And she said because I want to go out and play with the children. And she said, you go do that. And when she went out I said that was it, huh? And the psychologist said it certainly was, she's accepted.

Tacey Ann Rosolowski, PhD

1:26:20

That's great. (laughter)

[1:26:21]

Frederick F. Becker, MD

Yeah. Doomed, doomed, doomed. Anyhow, OK. So that was a big shock. It was a very big shock, and although I take no little credit, I helped greatly here, this area, and this city have changed miraculously in the past 30 years. We have had a black police chief, a black mayor, a lesbian woman -- lesbian woman, that's terrific (inaudible), bananas. Mayor, city council is diverse, it's a miracle. Have all of the attitudes changed, no. But they haven't changed in the north either, OK? If all of the medical schools in New York but one or maybe two were restricted in the '50s, my god. After World War II, OK. Now...

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Tacey Ann Rosolowski, PhD

1:27:36

So that became, really, one of your -- one of your many goals, was to create more of a diverse environment?

Frederick F. Becker, MD

1:27:40

Well, I'm going to end with this particular statement, and then we'll come to this juncture. Suddenly, and totally in surprise, it was announced that Lee Clark was going to retire, because he was 70 years old. Now, Lee Clark could've passed for 45. I always thought, if you fooled with him, he'd break you like a twig. That's, you know. If you talked to him, he was sharper than a tack. Then that was the rules, since then, that's been abrogated, for other reasons. I was only here for a couple of years at that time. I don't remember the exact date. It's important, because now, the person who had attracted me, who had talked to me about giving him insights in research, was leaving. And so, what was going to happen? There was no history, it was Lee Clark. We didn't know who they would pick, or how they would pick him. Him, I say, because the chances, in those days, of a woman, were pretty much like a (laughter) nevermind -- a jamboree in Pasadena.

Tacey Ann Rosolowski, PhD

1:29:05

Yeah.

Frederick F. Becker, MD

1:29:06

It was so strange that my wife and I started to say maybe I should get my name out there again. Because, when you are known, the offers don't stop, they just become inquires. Hey, Fred, how are you doing down there? So, I'll tell you how one of those went, because this will end up -- you'll have the biggest laughs of any interview. You can leave it on there.

Tacey Ann Rosolowski, PhD

1:29:39

OK.

Frederick F. Becker, MD

1:29:39

[] One of my dearest friends in New York, who had been my fellow, and rose up eventually, to be the chairman of pathology at NYU, is a living breathing Woody Allen. But for him, it's real, OK? He continued to believe that my coming here was a huge practical joke, and had warned

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me that they were going to kill me here, they were going to lynch me, because they wouldn't put up with me and my views. And we continued to do research together, and every time [I went] to New York, we'd see each other, and at meetings. So at this crucial juncture, with Lee retiring, and me not knowing where or what was going to happen, George calls me, and says well, Fred [] well, how are they treating you? And I said, George, [] I have never been treated so kindly, so generously, so warmly in my life. And he said, they don't mean it! (laughter)

Tacey Ann Rosolowski, PhD

1:31:13

(laughter)

Frederick F. Becker, MD

1:31:15

He was afraid I was being sucked in.

Tacey Ann Rosolowski, PhD

1:31:18

Yeah. (laughter)

Frederick F. Becker, MD

1:31:19

He was afraid I was being sucked in, for the lynching.

Tacey Ann Rosolowski, PhD

1:31:20

For the lynching. (laughter)

Frederick F. Becker, MD

1:31:22

In.

Tacey Ann Rosolowski, PhD

1:31:22

[]

Frederick F. Becker, MD

1:31:25

[]

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Tacey Ann Rosolowski, PhD

1:31:26

[]

Frederick F. Becker, MD

1:31:28

[]

[1:31:29

Tacey Ann Rosolowski, PhD

[]

[END OF FILE]

Frederick F. Becker, MD

Session Two: May 17, 2012

Segment 00B

Interview Identifier

Tacey Ann Rosolowski, PhD

0:00:02.1

This is Tacey Ann Rosolowski interviewing Frederick F. Becker, MD at the South Campus of Research Park of MD Anderson Cancer Center. This is our second session together. The date is May 17, 2012, and the time is just two minutes after 10:00. We just got caught up on the content of our last interview, and today I was hoping we would have an opportunity to talk about the research that you began to do when you set up your lab and initiated your research practice here at MD Anderson. Would you like to start talking about that, or would you like to talk about the vice presidency?

Frederick F. Becker, MD

0:00:47.2

No, before.

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Segment 06

In time: 0:00:47.2+

B: Building the Institution

Updating MD Anderson's Pathology Laboratories

Segment Story Codes

B: MD Anderson History

B: MD Anderson Snapshot

B: Building/Transforming the Institution

A: Definitions, Explanations, Translations

C: MD Anderson Past

A: The Researcher

C: The Professional at Work

C: Research Successes

Tacey Ann Rosolowski, PhD

0:00:48.9

Okay. Let's do the research.

Frederick F. Becker, MD

0:00:51.4

In summary, what I found when I arrived, which shows how skimpy information can be even if you think you're really good at getting it out, was something along this line. As I've said before, the morphologic pathologists in the department were world-renowned based mainly on classical pathology, which I totally admired, and the fact that this institution offers the opportunity of studying large numbers of patients even with the rarest of tumors in a relatively short period of time because it acts as a magnet for patients from all over Texas, the region, the country, and, in the current era, more and more internationally, and that precedes outreach programs, the various satellites or whatever they're called.

Tacey Ann Rosolowski, PhD

0:02:11.8

Can I ask you just for a second to define what you mean by classical pathology?

Frederick F. Becker, MD

0:02:16.6

I mean pathology based on histology, histologic analysis, smears, spindowns—called [cytospreads](#), which came along a little later—morphologic pathology, upon which medicine has been founded and still depends even in the era of molecular medicine, because the initial

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observations are made at the scope. So one of the purposes in my coming here, according to Dr. Clark, was to bring into pathology—and hopefully leach out into other areas—the combination of that type of pathology with more laboratory-oriented techniques and approaches. And that I began to try to accomplish by requiring the modernization of laboratories here, which really were, in many cases, quite primitive. As one example that you might take as almost humorous, some of the areas designated as cold rooms, which are fundamental to laboratory research, were actually butcher boxes, the boxes or rooms that butchers kept meat in at a cold temperature. And I must say they were not only quite attractive because they had these beautiful wood panels but they were effective at a minimal level.

Tacey Ann Rosolowski, PhD

0:04:12.8

So how did that happen that there were—?

Frederick F. Becker, MD

0:04:14.9

Because in the initial phases the people who purchased here—the people who okayed here—were not familiar with laboratory research, and they frequently would substitute more economical approaches. One of the big and really major obstacles was that many of the pipes that brought water to the laboratories were lead pipes or pipes that had metallic linings that leached out into the water and really inhibited research. The idea that we needed a new water system came as quite a shock to some of the people in the administrative and supportive areas. Not that they weren't supportive, but it really was news to them. And in fact, the chief financial officer, who I remember with great joy really, Elmer Gilley, began to refer to me as “Cold Room Becker” because every time he saw me he claimed I had requested the installation of another cold room. But we got along super well.

0:05:35.2

I will tell you in a little bit a story that characterizes the contract approach of Anderson in these early days of the mid-seventies. My own approach was to bring my research, which at that time was focused on chemical carcinogenesis—[hepatocarcinogenesis](#) in particular, the initiation of cancer in the liver of animals—in an attempt to understand why certain chemicals caused the progression to cancer, caused toxicity, and how this was related to human cancer not only in the liver but in other organs. And at that time, this was a hugely important area of research. It remains important, but it was truly at the fundamental level, and if my laboratory made any major contribution, I think it would be in the area of the alteration of cell division by these carcinogens and also the identification of what I would call the stochastic sequences that resulted from exposure to carcinogens, meaning that although many alterations were induced, the progression to cancer only occurred in a subpopulation of cells, and we focused on why that happened in the initial things.

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Tacey Ann Rosolowski, PhD

0:07:30.1

You mentioned that this particular area of research—the hepatocarcinogenesis—was really fundamental. Why was that area so fundamental?

Frederick F. Becker, MD

0:07:40.0

Because in the area of chemical carcinogenesis, from its very onset the changes induced by chemical agents in skin and liver were the focus of almost all the laboratories in the world. The first revelation of chemical carcinogenesis was in the 1800s when it was described that the chimney sweeps in England, who were young boys actually, developed a very high incidence of [scrotal squamous cell cancer](#). And it turned out that was due to their constant exposure to the tar-like substances—the carcinogenic substances—caused by the burning of coal, and when they cleaned out the chimneys they were exposed to this constantly, and bathing was not very prevalent. And liver was the other [site] because when carcinogens were given to animals—mostly mixed in their food—liver cancer was the result in the majority of cases, so skin and liver were two of the major thrusts.

