

James M. Bowen, PhD

Interview Navigation Materials

Date submitted: 31 January 2019

Interview Information:

One session: 27 March 2000

Total approximate duration: 2.5 hours

Interviewer: Louis J. Marchiafava

A CV is available. To request supporting materials, please contact:

Javier Garza, MSIS, jjgarza@mdanderson.org

Interview Subject Snapshot:

Name: James M. Bowen, PhD

Interviewed: 2000

Primary appt: Department of Virology

Research: virology

Admin: Associate Vice President for Research (1979/80- 1981?); Vice President, Academic Affairs (1982-1994); Acting VP for Cancer Prevention

Other:

Interview link:

About the Interview Subject

Microbiologist James M. Bowen joined the M. D. Anderson faculty in 1964 as an assistant professor of virology after a one year postdoctoral research fellowship, advancing to full professor less than a decade later. Between 1982 and 1994, he served as Vice President for Academic Affairs and during this time coordinated one of the most extensive educational programs at any cancer center. He also assisted in establishing cancer prevention as one of MD Anderson's mission areas and established the framework for a new Division of Prevention. He served briefly as VP of that Division in 1994, before retiring that year.

Major Topics Covered:

Education and personal background; inspiration/commitment to oncology research

Research: virology, immunology

Brief history of the Departments of Biochemistry, Biology, and Physics

Portraits of R. Lee Clark and Charles LeMaistre

MD Anderson culture: basic sciences and scientists in a clinical setting

Building the basic sciences

Division of Prevention: creation of

Administrative reorganizations in the 70s and 80s

Leadership

MD Anderson and the Texas Medical Center

The MD Anderson mission

The thing that I have said before that is so remarkable about M. D. Anderson is the individual and collective sense of ownership of M. D. Anderson's mission.

James M. Bowen, PhD

About transcription, the transcript, and the views expressed

This interview had been transcribed according to oral history best practices to preserve the conversational quality of spoken language (rather than editing it to written standards).

The interview subject has been given the opportunity to review the transcript and make changes: any substantial departures from the audio file are indicated with brackets [].

The Archives may have redacted portions of the transcript and audio file in compliance with HIPAA and/or interview subject requests.

The views expressed in this interview are solely the perspective of the interview subject. They do not represent the official views of any other individual or of The University of Texas MD Anderson Cancer Center.

James M. Bowen, PhD

Interview Contents

Chapter 00A: *Interview Identifier*

Chapter 01: *Experiences with Cancer Bring a Young Scientist to MD Anderson*

Educational Path; Personal Background; Professional Path; Inspirations to Practice Science/Medicine; Influences from People and Life Experiences; The Researcher; Joining MD Anderson; Understanding Cancer, the History of Science, Cancer Research; The History of Health Care; Patients, Treatment, Survivors; Cancer and Disease; Human Stories;¹

Abstract: In this chapter, Dr. Bowen talks about his personal and professional background, his first exposure to the ravages of cancer, and how he came to know about and eventually work at MD Anderson. He also discusses how his first wife lost her battle with cancer at a young age and beginning his career during what he calls the “golden age of biomedical research.”

Chapter 02: *R. Lee Clark’s Vision for MD Anderson: A Hospital, Research Institution, and a Setting Where Everyone Belonged*

Overview; Portraits; Leadership; Human Stories; Professional Path; The Researcher; Joining MD Anderson; MD Anderson Culture; Institutional Mission and Values; Understanding Cancer, the History of Science, Cancer Research; The History of Health Care, Patient Care; MD Anderson History; This is MD Anderson; Healing, Hope, and the Promise of Research;²

Abstract: In this chapter, Dr. Bowen talks about coming to work at MD Anderson, his reflections on the institution’s early days, and how MD Anderson developed both a medical and an academic character. He also discusses the institution’s organizational structure and explains why people, “Once they got to M. D. Anderson, they never wanted to work anyplace else.”

¹ A: Educational Path; A: Personal Background; A: Professional Path;

A: Inspirations to Practice Science/Medicine; A: Influences from People and Life Experiences; A: The Researcher; A: Joining MD Anderson; D: Understanding Cancer, the History of Science, Cancer Research; D: The History of Health Care, Patient Care; C: Patients; C: Patients, Treatment, Survivors; C: Cancer and Disease; C: Human Stories;

² B: Overview; C: Portraits; C: Leadership; D: On Leadership; C: Human Stories; A: Professional Path; A: The Researcher; A: Joining MD Anderson;

B: MD Anderson Culture; B: Institutional Mission and Values; D: Understanding Cancer, the History of Science, Cancer Research; D: The History of Health Care, Patient Care; B: MD Anderson History; B: MD Anderson Snapshot; C: This is MD Anderson; C: Healing, Hope, and the Promise of Research;

Chapter 03: *The Creation of Basic Science Departments Focused on DNA (50s – 70s) and A Fellowship Year Using Drugs to Study Viruses*

The Researcher; MD Anderson Culture; Working Environment; Understanding the Institution; Institutional Mission and Values; Personal Background; The Professional at Work; MD Anderson History; Discovery and Success; Healing, Hope, and the Promise of Research;³

Abstract: In this chapter, Dr. Bowen talks about his work at MD Anderson as a postdoctoral trainee and his impressions of MD Anderson’s president, Dr. R Lee Clark. He also discusses the development of the virology department at MD Anderson and the “pervasive, and sometimes overwhelming, but most of the time reassuring, sense of family in the group in those days.”

Chapter 04: *A Year Away; Reorganization of the Basic Sciences; a Return to a Faculty Position*

Professional Path; Research; MD Anderson Culture; Working Environment; Understanding the Institution; Institutional Mission and Values; The Researcher; Personal Background; The Professional at Work; MD Anderson History; Discovery and Success; Healing, Hope, and the Promise of Research; Dedication to MD Anderson, to Patients, to Faculty/Staff; Personal Reflections, Memories of MD Anderson; On Research and Researchers;⁴

Abstract: In this chapter, Dr. Bowen talks about research and the working environment at MD Anderson. “The feeling of walking into M. D. Anderson in those days is hard to describe,” he said, “but it was a sense of the becoming a part of something that made you much bigger than you could ever be as an individual. And it is not just me. Everybody I knew had that sense.” He also discusses why he “never really wanted to spend my career anywhere but at M. D. Anderson.”

³ A: The Researcher; B: Research; B: MD Anderson Culture; B: Working Environment; C: Understanding the Institution; B: MD Anderson Culture;

B: Institutional Mission and Values; A: The Researcher; A: Personal Background;

C: Professional Practice; C: The Professional at Work; B: MD Anderson History; B: MD Anderson Snapshot; A: The Researcher; C: Discovery and Success;

C: Healing, Hope, and the Promise of Research;

⁴ A: Professional Path; B: Research; B: MD Anderson Culture; B: Working Environment; C: Understanding the Institution; B: MD Anderson Culture; B: Institutional Mission and Values; A: The Researcher; A: Personal Background;

C: Professional Practice; C: The Professional at Work; B: MD Anderson History; B: MD Anderson Snapshot; B: Research; C: Discovery and Success; C: Healing, Hope, and the Promise of Research; C: Dedication to MD Anderson, to Patients, to Faculty/Staff; C: Personal Reflections, Memories of MD Anderson; D: On Research and Researchers;

Chapter 05: *NIH-Sponsored Contracts Spur A Large and Influential Virology Program at MD Anderson*

Building the Institution; Research; Working Environment; Building/Transforming the Institution; Understanding the Institution; The Researcher; MD Anderson History; Discovery and Success; Healing, Hope, and the Promise of Research; On Research and Researchers; The Professional at Work;⁵

Abstract: In this chapter, Dr. Bowen talks about how the National Cancer Institute impacted research at MD Anderson, the emerging field of viral oncology, and how he made time to work directly with patients. He also discusses the development of the Department of Virology at MD Anderson.

Chapter 06: *A Love of Teaching and Discovering that Administration Can Impact Research*

Overview; Professional Path; Education; Activities Outside Institution; Leadership; Mentoring; Formative Experiences; Evolution of Career;⁶

Abstract: In this chapter, Dr. Bowen talks about his involvement in teaching and administrative duties at MD Anderson, his love of teaching, and his work “helping nonmedical, nonscientific people learn more about cancer.” He also discusses his involvement in securing research grants for the institution.

⁵ B: Building the Institution; B: Research; B: Working Environment; B: Building/Transforming the Institution; C: Understanding the Institution; A: The Researcher; B: MD Anderson History; B: MD Anderson Snapshot; C: Discovery and Success; C: Healing, Hope, and the Promise of Research; D: On Research and Researchers; C: Professional Practice; C: The Professional at Work;

⁶ A: Overview; A: Professional Path; B: Building/Transforming the Institution; B: Education; D: On Education; A: Activities Outside Institution; C: Leadership; D: On Leadership; C: Mentoring; D: On Mentoring; C: Formative Experiences; C: Evolution of Career;

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Building the Institution; Research; Working Environment; Institutional Politics; Controversy; Understanding the Institution; MD Anderson History; Discovery and Success; Healing, Hope, and the Promise of Research; On Research and Researchers; The Professional at Work; C: Portraits; Institutional Mission and Values; Leadership; The Business of MD Anderson; Finances;⁷

Abstract: In this chapter, Dr. Bowen talks about growth during the 1970s at MD Anderson, the development of the virology program, and Dr. Clark's vision for expansion. He also discusses the emergence of the Science Park research facility in Smithville, the development of basic sciences departments, and new international training programs, such as one in Italy, that MD Anderson sponsored.

Chapter 08: *Charles LeMaistre Becomes the Second President*

Institutional Change; Leadership; MD Anderson History; Institutional Politics; Controversy; Understanding the Institution; Discovery and Success; Healing, Hope, and the Promise of Research; The Professional at Work; Portraits; Institutional Mission and Values; Patients, Treatment, Survivors;⁸

Abstract: In this chapter, Dr. Bowen talks about the leadership of MD Anderson president, Dr. Charles LeMaistre, and how he came to become the institution's new leader; his own personal leadership of the newly created Department of Molecular Carcinogenesis; and the further growth of MD Anderson. He also discusses the legacy of Dr. R. Lee Clark.

⁷ B: Building the Institution; B: Research; B: Working Environment; B: Building/Transforming the Institution; B: Institutional Politics; B: Controversy; C: Understanding the Institution; A: The Researcher; B: MD Anderson History; B: MD Anderson Snapshot; C: Discovery and Success; C: Healing, Hope, and the Promise of Research; D: On Research and Researchers; C: Professional Practice; C: The Professional at Work; C: Portraits; B: Institutional Mission and Values; C: Leadership; D: On Leadership; B: The Business of MD Anderson; C: The Institution and Finances;

⁸ B: Institutional Change; C: Leadership; D: On Leadership; ; B: MD Anderson History; B: MD Anderson Snapshot; B: Building/Transforming the Institution; B: Institutional Politics; B: Controversy; C: Understanding the Institution; B: MD Anderson History; B: MD Anderson Snapshot; C: Discovery and Success; C: Healing, Hope, and the Promise of Research; D: C: Professional Practice; C: The Professional at Work; C: Portraits; B: Institutional Mission and Values; C: Patients; C: Patients, Treatment, Survivors;

Chapter 09: *Dr. LeMaistre's Division System is a Framework to Develop Basic Sciences Research (1979/1980)*

Building the Institution; Growth and/or Change; Leadership; Research; Education at MD Anderson; Beyond the Institution; MD Anderson and Government; The MD Anderson Brand, Reputation; MD Anderson Impact;⁹

Abstract: In this chapter, Dr. Bowen talks about the leadership of Dr. Charles LeMaistre and institutional growth during the 1970s and 1980s. He also discusses the recruitment of top scientists and physicians to MD Anderson and state concerns that the institution not become “too academic.”

Chapter 10: *Taking on Executive Roles to Develop Education Under Charles LeMaistre*

Building the Institution; Education at MD Anderson; Institutional Politics; Understanding the Institution; Controversy; Leadership; Portraits; Evolution of Career; The Professional at Work;¹⁰

Abstract: In this chapter, Dr. Bowen talks about the expansion of his role at MD Anderson into education. He also discusses the specific position as Vice President for Academic Affairs, his decision to close down his own laboratory, and his mission of “informing lay people about cancer, about cancer prevention.”

⁹ B: Building the Institution; B: Building/Transforming the Institution; B: Growth and/or Change; C: Leadership; D: On Leadership; A: The Researcher; B: Research; B: Education; D: On Education; C: Education at MD Anderson; B: Beyond the Institution; B: MD Anderson and Government; B: The MD Anderson Brand, Reputation; B: MD Anderson Impact; C: MD Anderson Impact;

¹⁰ B: Building the Institution; B: Building/Transforming the Institution; B: Education; D: On Education; C: Education at MD Anderson; B: Institutional Politics; C: Understanding the Institution; B: Controversy; C: Leadership; D: On Leadership; C: Portraits; C: Evolution of Career; C: Professional Practice; C: The Professional at Work;

Chapter 11: *Prevention: Acting VP for Cancer Prevention and Adding Prevention to the Mission Areas*

Building the Institution; Prevention; Leadership; The MD Anderson Reputation; Institutional Mission and Values; Patients, Treatment, Survivors; Portraits; Evolution of Career;¹¹

Abstract: In this chapter, Dr. Bowen talks about the vision of Dr. Charles LeMaistre and his own new role as Vice President for Cancer Prevention. He also discusses the blending of education with research and patient care and the development of a strategic plan to enhance this.

