

## **Steve Stuyck, MPH**

Interview Session 1—June 11, 2013

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### **Chapter 00A** **Interview Identifier**

*Tacey Ann Rosolowski, PhD*

**00:00:01**

All right. I'm Tacey Ann Rosolowski interviewing Steve Stuyck for the Making Cancer History Voices Oral History Project run by the Historical Resources Center at the University of Texas MD Anderson Cancer Center in Houston, Texas. And I guess I needed to ask you. Do you prefer being known as Steve Stuyck, or is it Stephen with a middle initial?

*Steve Stuyck, MPH,*

**00:00:24**

Well, it's Stephen with a P-H and a C, but I—everybody calls me Steve, and that's what I prefer. Absolutely.

*Tacey Ann Rosolowski, PhD*

**00:00:28**

Okay. So we will definitely go with that.

*Steve Stuyck, MPH*

**00:00:31**

Yes.

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*Tacey Ann Rosolowski, PhD*

**00:00:31**

I just wanted to have that officially for the record in case.

*Steve Stuyck, MPH*

**00:00:33**

Absolutely.

*Tacey Ann Rosolowski, PhD*

**00:00:34**

All right. And Mr. Stuyck began working at MD Anderson in 1972 for what was then called the Department of Public Information and Education. Is that correct?

*Steve Stuyck, MPH*

**00:00:46**

Well, almost.

*Tacey Ann Rosolowski, PhD*

**00:00:47**

You were at the office of the president.

*Steve Stuyck, MPH*

**00:00:48**

I came to work at what was called the Information Office—

*Tacey Ann Rosolowski, PhD*

**00:00:53**

Oh, okay.

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*Steve Stuyck, MPH*

**00:00:54**

—which served all of UT Houston. It served MD Anderson and all of the components of the UT Health Science Center, which weren't brought together yet. They were independent. There wasn't a Health Science Center. And I worked in that capacity and—mainly I worked on MD Anderson, but I also worked on the nursing school and medical school and things like that under another director, and I did that for about two and a half years. And when she left the institution, they split the public information function so that the UT Health Science Center established its own and MD Anderson established its own. So I did start here in January of 1972, but I count my official start date at MD Anderson as July 1, 1975. That's when we split the two apart.

*Tacey Ann Rosolowski, PhD*

**00:01:43**

Right. Okay.

*Steve Stuyck, MPH*

**00:01:42**

Much like UT Police Department now serves both campuses. They actually had a public relations function that served both—not particularly effectively, but it did.

*Tacey Ann Rosolowski, PhD*

**00:01:51**

Interesting.

*Steve Stuyck, MPH*

**00:01:52**

It was a different era.

*Tacey Ann Rosolowski, PhD*

**00:01:53**

Well, yeah. I'll be interested to hear the logic for the split, too. And Mr. Stuyck served as vice president for Public Affairs from 2000 until his retirement at the end of 2012. This interview is taking place in the Historical Resources Center Reading Room on the twenty-first floor of the Pickens Academic Tower on the main campus of MD Anderson, and today is the first of two planned interview sessions. Today is June 11, 2013, and the time is 10:08. So thank you very much, though we've already started. Thank you for participating.

*Steve Stuyck, MPH*

**00:02:24**

I'm delighted to be here, and I appreciate being asked.

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## **Chapter 1**

### **A: Joining MD Anderson/Coming to Texas Inspired By Work at a Medical Institution**

#### **Story Codes**

A: Character, Values, Beliefs, Talents

A: Personal Background

A: Professional Path

A: Inspirations to Practice Science/Medicine

A: Influences from People and Life Experiences

A: Joining MD Anderson

A: Military Experience

A: Professional Values, Ethics, Purpose

A: Character, Values, Beliefs, Talents

*Tacey Ann Rosolowski, PhD*

**00:02:26**

Well, I'm really delighted to have the opportunity to talk to you because Public Affairs is something that needs to be demystified for me. And as you indicated, I guess it looks different here at MD Anderson than it does at other institutions, so we will be working our way toward that. But I'd like, if we can, to just get some of the basic personal information out of the way.

*Steve Stuyck, MPH*

**00:02:48**

Sure.

*Tacey Ann Rosolowski, PhD*

**00:02:48**

Okay, great. Can you tell me where you were born and when and where you grew up?

*Steve Stuyck, MPH*

**00:02:54**

I was born in White Plains, New York, July 10, 1946, and lived there for the first few years of my life, and my parents moved to Houston in 1951, just in time for me to start kindergarten. They were among the first of the Yankees leaving the cold northeast, and moving to Texas they loved Texas. They stayed here for thirteen years; and the summer that I graduated from high school, they moved to Baton Rouge, Louisiana. So I happened to—I actually lived in Baton Rouge for quite some time, but the formative years of my life—K through twelve—those thirteen years were spent here in Houston, and then they moved away.

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***Tacey Ann Rosolowski, PhD***

**00:03:37**

Did you find that eventually that had an impact on you working professionally here in Houston?

***Steve Stuyck, MPH***

**00:03:45**

Well, I was living in Austin at the time that I moved here. Frankly, I never thought that I'd come back to Houston. It just didn't cross my mind. I'd been away for a number of years, and it was just serendipity that I did because my brothers and sisters lived all over the country. But I'm the one who came back here to—one of two who came back here to Houston, and I was glad to do it. I liked it from the get-go.

***Tacey Ann Rosolowski, PhD***

**00:04:08**

Well, tell me about high school and college and how you began to—your interests began to coalesce around communication and media.

***Steve Stuyck, MPH***

**00:04:19**

Well, I went to the University of Texas at Austin as a freshman, and my major was advertising with a minor in journalism. Those were always subjects that interested me tremendously. And after my senior year in college, I got a summer job at the UT Medical Branch at Galveston in their Public Information office. My best friend and I—he was going to be accepted as a medical student at UTMB, and the two of us moved to Galveston for the summer. Twenty-one years old and we lived in the medical fraternity house right on the beach. It was a great way to spend your twenty-first year. And I got really interested in medicine there. There are no doctors in my family, no scientists in my family, and it was very intriguing to me, so I liked it a lot—the three months I spent at UTMB.

***Tacey Ann Rosolowski, PhD***

**00:05:18**

What was it that interested you so much about medicine as opposed to other professions or fields?

***Steve Stuyck, MPH***

**00:05:24**

I think what interested me was the helping aspects of it—was the first thing that caught my attention—and how worthwhile the jobs were—the professions were in medicine. And I was interested in the science of it as well. I was not a particularly strong science student, but I got interested in it when I saw the practical applications of it. Then I went back to UT Austin for my first year of grad school as a graduate student in communications theory, and from there I was drafted into the Army. That was in the last few years of the draft so I went kicking and screaming, you might say, into the Army. I spent the first year in the States, and I spent my

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second year in Vietnam. I had what they called a civilian-acquired skill even though I was a draftee and they usually went into the Infantry. They made me a public information specialist, so both stateside and in Vietnam I was doing communications work. I was writing and did a lot of writing. In Vietnam I had—I know this sounds odd to say this, but I had a wonderful job writing for the US Army, and I traveled all over Vietnam from the Demilitarized Zone all the way down to the Mekong Delta. And generally, if the action was heavy here I'd go there. If the action was heavy there I'd go here, trying to take care of myself. But I did a lot of writing that year, and I liked it. I really—I think I had a flair for it.

*Tacey Ann Rosolowski, PhD*

**00:06:56**

What year was this?

*Steve Stuyck, MPH*

**00:06:57**

Well, I went to Vietnam—I was drafted in 1969. I went to Vietnam in 1970, and I was discharged from the military in April of 1971.

*Tacey Ann Rosolowski, PhD*

**00:07:11**

Do you feel that the experience that you had writing in Vietnam in that capacity had an effect either on your interests or your skills later on?

*Steve Stuyck, MPH*

**00:07:24**

You know, Tacey, to tell you the truth, more than anything else I felt I was lucky in Vietnam. I had interesting work and I could—I had a lot of freedom, and I wouldn't say that it affected it as much as just being around. I was much more interested in the academic environment and in medicine and in health care. When I got out of Vietnam—having nothing else to do—I went back to graduate school at UT Austin. I had been a teaching assistant there in Advertising, and I was a research associate there working for a professor. And I went back in the summer of 1971, and then very serendipitously a friend of mine in grad school told me that she had heard about a job opening at UT Houston in the Public Information Office. And I was really interested in that, so I wrote, came down here for a couple of interviews in October of 1971, and they agreed to wait until I finished the semester in January of 1972. I came down here and joined the team here, and I never finished my thesis. (laughs) I had to wait many years to get an MPH, but I had done everything but a thesis on that master's degree, and so there I was. And I thought I was very lucky. I really did. I just thought I was—I had no money to speak of, and this was a great job at a reasonable salary, and I was very excited to come here and join the group.

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## **Chapter 2**

### **A: Overview**

#### ***The Public Affairs Office: Working Closely with MD Anderson Presidents***

#### **Story Codes**

A: Overview  
A: Definitions, Explanations, Translations  
C: Professional Practice  
C: The Professional at Work  
C: Portraits  
C: Leadership  
D: On Leadership  
C: Collaborations  
B: MD Anderson History  
C: Evolution of Career  
A: Professional Path  
B: Building/Transforming the Institution  
B: Growth and/or Change  
A: Influences from People and Life Experiences  
A: Skills, Talents, Gifts  
C: Portraits  
A: Professional Values, Ethics, Purpose  
C: Professional Practice

***Tacey Ann Rosolowski, PhD***

**00:09:08**

So tell me about that first job. What were your responsibilities and your roles?

***Steve Stuyck, MPH***

**00:09:13**

Okay. Well, I was responsible for media relations, communications, and publications primarily for the UT Medical School. I was a shop of one person—one person assigned to that task—and there were only about fifty or sixty employees at the UT Medical School at the time. It was brand new. It just got—had taken its first class. And I did some work for MD Anderson—a lot of writing and media relations sorts of things.

***Tacey Ann Rosolowski, PhD***

**00:09:42**

Now what was the mission of this particular office?

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***Steve Stuyck, MPH***

**00:09:46**

As I look back—it's so long ago, but it was promoting awareness. It was such a simpler time, but it was promoting awareness of UT components in Houston and helping with resource development for them. It was brand new, so the community was not aware that there was a UT Medical School in Houston. Sometimes I'm not even sure today, all these years later, that they're particularly—that the city is particularly aware of it forty years later. But I had a great boss—a woman named Jane Brandenberger, who was the director of Public Information. And there were probably about seven or eight of us in the department. Jane left in the summer of 1975 to go to Texas Tech University, and this is what I mean about serendipity. I was twenty-nine years old, and they made me the director of Public Information. This would never happen today.

***Tacey Ann Rosolowski, PhD***

**00:10:50**

Now that was 1979?

***Steve Stuyck, MPH***

**00:10:52**

No, it was 1975.

***Tacey Ann Rosolowski, PhD***

**00:10:54**

Okay, so—oh, okay.

***Steve Stuyck, MPH***

**00:10:56**

When we made the switch was in the summer of '75, and they made me the director. And I thought—I couldn't believe that this would happen. I'd been here about—I'd been here about three and a half years at that time, and I was just like—I was going to take advantage of this incredible opportunity.

***Tacey Ann Rosolowski, PhD***

**00:11:23**

Now tell me—because I assume that at this moment was when that split occurred.

***Steve Stuyck, MPH***

**00:11:28**

Yes.

***Tacey Ann Rosolowski, PhD***

**00:11:28**

Right. Okay. So what was the reason for making that split? And then how did you fit into all of

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that?

*Steve Stuyck, MPH*

**00:11:35**

I think the reason for making the split was that all agreed—including those of us in the office—that it really wasn't working well to have our energies directed in so many—focused in so many different directions. MD Anderson was growing. It had just been made a comprehensive cancer center, and it had communications needs that those smaller institutions really did not have.

*Tacey Ann Rosolowski, PhD*

**00:11:57**

Such as?

*Steve Stuyck, MPH*

**00:11:57**

Well, there was just—there was more money to be raised. There were more employees to be recruited. We had a national profile that the others didn't have. There were media opportunities that didn't exist for the others. There was a big fund raising drive underway to raise money for the Lutheran Pavilion and the Plant Building. It was quite a bit. It was really quite different, and the two presidents didn't get along that well—Dr. [R. Lee] Clark and Dr. Charles A. Berry—and it was a maturation sort of a thing. It was time, I think, for a change. So they hired a director at the Health Science Center who came from Channel 13, as a matter of fact. And then Dr. Clark offered the job to me.

*Tacey Ann Rosolowski, PhD*

**00:12:42**

And why do you think he did that?

*Steve Stuyck, MPH*

**00:12:44**

I don't know, now that I look back on it. Jim Olson [author of *Making Cancer History*] found a memo—I don't know if you saw this or not—where my former boss had written a memo to Dr. Clark about me, and Dr. Clark had scrawled something on the side. I had never seen that—was not aware of that until Jim brought it to me thirty-five or forty years later. It just flabbergasted me. I had worked hard and I thought I was good at what I did, but I wasn't expecting this. And then they brought a guy in—Dr. Glen Knotts, who came here from Kent State University—and they made him the person responsible to Dr. Clark for a lot of things. Public information was one. The library was another—scientific publications, biomedical communications—and so I reported to Glen not to Dr. Clark. And Glen was another great mentor to me. He was probably twenty years older than I at the time and was very encouraging to me.

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*Tacey Ann Rosolowski, PhD*

**00:13:49**

What did you learn from him?

*Steve Stuyck, MPH*

**00:13:51**

Glen—I learned a couple of things from him. He was a very kind person and a gracious person, and I learned to treat people with respect from Glen. And also, he was great about just letting me do my thing. He was happy as long as I was telling him what was going on, and he and I never exchanged a harsh word. I guess he was probably here four or five years—three or four years—something like that—that I worked for Glen. He was very much a hands-off kind of boss.

*Tacey Ann Rosolowski, PhD*

**00:14:33**

Is that a strategy that you found you adopted later on?

*Steve Stuyck, MPH*

**00:14:37**

Not particularly. I think Glen—sometimes it was to his detriment that people did not appreciate all that he did, and I was much more in my career. In fact, I learned—I did learn from Glen some things not to do. I was much more hands-on during my career.

*Tacey Ann Rosolowski, PhD*

**00:14:55**

Now tell me about how your particular—

*Steve Stuyck, MPH*

**00:15:00**

I know I'm going to hate this when I read it—if I can. (laughs) Go ahead.

*Tacey Ann Rosolowski, PhD*

**00:15:04**

Well, it is important to keep in mind that it's a conversation, and it doesn't read like a finished narrative.

*Steve Stuyck, MPH*

**00:15:10**

Yes, I know. Okay. Go ahead.

*Tacey Ann Rosolowski, PhD*

**00:15:11**

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That's its point. (laughs) We've just had some discussions about what transcripts look like and how to edit them and it's a light edit. (laughs)

*Steve Stuyck, MPH*

**00:15:19**

I understand completely, and I'm going to be very cooperative. Go ahead.

*Tacey Ann Rosolowski, PhD*

**00:15:23**

Well, I wanted to ask you how your role expanded when you were promoted, essentially.

*Steve Stuyck, MPH*

**00:15:30**

I will tell you this. Glen—it was 1981, so I worked for Glen from 1975 to 1981, so that's like six years. In 1981, Dr. [Charles A.] LeMaistre [Oral History Interview] had arrived, and he had had a couple of years on the ground—three years on the ground—and he made an organizational change. He arranged it so that I would report directly to him; and it was an awkward time, a difficult time; and it was a surprise to me when Dr. LeMaistre proposed this. And he did it for two of us. There was another person he did it for that was part of his staff. Because I think that Dr. LeMaistre did not appreciate what Glen did, and so he just eliminated the middleman, and it was in September of 1981 that I had to change. I had two titles. One was assistant to the president, which I kept for several years, as well as director of Public Information and Education. And I think—I look back on this, and Dr. LeMaistre was asked to testify before a US Senate investigational committee on—and I don't know if you're familiar with this or not but—about the deaths of several patients on a clinical trial here. And he was summoned to Washington—well, he was not subpoenaed, but he was asked to come. Somebody else had started working on his testimony, and it wasn't going well at all. So we were in his office on a Saturday, and I volunteered to give it a shot and see what I could do. I went home and I spent all afternoon and evening using an IBM Selectric typewriter we had at home to draft his testimony. We got together again on Sunday. I'm sure it was the group of us. There were several of us in this group—Jim Bowen and others like that. And I remember distinctly Dr. LeMaistre reading it, and he said, “Now we're getting someplace.” And I felt like this was like a seminal moment in the relationship that he and I had because I kind of came to—I bailed him out at the last minute. It was hard. It was a very challenging sort of a thing.

*Tacey Ann Rosolowski, PhD*

**00:17:55**

Now let me ask you. I know people don't like to brag on themselves, and I'm not asking for that. I mean what I'm really asking is for kind of a little bit of reflection about what you brought to that situation. You know—like what is it about your writing or the way you manage information or the way that you think about a leader standing in front of a group and delivering words that

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you have to provide? What is it that you can do that made it different than what this other person was attempting?

***Steve Stuyck, MPH***

**00:18:27**

Well, that's a—I've thought about that kind of thing a lot, and everybody brings a skill to their job. And as my job changed and I became a manager of hundreds of people and doing all sorts of things, what I realized is that I have a way of putting—committing issues to paper, and I am really a very good writer—a very strong writer—at least about MD Anderson and cancer. And that was a skill that I brought to the table, and I've used it. I used it with Dr. [John] Mendelsohn. I used it with Dr. [Ronald] DePinho. Many times I had people say, "This is great, Steve," or this is—this really—now we're doing it. And it was just something I was able to do. I also think that I'm a very good editor of other people's writing—that I can edit writing without destroying it, as some editors do. They start all over. And I got a lot of feedback from my people over the years like, "You're really good at this, Steve. You make things better without being too intrusive."

***Tacey Ann Rosolowski, PhD***

**00:19:39**

Uh-hunh (affirmative). And I think that's key—how to intervene without destroying the voice or the intention of the person who's actually using the words.

**CLIP**

**A: Character, Values, Beliefs, Talents**

**C: Portraits**

**C: The Professional at Work**

**A: Professional Values, Ethics, Purpose, Commitment to Work**

**C: Professional Practice**

**B: MD Anderson History**

***A Writer for Charles LeMaistre***

***Steve Stuyck, MPH***

**00:19:49**

Now I will tell you this. During my time with Dr. LeMaistre—and the other thing about him is I understood his voice, and I could capture it, and I just—I could almost—I could like hear him saying the words from the podium, but it was exhausting. I had a division to run, which kept getting bigger, and I did speech writing for Dr. LeMaistre for his entire career here. And when he left, we boxed up about 700 speech files. Now he didn't use every single word that I wrote, but I bet he used half of it. And it became exhausting for me. When he was the president of the—the national president of the American Cancer Society, he traveled all over the country giving speeches and it—granted, they were often the same thing (chuckles) done a little bit differently, but I worked with him on every one

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of those. He didn't need a prepared text, but he liked one in front of him to make his own notes on. And he'd go off on all kinds of tangents, but I remember many times driving to his house at eight o'clock the night before a speech and saying, "Here's the speech for tomorrow morning. I just couldn't get it done in time." And he and I just had a—we just had a good relationship. We really did. He was so great to me and my family. When Mendelsohn came here, that was—it was an awkward time, and I had been offered a job somewhere else, which I was seriously—the Rice job—I was seriously considering.

***Tacey Ann Rosolowski, PhD***

**00:21:28**

And what was the job at Rice that you were offered?

***Steve Stuyck, MPH***

**00:21:29**

It was associate vice president for Public Affairs but much more narrow than what I had here. And I was seriously thinking about taking it, and Mendelsohn and I did a deal. He agreed that I would not do speech writing for him, and so I only did some ceremonial occasions like Board of Visitors or something like that. I did that from time to time, I enjoyed doing it, and I could really bat it out. But others came along. There were several in our office—DeDe DeStefano and others—who did a wonderful job of writing speeches for Mendelsohn. He was his own man about speeches, but for the ceremonial occasions he liked to have the right names to read and all of that. But I think—when I look back on it, I think that that ability to put it down on paper and to do it quickly and do it pretty well—I think that was the thing that was the little contribution I could make here that maybe nobody else could do quite the same. However, they're getting along fine without me right now, I assure you. (laughs)

***Tacey Ann Rosolowski, PhD***

**00:22:37**

Well, but it sounds like the relationship that you had with Dr. LeMaistre—that was serendipity in itself. I mean here's a person—the communications person coming together with a person who needs the words and it could have been another person in your position that Dr. LeMaistre didn't get along with quite as well or didn't—didn't see or hear him speaking the words from the podium in his head.

**CLIP**

**C: Portraits**

**C: The Professional at Work**

**C: Leadership**

**C: Mentoring**

*Lessons in Leadership from Charles LeMaistre*

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*Steve Stuyck, MPH*

**00:22:58**

He and I—Dr. LeMaistre and I—I worked/reported directly to him for fifteen years. To the best of my knowledge, we never once exchanged a harsh word, and he was such a gentleman. I learned so much from him about how you treat other people. I knew his faults as well as his strengths, but he was a great person. What he did was—if you worked for him—he was so encouraging that it was like, my God, this guy is really counting on me. I can't let him down. And there were many—he did so many things where he would encourage me when things were bad or we had a—I can think of many examples—probably too many for you—but we had Governor Bill Clements come here one time to make an official visit, and on a tour he shouted at me. His press secretary told me to interrupt him at a certain time to take questions from the media that were assembled, and new Governor Clements said, “Hell, no! I'm not going to answer any God damned questions! Get out of my way, you fool.” Right in front of all these people. That night at home, Dr. LeMaistre called me at home. “You know, Steve, it's my job to get along with the governor. It's your job to get along with the media, and don't you worry about this at all.” And that was the kind of thing he did a lot for the people who worked for him.

I was at a luncheon one time sitting at a table, and he was sitting up at the head table at the podium getting ready to give a talk. Before the talk he got up—when lunch was over, he got up from the podium and walked around the room and came all the way around to where I was seated at the back and bent down and asked me some question—talked about something—got up and left. And the guy sitting next to me said, “You know, my boss would never do that with me. He would never get up and leave the podium to come talk to some lowly staff person.” But I have many memories like that, and I would also say that Mrs. LeMaistre—the first Mrs. LeMaistre—treated my wife and son incredibly nicely during the whole time—that fifteen years. And I was just blessed to have that kind of relationship. It was really pretty amazing.

*Tacey Ann Rosolowski, PhD*

**00:25:26**

Very fortunate to have that kind of relationship.

*Steve Stuyck, MPH*

**00:25:28**

Yeah.

*Tacey Ann Rosolowski, PhD*

**00:25:29**

And to provide a real palpable service for him, too—a tangible service.

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*Steve Stuyck, MPH*

**00:25:34**

And I was—you know when—it was time for him to retire when he did. He was worn out, and Mendelsohn was totally different. And then I was dealing with someone who was closer to my age. He's ten years older than I am, and I wondered how it would go. He and I got along great, too. He and I exchanged words sometimes but he did—he was just what MD Anderson needed when he arrived here and he really—at that point in my career, I was probably about fifty years old—forty-nine, fifty. He so encouraged me to stretch and to broaden my horizons on behalf of MD Anderson. He promoted me to vice president. He did very well by me financially, and I really grew to admire him tremendously as well. That's thirty years of working for someone who you respected and admired and who had some respect for you as well. And most of us just can't claim that these days.

*Tacey Ann Rosolowski, PhD*

**00:26:43**

No. No, it's very rare. That's very rare. And did you—what was the impact that that kind of environment had on you?

*Steve Stuyck, MPH*

**00:26:50**

Well, it made me work real hard, especially during the LeMaistre years. I really burned the midnight oil. We had a much smaller staff, and there was more to be done. And one of the things Mendelsohn did was to greatly increase my resources, which gave me more opportunity to manage and to think about things than to just be in a constant dither all the time. But it—what was the effect it had on me? Well, they say that your boss is the single most important factor in job satisfaction. So I had thirty years of great bosses. We had our—there were moments, but they were two great leaders and great to work for so I had—in terms of the single most important job satisfaction factor, I had it better than ninety-nine percent of the population ever does—work force ever does.

*Tacey Ann Rosolowski, PhD*

**00:27:45**

That's pretty amazing.

*Steve Stuyck, MPH*

**00:27:45**

Yes.

*Tacey Ann Rosolowski, PhD*

**00:27:45**

I can see how you say how luck and serendipity and all that stuff came together for you.

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*Steve Stuyck, MPH*

**00:27:51**

Tacey, I am the luckiest person. Really. Sometimes I say they wouldn't hire me at MD Anderson these days. (laughter)

*Tacey Ann Rosolowski, PhD*

**00:28:05**

Well, I'm really struck with—I can't say I would agree with that, but it's definitely a different place now than it was when you arrived.

*Steve Stuyck, MPH*

**00:28:16**

Yeah, right. Oh, yes. Definitely.

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## **Chapter 3**

### **B: Building the Institution**

#### *Early Developments in the Department of Public Information and Education*

##### **Story Codes**

C: Discovery, Creativity and Innovation  
C: The Professional at Work  
B: Growth and/or Change  
B: Information for Patients and the Public  
B: Education  
B: MD Anderson Culture  
B: Building/Transforming the Institution  
D: The History of Health Care, Patient Care  
D: Cultural/Social Influences  
D: Understanding Cancer, the History of Science, Cancer Research  
B: MD Anderson History

*Tacey Ann Rosolowski, PhD*

**00:28:16**

And I wonder. Is it okay if I go back and pick up a little bit—a little bit more detail about the kind of—?

*Steve Stuyck, MPH*

**00:28:22**

Sure. Yeah. I'm one for kind of quickly going through—just go right ahead.

*Tacey Ann Rosolowski, PhD*

**00:28:26**

Oh, and that's fine. I mean as we talked about in the beginning, there are kind of three different stories going on here. And just for the record I'll say this. For me, I actually had to do kind of a lot of reading about what Public Affairs is. I'd never really thought about that, and as I was doing background research it was very clear that Public Affairs—when you were hired for Public Information it was very different in terms of the components that were included in it and probably in its functions, too, than what it is today. And then, of course, there's how you went and moved your way through that institutional transformation.

*Steve Stuyck, MPH*

**00:29:02**

And sometimes I affected that transition. You know, I went to Dr. LeMaistre, for example, and said I think I would be a very strong manager of Volunteer Services. And they were floundering in that area where they were at the time, and here's what I think I could do for them. And so I

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had my eye on some of these things, and I thought as I worked on it that we would bring together under one umbrella much of the institution's expertise in dealing with our constituents—whether they be the lay public or patients or many in between—media, whatever it is—we would bring them all together in this, and we did a pretty good job of that. There were a few things that didn't work out but—

***Tacey Ann Rosolowski, PhD***

**00:29:44**

Now when was that change? When did that change take place?

***Steve Stuyck, MPH***

**00:29:47**

It was gradual over a period of time.

***Tacey Ann Rosolowski, PhD***

**00:29:50**

Oh, really?

CLIP

C: Discovery, Creativity and Innovation

C: The Professional at Work

B: Growth and/or Change

B: Information for Patients and the Public

B: Education

B: MD Anderson Culture

B: Building/Transforming the Institution

D: The History of Health Care, Patient Care

D: Cultural/Social Influences

*Developing the Cancer Information Service*

***Steve Stuyck, MPH***

**00:29:52**

The first—we started with the Public Information Office and then—and this was another thing. You know, Steve, how could you—how could this happen to you? There was a big contract with the NCI called the Cancer Information Service. And it had just been awarded for the first time in 1975.

***Tacey Ann Rosolowski, PhD***

**00:30:15**

And what exactly was that?

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*Steve Stuyck, MPH*

**00:30:17**

It was the very first NCI-funded public education programs about cancer. There was a toll-free WATS line—an 800 number that served the state of Texas where people could call you with their questions about cancer, and there were some educational programs targeted for minority and underserved audiences. And this was brand new, and I cannot convey to you how controversial it was at the time.

*Tacey Ann Rosolowski, PhD*

**00:30:43**

Why?

*Steve Stuyck, MPH*

**00:30:44**

This was 1975 when most communication about cancer was between doctors and patients. And the notion that trained lay people could answer the phone and answer a technical question about cancer was preposterous to many people, especially to doctors. And one—and so I was—there was a time where I was the director of it briefly, and one MD Anderson doctor said to me, “I hope you screw up early before you do some real damage.” And another MD Anderson doctor said to me, “I understand you have the MD Anderson albatross hanging around your neck.”