0:09:08.7

In addition, I tried to instigate research expansion by bringing in, number one, a group of very excellent fellows who had pathology training and, in many cases, some research training and wanted more, and a few faculty members whose focus, while still pathology, really were more interested in their laboratory studies than in solely doing anatomical histology or histopathology. And we tried to increase the excellence and modernity of the supporting laboratories, the histopathology labs, and so forth. You have to understand that this was at the end of the great initial era instigated by Lee Clark, so it was actually quite amazing that this much had been accomplished, these labs had been built, and the attempt at research had been instigated while they built a clinical entity which was already world-renowned. It was at the end of the first era, and Lee Clark, who was a charismatic giant, was the sole contributor. He was one of the most amazing people I have ever met.

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Segment 07

In time: 0:10:48.3

B: Building the Institution

Building Research and Facilities under Charles LeMaistre

Story Codes

- B: MD Anderson History
- B: Growth and/or Change
- B: Institutional Politics
- B: MD Anderson Snapshot
- A: The Researcher
- B: Gender, Race, Ethnicity, Religion
- C: On Texas and Texans
- C: Contributions, Gifts, and Donations to MD Anderson
- C: On Texas and Texans
- B: Institutional Mission and Values
- B: MD Anderson Culture

0:10:48.3

Now rather surprisingly, Lee Clark then retired. First of all, it turned out he was 70. He looked 50, he acted 50, he moved 50, and he was such a dominant feature of this institution and national and international cancer efforts that it was almost inconceivable that this place was going to be without Lee Clark. There then ensued a very crucial point in the development of MD Anderson, and that was the search for the new president—someone who had the experience and knowledge about cancer and medicine—but we needed someone with really major administrative capabilities as well because I coined this phrase, “This was a mom and pop store that had become a [Rice Market](#)” and was still run by two or three people and needed a tremendous expansion of administration and so on to keep up if we were going to have continued almost exponential growth. And the person that they picked was Mickey [Charles A.] LeMaistre, an extraordinary pick because he was the chancellor of the university but a person of vast administrative capabilities in medicine. You’ll hear about things he was involved in. He was the person chosen by the previous chancellor to develop a plan for development of medical schools in this state, and he was the chairman of the United States President’s Commission on Smoking and so on and had vast administrative experience with a medical background. I think he had been chancellor for about seven or more years, but he had been in administration a long time, and in my conversations with him he told me he really wanted to get back to medicine, and this was a remarkable opportunity. It took a little bit of manipulation because he was the chairman of the search committee for the president. And so when this was brought up to him, he took himself off, recused himself, and he was rapidly appointed. And it was a remarkable choice.

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0:13:49.3

As usual, when you appoint a new president, there's a certain percentage of the faculty who immediately have a thousand reasons why he's the worst choice in the world. But he actually was the best choice in the world. And what he did was he knew this place because every appointment, etcetera, had to go through the chancellor's office. So it wasn't as if he was walking in—and secondly, Lee had been in close consultation with him for many years about plans because, again, the chancellor had to approve it. And within a very short period of time, Dr. LeMaistre—or Mickey, as we all knew him—recognized that what was needed here was an administrative structure commensurate with the demands of the institution and further impetus towards research-based medicine and research itself. There was a great deal of research in the clinical areas, much of it based on patient research, and it was famous for that already, which was amazing. But he saw this, and so what Mickey did to instigate this was to create positions at the administrative level that didn't exist before, or if they did, they weren't very recognizable.

0:15:48.6

In addition to a vice president for patient care, a vice president for finance, a vice president for hospitals—meaning the administration of the hospital—he called me in and said to me that he would like me to consider a new position that he was establishing for the foundation as vice president for research wherein I would be in charge of overseeing the total research activities. That meant basic research, as we call laboratory research, and clinical research, as we identify research that's focused on the patient. And he gave me a certain amount of time to think about it and to bring to him a proposal of what I would want—not personally, necessarily, but what power I would have, what goals we would agree on, what prerogatives. I gave it a great deal of thought because I was quite happy in my position, and I was concerned that my research might be harmed by it. So I tried to establish it in such a way that the position would be associated with a certain amount of additional laboratory support, that my office as vice president would be in a location commensurate with these various activities, and that I would have a staff which, to be perfectly honest, would be almost amusingly small compared to the least administrative position in the institution today.

0:17:57.8

And one sidebar which I always think is amusing is that as soon as these four or five vice presidents were established, the faculty began to complain that the administration had grown too big, too heavy, and too complex. Today when the number of vice presidents can't be held in storage by our massive computers and associate vice presidents and vice vice presidents and their staff, I find that memory somewhat amusing. And we were called by a consultant "silos," too many silos, as if we couldn't speak among the four of us. But that's history.

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Tacey Ann Rosolowski, PhD

0:18:56.6

So when you were thinking about Dr. LeMaistre's quest to get this plan together, what did you come up with? What did you have in mind for the institution and also to preserve your own research?

Frederick F. Becker, MD

0:19:13.9

To preserve my own research was both simple and complex. First of all, I required some laboratories near where I would office. That was easy because we had created a couple of suites of laboratories prospective for recruiting. More than that, I wanted the ability to pursue an increase in our research facilities because most of them were limited and older, which meant fundraising at a very substantial level—not commensurate today but in dollars probably. I wanted the ability to recruit outstanding scientists from wherever that fit our goals for research, and that meant creating professorships, support, financial mechanisms, and so on. The most important thing to me was that I had the freedom to recruit from anywhere anyone that had the credentials and the proven capabilities. Now what does anybody mean? It means women. There were almost no women faculty members, no less leaders. There were no leaders. We had almost no—I guess the current term is African Americans. The faculty was very geographically limited, and there was, at that time, an overwhelming Southern attitude.

0:21:27.4

If I should tell you anything, I can tell you that personally one of the big surprises of my life—it didn't quite make me humble but moved me towards that—was my surprise of my image of Texas compared to Texas. I never thought of Texas as Deep South, and it was very Deep South when I got here. Segregation had only been overturned ten years before. We sometimes say humorously, even worse than that, it was dry. You couldn't buy whiskey or wine. And on one trip to a neighboring small city, Pasadena, my family and I passed a billboard that said, "You can feel safe. You are in KKK country." And at that point, some of my family voted to return north as quickly as possible. And the change in the city and the area has been revolutionary since we have had an African American mayor and now have a woman lesbian mayor. It's incredible. But at that time, this was a very big shock. You may be amused, but I said to Mickey, "If I want to recruit a polka-dotted, hermaphroditic, Venusian geneticist, that's it." And he gave me his word, which he kept without hesitation. There were people on the administration and certain chairmen who had trouble with this concept. And I have to tell you—you may not include it—after recruiting one of the most outstanding geneticists in the country, [Benoit de Crombrugghe](#), who you will hear about, from the National Cancer Institute—Belge, one of the finest people that I've ever met in my life—one of my colleagues in administration said to me, "Now Fred, I'm sure that Dr. de Whatever-That-Is is a great guy and a good scientist, but can't you recruit anybody

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named Smith or Jones?” And I said, “Joe, I haven’t found one smart enough.” They didn’t ask me that too many times.

Tacey Ann Rosolowski, PhD

0:24:19.0

Why were you so committed to bringing in more diversity to the institution?

Frederick F. Becker, MD

0:24:25.2

I have to be honest with you. The diversity was secondary to excellence. In other words, it was the reverse. I didn’t want to be limited if I found a marvelous woman scientist or administrator or leader. I didn’t want to be limited not to approve her because she was a woman. So it wasn’t that. It was the flip side. And I have to tell you [] that as far as I know, I recruited the first woman chairman [] in the entire University of Texas, and that was Margaret Kripke, who became my successor. And if she wasn’t the first in the whole university, she sure was the first here or in most places. And years later I recruited or supported the recruit of [] Frank, who became the head of pediatric research, and he was a black. Brilliant, wonderful man, handsome. The head of diversity here for all these years, Lovell Jones [oral history interview], who just won a major award for his work in diversity, came to me. We were very close. We worked very closely together, so we had a kind of brotherly relationship. He said to me, “Dr. Becker, I bet you’re boasting about recruiting the first African-American chairman.” And I said, “Yes, I am, Lovell.” And he said, “Well, it’s all wrong. He’s African African.” I won’t tell you what I said to Lovell. Frank was born in Africa, which I thought was the funniest comment of all time. And Dr. LeMaistre, who is from Alabama and spent his life mostly in Texas, supported that without a single resistance, which I think aided us in creating this place.