Chapter 12: *MD Anderson and Other Texas Medical Center Institutions*

Overview; Beyond the Institution; Collaborations; Understanding Cancer, the History of Science, Cancer Research; History of Health Care; The MD Anderson Brand, Reputation; MD Anderson Impact; Research;¹²

Abstract: In this chapter, Dr. Bowen talks about research at MD Anderson, the development of MD Anderson’s brand and reputation, and its overall role within the Texas Medical Center. He also discusses the important “inter-institutional collaboration” that goes on here in Houston and “the constant exchange of ideas and sharing of training efforts.”

Chapter 13: *A Shared Culture of Commitment to Mission*

MD Anderson Culture; Institutional Mission and Values; MD Anderson History; The Life and Dedication of Clinicians and Researchers;¹³

Abstract: In this chapter, Dr. Bowen talks about the culture, history, and mission of MD Anderson. He also discusses “the individual and collective sense of ownership of M. D. Anderson's mission.”

¹¹ B: Building the Institution; B: Prevention; C: Leadership; D: On Leadership; B: The MD Anderson Brand, Reputation; B: MD Anderson Impact; B: Institutional Mission and Values; C: Patients; C: Patients, Treatment, Survivors; C: MD Anderson Impact; C: Portraits; C: Evolution of Career;

¹² A: Overview; B: Beyond the Institution; B: Collaborations; D: Understanding Cancer, the History of Science, Cancer Research; D: The History of Health Care, Patient Care; B: The MD Anderson Brand, Reputation; B: MD Anderson Impact; B: Research;

¹³ B: MD Anderson Culture; B: Institutional Mission and Values; B: MD Anderson Culture; B: MD Anderson History; B: MD Anderson Snapshot; C: The Life and Dedication of Clinicians and Researchers;

James M. Bowen, PhD
Interview session one (of one): 27 March 2000

About transcription, the transcript, and the views expressed

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Chapter 00A:
Interview Identifier

Louis J. Marchiafava, PhD

My name is Louis Marchiafava, and I am interviewing Dr. James M. Bowen. The interview is being sponsored by M. D. Anderson Cancer Center. Today is March 27, 2000.

James M. Bowen, Ph.D.

Chapter 01: Experiences with Cancer Bring a Young Scientist to MD Anderson

Abstract:

In this chapter, Dr. Bowen talks about his personal and professional background, his first exposure to the ravages of cancer, and how he came to know about and eventually work at MD Anderson. He also discusses how his first wife lost her battle with cancer at a young age and beginning his career during what he calls the “golden age of biomedical research.”

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Codes

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C: Human Stories;

Louis J. Marchiafava, PhD

00:43.000

Dr. Bowen, I would like to first begin the interview by obtaining some background information concerning what led up to your employment and your years at M. D. Anderson. I was curious, in reading your background information, are there any other members of your family involved in biochemistry or medical science?

James M. Bowen, PhD

Well, my late brother, Vaughn, who was a physicist and analytical chemist, spent his entire career with General Electric Medical Systems working on the development and manufacture of medical radiological devices. So, yes, my only sibling, my brother, and I, both spent our careers very close to the medical field -- I in academics, and he in the corporate world. So, yes, our family has been involved in medical research and in the cancer field for all of our adult lives, essentially.

Louis J. Marchiafava, PhD

How far back does that interest go?

James M. Bowen, PhD

Well, speaking for myself, as I look back on my own coming to M. D. Anderson, it is an interesting story because it is kind of a little small insight into what was happening in the cancer field, and in biomedical science in general during that period of time because I came into my college years really at the beginning of one of the golden ages of biomedical research. I grew up in a small town in north Texas and attended college in Wichita Falls, a college that ultimately became Midwestern State University. My first exposure to cancer, in the sense of having been influenced by it, was in the spring of my senior year in high school. My mother was diagnosed with breast cancer, and looking back at what was available at the time, it was a particularly progressive and rapidly developing form of breast cancer. She had a mastectomy done by a general surgeon in a small town there in Texas, and then spent some weeks in Fort Worth having radiotherapy, but by that time, the cancer was already spreading throughout her body, and she died just 50 weeks to the day after her mastectomy. And I thought at the time, what an awful thing that a woman 38 years old could develop cancer and die in one year, and there didn't seem to be an awful lot that could be done. But like most young people, I was impressionable and I didn't give very much credence to the notion that I could ever personally do anything. It was just one of those kinds of dreams that go through your mind. But as soon as I got to college, I learned, somewhat to the skepticism of the rest of my family, that you could actually make a living as a scientist. You could either teach science or so forth. And I had always had a natural flare for science. And so, I majored in kind of a combination premed and botany curriculum at Midwestern because the faculty were such great mentors there, and one summer, I took my first course in microbiology, and that was it for me. At the time, it really wasn't clear to me that I could make a reasonable living doing microbiology, but I didn't much care. I figured that was what I wanted to do and if I couldn't make a living at it, I would manage somehow -- a typical young person's point of view. And when graduation time came from Midwestern, I sent out, I don't even remember how many letters now, to graduate schools. And sure enough, I received a letter back from a microbiologist named Steven Pilcher, who was professor of microbiology at Oregon State University in Corvallis, Oregon. He was working on influenza virus and had a fellowship that was designed to grow influenza virus and treat the growing virus with a long list of substances that were being synthesized by another graduate student on the same project to try to see if we could find substances that you could ultimately think of, in terms of treating fluid. I accepted this assistantship. I sent my letter off on a Friday. That weekend, I proposed to a young fellow student that I had met and fallen in love with in college. We got married in March and when the end of May came, we took off with all of our worldly goods in my 1949 Ford, and we drove that 2,400 miles to Corvallis, Oregon -- kids were very excited about the adventure, but having no clue as to what was ahead of us.

I began my research assistantship in Dr. Pilcher's laboratory, and began taking courses in microbiology. And every course I took convinced me that I had made the right choice. Remembering the situation with my mother, I had long conversations with Dr. Pilcher about whether or not I should think about medical school. And, in those days, the working philosophy was that if you wanted to take care of patients, you went to medical school; if you wanted to do research, you went to graduate school and did a Ph.D., and I opted for a Ph.D.

In March of 1956, after my bride and I had arrived at Oregon State in early June of 1955, she began having unusual symptoms, and a trip to the doctor launched a series of x-rays and other tests that

James M. Bowen, Ph.D.

culminated in her receiving a diagnosis of a form of cancer called Hodgkin's disease. She had probably had Hodgkin's for a good many months, but it was the first time that the tumor had grown large enough to cause symptoms. Well, once again, in those days, what was available was radiotherapy, and they were beginning to experiment with chemotherapy using substances like nitrogen mustard. And my wife had continuing courses of radiotherapy. She had one course of nitrogen mustard. But about 2-1/2 years after her diagnosis, she died from systemic Hodgkin's disease. As a postscript, it is interesting to note that in the year 2000, Hodgkin's disease is about 90% curable, particularly if you catch it in time, but in those days, there was really no hope of cure.

Louis J. Marchiafava, PhD

How old was she?

James M. Bowen, PhD

She was 27 when she died. During the period of time that she was ill, I tried to do something about my ignorance about cancer, and I would read in the library and, in those days, not a lot was known. But my major professor, who was also one of my very closest friends, gave me a paper one day and he said, "You know, there is a place in Texas that is doing some really remarkable things. There is a whole institution in Texas that does nothing but treat cancer and do research on cancer. If you have ever thought of going back to your home state, you probably ought to contact those people when you finish school."

Louis J. Marchiafava, PhD

What year was this?

James M. Bowen, PhD

That year was 1957, approximately. My young wife died in November of 1958, but by an agreement that she and I had always had with each other, I continued. We flew her home to Texas for her last couple of months of life. She died and was buried in her family plot in north Texas. And then I immediately got on the plane and went back to school. I went back to work and finished my Ph.D. There. I finished my Ph.D. In 1961, and when I was preparing to finish up my doctorate, I began writing letters, both for jobs and for potential additional training in a postdoctoral fellowship kind of setting. I wrote mainly to pharmaceutical companies because they were the ones that were doing research on developing drugs to treat virus infections in those days, and because there were so few of us doing it, even as a graduate student, our group was considered something of experts on research on controlling influenza virus. But I read this paper that came out of M. D. Anderson, and I wrote them a letter in addition to writing letters to pharmaceutical companies.

Louis J. Marchiafava, PhD

James M. Bowen, Ph.D.

Do you remember who you wrote to?

James M. Bowen, PhD

Yes, I certainly do. I wrote to a gentleman named Felix Haas. Dr. Haas was both the head of a department then, and was a special assistant to Dr. Lee Clark in developing a basic science program. They had received a U.S. Public Health Service training grant for both predoc and postdoc fellows, and they offered me one of these postdoctoral fellowships because one of them had been assigned to a special section within the department of biology, and I will come back to that in just a moment. This was the section of virology and electron microscopy. However, before I received the letter offering me this fellowship, I had signed the contract to go to work for the Sterling Winthrop Corporation in Albany, New York. But when I got the postdoctoral fellowship, I thought, here is an institution that does cancer research, it is in Texas, where I have always wanted to go home again, and they are doing virology. This is an incredible juxtaposition of interest for me. It seems almost providential. So, I wrote to my prospective employer at Sterling Winthrop and said, 'I have an offer for a year of postdoc. Is there any way you could allow me to do this before I report to work in upstate New York?' And so, after some telephone conversations and exchange of letters and assurances that I really would come to work for them after doing my postdoc . . . Because, in those days, virology was blossoming. And if you had training in virology, it was easy to get a job.

But, at any rate, they ultimately agreed to let me do a year of postdoc with a fellow named Dr. Leon Dmochowski. And Dr. Dmochowski was the head of the Section of Virology and Electron Microscopy, and a man who believed that virtually all cancer in the animal kingdom, including in human beings, was ultimately caused by viruses. It was an incredible time for the virologist who was interested in cancer because there had, during that period of time, been two discoveries of enormous importance: one was that leukemia in mice was caused by a virus and was, in fact, transmissible by injection from mouse to mouse; and there had been a discovery by two scientists - Drs. Stewart and Eddy, at the NIH that there was another virus called polyoma that could cause a large variety of different kinds of cancers in mice, but it could be treated in the laboratory much like other viruses could be treated. And I was a virologist who had expertise in dealing with ordinary viruses. And so, I was offered this postdoc.

In late June of 1961, I drove in to Houston, found a small motel across from what was then the largest medical complex I had ever seen in my life, although it is dwarfed by what exists at the same site now, and here, sort of anchoring one in the south end of this impressive complex was this enormous, to my eye, imposing, overwhelming, pink building that just radiated hope. And I thought, oh my God, I am going to be a part of this!

Chapter 02: R. Lee Clark's Vision for MD Anderson: A Hospital, Research Institution, and a Setting Where Everyone Belonged

Abstract:

In this chapter, Dr. Bowen talks about coming to work at MD Anderson, his reflections on the institution's early days, and how MD Anderson developed both a medical and an academic character. He also discusses the institution's organizational structure and explains why people, "Once they got to M. D. Anderson, they never wanted to work anyplace else."

B: Overview;

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

C: This is MD Anderson;

C: Healing, Hope, and the Promise of Research;

Louis J. Marchiafava, PhD

00:16:33.742

Before you go further, I would like to clarify one point. At the beginning of the interview, when we began talking about cancer research, you said it was a golden age. Are you connecting that with the discoveries of virus-connected cancers?

James M. Bowen, PhD

Well, yes, but even more important was the fact that two scientists, now Nobel laureates, named Watson and Crick, published in 1951, a paper proposing that they had worked out both the chemical composition and the structure of DNA. And the fact that viruses were basically little packages of genetic material, some DNA and some ribonucleic acid (RNA), suddenly brought virology, and the basic building blocks of both normal and abnormal cells together all at once. So, the discovery of the structure of DNA, the advances, for example, that Dr. Linus Pauling had just published in protein structure and synthesis, meant that suddenly, you could begin to study normal and abnormal cells not only at the tissue and organ level but at the cellular and even at the molecular level anymore. And that is basically what I meant by saying we were moving into a golden age.

Louis J. Marchiafava, PhD

James M. Bowen, Ph.D.

I just wanted to clarify that.