*Tacey Ann Rosolowski, PhD*

**00:31:30**

So this was controversial not only nationally but at MD Anderson.

*Steve Stuyck, MPH*

**00:31:34**

Right. Nobody wanted to touch it. And I know that sounds so foolish nowadays. It’s so logical that education about cancer is so pervasive and people—there are so many things—but it was just a different era about things.

*Tacey Ann Rosolowski, PhD*

**00:31:46**

Yeah. I’m remembering back to that time, and actually I can totally understand it.

*Steve Stuyck, MPH*

**00:31:49**

It was like—

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*Tacey Ann Rosolowski, PhD*

**00:31:50**

Because doctors were still gods at that time.

*Steve Stuyck, MPH*

**00:31:53**

The first inklings of it—Happy Rockefeller, Betty Ford, Rose Kushner—different things like that that were kind of starting to come on, but it was very pioneering and innovative. Hell, I'm thirty years old, and I'm thinking this sounds like a great idea to me. So I volunteered to Dr. Clark to become the principal investigator because he wanted nothing to do with it really. He said sure. Thirty years old with a bachelor's degree at that time and they make me the principal investigator on the most—not the director but the PI on a very innovative and controversial contract thinking this would probably go nowhere at any time. And it worked out fine (laughs) and I worked really hard on it with Jo Ann Ward, whose name comes up often in my material—she still works here—and others. And we ran that contract for thirty years—and about twenty-five or twenty-six million dollars—and it was the first—I tell you this story because it was the first element beyond public information that we added to my milieu, which is public education. But we had no MD Anderson money, and public education was all this contract from the NCI. So that's how it started.

*Tacey Ann Rosolowski, PhD*

**00:33:23**

So how did the investigation work? What did you actually do to set it in place?

*Steve Stuyck, MPH*

**00:33:30**

Just to set up the cancer information service?

*Tacey Ann Rosolowski, PhD*

**00:33:33**

Uh-hunh (affirmative).

*Steve Stuyck, MPH*

**00:33:33**

We did a lot. We had to get all the resources, find space, hire people—all that sort of thing. We had to set up the 800 number, develop training programs and quality assurance programs for the people who answered the phones, develop liaisons in the community with African American and Latino populations, create media materials and get them approved by doctors. We were taking—well, I wish I could remember how many calls. But near the end of it, it was 100,000 a year or so.

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***Tacey Ann Rosolowski, PhD***

**00:34:08**

Really? Wow. How long did it take for people to under—the public to understand that this resource was available and take advantage of it?

***Steve Stuyck, MPH***

**00:34:16**

We got a lot of media attention at the beginning. It took a while, and we never thought that the CIS—the Cancer Information Service—was as appreciated or widely utilized as it should be. And that program morphed and evolved over the years for a time. We also served the state of Louisiana, and then for a time we also served the state of Oklahoma. This was a national network of about fifteen or so contracts all around the country.

***Tacey Ann Rosolowski, PhD***

**00:34:45**

Wow, that's amazing. And what impact did you feel that information service had?

***Steve Stuyck, MPH***

**00:34:57**

I think we were part of a larger national and even international effort—that CIS helped open the doors for communication about cancer. But it was happening all along, everywhere. The advocacy movement that came along—breast cancer advocacy, prostate cancer, AIDS—those advocacy movements contributed to it. Baby boomers contributed to it because they wanted to play a greater role in decisions about their own health care than prior generations had. It was a national and worldwide movement—the educational movement in health care and disease prevention—and we were just part of it.

***Tacey Ann Rosolowski, PhD***

**00:35:47**

You know, I was thinking as I was putting together my questions and approach that—I was thinking this was a period of time in which people's understanding of cancer was completely changed.

***Steve Stuyck, MPH***

**00:36:01**

Absolutely.

***Tacey Ann Rosolowski, PhD***

**00:36:01**

And I was thinking, wow, how did that cultural fact fit in with Public Affairs? Or what was the relationship back and forth?

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***Steve Stuyck, MPH***

**00:36:09**

There were several things. First of all, MD Anderson—the National Cancer Act of 1971 was passed just before I arrived here. And with that came this great infusion of funds for research and other purposes and infrastructure, and we were riding on the coattails of that along with the advocacy movement and the burgeoning science about cancer. Cancer medicine used to be so easy to explain when I first got here. I can hardly keep up with it anymore—and can't really. All these forces came together at once, and I was just riding on the coattails of all of that.

***Tacey Ann Rosolowski, PhD***

**00:36:49**

Well, it's interesting because when I talk to scientists who were trained during that period and starting in their careers—I mean they speak about this real excitement because scientifically it was an incredible time. But it sounds as though in your job—which was really on kind of that interface between the science, the clinical care, and the public that needed information—you were in that perfect storm, too.

[Clip](#)

[D: The History of Health Care, Patient Care](#)

[C: MD Anderson Past](#)

[C: The MD Anderson Ethos](#)

[B: MD Anderson Culture](#)

[B: Building/Transforming the Institution](#)

[B: Growth and/or Change](#)

[C: Personal Reflections, Memories of MD Anderson](#)

[How Far Cancer Treatment Has Come](#)

***Steve Stuyck, MPH***

**00:37:11**

Yes. I'll tell you, when I arrived at MD Anderson, I thought MD Anderson was a great place. I had heard of it before. I knew about it.

***Tacey Ann Rosolowski, PhD***

**00:37:20**

What did you know about it?

***Steve Stuyck, MPH***

**00:37:21**

Well, I just knew it was a big cancer hospital in Houston, and we didn't even live too far from here—just a couple of miles from here. I remember driving past it many times when I was a kid in the medical center. But I thought it was a great place but it was nothing—

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the size is one thing, but the excellence that exists here amazes me. And when I look back on MD Anderson in those days it was very, very primitive compared to what we have now.

*Tacey Ann Rosolowski, PhD*

**00:37:56**

How would you characterize it?

*Steve Stuyck, MPH*

**00:37:58**

I'll tell you this. I remember when we began our first—one of our first immunotherapy trials of BCG—Bacillus Calmette-Guerin—the tuberculosis vaccine—and they called it scarification. They carved a tic-tac-toe pattern into a person's arm and applied it topically. I have a friend whose wife is now deceased but he—not that long ago we were talking about it and all of those scarification grids—they didn't go away. Patients had them up and down their arms and legs for the rest of their lives, and they didn't work that well either. And that was immunotherapy when I first came here. I can remember our ambulatory treatment center, which was two rooms on either side of a hallway. I thought it was neat. You know, look at all these patients getting outpatient therapy. Two rooms on either side of the hallway—one was chairs and one was beds, and the beds were so close to each other and just protected by a little curtain, and you could hear patients being sick and smell smells and all that sort of thing. And it was gruesome to take chemotherapy, and yet we thought we were on the cutting edge. And we were, but things are so much better now than they were back then.

I can remember seeing patients in the hallways with some incredible surgical damage that had been done to them that you just don't see any more. You really don't. It's much more refined. So I think we've—it sounds so trite to say it, but we've come so far in the last thirty or forty years, and it made it great to work here when you can see that sort of thing happening. I have to remind myself sometimes to stop and think about what it was like when I first got here. I can remember the outpatient—the first outpatient clinic where we had—across one wall we had lockers like you have in a bus station where you could pay a quarter and lock your stuff up. And there were these long benches stretched out, and one of the things LeMaistre did was to enhance the ambiance of the place tremendously. But it was nothing more than a bus station look in our clinic right at the beginning. And you'd walk down this long hallway that ran east west on the first floor, and there'd just be hundreds of patients sitting in these chairs on either side of it. It's so different now. I still think cancer is an incredible burden for many, many patients, but the changes have been phenomenal—just phenomenal.

*Tacey Ann Rosolowski, PhD*

**00:40:42**

Uh-hunh (affirmative).

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*Steve Stuyck, MPH*

**00:40:45**

That got me off your subject, but it's what interests me in talking about MD Anderson.

*Tacey Ann Rosolowski, PhD*

**00:40:49**

No, no, no. Not at all. No, I think it's really important, too, because you mentioned that you have to remind yourself and you worked here. I think a lot of people need to be reminded. I mean, there are people who have come in successive generations that they don't—they don't really appreciate how far cancer treatment and the situations in which patients receive treatment—how much they've changed. So it's important to be reminded.

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## **Chapter 4**

### **B: MD Anderson Culture**

#### ***The Faculty: The Intellectual Engine of MD Anderson***

##### **Story Codes**

- A: Overview
- C: Professional Practice
- C: The Professional at Work
- C: Giving Recognition
- C: Understanding the Institution
- C: Dedication to MD Anderson, to Patients, to Faculty/Staff
- C: The Life and Dedication of Clinicians and Researchers

##### ***Steve Stuyck, MPH***

**00:41:12**

I will tell you—you had asked me about what contributed to my success here. There is one other thing—probably more than one, but I'm getting off the subject—but I think it's important to me. I realize that—well, now we have 20,000 employees, and less than 2,000 of them are faculty members. And yet faculty members are both the intellectual and the economic engine that drive this place not the rest of us—the white coats not the gray coats. And I have always enjoyed give and take with faculty and trying hard to understand the issues that confront them because their jobs are so difficult and because they're so interesting to be around. And I think I can speak their lingo and try hard to understand the things they face. And a lot of administrators around here really don't get it, I don't think, all the time.

##### ***Tacey Ann Rosolowski, PhD***

**00:42:09**

What don't they get?

##### ***Steve Stuyck, MPH***

**00:42:11**

Well, they don't understand the faculty life, and they don't understand the pressures faculty face. And they don't understand that we're all here because the faculty are here. And I just enjoy faculty people—being around them.

##### ***Tacey Ann Rosolowski, PhD***

**00:42:25**

You mentioned earlier—in fact, when you were talking about the Medical Branch in Galveston—that you were really interested in the academic institution. And how did you know that so far back and why? (laughs)

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***Steve Stuyck, MPH***

**00:42:36**

I didn't. I didn't because I have no academics in my family either. When my friend and I were at UTMB, we used to get up early on Saturday mornings and go to grand rounds on Saturday mornings, and that's when they would—in the era when they'd bring the patient in. You know, the patient would sit there in their robe, and they'd talk about renal dialysis or this, that, or the other, and I loved it. I thought it was really interesting—kind of barbaric-seeming now. But after I had finished—I had a great mentor here, Dr. Robert Moreton, who was a radiologist and a vice president here. And he was—he and his wife were very good to Karen and me, and we just became friends, and he was quite elderly. He's probably—he probably would be about 100 now. And he asked me one time—he said, "Well, what is your plan for the future?" And I said, "Well, Dr. Moreton, I think I'll be here about five years." Ha, ha, ha. (laughs) "And then I'd like to go into a university environment and teach." So I've always been interested in the academic environment and now my son—I never did but my son now teaches at UT Austin, and I listen to him talk about the issues that confront them and all and appreciate that because I've always been interested in academia.

***Tacey Ann Rosolowski, PhD***

**00:44:04**

Well, tell me more about what the issues—what you see as the issues that faculty face. And maybe they've changed.

***Steve Stuyck, MPH***

**00:44:13**

Oh, they have tremendously.

***Tacey Ann Rosolowski, PhD***

**00:44:14**

Maybe you could talk a bit about that.

***Steve Stuyck, MPH***

**00:44:16**

Well, I think first of all if you're a physician, it must be terrible to have so many of your patients die. And that is what happens in a lot of our areas. And I am—I think it takes a certain kind of stamina that most people don't have, and I think that's real important. I think it takes intellectual curiosity that most don't have. I think there are a lot of pressures put on them to produce results, to generate revenue—you know. There are a lot of things like that that I see in their lives. I think some of the scientists can work their whole careers on the most miniscule sorts of things.

***Tacey Ann Rosolowski, PhD***

**00:45:21**

Yeah, literally and figuratively.

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*Steve Stuyck, MPH*

**00:45:22**

Yeah. They're not all great. Don't get me wrong. But we've got a lot of great ones here, I think.

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## **Chapter 5**

### **B: Building the Institution**

#### ***Expanding the Scope of Public Affairs: Increasing Services for Faculty, Patients, and the Public***

#### **Story Codes**

- A: Overview
- B: Building/Transforming the Institution
- B: Growth and/or Change
- B: Institutional Processes
- B: MD Anderson Culture
- C: Professional Practice
- C: The Professional at Work
- D: On Research and Researchers

***Tacey Ann Rosolowski, PhD***

**00:45:28**

Uh-hunh (affirmative). Uh-hunh (affirmative). I'd like to go back and kind of get a sense of what were the different functions that were included under the Department of Public Information and Education. I'm sorry—you were going to say?

***Steve Stuyck, MPH***

**00:45:47**

No. I know we need to get this down. We started with Public Information, which was essentially the public relations function—communications, that sort of thing. We added Public Education, which was community outreach and education to the public.

***Tacey Ann Rosolowski, PhD***

**00:46:06**

When was that added?

***Steve Stuyck, MPH***

**00:46:06**

That was added with—it started with the Cancer Information Service contract—in 1976 probably—and it evolved into a separate department, and I can't remember exactly when, Tacey.

***Tacey Ann Rosolowski, PhD***

**00:46:19**

Did that—did the success of the Cancer Information Service help demonstrate what Public Information could do?

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***Steve Stuyck, MPH***

**00:46:32**

Yes. Yes. That's a very good observation. You know, I've said many times that often the best public relations is good public education. If you strive hard to become a resource for information about cancer in the way you are a treatment resource or a research resource—that contributes to our reputation as well as doing a whole lot of good. And LeMaistre agreed with that. Mendelsohn did not particularly, but DePinho really gets it. I think he sees that.

***Tacey Ann Rosolowski, PhD***

**00:47:04**

I just wanted to observe because this—I find this really exciting, actually, to talk about. (laughs) It's like you've got this huge machine with all these different parts and it's all moving at once. Because, you know, the information, as you just sketched, can serve so many different functions at once. And one of them, of course, is branding—creating new institution identity—and if you're massaging and manipulating that information that comes out, you're changing all of those other things, too. So it's—and I'm just simply sketching that because hovering in the background is a question I'm going to want to ask which is, what were the conversations that you would have in your privileged position—speaking to the Board of Visitors, speaking to the president, speaking to the Development Office—you know. How was your function coordinated with all the other high-level administrative decisions and functions going on to make this institution move from place A to place B over a particular period of time? And I know I just sketched a huge area. (laughs)

***Steve Stuyck, MPH***

**00:48:06**

It is. That's thousands of conversations over many years with starts and stops and different—all different sorts of things.

***Tacey Ann Rosolowski, PhD***

**00:48:14**

Yes. I bet. But I just kind of wanted to throw that out there because I think maybe if you can think of a moment when that sort of thing happened, we can talk about it a bit and get some examples. Because I think it's fascinating about how individuals within the institution are making these decisions about the use of language to have an impact—both inside the institution and outside.

***Steve Stuyck, MPH***

**00:48:37**

Keep coming back to that.

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*Tacey Ann Rosolowski, PhD*

**00:48:38**

I will, yeah.

*Steve Stuyck, MPH*

**00:48:40**

Let me just briefly sketch out how this—

*Tacey Ann Rosolowski, PhD*

**00:48:44**

Absolutely. Yes—came into being.

*Steve Stuyck, MPH*

**00:48:45**

So Public Education came first. Then we added Patient Education, which had reported to another vice president who one day called me on the phone and said, “I’ve been thinking about this, Steve, and I think Patient Education would work great in your area.”

*Tacey Ann Rosolowski, PhD*

**00:49:00**

Now what did that individual have in mind by that?

*Steve Stuyck, MPH*

**00:49:04**

You mean—

*Tacey Ann Rosolowski, PhD*

**00:49:05**

Yeah. What did—I mean what did they want Patient Education to look like?

*Steve Stuyck, MPH*

**00:49:10**

Patient education had already been established here and reported to Dr. [Charles] McCall, and it was Dr. McCall who called me. And it was a small group that worked on teaching materials for patients, on teaching expertise for clinical staff, and it was very rudimentary at the time. They had what they called a clearinghouse of thousands of pamphlets, brochures, and things that they had done, which is now a database that is done electronically. But they had a lot of things going on. They run the learning centers now. You’ve seen those learning centers around. But that is where—it was a long time before those came around. So he said to me, “I think patient education would work great with your other programs.”

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***Tacey Ann Rosolowski, PhD***

**00:49:55**

Can I just ask you real quick—I'm sorry—and Dr. McCall was part of what department?

***Steve Stuyck, MPH***

**00:49:59**

He was the vice president for Patient Affairs.

***Tacey Ann Rosolowski, PhD***

**00:50:00**

Okay.

***Steve Stuyck, MPH***

**00:50:02**

Patient advocacy, guest relations—things like that.

***Tacey Ann Rosolowski, PhD***

**00:50:07**

So what was the logic for switching it to Public Information?

***Steve Stuyck, MPH***

**00:50:11**

Well, the truth is he just—he told me it was exasperating working with those people. (laughter) That was exactly the word he used. And that was it. I'm telling you, Tacey, it was just different then. You know? How about this would work better here. You do it. I'm fed up with it. So I thought what the heck. Why not? It's a good program. So that was the next one. Then what came next? Then it was Volunteer Services, and the director of Volunteer Services and I had a couple of conversations. She was eager to make a change because she didn't care for her leadership, which was in hospital administration at the time. I brought it up to Dr. LeMaistre. I wrote up a little plan, and it was done.

***Tacey Ann Rosolowski, PhD***

**00:51:04**

Now what did you say to Dr. LeMaistre about it?

***Steve Stuyck, MPH***

**00:51:07**

Oh, I can't even remember.

***Tacey Ann Rosolowski, PhD***

**00:51:08**

But what was your logic?

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*Steve Stuyck, MPH*

**00:51:09**

My logic was we were bringing together in one unified division much of the institution's expertise in reaching the community and getting people to understand cancer, understand MD Anderson, and serve MD Anderson. And that's how it happened.

*Tacey Ann Rosolowski, PhD*

**00:51:26**

Now you just mentioned divisions. So what was—when was the shift between that—when—oh, sorry. Bad sentence. At what point did the Department of Public Information and Education become a division? And what did that mean?

*Steve Stuyck, MPH*

**00:51:41**

Well, it was very informal. I can't remember exactly when. We just made the changes at budget time—changing the names and the way the—with LeMaistre and I probably, and it was done.

*Tacey Ann Rosolowski, PhD*

**00:51:55**

And what was the reason for doing it that way?

*Steve Stuyck, MPH*

**00:51:58**

Because division—it was the Office of Public Affairs at that time, and division had more clout to it than office did.

*Tacey Ann Rosolowski, PhD*

**00:52:07**

Oh, okay.

*Steve Stuyck, MPH*

**00:52:09**

And yeah, divisions here are bigger than departments so when we had—so that's why it was done.

*Tacey Ann Rosolowski, PhD*

**00:52:15**

Okay. So it was really kind of a stamp of you've got support from the administration.

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*Steve Stuyck, MPH*

**00:52:21**

Yes.

*Tacey Ann Rosolowski, PhD*

**00:52:22**

Interesting. Did you find that before—what was the institutional perception of the Office of Public Information and Education? I mean were you welcomed? Were people in general supportive?

*Steve Stuyck, MPH*

**00:52:38**

And you're speaking about the Public Information component.

*Tacey Ann Rosolowski, PhD*

**00:52:40**

Yeah. Uh-hunh (affirmative).

*Steve Stuyck, MPH*

**00:52:42**

It was more of a challenge in the early days.

*Tacey Ann Rosolowski, PhD*

**00:52:44**

How come?

*Steve Stuyck, MPH*

**00:52:45**

Because people—doctors didn't recognize the need for marketing and for communications in the way they do now. Now it's not an issue at all. But I think we were well respected. And in fact, the faculty senate did a survey in the early 1990s of the administrative departments, and Public Affairs and the library were ranked as the two top departments—top administrative departments in the survey.

*Tacey Ann Rosolowski, PhD*

**00:53:08**

Oh.

*Steve Stuyck, MPH*

**00:53:08**

Yeah.

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***Tacey Ann Rosolowski, PhD***

**00:53:09**

That's pretty amazing.

***Steve Stuyck, MPH***

**00:53:10**

Yeah, absolutely. And when you think about it, they're the ones that kind of serve the faculty, and you would expect that, in a way, that'd be the case.

***Tacey Ann Rosolowski, PhD***

**00:53:18**

One thing I noticed under the office many years ago—and maybe it's still there—but there was actually in one of the annual reports that I read—it said that there were communication services offered to faculty and staff. So if you had a media issue you could call up Public Affairs and—I didn't know what that meant. Could they get help drafting a statement for the press? What was that?

***Steve Stuyck, MPH***

**00:53:48**

Well, it could be a lot of different things. It could be writing a news release. It could be helping recruit patients for a clinical trial, which might involve some educational materials as well as media materials. It could be publicity and promotion for a meeting that they—to generate attendance. We were trying to look for ways that we could help the faculty achieve their goals, and those are some examples of that. But we do that all the time.

***Tacey Ann Rosolowski, PhD***

**00:54:14**

And that's still a function within the department.

***Steve Stuyck, MPH***

**00:54:16**

Uh-hunh (affirmative).

***Tacey Ann Rosolowski, PhD***

**00:54:17**

Wow.

***Steve Stuyck, MPH***

**00:54:18**

And you know, it's hard for me to describe the evolution of the division because when I came here there were five or six people. And when I left there were 150. And it was a gradual thing over a long period of time where we kept changing, and I tried not to keep it the status quo, and

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we kept changing things, and the Public Information Office—which became Communications—is now about fifty people in several different areas, and it was an evolution over a period of time.

*Tacey Ann Rosolowski, PhD*

**00:54:51**

Now did you find in those earlier days that the faculty understood that the department could provide them with that support?

*Steve Stuyck, MPH*

**00:54:58**

Some did and some didn't. Some were our regulars. There were people like [Emil J.] Freireich [Oral History Interview], for example, and [Jordan] Gutterman [Oral History Interview] in the early days who we did a lot of stuff with.

*Tacey Ann Rosolowski, PhD*

**00:55:09**

Interesting.

*Steve Stuyck, MPH*

**00:55:11**

And there were others we didn't.

*Tacey Ann Rosolowski, PhD*

**00:55:11**

Jordan Gutterman certainly would have—I mean he had so much contact with the media about interferon.

*Steve Stuyck, MPH*

**00:55:16**

Yes. That is such an amazing story. Jordan was—

*Tacey Ann Rosolowski, PhD*

**00:55:20**

Tell me about that.

*Steve Stuyck, MPH*

**00:55:22**

In the time, Jordan was probably the most—what's the word I'm looking for? He generated—he got more media attention than any other person at MD Anderson. It was amazing. I can remember having a news conference when the first patient to receive recombinant DNA/interferon was actually introduced to the press—a woman named Joan Karafotas from Chicago, I think—at a news conference with Jordan. And he was in *Time Magazine*, and he was

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here, and he was there. And this was in the era before the Internet and before a lot of communications, and Jordan received about seven or eight thousand letters—people were writing by letter at that time—from people all over the country beseeching, could they please become a member of his clinical trial. It attracted so much media attention, and we had to set up an apparatus to answer those letters. We answered them all with a form letter, but this was in the era before computers, and we were cranking these letters out, mailing them back to people just so that we could say the trial is full, and that sort of thing. And I never completely understood what happened to Jordan that made him become such a pariah at MD Anderson. But there was a time when he was—he was really prominent. I took him to a Rotary Club of Houston speech—Gutterman—one time. There must have been 500 people in the room, and it was a big annual event we got to—the Shamrock Hotel is where it was. And we get to the door and he goes, “Wait a minute, Steve. Wait a minute. I’ve got to think of what I’m going to say.” And he goes like that. “Okay, I got it. Let’s go.” (laughs) But faculty—there are a million stories like that of these—they were a cut above. But Jordan really fell out. He really did. I guess he’s still around. I’m not sure.

*Tacey Ann Rosolowski, PhD*

**00:57:26**

Yeah, he’s got labs and—

*Steve Stuyck, MPH*

**00:57:29**

Have you done a session with him?

*Tacey Ann Rosolowski, PhD*

**00:57:31**

Yeah, I’ve done three sessions with him so far. Yeah, the interview’s not quite finished. It’s not—he’s sort of just on the cusp of talking about the Avicin work.

**00:57:39** (end of audio one)

**00:00:00** (begin audio two)

*Tacey Ann Rosolowski, PhD*

**00:00:00**

So it will be interesting to see where it goes from there. Yeah.

*Steve Stuyck, MPH*

**00:00:04**

I lost touch with him, but we spent a lot of time together. I lost touch with him when the interferon thing faded, which would probably be in the early eighties, mid eighties.

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*Tacey Ann Rosolowski, PhD*

**00:00:12**

Mid, early eighties. Yeah. Yeah. But it was a real firestorm, I'm sure.

*Steve Stuyck, MPH*

**00:00:15**

Yes. Oh, yes. Absolutely.

*Tacey Ann Rosolowski, PhD*

**00:00:18**

Now that's an interesting example of something that comes up and you have to respond really quickly because who would have thought. So how do you—how did you prepare your staff to be ready to respond to those kinds of things? What was the strategy or tactics?

*Steve Stuyck, MPH*

**00:00:41**

Well, it wasn't so much preparing our staff because that's kind of what they're there to do, and that's what they've been trained for. It was preparing the institution. And we did a lot of things to educate the staff about media. We had many sessions with a consultant over a period of years training people in media relations. Groups—we'd bring groups of ten or twelve faculty together to get them prepared for things.

*Tacey Ann Rosolowski, PhD*

**00:01:10**

What kind of information would those cover? I mean you'll be sort of educating me because I can't even imagine what would be covered in a workshop like that.

*Steve Stuyck, MPH*

**00:01:18**

How to give a good interview, the pitfalls of interviewing and of being interviewed, what to say, how to say things, talking in sound bites, answering questions directly when you can, conveying the information that you want conveyed, mentioning the MD Anderson name many times—different things like that. We've had a number of consultants over the years. Now we've gotten much—very sophisticated. We have crisis communications consultants and a lot of others who come in to work on things.

*Tacey Ann Rosolowski, PhD*

**00:01:52**

Well, I'm glad I asked that question about the services to faculty. It was really interesting.

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*Steve Stuyck, MPH*

**00:01:58**

I wish I could think—I wish I could think of some more to give you good examples.

*Tacey Ann Rosolowski, PhD*

**00:02:02**

Well, I'm sure you will. We can always come back to it. So there—is that—was that called Creative Services?

*Steve Stuyck, MPH*

**00:02:08**

Creative Services is our artist and graphic designers.

*Tacey Ann Rosolowski, PhD*

**00:02:12**

Okay. So what's the division that would provide this support for media?

*Steve Stuyck, MPH*

**00:02:16**

It's called Communications, and they have four sections, which I think are still on there: External Communications—that would be media and things like that; Internal Communications; Creative Services and—what's the fourth one? Oh, online media. What is that called?

*Tacey Ann Rosolowski, PhD*

**00:02:33**

Yeah, and that's sort of a whole new thing.

*Steve Stuyck, MPH*

**00:02:35**

Isn't that on there?

*Tacey Ann Rosolowski, PhD*

**00:02:36**

Integrated Media Communications.

*Steve Stuyck, MPH*

**00:02:38**

Integrated Media. Video and online and that sort of thing.

*Tacey Ann Rosolowski, PhD*

**00:02:41**

And just for the record, I'm looking at an organization chart for the current Division of Public

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Affairs—though in the seventies and in the eighties and in the nineties I imagine there were different versions of this.

*Steve Stuyck, MPH*

**00:02:53**

Many.

*Tacey Ann Rosolowski, PhD*

**00:02:54**

Yes. (laughs)

*Steve Stuyck, MPH*

**00:02:56**

Many. In fact, I didn't save them, Tacey, but—I might have. There might be some annual reports in my material. I sent a box of stuff to Javier [Garza]—

*Tacey Ann Rosolowski, PhD*

**00:03:04**

Yeah.

*Steve Stuyck, MPH*

**00:03:04**

—just when I retired, and there was a bunch of annual reports. That was another thing that we did that many other administrative departments did not do. I felt strongly that we needed to document our contribution to the institution, to report on metrics long before that became popular, and for many—I don't think they do it anymore—but for many, many years we issued monthly reports to the administrative leadership, and we produced annual reports. And as we got busier and busier, we found ways to condense that into much smaller documents. But it was—it was something I felt strongly about—that you needed to let people know, especially if we were tangential to their knowledge of what was going on at MD Anderson. We wanted people to know what we were doing. We needed to issue reports that would give them little snippets of contributions we've made and that sort of thing.