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Segment 08

In Time: 0:26:45.9

A: Building the Institution

Creative Administration and Active Fundraising

Story Codes

- B: MD Anderson History
- B: Building/Transforming the Institution
- B: Philanthropy, Fundraising, Giving to MD Anderson
- D: On Philanthropy and Volunteerism
- C: Contributions, Gifts, and Donations to MD Anderson
- C: On Texas and Texans
- C: MD Anderson Past
- B: MD Anderson Snapshot
- B: Institutional Mission and Values
- B: MD Anderson Culture

Frederick F. Becker, MD

0:26:45.9

So we started off then. I had a staff of about 4 people, but they were fabulous people. One of them, Julie Collins, became a one-person facility planner and the most creative person we've ever had in the world. For example, when the Vice Chancellor for Health Affairs told me that we couldn't build another building, we had just too many buildings going on, Julie created the idea that we would buy a building as a piece of equipment, and that's the MOD Building, which is part of the Smith Building Center here on the South Campus. She was the one who created and designed the open labs that we now use and the mobile bench. So my staff was small, but it was fantastic. And in fact, in later years when people took one part of what we did and had 100 people, I always thought they were at a great disadvantage, and so did the faculty, because you couldn't get an answer in ten minutes, and we could because we had only three or four people.

0:28:20.5

Let me just go on and tell you a few of the things that Dr. LeMaistre and my colleagues did. The Board of Visitors is a whole epic in itself. These people are fascinating, because being a part of the University of Texas, our governing bodies are the regents and the legislature bodies, so we can't have a board of directors or trustees like private universities have. But Dr. Clark created the Board of Visitors, extraordinarily distinguished people from around Texas and elsewhere in the United States—possibly today from elsewhere in the world—who advise us, who raise money for us, who support us politically, etcetera. Extraordinary group. [So] we had a Board of Visitors

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group raising money for buildings, but the most fascinating was the Board of Visitors group that I headed to create professorships. This institution had no endowment partly because, being a state institution, you have to get it legislatively created. So we did not have funds to offer new faculty named professorships with income. One of the committees that I headed from the Board of Visitors was in pursuit of these professorships, and one of the people that I worked with, which was extraordinary, was a person named Boone Pickens, who is now more famous for endowing the football team and stadium at Oklahoma State but who has given us fifty million dollars for the Pickens Building and is a very creative thinker. The other member was named Charles Haas, who was the president of El Paso Gas or something. Marvelous man. Fantastic. I always appreciated his Christmas cards because the Christmas card had one of his impressionist paintings on the card. Boone and I got along really well, as I did with almost everybody who was inherently Texan or Oklahoman. He asked me how we were going to raise money for professorships and I said, "The ladies are planning a gala." And Boone Pickens said to me—this is thirty-some odd years ago—the following: "Well, Fred, the men who make those funny dresses in New York are going to make a million dollars from that, and the band and the caterer and all those people are going to make a million dollars from that gala, and MD Anderson is going to end up with \$5.78." He said, "If I brought down two independent oil people and you walked them through the pediatric ward, they'd write you a check for a million each." And he did.

Tacey Ann Rosolowski, PhD

0:32:05.5

Wow!

Frederick F. Becker, MD

0:32:07.3

Oh yeah. He's been a tremendous supporter. So we began to create endowed professorships, chairmanships, which have now blossomed. If you go up on the eleventh floor, you'll see all the plaques naming the people and who received them. And when you receive an endowed professorship or chair, part of the income from that endowment goes to support your research and represents a marvelous degree of freedom in how you spend it as against the details in a grant and the delays. I don't know how many we have. You should check on that. I think we have literally maybe hundreds of professorships and chairmanships. And they're graded. There's Distinguished, Endowed, and so forth and so on based somewhat on the amount of money, all of this with the approval of the Board of Regents, of course. Their award was very important. So we really were starting at the very beginning.

0:33:22.5

In addition to the professorships and so forth, people were amazingly generous in money, and we began to build new research facilities: a basic research facility, a clinical research building,

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buildings up in the north part where we have our animal veterinary research, and Smithville, the so-called Carcinogenesis Center. We put considerable money in. And this was all on the generosity of our donors since we do not get money from the state to build. As far as I know, this still occurs—that is, to build a building, we have to raise the money either from our earnings or from donations, maybe the pinnacle of which is the money that Dr. Mendelsohn got from the sheik—who I can't pronounce—to build a huge new building. I might say that one of the things my administration did was to recognize, with Mickey's total support, that this so-called South Campus was, if you will, a tremendous resource of space. How correct that was is evidenced by the fact that there are now six or seven major research facilities—including the photon treatment plant—and the fact that our newest president's research labs are in a new building on the South Research Campus or Research Park.

0:35:22.9

There's a limit to how far I can go on this, but I'll go this far. To give you an idea how creative we had to be in the early days, the university had decided that they were going to create a kitchen—a gigantic food preparation center—on the South Campus and that this place would make up to 50,000 meals a day to be distributed to the various hospitals and medical schools from Galveston to Houston. It became known by some of us as the “kitchen of the Jolly Green Giant.” Huge mixing bowls, a microwave that could cook half of an ox, and a freezer that could contain 50,000 frozen meals on a mobile platform. The problem was that none of it worked. There wasn't the expertise that, for example, an airline has in making its meals. They didn't really think of the distribution. And so after a while, the “kitchen of the Jolly Green Giant” stood empty and unused until I proposed to Dr. LeMaistre that we buy it for a dollar. Dr. LeMaistre was the prince of dealing with the Board of Regents. He had dealt with them as chancellor. And off he went. I don't know how much money we paid for it. It did take a great deal of money to alter it because there were features of it—like inadequate drainage—that had to be done. But with the support of the facilities planning people, Julie Collins, and myself, that became the R.E. “Bob” Smith Building for Research, the first of our buildings on the South Campus, and the facilities that made it possible for us to recruit two of the most outstanding researchers ever, Margaret Kripke in immunology and Dr. [Isaiah J.] Fidler, probably the premier tumor biologist in the world and probably the most contributory tumor biologist in the past thirty years. His contribution and so on I'm sure you will cover. So these were two of my very first recruitments. And to say the least, there's not been a day where I was disappointed. Their labs were put in the Smith Building. Actually, there were some people who said, “It's too distant. There's no way to get there. How can we share? Will they come up on the main campus?” But funny as it may seem, there were some people who really enjoyed the separation from all of the tumult of the main campus. And in fact, when Dr. LeMaistre recruited Dr. Charles Balch as the head of surgery in that same period, Dr. Balch's request was to have his labs in the Smith Building near to Dr. Fidler.

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Tacey Ann Rosolowski, PhD

0:39:23.8

Did they collaborate?

Frederick F. Becker, MD

0:39:26.0

To a certain extent. But later on, in what is an interesting story, the young head of the Department of Urology, Dr. Andy von Eschenbach, who would go from that position to the head of the NCI and FDA, came to me with Dr. Fidler and said, “Fred,”—I allowed them that—“we would like to create a new program here in which clinicians in training would spend a minimum of six months, or perhaps more, in Dr. Fidler’s lab training in urology at that time, and they would be supported while they did so.” And I thought that was a fantastic idea and—you’ll laugh when you hear it—I gave them the magnanimous sum of \$50,000, which today is somebody’s weekly salary, and so the clinical fellowship program began. And evidence of its success would be that Colin Dinney, the current chairman of urology, was one of the first fellows in that program. Another outstanding product of that program was Dr. Lee Ellis, who is professor of surgery. Both of them are not only involved in first-class clinical practice but in first-class research.

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Segment 09

In Time: 0:41:18.0

A: Building the Institution

Establishing Research Excellence; Lack of Space and Expanding to South Campus

Story Codes

- C: Controversies
- B: Institutional Politics
- B: Growth and/or Change
- B: Institutional Mission and Values
- D: On Research and Researchers
- B: MD Anderson Snapshot
- A: Overview

Tacey Ann Rosolowski, PhD

0:41:18.0

Can I ask you a question here? Because it seems like there are a couple things going on. On the one hand, you're working really closely with Dr. LeMaistre with this sort of grand initiative for institution building—making a quantum leap, basically, in the size and complexity of the institution. And then at the same time you're also really, really responsive, as you were to these individuals who came to you with a creative idea of their own, and then you're giving it the stamp and saying, "Yeah, run with it." So what was your grand plan or the plan that you shared with Dr. LeMaistre? And then how did you move back and forth between these moments of creativity through that grand plan?

Frederick F. Becker, MD

0:42:08.0

The underlying thought or plan was to build a critical mass of laboratory-oriented research not only in the basic, as they were called, laboratories or research departments but also in the clinical departments and then to make the corridors of communication and shared research free—open them up. For example, we had to make certain that if someone was going to be recruited into a clinical department but as a research scientist that the level of their excellence was that which would have given them a position in a pure research department so there would be no putative competition and concern about the levels of excellence, and that's very hard to create. So the approval of basic research scientists—lab scientists—going into clinical departments, which was part of the plan, to create positions in those departments—the approval was by the same group that approved those recruitments into what were called basic research departments.