James M. Bowen, PhD

I would like to stop at that point and move back a little bit from my own personal opportunity to come to M. D. Anderson, and talk about why the opportunity existed. When the founding people of M. D. Anderson began to propose and ultimately to secure legislation to create a cancer treatment hospital and an institute which would also try to advance our ability to understand and deal with cancer, and to educate others in those advancements that were made, when that began to be realized, they recruited Dr. Lee Clark to replace the opening and founding director, Dr. Bertner, and to bring this institution into reality. And Dr. Clark had an incredible mission. He understood that you could hire and train the best and the brightest to apply all of the known abilities to diagnose and treat cancer which, in those days, were predominantly surgery and radiotherapy. He knew that much had to be done with diagnosis, but he believed in his heart that the ultimate answer to understanding and controlling cancer lay in understanding the basics of why normal cells became cancerous and how cancer cells differed from normal cells, how they competed, how they functioned, and how they ultimately kill the organism that bore them, and he believed that that understanding . . . And one of the first things that I ever heard come out of the man's mouth, was "The answer to cancer is in DNA." And it was not just a slogan with Dr. Clark. It was an absolute conviction, something that I think that he believed had been laid on him to turn into reality during his lifetime. And what happened was his condition of coming and taking over the initial operation of M. D. Anderson was that M. D. Anderson not only be a treatment facility, but it also be allowed to develop a basic research program and an education program. And so, the institution was, at Dr. Clark's insistence, initially designated, not just named but designated, the University of Texas M. D. Anderson Hospital and Tumor Institute, because Dr. Clark felt that it was essential that not only M. D. Anderson be a functioning hospital and clinic, but it should have from its first day of operation, an academic identity. So that its science and its education would be fully academically-recognized and accredited. Now, as events turned out, that acceptance and academic accreditation became an ongoing battle which Dr. Clark fought for his whole career, and which he inculcated into all of us who came to M. D. Anderson so that we fought the battle, too, because he felt that we had to constantly strive to prove and re-prove and to make known our academic identity, and I will come back to that point in a moment, if I may.

Louis J. Marchiafava, PhD

Sure.

James M. Bowen, PhD

But in the meantime, the organizational structure of the M. D. Anderson Hospital and Tumor Institute was a pretty unusual one for that period of time. The only place that I had firsthand knowledge of a similar approach was at the Leukemia and Hematology Institute in France, an institute that Dr. Clark knew and understood pretty thoroughly, and I think that there was some patterning and some pioneering in Dr. Clark's initial approach. But what I found when I came to

James M. Bowen, Ph.D.

M. D. Anderson on that steamy July day of 1961, was a well-established institute that had begun in temporary quarters, but had moved to a wonderful new facility in the Texas Medical Center, and which contained geographically, a hospital, an administrative unit, a research institute, and both an educational component and a growing set of educational affiliations with other institutions -- with University of Texas at Austin, with the medical school in Galveston, and I learned that when Dr. Clark was beginning to build his institute, he borrowed faculty and staff from anywhere he could borrow them. From Galveston, from Austin, from Baylor, and from anyplace else. And the loan was always temporary, but those people never left M. D. Anderson! They stayed, most of them, for their entire careers. M. D. Anderson was not an institution where people came and went and came and went. They came but they never went. Like me. Once they got to M. D. Anderson, they never wanted to work anyplace else.

James M. Bowen, Ph.D.

Chapter 03: The Creation of Basic Science Departments Focused on DNA (50s – 70s) and A Fellowship Year Using Drugs to Study Viruses

Abstract:

In this chapter, Dr. Bowen talks about his work at MD Anderson as a postdoctoral trainee and his impressions of MD Anderson's president, Dr. R Lee Clark. He also discusses the development of the virology department at MD Anderson and the "pervasive, and sometimes overwhelming, but most of the time reassuring, sense of family in the group in those days."

A: The Researcher;

B: Research;

B: MD Anderson Culture;

B: Working Environment;

C: Understanding the Institution;

B: Institutional Mission and Values;

A: The Researcher;

A: Personal Background;

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

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

C: Discovery and Success;

C: Healing, Hope, and the Promise of Research;

James M. Bowen, PhD

00:24:50.230

What I found when I came, as a Ph.D., and I had been warned by some of the academic faculty and some of my colleagues, that a Ph.D. moving into a medical environment was always and invariably a second-class citizen.

Louis J. Marchiafava, PhD

You anticipated one of my questions.

James M. Bowen, PhD

I was led to believe that the Ph.Ds were the scut workers. We did the work and wrote the papers and left the authorship blank and the physicians put their names in, and if we were lucky, we got our name down somewhere in the authorship. Otherwise, we might get an acknowledgment. Otherwise, we might just be viewed as hired help. And on my first interview with Dr. Haas, when I came for my postdoc, I told him about this concern. He also wanted to laugh and I think he also wanted to cuss a little because it both amused and offended him. He said, "No one here is a second-class citizen. Everybody who works at M. D. Anderson, whether he does surgery, or radiotherapy, or does laboratory research, or makes the beds or sweeps the floors, whatever they do,

James M. Bowen, Ph.D.

they are here because Dr. Clark believes that they have a skill that he needs." And he said, "Tell me at the end of your postdoctoral training period of time if you felt like a second-class citizen." And it was an amazing experience because never for one moment during more than 30 years of association with M. D. Anderson was I ever made by anybody to feel like a second-class citizen. It was really just amazing.

Louis J. Marchiafava, PhD

That is quite a compliment to the institution.

James M. Bowen, PhD

It was an incredible philosophy, and this is not to say that there weren't people who did not have that feeling. I mean, you know, there were molecular biologists who felt superior to cell biologists, and cell biologists who felt superior to microbiologists. And I am sure there were pathologists who felt superior to nurses and so forth, but you never uttered it around Dr. Clark because the retribution was swift and terrible! And Dr. Clark enforced his vision. He made everybody invest in it. And if they did not invest in it, he did nothing to make it comfortable for them to stay. But the interesting thing was that practically everyone did invest, because he had a way of making you believe what he believed, and he was visible. He was visible.

Let me give you a little aside story that is not in the chronology here, but I saw it first as a postdoc. The postdocs used to sit around over our beer and laugh at this situation. And then I particularly saw it as a young faculty member when I came back. I'll get back to that story. Dr. Clark began every week of the year at M. D. Anderson with a general staff meeting of department heads and other key staff, both administrative, scientific and sometimes medical. But all the department heads, and other people that he selected . . . With a meeting at 7:30 on the 7th floor in the director's conference room. Dr. Clark was an exercise nut. He always walked in the back door from the parking lot every Monday morning and walked up those seven flights of stairs to his office to get his notes for the Monday morning meeting. And anyone that he happened to see on his way, he conscripted and they had to walk up with him. And it was always a source of humor for us to see significant scientists, heads of medicine and other people, hiding from Dr. Clark on Monday morning, so that they could wait until he got out of sight and then take the elevator up to the seventh floor, and not have to walk all those flights with him.

One of the things that is more significant to that story is there was a pervasive, and sometimes overwhelming, but most of the time reassuring, sense of family in the group in those days. Everybody had a sense of belonging. And everybody worked his tail off because we understood that it was expected. And we understood that there were people dying, and the harder we worked, the sooner they might not. Now, that sounds a little bit like an aggrandizement of the situation, but I promise you, it was a real philosophy that was shared by practically everyone.

James M. Bowen, PhD

James M. Bowen, Ph.D.

But, to get back to the organizational structure of M. D. Anderson, what we found was the initial steps towards the realization of Dr. Clark's original vision. We had clinical departments and we had three fully operational basic science departments. Each of them focused on some aspect of understanding . . . [break in audio tape]

James M. Bowen, PhD

. . . These three fully structured basic science departments were all focused on some aspect of DNA -- its structure, how it functioned, how it changed when a cell went from normal to cancerous, and a whole variety of things. The departments were Biochemistry, Biology, and Physics. The Physics department, as I understood it at the time, had grown out of the need to recruit physicists to help to build the first COBALT 60 unit, which I believe was the first such unit to be constructed in the United States. One of the results of that early pioneering of physics was that M. D. Anderson became one of the national and even world centers for understanding radiation dosimetry, and has always, and is today, a leader in all aspects of both diagnostic and therapeutic radiology. It all began in the basement of M. D. Anderson with a bunch of physicists and radiologists building that unit and then applying it to treat cancer. Ultimately, biophysicists were brought into the group and they were studying, in a variety of ways, the structure of DNA and of RNA and of proteins, and of how they interacted with each other. Dr. Haas, who was a trusted advisor of Dr. Clark's in those days, and probably the most effective early recruiter of basic scientists to M. D. Anderson, convinced Dr. Clark that within biological science, it was the subsience . . . Who knows better? He is a subscientist . . . Of genetics that probably offered the most promise. And Dr. Clark allowed Dr. Haas to recruit and to develop programs in several aspects of genetics -- microbial genetics, cellular genetics, and even whole-animal and human genetics were coming along as sciences in their own right at the time. And Dr. Haas and Dr. Clark, and the people that they recruited, established major programs in each of these areas.

Louis J. Marchiafava, PhD

Now, which period or what years are we talking about?

James M. Bowen, PhD

This period began in the late 1950s and carried through well through the 1960s and 1970s. I was a part of one of the sections in the Biology department, but we were a hybrid of biology because we were studying viruses and cells in which viruses were growing and causing changes. But our best tool at that time was the electron microscope which, in fact, existed within the physics department and was part of the physics program. So, our section was part of biology and yet, drew heavily on physics. But Dr. Dmochowski's dream, although he was staying fairly quiet about it to everyone except in private visits with Dr. Clark, was to have a major multidimensional virology program independent of other aspects of biology, and for a few years, that was actually realized. We will reflect on that also in a moment.

James M. Bowen, PhD

James M. Bowen, Ph.D.

In the meantime, let me pick up a little bit of my own personal experience at that time . . .

Louis J. Marchiafava, PhD

Now, you were in a position . . . In the time we are going to talk about, what position were you in?

James M. Bowen, PhD

I am going to go back now to that year as a postdoctoral trainee. In that year, I brought an understanding of how to use drugs to study virus development, how to study viruses in the laboratory using tissue cultures and similar things, and I learned an enormous amount. I learned how to handle viruses that cause cancer. There was an old, rather dilapidated building down on Blodgett Street in those days that had once housed the Houston Dental Institute, which ultimately, I think, became the University of Texas Dental School at Houston. But the old building was taken over by a few specific projects and by a dental school project where one of their faculty was actually raising marmosets to study the various aspects of research in these small primates, and Dr. Leon Dmochowski and a few others had a huge rodent colony in the basement. And he was able to import from all over the world strains of mice that were specific for various kinds of cancer, and for associations with various kinds of viruses, particularly the viruses of mouse leukemia and of mouse mammary cancer which, at the time, everyone who was working in the field believed might be a good model for human breast cancer. And a window in my own head that had been closed for a few years opened up because here was a chance to study a model for human breast cancer. And as events turned out, mouse mammary cancer turned out to be one of the most invaluable tools for studying virus cellular associations that ever existed, but it did not turn out to be a particularly good model for human breast cancer. Other models came along that were better. But we did that year a tremendous amount of work. We worked very long hours, designed and carried out lots of experiments, both in the tissue culture laboratory where we were growing cells artificially in culture, and treating them with various viruses, to try to understand why some viruses cause cells to die, others cause them to transform and become cancerous, and others had no effect at all. And we also tried to study the transmission of these cancers that we knew were virus-associated; namely, leukemia, mammary cancer in mice, and this strange kind of oddball virus that was capable of causing both cancer and what we used to call lytic destruction of cells. It just killed and destroyed them, called polyoma. And all over the world, other people were doing this kind of work, too, and we began to develop a catalog of viruses that were associated with various forms of cancer. Dr. Dmochowski had begun to see, in the samples taken from human leukemia patients at M. D. Anderson, the same kinds of structures that were associated with the virus-transmitted leukemia in mice. This, of course, created an atmosphere where we began to believe that there might, in fact, be a virological association with leukemia, perhaps with breast cancer, and perhaps with other forms of cancer in human beings. But it was in childhood leukemia where we began to see these characteristic virus particles that, in those days, were called C-type because of an arbitrary structural designation. And we began to think that maybe there would be a human counterpart to the virus causation of leukemia in mice. And that was an extraordinarily productive year.

Chapter 04: A Year Away; Reorganization of the Basic Sciences; a Return to a Faculty Position

Abstract:

In this chapter, Dr. Bowen talks about research and the working environment at MD Anderson. “The feeling of walking into M. D. Anderson in those days is hard to describe,” he said, “but it was a sense of the becoming a part of something that made you much bigger than you could ever be as an individual. And it is not just me. Everybody I knew had that sense.” He also discusses why he “never really wanted to spend my career anywhere but at M. D. Anderson.”

A: Professional Path;

B: Research;

B: MD Anderson Culture;

B: Working Environment;

C: Understanding the Institution;

B: Institutional Mission and Values;

A: The Researcher;

A: Personal Background;

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

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

C: Discovery and Success;

C: Healing, Hope, and the Promise of Research;

C: Dedication to MD Anderson, to Patients, to Faculty/Staff;

C: Personal Reflections, Memories of MD Anderson;

D: On Research and Researchers;

James M. Bowen, PhD

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We wrote several papers, did lots of experiments, but when the end of the year came, in about April, in fact, of that year, I received a letter from the Sterling Winthrop Drug Corporation reminding me that I had signed a contract to come and work for them after one year at M. D. Anderson.