*Tacey Ann Rosolowski, PhD*

**00:04:00**

Well, it seems as though—it seems such an essential service. It's kind of like a lawyer. You don't know you need it until you need it. (laughs) Well, I always say if you need a lawyer, you're probably—if you think you need a lawyer, you probably needed one six months ago. But it may be the same thing with Public Affairs. If you suddenly like—oh, I need someone to help me with my relationship with the public—you know. Probably it's something that's been brewing for a bit, and bringing someone in sooner rather than later is probably smart.

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***Steve Stuyck, MPH***

**00:04:30**

The good thing—first of all, MD Anderson—I take that back. We had not experienced as much negative publicity in my history here as we have in the last year. And there have been thirty-five or forty stories in the *Houston Chronicle* about Dr. DePinho and related matters which have not been flattering. So it's an anomaly in my history here. We've had our share of bad press in my time. Don't get me wrong about that. But most press about MD Anderson is really very, very positive, and it has been. This is a highly regarded institution—certainly in Texas and beyond—and media feel that way as well. And most of the news out of MD Anderson is not breaking news. It's news that could be covered or not covered, and you need a good public relations or public affairs arm to let media know what's going on out here so they can make decisions about whether or not to cover things.

***Tacey Ann Rosolowski, PhD***

**00:05:33**

Uh-hunh (affirmative).

***Steve Stuyck, MPH***

**00:05:33**

But it's been a crazy year since May of last year.

***Tacey Ann Rosolowski, PhD***

**00:05:39**

Yeah. I'm trying to think about where to go because you—you know—the organization chart says it. You have External Communications, which is kind of what we've been talking about. But then you have Internal Communications, which is a whole other dimension. And do you have a sense of which one you'd like to talk about next?

***Steve Stuyck, MPH***

**00:06:00**

No. I don't care.

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## **Chapter 6**

### **B: An Institutional Unit**

#### ***Public Affairs: An Evolving Strategy to Address External Communications***

##### **Story Codes**

B: The Business of MD Anderson  
B: The MD Anderson Brand, Reputation  
B: Building/Transforming the Institution  
B: Growth and/or Change  
B: MD Anderson History  
B: The Business of MD Anderson  
D: The Healthcare Industry  
C: Portraits  
C: Collaborations  
B: Institutional Processes  
C: Discovery and Success

***Tacey Ann Rosolowski, PhD***

**00:06:03**

Okay. Well, since we're on the subject of the external communications, maybe we can—maybe we can talk about that. And as you—how has MD Anderson's need for—what have been the big landmarks in change? What have been the big landmarks in the history of Public Affairs that show how the public affairs function has changed public/external relations?

***Steve Stuyck, MPH***

**00:06:26**

Oh, what a great question. What a great question. Where in the world would I begin with this?

***Tacey Ann Rosolowski, PhD***

**00:06:32**

Wherever you would like.

***Steve Stuyck, MPH***

**00:06:35**

In the early days—and I'm speaking mainly about media and external relations—doctors didn't have that much concern or interest about coverage in the way they do nowadays. There's a very competitive environment these days, and every institution is trying its best to get its message out. What would I say would be the hallmarks? Well, I think one of the hallmarks—it would be right in the middle of the time—would be Dr. [John] Mendelsohn's arrival here. Dr. Mendelsohn felt that MD Anderson deserved a greater attention in the nation's top news media and in international media than it had been receiving, and I agreed with him. And we had tried every

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trick in the book to enhance media visibility of MD Anderson. We had a very aggressive media relations staff.

*Tacey Ann Rosolowski, PhD*

**00:07:39**

What did you go about doing to accomplish that?

*Steve Stuyck, MPH*

**00:07:42**

News releases is one thing—a technique. But we did a lot more than that. We did—were constantly phoning media and emailing media with tips and things like that. But anyway, Mendelsohn decided we needed to do better, and I agreed with him. And this is what I meant about him giving us resources. One of the proposals I made to him in order to achieve this was that we would retain a New York-based public relations firm so that we would have our feet on the ground—people on the ground in the—really the world’s media capital not just the New York—the nation’s media capital. And he agreed with that, which LeMaistre would have never gone for. Too expensive sort of a thing. So we set out—three of us did—myself and two of my associates—to find a media relations council, and we did. We hired the GabbeGroup—G-A-B-B-E—and they still work for MD Anderson. They have been fantastically successful in generating national visibility for MD Anderson—a lot of clever and creative ideas. So that’s one thing. But you know, Tacey, I’m getting this out of order. If I were to tell you the single factor that affected us more than anything else, it would be the change from physician referral to patient self-referral in 1995.

*Tacey Ann Rosolowski, PhD*

**00:09:03**

In ’95, yes, when it became a law.

*Steve Stuyck, MPH*

**00:09:06**

Yeah, it was approved by the legislature in ’94 and it was started in—

*Tacey Ann Rosolowski, PhD*

**00:09:10**

Became law in ’95.

*Steve Stuyck, MPH*

**00:09:12**

That changed everything for us. It changed everything for me. It was fun and invigorating to work with a team of people here on the proposals that went to the legislature for all those things—the changes for MD Anderson—and we worked very hard on it for a long period of time. So the—when the change took effect, almost overnight—in no time at all about forty

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percent of our patients were calling to request their own appointments. And this was very scary to us because we were concerned about how a patient would work through the MD Anderson system without a physician to guide them. So that's when we created the MD Anderson Information Line, which is now called Ask MD Anderson, which is part of the Division of Public Affairs. And it takes about 100,000 calls a year from patients trying to figure out what they want to do. We changed a lot of systems in patient referral programs, and that also caused us to hire an advertising agency to advertise MD Anderson for the first time and a lot of things like that. So that is probably the one factor that made my area grow, evolve, and change more than anything else during the entire history.

*Tacey Ann Rosolowski, PhD*

**00:10:34**

Amazing. And this—was this also the time when there was some real branding that was taking place at the institution? Or had that already been done?

*Steve Stuyck, MPH*

**00:10:43**

The branding—we did our initial baby steps at branding with a new logo in the 1980s—the one that's been replaced by the strike through logo now. But the more sophisticated branding efforts came much later on. They came in the 2000s.

*Tacey Ann Rosolowski, PhD*

**00:11:03**

Okay, yeah, 2010 I think.

*Steve Stuyck, MPH*

**00:11:04**

Something like that, yeah.

*Tacey Ann Rosolowski, PhD*

**00:11:05**

Okay. Because I was just wondering how—with Dr. Mendelsohn's stewardship of institutional growth—if that had been accompanied also with—I mean I imagine you must have had conversations with him about what the communications about the institution should look like.

*Steve Stuyck, MPH*

**00:11:22**

Many.

*Tacey Ann Rosolowski, PhD*

**00:11:22**

Well, what were those conversations like?

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***Steve Stuyck, MPH***

**00:11:24**

Well, let me tell you something else. One of our secret weapons during this time was Dr. Mendelsohn. He was very good at working with media. He loves intellectual give and take. He never appears to be afraid. He never loses his cool. Just as he did in other settings, he did it with media as well. Media love him. He was—he conveyed that scientist kind of honesty that others don't always do. And we took him all over the world to meet with media. We did—working with the GabbeGroup, we made media tours to Washington, D.C., and to New York City several times with him, and they would be briefing sessions. Here's what's going on in cancer today. And by the way, when you think about cancer for your publication think MD Anderson. We're here to help you. But he was really good at that, and we went to London and did a thing with *The Economist*. He had a luncheon with the editors of *The Economist*. He did a lot of things like that.

***Tacey Ann Rosolowski, PhD***

**00:12:32**

Well, the way you said it, I think, was kind of telling because you said, "We took him to." So these were actually events that Public Affairs—

***Steve Stuyck, MPH***

**00:12:41**

Oh, yes.

***Tacey Ann Rosolowski, PhD***

**00:12:42**

Okay. So—

***Steve Stuyck, MPH***

**00:12:43**

Yes. We did three or four press briefings with the US State Department for international media in New York City on issues in cancer. We did a lot of things. And the ideas all came from us and—all the staff work did—and then he came along, and he loved it, and he never missed a cue.

***Tacey Ann Rosolowski, PhD***

**00:13:05**

So what were your planning sessions like? In Public Affairs when you were thinking, okay, we need to achieve such-and-such a goal with getting MD Anderson recognition. How are we going to do that? How did you go about creating a strategy, for example, for these trips?

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***Steve Stuyck, MPH***

**00:13:24**

Well, first—and I don't know if you saw them or not. We always had a strategic plan for Public Affairs.

***Tacey Ann Rosolowski, PhD***

**00:13:29**

I don't think I've seen one of those.

***Steve Stuyck, MPH***

**00:13:30**

I think I sent them to Javier [Garza], but I can't really recall if I did or not.

***Tacey Ann Rosolowski, PhD***

**00:13:33**

I'll make a note on that.

***Steve Stuyck, MPH***

**00:13:35**

I thought we were good at that. We brainstormed together as teams on regular occasions, and we embraced individual projects when ideas came up. Take this as an example. The GabbeGroup brought to us the possibility of doing content on cancer for the *U.S. News & World Report* website, and these were detailed profiles on various issues in cancer. I think that they might have been dropped by now. Maybe not. We ended up doing fourteen of them because we thought it was a good opportunity to reach people with good information about cancer as being the best public relations. And they were getting like three million hits a month on their website. And so it took a lot of effort to figure out who was going to write these and how they were going to be vetted by our medical staff. It was a huge initiative. Each one of them was probably three or four thousand words and divvied up in different ways. So we would have strategy sessions on individual tactics on how to get things done.

We did two surveys with *Prevention* magazine—one on attitudes about cancer and one on attitudes about breast cancer. Both surveys were developed by our Department of Health Disparities Research, and they had special sections in the magazine devoted to the topic—light eight- or ten-page sections using our information, our doctors, and findings from these various surveys. We paid for the surveys, and *Prevention* furnished the content for the magazine. That was another idea that came from the GabbeGroup. A lot of things like that. We just tried to be innovative in our thinking about what we were going to do.

***Tacey Ann Rosolowski, PhD***

**00:15:24**

Now maybe this would be a time to—since you mentioned the trip and then you mentioned these

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connections with media, were these instances in which you sat down with Dr. Mendelsohn and maybe with Development and maybe other individuals and said, okay. How can we coordinate our efforts here?

*Steve Stuyck, MPH*

**00:15:46**

Yes.

*Tacey Ann Rosolowski, PhD*

**00:15:47**

Tell me about that.

*Steve Stuyck, MPH*

**00:15:49**

Well, one thing that we did in order to achieve greater support for the institutional mission was to have a number of positions in Communications funded by client departments. So there are right now three or four people working in Communications who are funded by the Development Office to work exclusively on their needs. We have a couple that work on human resources. We have one who works in prevention. We have two or three working in Tom Burke's [Thomas Burke, MD [Oral History Interview]] area. We have two in the provost area. So this makes our budgeting incredibly complicated because sometimes it's a hundred percent funded. Sometimes it's fifty percent. Sometimes it's sixty percent. I share the funding with Tom Burke or something like that. And what it does is it makes our budget complicated. On the other hand, it says to the client department, "If we don't meet your needs, you can take your dollars and withdraw them and do joint evaluation of programs." There's a story in this morning's *Chronicle*—you may have seen it—about MD Anderson going to New Jersey. That was news to me. It surprised me. But we have someone who works on the outreach programs—the network programs. So that's a ton of meetings all the time strategizing on things.

*Tacey Ann Rosolowski, PhD*

**00:17:14**

And I'm just thinking, too. I mean it's an interesting way of getting a huge—the perspectives of a huge number of stakeholders at the table when you're not only planning for—okay. We've got to deal with the Development project but also you have the voice of Development at a meeting that's discussing other issues as well.

*Steve Stuyck, MPH*

**00:17:33**

Yes. And I did that as well. We had routine meetings with Dr. [Ernest T.] Hawk and the leadership in Prevention on a monthly basis—with [Patrick B.] Pat Mulvey and his staff on a monthly basis in Development. So there was a lot of collaboration that went on.

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***Tacey Ann Rosolowski, PhD***

**00:17:49**

Could you give me an example of a really successful collaboration of that kind? Because I'd really like to understand how you sat down and brought the functions of two different—or three different divisions together on a problem for the institution.

***Steve Stuyck, MPH***

**00:18:06**

Well, I think one of the most successful has been Public Affairs' collaboration with Development. If you look at the literature regarding higher education administration, there's often a gap—a problem area between Development and Public Affairs. They have similar missions but different skill sets and different ideas about how to approach things. And I think that Development and Public Affairs here have a perfect working relationship. They have fundraising goals that need to be achieved, and they have communications needs to help meet those goals—development of materials, publicity and promotion, speeches—all kinds of things like that. And I think that was a great one.

***Tacey Ann Rosolowski, PhD***

**00:18:49**

Was there a particular initiative or event that you could point to that really shows—

***Steve Stuyck, MPH***

**00:18:54**

There've been hundreds over the years. There really have. Every major development event—all the big ones.

***Tacey Ann Rosolowski, PhD***

**00:19:01**

Is there an example of a collaboration or a connection that was not as effective—that you could evaluate why it didn't work?

***Steve Stuyck, MPH***

**00:19:14**

I'm not trying to be coy but I can. Nothing's coming to my mind right at the moment that I feel like going on record about.

***Tacey Ann Rosolowski, PhD***

**00:19:28**

That's okay. That's all right. (laughs) I'll try to think of—well, why don't we talk a little bit about how the—I'm sorry. I'm just shifting gears back because we were talking about how the needs for external communications had kind of changed over the course of time. And I'm wondering if there are any—I do want to ask you about Internet and all of that because, of

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course, that was probably a pretty significant factor. But excluding that for the moment, were there any other kind of landmark moments or important transformations between '72 when you were arriving—'74 or '75 I guess is when you took your position—and into the '90s?

*Steve Stuyck, MPH*

**00:20:24**

Well, our status as a national—as a comprehensive cancer center was important in its own way. Patient self-referral and Mendelsohn's arrival.

*Tacey Ann Rosolowski, PhD*

**00:20:40**

Tell me about that status as a cancer center. What did that mean?

*Steve Stuyck, MPH*

**00:20:43**

All of a sudden, at the beginning of it MD Anderson—when it could claim to be one of three federally designated comprehensive cancer centers in the United States, it attracted a lot of media attention at the time. This was Richard Nixon's—well, you're very familiar with that. And at first, there were just three: Roswell Park, Memorial—

*Tacey Ann Rosolowski, PhD*

**00:20:59**

They'll remember and where the recorder may not be. (laughs)

*Steve Stuyck, MPH*

**00:21:02**

Roswell Park, Memorial Sloan-Kettering, and MD Anderson were the three and the others were named quickly after that—up to maybe a dozen or so—and now I think the number probably reaches forty. It's lost its value as a marketing tool because there are so many of them and so many good ones, as a matter of fact. So that was an important—and we made a lot out of that.

*Tacey Ann Rosolowski, PhD*

**00:21:27**

Made a lot in the sense of—

*Steve Stuyck, MPH*

**00:21:29**

In our communications. One of only three—one of the first three—that sort of thing.

*Tacey Ann Rosolowski, PhD*

**00:21:34**

And what was the effect of that?

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*Steve Stuyck, MPH*

**00:21:37**

Well, I think it contributed to greater philanthropy and greater just general public recognition. So that was one. Another major change which came in the 1980s—1987, I think—was changing the institutional name. We had been many things in the early years as you know—variations on a theme. We were the University of Texas System Cancer Center MD Anderson Hospital and Tumor Institute—and believe me everybody got it wrong all the time. You never knew what it was going to look like in the news media, and that was when we first went after our first logo which was the block letters in three colors. And originally, we had planned to have an icon of some sort. And the designer said, “You know, Steve, the problem is not that you need an icon. You need to fix your name. Do something about that.” So we changed the name to the University of Texas MD Anderson Cancer Center, which I think is used pretty consistently these days. But that required action of the UT Board of Regents and action of the Texas legislature, so there was a big buildup to that. Then we had a major campaign announcing the new name. And that was an important marketing tool—to at long last get the institutional name right—because sometimes we would say the University of Texas MD Anderson Cancer Center and sometimes we wouldn’t, and it was complicated. So that was another example of it.

*Tacey Ann Rosolowski, PhD*

**00:23:11**

Now why—it may seem like an obvious question, but I’m curious about the answer. Why is this naming moment so important?

*Steve Stuyck, MPH*

**00:23:21**

Because it gave us one identity that we could all rally around, and we weren’t reporting it in different sorts of ways. Sometimes it was called the University of Texas Cancer Center and sometimes this and sometimes that. But we could never get it right and it was—it’s important to get the brand identified carefully before you do any branding with it, and I think it was extremely important to us.

*Tacey Ann Rosolowski, PhD*

**00:23:50**

So are there other moments? There’s the name. What were some other moments?

*Steve Stuyck, MPH*

**00:23:56**

I’m going to think about this. Let’s bring this question up again on Thursday—

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*Tacey Ann Rosolowski, PhD*

**00:24:02**

Sounds good.

*Steve Stuyck, MPH*

**00:24:02**

—because it deserves a more reasonable answer than you’re getting from me. There are a lot of those kinds of moments.

*Tacey Ann Rosolowski, PhD*

**00:24:07**

That’s fine. You know—I mean because one of the themes I was thinking about, too, was how the activities that your office was involved with—I mean not only, obviously, dealing with the outside but essentially creating a framework in which MD Anderson culture takes shape. You start to have words for what’s going on here inside the institution. And I know that you were involved in drafting the code of ethics and the mission statement and—

*Steve Stuyck, MPH*

**00:24:39**

Core values.

*Tacey Ann Rosolowski, PhD*

**00:24:39**

—core values. Yeah. I mean a number of these very important documents that talk about what MD Anderson is inside these walls. So that’s really key. Those are certainly important moments.

*Steve Stuyck, MPH*

**00:24:51**

Some of those documents, as you know, have gone their way. But they were the first times that we did them, and I think that was the important contribution—the first mission statement and that kind of thing.

*Tacey Ann Rosolowski, PhD*

**00:25:04**

Let’s talk about that a little bit later when we talk more about internal culture. And I did want to ask about the impact that kind of embracing the Internet had on Public Affairs.

*Steve Stuyck, MPH*

**00:25:17**

You know, we had no Internet presence ten years ago, and one of the great things about the Internet is in the past we were using mass media to reach consumers. And you don’t have that much control over your message with mass media. You do if you’re advertising but not with the

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editorial side of things. And what was so great about the Internet is you were able to target your message directly to consumers and short circuit mass media, going directly into people's homes, directly to people's computers. I think that was what made that so important to us.

*Tacey Ann Rosolowski, PhD*

**00:26:09**

I'm not sure that I'm really grasping the issue that's central to you there. What do you mean when you say you don't really have control over your message?

*Steve Stuyck, MPH*

**00:26:21**

If a story appears in the mass media on television or in the newspaper, you have no real control over how it ends up. I mean you provide information to the media, and the decisions about placement and headlines and time and all that sort of thing are really not yours. When you're developing a message yourself with the online media, you're creating exactly the message that you think needs to be delivered, and you're sending it to consumers.

*Tacey Ann Rosolowski, PhD*

**00:26:47**

Uh-hunh (affirmative). I see. There's also—in fact, with sending information to some kind of other media source, they will tweak it, change it—

*Steve Stuyck, MPH*

**00:26:55**

Right.

*Tacey Ann Rosolowski, PhD*

**00:26:55**

—at maybe not the level of content.

*Steve Stuyck, MPH*

**00:26:57**

Absolutely. No one—no media accepts a news release verbatim and run it that way. There always are changes.

*Tacey Ann Rosolowski, PhD*

Okay. So I understand more what you were saying.

**00:27:05**

*Steve Stuyck, MPH*

**00:27:05**

So that's what's really important about that. If you were Justin Bieber, you are probably

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getting—you've probably had twenty or thirty million hits on your website. And if you ever look at YouTube, the numbers are amazing—the number of hits. If you're looking at crazy Russian drivers or cute puppies and kittens, you can often see ten million hits on something. It's not quite that way with cancer. I think people have to be blissfully ignorant of cancer—or people are blissfully ignorant of cancer until cancer strikes. Now some people—but it's a small subset of the general six billion people in our population around the world—some people care about cancer prevention, and cancer prevention is, to me, the happy meal of MD Anderson—all the things you can do to prevent cancer. But when you look at our numbers, they're really rather small compared to Justin Bieber or Jennifer Lopez or things like that. Our challenge now is to make cancer information more interesting and more accessible to more people. And we've got a ways to go on that. The numbers aren't as great as we might hope, but we're working toward that. And they've got a lot of online tools they're doing these days to do that.

***Tacey Ann Rosolowski, PhD***

**00:28:28**

Can you talk about some of them that were being developed when you were there or that you know about now?

***Steve Stuyck, MPH***

**00:28:34**

Well, we have what's called *Red Line*, which is a magazine from MD Anderson. I don't know if you've seen that or not. And we have—if you go to YouTube, we probably have 300 or 400 videos. If you enter the word cancer you'll find—and it's a good measure. You can look at the hits on those things and see that some of them have eighty-nine hits, and some of them have 389 hits, and so there's several hundred. And they're doing a lot of other things as well.

***Tacey Ann Rosolowski, PhD***

**00:29:02**

And is this technical information or scientific information?

***Steve Stuyck, MPH***

**00:29:04**

It's educational information. It's diet, nutrition, sun awareness, tobacco—all kinds of things like that.

***Tacey Ann Rosolowski, PhD***

**00:29:15**

Okay. Interesting. Were there other ways? I'm thinking, too, like of Facebook and social media. How did that kind of change the game at all?

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*Steve Stuyck, MPH*

**00:29:28**

Tremendously. It's hard for me to articulate that to you, Tacey. But I've seen—under Sarah Newson's leadership, I've seen a tremendous refocusing of our efforts on online media compared to traditional mass media because the targets are so much easier to reach that way.

*Tacey Ann Rosolowski, PhD*

**00:29:53**

It's really interesting. It's about 11:35. What time do you need to leave to get to your lunch on time?

*Steve Stuyck, MPH*

**00:30:03**

I could stay 'til noon.

*Tacey Ann Rosolowski, PhD*

**00:30:04**

Okay. All right. Just wanted to—

*Steve Stuyck, MPH*

**00:30:05**

Or whenever. If you want to take a break and pick it up again on Thursday, that's fine. I'll leave it up to you.

*Tacey Ann Rosolowski, PhD*

**00:30:10**

No, I'm good to go 'til noon, if that's all right.

*Steve Stuyck, MPH*

**00:30:12**

Okay. Sure. Absolutely.

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## **Chapter 7**

### **B: An Institutional Unit**

#### ***Public Affairs: Internal Communications***

#### **Story Codes**

B: Building/Transforming the Institution  
B: Growth and/or Change  
B: MD Anderson History  
C: Collaborations  
B: Institutional Processes  
A: Character, Values, Beliefs, Talents  
C: Professional Practice  
C: The Professional at Work  
C: Understanding the Institution  
C: MD Anderson Culture  
C: Discovery and Success  
C: Portraits  
C: Discovery, Creativity and Innovation

***Tacey Ann Rosolowski, PhD***

**00:30:12**

Yeah, I just didn't want to make you late for your—okay. Well, do you want to talk a bit about Internal Communications now? What are the challenges for communications within the institution?

***Steve Stuyck, MPH***

**00:30:27**

Ten years ago, we hired Deloitte & Touche to help us review the internal communications situation at MD Anderson. We had gotten really big really fast, and we were geographically dispersed. And the director of Human Resources at the time, Jim Dorn and I came up with the idea of doing an audit of Internal Communications, which we thought was fragmented and ineffective.

***Tacey Ann Rosolowski, PhD***

**00:30:58**

Can I interrupt you just for a sec so I get the name of the consultant?

***Steve Stuyck, MPH***

**00:31:02**

Deloitte [&] Touche.

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*Tacey Ann Rosolowski, PhD*

**00:31:03**

And I have no idea how to spell that. (laughs)

*Steve Stuyck, MPH*

**00:31:06**

It's D-E-L-O-I-T-T-E—Deloitte. I think it's T-O-U-C-H-E.

*Tacey Ann Rosolowski, PhD*

**00:31:16**

Okay. All right. Well, I was kind of close. Thank you.

*Steve Stuyck, MPH*

**00:31:19**

And they did an internal audit of what our communications vehicles were and what the issues were that were concerning employees here. And I would say it's fair to say that at the time that we hired them, Internal Communications was at a crisis. It was too much rumor, too much partial information, not enough solid information.

*Tacey Ann Rosolowski, PhD*

**00:31:41**

What year did you hire them?

*Steve Stuyck, MPH*

**00:31:43**

It would be ten years ago.

*Tacey Ann Rosolowski, PhD*

**00:31:44**

Oh, okay.

*Steve Stuyck, MPH*

**00:31:45**

I'm just going to guess—2001—something like that.

*Tacey Ann Rosolowski, PhD*

**00:31:50**

Okay.

*Steve Stuyck, MPH*

**00:31:52**

This led us to propose to the management committee—Jim Dorn and I—that we establish an

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internal communications function, and I hired Sarah Newson to take on that job. Sarah's now the associate vice president for all of Communications, but she came as our director of Internal Communications. And she brought a fresh voice to the program, a lot of new ideas, and new information. I really think that we have gone from being in a crisis situation to doing a pretty good job of managing internal communications in a large organization like this with a lot of re-emphasis on electronic communications and giving up some of the traditional ways of doing it. So it was a huge challenge at one point for us.

*Tacey Ann Rosolowski, PhD*

**00:32:36**

What are some of—what were some of the problem areas or the—when would problems arise? Maybe give some examples so that I can kind of understand how there'd be—how the system would go haywire. You were talking about rumors, for example. Like rumors about what?

*Steve Stuyck, MPH*

**00:32:59**

Well, as you know in—what was that year? When was it we had the layoffs of about 500 employees? In '99?

*Tacey Ann Rosolowski, PhD*

**00:33:12**

There was '95, '96.

*Steve Stuyck, MPH*

**00:33:13**

That's it—'96. It was just before Mendelsohn arrived, so '95.

*Tacey Ann Rosolowski, PhD*

**00:33:18**

Uh-hunh (affirmative). Probably '95.

*Steve Stuyck, MPH*

**00:33:18**

That's a good example of it. We went for a long time after that—

*Tacey Ann Rosolowski, PhD*

**00:33:27**

In '94.

*Steve Stuyck, MPH*

**00:33:28**

—there was a lot of mistrust of administration here. And I think at the time we thought we were

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working hard to communicate about those changes, but it was a first in the history of MD Anderson. I understand we're looking at something similar to that right now. And I think that was a good example of the lack of confidence in administration—one of the things that led us to do that.

***Tacey Ann Rosolowski, PhD***

**00:33:53**

So how would you respond to a situation like that? How would the skills of Public Affairs kind of step in?

***Steve Stuyck, MPH***

**00:34:11**

Oh, my goodness. Your questions are very thought provoking. Well, we—try it again. One more time.

***Tacey Ann Rosolowski, PhD***

**00:34:23**

Well, I'm just—and you can even do it as a what if instead of remembering a specific example. I mean I'm just curious on how you would strategize. So you have this impending disaster for many specific people about layoffs—500 people have to be laid off in the institution. What happens at the level of employees, staff, faculty as a result of those sorts of rumors? And then how would Public Affairs help manage it?

***Steve Stuyck, MPH***

**00:34:50**

One thing I'd say—we're looking at such a vast period of time—that how we responded to a situation in 1996 [Interview subject note: The correct year was 1994] —with the tools that we had and the lack of online and that sort of thing—and how we would respond to it today would be entirely different.

***Tacey Ann Rosolowski, PhD***

**00:35:05**

You could do a 'then and now' for me.

***Steve Stuyck, MPH***

**00:35:07**

Okay. In 1996 when we were laying off people, we created a paper newsletter called *Prescription for Change*, which went out about a dozen times during that crisis period. We created a number of memos from the administration to employees that were sent by paper to their inboxes. And we responded to media inquiries that came in.

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***Tacey Ann Rosolowski, PhD***

**00:35:34**

Now the content of that information that was sent to the employees—what were the kinds of topics that were covered?

***Steve Stuyck, MPH***

**00:35:41**

Oh, I can't even remember. I mean—rationale for what we were doing, benefits of working at MD Anderson—all that sort of thing. Our financial position was still strong, et cetera, et cetera, et cetera.

***Tacey Ann Rosolowski, PhD***

**00:35:51**

Okay. Uh-hunh (affirmative).