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Tacey Ann Rosolowski, PhD

0:43:43.9

Was that at all controversial?

Frederick F. Becker, MD

0:43:45.9

Ha! (scoffs)

Tacey Ann Rosolowski, PhD

0:43:49.9

Tell me about that. (chuckles)

Frederick F. Becker, MD

0:43:51.0

In plain language, clinicians don't like to have anything they do judged by non-clinicians. So if they felt someone contributed to what they wanted to do in the department, they had to be convinced that the person needed to be approved by others to make sure that the level of science was homogeneous. And you do that by two methods: one, by discussion, explanation, and by dictating, by dictatorship. And in these early days that was sometimes necessary.

0:44:44.7

In a similar manner, to establish some criteria from the outside, I established, with Dr. LeMaistre's support, an external advisory board made up of some of the outstanding research scientists and clinical scientists in the world—but mostly in the United States. They would come at least once a year as a group, and more often subgroups, to review the plans that I thought were interesting or possibilities for the place before I presented them to Dr. LeMaistre. They also came once a year, at which point we had faculty members present to them, and we also frequently would run potential recruits—their credentials—through the appropriate people on that board. If we were thinking of recruiting a chairman of biochemistry, I had at least two people on that board who would review the credentials or, probably in some cases, had recommended someone to me. This gave us an outside which we had never had.

0:46:21.6

I have to tell you that when I took this new job, [the level of] laboratory research here was enormously inhomogeneous. We had some scientists who at any level would be considered first class, but they were not the majority because the basic science departments—I'll focus on them—were terribly inbred. People who came as predoctoral students were now full professors, and so there was sort of a buddy system in promotions and raises and so on. Very, very strong and very protective. The difficulties in getting rid of some faculty or—let's use a better term—weeding the garden was based on the input of the external advisory board, on a group of people

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within the institution that I highly respected and became my advisors, and the support of Dr. LeMaistre, because there were many legalities about this.

0:48:04.3

I won't go into the tenure system here because it's a wonderful system, I think, and has changed over the years. But fortunately, it was not a lifetime tenure system. It was a seven-year rollover system that Lee Clark reluctantly accepted, and it helped us. When we evaluated someone as not really meeting our standards, we could ask for input not just from some homegrown or friend of a friend but from scientists that had nothing to do with MD Anderson but were expert in the field.

Tacey Ann Rosolowski, PhD

0:48:50.6

It does seem really just practically and politically very savvy to have that external advisory board.

Frederick F. Becker, MD

0:48:55.7

It was vital. But I will tell you, some of the most vicious fights that occurred had nothing to do with recruiting new people or building buildings or establishing new criteria for in-house funding, which I'll get to in a minute, but was the almost what I would call musk-ox response of friends and associates who would gather around that faculty member and exert enormous pressure every way they could to keep them from being released. []For example, one of the things that I noted—and so did my external board—was that a number of scientists here and some clinical researchers as well had never had a grant or didn't bother to compete for grants or had very few grants, but their research was supported almost entirely by external funds, donations, and the funds were divvied up by those people who often formed a defensive posture. And by the way, none of my new faculty, none of my advisors, had ever heard of anything like that. So if a faculty member hadn't published anything of note or in any noteworthy journal and didn't have any significant outside funding and had been supported by in-house funding—sometimes for ten years—those were criteria which allowed us to identify people who weren't doing so well.

Tacey Ann Rosolowski, PhD

0:51:05.3

I was going to ask you what the criteria were for excellence.

Frederick F. Becker, MD

0:51:08.7

That's it. Those were among the criteria.

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Tacey Ann Rosolowski, PhD

0:51:12.3

What were some of the others?

Frederick F. Becker, MD

0:51:14.5

We would read whatever papers they had published, not looking at the journals like they do today with impact [ratings] but to get their work to people in the field and ask how significant this contribution was. We tried every way possible to be fair. We didn't want to lose a faculty member whose work would then turn out to be extraordinarily imaginative or new or so forth, because that I prize above almost everything else.

Tacey Ann Rosolowski, PhD

0:51:52.8

Yeah, because sometimes with creative ideas they do start out slow and—

Frederick F. Becker, MD

0:51:59.2

And they can't get funding and so on. So their work was also reviewed, and if they hadn't published it, they had the prerogative of writing it up for me to have people review. We did not want to be unfair. But interestingly enough, talking about human nature, it was usually the people who were judged to be the least creative, the least productive, etcetera, who fought the hardest against being released with lawyers and this and that and suits and so on. Usually we didn't actually have a lot of trouble because we worked so hard to make sure we were right.

0:52:46.4

So this changed the milieu here. The people we brought in were used to raising their own money and thought what we gave them as supplemental money or recruitment packages was more than generous. They were []happy most of the time. And therefore, there was a considerable turnover of faculty and actually without significant trauma. It was more wailing and gnashing of teeth and so on. In a few cases it led to legal actions. We never lost one, by the way, as far as I know. Never lost a single case.

Tacey Ann Rosolowski, PhD

0:53:34.0

Interesting.

Frederick F. Becker, MD

0:53:34.7

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Yes. So that opened [] the raising of funds, the raising of endowments, the creation of new facilities, gave us a tremendous impetus towards being able to recruit people who previously might not have thought to come. One of the hardest things I faced was to get the ball rolling. There were many, many people I would approach in terms of recruitment who said, “MD Anderson? Does it have any research, blah, blah, blah?” Snobbism, which still exists actually.

Tacey Ann Rosolowski, PhD

0:54:21.1

Really?

Frederick F. Becker, MD

0:54:21.8

Oh, my gosh. I’ll tell you an off the cuff story after. You can determine whether you want it in or not. Every time we were able to recruit a new chairman, which was my primary [aim], that new chairman was able to recruit brilliant young people because that person was known. So Dr. Kripke and especially Dr. Fidler began to recruit outstanding people. For example, I was able to recruit [Dr. William Lennarz](#) as the first new chairman of biochemistry and molecular biology. Dr. Lennarz was internationally known for his work on [glycoproteins](#), and Dr. Lennarz began to recruit young people of enormously great potential. I’m going to get to that story in a minute.

0:55:30.0

Interestingly enough, we’ve recently enjoyed the appointment of Dr. [Ronald A.] DePinho, our new president, to the National Academy of Sciences. And in a blog about it, we were slandered by someone who said, “This is the first time they’ve had anybody in the National Academy, which is why their basic research has been thought of as secondary,” or poor—whatever the word. I’ll tell you about my note to Dr. DePinho after the thing is off. The point of it is that Dr. Lennarz was elected to the National Academy here while he was chairman and promptly received all kinds of offers, and because of some personal pressures to go back to the Northeast, he accepted an enormous job offer at Stony Brook, but he won his National Academy here. Interestingly enough, one of the people he and I had recruited, Dr. Eric Olson, a brilliant, productive biochemist and molecular biologist, had a chairmanship here and terrific laboratories but suddenly accepted a job at Dallas Southwestern and was elected to the National Academy a very short time later. Dallas had six or seven members of the National Academy. Dr. Jim Allison, who was up at Science Park, a young investigator, discovered the [T-cell receptor](#), one of the fundamental findings in immunology, and then came to talk to me about the fact that he really wanted to have more laboratories and more support, which I offered him. But unfortunately, he was immediately offered a job by University of California at San Francisco, which he took and was elected to the National Academy shortly thereafter. So we have had National Academy members. They’ve just been recruited away either shortly before or shortly after. And without a critical mass, it’s hard to get the support from outside.

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0:58:10.2

Over the next years, we built a number of buildings—many hundreds of thousands of square feet of brand-new research space. In terms of research facilities, we then began to plan for the South Campus. The first building, which is called SCRB 1, is the building appended to this building. And that was maybe the last major contribution of myself and my staff of thinking of putting a research building down here and creating one with open laboratories.

Tacey Ann Rosolowski, PhD

0:58:52.9

What does that mean, open laboratories?

Frederick F. Becker, MD

0:58:55.2

No walls.

Tacey Ann Rosolowski, PhD

0:58:55.8

Okay. And what's the advantage?

Frederick F. Becker, MD

0:58:59.4

Flexibility. In the old days, every time you recruited someone they said, "I can't use a lab like this. I need more open space." You had to tear out walls. Very costly. Air conditioning is regulated by the NIH, etcetera. Now you said, "Okay, this is yours, even the benches," as I said Julie invented. There were some people who didn't like it for trivial, petty, personal reasons but as far as I know—and I'm not in that circuit anymore—most people really like it. They liked it enough to build a matching building, SCRB 2, that you're sitting in right now and then SCRB this, that, and the other. And the president chose to have his labs in one of these buildings so clearly—

Tacey Ann Rosolowski, PhD

1:00:00.8

Why do you feel that the buildings here in Research Park were a major contribution? What is it about that?