I was very unhappy about this, but an agreement was an agreement. Plus the fact that Dr. Dmochowski did not have anything at that time available except an additional year of postdoc, and I had fallen in love again and was preparing to marry again, and I felt as though I needed a real job. So, in an atmosphere of some acrimony with Dr. Dmochowski, I finished up in August. I, once again, put my worldly goods in the car, drove out to northern New Mexico to marry my fiancé, and then, we left from the wedding reception in a hideously painted up little Mercury Comet, and drove as newlyweds to upstate New York to take a job at the Sterling Winthrop Research Institute, working once again on influenza. But in my heart of hearts, I knew that I never really wanted to spend my career anywhere but at M. D. Anderson.

I had attained some independent funds and some agreements from my bosses at M. D. Anderson, that the annual symposium on Fundamental Cancer Research, which M. D. Anderson was now holding every year was, in fact, going to be chaired by Dr. Dmochowski in February of 1963, it was. And I had my own money, and obtained an allotment of time to come back to that symposium, arguing that this was one of the greatest collections of virologists, and there would be a real chance. We were working on influenza and measles at that time. But I began to see changes at Sterling Winthrop which made me nervous, because the company was not seeing profit from the drug studies, and there was pressure on them from various quadrants to begin to produce vaccines, because vaccines were in demand in those days. And they were told that they had a guy who really knew how to grow influenza virus, because as a graduate student, I had made influenza viruses for all the labs and for everybody. And so, I was transferred out of the drug testing unit into the vaccine unit, and my job was to oversee the inoculation of 400 dozen embryonated eggs a day in order to produce a very high quality, but with a very low profit margin vaccine, because we essentially were making it by hand. Even using a hand bottle capper. And I thought, there is no future in this for me. So, when I came to the symposium at M. D. Anderson in February of 1963, I began to reestablish contacts, and I met a man whom I had been greatly impressed by the name of Clark Griffin, an American Cancer [Society] Research biochemist who was doing really marvelous things. And they had a virologist in their group who was thinking of moving over to Baylor, and they wanted a young virologist to come in and do the virology that they were planning on doing as a part of their biochemistry department. Now, this was the Department of Biochemistry, not the section of Electron Microscopy and Virology in the department of Biology. And I said, "Yes, I would be very interested. Let me send you a CV." We actually had dinner together twice during that period of time, and a few weeks later, I wrote back to him with a copy of my CV and saying I would be very, very interested in an assistant professor position in the Department of Biochemistry. And time went by, and time went by, and time went by, and I didn't hear anything. And so, I called, and was told, not by Dr. Griffin who was out of town at the time, but by another young scientist who ultimately became an extraordinarily competent chairman of Biochemistry at M. D. Anderson, and retired as chairman of the department, but at that time, a young biochemist named Darrell Ward. Darrell said, "Jim, there is a problem. I don't think that we can appoint you," and I was just devastated. And I said, "Well, is there some weakness in my CV?" And he said, "No, I'm sorry. I really can't tell you. I can't discuss it with you." I thought, hmm, this is incredible!

Well, about one month later, I received a letter from Dr. Dmochowski asking me if I would be interested in an assistant professor position in the section of Virology and Electron Microscopy, in the Department of Biology. That he had secured some funds that he didn't know he was going to have. Well, in retrospect, it was very clear. There was a discussion among the basic science group at that time. The chairman of basic sciences met a couple of times a month to talk about future plans and so forth, and Dr. Dmochowski's position was that if a virologist was coming to M. D. Anderson, he needed to be in virology, and besides which, Bowen had already proven himself in virology, and probably could have a reasonable future. And ultimately, he secured approval to offer me an appointment, and I immediately took it, not realizing that any politics had gone on before. And, over a period of time, that little glitch in the relationship was all smoothed out and everything went fine.

James M. Bowen, Ph.D.

And so, once again in July, this time in 1964, I brought my wife and our three-week-old daughter to Houston to join the Section of Virology and Electron Microscopy in the Department of Biology, and to become a part of this dream that I had intellectually become a part of as a postdoc here. And somehow I knew, in spite of the fact that in those days, scientists tended to advance in their career by moving from institution to institution. If you were being recruited by another institution, you usually made some advancement as a condition of your joining that institution. And that was a way of life in many fields in those days, particularly so in academics, and particularly in biomedical science. But, you know, from the day that I walked back in to take my position and went down to the supply room and was handed two lab coats, each with my name embroidered on in blue thread, I thought, I don't ever want to be anywhere else, and it is going to be my job to try to make myself valuable enough to this institution that they will want me to stay. It was the feeling I had. The feeling of walking into M. D. Anderson in those days is hard to describe, but it was a sense of the becoming a part of something that made you much bigger than you could ever be as an individual. And it is not just me. Everybody I knew had that sense.

Louis J. Marchiafava, PhD

Did you consider any other cancer centers in the United States at that time?

James M. Bowen, PhD

Not at that time. I had offers from time to time, but there were two things about it: first of all, I knew the people at M. D. Anderson . . . Dr. Clark, the president of this place and the guy that was in charge of everything, called me by my first name when he saw me in the hall. You know, just a little green virologist from the backwashes of Jack County. It turns out that being from the backwashes of Jack County was not a bad thing because I lived for part of my life in Fort Worth and I went to college at Midwestern in Wichita Falls. Well, Fort Worth is the home, among other things, to Texas Christian University, a university started by Dr. Clark's grandfather. And I got my bachelor of science degree from Midwestern State University, a college started by Dr. Clark's father, and which has a building dedicated to him there. So, there was some association there, and it was a very good association, and I loved it. So, I became part of the basic science program.

Chapter 05: NIH-Sponsored Contracts Spur a Large and Influential Virology Program at MD Anderson

Abstract:

In this chapter, Dr. Bowen talks about how the National Cancer Institute impacted research at MD Anderson, the emerging field of viral oncology, and how he made time to work directly with patients. He also discusses the development of the Department of Virology at MD Anderson.

B: Building the Institution;

B: Research;

A: The Researcher;

B: Working Environment;

B: Building/Transforming the Institution;

C: Understanding the Institution;

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

C: Discovery and Success;

C: Healing, Hope, and the Promise of Research;

D: On Research and Researchers;

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

James M. Bowen, PhD

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Because of the pressure of science that was coming in from all over the world, the National Cancer Institute decided to mount an enormous, largely contract-based coordinated research effort nationwide and even worldwide, to try to establish once and for all, the viral etiology of animal and human disease. And so was begun an initiative from NCI, but scattered through institutions in this country and abroad called the Special Virus Cancer Program. Dr. Dmochowski was one of the recipients of a very large set of contracts. There were three different contracts at one time. Two of them virologically-based, one largely to continue electron microscopy, one to develop new techniques of cellular and molecular biology to bring to bear on the problem, and then another one dealing with a curious new set of organisms called mycoplasma. The mycoplasma program did not last very long because pretty soon, mycoplasma were more or less discounted as having an association with cancer. But there were lots of other things to be done and many viruses to be studied. And lots of studies to be carried out. And as a result of that expansion, and under some political pressure from Dr. Dmochowski, Dr. Clark agreed to remove and enlarge the Section of Virology and Electron Microscopy from the Department of Biology and created a department of virology, the first such department anywhere in the University of Texas system. Now, there was already a department of virology at Baylor just across the street operated by Dr. Melnick. And Dr. Melnick and Dr. Dmochowski were competitors and friendly rivals and mutual critics for all the years of their lives. And I use the word "friendly" somewhat generously. It was not always friendly, but it was always competitive. But, when the need for cooperation came down, they were always there to cooperate because they understood that virology was important and that virology

James M. Bowen, Ph.D.

had a role to play. Dr. Melnick's work was crucial in the advances against polio. Dr. Dmochowski's had been seminal in establishing an international effort to determine whether or not viruses were associated with human cancer, and what to do about that if it turned out to be true. And so, there grew in Houston at the time one of the largest and most influential virological presences that existed in any academic arena in the country. And there was also a tremendous coordinate effort in the nation among this new breed of virologists who called themselves viral oncologists; that is, virologists who studied cancer. It was a tremendous time. I never worked so hard or had so much fun in my life! But, at the same time, it was my own personal natural bent to want to have a larger role in M. D. Anderson, too. For one thing, our laboratories were in leased space in the building one block away from M. D. Anderson. That was a problem for me. I liked to be there every day, and I had colleagues who said, "Well, you know, you are a frustrated physician and if you had a brain in your head, you would quit today and apply for medical school and go to medical school and come back and do the thing that you dream of doing, namely, working with patients." And there was a little bit of tension within myself for much of my career and in guiding some of the things that I did organizationally at M. D. Anderson.

Louis J. Marchiafava, PhD

Did you ever have any contact with patients in the role that you described?

James M. Bowen, PhD

Certainly not in a treatment role, but I got to know many of the patients who participated in our research programs. And when we were working on studies and taking notes, I very often went to be with the patients. Dr. Clark always wanted a patient to clearly understand if he or she were involved in some sort of science. And if the science was, in fact, designed to help them and certainly not to hurt them, and not to compromise their treatment in any way. And Dr. Clark wanted everyone who was involved in a project acknowledged and known. But I probably spent more time with patients than I needed to, simply because I enjoyed that aspect of it.

Chapter 06: A Love of Teaching and Discovering that Administration Can Impact Research

Abstract:

In this chapter, Dr. Bowen talks about his involvement in teaching and administrative duties at MD Anderson, his love of teaching, and his work “helping nonmedical, nonscientific people learn more about cancer.” He also discusses his involvement in securing research grants for the institution.

A: Overview;

A: Professional Path;

B: Education; D: On Education;

A: Activities Outside Institution;

C: Leadership; D: On Leadership;

C: Mentoring; D: On Mentoring; C: Formative Experiences;

C: Evolution of Career;

James M. Bowen, PhD

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But almost an accident got me first involved in M. D. Anderson's administrative activity. Through the influence of Dr. Clark and the very excellent stewardship of Dr. Felix Haas, the institution received a grant that allowed a peer committee to sub-award small research grants to investigators based on an internal peer review of the quality of their projects.

Louis J. Marchiafava, PhD

Now, what period was this?

James M. Bowen, PhD

This was in the mid-1960s. We are talking 1965-1966. I had met, through some other reason, and I don't recall exactly how we had met, the head of Anesthesiology whose name was William Derrick. Dr. Derrick was a wonderful man. He became a good friend and a mentor, and he asked me if I would serve as one of the members of the Institutional Research Grant committee. This would probably have been in the mid to late 1960s. I spoke with Dr. Dmochowski about that and Dr. Dmochowski thought that this would be a good idea. It would be a contribution to the institution, and it also might give virologists some insights and data to access these funds. And so, I was appointed to the Institutional Research Grant committee. It was the first administrative role that I had outside of virology, although I was already acting as deputy head of virology simply because I was close to Dr. Dmochowski, and if he asked me to do something, I tried to get it done for him.

Louis J. Marchiafava, PhD

James M. Bowen, Ph.D.

Before you go on beyond this period, there is one question that popped up at me. I notice that you had an association with the dental school.

James M. Bowen, PhD

Yes. That was in another persona that I worked to develop. And that was, while I was at Oregon State in graduate school, I was a teaching assistant for practically the whole time I was there, along with my research assistantship. And I love to teach. I love to be in front of the classroom. I love to be with students. I loved everything about teaching. And so, one of the aspects that I had discussed with Dr. Dmochowski in returning to M. D. Anderson was would I have opportunities to teach? And he said, yes, he would recommend me for a membership in the growing affiliation with the Graduate School of Biomedical Sciences, and he had some associations with Baylor and with the dental school where I might be able to do some teaching. And just about that time, one of the professors at the dental school developed an affiliation with the dental science program with the Air Force out of Wilford Hall in San Antonio, and they developed a curriculum to teach master's level dental pathology, and one of the things they had to have was a microbiology unit. But they had no money to pay anybody to teach microbiology, and they went looking for somebody who would do it for free. And when I got the opportunity, I went! They asked Dr. Dmochowski if he would do it and he did not have time. And so, he asked me if I would like to do it for him. And that developed an almost career-long affiliation with the pathology group at the dental school. And I taught virology and microbiology and microplasmology for a time to that group, just for the love of teaching.

Louis J. Marchiafava, PhD

Did this have to do with cancer of the oral cavity?

James M. Bowen, PhD

Well, only peripherally at the time. In order to complete a master of dental science curriculum in pathology at the dental school, they had to have a unit in general microbiology, and we taught actually very little cancer at that time. The pathologists taught their own oral screening and things of that sort. I taught straightforward virology. We talked about . . . [break in audio tape]

James M. Bowen, PhD

We were speaking of the kind of teaching we were doing at the then science institute. It was one of the many opportunities that came to all of us who were interested in teaching. We got to teach graduate students. I also taught in the Baylor/St. Luke's Medical Technology Program. It was great fun teaching the dentists. I made a few trips over to Wilford Hall to give special lectures in virology for the people over there, and there was a chance to go around among different universities and talk to people. And somewhere along the line, one of the personal loves that I developed was helping nonmedical, nonscientific people learn more about cancer, because Dr. Clark always impressed on us that a patient was an essential part of the treatment team, and that the more

James M. Bowen, Ph.D.

everyone knew about cancer, the better off we were. And, in later years, and this will come up again, in later years, I spent a lot of my spare time just talking to anybody who wanted to hear -- to rotary clubs and to professional organizations and chambers of commerce and so forth about cancer, particularly about cancer prevention. And that interest led me to one of the roles that I had at M. D. Anderson in my later career that I am the most excited and the proudest of, and we will talk about that later on.