***Steve Stuyck, MPH***

**00:35:53**

Now today, there would be no paper that would be flying back and forth at all. None. It would all be done online and every—nearly every employee here, with a few exceptions, has access to the Internet and can—the Intranet and can receive it. You can imagine in 1975 or '85 or '95 how many gaps there would be because we were dealing with paper. Most people—most employees, like all of our nurses, don't even have an inbox—a paper inbox that things went to. So there were big gaps in communication and it was also—it took forever. If you did a little newsletter like we did, it had to be written and approved and designed and printed and sent out. Now responses are done electronically. They're written, approved, and sent out almost immediately. And we can do it much more comprehensively—reach many more people—reach most people, and we can do things in two languages—or even in three languages if need be—when we couldn't in the past. So it's just a different ball game entirely, and it's one of the things that makes communications so exciting. There are so many new things that are coming along all the time. So we can do—and we did do this. In addition to sending out things online, we did many video inserts where DePinho or others would be talking directly to employees—click on this link—and that just wasn't possible. We had town hall meetings back then that attracted 200 or 300 people on a base of five or six or seven or eight thousand employees. And now we can reach every employee electronically as well, so it's just a totally different kind of environment.

***Tacey Ann Rosolowski, PhD***

**00:37:41**

And with the shift to electronic communication, did you find that there was greater interest of employees in the materials that you were putting out? Were more people actually getting the message?

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*Steve Stuyck, MPH*

**00:37:54**

Oh, I'm sure they are. I can't cite figures for you on that though we have them—number of hits, number of times, number of individual users—all that sort of thing exists, which we had no way of measuring that kind of impact in the past.

*Tacey Ann Rosolowski, PhD*

**00:38:07**

Right. You can even tell how long somebody's been—

*Steve Stuyck, MPH*

**00:38:09**

Which is really—and it makes me think of something else. Our information specialists that do this sort of work—in the past, they sat down and they wrote something. Today they go out to write something. They also take a video camera with them and shoot their own video, which their technical—the range of technical skills is tremendous compared to what it had been in the past.

*Tacey Ann Rosolowski, PhD*

**00:38:30**

Uh-hunh (affirmative). And so that's really the integrated multimedia piece.

*Steve Stuyck, MPH*

**00:38:32**

Exactly.

*Tacey Ann Rosolowski, PhD*

**00:38:32**

Yes, that's—

*Steve Stuyck, MPH*

**00:38:35**

But Communications, in the time I've been here, has reinvented itself six or seven times. It's just a constant evolution. It happens a little at a time over a period of time, but what you see today is just completely different than what you see even ten years ago—the investment and the technology and the skillset of the people who work there is really tremendously changed.

*Tacey Ann Rosolowski, PhD*

**00:39:02**

Now did you find as you went further and further up and were more and more a leader or manager and not so much on the frontlines of cranking things out? Did you—what was your learning curve with kind of keeping up with it?

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*Steve Stuyck, MPH*

**00:39:21**

Oh, I knew you were going to get to that. Absolutely. It was tremendous. I want to give you a comprehensive answer for this. I absolutely realized that I—I used to be able to do it all. And there's no way that could happen anymore. My contribution was that I understood strategy. I understood what we were trying to achieve. I understood science and medicine in a way that some of the others did not. But they brought—they were so much fun to be around—the younger people—because they brought so many new ideas and new approaches to things and new ways of making communications happen. It was hard for me to keep up. So what I did was I worked at keeping up on the things I should keep up on—strategy, science, medicine—and didn't worry too much about the other.

*Tacey Ann Rosolowski, PhD*

**00:40:11**

Did you find that over time—?

*Steve Stuyck, MPH*

**00:40:14**

Also one other thing. I invested less of my time in communications and more of my time in other things because I had an associate vice president who really ran the communications show the last few years.

*Tacey Ann Rosolowski, PhD*

**00:40:28**

Uh-hunh (affirmative). Did you find that you had to rely on people who had that technical information about the new media to sort of tell you how it might be used—to give you ideas?

*Steve Stuyck, MPH*

**00:40:40**

No. I think I had—I paid attention to what was going on in social media, and I could appreciate a good idea from someone else. And I could also see on my own how we could do things.

*Tacey Ann Rosolowski, PhD*

**00:40:52**

Yeah. So—

*Steve Stuyck, MPH*

**00:40:53**

But they did a lot—they used humor a lot more than we ever did in the past. And there was a straight talk that they used that we didn't so much in the past. It was very impressive to me. It was a lot of fun to be around those people. It really was.

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## **Chapter 8**

### **B: Building the Institution**

#### ***Writing the MD Anderson Mission Statement and Code of Ethics; Creating a Management Team To Guide Department Expansion***

#### **Story Codes**

C: The MD Anderson Ethos  
C: Understanding the Institution  
B: Institutional Mission and Values  
C: Patients, Treatment, Survivors  
B: Building/Transforming the Institution  
B: Growth and/or Change  
B: MD Anderson History  
B: Institutional Processes  
A: Character, Values, Beliefs, Talents  
C: Professional Practice  
C: The Professional at Work  
C: The MD Anderson Ethos  
C: Understanding the Institution  
C: MD Anderson Culture  
B: Institutional Mission and Values  
C: Patients, Treatment, Survivors  
C: Discovery and Success

***Tacey Ann Rosolowski, PhD***

**00:41:13**

Could you tell me about some of those documents that you created over the years that you said were important to MD Anderson?

***Steve Stuyck, MPH***

**00:41:23**

Oh, goodness.

***Tacey Ann Rosolowski, PhD***

**00:41:23**

Though they've been left aside about the—we have the Code of Ethics, and then there's the Mission Statement. And there are probably others that you've worked on that—you know. What was the significance of those documents at various times in MD Anderson's history?

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***Steve Stuyck, MPH***

**00:41:43**

Well, I worked on the first mission and vision statements with two other people: Mary Ann Newman [Buckley], who was our director of strategic planning—a very bright woman—and Harry Holmes, who was director of government affairs and assistant to the president. We worked on those together, and I think the exciting thing about that was it was the first time that we committed—tried to commit what we are to paper for everyone to agree on. And it was a very challenging task. There were a lot of people that had a lot of input on it along the way, so that was very good.

***Tacey Ann Rosolowski, PhD***

**00:42:20**

So what—tell me more about that because that’s such a huge event.

***Steve Stuyck, MPH***

**00:42:27**

I can’t remember. I can’t remember.

***Tacey Ann Rosolowski, PhD***

**00:42:27**

Did you have a sense that—you know. When you got together, did it feel momentous? Did it—

***Steve Stuyck, MPH***

**00:42:34**

Well, I wouldn’t say that, but I would say this. I had a sense that this was more important than some of the other things that Public Affairs directors were working on at other institutions. And I liked it. It catered to my strengths—putting words on paper and trying to coalesce ideas and attitudes and issues. So that was really important. I enjoyed working on the core values under the leadership of Sherry [Sharon] Martin, who headed that committee for MD Anderson, and it was very controversial, too. It seems like such motherhood and apple pie now, but there was talking when we were doing the core values because there was—it was much lengthier than it is today. Should faculty be evaluated based upon their contributions to core values, which was quite a lightning rod among faculty? They were appalled at the notion that that would be something they would be evaluated on. And so that was—I felt good about that. I felt that—I loved the discussions that we had—the small team that worked on them. I learned so much from other people here during that that I will never forget. We were talking about using hope in our core values, and I had never been a big fan of hope. I thought hope—I thought people came here for help not for hope. They want to be fixed. As a doctor here who I knew said, “When I’m well, I want the problem of cancer solved. When I’m sick, I want to be cured.” And I thought that hope was a weak word. I can’t believe I felt that way, now that I look back on it. But someone in the committee—Dr. Art [Arthur D.] Forman, who was in neuro-oncology said to me—in our meeting I said words to the effect that I thought hope was too weak. And he said—and this

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comes from his patient care experience—“No. I hope to live ‘til Christmas. I hope to live ‘til my son graduates from college. I hope to live for my daughter’s wedding.” He said, “Hope comes in little increments—things that are very important to the person who is sick.” And it was quite an effect on me to hear that. So I enjoyed that whole—that was very much a feel-good process for me to go through that. I was very proud of participating in that.

*Tacey Ann Rosolowski, PhD*

**00:44:55**

Why was the vision and mission statement controversial?

*Steve Stuyck, MPH*

**00:44:58**

Because it was the first time we ever had it. I can’t think of the specific words, but everybody had another idea. Let’s say this. Let’s do that—you know—that sort of thing.

*Tacey Ann Rosolowski, PhD*

**00:45:09**

Well, it is kind of an interesting exercise.

*Steve Stuyck, MPH*

**00:45:11**

Absolutely.

*Tacey Ann Rosolowski, PhD*

**00:45:11**

You’re in the same institution. You think you share perspectives with other people, but suddenly you sit down at a table and have to put your individual perspectives into words, and you suddenly find out they don’t always match.

*Steve Stuyck, MPH*

**00:45:22**

Well, one example of that is we had a beautiful mission statement, and when we went through our SACS—Southern Association for Colleges and Schools accreditation, the SACS accreditors wanted some changes made in our mission statement. So it way now overemphasizes our educational mission. There are many more words added for education, which is too bad. I thought it was a perfect statement that summed up what we did and did give tribute to education—just a little different than what SACS wanted us to do.

*Tacey Ann Rosolowski, PhD*

**00:45:53**

What impact did the vision and mission statement and then the code of ethics or core values have on the institution when they were finished and made public?

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*Steve Stuyck, MPH*

**00:46:05**

Yeah. When we do our employee satisfaction survey every other year, one of the places where we score the highest is in affinity with our mission and understanding of our mission. It approaches almost 100 percent in a big sample of employees. So I think that's a good metric that it sinks in. People understand what we're here to do and what we're all about. There's a certain commonness of purpose that you don't find at other institutions, and I think that these documents help contribute to that.

*Tacey Ann Rosolowski, PhD*

**00:46:48**

You just compared MD Anderson to other institutions and I'm just reminded that—before we turned on the recorder, you said that Public Affairs at MD Anderson looks different than it does at other institutions. And maybe you could tell me—do a little compare and contrast there.

*Steve Stuyck, MPH*

**00:47:04**

At most institutions, Public Affairs is synonymous with either government relations or, more often than not, with communications. It doesn't include things like volunteer services and the Children's Art Project and patient ed and the learning centers and things like that. We just never could come up—we tried to come up with a better name that would keep us different from just being Communications. We never came up with one, so I just left it alone. And Mendelsohn actually gave me the opportunity. He said, "Name it whatever you want." And our management group couldn't come up with anything. We disagreed on everything, so we just said, "The heck with it. We'll leave it like it is."

*Tacey Ann Rosolowski, PhD*

**00:47:44**

Interesting. Interesting. You mentioned the management group. Tell me more about that.

*Steve Stuyck, MPH*

**00:47:49**

When I left Public Affairs we had a management group, and it's on that chart that you had. This is our group, and I think the names are here. I don't have my reading glasses on.

*Tacey Ann Rosolowski, PhD*

**00:48:03**

Would it be under a particular—

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*Steve Stuyck, MPH*

**00:48:06**

All of them. See, these are the—Jennifer Kennedy-Stovall, Stephanie Kim, Nancy Walker. It's the leadership of each of our departments—

*Tacey Ann Rosolowski, PhD*

**00:48:17**

Oh, I see.

*Steve Stuyck, MPH*

**00:48:19**

—several deep in that—and we met every—twice a month—

*Tacey Ann Rosolowski, PhD*

**00:48:24**

Wow. Okay.

*Steve Stuyck, MPH*

**00:48:25**

—for a strategy session.

*Tacey Ann Rosolowski, PhD*

**00:48:25**

Okay. And so—

*Steve Stuyck, MPH*

**00:48:29**

That was our management team.

*Tacey Ann Rosolowski, PhD*

**00:48:31**

Okay.

*Steve Stuyck, MPH*

**00:48:32**

We developed our strategic plan. We had regular meetings. We shared information. We planned together. And we did a pretty good job of meeting twice a month.

*Tacey Ann Rosolowski, PhD*

**00:48:44**

Twice a month? Wow.

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*Steve Stuyck, MPH*

**00:48:45**

Uh-hunh (affirmative). For several years.

*Tacey Ann Rosolowski, PhD*

**00:48:47**

And who—did you institute that?

*Steve Stuyck, MPH*

**00:48:49**

Uh-hunh (affirmative).

*Tacey Ann Rosolowski, PhD*

**00:48:50**

Uh-hunh (affirmative).

*Steve Stuyck, MPH*

**00:48:50**

Yeah. And I chaired the meetings.

*Tacey Ann Rosolowski, PhD*

**00:48:52**

And what was your—when did you institute that? And what was your reasoning?

*Steve Stuyck, MPH*

**00:48:56**

I couldn't even remember. I was a management tool. It was several years that we were doing that.

*Tacey Ann Rosolowski, PhD*

**00:49:02**

Uh-hunh (affirmative). Is that part of your more hands-on leadership style you were talking about earlier? (laughs)

*Steve Stuyck, MPH*

**00:49:09**

Yes, I think so. And I went to meetings in the various departments. Also I met individually with each team leader—often in their own offices rather than mine—and tried to promote—we had a number of annual events—semi-annual events for all employees in the division. We had an annual holiday celebration, annual summer celebration—things like that.

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*Tacey Ann Rosolowski, PhD*

**00:49:36**

And how did you find morale in the group was? Did you have to triage sometimes?

*Steve Stuyck, MPH*

**00:49:41**

Well, I'm the last person to ask. The leader is always the last person to ask about that.

*Tacey Ann Rosolowski, PhD*

**00:49:45**

Yeah, that's probably true.

*Steve Stuyck, MPH*

**00:49:45**

But I thought our morale was great. I really did.

*Tacey Ann Rosolowski, PhD*

**00:49:49**

Were there times when it was less good than others and kind of needed to boost people up?

*Steve Stuyck, MPH*

**00:49:53**

Oh, sure. I think right now might be a good example of that because at least the Communications team has worked very hard to help Dr. DePinho, and I think they feel a certain sense of frustration that things have not worked out better despite all of their efforts.

*Tacey Ann Rosolowski, PhD*

**00:50:09**

And when—

*Steve Stuyck, MPH*

**00:50:10**

The same factors that affect our Public Affairs group affect all MD Anderson employees. When there's downsizing, when there's elimination of jobs, when there's cutbacks and that sort of thing, it affects them as employees in the same way it does anybody else at the institution—the library employees or whatever.

*Tacey Ann Rosolowski, PhD*

**00:50:28**

Right. And maybe even in a slightly different way since you're managing the words that describe the situation.

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*Steve Stuyck, MPH*

**00:50:36**

Well, not only that but they know more than most employees do.

*Tacey Ann Rosolowski, PhD*

**00:50:38**

Okay.

*Steve Stuyck, MPH*

**00:50:39**

They really do.

*Tacey Ann Rosolowski, PhD*

**00:50:40**

Yeah. Are there special confidentiality issues in Public Affairs?

*Steve Stuyck, MPH*

**00:50:45**

I think there are. They're not articulated in that way, but people know that they have access to a tremendous amount of confidential information that most of our rank and file employees do not have. And they know a lot. They really do. They can also see through things that others can't.

*Tacey Ann Rosolowski, PhD*

**00:51:03**

Well, and they have to—

*Steve Stuyck, MPH*

**00:51:04**

Yes.

*Tacey Ann Rosolowski, PhD*

**00:51:04**

—do both of those things. I mean have access to the information and process it in a different way. Well, we're just a few minutes before twelve, so why don't we—

*Steve Stuyck, MPH*

**00:51:14**

Okay.

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*Tacey Ann Rosolowski, PhD*

**00:51:14**

—call it a day for today, and then we’ll see—I’ll see you again on Thursday. So thank you very much for coming in this morning.

*Steve Stuyck, MPH*

**00:51:23**

I’m delighted to do it. I would—I know we have some more Public Affairs things to talk about on Thursday. I like talking about MD Anderson more than I like talking about being in Public Affairs, but hopefully we’re past a lot of that.

*Tacey Ann Rosolowski, PhD*

**00:51:35**

(laughs) We will get to other subjects for sure.

*Steve Stuyck, MPH*

**00:51:38**

Okay.

*Tacey Ann Rosolowski, PhD*

**00:51:38**

All right. So I’m turning off the recorder at 11:55.

**00:51:43** (end of audio two)

**00:51:43** (End of Audio Session One)

## **Steve Stuyck, MPH**

Interview Session 2—June 13, 2013

### **Chapter 9**

#### **B: An Institutional Unit**

#### ***Public Affairs: Supporting Cancer Prevention, Education, and the Faculty***

##### **Story Codes**

B: MD Anderson History

B: MD Anderson Impact

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

A: The Administrator

C: Funny MD Anderson Tales

B: MD Anderson Culture

B: Building/Transforming the Institution

B: Multi-disciplinary Approaches

B: Growth and/or Change

C: Professional Practice

C: The Professional at Work

B: Industry Partnerships

##### ***Tacey Ann Rosolowski, PhD***

**0:00:02.5**

All right, we're starting our conversation today in the middle of a conversation. I'll put the identifier on in a second. You were just going to talk about Dr. Bernard Levin [Oral History Interview].

##### ***Steve Stuyck, MPH***

**0:00:11.4**

I learned many, many things from him over the years, and he was such a great gentleman and scholar, is. We were approached by Channel 13 about doing a public service campaign for FOBT, the fecal occult blood test. And the idea was that Channel 13 would promote it, and people would send us their FOBTs, and we would read them and respond. And Dr. Levin said to me—I went to him to see what he thought about it, and he said, “That is a fine program for any community hospital,” and he said, “MD Anderson should be doing something different.” Now, it just happens that we have been asked by—I can't remember. I think it was SmithKline. I'm not sure of the firm—to evaluate different sorts of FOBT tests. There is the hemoccult, the heme select, and the heme sensor, I think is what they were called, and they were looking at the sensitivity and specificity of these other easy tests compared to the tradition FOBT. He said, “If you want to do something, let's ask a research question as well as doing a public service.” So we

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actually developed with SmithKline a card that had instead of just the place where the smear for one, it had the three tests on the same card. I think you had to do three smears for each one, so it was a matrix of nine smears on the thing. SmithKline funded it, so we did this in conjunction with Channel 13. They promoted the heck out of it. They had special shows, all kinds of things, and I'm blanking on the exact number, but it was about 9,000 people who called for these cards and returned them to us.

Now the fun part starts. We had to read these cards, and in order to do this, Laboratory Medicine helped us, but we had to organize a group of volunteers to read these cards. Jo Ann and myself were two of many who went in, and we went in for several nights in a row to Laboratory Medicine with a woman named Julie Jackson, who was at that time in charge of that area of Lab Medicine, and she set up these tables, and we all had to put on gowns and caps and gloves, and we had these little solutions we put on these things. And I tell you, Tacey, this is so tasteless, but it's hilarious. These envelopes would arrive, and we would read them and record it so they could get feedback, but sometimes they would arrive with stains on the outside envelope, and they'd have a little bulge in them. Anyway, we would open them, but that was another example of how it all came together where there was an idea that came from Channel 13 that Dr. Levin made much better, and we organized a volunteer component, which probably had thirty or forty people coming in to read these over, and we did a significant community service, and there was a research publication that listed Jo Ann and me as authors along with Dr. Levin and others who were involved in it. There were so many.

What made public affairs and public education such fun here, if I could use that word, was that there were so many opportunities like that, and if I wracked my brain, I could go back over many years and think of all kinds of things we did. Jo Ann and I worked on another project which was called Undercover, and it was a skin cancer awareness and prevention program probably in the 90s with a group from *Prevention*. They were always great partners with Public Affairs, the *Prevention* group, and Undercover had several components with the YMCA and summer camps about using sunscreen. But another business type here read somewhere about a UV meter that was available, and to make a long story short, we did this over about three summers. We first had one meter mounted on the top of the HMB, and we read the meter four times a day and phoned—this was in the days before the Internet—phone media with the score for the day. The *Chronicle* published it every day on their weather page, and then we added a meter in Austin and a meter somewhere in the Valley. We had about five or six of them at one point, and we actually had a college student who would come in seven days a week, including Saturday and Sunday, and read the meter and send notices to the media about it. And it petered out after a while, but I thought it was another example of a research twist on things that you just don't have the opportunity to do that at other places. I said so many times over the years—and I think I said it to you yesterday—that really I think that good public education is the best public relations. Marketing and advertising and things like that, I know they have their role, but I think that people make decisions about an institution and develop their opinions about an institution based upon other things. I never made a decision about a doctor based upon an ad I saw in the paper, but there are

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many other things. What my friends and relatives say to me about doctors has influenced me tremendously over the years, and there are ways to reach people other than just through advertising.

***Tacey Ann Rosolowski, PhD***

**0:06:11.5**

It also shows how unique Public Affairs is at an institution like MD Anderson, or I imagine at other institutions, cancer institutions, too. The way that you have to deal with questions, and as you indicated, combine that community service with the research mission and the education mission is very complicated.

***Steve Stuyck, MPH***

**0:06:31.1**

Well, and it really made every day interesting. It really did, and I think for many of the people who worked in our area it was always a wonderful team of people. We were so blessed by them. Anyway, but Jenny sent all of us an email yesterday afternoon about this publication in this journal, and so I printed it out and brought it in as a timely example of what we've been up to.

***Tacey Ann Rosolowski, PhD***

**0:06:56.3**

And let me just say for the record that we're looking at a printout of an article that says Jennifer Irvin Vidrine as the first author, and it's *Lifestyle and Cancer Prevention in Women: Knowledge, Perceptions and Compliance with Recommended Guidelines*. And this is related to the survey that you mentioned in the last interview session that was published in *Prevention* magazine.

***Steve Stuyck, MPH***

**0:07:18.9**

It was a telephone survey that was done nationwide. We hired a firm, Gelb Consulting, to do that after it was designed by Dr. Vidrine and all of us contributing to it, and they conducted the survey, and then the results of the survey, along with a lot of editorial content about risk reduction and prevention factors for women, was a special section in *Prevention* magazine, which has a circulation of about three million or so a couple years ago.

***Tacey Ann Rosolowski, PhD***

**0:07:47.9**

It seems to me so interesting that the actual—and it was Public Affairs that did the survey?

***Steve Stuyck, MPH***

**0:07:54.0**

Well, Dr. Vidrine was the primary designer of the survey, but we had many team meetings where we all brainstormed on the survey, and we also pulled some questions from other surveys that had been done by the CDC and things like that, NIH. Then we hired a firm, Gelb Consulting, to

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actually conduct this phone survey. We determined what the end was going to be, and they implemented it. They gave us reports, and then we brainstormed on what we thought from the conclusions, and the other thing I'd say about this, how this came about, is that if you trace it back to its roots, the GabbeGroup, our New York public relations firm, actually went to the editors of *Prevention* magazine and said, "Let's sit down and talk together with the people from MD Anderson about the things that might benefit your readership and provide some education for the public." Jill Gabbe and I—I actually flew to New York, and the two of us went in and met with the editors, and we brainstormed ideas, and I believe if my memory is right the idea for a survey actually came from the editors of *Prevention*, and we were able to say, "We can do this. We know how to make this happen." But I think they're the ones who said, "Let's survey women, because women are the large majority of readers of *Prevention*." Not "Let's survey *Prevention* readers," but "Let's survey women and see what they think about the realities of cancer prevention practices and how much they comply and don't comply, even though they know things." It was fun. Every day seemed to have something like that where there was some opportunity.

***Tacey Ann Rosolowski, PhD***

**0:09:36.3**

It seems like such an unusual partnership, public affairs and research.

***Steve Stuyck, MPH***

**0:09:40.9**

Yes.

***Tacey Ann Rosolowski, PhD***

**0:09:41.3**

And there must have been a lot of trust too for a researcher to say, "Yeah, I will partner with a public affairs office to accomplish this goal."

***Steve Stuyck, MPH***

**0:09:53.1**

I think we had to earn it over time, and you may remember that I said to you the day before yesterday when we were talking that unlike some administrators, my focus has always been on faculty, and we ask ourselves are there things that we can do to support the faculty initiatives and contribute to the mission of MD Anderson? Our history with cancer prevention as a single example goes way back to Guy Newell, who was the first Director of Prevention here, and I think he came in the early 1980s. We were on the same floor, Public Affairs and Prevention, in the HMB, and I can't even think of how it got started, but Guy and Margaret Spitz and [Robert M.] Bob Chamberlain and guy named Michael Eriksen—those were the key faculty members—would get together with a group from my office, me and Jo Ann Ward and a couple of others who have gone, and we had lunch about once a month for several years. And we would talk about prevention, and they educated us, because prevention was brand new here. We learned so

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many things from them. Victor Vogel was another one—a member of the faculty who took part in those, and we'd have sandwiches, and it was like a little lecture. We'd be up at the blackboard talking about things. The information is no good if you can't figure out what to do with it, so we would take the things that they said and try to convert them into public education initiatives or public media ideas or things like that, and when they left, when Guy passed away and that program faded, then Bernard Levin came along, and we did the same thing with Dr. Levin. He had a small group of his key faculty. Spitz was one, and then Gritz was added to that group and different people from time to time, and we did that all during the time that Dr. Levin was here, and he was the first one to make the decision that they would fund a full-time communications specialist to just focus on prevention in addition to the rest of us helping out. He was great, and then Tuesday coming here I was crossing the bridge, and I ran into [Ernest T.] Ernie Hawk, and we chatted for a minute, and as we said goodbye, he turns to me and he says, "We're still meeting every month with your folks. That's one of the best things I ever did around here." So it's gone through at least those three iterations, and the people come and go, and there are different ones. Hawk has got a fantastic staff. I don't know if you know those people or not, but he's got some really outstanding people. When he has faculty meetings, Jo Ann and I and several others always go. We sit in the back of the room, but they're great learning experiences. I guess it amazes me when I look back on it how long that relationship has lasted.

*Tacey Ann Rosolowski, PhD*

**0:13:10.9**

Well, and it's a testimony to the intellectual component, a great learning experience and great in terms of serving the mission of the different departments, but then also there is a social and emotional component too. It sounds like it was great fun to get together and just make connections in the institution, all of that good stuff.

*Steve Stuyck, MPH*

**0:13:35.6**

Making friends and getting to know each other and understanding their issues, and over time, I think they grew to respect us as well and our thoughts and ideas, and it was great.

*Tacey Ann Rosolowski, PhD*

**0:13:48.3**

And it goes back too to the vision of R. Lee [Clark, MD] for a multidisciplinary institution, and he was thinking about treatment, but this is dealing with the problem of cancer from a multidisciplinary perspective too and bringing together these two very different functions, research and public affairs, and thinking how they can serve one another.

*Steve Stuyck, MPH*

**0:14:09.3**

And I have many examples, but another one that I am so proud about—and this was in the Patient Education area that is led by Louise Villejo, and our Patient Ed staff is all Master's

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prepared. Mainly health educators, but we have routinely a couple of RNs on the staff, which helps as well. A big issue here for a long time has been accrual of patients to clinical trials, and in the earlier days it was pretty easy, because they were mainly phase I and phase II trials, and they were picked from our own patient population. But as more and more doctors came here and they wanted more patients, it became a greater challenge, and educating patients about clinical trials is a big challenge. Louise and her team, working with a number of physicians and others throughout MD Anderson, developed a whole teaching program about clinical trials, and there is a beautiful booklet that has been through several iterations. There is a name for it. I'm just blanking on it. It's like to help you evaluate the pluses and minuses of clinical trials. It's a learning guide of some sort, but there is a name that escapes me. So there is a ton of information about clinical trials, and then there are questions you ask yourself that help you evaluate is this the right path for me? This was developed for our clinical staff to provide to patients, and of course, an online version was made of it, and it was tested first, pretested, and it was evaluated in various settings, and then it was refined. We worked a lot with Dr. Maurie Markman, who was at that time our Vice President for Clinical Research, and then some with Dr. Aman Buzdar after Dr. [Maurie] Markman left. They developed a component for nurses and others about how to provide information. So much of being a health care provider is being an educator. Some are better at it than others, and there was a whole component of how to be a better teacher of information about clinical trials. I thought that was a remarkable achievement that they made.

***Tacey Ann Rosolowski, PhD***

**0:16:31.7**

I'm struck by how rigorous it all was too.

***Steve Stuyck, MPH***

**0:16:34.6**

The Patient Ed and Public Ed staff both do the very best they can to bring some sort of methodology to whatever it is they do. Sometimes the learning theory—oh, this is the health belief model after it's done, but ideally it should be before it starts. And they're getting more and more sophisticated about it all the time, and this is still in effect right now and up to date. I thought what Patient Ed did for clinical trials was really a great contribution that they made.

***Tacey Ann Rosolowski, PhD***

**0:17:13.3**

Well, since you're taking a little sip of coffee, let me do our business part here, and I'll put the identifier on for the archive.