Frederick F. Becker, MD

1:00:07.8

Oh, because there's almost a standing joke in the Medical Center—that which is called the Main or North Campus—with Baylor and University of Texas Medical School. The standing joke is

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the only people who can't get in are the patients. It's one of the most compressed areas you've ever been in. You should see it. And so there's no more space to build. If there is, it's always up, and that compresses it even more. Here we're hundreds of acres—I think 150 acres—and then we bought some more from an armory that was sitting there doing nothing, so now we put the photon treatment center on the South Campus. SCRB 2, 3, 4, and 5 are on the South Campus. It's breathing room. In an older city like New York or Boston, it would be a hundred billion dollars' worth of land. And we own this—the University of Texas but in our name. I made a joke that I took the wrong shuttle to get back here, and we turned left at Baton Rouge. (laughter) It's just opened up everything, and there are plans for more and more. It does need more communication and more connection, but that will surely come.

1:01:57.1

So in the years with Dr. LeMaistre, enormous construction of research facilities, tremendous recruitment of faculty, tremendous endowment increases, heightened sharing with the clinical departments, and what I hope to instigate, which is now called translational research. To me it was simply research that could—if something was discovered in a basic lab—translate to the clinical. And the fascinating thing about modern research—current research—is there's no end, apparently, to what was discovered in the basic labs that now have clinical application.

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Segment 10

In Time: 1:02:46.0

A: The Researcher

Four Areas of Research

Story Codes

A: The Researcher

A: Definitions, Explanations, Translations

C: Professional Practice

A: Influences from People and Life Experiences

A: Personal Background

C: Discovery, Creativity and Innovation

A: Overview

A: Contributions

C: Research Successes

1:02:46.0

One of our researchers—forgive me, but I think it was Richard Behringer or someone else—McKay or something like that—in biochemistry and molecular biology was working on something called “[sonic hedgehog](#),” which sounds like a very fast little thing with spikes, but it’s a gene. When he came and was working on this, it took all my guile to convince people that that might have some clinical application, and now it’s one of the key genes being studied in cancer biology.

Tacey Ann Rosolowski, PhD

1:03:31.1

What does it do?

Frederick F. Becker, MD

1:03:32.4

In some cases it seems to stimulate the laying down of collagen, which entraps tumors but also makes them much harder to treat. That’s just one of its many, many things.

Tacey Ann Rosolowski, PhD

1:03:48.7

What was it that you saw in the early research that convinced you to support him?

Frederick F. Becker, MD

1:03:53.5

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It was imaginative. It had some basics to it, something fundamental in the way he saw it. We were in the babyhood of genes, remember. You've got to remember; when I started we were in the babyhood of computers. So things have become enormous. Let me go back a little bit because you asked about my research. My research has made contributions as follows. First, a vignette. Before I returned to NYU as a faculty member, I spent two years in the Navy at the National Naval Research Institute in Bethesda, Maryland, as part of my military. That alone is worth a book and actually has been written up in a book called [Dr. Folkman's War](#) about Dr. Judah Folkman.

Tacey Ann Rosolowski, PhD

1:05:24.1

I think you mentioned last time the funny way that you met him during this period.

Frederick F. Becker, MD

1:05:29.9

Yes. The first day there was this tall kind of drink of water, and we both reported at 7:00 AM to the National Naval Research Institute, and the man on duty—the chief petty officer—said, “What are you doing here?” and told us to go have breakfast because no one worked that early. And that's how we met. In any case, I just regaled a large number of pathologists with this story that we were working secretly because the Navy let us work on military research, but anything else had to be done on our own in the basement. We were working on how tumor cells grew and spread and had developed a remarkable [apparatus] where we were able to support rabbit thyroid lobes in vitro in a perfusion chamber and planted mouse tumors in them. Then we could actually watch them and measure them growing and detect any cells that came from them in the perfusate. To make a very long story shorter, we were surprised that our tumor nodules grew to about one to two millimeters and stopped growing, but they were viable. How do I know they were viable? Because I'm a pathologist, and I looked, and the cells were perfectly all right. And we were absolutely stumped until I decided one day that there was something funny about them. They had no vessels. They couldn't vascularize. Judah then realized the importance of tumor vascularization, and when we left the Navy, he spent the rest of his life creating the field of [tumor angiogenesis](#), a gigantic contribution. I counseled him but did not involve myself in that. Maybe a bad choice, maybe not, but it was a perfect example for young pathologists how we can contribute at every level. A simple observation led to the field of tumor angiogenesis.

1:08:00.3

My second contribution; [] I began studying the methylation of DNA in the seventies [] and in 1979 [] published the first paper in the world on epigenetic changes in precancer and cancer, a finding of enormous fundamental interest because today [epigenetics](#) is up there with genetics [as a subject of interest].

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Tacey Ann Rosolowski, PhD

1:08:49.4

Would you describe what that is and why your observation was so significant?

Frederick F. Becker, MD

1:08:54.5

Yes. Until then, all of what went on in a cell, and especially in a cancer cell, was thought to be the result of changes in the DNA—in the genome. Earlier papers on other organisms had suggested that the methylation—the placement of a methyl group or the removal of a methyl group—might modify gene expression. Since it did not involve changing the gene system, it was called epigenetics. In other words, parallel but not genetic. Today there are dozens and dozens of ways that have been discovered to modify the gene that are not genetic and hundreds and hundreds of papers trying to alter these epigenetic controls in treating cancer and zillions of other diseases. But actually, my lab was the first to describe it in cancer that there was a change. I'm telling you that with some pride.

1:10:30.5

The rest of my research has involved biophysical changes in cells, which may let us separate cells one from another, and more recently—ten years—on a compound that was developed in my lab I designed that seems to have antitumor properties, but that's hard to prove sufficiently to get it off the ground.

Tacey Ann Rosolowski, PhD

1:10:57.7

What is the name of that compound?

Frederick F. Becker, MD

1:10:59.6

TX-262.

Tacey Ann Rosolowski, PhD

1:11:03.1

And what does it seem to do?

Frederick F. Becker, MD

1:11:06.9

We don't know. We're trying to study it in a molecular, but it seems to kill pancreatic tumor cells—even the ones that are resistant to every other agent. But the leap from that finding to getting people really interested is quite an enormous leap—and justifiably so.

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Tacey Ann Rosolowski, PhD

1:11:30.9

Could I ask you about the [dielectrophoresis](#)?

Frederick F. Becker, MD

1:11:34.8

(chuckles) Why?

Tacey Ann Rosolowski, PhD

1:11:36.2

Why?

Frederick F. Becker, MD

1:11:36.7

Yes. It's very complicated. It's a bioelectronic mechanism that recognizes differences in the electronic characters of the cell surface. And so by manipulating the bioelectrical exposure of cells, you can separate them based on these characteristics and the cells remain viable. The reason that's interesting is it means you don't have to use dyes, antibodies, magnetic things, or anything to do that.

Tacey Ann Rosolowski, PhD

1:12:17.1

So the process has no influence on the cell at all.

Frederick F. Becker, MD

1:12:21.1

I won't say that, but the cells are viable and you can grow them; and therefore, if you can isolate, for example, [circulating tumor cells](#), you may be able to test them for their similarity to the primary tumor and the metastatic tumor and therefore predict how you might be able to affect the metastatic tumors, which are generally resistant to any therapy.

Tacey Ann Rosolowski, PhD

1:12:48.5

How did you begin to study in this particular area?

Frederick F. Becker, MD

1:12:56.9

I had a young woman postdoctoral fellow who got her PhD at MIT—this was many, many years ago—in electronics and fluidics. She moved to Texas, and one of her mentors recommended that if she wanted to know more about medicine and especially cancer she seek a job with me, which

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she did. She became really quite family. We noticed certain changes and published certain changes in cell configuration when you altered the electrolytes they were suspended in, which seemed to suggest that there might be some bioelectrical component to how their surfaces reacted. And we, through intermediaries, were referred to the laboratory of [Albert Szent-Gyorgyi](#), Nobel Prize winner for the discovery of vitamin C, one time president of Hungary, one of the great resistance fighters in World War II—one of the extraordinary people of our world. He had a laboratory at Woods Hole, Massachusetts. Dr. Szent-Gyorgyi, who was one of the most receptive people of all time, said, “Come up. Bring your cells. Do that.” So we did.

Tacey Ann Rosolowski, PhD

1:14:45.4

What is the name of the young woman who—

Frederick F. Becker, MD

1:14:47.7

Chunan Li, who I might tell you now is one of the world’s most recognized and respected teachers of tai chi and Buddhist meditation and an advisor to the Dalai Lama. I’ve had all sorts of interesting [people].

Tacey Ann Rosolowski, PhD

1:15:13.6

That’s an interesting pathway.

Frederick F. Becker, MD

1:15:16.0

I won’t go into that. That’s another book.

Tacey Ann Rosolowski, PhD

1:15:21.1

You were saying you were invited to Woods Hole.