You had asked me about teaching in the dental school. That was just one of those opportunities that many of us academics sought because it gave us a chance to be in front of a classroom. But I taught very little oncology. I taught straight virology. It was very good for me because it made me be the best student in the class, because things were developing so rapidly in all the fields of biomedical sciences, and in virology in particular, that you had to really keep after it to keep up. And the best incentive to keep after what was going on in your own field was to have to talk to groups about it. And that was what we did.

Returning to the Institutional Research Grant Committee, the evolution of that experience was after about one year on that committee, Dr. William Derrick asked me if I would be vice-chairman and a chair of the group when he was out of town, which I did. And ultimately, when he retired as chairman, I became chairman. And that was basically the first administrative role that I ever had at M. D. Anderson, and made an interesting discovery. This was one of those discoveries that a scientist makes that is both tantalizing and horrifying, and that was that I really enjoyed administration, and I felt like I had a natural flair for it because I like the enabling part of it. You know, I loved to be a part, for example, of awarding this institutional research grant, and then one year later, reading the progress report to see what could have been done. And, of course, scientists very quickly learned the politics of doing that and they always have some sort of language in a progress report that says without support of the Institutional Research Grant, we would not have been able to do this and such. We would not have been able to publish this work. We would not have been able to make this discovery. We would have not been able to apply for a much larger grant which we have just received. And I am thinking, wow, this is a way that basically in our spare time, we can make a particular contribution towards advancing the institution in fields that we have no personal ability in. So, I really liked that committee work.

Dr. Dmochowski was very supportive in this. He expected time given back in return. But there was an oversight committee for all research in the institution. He made me the departmental representative for that group called the Research Committee, which basically was the approval mechanism for any research that got done at M. D. Anderson. There was a clinical research group and a basic science research group. And all projects when Dr. Clark was president, all projects, had to be reviewed by a peer group, a representative group called the research committee and approved or there could be no institutional facilities or resources allocated to that project.

Louis J. Marchiafava, PhD

Now, this was your first taste of administrative work, is that right?

James M. Bowen, Ph.D.

James M. Bowen, PhD

It was my first taste of administrative work.

Louis J. Marchiafava, PhD

Well, you enjoyed it, as you have stated.

James M. Bowen, PhD

Some people viewed it as a burden, but I didn't.

Louis J. Marchiafava, PhD

That is rather unusual.

James M. Bowen, PhD

Yes, and it actually bothered me a little that I liked it! But there I was, you know. And much later in my career, I would look back on that as an important kind of turning point in my ultimate association with M. D. Anderson.

Chapter 07: Building Dr. Clark's Vision of the Basic Sciences in the Early 70s: Science Park, and New Departments

Abstract:

In this chapter, Dr. Bowen talks about growth during the 1970s at MD Anderson, the development of the virology program, and Dr. Clark's vision for expansion. He also discusses the emergence of the Science Park research facility in Smithville, the development of basic sciences departments, and new international training programs, such as one in Italy, that MD Anderson sponsored.

B: Building the Institution;

B: Research;

B: Working Environment;

B: Building/Transforming the Institution;

B: Institutional Politics;

B: Controversy;

C: Understanding the Institution;

A: The Researcher;

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

C: Discovery and Success;

C: Healing, Hope, and the Promise of Research;

D: On Research and Researchers;

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

B: Institutional Mission and Values;

C: Leadership; D: On Leadership;

B: The Business of MD Anderson;

C: The Institution and Finances;

James M. Bowen, PhD

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Well, this brought us well into the 1970s now, and the 1970s were a period of growth. M. D. Anderson was adding staff, faculty, programs, space, funding. Virology was proceeding and growing. We had a virology faculty with this huge contract program, had gone from 4 to about 20. Fifteen of those were paid on funds allocated through the contract. We thought of it as soft money. In those days, grant funds were considered soft money, state funds were considered hard money, and the transition and your perception of the institution's sense of your value was the movement of your salary and of the salary of your own personal staff from soft to hard money. That was an important concept, and one that we ultimately had to educate ourselves out of. And one that was a hard transition for many people, and I am not sure that everyone has fully made that intellectual transition yet. But in those days, it was very crisp. When you were new, you were on soft money, but when you began to establish yourself in the institution, you moved to hard money. I paid essentially all of my salary for the first nine or so years that I was at M. D. Anderson. I began to move partly to hard money and then totally to hard money. And it was then that I really felt like M.

James M. Bowen, Ph.D.

D. Anderson saw me as a potential long-term member of the Basic Science faculty. When committee assignments and other administrative jobs came along, I tried to be there to take them over.

When Dr. Dmochowski organized the Department of Virology into subsections, I took over the Section of Tumor Virology, and had a small organizational structure within the department. But Dr. Dmochowski was a very centralized person. He wanted to know and to essentially be in charge of everything that went on within his framework. But in his own way, he was actually following Dr. Clark's lead because Dr. Clark was a living example of the old biblical adage about never a sparrow falling. Dr. Clark knew how much was spent on pencils in the institution annually, and in the early days particularly, he had an enormous capacity for understanding, and of assimilating the information into the larger picture. And that was what made him such a tremendous organizational leader. He never lost sight of the big picture, and he saw where every individual little component fit in, both present and future. It was incredible! Incredible! I knew no one that didn't look on him with a little bit of awe and a tremendous amount of admiration. And if you made him angry, there got to be a considerable level of fear in there, too, because Dr. Clark was a hard man to have angry at you. I am one of the lucky ones. I don't think I ever did.

Eventually, as age and health problems began to overtake Dr. Dmochowski, Dr. Clark was growing and completely restructuring the basic science program at M. D. Anderson, to fit in to the new knowledge and the new availability, and the new sense of where the nation and the world were going in the biomedical sciences, as they related to cancer research.

One of the things that Dr. Clark foresaw that some of us considered a bad step, a step backward at the time, was he saw that the virology component of biomedical science was changing from a more classical causation, symptomatology treatment approach to a much more molecular approach. He wanted to understand how viral genes interacted with host genes to turn a normal cell into a cancer cell. He felt now that chemical cancer causation and environmental cancer concerns were coming to the forefront, both in science and in practice, he began to believe in his own mind that there was a common denominator between chemical carcinogenesis. And when Dr. Dmochowski retired as chairman of the department, Dr. Clark called me in to his office and he said, "Jim, here's my plan, and if you want to be a part of this plan, it would be great. And if you don't, i'll allow you to step aside and do your thing, and I will find someone else." He said, "I want to reincorporate your department. I want to change its name from virology to molecular carcinogenesis. And I want you to develop affiliations with the other fundamental carcinogenesis programs in the institution, and at a new facility that I have in mind up near Smithville, which I am going to call the Environmental Science Park."

Louis J. Marchiafava, PhD

I visited there.

James M. Bowen, PhD

James M. Bowen, Ph.D.

It is quite a facility there.

Louis J. Marchiafava, PhD

Yes, it is. It is hidden away in the woods. You would never know it was there.

James M. Bowen, PhD

And you will interview, I am sure, someone who will tell you how Dr. Clark developed that facility, and it was one of the remarkable stories of his career. I know a little bit about it but I was not involved firsthand. I said, "Dr. Clark, I see my role here as helping you carry out your vision. Now, I am hoping that you don't foresee a time when I will no longer be valuable to you in the institution, but you tell me what you would like done and I will do my best to do it. And if I can't do it, I will step aside and move and no problem." And so, to Dr. Dmochowski's heartbreak, because he was still around at that time. This was in about 1973-1974 when we were doing this. We changed the name of the department to Molecular Carcinogenesis, and began to sort of restructure how we were operating.

In the meantime, other basic science programs were growing and expanding and restructuring. And also, clinical departments were developing really, really strong basic science programs. There was a time at the time when M. D. Anderson had a doctorate faculty, that is, M.D.s, Ph.D.s, dvms and ddss, of around 400, at least half of those basic science were actually clinical departments, not basic science departments. A matter of some tension within the faculty and the institution, but yet, something that I think ultimately greatly enhanced the overall research effort. And in enhancing the overall research effort, was always Dr. Clark's goal. If it stepped on the toes of some little individual political unit, Dr. Clark was prepared to do that; prepared to soothe the hurt feelings where possible, to compromise if essential, and to have a really nice going away party if that was the only way it could be done. And over the years, we saw examples of each of those scenarios and, you know, a few people left in anger, a few people left with a sense of their own particular value being inadequately recognized, but no one ever left with the idea that Dr. Clark made a mistake about a vision of the institution. He never, ever took his eyes off of it. The old adage of making no small plans was a real day-to-day working piece of theology for Dr. Clark. And he stayed with it.

Louis J. Marchiafava, PhD

Were the tensions of an individual nature or was it a tension of where the institution was going?

James M. Bowen, PhD

Obviously, if I am a virologist, I believe that virology in and of itself has something to contribute. I also have some ego, some virological ego, invested in it. And we felt that we ought to be able to convince Dr. Clark that virology had an ultimate role to play. But if you go back and analyze the experience of those times, you can never really convincingly argue that any of us had a better view

James M. Bowen, Ph.D.

of the institution's destiny than Dr. Clark. What we felt was that we couldn't persuade him that our role in it ought to be larger. So, the way you asked the question, it was essentially invariably a personal view. In other words, I think we should get there by this route and you think we should get there by that route. The worst criticism that I ever heard made towards Dr. Clark was that he followed the money. That if there was more money in chemical carcinogenesis, the department became Molecular Carcinogenesis. When there was more money in virology, it was called Virology.

Louis J. Marchiafava, PhD

Is there a basis for that criticism?

James M. Bowen, PhD

Oh, superficially, perhaps, because Dr. Clark knew that the institution could not support all the projects that it needed to carry out, and that the projects that were important, had to get their own financial support to at least some extent. And if they could not get financial support, then you had to ask the question whether or not they were worth the commitment of other institutional resources. So, to that extent, he followed the dollar, as the criticism went. But, in fact, it wasn't really so. What he did was create the atmosphere so that the dollars would follow the projects. But he watched very carefully what the national and international trends were. Not because he wanted to make sure that he followed them, but because he always wanted to stay ahead of them. And that was his goal. He said, "I don't want to confirm Dr. So and So's work at Sloan-Kettering. I want Dr. So and So to be out there confirming our work." And that was the view that he took.

Well, this led over a period of time to a major restructuring of the basic sciences new departments. Virology ultimately was subsumed by a larger department called Tumor Biology which integrated aspects of cell biology, aspects of immunology, but as fields became significant intellectual zones in their own right. Dr. Clark was always good about creating departments. And, you know, when it was all over, there were 20 or so strong basic science programs. And Dr. Clark always had the capacity to recruit the best people from anywhere in the country if he wanted to. And if not in the country, he went outside the country and brought in outstanding people. He also had a tendency to allow the bringing in of young people for training, and then to keep the best ones. There was some criticism of some areas in some areas that this was inbreeding, but Dr. Clark's view was that if you trained people to do what M. D. Anderson does best, if there is a place for them, let them do it here. Let them give back the training that they received, although he also felt that the M. D. Anderson philosophy needed to be distributed to the country and the world. And we had enormous training agreements with institutions in Japan and in France, and in a variety of other places. And, as a matter of fact, there are very few leaders in the major institutions in those countries that have not had some training affiliation with M. D. Anderson.

As an aside, just for our personal acquaintance, that is how I happened to go to Catania, Sicily, because we trained people who are now in leadership positions over there. For example, we trained their whole bone marrow transplant program, too, over there. And several of us have been over to

James M. Bowen, Ph.D.

see how they are doing and to see what other kind of training that we could contribute, and that sort of thing.

Chapter 08: Charles LeMaistre Becomes the Second President

Abstract:

In this chapter, Dr. Bowen talks about the leadership of MD Anderson president, Dr. Charles LeMaistre, and how he came to become the institution's new leader; his own personal leadership of the newly created Department of Molecular Carcinogenesis; and the further growth of MD Anderson. He also discusses the legacy of Dr. R. Lee Clark.