***Steve Stuyck, MPH***

**0:17:23.0**

I got off to a fast start.

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## **Chapter 0**

### **Interview Identifier**

*Tacey Ann Rosolowski, PhD*

**0:17:24.5**

No, I wanted to turn on the recorder, because I wanted to catch you when you were enthusiastic about your topics. I am Tacey Ann Rosolowski, and today is June 13th, 2013, and I am in the Historical Resources Reading Room with Steve Stuyck for our second interview session. We started at 10:00 AM, and the time is now about eighteen minutes after 10:00, so that's the segment location. Let me pause for a second, because I wanted to confer with a little bit about where else we're going to—

**0:18:00.7** (end of audio one)

(Begin Audio)

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## **Chapter 10**

### **B: Key MD Anderson Figures**

#### ***R. Lee Clark and Charles LeMaistre***

#### **Story Codes**

C: Portraits

B: MD Anderson History

C: Personal Reflections, Memories of MD Anderson

C: MD Anderson Past

B: MD Anderson Culture

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

D: The History of Health Care, Patient Care

C: Patients, Treatment, Survivors

B: Institutional Processes

#### ***Tacey Ann Rosolowski, PhD***

**0:00:03.6**

All right, we took a brief pause, and it is 10:22, and we are talking about the MD Anderson presidents, and you were saying you know them.

#### ***Steve Stuyck, MPH***

**0:00:17.4**

Well, Dr. Clark was about seventy years old when I first met him, and as I think I said yesterday, I never reported to Dr. Clark, but it happened that our offices were nearby each other and on the same floor at that time, so I got to know him quite well. I think what I have realized when I look back on things is that one of the great strengths is the incredible tenure of our CEOs, and I think it was a great example of the right person in the right place at the right time. Dr. Clark was really a phenomenal figure, and he had a great grasp of public relations sorts of things in his own right. You may have this somewhere in the history, but I never met this man, but he hired Dr. Russell Cumley, who had been a boyhood friend of his and who was a PhD at the Mayo Clinic at the time, who came to MD Anderson when they were still at the Baker estate as the Director of Publications, I think they called it. It was really scientific publications, because communication in those days was more about professionals than with the lay public, and Cumley was a great crony of Dr. Clark's, as I have been told many times. There is a wonderful picture in the first twenty-year history of the groundbreaking ceremony for MD Anderson, and there is a dapper Dr. Cumley sitting in the corner of the picture with a shovel getting ready to jump, but you could see the typical PR man getting ready to jump up and run to the podium with the shovel when they get ready to turn the spades of earth. Clark did a lot. He focused a lot on international activities and things like that. I enjoyed working for him a lot. I remember that I drove him—actually, he drove me to Channel 13 when he was retiring, and they did a half hour special, a Sunday morning special, an interview with Dr. Clark. He was interviewed by Dave Ward—who is still at

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Channel 13—and Marvin Zindler. We were driving back to MD Anderson, and I made a comment about a piece of legislation that had been proposed about establishing a substation of MD Anderson in Fort Worth, and it had gotten a lot of political fire at the time, because there was a town/gown sort of thing. Dr. Clark said to me, “Well, that will never pass,” but he said, “I love it.” And he took his hands off the steering wheel, and he said, “I like them quaking and shaking and being afraid of me,” right on Holcomb Boulevard in his big Mercedes as we’re coming back. But people had a lot of respect for Dr. Clark. They really did. He was a phenomenal force, and I think if ever there was an example of what one person can do to make something good happen he’s the one. I’m sure he was a different man when he first came here about the age of forty than when I knew him, but he was very interested in what the community thought about MD Anderson and worked hard at that. He was quite a remarkable person.

Dr. LeMaistre, he was a very erudite and carefully spoken person. He picked his words carefully, tried not to show his anger at any time. He was quite different than Dr. Clark, though. Clark was an advocate for LeMaistre. When I look back on Dr. LeMaistre, it must have been a challenge for him, because he’s not an oncologist, and at the time it never even crossed my mind. But when I look back and think, the gaps in his knowledge that there must have been and his learning curve—of course, over eighteen years he was eminently successful in all of that. LeMaistre did a lot for MD Anderson. The place had a bus station look, which we talked about a little last time when he came here, and he worked a lot on patient amenities. He created the patient advocacy program. He created patient education. He did a lot in terms of enhancing the clinical environment for patients. He added to a lot of those sorts of programs, and it was very important to him, and he made MD Anderson a much more appealing place for patients. When I first came to work at MD Anderson, paying patients, especially from Houston, tended to go to other institutions other than MD Anderson. And now that’s changed dramatically over the last forty years where MD Anderson is the provider of choice for many, many people at all stages of life from all over the world, and it was not like that in the beginning, especially for Houstonians.

***Tacey Ann Rosolowski, PhD***

**0:05:37.2**

And do you think that—

***Steve Stuyck, MPH***

**0:05:40.4**

I think LeMaistre contributed a lot to that change.

***Tacey Ann Rosolowski, PhD***

**0:05:43.1**

And with the basic amenities and the welcoming feeling of the place?

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***Steve Stuyck, MPH***

**0:05:48.8**

The Rotary House came along during his tenure. He was out in the community a lot. He was a great representative for MD Anderson. Dr. Clark was so busy traveling around the world with the International Union Against Cancer that he wasn't here a lot of the time, especially in the latter years, maybe always. LeMaistre covered the chicken and peas circuit, talking to rotary clubs and Kiwanis clubs and things like that all the time. LeMaistre also introduced prevention to the institutional mission, and that was not greeted warmly at the start.

***Tacey Ann Rosolowski, PhD***

**0:06:30.1**

Why do you think that was?

***Steve Stuyck, MPH***

**0:06:31.4**

Because the science was soft, I think was the main reason why. What was prevention when he first started promulgating it? Little more than don't smoke and stay out of the sun. Diet and nutrition research hadn't come along yet and many other things, and he deserves tremendous credit for the prevention mission that exists today, because he kept pushing that forward and pushing it even when people on the faculty thought it was not worthy of significant investment. That was important. And the other thing that he did that was so critical to the success of MD Anderson was the patient self-referral, which began, I think, in 1994. It was approved in 1995, and it was implemented. People resisted that a lot as well.

***Tacey Ann Rosolowski, PhD***

**0:07:28.3**

Why did they resist that?

***Steve Stuyck, MPH***

**0:07:29.4**

Well, it was a different era, Tacey, and people thought how could patients negotiate our system without a physician to guide them? How will we handle the appointments? How will patients know what their disease was and where to ask for appointments? All kinds of things like that. He identified that as significantly important for two reasons. One is financially. Physicians could be great advocates for MD Anderson, but they could also be a major stumbling block. Many doctors told their patients, "You don't want to go to MD Anderson. You're a guinea pig. You're a number. It's a bus station." I don't have any numbers to document that, but it was the conventional wisdom that lots of physicians were badmouthing MD Anderson. Removing them as a roadblock for those who wanted to come came along right at the time that baby boomers were reaching their cancer-prone years, and it was a different philosophy about taking care of yourself and playing a role in your treatment decisions than earlier generations. It all came together very well, and we were nervous about patient self-referral, and it was as smooth as

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could be. Very little political backfire from it. Systems were put in place. It worked out well, and I believe that in my entire forty-something years at MD Anderson that there was no greater fundamental change than the change to patient self-referral. It changed a lot of things about the way we did business and the type of patients who came to MD Anderson. We began seeing more slightly younger patients, fighters, the people who either had the resources or had the will to come from farther away, that sort of thing. It was a great change for MD Anderson.

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## **Chapter 11**

### **B: Key MD Anderson Figures**

#### ***John Mendelsohn: Stories about MD Anderson’s “Secret Weapon”***

#### **Story Codes**

- C: Portraits
- B: MD Anderson History
- B: Growth and/or Change
- B: Controversy
- B: Institutional Politics
- C: Personal Reflections, Memories of MD Anderson
- C: MD Anderson Past
- C: Professional Practice
- C: The Professional at Work
- B: The MD Anderson Brand, Reputation
- B: Ethics

#### **0:09:36.1**

Now, LeMaistre stayed eighteen years to the day, and he was succeeded by Mendelsohn, and Dr. Mendelsohn I know very well. And I know that actually he was a dark-horse candidate. This is another thing that occurred to me. The director of our pharmacy, a man named Roger Anderson, was on the search committee for the new president, and he was the only administrative staff person on the search committee. The rest were faculty and community people, and Roger decided that he would invite a handful of other administrative staff—there were six or seven of us—to come to each of his meetings with the candidates, and we would interview them around the table as a group. Roger really went to a lot of effort on this. He surveyed us afterwards. We ranked them all, that sort of thing, and there were a lot of candidates in the search at that time, and I went to at least ten meetings with different candidates as part of Roger’s invitation to come and meet people. I liked Dr. Mendelsohn immediately. I can remember vividly our session with him in the Searls conference room, and he was wiry and energetic and straight shooting. We all as a team, the administrative staff, I can remember the people who were there for the meeting, we all liked him. But there were several internal candidates and more likely candidates that were being considered. The regents were meeting here in Houston, and one of the things on their agenda was to pick a president, and on the evening of the regents’ meeting I was at home, and I got a call from a man named Art Dilly, and Art was the Executive Secretary to the UT Board of Regents. I had known him through Dr. LeMaistre, and he said, “Steve, we need to have a news conference tomorrow to announce the new president of MD Anderson, and we’re going to do it at ten o’clock in the morning, and I want you to get it organized and get the media there.” And I said, “Great, Mr. Dilly,” and he said, “Now, I’ll tell you for preparation purposes who it’s going to be.” I was confident that it was going to be Dr. [Andrew] von Eschenbach or Dr. Balch. Those were the two, and he said, “It’s John Mendelsohn from Memorial Sloan-Kettering,” and

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personally I thought, “Great,” because I had met this guy, and I was very impressed by him. So I hung up the phone and started getting things organized for what we were going to do the next morning.

[REDACTED]

So we had the news conference the next morning, and the *Chronicle*, the lead on the *Chronicle* story the next day was to the effect that Mendelsohn was a dark-horse candidate chosen from outside to come. Well, he was such a natural for the job in such a very short period of time that it’s hard to believe that, but it’s the truth. We thought it was going to be an insider or a Texan who was going to be picked for it. There were several in that group, but I enjoyed that whole experience of meeting all these people and the very different kinds of personalities that came to MD Anderson.

***Tacey Ann Rosolowski, PhD***

**0:13:47.8**

Was that an issue, being either an MD Anderson insider or a Texan, to head up this institution?

***Steve Stuyck, MPH***

**0:13:55.1**

I think people—I don’t really remember, but I think people were glad to have someone with that kind of luster coming to MD Anderson. I’ll tell you this, Tacey. I do remember very distinctly from the first twenty years that I was at MD Anderson many people here ‘wore the hair shirt,’ is the expression. We were number two, and Memorial Sloan-Kettering was number one, and they were New York, and Frank Sinatra was doing benefits for them and things like that, and we were down here in Houston, and we were definitely number two. And that started to change with LeMaistre and certainly changed with Mendelsohn and now to a person everyone here—I know it’s a tough time right now, but to a person everyone feels that MD Anderson is and has earned the place as the number one cancer center in the nation, but that is not how it was when I first came here. Frankly, I had never heard of Memorial Sloan-Kettering before I walked in the door to MD Anderson. But boy, I got an earful of it over and over again, and at that time, way back in the early days, they had a lion’s share of media coverage, a much more aggressive public relations program, and the Rockefellers and Benno Schmidt and others like that were going to bat for them. It was a different ballgame, and that has changed dramatically in especially the last fifteen years or so.

***Tacey Ann Rosolowski, PhD***

**0:15:20.7**

When I was talking with Frederick Becker [Oral History Interview], he was talking too about how when he came there was more of an insider’s club, and one of his big goals was to create more diversity, certainly in the researchers who were here. But that’s probably the effect of a young institution.

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***Steve Stuyck, MPH***

**0:15:44.8**

We had a lot of people when I first arrived who had been here a long time. They'd already been here twenty years or so, and external recruitment was not what it was under LeMaistre. Bringing in [Margaret L.] Kripke [Oral History Interview] and [Isaiah J.] Fidler [Oral History Interview] and Garth Nicolson, that didn't turn out too well, and quite a few others really bolstered the research program and brought in a new breadth to it, absolutely. [Interview subject note: "It was only Dr. Nicolson's appointment that did not work out too well."]

***Tacey Ann Rosolowski, PhD***

**0:16:15.3**

And I think maybe it also—well, let me back up. I've asked a number of interview subjects about the whole Texas connection, and most of them have said maybe it was important in the beginning, but then suddenly the international flavor really evolved.

***Steve Stuyck, MPH***

**0:16:33.1**

That's exactly right. In the beginning, most of our funding came from the state of Texas. We certainly needed to build political alliances. Dr. Clark was great about doing that, and particularly Mendelsohn, coming from California and New York and other places, viewed MD Anderson as a national and international resource that deserved national and international attention and patients and dollars and things like that. Dr. LeMaistre was such an incredible person to work for that it's hard for me to separate that sometimes from what he did for the institution. As a boss, he was unbelievable, every day, day in and day out. Dr. Mendelsohn was—he just did such great things for MD Anderson. He arrived at just the right time with a confidence. We'd just gone through this big downsizing. He made this decision pretty quickly to reinfuse funds into the institution. He tells the story—and it's true—about going from department to department with this yellow legal pad and asking, "What can I do?" and writing these things down, which his successor never did. He made the decision to come here at a dicey time. He arrived at just the right time, and he has personally told me he left at just the right time as well. And for me, he was a more challenging person in some ways to work for than Dr. LeMaistre, because he was dissatisfied more frequently, not just with me but just in general. But he gave you all the resources you needed, and he could be extremely encouraging. I loved working for him and learning from him. He was a very impressive person to work for.

***Tacey Ann Rosolowski, PhD***

**0:18:34.6**

And he certainly increased exponentially the international connections of the institution for sure.

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***Steve Stuyck, MPH***

**0:18:42.9**

We talked a little about this last time, but Jill Gabbe from the GabbeGroup and I always referred to John Mendelsohn as our MD Anderson secret weapon. He was great with media. He came across as so forthright and so bright and so enthusiastic and without any guile that it was a treat to watch him in action. We made these media trips all over the country so many times during his time, and I would always say the same thing to him. I'd say, "Now, when you go in there, remember, you're talking about cancer as a scientific issue and as a public policy issue, and you're not talking about MD Anderson. You're a global statesmen, and then when you get done talking about that, you can talk about MD Anderson. By the way, when you think about cancer for your viewers or readers, think about MD Anderson as a resource." It used to piss me off. He would go in there, and he would immediately start talking about MD Anderson. "We're the number one cancer center, and we have 10,000 patients on clinical trials," and this and that and the other, but it worked. It worked, because he's so damn honest, and it was an amazing thing to see. We met with many, many reporters and editors and writers from all kinds of national publications over the years.

***Tacey Ann Rosolowski, PhD***

**0:20:17.0**

You know, the story that you just told kind of goes to the heart of something I always wonder about myself, which is here we have an institution, and the mission is clearly research, education, cure cancer in Houston, in Texas, the country and the world. And yet this has to be and is a money-making institution, and how do you reconcile those two things? I don't think that our culture—probably other cultures as well—have a good way of bringing together caring and moneymaking. People look with a bit of suspicion, and I think the statesmen, as you said, for the institution, for the disease, has to be able to finesse that concern in people's minds.

***Steve Stuyck, MPH***

**0:21:07.8**

He went through a rough patch for a while, as I think you know, with the ImClone and Enron board situations, but he handled it so well. It wasn't like what we're experiencing now. It wasn't about MD Anderson. He happened to be tainted by people he was with and not by himself personally, and he acquitted himself beautifully every time he did interviews. We had worked out an agreement, he and I did, that if it was about ImClone and Erbitux he was going to talk to the media. He never shied away from doing that. If it was about Enron, he deferred to others on the board, because he was on there a very short period of time, only about three years, and he avoided most Enron interviews, and he had no financial penalty either when all was said and done. But what I loved about him so much was if there was someone calling about ImClone, he got on the phone or talked with them. Now, we had an experience. A reporter named Justin Gillis from the *Washington Post* did a major piece about conflict of interest and Dr. Mendelsohn, because patients on the Erbitux clinical trials in the informed consent document were not being told that he was the inventor of Erbitux. We fixed that once we realized it, but we spent a long

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time preparing for that interview. The guy flew down here to Houston, interviewed Mendelsohn in his office, and it was great to hear. “I am not afraid.” It wasn’t that he didn’t regret the fact that the clinical trials did not identify him, but we realized it happened, and we’re fixing it, and we sent letters to all of our patients. He did very well in all of that. There was some concern there for a while how all this would go, but he handled a lot of media during that time.

***Tacey Ann Rosolowski, PhD***

**0:23:13.2**

Now, what was your role during this as advisor to him?

***Steve Stuyck, MPH***

**0:23:16.8**

Well, we talked about strategy a lot. I prepared him for interviews. I remember for the Justin Gillis interview I had a whole series of questions that I made up on note cards that we went through several times, and my questions were usually tough or obnoxious in the way they were put. They weren’t softballs. It was to try and get him ready. I don’t think he would mind my saying this. We had an issue come up with expenditure of funds by a component of MD Anderson that had come to Wayne Dolcefino’s attention. Wayne at the time was the investigative reporter for Channel 13 and had done some tough pieces about MD Anderson during the LeMaistre years. Wayne and his producer were coming out to meet with Dr. Mendelsohn to talk about this. I had arranged so that they would come without a camera and just have a conversation to begin. As we’re getting ready to go into the meeting, I get word that our attorney is going to sit in on the meeting, and I didn’t like the idea, because it was an informal session, and I’d gotten them to agree to leave the camera back. Two minutes before the session starts Mendelsohn picks up the phone and calls the attorney and says, “We won’t need you today.” He had agreed. The four of us sat in the room, and this is so uncommon for reporters, but I saw Mendelsohn convince that reporter that he was going to do the right thing about these issues. Not in exchange for not doing a story, but just you brought this to our attention, and he specifically explained exactly what he was going to do. And very uncharacteristically for Wayne, he said, “Well, I think we’re going to let this one pass. We’ll see how things go, Dr. Mendelsohn. We’ll be watching you in the future.” The story never ran.

***Tacey Ann Rosolowski, PhD***

**0:25:11.2**

Wow, that’s amazing. And what was the issue?

***Steve Stuyck, MPH***

**0:25:13.6**

It had to do with expenditure of funds for furniture and art and things like that. But I know the story I love to tell about Dr. Mendelsohn. A member of our Board of Visitors is a man named Tom Johnson, and Tom is the retired CEO of CNN and the former publisher of the *L.A. Times*. Tom had arranged a media trip for us to Washington, D.C. in the winter, and there was a big

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snowstorm coming through, and I said to Dr. Mendelsohn, “Maybe we ought to bail out on this trip and postpone it.” “Oh, Steve, we’re only going to be there one night. We can do this.” So he and I left, and we flew into Washington, and Tom Johnson came up from Atlanta, which is his hometown. The three of us were going to NPR, to PBS, and to the *Washington Post*. The first day we were there in the morning it was not bad. It was not too bad at all, and midway through the day it started to snow, and it snowed and it snowed, and the people at NPR canceled our session, because they weren’t coming into work. It snowed. I cannot describe to you the blizzard that came through, and our one night stay over in Washington ended up being three nights. It was Dr. Mendelsohn and me and maybe thirty people in this hotel. They were running out of things like bread, and we had dinner each night with Tom Johnson, the three of us, and whoever else happened to be in the hotel restaurant, and Tom would engage everybody in conversation. He’s a very remarkable man, and there might be another couple at the next table. We’d have these sessions, and Mendelsohn and I were the first people to leave. We got up early on the last morning, and bright sunshine, and the snow had stopped. There was a ton of snow, and we were the first people at Reagan Airport, I think, and we waited until we could get a first flight out of there to come home.

***Tacey Ann Rosolowski, PhD***

**0:27:27.2**

So you never ended up having any of your media meetings?

***Steve Stuyck, MPH***

**0:27:30.4**

Yes, we did. We had great ones. We had a session at the *Washington Post* with Donald Graham and a bunch of his editors and writers, and we had a really nice session at PBS with Judy Woodruff and a dozen or so reporters and editors and producers from PBS. But NPR canceled on us. We never got back to that one. But we had a car driving us through these—oh, it was mind-boggling, so fun ny. Anyway, Mendelsohn certainly did a tremendous amount in terms of fundraising and increasing our stature, all that sort of thing. It was great. He could be a pain sometimes, but I look back on him very, very fondly.

**[REDACTED]**

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## **Chapter 13**

### **B: Institutional Change**

#### *The Changing Organization of Public Affairs*

#### **Story Codes**

B: Building/Transforming the Institution  
C: Understanding the Institution  
D: On the Nature of Institutions

*Tacey Ann Rosolowski, PhD*

**0:06:56.8**

Growing pains are—and I think it's interesting when you think about change agents kind of stirring things up. It certainly does happen. I wanted to ask you about a number of the publications that were created at various stages of your career just because some of them I wasn't sure exactly what they were.

*Steve Stuyck, MPH*

**0:07:20.2**

I may not know anymore.

*Tacey Ann Rosolowski, PhD*

**0:07:23.6**

(laughs) Well I have a big question mark by—if you don't mind kind of going through these.

*Steve Stuyck, MPH*

**0:07:28.1**

Uh-hunh (affirmative). Okay.

*Tacey Ann Rosolowski, PhD*

**0:07:29.9**

I have a big question mark by *Cancer Bulletin* which I know I talked to Walter Pagel about. I think it was originally under the management of Public Information and Education, but I kind of wanted the history of that.

*Steve Stuyck, MPH*

**0:07:47.6**

No, it was not. The *Cancer Bulletin* was created by Dr. Clark and Dr. Cumley, and it was originally in the Department of Scientific Publications.

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***Tacey Ann Rosolowski, PhD***

**0:07:58.0**

Okay, okay, which was always a separate department?

***Steve Stuyck, MPH***

**0:08:00.5**

Yes. Well, no. Dr. Glen Knotts was brought in, and we were merged together for a while, but we were in two separate offices and two separate roles: Scientific Publications and Public Information. They were on one floor, and we were on another floor, and we had Dr. Glen Knotts as our mutual boss. Walter and his predecessor reported to Glen, and I reported to Glen.

***Tacey Ann Rosolowski, PhD***

**0:08:22.5**

Okay, so that's how I got the impression that they were connected because they were—

(speaking at the same time)

***Steve Stuyck, MPH***

**0:08:25.8**

At the same time, Marie Harvin, the librarian here, reported to Glen as well. It was just a completely different organization. They brought together educational resources, so Medical Communications, the Research Medical Library, Scientific Publications, and Public Information all were together at that time. Then it was broken apart, and Public Information office went to report to the president, but the *Cancer Bulletin* was created a long time ago by Dr. Clark and Dr. Cumley, and it existed for many years. In fact I believe that Dr. [Stephen] Tomasovic [Oral History Interview] was the last editor of the *Cancer Bulletin*.

***Tacey Ann Rosolowski, PhD***

**0:09:08.3**

Oh, I didn't have that detail.

***Steve Stuyck, MPH***

**0:09:10.8**

Colleen Hubona, who still works here, was the managing editor of it. She's in another department now, but we had nothing to do with it. The only thing we did for it in Public Information, we wrote a news column like many journals have a news column at the beginning of the magazine. We did for a number of years—Mary Jane Schier in our office wrote a news column for the *Cancer Bulletin* until it went out of business.

***Tacey Ann Rosolowski, PhD***

**0:09:34.6**

Okay, and I guess I wanted to pick up another detail. I mean as you mentioned that Public

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Information was reorganized to report directly to the president. What was the reason for that administrative reorganization?

*Steve Stuyck, MPH*

**0:09:47.1**

Well it's logical. I can't even articulate the reason at the time, but the president is the chief advancement officer for any academic institution. The president will spend thirty, forty, even fifty percent of his or her time on public relations, on development, on government relations, things like that. That's a primary function for a president, and the chief press officer and the public relations program, like the development office, often usually report directly to the president or to a senior vice-president sort of person. So LeMaistre took two or three years to get his feet on the ground and see how he wanted to do things, and he changed it so that those functions reported to him now.

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*Tacey Ann Rosolowski, PhD*

**0:10:36.0**

It makes perfect sense.

*Steve Stuyck, MPH*

**0:10:36.9**

Yeah. You know one thing—now I hear a lot of rumors that the Division of Public Affairs as I created it and I knew it is going to be drastically changed in the next few months.

*Tacey Ann Rosolowski, PhD*

**0:10:47.6**

Oh, really?

*Steve Stuyck, MPH*

**0:10:49.0**

Certain programs are going to move to different areas, and it makes sense to me. I have no pains about it at all. I might if I was still working here. Volunteers might go here, and Patient Ed might go there. Instead of my position reporting directly to the president, my successor, who has not been picked yet, will report to a senior vice-president, things like that. An organization, especially for an institution this size, is bound to be fluid and be constantly changing in one way or another, but I think the Division of Public Affairs as I left it will not be the same in a year's time by a long shot.

*Tacey Ann Rosolowski, PhD*

**0:11:30.3**

When you were still in the position, did you kind of anticipate those changes yourself?

*Steve Stuyck, MPH*

**0:11:38.3**

The ones that are coming now?

*Tacey Ann Rosolowski, PhD*

**0:11:40.5**

Yeah.

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***Steve Stuyck, MPH***

**0:11:41.2**

It doesn't surprise me.

***Tacey Ann Rosolowski, PhD***

**0:11:42.9**

Well I'm just curious because it seems like an institutional organization will make sense at a particular phase in the institution's life cycle, and this institution is always changing and growing, so I was just wondering did you kind of get the sense, "Hm, this isn't working like it did before"?

***Steve Stuyck, MPH***

**0:12:02.1**

Well I think it was working all right, working fine while I was here and had the organization, but like I said it doesn't surprise me. I will give you one example that the Integrative Medicine program here, which was called Place of Wellness for a while—I don't know if you're familiar with that or not—now it's Integrative Medicine, has physician leadership and scientific leadership. Place of Wellness originally reported to me. Yeah.

***Tacey Ann Rosolowski, PhD***

**0:12:27.9**

Wow.

***Steve Stuyck, MPH***

**0:12:28.7**

It was part of the Anderson Network—our patient/survivor programs. The idea that was actually proposed by a woman named Judy Gerner who was the leader of the Anderson Network. She's retired now. She had an enormous influence on things here. She had this idea for what she called a place of wellness, and it was right at the start of some of these programs. So it was created as part of the Anderson Network, and it did not take me too long. I managed it for maybe two or three years, something like that, but I realized I did not have the union card to run that program. I could not make good decisions about scientific and medical sorts of issues. Should we have acupuncture? Should we advocate for massage? Should we do this, should we do that? I couldn't do it. I actually went to Dr. Calendar who was then our Vice President for Patient Care and said I'm stymieing this program. We have no professional leadership or expertise here, and he and I together decided that Lorenzo Cohen would be the person to run this. I had to convince Lorenzo that it was a good idea, but I didn't feel bad about dumping that program at all. It worked out nicely with Judy's retirement. That always helps. But it was a mistake to leave it where it was. Now there are a couple of programs that I'm told by usually reliable sources are going to move maybe into Dr. Burke's area or to Gerard Colman's area. Whatever. It's fine with me. I have a friend who's recently retired who agonizes over the way his department is being treated and

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organized, and I don't. I did what I could when I was here, and now it's up to people who are younger and smarter than I to figure that out.

***Tacey Ann Rosolowski, PhD***

**0:14:31.3**

It's also too—it's an interesting example with that proposal by Judy Gerner for Place of Wellness. It starts out as a lay person's idea, but then it morphs into something else. So there's a life cycle with programs too.

***Steve Stuyck, MPH***

**0:14:47.8**

She was a lay person as well, but she had—she was great. She had passion and energy and a lot of ideas. She brought the Anderson Network programs along quite a long ways, and she sold the institution on the notion of Place of Wellness. Since she's gone, and since I'm gone, Lorenzo, who's a PhD, is leading it, and they have physicians who are on the program, and they offer a range of services beyond art therapy or journaling or the kind of things that we started out with that we couldn't understand.

***Tacey Ann Rosolowski, PhD***

**0:15:29.3**

Now we're doing research.

***Steve Stuyck, MPH***

**0:15:30.6**

Yes, and doing a lot of research. How can we make an intelligent decision about who gets acupuncture and who doesn't or all those kind of medical issues? We did have a physician advisor, Walter Baile, who is a psychiatrist here, but he didn't devote a lot of time to it. He was our medical spokesperson a lot of the time on these issues.