Frederick F. Becker, MD

1:15:22.8

So there we were in Woods Hole wandering around, and the person we initially thought we were going to work with was not in Dr. Szent-Gyorgyi’s lab. And it turned out, when he actually described what he did, I realized there was no way it could be applicable to cancer cells for a lot of reasons and almost incidentally was introduced to the people in Dr. Szent-Gyorgyi’s laboratory who were studying the reaction of cells to changes in electrical current but in a very hard electrical current called dielectrophoresis or DEP. Both of them, by the way, had been trained at University of Wales. Dr. Szent-Gyorgyi was one of the most receptive people in the

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world. They were both geniuses of bioelectronics, so we got together and began to do some research, one of which was published in the PNAS. They thought this was a wizard idea, and to make a very long story short, Peter Gascoyne, who is now a professor here in diagnostic imaging—the physics department—when Dr. Szent-Gyorgyi's lab was finally closed—he was in his nineties—Peter came to me as a research fellow. We set up a research laboratory to study the bioelectrical characteristics of tumor cells and normal cells. He's been here since, and he's now a professor. All of that research, which is very productive, has led to instrumentation that seems to be able to separate tumor cells from non-tumor cells and a whole group of applications.

Tacey Ann Rosolowski, PhD

1:17:33.2

Tell me a little bit about your collaboration with Dr. Gascoyne. What is it that made you able to work together so well?

Frederick F. Becker, MD

1:17:43.9

We are both receptive people, if you look for the single characteristic. He is extremely humble—excessively so. I haven't been able to beat it out of him. I have no humility. Both of us love to learn, both of us love to create, and so over the years as he became a better and better biologist—to the point where he's extraordinarily knowledgeable and extraordinarily creative and recognized all over the world for his inventions and use of bioelectricity—I have fumbled along learning a good deal about biophysics and electricity and electronics—not in the sense of his magnitude of knowing technology, mechanics, construction, creation of new devices, but I'm the one who can frequently see how the effect on or with tumor cells or normal cells might be applicable. So it's a perfect relationship. He's humble, generous, kind; []. I'm very kind and generous, but we make a perfect pair. I have not been able to turn him into a first-rate gunfighter yet.

Tacey Ann Rosolowski, PhD

1:19:33.2

(laughs) But you still have hopes, clearly.

Frederick F. Becker, MD

1:19:34.5

I have great hopes. You could ask him that. We have a very familial relationship which, by the way, also includes yelling and screaming, so it's been very productive.

Tacey Ann Rosolowski, PhD

1:19:51.3

When did you begin to work on the dielectrophoresis machine?

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Frederick F. Becker, MD

1:19:55.8

Twenty years ago.

Tacey Ann Rosolowski, PhD

1:19:56.3

But the instrumentation was also twenty years ago?

Frederick F. Becker, MD

1:19:59.6

Close thereon because it's evolved. It isn't the same. At any one step, he could have stopped and said, "This is it." And it was. There's been commercial interest in it from the vultures in the commercial world, but he is one of these people who was never satisfied. It's almost a fault in research because you have to publish and fund and so on. But he's doing very well.

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Segment 11

In time: 1:20:32.9

B: An Institutional Unit

MD Anderson and Strategies for Weathering Financial Stress

Story Codes

- B: MD Anderson History
- B: The Business of MD Anderson
- B: MD Anderson Culture
- B: Philanthropy, Fundraising, Giving to MD Anderson
- C: Understanding the Institution
- C: The Institution and Finances

Frederick F. Becker, MD

1:20:32.9

[] Actually, Dr. LeMaistre came up against a [thirty]-year barrier for administrators, but at that time MD Anderson had become enormously successful in building clinical and research facilities and bringing in faculty at every level. I [would] like to point out the characteristics of the place. Yes, we are research oriented, but we are not satisfied unless we're the best clinical place in the world. One feature of the MD Anderson that I have loved, supported, and fought for is that our doctors, [] are all salaried, which means that the number of patients they see is not significant in how we view them. Yes, we have to bring in the funds since we support our own institution, but it is not a "rush the patient through" type of environment. It's not how many patients you see. [] Part of your evaluation is always what you've developed or created. So, unlike the pressures of private practice, which means, "move them along," this place has always had the leisure, if you will. It's not easy because we're pressed for money altogether. Towards the end of his tenure here, we as an institution suddenly faced a disaster, and that disaster was called the HMOs and medical plans. We had always had some difficulties with private physicians who were reluctant to refer people here. In my early days I would hear about how patients were told we would "experiment" on them. But indeed, there was a lot of jealousy because we were seen to be "state supported." Well, that was not true. We got a minimal amount of money from the state, mainly to support care of indigent Texans. Between that lack of self-referral and the HMOs saying, "No, we're not going to let you go to Anderson. It's too expensive," suddenly Anderson faced an enormous financial problem to the point where a large percentage of our administrative time had to be devoted to cutbacks in people, things, and so on. And so for the first time, we had to cut back support for research, which was derived from our earnings, because the earnings were needed to support the fundamental life structure of the place. Dr. LeMaistre, as you may remember I told you, was a superb administrator, very well known, and therefore, the chancellor extended his tenure. And with all of us contributing and with him leading, he organized the

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Board of Visitors and many other people and was able to demonstrate to the legislature, believe it or not, that we might go bankrupt if things weren't changed. And among the things that were changed—because I'm not an expert in all of it—I think possibly the most important was that the need to be referred here by a private physician was overturned by the legislature. That meant the patient could call us up and say, "I've been told I have colon cancer. Can I come in?" and they could come in. So the overt opposition was overcome—well, not the opposition but the mechanism.

1:25:39.1

And then a lot of the Board of Visitors did things that were tremendously helpful. Some of them were the heads of huge industries. For example, they set up special funding to supplement what people would get from their medical plan so that they could come to MD Anderson. And it wasn't that we were that much more expensive for a given procedure. It's just that we offered much more sophisticated treatments, diagnostics, and so on. And yes, we did have to cut certain positions and freeze certain positions for a few years. But after that, we were out from under and had accomplished some things like the self-referral that were vital.

Tacey Ann Rosolowski, PhD

1:26:35.8

This seems like a really dreadful dilemma because, basically, the integrity of the institution is being threatened if it's cutting back on these sophisticated—what made MD Anderson are the sophistication and the cutting-edge offerings.

Frederick F. Becker, MD

1:26:52.6

Yes. We were joking about literally closing. We could have been forced to do that. We had to cut many, many jobs, and not all of our chairmen were very understanding about it. Chairmen become very technical. "How many have you cut in my department versus that department?" "Well, my department is better than that department." And they didn't realize that we actually had to do it by formula, not by personal animosity. I had no animosity towards people in research. Each administrator was held responsible to reduce their budget just like you hear. And that threat never goes away for a place like this because there is a constant pressure, as you well know, on medicine to reduce cost—the government, the third-party payers, employers, and so on. If that occurs, then we who raise most of our own funding—outside of donations and a state amount to support indigent care—by our earnings are turned back because we have no bonus system. You get your salary—those monies are turned back into general funds to support research and building. So the only way out is to continually increase the number of patients you see, which is self-limiting, one, by facilities, and two, by the fact that we want our clinicians to be able to have time to do intellectual pursuits, as I described. So I once described this to Dr. Mendelsohn, whose tenure I'll talk about, as an escalator with no landing. If you have to keep

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seeing more patients to keep going at the level you're going, where do you get off? And that's one of the gigantic puzzles here unsolved, I believe.

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Segment 12

In time: 1:29:21.4

B: Key MD Anderson Figures

A Search for a New President; Working with John Mendelsohn

Story Codes

- B: MD Anderson History
- B: MD Anderson Snapshot
- B: Building/Transforming the Institution
- B: Controversy
- C: Portraits
- B: Philanthropy, Fundraising, Giving to MD Anderson
- A: The Administrator
- A: Contributions

Frederick F. Becker, MD

1:29:21.4

So finally, by dint of incredible effort and cleverness and so on, we got out of the morass of eventual bankruptcy—not enough to replace everybody who had to be let go, and that was not mostly at the faculty level. It had to be at the support level, and Dr. LeMaistre then instigated his retirement. Or the chancellor did. It didn't matter. He had a brilliant career here. They began to search for the new president. Ha, ha. When a search is instigated for a position of this magnitude, this prestigious position which is way up there, almost unique—maybe the person who is the president of Memorial Sloan-Kettering and so forth—very few people certainly in the field of medicine and unquestionably in cancer hold the prestige, the potency of the president of MD Anderson, and so a search for that person is enormous. They have to be knowledgeable about medicine. They have to be knowledgeable about cancer. In the current environment, they have to have major research credentials. They have to be acceptable to the Board of Regents. Their wife has to be vetted, as is often the case, as someone who will contribute, etcetera. And so when this position opens—I've seen it three times now—people from within the institution rush forward, many with excellent credentials, and the search for people from without begins. A search committee is set up by the Board of Regents. In recent years it's been a much more diverse committee. When Dr. LeMaistre was chosen, almost everybody on that committee was a name known in Texas—governors, ex-governors, heads of the Board of Regents, major people from the Board of Visitors, and so on. In more recent years faculty members have been added to that, occasional others, outsiders.