B: Institutional Change;

Codes

C: Leadership; D: On Leadership;

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

B: Building/Transforming the Institution;

B: Institutional Politics;

B: Controversy;

C: Understanding the Institution;

C: Discovery and Success;

C: Healing, Hope, and the Promise of Research;

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

C: Portraits

B: Institutional Mission and Values;

C: Patients; C: Patients, Treatment, Survivors;

James M. Bowen, PhD

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But that is where we were. I stayed on as Acting Chairman of the newly created Department of Molecular Carcinogenesis for a few years. And ultimately, when it began to look as though our faculty could hold their own in science, I was made permanent Chairman. But Dr. Clark told me, when he and I discussed removing the acting from my title, that we were going to recreate a new department, and that probably the Department of Molecular Carcinogenesis, as a separate entity, would move in its entirety to the Science Park. And the remainder, the part that remained in Houston, would become an integral part of a larger basic science department, and I fully supported that and told him that although I enjoyed being chairman, that my ego did not require it. And when the time came, if he needed me to step aside to recruit somebody who was really strong in the field, that I would step aside and that I could help recruit. And that I would try not to make waves. The one thing that I wanted from him in terms of commitment was that we didn't bring in a cannibal who would come in and fire everybody. Plus, I said, I have to defend my people. Dr. Clark was very reassuring about that.

Well, then something else happened. At the time, I had no clue that I would have a role in it or it would ultimately influence my own career, but I turned out to be extraordinarily mistaken on both counts, and that is, that it came time for Dr. Clark to retire. One of the things that Dr. Clark did not

James M. Bowen, Ph.D.

do in his leadership in the institution is really make a strong preparation for his own successor. From the various people that you speak to in this process, you will get different opinions about this. My personal opinion is that Dr. Clark felt that what he was doing was a calling, and that he would be able to continue to do it until some really significant advances were made. And, of course, if you look back on his career, tremendous advances remain. During the period of time that I was at M. D. Anderson, the overall expectation of cure for most forms of cancer went from like one in five or six to one in two. You can't ask for better but . . .

Louis J. Marchiafava, PhD

Are those survival rates or cures?

James M. Bowen, PhD

Well, cure and long-term survival rate, I tend to use interchangeably. But one of the things that has marked the advances that we have made on cancer is that there are certainly many more people out there who have been cured of their cancer, but there is an even larger number of people who are not cured of their cancer and who are not dying of it. They are living with their cancer at some level. And, you know, if you place those two groups, that is, those that are cured and their cancer will never recur, and those who are living with their cancer, then you've got a number for what you can call long-term survival. So, tremendous things were done. But people age. It came time for people to consider a successor for Dr. Clark. At the time that that happened, I was a fairly visible administrative faculty member. Department chairman. I had chaired the two major committees and was the first and perhaps the only non-physician to ever chair our human subject committee. Because I was so deeply immersed in the enabling of both clinical as well as basic science research at that time, and it was decided that a search committee would be formed to find Dr. Clark's successor. And because of my capacity as Chairman of the Research Committee at that time, I was asked to serve as one of the members of the search committee.

Louis J. Marchiafava, PhD

Who asked you?

James M. Bowen, PhD

I guess the initial request came from Dr. Lemaistre [oral history interview], who was Chancellor of the UT system at that time, and who recommended me to him, I am not sure, but it was very likely Dr. Jose Trujillo who was a friend and a colleague and a collaborator with whom I served on several of these committees. He was Chairman of Laboratory Medicine at the time, and we formed this committee. The committee consisted of three members of the Board of Regents, including Governor Allan Shivers, and at the same time, we were also looking for a president of the Health Science Center. So, there were two of these big search committees involved in it. And so, we began to get a structure. We had members of our clinical group, a member of the board of visitors, regents, at least three presidents of other UT medical institutions in the country, and a smattering of faculty. There were about seven of us, and two trainees -- a basic science postdoc and a

radiotherapy fellow at that time. What an interesting group of people!

Well, we moved along. We did a fairly exhaustive search. Dr. Lemaistre called the committee together several times and we looked at some people, we talked to some people, and one afternoon, I had a telephone call from Dr. Trujillo and he said, "Jim, can I see you after hours tonight?" And I said, "Sure, but I am free right now. Why don't I come over right now." He said, "No, it has to be after hours." O.K. And I said, "Do you want me to come to your office?" And he said, "Can I meet you in the library?" I am thinking, what is happening here? And we met about 7:30 that night in the library. He said, "I need somebody brave and foolhardy." And I said, "O.K. What do I have to do to get this badge?" And he said, "We want to ask Mickey Lemaistre to resign as chairman of the search committee to replace Dr. Clark." And I can remember thinking, this can't be happening to me. And I thought this man was my friend. And I said, "O.K. Why are we going to do this? I thought he was wonderful." He said, "He's wonderful, but we don't need him as chairman of the search committee. We need him as president when Dr. Clark retires." [Break in audio tape]

James M. Bowen, PhD

Well, I realized that Jose Trujillo was very serious about this, and that he had consulted with all of the other M. D. Anderson members. Whether or not he had consulted with some of the other outside members, I am not sure, except I knew that he had spoken to Governor Shivers. And Governor Shivers endorsed this plan. So, the following Thursday after this conversation on a Monday night, Jose had organized a meeting of the, I think, seven M. D. Anderson members of the committee and said, "This is what we want to do. We really believe that after all the people we've looked at, and we have looked at some extraordinary people, we believe that Lemaistre needs to be a candidate." So, this was agreed, and before the meeting was over, Jose said to me, "Dr. Bowen, would you remain behind after the meeting is over? I need some assistance with something." And so, everyone left and I waited behind, and he came and he said, "Do you think you could get free one day next week?" And I said, "Probably. What do you want me to do?" And he said, "I want you to go with me to Austin and meet with Dr. Lemaistre and ask him to resign as chairman of the search committee and become a candidate." And we did. I don't know how Dr. Trujillo was feeling. I was experiencing some fear and trepidation about this and I thought, well, I believe that this is the right thing to do, and if we cause ourselves difficulty for it, we will just have to backtrack and rethink it. Well, that day in Austin, in Dr. Lemaistre's office was my first real dealing with Charles Lemaistre. And to our amazement, he had some fun with us because he knew we felt at some risk and we felt discomfited. It is perfectly clear, in retrospect, that he was prepared for this, that Allan Shivers had spoken to him and said it was going to happen. And he must have already said, I will agree to be a candidate. But he said, the crucial thing is not how the presidents of the other 18 institutions feel but how M. D. Anderson faculty people feel. If they are enthusiastic about this, then I will consider it and we will go from there. Well, as the old cliché says, the rest is history. He agreed. He resigned, to become a candidate. We interviewed him like any other candidate. We considered his credentials against the credentials of some other very strong people in the nation, and in every respect, he looked like our man. Governor Shivers, in the meantime, had agreed to become chairman of the search committee, because we felt like we needed help in

dealing with presidents of the other institutions because, rightly or wrongly, the M. D. Anderson contingent of the search committee felt as though that not all of the other UT medical institutions were interested in our having a really strong leader, one who knew where everything was in the UT system and how to deal with the legislature and so forth. And, you know, we knew that Lemaistre was a master. But, in fact, the search committee was virtually unanimous in its deliberations after that, and Dr. Lemaistre came. And during the period of time that, well, between which we were finalizing the search and arranging for the transition from Dr. Clark's presidency to Dr. Lemaistre's presidency, Dr. Lemaistre visited Anderson many times. Of course, he knew it inside and out from his role as chancellor, and spoke with many of us on the phone, and we realized that in many of our telephone conversations, he was, in the guise of kind of casual conversation, feeling us out as to where we thought M. D. Anderson should go and what route it should take, and so forth. And to see whether or not we would accept a radical departure from Dr. Clark's style of administration, namely, from a highly centralized administrative structure to a highly delegated and highly distributed form of administrative structure, not unlike the administrative structure of the whole system, where there is a central figure at the top, but there are people who have essentially total responsibility for the day-to-day operations in their area, and rather than having to have every department head marching into the president's office every day, that there would be people that they could talk to about small problems, and if those problems couldn't get resolved, then the president would be accessible and available. Well, we thought it was a good idea because M. D. Anderson had grown so much that we felt that it was getting hard for any single individual to kind of keep up with what was going on all over. We were not only huge but we were becoming more and more geographically dispersed around the medical center. So, yes, we thought it was a good idea and we shared with Dr. Lemaistre, and he freely received and discussed and analyzed with us, how we thought certain things could work and how we thought there would be natural divisions coming down. Dr. Lemaistre called me privately on a few occasions to ask how I felt about the restructuring of my own department, and I told him that I thought that there was wisdom in it, that it would be done, and that I was going to be supportive and be prepared to let someone else take the helm in order to get us back into a really, really strong national funding posture again, because virology, as such, was losing a lot of its attractiveness to the funding agencies, because so much of virology had become molecular biology by that point. And he seemed appreciative of that point of view, and we went from there.

Chapter 09: Dr. Lemaistre's Division System is a Framework to Develop Basic Sciences Research (1979/1980)

Abstract:

In this chapter, Dr. Bowen talks about the leadership of Dr. Charles LeMaistre and institutional growth during the 1970s and 1980s. He also discusses the recruitment of top scientists and physicians to MD Anderson and state concerns that the institution not become "too academic."

B: Building the Institution;

Codes

B: Building/Transforming the Institution;

B: Growth and/or Change;

C: Leadership; D: On Leadership;

A: The Researcher;

B: Research;

B: Education; D: On Education; C: Education at MD Anderson;

B: Beyond the Institution;

B: MD Anderson and Government;

B: The MD Anderson Brand, Reputation;

B: MD Anderson Impact; C: MD Anderson Impact;

James M. Bowen, PhD

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Well, in, I guess about 1978, 1979, he [Charles A. Lemaistre, MD (oral history interview)] came, and he began a gentle but pretty definite restructuring at the time, and one day, he called and asked if I could meet with him the following afternoon. He said, "I am also inviting Dr. Fred Becker to come up. Dr. Becker was the highly recruited" . . . Dr. Clark considered his recruitment a real coup from NYU to head up Pathology when, kind of the old-time head of Pathology, had retired. That was kind of a transition for me, too, because, in fact, it was that head of Pathology, Dr. W.O. Russell, that had become one of my friends, and I didn't know it until three years after I got there but he had actually forked up the money to allow Dr. Dmochowski to recruit me and to do that, I did some virological work on a grant that had to do with bovine cancer eye. And that is how I got to know David Anderson whom we mentioned because he was the geneticist on the project. An interesting piece of work. Very straightforward, classical virology. It turned out it had nothing to do with tumors but it was interesting.

At any rate, I already had a close association with pathology for a variety of reasons, and the next day, Dr. Becker and I turned up in Dr. Lemaistre's office, and Dr. Lemaistre laid out for us a new organization for research in the institution as a part of a larger flow diagram of clinical divisions within which departments would exist, and there would be a division basically of basic science, and there would be a vice-president and an associate vice-president for research designed to administer and to grow and to redevelop . . . To clean up some nonproductive areas, to do some very, very

James M. Bowen, Ph.D.

concentrated recruiting of new people, and to essentially rebuild the whole basic science program of M. D. Anderson. And I can remember Fred Becker saying, "Wow, that is a tall order, Dr. Lemaistre. Who do you have in mind to do that?" And he said, "Well, I have in mind two people that I called in my office this afternoon to see if could persuade them to do it." So anyway, there was a lot of moaning and groaning and weeping and wailing and gnashing of teeth, and all of it very insincere, because we were thrilled to death to get this opportunity. So, as the new decade turned around, Fred Becker and I . . . He went in as the Vice-president for Research, and I went in as the Associate Vice-President for Research. We began to correlate and to organize all of the elements of research, both in basic science and clinical departments, throughout the whole institution, and we would sit in his office late in the afternoon and worry about the fact that we were going to have to make some really hard and unpopular decisions. Some people were going to have to be retired. Some were going to have to go, and we were going to have to reorganize departments and so some recruiting.

Louis J. Marchiafava, PhD

What year was this?

James M. Bowen, PhD

This was in late 1979, early 1980. And over the next several years that was done, but I was a part of it for that period of time. We did a lot of recruiting, did a lot of reallocation of resources. It was a very hard time. But it was also a very exciting time because we were bringing in some fabulous new science. We were the envy of the nation in terms of people that we were able to recruit -- people like Isaiah Fidler [oral history interview] and Margaret Kripke [oral history interview] and Garth Nicolson, and people like that, all of whom had already had established reputations and yet, were young enough that they were still on the ascendancies of their careers. It was a wonderful time, although it was tough. And we didn't have a lot of new resources. We had to do it within . . . Dr. Lemaistre worked tirelessly to get us the resources to do this, both in the private sector and from the state legislature.

Louis J. Marchiafava, PhD

Was the state legislature receptive? Did you find them increasingly receptive or was it a constant . . .