***Tacey Ann Rosolowski, PhD***

**0:15:51.8**

Well it's kind of interesting because that's like the polar opposite of the issue with the survey. Originally the survey that you wanted to do for cancer prevention—that ended up in *Cancer Prevention* magazine. It started out as a media idea but then became an academic idea. You've got a similar kind of example here of something that starts out soft, but it ends up getting scientific. So that seems to be an interesting way that ideas are floated here at MD Anderson.

***Steve Stuyck, MPH***

**0:16:23.6**

There are certain people in Public Affairs. The two who come to my mind immediately are Jo Ann Ward and Louise Villejo who are really good at that sort of thing—that they walk the line between academic interest and practical sorts of applications. They do a good job of that. I hope

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as they get near retirement too—I hope the institution hires people who are equally adept at that sort of thing because I think it’s unique to MD Anderson.

*Tacey Ann Rosolowski, PhD*

**0:16:59.1**

Well I think also—you know obviously so key for an issue like cancer which is that crossroads between really, really important breakthroughs in science and information and treatment that the public desperately needs. So it’s always going to be weaving back and forth between those two things. It’s just very interesting to see how you managed all of that. I can see why you said it would be fun to—

*Steve Stuyck, MPH*

**0:17:25.5**

It was. It was really almost every day.

*Tacey Ann Rosolowski, PhD*

**0:17:28.2**

Yeah. Very neat.

*Steve Stuyck, MPH*

**0:17:30.9**

My job at MD Anderson was many things. It was challenging, it was daunting, it was fun, it was exciting, it was interesting, it was all kinds of things, but it was really—I think it’s fair—I could fairly say that it was never boring. Not a day. Even when I was way back, and the issues were different. It’s an incredibly interesting place to be.

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## **Chapter 14**

### **B: Overview**

#### ***Public Affairs: Tools to Communicate Institution Messages***

##### **Story Codes**

B: Building/Transforming the Institution  
B: Overview  
B: Institutional Processes  
B: Philanthropy, Fundraising, Donations, Volunteers  
C: Discovery and Success  
C: Discovery, Creativity and Innovation  
B: Information for Patients and the Public  
B: Education  
C: Portraits  
B: Institutional Mission and Values  
B: MD Anderson Culture  
C: This is MD Anderson

***Tacey Ann Rosolowski, PhD***

**0:17:55.2**

Tell me about *The Messenger*.

***Steve Stuyck, MPH***

**0:17:57.6**

*The Messenger* was started one or two issues before I arrived here. In fact, I see we have some of them—bound copies of it over there on the cart.

***Tacey Ann Rosolowski, PhD***

**0:18:10.8**

What was the purpose of the Messenger?

***Steve Stuyck, MPH***

**0:18:12.0**

It was designed as really our first employee communications tool. It has certainly evolved and changed dramatically over the years. It was every two months and every month and then it became a newspaper tabloid for a while, and now under the leadership of Sarah Newson and others it's been cut back to an online version and a paper version six times a year. I think it's a terrific magazine, and all I would say about *The Messenger*, and what I would take credit for, is that it's very easy to do the first issue of a newsletter. It's more challenging to do the second, third, fourth. *The Messenger*, for about forty years now, has come out regularly, and we've never missed whatever the agreed upon publication schedule was in that forty years. We tried several

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times to come up with a better, more modern, more contemporary sort of name for it, and people more creative and younger than I just threw their hands up and said it's got all this track record. It's got this long history of brand identity as *Messenger*. Let's just leave it that way.

***Tacey Ann Rosolowski, PhD***

**0:19:23.4**

Yeah because I have redesigns in '86, '98, 2002. (laughs)

***Steve Stuyck, MPH***

**0:19:28.0**

Oh, there's been a lot. Yeah. Absolutely. If you look at the first issue, the tall thin volumes you see over there are the newspaper editions, but there's a smaller different kind of edition before that. We tried all kinds of things, and I personally, and I've told Laura Harvey the executive editor this, I think it's some of the best and most entertaining writing about MD Anderson that I see. It's my favorite read.

***Tacey Ann Rosolowski, PhD***

**0:19:51.0**

Interesting. Then in 1986 was the launch of *Conquest* magazine, and what was that all about?

***Steve Stuyck, MPH***

**0:20:08.2**

Well it was part of an initiative at the time to generate greater awareness of MD Anderson among the opinion leaders and influential people. It also became a wonderful publication, and it's been going on—you said '86 was when it started? I know it was in the LeMaistre years. I remember making the pitch to the President's Management Committee at the time for it—the approval of the concept and funds, and it was endorsed. It's evolved over time too, and it's very sophisticated now I think. One of the things we did was it comes out four times a year, and the winter issue doubles as the institution's annual report. So we killed two birds with one stone, and over a period of time we developed quite a database for receiving opinion leaders, corporate executives, donors, potential donors, people like that. It does a very good job of telling the MD Anderson story in a dramatic and interesting sort of way. When you look at the early issues of *Conquest* it's pretty rudimentary compared to the way it looks today. We have a lot more resources and a lot more sophistication than in the early days, but it also has come out since 1986 four times a year without fail. You can't go through and find oh, they skipped the fall issue of 1993 or something like that which happens sometimes with publications. Keeping up with deadlines is always challenging.

***Tacey Ann Rosolowski, PhD***

**0:21:39.0**

It is. Now you said its mission was—part of the mission was to tell the MD Anderson story. What are the components of the story that the *Conquest* covers?

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**Steve Stuyck, MPH**

**0:21:51.2**

Of course we look at all aspects of the mission, and basically I think it's fair to say that we are looking for good stories the way any magazine or newspaper would, that we're looking for things that are interesting, that set MD Anderson apart from others, that are compelling, that show the breadth of our mission, that sort of thing. There are some standing features about research advances and things like that, and also we tinker with that from time to time with all different sorts of approaches.

**Tacey Ann Rosolowski, PhD**

**0:22:26.1**

What did you—?

**Steve Stuyck, MPH**

**0:22:26.6**

Mary Jane wrote a lot of *Conquest* stories. It was one of her specialties.

**Tacey Ann Rosolowski, PhD**

**0:22:31.6**

You're referring to Mary Jane Schier?

**Steve Stuyck, MPH**

**0:22:33.1**

Mary Jane Schier—yes—who you worked with on another project.

**Tacey Ann Rosolowski, PhD**

**0:22:36.0**

Yep. Let's see. Oh I wanted to ask you after it was launched in '86, what did you do to determine the impact of that on the opinion leaders that you were—

**Steve Stuyck, MPH**

**0:22:49.2**

That's a good question. Well I can't cite results because it's been too long ago, but we do periodic readership surveys of both *Conquest* and *Messenger* and look for feedback that way. The one thing about *Conquest* that I think is especially interesting is that about in 19—the early 1990s we started sticking a donor envelope in each issue. There's no request for funds. It's just there, and there's a little information on the envelope, but there's no article that says please give. It's just stuck in there. Now I'm going to be weak on my figures, but the results have been phenomenal. We get between \$25,000 and \$100,000 per issue. It's well over a couple million dollars. About three million dollars has come in unsolicited other than there's an envelope for you to do something with if you choose. Now who ever does anything with those but throw them

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away? But we've got a loyal following, and we carefully document—the Development Office tells us the feedback of how much money they get from the coded envelopes that clearly identifies the source, and there are great supporters in this because it helps convey the development mission, and it generates this revenue just by being there.

*Tacey Ann Rosolowski, PhD*

**0:24:08.9**

That's amazing.

*Steve Stuyck, MPH*

**0:24:09.8**

Yeah. Absolutely.

*Tacey Ann Rosolowski, PhD*

**0:24:10.2**

It really is amazing.

*Steve Stuyck, MPH*

**0:24:11.4**

I think it's amazing too. I couldn't believe it, but we've never gotten less than \$25,000 on an issue, but some of them, depending on what the topic is—the distribution for the annual report issue is much broader. It's about 50,000 people. So it helps pay its own way.

*Tacey Ann Rosolowski, PhD*

**0:24:31.9**

When did you start that? I missed the date.

*Steve Stuyck, MPH*

**0:24:33.5**

I think in the early 1990s. We didn't do it right away, but we've probably been doing it for the last twenty years.

*Tacey Ann Rosolowski, PhD*

**0:24:39.5**

Whose bright idea was that?

*Steve Stuyck, MPH*

**0:24:41.9**

Well I don't remember. It might have been the Development Office. It might have been ours. I'm not sure.

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*Tacey Ann Rosolowski, PhD*

**0:24:46.8**

It's a great idea. Especially not to have a solicitation with it.

*Steve Stuyck, MPH*

**0:24:49.8**

Nothing else in there.

*Tacey Ann Rosolowski, PhD*

**0:24:51.0**

Just—yeah.

*Steve Stuyck, MPH*

**0:24:51.3**

Not another word.

*Tacey Ann Rosolowski, PhD*

**0:24:52.2**

How neat. Let's see then also in '86 was the launch of Cancer NewsLine. What was that about?

*Steve Stuyck, MPH*

**0:25:00.1**

Well Cancer NewsLine was—or were—was a series of what they called video news releases. Television stations always have—let me say this. The latest Gallup poll that I saw shows that local television news is still for most Americans their primary source of news and information. Despite the web, despite national things, local TV news is primary. So we are not alone in this at all. We decided to create our own news releases but video news releases from MD Anderson so that television stations could have them. We would send them news, because they could never afford to come here except for the local stations with rare exceptions. So a video news release includes a video, a canned story, and it includes a script so their own anchors can intro the story and exit it and narrate it so it's just like their news, and it includes some extra footage—some B roll—in case they want to change things up.

*Tacey Ann Rosolowski, PhD*

**0:26:12.6**

TV in a box. That's great.

*Steve Stuyck, MPH*

**0:26:14.3**

TV in a box. Many institutions and organizations did this. We started that. It went for quite a number of years producing three or four television news stories about four times a year which we mailed to an increasingly large number of television stations.

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***Tacey Ann Rosolowski, PhD***

**0:26:33.5**

What kind of stories would you provide?

***Steve Stuyck, MPH***

**0:26:35.6**

Well they would be either research stories or human interest stories or things that we thought television stations would be interested in, and they could customize it depending on how much effort they wanted to invest. We were targeting smaller television markets. A lot of relatively small towns have television stations these days. We started with Texas, and then we expanded beyond that. It was in an era when we were mailing all of this stuff—postage kind of thing. Video news releases came and went. We don't do them anymore. We actually post a lot of video online on the web, and that's taken its place. They came in for some criticism as being manufactured news, not ours but just nationwide. Television stations began to shy away from them, but for a while—it's one of those—in a career as long as mine here you have techniques that come and go, come and go. We try this, and then we move onto the next change in technology or the next innovation. That was the case with Cancer NewsLine. But for quite some time we produced those, and they started in the '80s I think.

***Tacey Ann Rosolowski, PhD***

**0:27:41.5**

Eighty-six. '86 is when you launched that.

***Steve Stuyck, MPH***

**0:27:47.9**

Later on we were able to use a television monitoring service to give us feedback of what was being used. Some video news releases weren't used at all, and some got huge pickup.

***Tacey Ann Rosolowski, PhD***

**0:27:56.9**

So you never really knew.

***Steve Stuyck, MPH***

**0:27:58.5**

Usually more of the human interest sorts of stories did that.

***Tacey Ann Rosolowski, PhD***

**0:28:02.9**

What was the impact of those?

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***Steve Stuyck, MPH***

**0:28:05.6**

Well I think that they introduced MD Anderson to television markets where we didn't have presence before them. That's the impact. If you're in Wichita Falls or Laredo or places like Appleton, Wisconsin, or places like that that are mid-market television stations, all they can use is your wire service copy or local stuff. So this gave us an opportunity to introduce ourselves and provide cancer information in those markets.

***Tacey Ann Rosolowski, PhD***

**0:28:35.0**

Also have the Network Newsletter. Is that connected with the Anderson Network?

***Steve Stuyck, MPH***

**0:28:40.5**

Yes.

***Tacey Ann Rosolowski, PhD***

**0:28:41.7**

Okay.

***Steve Stuyck, MPH***

**0:28:43.1**

I can't remember when we started the Network Newsletter, but it was part of the Network.

***Tacey Ann Rosolowski, PhD***

**0:28:49.9**

It would be '88 was when it was launched.

***Steve Stuyck, MPH***

**0:28:53.9**

The notion behind it was that networkers who are by and large MD Anderson patients would want to keep up with what's going on at MD Anderson, that lifeline to the institution. The Network is now mailed to all living patients since I think 1980. So it has a circulation of about 100,000. The notion is to keep our current patient population informed of what's new here and what's going on. So that's the purpose of that. I think it goes out four times a year if my memory serves me right.

***Tacey Ann Rosolowski, PhD***

**0:29:37.2**

I want to pause the recorder just for a second. It's 11:44.

**0:29:41.5** (end of audio session)

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(Begin Audio Session)

***Tacey Ann Rosolowski, PhD***

**0:00:00.4**

Okay. All right. Okay. We are back on. So let's see the next initiative I have is in 1992—the CancerWISE Community Speakers Bureau. I really didn't know anything about that.

***Steve Stuyck, MPH***

**0:00:18.4**

They're now called MD Anderson Ambassadors.

***Tacey Ann Rosolowski, PhD***

**0:00:19.9**

Oh, okay.

***Steve Stuyck, MPH***

**0:00:22.4**

The notion was that we would train employees in how to go out and give talks about MD Anderson in the community. This is another example of education being good PR. Jo Ann Ward and the Public Education staff are in charge of this, but it's evolved over the years too. We worked hard at keeping it fresh and making it more valued. We have about seven or eight modules on cancer topics that were created with PowerPoint and talking points and of that sort of thing, and we train employees to go out in the community to give these talks. So they're on tobacco and sun exposure and clinical trials and several things like that—a general overview of MD Anderson. They get thousands of requests for these from all kinds of church groups, school groups, PTAs, that sort of thing each year. Every request is documented, and every requesting organization receives a survey after the program has been done in order to evaluate the talk. Did it meet your needs, was it professionally done, that sort of thing. We have about 150 employees who are trained in how to give these talks. We have periodic continuing education programs for them, and we have an annual recognition event which I think they just had this spring. It would be after I left. Then it became challenging so actually we pay retired employees to go out who want to go—especially nurses. We like to recruit nurses, and I think they pay them fifty or one hundred dollars a talk when they do that. The working employees we just reimburse them for their mileage expenses and that sort of thing.

***Tacey Ann Rosolowski, PhD***

**0:02:23.1**

I'm just struck at how something like this can really just enhance the credibility of the institution. As your describing the training process and the care with which all the materials are presented, I mean that will communicate itself to an audience that's listening and watching the professionalism of the information.

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*Steve Stuyck, MPH*

**0:02:43.6**

Right, and you know it was a challenge in the early years for Jo Ann, for me that people in high positions, faculty members and others, didn't think that we were up to the task. Like you're going to train an employee to go out and give information about cancer? Just like the Cancer Information Service phone numbers. You're going to have volunteers answer the phone and answer these questions? It's different now. We've proven that it can be done without incident or problem if it's done intelligently and well, but it was quite a little challenging. Even Dr. LeMaistre thought the idea back—the CancerWISE Speakers Bureau, which is now Anderson Ambassadors—I could tell he was dubious about it when I first discussed it with him.

*Tacey Ann Rosolowski, PhD*

**0:03:32.0**

Interesting.

*Steve Stuyck, MPH*

**0:03:33.7**

You have a secretary go out and give a talk? Not necessarily. We would target the kind of employees who we thought had the background to do it. We would make sure that they were well trained and prepared before they went. You've seen our offices before over in the FHB where Mary Jane—there's a small reception area, and day after day I would come in, and there would be lined up three or four of these poll cards stuffed with brochures. Maybe there's one of those banners that is rolled up in a canister, and they're lined up waiting for employees. You're going to this health fair in Clearlake, and you're going to give a talk in Channelview. You're going to do this. There'd be these people, employees, coming in and out of our office all the time picking up these things for public education—just very cool. I sometimes wish more people appreciated and understood what these educators do on behalf of MD Anderson. I never was quite able to rest assured that everybody understood all that we're doing. You could probably make the same claim about the Research Medical Library. People don't understand all the services we provide.

*Tacey Ann Rosolowski, PhD*

**0:04:45.3**

Right. Right. I'm also just thinking too that there's some kind of theme here of we have patients taking charge of their own health care decisions, we have volunteers being trained to give cancer information on the telephone, and now people who are not the highest-level professionals going out and providing cancer information. There's this sort of democratization, if you will, of the people who are bringing the information about cancer to the public, and there's something really neat about that. It's working well.

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*Steve Stuyck, MPH*

**0:05:23.8**

Yes, and I think it has to do with the singularity of our mission, that this model might not work at another sort of an institution, but it works here, and it's been a gradual evolution over a long period of time. It didn't happen quickly but a little step at a time.

*Tacey Ann Rosolowski, PhD*

**0:05:48.8**

It takes a lot of dedication. I mean even if you're paying someone to go and give those talks,

**0:05:58.0**

*Steve Stuyck, MPH*

**0:05:59.2**

That's right. I think that's right.

*Tacey Ann Rosolowski, PhD*

**0:06:00.2**

People are doing it out of the appreciation for the institution.

*Steve Stuyck, MPH*

**0:06:04.5**

Jo Ann and her group have this "Too Cool to Smoke." I don't know if that's on your list or not. It's puppets, large puppets, and it's a program designed for K-four students. It takes two actors behind a set with these puppets who just happen to be named Jo Ann and Eric, and they talk about tobacco and not smoking. The target is prevention among small children. Now the first thing that any researcher here would say was well you have no data that shows that your program works. I think that that's probably—the honest answer is that that's correct. We cannot document this, but it's a good program, and if you go as I have gone to a couple of schools and watched it being performed and see these kids get all involved in it and be so knowledgeable about tobacco at such a young age already. We hire students who are trained from U of H who get paid fifty dollars for each performance, and now I think they're going to up it to one hundred dollars because you got to drive and all this. You've got to come pick up your puppets, and we only have a limited number of Jo Anns and Erics that we can—and they're huge. They're like about this big, and they put their hands in behind them and move them like Sesame Street kind of. So that's another example of that. They reach about 4,000 students a year.

*Tacey Ann Rosolowski, PhD*

**0:07:42.3**

How long has that been going on?

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***Steve Stuyck, MPH***

**0:07:43.4**

It's been going on for five or more years.

***Tacey Ann Rosolowski, PhD***

**0:07:48.2**

Somehow I think I may have read a little article about that in *Conquest* or something. I remember that.

***Steve Stuyck, MPH***

**0:07:54.1**

The program has been funded by a grateful patient of Dr. Garrett Walsh—a lung cancer patient—who has given us quite a bit of money in order to make this happen.

***Tacey Ann Rosolowski, PhD***

**0:08:04.9**

Are there plans to document the effect of that on little kids?

***Steve Stuyck, MPH***

**0:08:10.9**

I don't know.

***Tacey Ann Rosolowski, PhD***

**0:08:11.5**

That'd be kind of neat.

***Steve Stuyck, MPH***

**0:08:12.4**

It would be good if we could find a scientist who could come up with a methodology to do it.

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***Tacey Ann Rosolowski, PhD***

**0:08:20.0**

Yeah. Let's see. We've got about seven minutes left unless you need to leave a few minutes before.

***Steve Stuyck, MPH***

**0:08:26.1**

No, I don't. I don't need to be upstairs until 12:15.

***Tacey Ann Rosolowski, PhD***

**0:08:29.6**

So maybe we'll—oh well. This is a good thing to finish this about. We have the first edition of contributions to *Making Cancer History*, which is the research milestone. What was that about?

***Steve Stuyck, MPH***

**0:08:45.6**

We are now in our fourth edition.

***Tacey Ann Rosolowski, PhD***

**0:08:49.5**

Oh, really?

***Steve Stuyck, MPH***

**0:08:51.4**

This is a booklet. It's also available on our website, and it was an idea that Dr. Mendelsohn and I came up with. I can't remember when it was but during his tenure. It was one of the most enjoyable projects I ever worked on, and this was something I did personally. Mendelsohn said that he was often—I have a great story about him doing that too by the way. Mendelsohn said that he was often asked in the community: I know MD Anderson is a great place, but what are the specifics? What are the advances against cancer you have made? So he posted this as a question to me one day. He and I together had a lot of fun working on this. We started by surveying faculty leaders asking division heads and department chairman to make suggestions either from their department or from other departments. I sent along with the request some examples of things that I already knew about that had been done here: Amphotericin B to prevent fungal infections in leukemia patients and breast conservation therapy and things like that. So we got tons of them back. I was really surprised. So Mendelsohn and I went through them, and he'd say that's nothing or this is great. We put together a draft list, and we vetted it back and forth a number of times, and the first edition came out which was probably—I've got all the editions. It was probably about one hundred. I can't remember exactly. So then we did it another time. At some point along the way I got the bright idea—I take credit for this idea—that if we're going to claim these as research achievements, we need to give a citation for each one of them that says when it was published and where it was published. This became a huge task challenging people

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all over the institution. I had hundreds and hundreds of emails back from faculty members, and ultimately we produced a version that had the achievements cited in one sentence in lay language and beneath it one, two, or three citations. I don't think we had more than three on any. I got involved with—that's how I work with faculty. I got involved with so many faculty members because the department chair would say well, you go ask this doctor.

***Tacey Ann Rosolowski, PhD***

**0:11:23.4**

I bet.

***Steve Stuyck, MPH***

**0:11:25.6**

The Scientific Publications was great. It helped me edit it in proper form and vet the citations. We've been through four editions, and I think the last one was still in the Mendelsohn years, but it's a booklet. You can get copies from Public Affairs, and you'll find the content on our website as I mentioned. It's about twenty-four pages long. It's very attractively designed—the illustrations. At one point during it just after Dr. Kripke had retired, and she was working twenty percent time. She went through the entire document for me making comments on things. This is strong, this is weak. Ultimately Mendelsohn or I took the blame or the credit for deciding what these—and it's about one hundred and fifty or one hundred and fifty-five. I know I did it in the last year or so of my tenure here, and I think frankly, Tacey, it's a great contribution. I hope it doesn't get lost because I think most universities would have a lot of difficulty in producing something similarly if someone asked what are your real contributions to scholarship or science? This is it as far as I'm concerned. It got a lot of good attention. So the Mendelsohn story that was—he's so smart. He said—it was presented at a Board of Visitors meeting, and a man named Marc Shapiro, who was a former chairman of the board, says to him, "You know John, this is great." He said this in front of a large room of people. "This is great, but what are the two or three really, really big achievements from MD Anderson?" I go crap, how in the world do you answer something like that? Mendelsohn said, "Well, I'd say this Marc." He said, "I would cite one of the two achievements. All of the contributions we have made toward finding cures for leukemia," and he mentioned a few of them there in the book. He said, "Because leukemia is a devastating disease, but in truth it's a rare disease, and any patient with leukemia needs to come to a specialized center like MD Anderson in order to treat it well, so leukemia would be one." He said, "On the other hand, I would cite all of the contributions that we have done toward improving the therapy for breast cancer," and he cited—there's quite a number of them in the book about breast cancer. He said, "I pick breast cancer because that's a common tumor type, and many, many woman cannot come to a place like MD Anderson. These contributions need to be available in the community at all kinds of centers, and they are. We made these contributions that make breast cancer therapy better all over the country and all over the world." I thought is this guy not brilliant? It's a great answer.

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***Tacey Ann Rosolowski, PhD***

**0:14:22.8**

Great answer.

***Steve Stuyck, MPH***

**0:14:25.0**

So then I made some slides, some power points, where we cited five or six contributions to leukemia and breast cancer, and even I used it as a little talk I would give to volunteers and people like that. So anyway, that was how that got started. Mendelsohn raised the idea in the first place. How can we show people what specifically has been done at MD Anderson? I loved working on that project. It was a great joy to be involved in that.

***Tacey Ann Rosolowski, PhD***

**0:14:56.2**

Well thank you. We're at noon, so why don't we call it quits for today, and we can make another appointment to chat again.

***Steve Stuyck, MPH***

**0:15:04.5**

Tacey, I'm amazed. I did not think I had so much to say on the second go around. That's great.

***Tacey Ann Rosolowski, PhD***

**0:15:11.1**

(laughs) Well thank you so much. I'm glad—

***Steve Stuyck, MPH***

**0:15:12.2**

Thank you very much. I enjoyed myself tremendously.

***Tacey Ann Rosolowski, PhD***

**0:15:14.6**

I did too, and I am turning off the recorder at noon.

***Steve Stuyck, MPH***

**0:15:18.6**

Okay, if you just want to email me and suggest what works for your schedule. I'm here for—

**0:15:23.1** (end of audio session)

**0:15:23.1** (End of Audio Session Two)

## **Steve Stuyck, MPH**

Interview Session 3—June 27, 2013

### **Chapter 00C** **Interview Identifier**

*Tacey Ann Rosolowski, PhD*

**0:00:02.5**

Today is June 27, 2013. It is 10:07 in the morning, and I am in the Historical Resources Reading Room. I am here this morning with Steve Stuyck for our third session. Thank you very much for agreeing to do this.

*Steve Stuyck, MPH*

**0:00:34.4**

I'm amazed that I have three sessions worth of stuff to say, but I'm glad to be here.

*Tacey Ann Rosolowski, PhD*

**0:00:37.0**

Well, people are always very surprised that they have so much to say. They're shocked. In fact, I got a little note from Ralph Freedman when he got his transcript, and he said, "I had no idea I had that much to say." Which was kind of cool.

*Steve Stuyck, MPH*

**0:00:50.8**

Yeah, absolutely.

*Tacey Ann Rosolowski, PhD*

**0:00:51.7**

Very cool, and I was glad—

*Steve Stuyck, MPH*

**0:00:53.4**

I'm nervous about seeing that transcript.

*Tacey Ann Rosolowski, PhD*

**0:00:53.6**

Well—

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*Steve Stuyck, MPH*

**0:00:55.3**

—and what it looks like, but I look—I’ll—

*Tacey Ann Rosolowski, PhD*

**0:00:56.4**

Well—

*Steve Stuyck, MPH*

**0:00:56.1**

I’m ready.

*Tacey Ann Rosolowski, PhD*

**0:00:58.1**

Good, good.

*Steve Stuyck, MPH*

**0:00:59.9**

Okay.

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## **Chapter 15**

### **B: Overview**

#### ***A Key Publication: Making Cancer History***

#### **Story Codes**

B: MD Anderson History  
B: MD Anderson Culture  
B: Institutional Processes  
C: Understanding the Institution  
C: The MD Anderson Ethos  
B: Devices, Drugs, Procedures  
C: The Value of the Oral History Project  
B: Institutional Politics  
B: The MD Anderson Brand, Reputation  
C: Giving Recognition  
C: Understanding the Institution  
C: The MD Anderson Ethos

***Tacey Ann Rosolowski, PhD***

**0:01:02.3**

Well, I wanted to start by asking you about the book, *Making Cancer History*, and how that came to be in your role in it.

***Steve Stuyck, MPH***

**0:01:08.4**

Well, in the—I wish I could remember the date, but in the late 1980's, this youngish guy from Sam Houston State University, Jim Olson, approached Jim Bowen, who was our Vice President for Academic Affairs, about writing a history of MD Anderson. It was totally his idea. And Jim asked me to meet with the two of them, and Jim Olson, and Jim Bowen, and I had lunch together in the Searls Conference Room. It was the first time we had met him, and we learned about his story at the time, his long time as an MD Anderson patient and his credentials and that sort of thing, and he proposed writing this history where we would give him carte blanche access to our records and materials, and he would pursue the book—a book. Jim and I brought it to the Management Committee—it was then called the President's Executive Board, under Dr. LeMaistre's leadership, and we thought it was a done deal. That who would be anything but thrilled about the notion—I think we were thinking in terms of having something for our 50<sup>th</sup> anniversary Golden Jubilee which would have been in time for 1991. We were very surprised that it was greeted without enthusiasm, especially by Dr. LeMaistre. Dr. LeMaistre often talked in kind of vague terms, and he talked about whether, "Was this right time?" and that kind of thing. "Had enough time gone by to make a history worthwhile?" and that sort of thing. And to make a long story short, they turned it down. Both Jim Bowen and I were stunned. We just didn't

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see the politics of that or see it coming, but it was rejected. Jim broke the news to Jim Olson, and that was the end of the project. So then we jumped forward a number of years. Dr. Mendelsohn had arrived, things have changed, all that sort of thing. By the way, let me backtrack a minute and say, I think part of the reason was, that there were recent episodes in the history of MD Anderson that Dr. LeMaistre thought needed to be enjoyed more the distance of history before—of time before they got into it. There had been a huge movement underfoot to merge the UT Science Health Center with MD Anderson, which we fought. Dr. Conrad had been murdered in his office and that had gone unsolved. There were some other things like that were a little troublesome in our history. So many years go by. Under Steve Tomasovic's leadership, the Historical Resources Committee is created. We hire an archivist. One of the first projects we worked on was finding someone to write the history of MD Anderson, like we had just forgotten from years ago that it had been turned down here, and suddenly it's a go. First we did some work in understanding what histories were all about. I think you mentioned Martin Melosi before.