Tacey Ann Rosolowski, PhD

1:32:16.2

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What's your impression of how that process works?

Frederick F. Becker, MD

1:32:19.9

Damn well.

Tacey Ann Rosolowski, PhD

1:32:22.2

It does? Okay.

Frederick F. Becker, MD

1:32:24.5

I'm getting to the next choice, since I nominated him (chuckles). [] The people from within—most of them were very good friends of mine. Most of them were people at the highest level. Most of them went out afterward and got enormous jobs of prestige. But I for one—and I think a number of the faculty and members of the Board of Regents—felt that perhaps it was time to go outward because, after all, Dr. LeMaistre could hardly be considered an outsider if he came from the University of Texas to the University of Texas. And I think they also wanted—or they were convinced by others like myself—people with good scientific clinical or basic credentials. I had known Dr. John Mendelsohn for twenty-five or thirty years. He was not only an outstanding clinician oncologist at the University of California at San Diego—whose credentials were Harvard, this, that, and the other thing—but he had become the first director of their cancer institute. A [] discovery of his, would take another twenty years but became a major therapeutic. But when I had first tried to recruit him to MD Anderson in medicine, he was entrenched in San Diego, and my joke was, “He'll come here after his last son gets off a surfboard.” And instead he went to take the chairmanship of medicine at Memorial Sloan-Kettering. Can't beat those credentials. And so I recommended him very strongly, and I knew a lot of people. Remember, I was still the head of research, although, by the way, along the line my job had changed because they decided that clinical research and clinical stuff had become so gigantic we needed a separate vice president. No harm, no foul. Everything had become gigantic. So I recommended John through some people who contacted me who were on the search committee—members of the Board of Regents and so on. I was very well known by then. His wife Anne []—her job description was the job description. She's affable, intelligent, vital, energetic, and totally supportive of John's career and her own contributions. Interestingly enough, then he could have been considered the very first outsider to look at a presidency here. That's excessive but acceptable. And as far as I know, the search committee, made up of Board of Regents members and this and that, interviewed him and offered him the job—and Anne.

1:36:14.2

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Apparently they knocked everybody off their socks. So it's a little humorous it took me many, many years to recruit John Mendelsohn. But the funny thing is, when he came for the first time with Anne [Mendelsohn], everybody on the eleventh floor—that's where the presidency was for many years—came out of their offices to welcome them. Anne broke loose of the crowd, ran over, and gave me a hug and a kiss. And they said, "Fred certainly has an effect on women, doesn't he?" "Only important ones," I said. This was a tremendous choice because John brought to it an enormous knowledge of oncology, medicine, unlimited enthusiasm, brilliance—he's smarter than the average bear—creativity, etcetera, and has a remarkable insight into business and corporate policies. And I say that because this was the time of the great change of Anderson. In my day I knew everybody. I interviewed half of them. I could pick up the phone and call them. By the time that John came in, this was beginning to be a corporate structure. Administration had increased tenfold or more maybe. Number of people, budget, space—everything was colossal; [] We had a legal department. We had vice presidents for this and that—finance, business, boom, boom, boom. And John was just the right person. He could encompass that. He understood that.

1:38:21.9

For a while I remained the vice president for research because he requested that of me. I'll give you an example. We have what's called a [CORE grant](#). It's given by the federal government to support features of the institution. When I became vice president, I became principal investigator on the CORE grant and requested an increase from the federal government from \$400,000 a year to \$800,000, which they thought was astronomical. I believe the CORE grant is now 150 million dollars or something like that—something enormous, which would give you an idea of magnitude. So for the first several years of John's administration—and he's very quick with development of new ideas, new departments, new associations, new construction, and very tight relationships with business and so on—I did remain vice president. But I began to feel that although my research had continued and I was happy with it, I really was wearing out as an administrator. I had been almost twenty years as vice president. And I thought with a new person like John, new people should be involved. He accepted that idea gratefully. He asked me to remain in a new position called Special Advisor to the President, which meant a sort of private relationship, almost a consultant relationship, but not authoritative. I was not his consigliere. I was an advisor, and I gratefully took it.

1:40:29.0

[] Someone asked me why I stepped down as vice president because, of course, the old-timers thought very highly of me, and now with this expansion of government, they realized that at that time I was easy to get to. So someone asked me why I stepped down, and I said, "If I went to one more administrative meeting, the headline in the *Chronicle* would be, 'World-Renowned Oncologist Kills Colleagues,' and I felt that would be detrimental to the institution."

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1:41:17.1

Typical of this transition that I'm talking about, some years later I was talking to the chap who took over one part of what we used to do in my office, the oversight of clinical research approval. He's a wonderful person and I thought he was doing a great job. But as I was standing with him, one of our giants of oncology who had been here forever came rushing up and said to him—I won't use his name—"Blank, you stink. When Fred was in charge of clinical research and we put in a protocol, we got a yes or no in four days, and now it takes forever." And I said to this person, "Blank, you mustn't say that to Blank because he has a great disadvantage." I was asked what that was, and I said, "He has 300 people, and I only had three. We had to approve it or not." And that was pretty close to true. But now the regulations from the government and FDA and the companies are almost unbearable. Where one committee could approve or disapprove, there are millions of them now. There are regulations on every animal you use. It's a nightmare of administrative demands.

1:42:56.4

John did just what I thought he would do—quality research, quality recruitments, more building, and huge capability in raising money. His last act was to get 160 million dollars from some sheik for building in personalized medicine, pancreatic tumors, and so on. Incomprehensible. He got fifty million dollars from Boone Pickens for the Pickens Tower and on and on. We now went to 800-some odd beds built on top of the old Alkek—not very old but older Alkek. So in every aspect, I think John did a fabulous job, and I'm very proud that I recommended him. There were some external problems along the road that he faced, but that has nothing to do with us.

Tacey Ann Rosolowski, PhD

1:43:58.4

Tell me a little bit about your role as the special advisor. What were some of the projects you worked on? How did that relationship evolve through that?

Frederick F. Becker, MD

1:44:10.1

Before I was going to step down, while I was still vice president, I had been the principal investigator on this CORE grant, which is federally funded to support support facilities to reduce redundancy. So for example, to set up an analysis of DNA, a lab to analyze DNA where faculty members could call upon that lab to do that for them instead of trying to have analytic centers all over the place in every department and so on. It's a wonderful idea. And the extent of the CORE grant has increased and increased with technology over the years, as I told you, from peanuts to unbelievable amounts. And there are other grants called [SPORE grants](#) which focus on a given organ. So John, for the first few years after he became the president, became the principal investigator, as is often the case. He would call on me to help with the formation of it. For a number of years he used a modified external advisory board and would ask me to sit in on those

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meetings, etcetera. I served in sort of an advisory role. When he was troubled or he ran into something that may be based on historical precedent, he would call me in. It was strictly a private relationship. [] There's no job here that you can just magically establish. It has to be approved upstate. But that wasn't very much of a problem. Construction of research buildings that I had started, like the SCRIB building, South Campus Research Buildings—we completed this one that we're in right now, SCRIB 2—we obviously were called in on that. With problems up at the Research Park—both in the Carcinogenesis Center and the Veterinary Center—he would ask me for background and so on. I think it was a consultative relationship but not like these professional consultants. I actually knew about the place. That lasted for a while, and then I felt that it might become obstructive to him.

Tacey Ann Rosolowski, PhD

1:46:52.6

Why was that?

Frederick F. Becker, MD

1:46:53.9

People would say, "We have a new Vice President for Research, Margaret Kripke. She's terrific. We have this, we have that." I'll give you the best example. One of our outstanding [faculty]—in fact, I think he had been the chairman of medicine for a while. Bob Bast eventually took over as principal investigator of the CORE grant and the so-called SPORE grants, was doing a fantastic job, and has done a fantastic job. We have more than we ever had. The CORE grant has expanded in an exponential way. So it might be negative to look over his shoulder. Now he didn't bring this up. No, no, no. I brought it up, and John agreed. Once John built the support staff he felt he required, it might be detrimental, we both thought, for me to hang around when he could call me any time he wanted without having a special designation. And so I not only stepped down but gave up any administrative position and took a faculty position without pay, which allowed me to get my retirement funds and not be a drain on funds of the institution, which included a chair I held, this, that, certain support funds, and so on.