James M. Bowen, PhD

They were and yet, there was some concern that M. D. Anderson not go too academic. Dr. Lemaistre had been in academic medicine for his entire career, and there may have been some concern at the system administrative level that they didn't want Dr. Lemaistre to turn M. D. Anderson into this supermedical school of the whole system because they were trying to build a medical school in Houston. A tremendous amount of enthusiasm and effort at the system level had been put in to retooling Southwestern, into one of the world's premier academic medical institutions

James M. Bowen, Ph.D.

and that, of course, succeeded. I don't think anybody would argue. But that didn't do. They were trying to build in San Antonio at the same time and the University of Texas was being asked to put a tremendous amount of its educational resources into its new health science and cancer center simultaneously. So, it took a constant educational effort. Some people might call it lobbying. We didn't. But Dr. Lemaistre was drawn away a lot. I think that he had known from the beginning that that was going to happen, which was one of the reasons why he wanted to put the organizational structure in place. He also dreamed of ultimately turning M. D. Anderson into the ultimate academic institution; namely, one that could grant degrees. But, at the same time, we had a very strong affiliation with the Graduate School of Biomedical Sciences, which was administratively within the Health Science Center, because the Health Science Centers were legislatively approved to grant degrees and M. D. Anderson was not, of course. But our faculty granted degrees within the Graduate School of Biomedical Sciences.

Chapter 10: Taking on Executive Roles to Develop Education Under Charles LeMaistre

Abstract:

In this chapter, Dr. Bowen talks about the expansion of his role at MD Anderson into education. He also discusses the specific position as Vice President for Academic Affairs, his decision to close down his own laboratory, and his mission of “informing lay people about cancer, about cancer prevention.”

B: Building the Institution;

Codes

B: Building/Transforming the Institution;

B: Education; D: On Education; C: Education at MD Anderson;

B: Institutional Politics;

C: Understanding the Institution;

B: Controversy;

C: Leadership; D: On Leadership;

C: Portraits; C: Evolution of Career;

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

James M. Bowen, PhD

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Well, this went on, this rebuilding program in the research for a couple of years. And Dr. Lemaistre happened to be on a plane to Austin, and I was going along to a Board of Regents meeting. There were faculty designated attendees at all Board of Regents meetings, and I happened to be one of the two, with his many people, and I happened to be in the seat next to Dr. Lemaistre. And this would have been in late 1981, I think. I might need to carefully recheck those dates but I believe in late 1981. And he said, "Jim, how are things going in research?" I said, "We are working really hard but I think they are going really well. He said, "Yes, that is my impression, too." And he said, "I think it is time to do something similar in education. I would like to coordinate all the educational activities and all the educational resources into one unit at the vice-presidential level. And I said, "I think that is tremendous." I said, "You may have some internal problems there because a lot of the education in the institution has grown up as cottage industry and there may be some territorial problems. And he said, "How would you like to take that on?" And I said, "I can't take that on, because so much of our educational program is clinical. If we are going to have any clinical credibility, you're going to have to have a physician in that role like Dr. Copeland was." Murray Copeland was a tremendous educational officer for the institution. But he relegated the basic science part to Dr. Haas who did it kind of as part of his overall basic science activity. Dr. Lemaistre said, "Well, I am sorry you feel that way. Do you want to talk about it again some time?" I said, "Sure. Don't misunderstand me, Dr. Lemaistre. I would absolutely love this job. I would love to do this, but I can't think right now that a Ph.D. Can do this job for you."

James M. Bowen, Ph.D.

Well, no more was said about it on that trip, and not for several weeks. And one day, Dr. Robert Moreton called me and said, "I am supposed to go and report on M. D. Anderson's residency training program to the Residency Training Committee of the TMA [Texas Medical Association], and I have another obligation. Do you think you could take my notes and put together something of your own and go and present that?" And I said, "Sure." So, I went to the TMA and I presented the residency program as though I knew what I was doing up there. But naive me, I did not see this as a setup, which it clearly was, because about one month later, Dr. Lemaistre called me again and said, "I have had a couple of conversations with people who were at the TMA meeting." He said, "Congratulations, you did a pretty good job." I said, "Well, I read from the notes," and so forth. He said, "No, you didn't. Do you still think a Ph.D. Can't handle the educational programs of the institution?" I said, "Well, I don't know, Dr. Lemaistre. I hate to set myself up to fail. Failure is a really bad thing for me." And he said, "Well, let's talk about it some more." Well, one of the things you learn about Dr. Lemaistre is that when he decided something was going to be, it was going to be. I mean, he wasn't like Dr. Clark who would call you up and say, 'I want you to come up and discuss this with me. You are free to disagree but bring the contract.' And Dr. Clark had a reputation for doing that. I never saw it happen but he had a reputation for doing that. Dr. Lemaistre kept giving you opportunities to reconsider your position. And so, finally, after some conversations, I said, "O.K., I'll tell you what -- let me try this. In one year, I will come and tell you if I think I can do it. In two years, I will come and you tell me whether or not you think I can do it. And in five years, you can replace me with someone else, because this job is very much like a deanship, and I have always believed that the productive, creative, reasonable life of a dean is five years. And after that, they should either be put in the freezer or something!" And we laughed about that, I can remember. So, we did it. We consolidated. And I spent a whole year talking to every department chairman, every educational coordinator. I went to the TMA. I went to the deans of the old schools. I went to other institutions to see how they were doing it, and how they were doing this and that, and one thing or the other . . . How they organized their faculty, to consider a kind of tenure at the institution, something that we had done earlier but which had never really been completely restructured. We decided the institution needed an educational handbook. We began to get a few people together to work on that. And one year later, when I went back for my vice-presidential, in the faculty, I had gone from Postdoc to Assistant Professor, up to Professor and ultimately, to tenure Professor; then to Deputy Department Head, Department Head, Associate Vice-President for Research, Vice-President for Academic Affairs, all in a matter of 30 years! No, it wasn't quite that long . . .

Louis J. Marchiafava, PhD

Well, when you consider all the steps that were taken, actually, 30 years isn't long. Some may never achieve it.

James M. Bowen, PhD

But, you know, this is not really cogent to the interview but my whole career has been one of happenstance. I just happened to be at the right place in the presence of the right person at the right time, and had to go . . . You know, some modicum of ability to work real hard, and an absolute

James M. Bowen, Ph.D.

affection for the people that I was reporting to. I loved working with Fred Becker. As a matter of fact, the most difficult thing about becoming Vice-President for Academic Affairs was really leaving Fred Becker's office. I consider him one of my very best friends, and a great mentor he was. And I had a sense that we were a really good team. We did good cop/bad cop routines a lot of the times, and I was glad because I always got to be good cop and that was good for me. But Fred was very supportive of this transition, and we remained close colleagues for that whole period of time. And it is an interesting thing that under the current M. D. Anderson administrative structure, research and education are all under one central administrative unit. A very appropriate thing.

But, from about September of 1982, we began to organize and expand and to resource and to coordinate all the educational programs within the institution, and although there has never been a job that I have had at M. D. Anderson that I didn't enjoy, this business of academic affairs was exhilarating. It was absolutely the most incredible thing. I used to tell Lemaistre, I'd say, "You know, I hope that you don't ever figure out that I would probably do this for nothing. I really enjoy cashing my paycheck, but I would probably do this for nothing." And we laughed. He said, "Well, i'll try to give you something that is hard." And we ultimately developed the School of Allied Health within M. D. Anderson which one of my colleagues, Dr. Ahearn [oral history interview], has now gotten degree-granting status, with a few things left to go. So, we have managed to accomplish that. We expanded our faculty advisors by fourfold over that period of time. And in five years, I went to Dr. Lemaistre and I said, "I told you that I thought you ought to have me put to sleep in five years, but I think there are a few more things to do. So, if you are willing, i'll do it for another couple of years." And what happened was that I retired in that role, on the 31st of August of 1994. So, I basically headed up the Academic Affairs programs and the resources for that period of time. And a couple of years after I became Vice-President for Academic Affairs, I had a priority problem in education and I had a priority problem going on in my laboratory. And I thought, I can't do both of these things. Which one will I have more fun doing? And I discovered, somewhat to my surprise, that what I really wanted to do was to deal with the educational administration problem and not go and deal with the laboratory problem.

Louis J. Marchiafava, PhD

What is the laboratory problem?

James M. Bowen, PhD

I kept a laboratory where we were continuing to do research on mouse mammary tumor virus and on a few other immunological things, in collaboration with several other departments, but principally, the Department of Gynecology because we were studying virally-mediated immunotherapy of gynecological cancers. And I went to Dr. Lemaistre and I said, "Dr. Lemaistre, I have made a very difficult decision but it would help me if you would put it on paper so that I can blame you for it in the future when I am feeling remorse about it." We laughed. And I closed down my laboratory that year, and went absolutely into full-time, undiminished educational administration. And the only thing that I clung to from the older days as a faculty member was I

still, until the last week that I worked at Anderson, took every single opportunity to get in front of a classroom. And that was when I also, with Dr. Lemaistre's blessing and often at his instigation, set up a program for informing lay people about cancer, about cancer prevention. Some time during this period, and I am trying to remember what year it was, Dr. Lemaistre asked me if I would be occasionally willing to take on as sort of a special assistant to the president role. I said, "You bet, you know. Anything you think I can do, let me know and we will do it." And during that period of time, I actually had several roles. I was the administrative officer for strategic planning for a period of time. That was a headache, but it was a wonderful experience because it gave us a chance to see what the faculty believed was going to be the vision for the future of M. D. Anderson, and to help them organize those thoughts into a real plan, and then to work with other institutions within the system to see what they were doing, and to try to coordinate with them. Ultimately, planning became an independent administrative entity out of the president's office which is where it should have gone, but I played a role in getting that organized and was really, really proud of it, and the planning structure of M. D. Anderson is still a really significant planning structure. It was Dr. Lemaistre's vision, not mine, but I felt good to have a role in planning it. And M. D. Anderson right now is updating its plan for the next 10 or so years. And that is really exciting. I admire and envy all the people that are getting to play a role in that.

[Break in audio]

Chapter 11: Prevention: Acting VP for Cancer Prevention and Adding Prevention to the Mission Areas

Abstract:

In this chapter, Dr. Bowen talks about the vision of Dr. Charles LeMaistre and his own new role as Vice President for Cancer Prevention. He also discusses the blending of education with research and patient care and the development of a strategic plan to enhance this.

B: Building the Institution;

Codes

B: Prevention;

C: Leadership; D: On Leadership;

B: The MD Anderson Brand, Reputation;

B: MD Anderson Impact;

B: Institutional Mission and Values;

C: Patients; C: Patients, Treatment, Survivors;

C: MD Anderson Impact; C: Portraits;

C: Evolution of Career;

James M. Bowen, PhD

02:02:41.870

I want to mention one other important aspect of the association that Academic Affairs had with the present and future of the institution, but it actually goes back to when we were working to recruit Dr. Lemaistre to become the president of the cancer center. Dr. Lemaistre, as an internist, has been one of the nation's most eloquent and most vigorous forces in our effort to deal with the diseases associated with smoking. And it was a natural consequence, I think, of his interest that if you consider the fact that lung cancer was essentially killing more men and women than any other form of cancer every year, was one of the cancers most difficult to cure from treatment and yet, was easily one of the most preventable forms of cancer because 95% of all lung cancers were smoking-related in one way or another. There grew from this association, I think, in Dr. Lemaistre's vision, the need to bring a coordinated and institution-wide emphasis to M. D. Anderson on cancer prevention, to make cancer prevention an equal mission with cancer treatment. But as we begin to actually realize a cancer prevention effort in the institution, we recognize that the larger components of cancer prevention were essentially in epidemiology, in basic research, and in education; particularly that part of education that focuses on awareness and personal intervention for prevention. So, in this role as kind of program assistant for Dr. Lemaistre, he asked me if I would temporarily assume the role of acting vice-president for cancer prevention and to do what I could do to identify mainly, and then to coordinate and enhance the activities of the institution as they focused on cancer prevention, with the idea that ultimately, there would be an identifiable and functioning clinical component of prevention, as well as to coordinate research and educational component of cancer prevention. And I had always kind of shared this dream with him. And so, we put together a very small staff and within the confines of the Office of the Vice-President for

Academic Affairs, we began to organize a program in cancer prevention as a mission statement. We worked through the institutional strategic plan to get a mission identified and incorporated. We formed a faculty group for prevention equivalent to the operational faculty groups for the other major mission areas of the institution, and before very long, we had a fair amount of faculty activity invested in areas that could easily be identified as prevention. There were some administrative flexibilities that had to be incorporated in because prevention research was going on in clinical departments, it was going on in basic science departments, it was going on in epidemiology. No one wanted essentially another reporting line that they had to deal with, or another layer of administrative bureaucracy that they had to deal with. What they wanted was some self-governance and some increased access to resources. Well, Dr. Lemaistre understood that and he set that up for them. So, what we were was much more of a coordinating body than we were a reporting body. But for about three years, we worked and we organized and coordinated and developed a structure for prevention, and then we began to look around the nation for a really strong prevention identity to come in and lead this program. We were able to recruit a couple of very powerful department heads to do specific areas of research, particularly in the area of wellness and in epidemiology, and in clinical prevention. And then we found within our institution a leader, actually, the chairman of one of our medical departments, Dr. Bernard Levin [oral history interview], who was a very credible leader in prevention. So, we approached Dr. Levin to become the vice president for prevention. Of course, it meant restructuring his own career at M. D. Anderson because he was the Chairman of Gastroenterology and of GI Oncology, Gastrointestinal Oncology. And this meant basically leaving that position while retaining his clinical presence in GI Oncology, and becoming Vice-President for Cancer Prevention, but he has done that and he has become a remarkable leader. Having that role reminds me of that corny story about owning a big boat. The two happiest days of your life are when you buy it and when you sell it! So, I had an extraordinarily happy day when I accepted that appointment from Dr. Lemaistre, and an extraordinarily happy day when I turned it over to Dr. Levin. But Dr. Lemaistre's vision was, in fact, realized there, and Dr. Levin now presides over a really, really strong program that is highly respected in the country, in the world, is highly integrated to the other activities of the institution, that has a clinical prevention outlet -- this whole new facility for prevention, clinical activity, in the new building which is now named for Dr. Lemaistre. A good amount of national respect in terms of both funding and of the impact of our assignments on what other institutions are doing, and that turns out to be important. It has a strong educational component that still coordinates with academic affairs, a strong research component that coordinates with all of the research activities, and the departments that are doing that kind of work. And a true identity within the overall mission of the institution, one of the things that came uniquely with Dr. Lemaistre. Dr. Lemaistre came in, dedicated to building on what Dr. Clark had begun, dedicated to expanding what Dr. Clark had begun, dedicated [to] organizing it in a way that would take it into a new millennium, and brought his own vision to bear on it, so that when the time came for him to retire and step down, and his successor to come in with his own vision and his own effort, a good, solid, lively, growth-oriented structure in all these areas was already in place. It is so great to come in and be a part of a ship that is already a flagship so that you don't have to go in and bunker up the holes to keep from sinking while you are giving it a fresh coat of paint; whereas, Dr. Clark's vision incorporated himself into it, Dr. Lemaistre began to build almost from the first day that he was president to a time when he would be replaced by a successor. And it was my privilege to have been a part of both of those

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eras of M. D. Anderson's life. I basically saw what M. D. Anderson was in 1961, and watched it grow to what it became in 1994. And as the astronauts say, "Wow, that was a ride!"