***Tacey Ann Rosolowski, PhD***

**0:04:34.2**

Uh-hunh (affirmative).

***Steve Stuyck, MPH***

**0:04:32.6**

We invited him to come out and talk with us. He was very insightful and gave us many good ideas about history. We wrote an RFP, a Request for Proposals, and we outlined what we were trying to achieve and what we were offering the person who got this job. We had been gathering a list of potential people and groups who might write the history, and we sent this RFP out, including to Jim Olson, who had years before had the idea himself. Then we invited three or four groups to come and meet with us and let us hear more about them. I think in fairness, we were not impressed by anybody that we saw. There was a group from Rice [University], there was a group from U of H [University of Houston], there were a couple of independent people, and we were—a guy here in the Medical Center who wanted a faculty appointment in order to write the history. We were not impressed by any that we—we were quite disappointed, and we had been much more hopeful, and we thought, “Well, what are we going to do about this?” On a whim, I called—in desperation, called Jim Olson, who I had met years before. He was still at Sam Houston, and he acknowledged it. He said, “Oh yeah, I’ve seen the RFP. I remember that. I was just real busy, and I didn’t really feel I could commit the time to it.” So we invited Jim to come here to Houston and really Steve Tomasovic and I kind of begged the guy to do the job. I mean that would be the fairest way of putting it. We knew he was the one. The time was right, and he was the one, and we were so eager to have him do it, but he had such a full plate. He had written all these books, and he had been nominated for the Pulitzer Prize, and was a Sam Houston State Distinguished Professor, and on and on and on. He finally agreed to do it, and it took him a long time. I think that Jim probably worked on that book for probably from the first day until the completed manuscript was delivered. Probably seven years, and he also, because of his

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reputation, was able to secure Johns Hopkins as a publisher, rather than self-publishing the book, and we thought that went a long way in adding to its credibility and stature. And of course, as I'm sure you know, in the midst of this and what it made it take so long, was that Jim was diagnosed with a second primary cancer midway through the process, and he went through rigorous treatment and great depression that he's talked about and starts and stops, and I think it was just a triumph that he would complete that book and complete it in such a wonderful way. Just really remarkable. I remember distinctly I read the book in pieces at least three times, chapters as they come along and give him feedback and that sort of thing. The last—I can't recall the year—but it was during the Christmas season just before the final manuscript was to go to Hopkins, and I read it one more time during the Christmas—there was a lull in work during that time and for several weeks, Dr. Mendelsohn, who read it all very carefully, Dr. Mendelsohn and I worked together on final edits and comments on that final manuscript. Then it was done. It's just—I wish more people were aware of and knew, because I think it's a great book that tells the history in a very—kind of a—tells stories and tells it in a human sort of way. My favorite chapter in the book is the one about the 10<sup>th</sup> International Cancer Congress of 1970, which occurred before I came to MD Anderson, but was still vivid in people's memories when I arrived. And it paints this picture—Jim does a wonderful job of painting this picture of the tension and anxiety and angst that was at MD Anderson as they came toward this. It was a real coming of age activity for MD Anderson and everyone, Dr. Clark and others, were determined that it be perfect, and there was all kinds of anxiety about making it turn out just right. When I read the chapter, I could feel how anxious and everyone was to get this thing right.

*Tacey Ann Rosolowski, PhD*

**0:09:30.5**

Uh-hunh (affirmative). Yeah, he has the historian's ability to create drama in—

*Steve Stuyck, MPH*

**0:09:34.5**

Yes, that's it exactly. Create drama.

*Tacey Ann Rosolowski, PhD*

**0:09:37.3**

Yeah, and he does it really well. I read it, too, before I—in preparation for doing this project, obviously, and I was really impressed with it as a book. What do you think it meant for MD Anderson to have a book like that? A comprehensive history?

*Steve Stuyck, MPH*

**0:09:56.4**

Well, I think that we have a wonderful story to tell. Maybe most institutions do. I read several of them. I read the Cleveland Clinic's book, which was very good. I've read some that were bad. The UT Medical School book, which was not good, but I think codifying, putting down on paper

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the things that have happened—history is just a very important part of celebrating the culture of a place, and I thought it was wonderful that Hopkins would choose to publish it. I mean that just said that we were presenting MD Anderson, warts and all, the most important things without trying to gloss over any aspects of the past, and I think that's really important, that we try to tell the history as accurately as possible. One thing that I did discover, because like I said, I read every word at least three times and some more in the process, the human memory can fail you. There were several times when I said, "No, that's not the way that happened." And Jim said, "Oh yes it is, and here's the paper that shows it." And I couldn't—"I'll be darned. That is right." When I read what other people said, it was interesting how people—just you know—it's different for different people. Their recollections, and there are two sides to a story and that sort of thing. So it was very eye-opening for me. I learned several things I didn't know before, and Jim, what I admired so much about him, is he went through tens of thousands of pages of documents. He didn't just rely on interviews with people, but merged that with the official record of things. He flew to Washington and interviewed people at NCI and other places. But the paper that he collected was really phenomenal, and I know it was well into the hundreds of thousands of pages that he photocopied, and I hope he's turned them over to Javier in the Center. It was great fun to work on that book. I loved the people we worked with. The little committee, Steve Tomasovic, Ralph Freedman, Walter Pagel, Mary Jane Schier, a couple of others who worked with us on this. We had great meetings and very interesting to talk about the past years.

***Tacey Ann Rosolowski, PhD***

**0:12:32.9**

What was done to promote the book?

***Steve Stuyck, MPH***

**0:12:35.4**

Well, we did a lot at the time. I can't remember everything really, but we had a book-signing event for—we had several. A member of our Board of Visitors hosted a book-signing party at Tony's Restaurant, which drew a lot of attention. We had several events here at the institution for people. News releases and things like that—Kirkus Reviews and those kinds of things.

***Tacey Ann Rosolowski, PhD***

**0:13:01.7**

I wonder if it'll be revitalized with the upcoming anniversary.

***Steve Stuyck, MPH***

**0:13:06.9**

Oh, that's a good—what's the upcoming anniversary?

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*Tacey Ann Rosolowski, PhD*

**0:13:08.5**

The seventy-fifth.

*Steve Stuyck, MPH*

**0:13:10.0**

Seventy-fifth. Oh that, well that's a good—

*Tacey Ann Rosolowski, PhD*

**0:13:10.5**

In 2016.

*Steve Stuyck, MPH*

**0:13:13.0**

I hope so. I hope that people—you know, I grew up with MD Anderson. When I came here I was only twenty-five, and because I was here a long time, I grew to appreciate the history because I lived some of it. And I hope that future generations take that interest in history in the way we have.

*Tacey Ann Rosolowski, PhD*

**0:13:34.9**

Uh-hunh (affirmative). I know I've talked to some people who say, "You know you turn on Bertner Avenue." Nobody even knows who that refers to. There are buildings and streets around here named for really significant individuals who literally shaped the institution and people are completely unaware of those connections.

*Steve Stuyck, MPH*

**0:13:50.3**

So you've been involved in history a long time. What makes people get interested in history? Some of us are and some of us aren't.

*Tacey Ann Rosolowski, PhD*

**0:13:59.2**

Yeah, I think the key is that people can begin to connect what happened in the past to how they live their lives and how they do their work today, and I think the challenge is to make that connection for people—to connect the dots for them—to start to connect the dots so that they will take an interest and want to connect the dots themselves.

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## **Chapter 16**

### **B: Institutional Change**

#### ***Changes at MD Anderson***

#### **Story Codes**

B: Building/Transforming the Institution  
B: Growth and/or Change  
B: Obstacles, Challenges  
C: Patients  
B: Controversy  
B: MD Anderson Culture  
B: MD Anderson History  
D: Understanding Cancer, the History of Science, Cancer Research  
D: The History of Health Care, Patient Care  
C: Offering Care, Compassion, Help  
C: Cancer and Disease  
C: This is MD Anderson  
C: Personal Reflections, Memories of MD Anderson  
C: MD Anderson Past  
B: The Business of MD Anderson

***Steve Stuyck, MPH***

**0:14:22.5**

You know, MD Anderson today is a wonderful place with very hard-working individuals. But the truth is, that MD Anderson has been a wonderful place in different ways in many years past, and there were many, many people who worked every bit as hard as the people do now. They just did had a different set of tools than we have now. There was no human genome mapped, and there was no electronic medical record, and there were a lot of things like that. But they worked just as hard and just as long as people do today.

***Tacey Ann Rosolowski, PhD***

**0:14:57.2**

I was wondering if you could comment a bit on those changes that you've seen. And you can interpret that question very broadly or however you would like.

***Steve Stuyck, MPH***

**0:15:06.2**

Well, I'll just mention a few things that occur to me, and this may be repetitious of things I've said in our other interviews. When I first came here, I arrived thinking MD Anderson was a great place. Certainly a place I had heard of in my childhood and it was. There were lots of great stories about it even then. I felt that—looking back, not at the time, but looking back I was

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impressed with how kind of a bus station look the place had to it. The clinic lobby was jammed with people all sitting in chairs, row upon row. I think the first great change I noted was the expansion and ambulatory treatment that when I first came here, there was one room with chairs and one room with beds that we called Station 19, which was the ambulatory treatment center and it has grown remarkably. So much care is offered in the outpatient setting that didn't exist when I was first here. That was one thing I noticed. Another change was the great improvement in the quality of life issues. The antiemetics didn't even really exist when I first got here. There was constant talk all the time about nausea and vomiting as an outcome, sequela of radiation therapy and chemotherapy. That whole field didn't exist and has made tremendous changes. I'm sure therapy is still often unpleasant, but not like in the drastic ways it used to be. When I first came here, there were four protected environments, which we called Life Islands, which were beds enclosed in clear plastic bubbles. And now a lot of immunotherapy and transplants are given on an outpatient basis. A lot of things like that that came along over a period of time.

***Tacey Ann Rosolowski, PhD***

**0:17:29.1**

I was going to ask you if you had observations about shifts in the culture or the kind of work environment.

***Steve Stuyck, MPH***

**0:17:37.2**

Well, we certainly didn't have as much as focus on work/life balance and benefits and things like that as we do today. I got my five-year pin when they first started Surface Awards. We had this barbecue lunch in the HMB Lounge with paper tablecloths and things like that. It was like a big deal to be doing something like that. Now the whole focus on work/life balance is a tremendous change. There was a big drive underfoot at one point to merge the UT Health Science Center with MD Anderson—a serious drive in the mid-1980s. The Health Science Center was pleased to consider because MD Anderson was the cash cow with a lot more resources than the Health Science Center. We even had faculty and staff committees fighting it all the way up to the Board of Regents. I remember when Jack Blanton, a member of our Board of Regents, came to MD Anderson to talk with our faculty leadership and try to reassure us that the goal was not to merge the two institutions as much as to seek some economies of scale. Like the UT Police Department that serves both institutions. There was a big drive to try to merge a number of functions which we successfully resisted.

***Tacey Ann Rosolowski, PhD***

**0:19:10.4**

Why?

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***Steve Stuyck, MPH***

**0:19:13.1**

Why did we resist it? Typically, oncology is a discipline that is merged into several medical school departments, not a stand-alone discipline. You find it in internal medicine, you find it in surgery, and places like that. We thought that merging the two institutions would dilute the mission of MD Anderson and also dilute our financial resources, which were significantly greater than the Health Science Center. Even then, we had a lot of patient revenue that they simply didn't have at the medical school, because it was Hermann Hospital that was taking that patient revenue. So that was I think the main—there was a lot of anxiety about that.

***Tacey Ann Rosolowski, PhD***

**0:19:58.2**

What about the changes that came after Dr. Mendelsohn arrived and there was just an enormous expansion in the institution? What changes did you observe over the course of those years?

***Steve Stuyck, MPH***

**0:20:09.0**

I may have talked about this in earlier sessions, Tacey, but John Mendelsohn was from New York and from two excellent institutions, UC San Diego and Memorial Sloan-Kettering, and he had—there was kind of a Texas focus on MD Anderson in the LeMaistre years. Not so much a national one and Mendelsohn had a lot of ideas. He felt that if MD Anderson was to be a national resource and international resource, we should act like one, and we deserved to be one. So he focused a lot on our national image, on our national fundraising, and he also focused a lot on upgrading our research departments. He had had a decent amount of clinical exposure in his career, much more so than Dr. DePinho, and he had pretty good appreciation of the clinical activities of the institution, so he promoted that as well. He did a very good job of being a President of all of MD Anderson, all aspects of it.

***Tacey Ann Rosolowski, PhD***

**0:21:27.9**

Uh-hunh (affirmative). How did you experience the changes in just the size, the scale?

***Steve Stuyck, MPH***

**0:21:32.1**

Yeah. The growth was phenomenal in his years. It really was. When I look back on it, I can't believe. This is—

***Tacey Ann Rosolowski, PhD***

**0:21:41.1**

The numbers are staggering.

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***Steve Stuyck, MPH***

**0:21:42.5**

We had a display area on the second floor of the Alkek Tower, which we called the McGovern Visitor's Gallery. It may have already been taken down by the time you were there. It was a big historical display and things about our mission and that sort of thing. Are you familiar with that at all?

***Tacey Ann Rosolowski, PhD***

**0:21:58.0**

No, I'm not.

***Steve Stuyck, MPH***

**0:21:59.9**

They had to take it away to make way for the elevator lobby which now stands where it—to the second high rise part of the Alkek Tower, and we had a dedication and a Board of Visitors meeting of this new Visitor's Center, and Dr. LeMaistre were walking through it, and there was a panel, and it said something like, that MD Anderson has 10,000 employees. And Dr. LeMaistre very legitimately said to me, "Steve, that can't be right. Is it?" Because when he had left just a couple of years before, it had been like 8,500 employees, and in the Mendelsohn years, we went to—now it's about 20,000 employees almost. I think Mendelsohn saw many opportunities and that's why the growth was as it is now. Now in a way, I think we're kind of paying the price for it now, that we've got a lot of construction and a lot of people, and I don't know how to—what the future holds in store for that.

***Tacey Ann Rosolowski, PhD***

**0:23:10.6**

What do you see as being the issues there? The problematic issues there?

***Steve Stuyck, MPH***

**0:23:15.0**

MD Anderson has a budget of about \$3.5 billion. Somewhere in the neighborhood of eighty percent of it comes from clinical revenue. We talk about philanthropy. We talk about research grants. But the truth in fact is that we do many, many things on the back of clinical revenue. Not only do we pay for the patient care, but we build buildings and we hire people, and my salary really comes from that, and many others. So, there's a lot of stress here, because we encourage the clinical faculty to do more patient care, to continue to research, to do other things, and we look to that revenue to support many worthwhile endeavors. It's a real challenge. Mendelsohn said to me in private—I think he meant it—we were chatting just as he was getting ready to retire or step down, and I said to him, and there were some of these about revenue coming up, and I said to him, "You know, in many ways I think you got here at just the right moment and you're leaving at just the right moment." And he said, "You know, you're exactly right." And he—

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when he arrived, it's a great story and true, he chose to reinvigorate MD Anderson with more cash rather than to continue to cut as they had at the end of the LeMaistre years, and they had a great effect. It worked. I mean it was—the Wall Street Journal had a page-one story about the economic turnaround of MD Anderson about 1998 or '99, and it just—he was a very lucky guy. He had great insights and ideas, but he had a lot of luck on the side as well.

*Tacey Ann Rosolowski, PhD*

**0:25:08.9**

I wanted to ask you now about—

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## **Chapter 17**

### **B: MD Anderson Past**

#### ***The Murder of Dr. Fred Conrad: A Challenge for Public Affairs and the Institution***

#### **Story Codes**

B: MD Anderson History  
B: MD Anderson Culture  
C: Portraits  
C: This is MD Anderson  
C: Professional Practice  
C: The Professional at Work  
C: Personal Reflections, Memories of MD Anderson  
C: MD Anderson Past  
C: Understanding the Institution

***Steve Stuyck, MPH***

**0:25:11.9**

Did we talk about the murder of Dr. [Fred] Conrad?

**0:25:12.9**

***Tacey Ann Rosolowski, PhD***

**0:25:15.0**

We did not.

***Steve Stuyck, MPH***

**0:25:16.1**

Has anybody talked about that?

***Tacey Ann Rosolowski, PhD***

**0:25:17.4**

Nobody has talked about it. So please—feel free.

***Steve Stuyck, MPH***

**0:25:20.1**

Well, you know, here it is 2013, and Dr. Conrad was murdered in his office in 1982, and I'm amazed sometimes that the newspaper never has a "Whatever Happened To?" kind of a story—unsolved murder in Houston. The facts are pretty well known. You know, it was early on a Friday morning in December 1982, and the phone rang at our house and our son was just about 6 weeks old at the time. I answered the phone and I happened to be giving him a bottle so my wife could sleep. And the phone rang and it was E. R. Gilley, who was the Executive Vice President,

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and he said to me, “Steve, you need to get to MD Anderson as quick as you possibly can. There’s been a—we’ve got a problem.” And I said, “What’s the matter Mr. Gilley?” And he said, “Well, there’s been a shooting. Dr. Conrad has been shot, and I said, “How is he?” And he said, “Well, he’s not living.” And I took that baby, and I just dropped in my wife’s bed with her and the bottle, and I said, “I’ve got to go,” and ran out—fortunately we lived very close to the hospital, even then we did, and ran out of the house, and got over here to the what’s now called the 2<sup>nd</sup> floor of the clinic building, and I walked into Dr. Conrad’s office area and there was Mr. Gilley and Dr. Joe Ainsworth, who was our Vice President for Patient Care, and a few police and other—UT police and other kinds of people in the area. And Gilley says, “Come in here.” And I walked into a conference room and out of the corner of my eye I could see Dr. Conrad’s feet on the floor. I could see just a little bit of his legs and white coat, and I felt like I was going to faint, just taking this quick little glance in there. So I looked away, and Dr. Ainsworth and Mr. Gilley and I sat there and waited, not long, for people from the police and the coroner’s office and things like that to arrive. And meanwhile, rumors spread like wildfire throughout the institution. And—of course we did not have the means of communicating that we do today. There could be no all-personnel email, no announcement over a P.A. system, things like that. It just didn’t exist then. And I was in that area and Dr.—the phone rang, and it was Dr. LeMaistre asking for me. He—the one thing I loved about Dr. LeMaistre, the crazier the situation, the calmer he got. He was calm, calm, calm. He said, “Steve, this is Mickey,” which I never called him. “I’m upstairs in my office and I wonder if you’d come upstairs and brief me on what’s going on.” He had been in Austin and flew back to Houston that morning, got the UT System plane to fly him back early on that morning and had come in through the back and gone directly to his office rather than coming downstairs, which is you know very wise on his part. I came upstairs, we talked about it for a few minutes, and I said, “Do we have a lot of reporters downstairs?” And there were just two of us handling this, me and an assistant. Just two of us. A woman named Joan Chen. I said, “I think you should come downstairs and speak to them and tell them what’s going on.” And he would, and we came downstairs on the elevator and the doors opened and there was this mass of reporters and hangers-on and all kinds of people standing in the hallway, and it was like a fantastic. He just stepped up to the group, and he started to speak. And he expressed in the calmest way our sadness, our fear, our concerns, how important Dr. Conrad was to us, etc., etc., and you could just feel the tension kind of go down a little bit in the room. He stood there for five or ten minutes. He took several questions. He knew one reporter well, spoke to her personally. You know he just—it really helped a lot, and so it was rumors going throughout the hospital all day long. It was a Friday as I recall. Saturday he and I some others regrouped on things. They made plans for a memorial service for Dr. Conrad which was held on Monday in the second floor auditorium. They had a—it was a very nice program. Dr. LeMaistre spoke. One of the members of the UT Board of Regents spoke. Don Wagner, our Associate Vice President who was a friend of Dr. Conrad’s spoke as I recall. The whole Conrad family was there. Mrs. Conrad—and I think they had five children as memory serves me right, who were like from teenage to college kind of thing. [REDACTED]

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***Tacey Ann Rosolowski, PhD***

**0:31:19.8**

What was going on—how did that event affect morale at the institution?

***Steve Stuyck, MPH***

**0:31:26.8**

That's interesting you asked that question. For a time—first of all, there was a lot of fear and a lot of gossip a lot of the time.

***Tacey Ann Rosolowski, PhD***

**0:31:34.1**

I can only imagine.

***Steve Stuyck, MPH***

**0:31:36.1**

But I also saw people really pull together. I noticed it in the President's management committee, the Vice Presidents who had their different opinions and ideas on some things. It didn't last forever. But it lasted for awhile. There was a sense of camaraderie and, "Let's stick together," and I guess adversity can bring out the worst in people or it can bring out the best, and I thought at least for a little while that it brought out the best in people. But—of course it went on for months and months. The *Chronicle* had a Sunday magazine called *Texas*, and they devoted almost an entire issue, including the cover, to telling the story of Fred Conrad's murder, and many ideas were floated about why, but frankly, I never got it—why someone had it in for him. He was a very straight-spoken, taciturn, kind of guy. I liked him a lot. I really do. I thought he was really just a kind of upstanding sort of guy.

***Tacey Ann Rosolowski, PhD***

**0:32:48.6**

Uh-hunh (affirmative).

***Steve Stuyck, MPH***

**0:32:49.0**

But he had that kind of military bearing about him. He had a military background.

***Tacey Ann Rosolowski, PhD***

**0:32:52.5**

Uh-hunh (affirmative). Well, I imagine that the fact that the murder went unsolved was—kind of helped fan the flames.

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***Steve Stuyck, MPH***

**0:33:00.7**

Yeah. And then little by little, people drifted away who experienced it first hand, and I don't think there's anybody really that I can think of, very, very few, who are here now who were here then, so it's—and a lot of people don't even know about it.

***Tacey Ann Rosolowski, PhD***

**0:33:16.5**

Well, actually when I went to interview Dr. Benjamin Lichtiger, I went into—

***Steve Stuyck, MPH***

**0:33:22.1**

Yeah, he's a great guy.

***Tacey Ann Rosolowski, PhD***

**0:33:25.5**

He's walking me out after the interview session and says, "That's where Conrad was shot."

***Steve Stuyck, MPH***

**0:33:28.4**

Yes. Right. It's now—the office is gone.

***Tacey Ann Rosolowski, PhD***

**0:33:32.5**

Yeah.

***Steve Stuyck, MPH***

**0:33:30.6**

The office is gone. It's part of a hallway and that elevator bank right there—that's where.

***Tacey Ann Rosolowski, PhD***

**0:33:35.4**

Yeah.

***Steve Stuyck, MPH***

**0:33:35.7**

That's where it—I even know the elevator where they took the body out on.

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*Tacey Ann Rosolowski, PhD*

**0:33:40.4**

That's creepy. I mean it kind of made me believe in ghosts. It was like, "Oh." It was like the spot kind of glows a little with this history.

*Steve Stuyck, MPH*

**0:33:46.8**

Yeah. Lichtiger was around here then. Yeah.

*Tacey Ann Rosolowski, PhD*

**0:33:50.1**

Very strange. Yep, yep. Well, thanks for telling me about that.

*Steve Stuyck, MPH*

**0:33:52.5**

It was a very seminal moment in the culture of MD Anderson. It affected us for years and years afterward. People talked about it.

*Tacey Ann Rosolowski, PhD*

**0:34:03.8**

Why do you say it was a seminal moment?

*Steve Stuyck, MPH*

**0:34:04.8**

Well, because it was just so extraordinary and unheard of and appalling that—you know, people couldn't get it out of their minds for—there's another story. There was a woman, and I'm blanking on her name. She was—she came—her name was Donna [Murphy], and I cannot think of her last name. She came to MD Anderson for a job interview as a Hospital Administrator, and she arrived on Thursday. She told me this story later on. She arrived on Thursday. Friday morning she shows up for her job interviews. She had spent the night at a hotel the night before and had come in Friday morning. She shows up for job interviews and walks into this bedlam and doesn't know what's going on. What's that woman's name? And she said to me, she hung around for all the morning. She couldn't find anybody, and she realized there were other issues, so just went back to New York. And there's nothing else to. She said that it was—and later on she was contacted and asked to come back, and she did take the job here. But it took two trips.

*Tacey Ann Rosolowski, PhD*

**0:35:13.8**

Wow. Talk about bad luck.

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*Steve Stuyck, MPH*

**0:35:16.1**

What was her name?

*Tacey Ann Rosolowski, PhD*

**0:35:18.0**

That's interesting.

*Steve Stuyck, MPH*

**0:35:20.5**

Uh-hunh (affirmative). Okay.

*Tacey Ann Rosolowski, PhD*

**0:35:23.1**

Oh, thank you for talking about that. I mean most people really shy away from talking about it. I don't know—maybe because they have so many of their own conspiracy theories in their minds.

*Steve Stuyck, MPH*

**0:35:29.1**

Well, you notice I haven't talked about my theories.

*Tacey Ann Rosolowski, PhD*

**0:35:31.2**

I know. Yeah.

*Steve Stuyck, MPH*

**0:35:31.5**

I don't really have any.

*Tacey Ann Rosolowski, PhD*

**0:35:32.4**

Yeah.

*Steve Stuyck, MPH*

**0:35:33.0**

But I talk about it sometimes because I think it's—well it's a crime you might say that a man of his abilities and all should meet an end like that. He was only in his fifties—I think—as I think back on it. And you know his son is now a doctor here.

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*Tacey Ann Rosolowski, PhD*

**0:35:53.3**

Really? I didn't know that.

*Steve Stuyck, MPH*

**0:35:54.1**

Yeah. Charles Conrad is in neuro-oncology and he's a middle-aged guy now. A lot of time has gone by.

*Tacey Ann Rosolowski, PhD*

**0:36:02.3**

Hmm. Wow. Amazing.

*Steve Stuyck, MPH*

**0:36:04.9**

You know if it were my dad, I'm not so sure I'd want to be in a place like this, but he's here and no one even knows about that, and he's a Professor in Neuro-oncology now.

*Tacey Ann Rosolowski, PhD*

**0:36:13.8**

Yeah, well another one of those examples of history drifting away a bit.

*Steve Stuyck, MPH*

**0:36:18.1**

Yes. Right.

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## **Chapter 18**

### **B: An Institutional Unit**

#### *Departments Within Public Affairs*

#### **Story Codes**

B: MD Anderson Snapshot  
C: Volunteers and Volunteering  
B: Institutional Mission and Values  
B: MD Anderson Culture  
C: Portraits  
C: MD Anderson Past

*Tacey Ann Rosolowski, PhD*

**0:36:21.3**

Well, I wanted to also ask you about the functions of the different divisions within Public Affairs, so if you would like to—we've sketched the history of them. How they came under your administration, but—

*Steve Stuyck, MPH*

**0:36:32.3**

In most places, Public Affairs is synonymous with Public Relations or Communications, and people always ask me about that, and I think I've talked about Communication. I'm going to skip that for now. But other things came to Public Affairs over a period of time. The first one I want to mention is Volunteer Services, and we have a long history of volunteerism at MD Anderson going back to literally women rolling bandages on the lawn at the Baker Estate years. And there's some great pictures and I've seen before of the volunteer gift shops with the Winston-Salem cigarette rack in the background near the cash register and things like that. It just shows that things change. Times change. And maybe you've even seen the ashtray—

*Tacey Ann Rosolowski, PhD*

**0:37:19.7**

No I haven't.

*Steve Stuyck, MPH*

**0:37:21.0**

We have an ashtray, Javier has some. We have an ashtray with the MD Anderson logo in the middle of it. A porcelain ashtray that was sold in the volunteer gift shops in the 1950s. Time changes.

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***Tacey Ann Rosolowski, PhD***

**0:37:33.5**

They do change.