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Segment 13

In time: 1:48:48.3

A: Career and Accomplishments

A Named Chair and Views of Texas and Texans

Story Codes

- C: Giving Recognition
- C: Funny Stories
- A: Career and Accomplishments
- A: Character, Values, Beliefs, Talents
- C: On Texas and Texans
- C: Contributions, Gifts, and Donations to MD Anderson
- C: Portraits

Frederick F. Becker, MD

1:48:48.3

John [Mendelsohn] prior to this I should say [] gave me one of the great surprises of my life. I'm not easily surprised. There was one time when my wife ordered a belly dancer on my birthday to come to my office. That was a surprise. I heard thunderous feet in the hall of people following her to my office.

Tacey Ann Rosolowski, PhD

1:49:20.6

(laughs) I bet you did.

Frederick F. Becker, MD

1:49:23.7

John had gone to some of our major donors and absolutely without me knowing one thing about it created—and got permission from the Board of Regents and the chancellor, by God—the Frederick F. Becker Distinguished University Research Chair in Cancer Research. And I'm alive. As you know, many of them are developed after you die. [] It was quite an enormous chair in funds, none of which I gave. But the third thing about it was enormously pleasing to me, and that is a large percentage of the funds were donated by what I would call legendary Texas families. Pretty good from a guy from New York. They included the Sid Richardson Foundation of Fort Worth, which is the Bass Oil family, the H-E-B, Charles Butt Foundation—Charles is the president and CEO of a little grocery store called H-E-B—and the Kleberg Foundation. There were other personal donors, but you really don't get more Texan than those three. I thought really I had made my mark and been more than just accepted.

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Tacey Ann Rosolowski, PhD

1:51:44.7

And that mattered to you.

Frederick F. Becker, MD

1:51:45.8

Oh, yes. Who would it not matter to? I'll tell you why, and then I may stop with one other comment. When I came to Texas, many people in the Northeast, from Harvard to NYU, thought it was a huge practical joke I was playing on them. One of my former fellows, who later became the chairman of pathology at NYU, is a brilliant and wonderful man, but he's basically a clone of Woody Allen. He looks like him, he acts like him, and his entire nature is like him. I have continued to do research with him, of course, when I transferred here, but he was in a state of despair that I was coming here. He thought it would be insane for me. And so about six months after I arrived, we were talking about the research on the phone. Afterward he said, "Well? How are they treating you?" And I said, "George, I've never been treated more generously, with more consideration, with more support than I've gotten here." And he said, "They don't mean it!" He was afraid it was a trap. I would go out one day, and they would lynch me. So when you asked me that—and although some money was given by personal friends, which I greatly appreciate—the fundamental thought here is John went to three groups and Charles Butt himself that are names totally associated with Texas. King Ranch goes back to the 1800s. Sid Richardson was the personification of the independent oilman. Charlie Butt's parents started with a grocery store in Corpus Christi and built H-E-B. Yeah, that's very meaningful. That's very meaningful because I'm not very tall. That's a joke.

Tacey Ann Rosolowski, PhD

1:54:27.0

You said in our first session that you consider yourself a Texan [and a New Yorker].

Frederick F. Becker, MD

1:54:32.1

I consider myself very much of both cities, and I think that's important. I think if I could bring to New York some of the gentleness and softness of Texas despite its blustery—I wish I could. I wish I could bring the thoughtfulness of people here who really mean, "Can I help you?" and then maybe from New York bring some of what they would say are liberal ideas but the devotion to other people and support of other people and so on. So I don't have to pick an area. Off the record, my wife never adjusted to Texas, and we have a wonderful anecdote. George H.W. Bush became the chairman of our Board of Visitors, and I was introduced to him before he ran for any office, one of the first people I ever met [here]. And at one of these galas he came to my wife after speaking with John Mendelsohn and said, "Mary"—leaning down because she's, like you, not tall—"I hear you've been here for twenty years. You must feel like a native." And my wife,

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who is the antithesis of the faculty wife, looked up and said, “I never unpacked.” I said, “Mr. President, she’s always working to push my career down the toilet.” (laughter) Good one, huh? “I never unpacked.” [And he said, “I think that Barbara feels that way!”]

Tacey Ann Rosolowski, PhD

1:56:24.1

You’re right. It’s a good one. (laughs)

Frederick F. Becker, MD

1:56:25.3

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Tacey Ann Rosolowski, PhD

1:56:29.7

(laughs) []

Frederick F. Becker, MD

1:56:29.9

He’s a marvelous person—Good, as a person, clever and smart.

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Segment 14
In Time: 1:56:29.9+
B: Key MD Anderson Figures
Impressions of Dr. Ronald DePinho

Story Codes

B: MD Anderson History
B: Growth and/or Change
C: Understanding the Institution
C: Portraits
B: The MD Anderson Brand, Reputation
B: Building/Transforming the Institution
A: Career and Accomplishments

Frederick F. Becker, MD

1:56:29.9+

Now, one other thing. John Mendelsohn steps down. Again, people come out from where they've been and volunteer themselves as presidential candidates, many of them quite distinguished, many of them quite the top of their area in our area of oncology, none of them bad people or candidates. One of them from within—hadn't been from within long—had incredible credentials. If I was asked to bet, I would have bet on him in a minute. Interestingly enough, I started to get a couple of calls from faculty members because now the committee was much more diverse—men, women, blah, blah, blah, a couple of students, some faculty members, Board of Regents, Board of Visitors—and I got a couple of calls and they said, "There are some suggestions from the outside, blah, blah, blah." And I said, "Yeah, but you've got to tell me who they are, because the guy inside is quite terrific in many respects."

Tacey Ann Rosolowski, PhD

1:58:08.7

And who was this inside guy? Okay.

[The recorder is paused.]

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Frederick F. Becker, MD

1:58:16.9

It's common knowledge. Everyone knows. They would have bet on him. And then they brought up Dr. DePinho's name. I happened to know him because years ago the Harvard facilities were told they had to unify their CORE grant—they couldn't have five of them—and that wasn't easy

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because the one thing at Harvard that everybody knows is everybody hates everybody. So if you're at Hospital A, you hate Hospital B and think they're punky. So I was on a committee of five people established by Harvard to go up there—this is anecdotal and has nothing to do with Anderson—and to advise people up there. So I was very well familiar with Dr. DePinho's work, and of course, it was a little historical because it had been some years ago, and he knew me. I want to say everybody knew me anyhow. I said I was very surprised because I personally wouldn't have thought of it, but his credentials are really unbelievable. Of course, he led a huge group of researchers, he was a tremendous fundraiser, he has a couple of companies, so he's very familiar with commercialization, and his research was top of the line. I may have said to someone, by the way, "I'm surprised he isn't in the National Academy," so I was a little ahead of the time. And he's brilliant. If you hear him speak—I thought that maybe he didn't have enough clinical exposure for a place like this, I mean in terms of being selected. I think they've got themselves the fourth winner. He's a pistol. Turn off your thing, and I'll tell you an anecdote.

Tacey Ann Rosolowski, PhD

2:00:41.8

All right.

[The recorder is paused]

Frederick F. Becker, MD

2:00:43.7

For years Dr. LeMaistre and I fought for academic recognition, and what I mean is this: although we trained the vast majority of graduate students, and their PhDs were awarded for work they did with us, the graduate school was solely under the medical school. We weren't even mentioned, and that really steamed us. Finally—I believe it was John, but it was also certainly input from Mickey—we were recognized as co-leaders of the graduate school, and MD Anderson was placed on the certificates of graduation and so on. One of the things we thought of years and years ago was that one of the things that putatively marks an academic center is an academic convocation. So we established an academic convocation here at which point faculty members are given awards, students and fellows are given awards, and there's recognition of accomplishment. I try to get here for the convocation since I helped to create it. This past year, I came down in November for the convocation, and because people still know me, I was given a seat in the front row next to Doc LeMaistre. And when Dr. DePinho spoke, he recognized me in his speech as a great contributor and so on. Actually, the person who won the LeMaistre Award, [Mien-Chie Hung](#), spent ten minutes talking about how I supported his research and so on.

2:02:41.4

Now I go back to New York for my New York visit, and I get an email that says Dr. DePinho is going to speak at some gigantic law firm—it's a fundraiser—and would I like to go. Sure. So I get dressed up, I go there, and Dr. DePinho comes in escorted by his group of Steve Schultz and

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Pat Mulvey and that crowd, and he looks over, and he sees me. He walks up and gives a brilliant speech—good God, a marvelous speech. But of course, at the end he's going to be whisked out to give another speech somewhere. He's fundraising. And as he goes past, he stops and looks at me and he says, "Are you going to be everywhere I make a speech?" I said, "I'm watching you." Click. You can turn it off now.

Tacey Ann Rosolowski, PhD

2:03:40.7

(laughs) All right. So we're done?

Frederick F. Becker, MD

2:03:44.8

Yeah, we're done.

Tacey Ann Rosolowski, PhD

2:03:45.7

We're done. Okay. It's 5 after 12:00.

(end of audio file **2:03:57.7**)