Chapter 12: MD Anderson and Other Texas Medical Center Institutions

Abstract:

In this chapter, Dr. Bowen talks about research at MD Anderson, the development of MD Anderson's brand and reputation, and its overall role within the Texas Medical Center. He also discusses the important "inter-institutional collaboration" that goes on here in Houston and "the constant exchange of ideas and sharing of training efforts."

A: Overview;

Codes

B: Beyond the Institution;

B: Collaborations;

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

D: The History of Health Care, Patient Care;

B: The MD Anderson Brand, Reputation;

B: MD Anderson Impact;

B: Research;

Louis J. Marchiafava, PhD

02:13:32.830

One question that came to mind was, of course, it is all part of the greater medical center complex . . . Is there a well-defined role between the hospital, the other hospitals in the Texas Medical Center campus and M. D. Anderson? Is there somehow a coordinated effort with the hospitals?

James M. Bowen, PhD

That is a good question, and the answer is that the role has been fluid over the years, as I have been able to perceive it. Now, if you look at M. D. Anderson's evolution and growth through kind of a historical eye, there was a time when cancer patients did not have a lot going for them. If surgery failed, some hospitals had a radiotherapy capacity -- many did not. And so, it was in everybody's interest -- the patient's, the physician at a non-cancer hospital, and of institutions like M. D. Anderson to refer that patient to an institution that specialized in cancer, where some three quarters of those patients became involved in one respect or another in a research protocol. But, good research ultimately becomes practice. And that is nowhere truer probably than in two areas where the Texas Medical Center has world prominence. One is in cardiovascular repair and the other one in cancer treatment. And with M. D. Anderson, research became practice over the years. And things that were considered very experimental in the early 1960s are now standard practice, with a very, very high potential for cure with most forms of cancer. So, the result of that is, is that most institutions that were not doing a lot of cancer treatment in the older days are now hiring oncologists and having their own cancer units. And that evolution is nowhere more visible than it is in the Texas Medical Center, because, now, St. Luke's has its own big oncology program, Methodist has its own big oncology program. Hermann, being such a strong UT affiliate, has much more of a

James M. Bowen, Ph.D.

coordinate oncology program with M. D. Anderson than the other institutions that are more independent. But there is, in fact, exchange in coordination between all institutions in the Medical Center and this institution. And that has been going on for a long time. There was a remarkable, wonderful pediatric oncologist at Texas Children's Hospital in the early days of my appointment at M. D. Anderson named Don Fernbach. And when M. D. Anderson mounted its huge pediatric leukemia program under the leadership of Dr. Grant Taylor and his team, there was obviously the opportunity for competition for patients and for other things between Texas Children's leukemia group and M. D. Anderson's pediatric leukemia group. And probably, there was a little bit of competition, and perhaps some rivalry there. But what was more remarkable was the constant exchange of ideas and sharing of training efforts, things of that sort. So, one of the things that is somewhat unexpected, particularly given the profit strains that exist in medical institutions now, is that there is as much coordinate effort as there is. M. D. Anderson's oncology program is not as unique in the Medical Center as it was 20 years ago, but there is still a coordinate program, still referral going on, still exchange of ideas and technology, and I think that until cancer cures are routine, that kind of coordinate effort will probably continue, because no one has all the answers.

Louis J. Marchiafava, PhD

There is a cancer center and I cannot, for the life of me, think of the name of it but you will know it. It is located at St. Joseph's.

James M. Bowen, PhD

Yes, Dr. Stehlin's group.

Louis J. Marchiafava, PhD

That's right.

James M. Bowen, PhD

You know, Dr. Stehlin trained and was on the faculty at M. D. Anderson for many years.

Louis J. Marchiafava, PhD

No, I didn't know that.

James M. Bowen, PhD

St. Joseph's needed an oncology group and he wanted to pursue a specific line of science. And as far as I am aware, it is very good science. Dr. Stehlin, for years, attended our seminars. We had numerous research projects with his basic science unit.

Louis J. Marchiafava, PhD

James M. Bowen, Ph.D.

He specializes in melanomas, doesn't he?

James M. Bowen, PhD

Yes. But the group down there broadened. They developed a small but very, very potent basic science program and their so-called nude mouse program, the immunologically tolerant mouse colony that was developed down there is one of the best in the world. And some of the work that has come out of there is some of the seminal work that has been done in that field. I don't know what the statistics are now but there was a time in my career at M. D. Anderson where it was pointed out that M. D. Anderson was seeing 2,000 new patients . . . I am sure the number is much bigger than that now . . . 2,000 new patients in its clinic every month, and we had a bed capacity that was some 85-95% full at all times. And yet, we were seeing about 13% of the cancer in Texas. So, the bad news is, is that then and now, there is more than enough cancer to go around. And what all of these institutions are doing is working independently and together to try to do themselves out of a job as far as cancer is concerned. I will be happy when they do it. Dr. Clark always used to say at our staff meetings, "Let's get the cancer problem out of the way so we can go onto something else." But, you know, there is still plenty to do, unfortunately.

Louis J. Marchiafava, PhD

Well, it doesn't take even a layman to realize that it is extremely complex.

James M. Bowen, PhD

In terms of the academics, the Texas Medical Center is a remarkable example of interinstitutional collaboration. If you just take my own career as one minuscule example, I had teaching appointments not only at Anderson and the graduate school, but at the dental school, at Texas Women's University School of Nursing, and at the Texas Medical Center combined program for medical and cytotechnology, which was affiliated with Baylor. So, there just in my one small area, there were five institutions involved and in coordinate programs. And I was just one of many faculty who were doing that. So, institutional cooperation is extensive, but it is also very independent.

Chapter 13: A Shared Culture of Commitment to Mission

Abstract:

In this chapter, Dr. Bowen talks about the culture, history, and mission of MD Anderson. He also discusses “the individual and collective sense of ownership of M. D. Anderson's mission.”

B: MD Anderson Culture;

Codes

B: Institutional Mission and Values;

B: MD Anderson Culture;

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

C: The Life and Dedication of Clinicians and Researchers;

Louis J. Marchiafava, PhD

02:22:33.180

Are there any areas that we haven't covered?

James M. Bowen, PhD

I have tried to move somewhat biographically through the things that were happening at M. D. Anderson over the period of time that I was there and, you know, in the middle of the night tonight, I many think of something that, oh my gosh, I wished that we had talked about that because that was important. But in this long period of time, I feel as though that I have covered the highlights of my association. It is highly personal, and I hope that that doesn't diminish the things because . . .

Louis J. Marchiafava, PhD

It has to be personal.

James M. Bowen, PhD

Many of us who will speak to you in this area individual and component seams of what was happening in the institution over that period of time. And that is basically the way I think we are going to see it. I had a marvelous opportunity to work under two presidents with two administrative styles, but both of them absolutely focused on the same goals, and each of them with the capacity to cause the rest of us who were associated with them to invest in those goals. And the thing that I have said before that is so remarkable about M. D. Anderson is the individual and collective sense of ownership of M. D. Anderson's mission.

Louis J. Marchiafava, PhD

Let me ask you this: I know if the history committee is interested perhaps in one day in the not

James M. Bowen, Ph.D.

distant future, of having photographs that people might have duplicated for an archive or papers that might be similarly donated or duplicated if the person wants the copies back for this archive, and I would like you to think about that somewhere down the line . . .

James M. Bowen, PhD

I will. I just have a few collected over the years, but I will look at those, and any that I have, I would be glad to have if they were valuable and useful.

Louis J. Marchiafava, PhD

Yes, they have a lab, and all the needs that we go in reproducing photographs. So, I know people don't like to give up their personal photographs.

James M. Bowen, PhD

Oh, I would have no problem with that. One of the nice things about that is that the institution has kept excellent photographic records over the years. So, much of what any of us have are already going to be in the institutional files. It may take some digging to get them. I was laughing when you told me that because one of my favorite and most amusing memories of my initial contact with M. D. Anderson was a picture that I had been sent. There was available for purchase for one dollar or something/nothing amount of money . . . Some 8 x 10 color photographs of medical center institutions. There was an aerial photograph of the whole Medical Center. And, you know, when I first came to M. D. Anderson, there were lots of trees around. And there was a period of time when we didn't have much green space. It was all parking lots and buildings. But, I mean, there were woods between where M. D. Anderson's clinic now sits and Holcombe Boulevard when I first came here. Hurricane Carla did a good bit to diminish those woods, and we had a few of those trees coming through our windows when the storm hit.

Even the experience of that storm was a remarkable piece of M. D. Anderson's history. People that were not physicians were there wheeling patients on their gurneys, out of their rooms because their windows were breaking, because the storm came from there. And as far as I know, the eye of Hurricane Carla came right through the Texas Medical Center, right down Holcombe Boulevard. And it stripped slabs of pink marble off the buildings and dropped them onto automobiles. And everyone stayed there for most of the time. And, you know, everybody was pitching in just to bring water and helpful and to talk to people. Everybody was scared. We were scared. I never experienced a hurricane before. I grew up in north Texas. I knew what a tornado was but a hurricane seemed even more scary to me because a tornado came and went in a hurry.

But, at any rate, I had asked someone, and I can't even remember who now, but it was some member of the department, to send me some information about M. D. Anderson. And in the envelope . . . I was still in Corvallis at the time . . . There was this 8 x 10 picture, and it showed the initial clinic . . . In the old building of M. D. Anderson, there was a ramp that went up to the clinic and then came back down again where you could drop patients off, and then the hospital went up

James M. Bowen, Ph.D.

above it, and the research wing was at the back. So, there was this very definitive structural signature of the building in those days. And there was this sun-drenched 8 x 10 color photograph of the clinic entrance of M. D. Anderson showing most of the building, with this enormous fountain up in front of it. A beautiful picture. I am sure I still have it somewhere in my books. Well, one weekend after I had been here two or three weeks, I had been in to get an experiment done on Sunday afternoon, and I just went for a walk around the Medical Center and suddenly it hit me to go and look for that fountain. Well, after considerable search, I found what the photographer had done with that picture. This beautiful cascading fountain was nothing of the kind. It was a tiny little, sort of lawn sprinkler-sized fountain in front of a hedge, in front of St. Luke's Hospital, and the photographer had obviously gotten down on his belly and photographed this picture of M. D. Anderson through this little stream of water because he was looking for something in the foreground that would give some structure to this huge pink imposing building. And we always used to say, when we would encounter a big problem, that probably this problem is a St. Luke's fountain kind of problem. It is much smaller than it seems at first glance! And that became kind of a standing joke in the department for years.

Louis J. Marchiafava, PhD

Well, this has been truly an informative interview, and you have been very patient to sit here this long.

James M. Bowen, PhD

Oh, I have enjoyed every moment of it. You are the one who has been patient. And I really hope that it is in the style that you are interested in.

Louis J. Marchiafava, PhD

It is. I am telling you the truth on that. I am very happy with it. I do have some forms that need to be signed. I have to sign one, too. What it does is give the M. D. Anderson Cancer Center rights to use this in publication. I have to sign it, too, because we both have copyright into it and this signs it away. And on that note, I will terminate the interview, with deep thanks on behalf of the committee and myself.

James M. Bowen, PhD

Thank you. It has been a joy.

Louis J. Marchiafava, PhD

Thank you.