***Steve Stuyck, MPH***

**0:37:33.7**

Science marches forward. But our volunteer department was relatively small until a woman named Page Lawson became our Volunteer Services Director in the mid-1970s, and she had many a wonderful ideas and pushed the department, and it grew tremendously. I did not become involved in with Volunteer Services until after Page left, and it came about because the director and I, Tyrrell Flawn, were friendly and worked collaboratively on a lot of things, and we—there were some changes in Hospital Administration, and she and I—I proposed to Dr. LeMaistre that Volunteer Services be transferred over to Public Affairs, and he went along with that idea. I think people don't appreciate the magnitude of the program today. In addition to the hospital-based volunteers, it includes five gift shops, which is a three-million dollars a year business and very profitable for MD Anderson. And a volunteer endowment that raises money for patient care and sorts of programs, and the Anderson Network, our patient support group, and several other programs. And I think we have a volunteer program that is unmatched at hospitals in the size of it and the impact that it has on programs, and Dr. Mendelsohn tells the story that on his first day on the job, he walked into the clinic lobby looking for the elevators, and was greeted by a woman he also called the "hug-lady," which was a woman named Tommie Stewart who—one of her volunteer jobs was greeting patients in the lobby and often with a big hello and a hug. So he talks about the hug lady, and you'll see the plaque outside of Dr. DePinho's office with the President's Award that has been given to a number of people, and one of them is Tommie Stewart. She was the first one, I think, who received that award. But volunteers have a huge impact on MD Anderson. What they say about us in the community, good or bad, but they know about us. It just is a great program.

***Tacey Ann Rosolowski, PhD***

**0:39:56.7**

Uh-hunh (affirmative). About how many volunteers are there?

***Steve Stuyck, MPH***

**0:40:00.7**

There are about 1,200 volunteers who contribute the equivalent of about 100 FTEs. I can't remember the number of hours, Tacey, but the—but about the equivalent 100 full-time employees.

***Tacey Ann Rosolowski, PhD***

**0:40:18.8**

That's amazing.

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*Steve Stuyck, MPH*

**0:40:20.3**

Tyrell was moved on, and we hired—we had great luck with our Volunteer Services Directors. We hired Mary Nell Lovett, whose husband is the grandson of Dr. [Edgar] Lovett of Rice University. She was great, and she was with us for about six years, and then she retired. And she was replaced by Susan French, who has been with us about seven years, and she also is wonderful. The two of them were just—Mary Nell Lovett and Susan French were just outstanding Directors of Volunteer Services.

*Tacey Ann Rosolowski, PhD*

**0:40:55.2**

Did you know Page Lawson?

*Steve Stuyck, MPH*

**0:40:56.8**

Very well.

*Tacey Ann Rosolowski, PhD*

**0:40:58.2**

Could you tell me a bit about her, because she was so instrumental in expanding?

*Steve Stuyck, MPH*

**0:41:00.9**

Yeah.

*Tacey Ann Rosolowski, PhD*

**0:42:01.1**

She was apparently a real professional in volunteerism.

*Steve Stuyck, MPH*

**0:41:06.1**

She was a dynamo. She had a million ideas, and she was always coming up with something or another. I know for a fact—and she was a delightful person to be around. I know for a fact that she came up with the idea for volunteers in working research labs. She secured the grants to support a recreational library, which for a time was a branch of the Houston Public Library here, and we now run it. She got the Children's Christmas Card Project started. It was part of Volunteer Services. She did many things like that. Just a great—just the kind of person you would need for—to motivate volunteers.

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*Tacey Ann Rosolowski, PhD*

**0:41:48.3**

Uh-hunh (affirmative).

*Steve Stuyck, MPH*

**0:41:51.2**

And—she was quite a character, too.

*Tacey Ann Rosolowski, PhD*

**0:41:54.6**

How so?

*Steve Stuyck, MPH*

**0:41:55.7**

Well, here's a little example. She and I were kind of partners in crime. We were about the same age. She was a little older, and we weren't—I wasn't part of Volunteer Services, but we worked on things—we were both Directors at the same time. One day she called me up, and she said she that she was thinking that it—we had had no raises at MD Anderson in a couple of years. It was a much leaner time then. She was—she thought that she—she wanted to know what I thought about this idea, that she would give her employees a half-a-day off every week, and let them carry it on in the books so they'd only work four-and-a-half days, and that would be like instead of a raise. And I said, "Well, Page, that's kind of illegal." She said, "Well, I thought I'd float and see what you think of this idea." She was great. She had—and another thing on a more serious note about Page, I was in her office one day, which is the same office that Susan French uses today, and she and I were in a meeting discussing things, and she had her door open and every time a volunteer would walk past—I was very young and green at the time—every time a volunteer walked past, she would call them by name and say, "Hello," and stop and chat and then we'd get back to our meeting, and I'm just sitting there during all this, and I guess she could tell that I was getting a little peeved at her doing this, and when our meeting was over, she said to me very, very nicely—I learned from it absolutely. She said to me, "You know Steve, our volunteers give so much to MD Anderson that I feel as Director the least I can do is to know their name and to say something to them whenever I see them." And later on, when I became the Vice President in charge of—responsible for Volunteer Services, I used that, and I tried to the best of my ability to know the volunteer's name and to say something to them when I saw them, and I—1,100 is a lot to know, especially when some work at night and weekends and all, but I would say there were a couple of hundred volunteers that I knew their names and could even now, like when I came in today, I stopped to greet Tom White at the Information Desk, because you just—it means a lot to them that they believe that somebody in a position of responsibility cares about what they do, and I got that from Page Lawson.

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*Tacey Ann Rosolowski, PhD*

**0:44:33.1**

It definitely also takes the edge off the, you know huge expanding institution complex.

*Steve Stuyck, MPH*

**0:44:39.1**

Yes.

*Tacey Ann Rosolowski, PhD*

**0:44:40.1**

The impersonality of it.

*Steve Stuyck, MPH*

**0:44:42.1**

You know that's one thing I used to feel about the people in communications who were expected to know so much about MD Anderson. I grew up with MD Anderson, and I learned about cancer, medicine, and science in this institution little by little. And now someone walks into this environment, it must be overwhelming for a young person just arriving here to learn things. There's so much to take in.

*Tacey Ann Rosolowski, PhD*

**0:45:05.8**

Uh-hunh (affirmative). Well, tell me about some of the other—

*Steve Stuyck, MPH*

**0:45:11.0**

Okay. Patient Ed. I give credit to Dr. LeMaistre for creating Patient Education. We did, in the late '70s or early 80s, our first ever patient satisfaction survey, which was a one-time—not the kind of systematic thing we do now where we sample patient's every month. It was a one-time only survey—a point in time survey that was done through the mail and several issues were developed, and to his credit, he used that survey to make changes at MD Anderson, which is what they're all about. We had over a quick period of time; we added valet parking, which we didn't have before. We added the Patient Advocacy office, which we didn't have before, and we added Patient Education. And Patient Ed. came up because a lot of people in the survey expressed concerns that they did not know what to expect from their experience here and their treatment, and they didn't know who to turn to, and there was not as good communication between the doctors and nurses and patient as there might be. So that was kind of the motivating factor in creating the Patient Ed. office. At the time it began, it reported to Dr. Charles McCall, who was one of our Vice Presidents, and it was his request that I take it over as part of our organization, and I did, and I enjoyed it tremendously. And Patient Ed.—when I first took it over, they had what they called the Clearing House, which was a room about from almost up to

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this wall right—these partitions right here, lined with shelves and including thousands of pieces of literature that either our Patient Ed. staff had developed working with the clinicians or had gotten from the ACS, the American Cancer Society, or the National Cancer Institute that evolved over a period of time to be a database, which now is about 4,000 materials available online, either as part of the *MyMDAnderson* portal for patients. Our clinical staff can print them and give them to patients. So, there's been a great evolution, and it was a tremendous undertaking to make this work. Louise Vallejo is in charge of Patient Ed., and she has a group of either Master's-prepared educators, some communicators, and some nurses who work on the staff. The nursing credential is very helpful for educators, and they also run the Learning Centers. You've probably seen those Learning Centers here—

*Tacey Ann Rosolowski, PhD*

**0:47:55.2**

Uh-hunh (affirmative).

*Steve Stuyck, MPH*

**0:47:55.4**

—that are available to patients on a drop-in basis, and they develop teaching—not just teaching materials, but teaching plans, curricula, for teaching, and also materials on how to help our clinical staff be better educators themselves. Louise has been doing that. It's just great, and she's been doing that—been the Director for probably about twenty years. I think the other one is Public Education—or the Children's Art Project, I'm sorry.

*Tacey Ann Rosolowski, PhD*

**0:48:28.5**

Uh-hunh (affirmative).

*Steve Stuyck, MPH*

**0:48:31.3**

The Children's Art Project was part of volunteer services, and another thing that occurs to me—I was—Volunteer Services was in the basement, but not in the place where it is today—in a different area, and I was walking down the hallway one afternoon, the basement hallway, and Page Lawson saw me, and she yelled to me, “Come here. I want to show you something.” And she had on an ironing board, like the old days when you used to iron things and volunteers—she had an ironing board set up, and there were, I don't know, a half-a-dozen drawings by children. And she said to me, “Which one of these do you think would make the best Christmas cards?” And that was my first exposure to the Children's Art Project. I think it was probably the second year. And I mean—literally just a few drawings—and now it's a very sophisticated operation that employs twenty-five people and makes—sells five million dollars a year worth of merchandise and that sort of thing. But the first year or two, it was literally in the hundreds of dollars they were taking in.

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*Tacey Ann Rosolowski, PhD*

**0:49:34.9**

And it expanded so amazingly. I recently interviewed Karen Harrison [Oral History Interview]—

*Steve Stuyck, MPH*

**0:49:38.8**

Oh, yes. Yes, yes.

*Tacey Ann Rosolowski, PhD*

**0:49:40.0**

—who was—yes, Assistant Director and managed the art project, and as part of that, I was doing background research on the increment—the changes and they weren't actually incremental, they were exponential in terms of how that expanded. I mean it was just staggering how it took off. Enormous revenue generation.

*Steve Stuyck, MPH*

**0:49:59.6**

Uh—yes. Page and Karen worked together on that. I think Karen might have been the first employee that the Children's Art Project had, and she was here for a number of years and then when I took over Volunteer Services, I felt that both programs, the Children's Art Project and the Volunteer Program needed full-time leadership. It had been Page who was running both programs, and then Tyrrell Flawn who was running both programs, and she was—Tyrell was always going back and forth across the street because the Children's Art Project was on one side of the street and Volunteers was on the other. And when Tyrell resigned to move back to Austin and get married, it was a perfect time to split it into two different programs, so we freshly hired Mary Nell Lovett from the community as just to run Volunteer Services and promoted Shannon Murray to become the Director of the Children's Art Project.

*Tacey Ann Rosolowski, PhD*

**0:51:09.1**

Uh-hunh (affirmative). And what was the effect of that? Giving them separate leadership?

*Steve Stuyck, MPH*

**0:51:11.6**

Well, I think it gave someone a leader who could focus on both those programs. I think it worked perfectly. I mean I think—my sense is that from Day 1 it worked great. But there was overlaps in what they did, but there were also separations, and they were all still part of the same division.

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*Tacey Ann Rosolowski, PhD*

**0:51:30.8**

Uh-hunh (affirmative).

*Steve Stuyck, MPH*

**0:51:29.7**

And it just worked out really fine.

*Tacey Ann Rosolowski, PhD*

**0:51:36.0**

How do you think the Children's Art Project contributes to MD Anderson's image?

*Steve Stuyck, MPH*

**0:51:41.5**

Well, this is a big urban research and teaching hospital, and one of the things we've tried over the years to do is to put a human face on MD Anderson. The place is known not for the individuals here, but more for the whole reputation, and I think that the Children's Art Project adds a bit of warmth and human dimension to MD Anderson. And it's a natural for media attention. It has gotten a lot of it over the years. I think it encourages people to care about MD Anderson, is what I would say.

*Tacey Ann Rosolowski, PhD*

**0:52:27.2**

I like the playfulness of it, too.

*Steve Stuyck, MPH*

**0:52:29.1**

Yes.

*Tacey Ann Rosolowski, PhD*

**0:52:29.3**

You know, and—because cancer can be so dreadfully serious and harsh.

*Steve Stuyck, MPH*

**0:52:36.1**

It gives us opportunities to talk about the success in cancer, because pediatric tumors—the survival rates for most of them are quite high. It gives us a chance to talk about all kinds of things about MD Anderson. In fact, that was one of the things that Dr. Mendelsohn brought to the table. He felt that the Children's Art Project was perceived almost as a stand-alone organization and it was true that some of our market research told us that people thought it was at Texas Children's and things like that.

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*Tacey Ann Rosolowski, PhD*

**0:53:06.4**

Oh really?

*Steve Stuyck, MPH*

**0:53:06.8**

So, with Shannon, we refocused at bringing a tighter connection to MD Anderson. If you look at the catalogs and things like that, they'll be sidebars on cancer prevention tips or on clinical—we've done some clinical trials mailings and different things like that, so we tried to tie it more closely to the MD Anderson mission and name, and I think I would give Dr. Mendelsohn that credit, because he was very serious about this at one point in his career. He was kind of down on the Children's Art Project. He didn't think it was—the people appreciated that it was from MD Anderson.

*Tacey Ann Rosolowski, PhD*

**0:53:50.9**

And let's see, we have one left over. The Public Education.

*Steve Stuyck, MPH*

**0:53:53.6**

The Public Education. I think we talked a little about this in our—it began with the—it began at a time when communication was something between a doctor and a patient, and we had the opportunity and I remember describing this to you, to secure a Cancer Information Service Contract from the NCI. And that became the nucleus from which our Public Education program grew. I got in trouble with NCI. I was the principal investigator on the contract, and NCI had Quality Assurance telephone calls that they would place to the various centers around the country, and I was thinking even back then, that this needed to be tied closely to MD Anderson and not be a stand-alone organization. So, I had our staff answer the phone, "MD Anderson Cancer Information Service," which really—I wasn't even—I don't recall my thought process at time, but it really was the National Cancer Institute's Cancer Information Service funded by the National Cancer Institute. So, I got my hand slapped on that one very quickly on one of their surprise calls when someone answered. But I was trying to let people know that MD Anderson was taking on this responsibility, and from that, our other Public Education programs grew, and still is under the leadership of Jo Ann Ward, who I was blessed, particularly with Jo Ann and Louise, Mary Nell, and Susan French. I had great members of our leadership team. Just really were wonderful to work with and great idea people and very conscientious and committed to what they did.

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*Tacey Ann Rosolowski, PhD*

**0:55:51.4**

How do you think Public Education has helped MD Anderson over the years as its grown?

*Steve Stuyck, MPH*

**0:55:59.6**

I like to say, and I have said far too often, because people remind me, I have a limited number of mottos and things, but that frequently Public Education is the best Public Relations. I think people admire MD Anderson, but when they want to turn to MD Anderson, the things they need to know about cancer, and I think we've done a lot to eliminate some of the myth and misinformation about cancer to make it less frightening. I hope we have, and I think it's a role that MD Anderson needs to play. We need to be in the community talking about cancer. Especially cancer prevention and risk reduction. It's really an important thing.

*Tacey Ann Rosolowski, PhD*

**0:56:45.1**

Uh-hunh (affirmative). Is there anything else that you'd like to say about any of these—?

*Steve Stuyck, MPH*

**0:56:50.6**

I don't think so. I don't think so. I can't—I'm worn out on it.

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## **Chapter 19**

### **A: View on Career and Accomplishments**

#### ***A Fun Job at an Institution that Inspires Commitment***

##### **Story Codes**

C: Understanding the Institution  
B: MD Anderson Culture  
C: Dedication to MD Anderson, to Patients, to Faculty/Staff  
C: The MD Anderson Ethos  
C: MD Anderson Past  
B: MD Anderson History  
A: Career and Accomplishments  
B: MD Anderson Impact  
C: Dedication to MD Anderson, to Patients, to Faculty/Staff  
A: Personal Background  
C: Giving Recognition

***Tacey Ann Rosolowski, PhD***

**0:56:56.9**

You're worn out on it. Okay. Well, I guess I asked you earlier for your observations about moments of change, but I wanted to ask you the flipside question, which is what do you think—what has remained constant over the years that you've been—you were with the institution?

***Steve Stuyck, MPH***

**0:57:29.1**

Well, I think from a culture point of view—

**0:57:39.5** (end of audio one)

(begin audio two)

***Steve Stuyck, MPH***

**0:00:00.0**

People here, who work here, have always cared tremendously about what they do. My observation is if that if you're not the right fit for MD Anderson, you will move on fairly quickly, but I think that people are—find great satisfaction in their jobs here, no matter what it is they do, and I think that's always been that way. Even when there was much to offer. I think it must have been fascinating to be here in the very early days. The Baker Estate Days—I mean it's so primitive when you look back on it—that you wonder how people tolerated it during that time. But it was the best that there was to offer, and so I think that's been one thing. I don't know.

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*Tacey Ann Rosolowski, PhD*

**0:00:50.2**

Uh-hunh (affirmative). Okay. All right. I had a couple of—oh, I wanted to ask you about—I don't know if you're a person that talks about awards. You're a—I notice that you got a recognition award given at the 24<sup>th</sup> Anderson Network Cancer Survivorship Conference.

*Steve Stuyck, MPH*

**0:01:15.7**

Oh, yeah, yeah.

*Tacey Ann Rosolowski, PhD*

**0:01:16.9**

I mean, you've received a number of awards. What do those mean to you? Is there one that is more important than others to you?

*Steve Stuyck, MPH*

**0:01:24.9**

The—that was very nice. It was kind of a retirement award that they gave me at the end at the Anderson Network Conference. What do I think about awards? You know, and I may have said this in the remarks I made when I retired, but the compliment I've received the most here at MD Anderson over all these years, and I mean it sincerely, is, "You know, Steve, you work with the greatest group of people." I hear it all the time and I have from way back when, when we were just a small little group, you know. And—now might it be different. You know, you work with the—the adjective—you work with the nicest group of people, or the most creative group of people, or the hardest-working group of people, and it's true. And I think that the award that means the most to me—twice we were chosen as the Outstanding Public Affairs Program in the nation by the Association of American Medical Colleges, and that was a group effort. The program was recognized, not the individual, and it was—we had big celebrations both times for that, and that means the most to me.

*Tacey Ann Rosolowski, PhD*

**0:02:41.0**

Tell me about that award, because I really don't know what it's awarded for. What are the criteria used to bestow it?

*Steve Stuyck, MPH*

**0:02:48.2**

Well, you submit an application that describes your program. And I think the award is still being given by the AAMC, and a group of us worked on putting together an explanation of what it was that we do, and how it contributes to MD Anderson goals, and when I left MD Anderson, I took

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the two awards, which were in huge binders, and sent them to the archives, because I thought that was reminiscent of what our programs had been during those years. There is competition for it. A lot of medical schools and teaching hospitals apply, and we were one of only three institutions—I believe Johns Hopkins and Baylor College of Medicine at the time, who received the award twice. So, it's been a number of years, and I haven't kept up with it to know if other institutions have done that.

*Tacey Ann Rosolowski, PhD*

**0:03:42.3**

Yeah that's really—that really says a lot, you know, to have kind of that nation recognition.

*Steve Stuyck, MPH*

**0:03:50.0**

Dr. LeMaistre had a reception for us when we got it the first time, and Dr. Mendelsohn did it when we got it the second time. It's nice.

*Tacey Ann Rosolowski, PhD*

**0:03:56.4**

It's nice. Now I have a couple of funny questions to ask you.

*Steve Stuyck, MPH*

**0:04:01.7**

Okay.

*Tacey Ann Rosolowski, PhD*

**0:04:02.3**

Which I got these from that book that was presented to you [*Steve Stuyck: The MD Anderson Years, 1972 – 20120*].

*Steve Stuyck, MPH*

**0:04:07.6**

Oh yeah.

*Tacey Ann Rosolowski, PhD*

**0:04:08.5**

And it was really informative, and it was great to the see the pictures, and there was some really cool—

*Steve Stuyck, MPH*

**0:04:13.9**

That was like amazing.

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*Tacey Ann Rosolowski, PhD*

**0:04:15.3**

Yeah. To see effort that went into it.

*Steve Stuyck, MPH*

**0:04:17.0**

You know, did I tell you the story about that book?

*Tacey Ann Rosolowski, PhD*

**0:04:18.9**

No, tell the story if you would.

*Steve Stuyck, MPH*

**0:04:19.6**

My—my son, who is now—lives in Austin, came for the reception. You were there I think at the reception, weren't you?

*Tacey Ann Rosolowski, PhD*

**0:04:40.1**

No, I'm sorry. I didn't get—I wasn't invited. Gee.

*Steve Stuyck, MPH*

**0:04:34.0**

I thought you had. Javier was and there, I know, and Stephanie. My son came down from Austin where he works for the reception, and they presented that book at the reception, which was a complete surprise to me. After the reception, we—he, and my wife, and I went out to dinner, and then when we were home—and you know he can be a kind of a cynical kid sometimes. He's not a kid anymore. He's thirty years old, and he was—I noticed he was sitting in the living room kind of carefully going through the book, and he would ask me questions, "What is this picture," or "Who is that?" or that kind of thing. And after he went back to Austin, I thought, you know, that is—that means so much to me that your kid would really focus on—when usually he doesn't and those sorts of things. So, it was very touching to me.

*Tacey Ann Rosolowski, PhD*

**0:05:24.0**

Sounds like maybe every parent ought to have a book like that.

*Steve Stuyck, MPH*

**0:05:26.4**

Really, yeah, yeah. We all have a story to tell.

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*Tacey Ann Rosolowski, PhD*

**0:05:30.1**

Yeah, that's true.

*Steve Stuyck, MPH*

**0:05:30.6**

We just don't have the six hours of opportunity the way I do.

*Tacey Ann Rosolowski, PhD*

**0:05:33.5**

That's very true. Well, here are two little details, kind of funny little details.

*Steve Stuyck, MPH*

**0:05:37.3**

I'm ready.

*Tacey Ann Rosolowski, PhD*

**0:05:37.8**

What is the story about "How it all started at a 5,000-watt radio station in Fresno?"

*Steve Stuyck, MPH*

**0:05:45.2**

Oh. I got the—I got the line from a Mary Tyler Moore show. I am terrible about repeating myself.

*Tacey Ann Rosolowski, PhD*

**0:05:54.1**

I've never heard it.

*Steve Stuyck, MPH*

**0:05:56.6**

When—when some people would ask me how this started or how that started or where you got started, I would often say, "It all started at a 5,000-watt radio station in Fresno," where I have never been and never been in radio. It was just a joke. This certain number of lines—

*Tacey Ann Rosolowski, PhD*

**0:06:14.5**

Short-circuiting the long explanation. Gotcha. But you became known for it obviously.

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***Steve Stuyck, MPH***

**0:06:19.8**

Yes, among my staff. There were a couple of things like that. And another thing I used to say when someone would be late for a staff meeting, “And I’ll have more to eschew,” when he would come in the door, “And I’ll have more to say about your raises at our next meetings.” Things like that.

***Tacey Ann Rosolowski, PhD***

**0:06:34.9**

Well, I—and the other one I need to—wanted to ask about is, what are shpilkes and why do people associate them with you?

***Steve Stuyck, MPH***

**0:06:42.5**

Because shpilkes is a Yiddish word that means kind of like the jitters or nervous or upset or that kind of thing, and I frequently would say, “Well they’re all getting shpilkes about this, so we need to do something about it.”

***Tacey Ann Rosolowski, PhD***

**0:06:55.5**

There we go, okay. So shpilkes are like a symptom of a Public Affairs problem in the making.

***Steve Stuyck, MPH***

**0:07:00.8**

Yes. Right. Exactly. That or somebody else is bringing us a problem that they don’t need to be.

***Tacey Ann Rosolowski, PhD***

**0:07:06.4**

There we go. That’s funny. Well, I’m glad that you didn’t have to you know kill me after you told me. So just a few final questions. Of the work that you’ve at MD Anderson, what are you please to have accomplished? It doesn’t have to be one thing, either.

***Steve Stuyck, MPH***

**0:07:28:0**

Yeah. There are a few things. When I look back on it, I think what we did with the Cancer Information Service and our Public Education program—it’s certainly not just me—Jo Ann and many others, is something I value. Because I think that it was really pioneering and groundbreaking at the time. There simply was nothing like that and people were very nervous. And we were young, and we were determined to do a good job, and we did without a problem. So, that’s one thing I think of. I think that what I did to help the institution prepare for Patient Self-Referral is another thing that I admire a lot. It was my suggestion that we have an MD

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Anderson information line. Others certainly implemented it, but I worked with them on getting that started. It's now called Ask MD Anderson, and I understand. I've just been told that they're going to move that to report to Gerard Colman, which is a very good idea, very reasonable. It's part of our Patient Ingress Process. But I think that—it took a lot work—it took a lot of work to develop the plan for how we were going to overcome the financial crisis of the mid-1990s. That was part of it. And then to implement the program, and I worked on all of that with Dr. LeMaistre and the team from the beginning all the way on up through. So that's another one that occurs to me. I think I did a lot to beef up our media profile, especially in the early years. Others took that on later on, but I'm very proud of the fact that I hired the first Public Relations firm for MD Anderson, and I also led the process that picked the Richard's Group as our advertising agency. I had a lot of opportunities here. I really did. A lot of things. I can't imagine my life without MD Anderson as I look back on it. It just, you know, I was very, very lucky.

***Tacey Ann Rosolowski, PhD***

**0:09:42.7**

Yeah, I was going to ask you the flipside. I mean, what you gave something to the institution, but what has the institution given to you?

***Steve Stuyck, MPH***

**0:09:51.1**

Oh plenty, plenty. I had a very interesting job that was very rewarding and fun, really, and exciting, too. My job here was many, many things, and every day was exhausting, or exciting, or upsetting, or something, but it was never dull one day. Not in all that time. Not when I was twenty-five, and not when I was sixty-five. And I can't believe that I should just stumble into this and be so lucky about all of this. So the institution gave me a lot—brought a lot of meaning to my life. A tremendous amount.

***Tacey Ann Rosolowski, PhD***

**0:10:32.6**

What initiatives do you hope will be carried on by the people in Public Affairs, whatever; however it is structured in years to come?

***Steve Stuyck, MPH***

**0:10:43.4**

I have a friend who retired about the same time that I did from here, and he is very concerned about the future of his area, and how things are going to go. And I am just the opposite. I gave it my all for forty years, and it's up to others right now. I have no particular—I have great wishes for MD Anderson itself. That we make greater progress against cancer and that great things happen here, but nothing—I follow with interest what's going on in my area, but I keep my distance from it. I just—somehow it just didn't—I didn't get that. I've lost the drive in that regard.

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*Tacey Ann Rosolowski, PhD*

**0:11:28.0**

Could you say more about your wishes for MD Anderson? You know, what you hope or foresee coming in the future?

*Steve Stuyck, MPH*

**0:11:39.0**

Well, we've come a long way certainly in quality of life kinds of issues, but there's still—there's this huge burden—people—millions of people who are developing cancer around the world, and you know, my hope is that we do better. I told you I think the story about hope is not enough, and I remember—I think about that a lot, but I have great hopes that there's a lot more progress. I think we need a lot more progress.

*Tacey Ann Rosolowski, PhD*

**0:12:10.6**

I have—I am out of questions.

*Steve Stuyck, MPH*

**0:12:14.3**

I am out of words.

*Tacey Ann Rosolowski, PhD*

**0:12:15.5**

Is there—is there—there's nothing more you'd like to say?

*Steve Stuyck, MPH*

**0:12:17.2**

We've got five hours and twenty minutes worth of conversation. I'm going to be shocked when I see it on paper. Do you edit it before it comes to—?

*Tacey Ann Rosolowski, PhD*

**0:12:25.9**

No, no, no.

*Steve Stuyck, MPH*

**0:12:27.0**

Oh God.

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*Tacey Ann Rosolowski, PhD*

**0:12:27.3**

No, no, no and—no it can't be.

*Steve Stuyck, MPH*

**0:12:28.3**

Oh goodness gracious.

*Tacey Ann Rosolowski, PhD*

**0:12:31.9**

Well, I wanted to thank you. I do want to officially ask you, is there anything else you'd like to add?

*Steve Stuyck, MPH*

**0:12:36.2**

Tacey, I've enjoyed it a lot. I cannot think of another word to say.

*Tacey Ann Rosolowski, PhD*

**0:12:40.6**

Well, it's been my pleasure. It's been great talking to you.

*Steve Stuyck, MPH*

**0:12:42.0**

Thank you. You're very kind to say that.

*Tacey Ann Rosolowski, PhD*

**0:12:44.0**

And I am turning off the recorder at seventeen minutes after 11:00.

*Steve Stuyck, MPH*

**0:12:50.5**

Okay

**0:12:52.7** (end of audio two)

**0:12:52.7** (End of Audio Session Three)