Warren L. Holleman, PhD, MA

Interview Navigation Materials

Interview #

Date submitted: 26 October 2017

Interview Information

Three sessions: 12 April 2017, 20 April 2017, 27 April 2017

Total approximate duration:

Interviewer: Tacey A. Rosolowski, Ph.D.

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About the Interview Subject

Family therapist Warren L. Holleman, PhD (b. 20 October 1955, Apex, North Carolina) came to MD Anderson in 2010 to direct the Faculty Health & Well-Being Program and take up a faculty position as an Associate Professor in the Department of Behavioral Science [Division of Cancer Prevention and Population Sciences]. Dr. Holleman he continued to direct the program until his retirement in September 2017.

Major Topics Covered:

Personal background and education; interests in storytelling, playwriting

Roles prior to coming to MD Anderson

The Faculty Health and Wellbeing Program; offerings, analysis of, evolution of to support shared governance system

Faculty Health and Wellbeing programs; Anti-Bullying Task Force; Faculty Health and Wellbeing Committee

Needs of faculty at MD Anderson

Faculty burnout

MD Anderson work environment and work culture: changes to, challenges of

Faculty morale under Ronald DePinho; resignation of Ronald DePinho; the transitional leadership team after the resignation; changes in progress during transition

About transcription and the transcript

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

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

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

Warren L. Holleman, PhD

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Interview Identifier
Chapter 00C

Faculty Health and Wellness: Programs and the Anti-Bullying Task Force
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Warren L. Holleman, PhD

Chapter Summaries
Interview #

Interview Session One: 12 April 2017

Chapter 00A
Interview Identifier

Chapter 01
The Importance of Addressing Faculty Health
A: Overview;

Codes
A: Overview;
A: Definitions, Explanations, Translations;
B: The Business of MD Anderson; C: The Institution and Finances;
B: MD Anderson Culture;
B: Critical Perspectives on MD Anderson;
C: Understanding the Institution;
B: Working Environment;

In this chapter, Dr. Holleman sketches the range of reasons why it is important for institutions to address faculty health. He mentions the economic reasons as well as moral reasons. He sketches the sources of stress for clinicians and notes that physicians have conducted studies to understand how institutional pressures exert stress. He sketches the stressors for research faculty, noting that this population has not been significantly studied.

Chapter 02
Growing Up in a Small Town in North Carolina
A: Personal Background;

Codes
A: Personal Background;
A: Experiences Related to Gender, Race, Ethnicity;
A: Influences from People and Life Experiences;
A: Character, Values, Beliefs, Talents;

In this chapter, Dr. Holleman describes the working class, racially diverse community of Apex, North Carolina, where he grew up.

Chapter 03
A Strong Mother Tells Stories with Impact
A: Personal Background;

Codes
A: Personal Background;
A: Experiences Related to Gender, Race, Ethnicity;
A: Influences from People and Life Experiences;
A: Character, Values, Beliefs, Talents;
A: Professional Values, Ethics, Purpose;
C: Formative Experiences;

In this chapter, Dr. Holleman talks about his mother, a strong woman with a strong impact on him. He notes that her very difficult background formed her into a very strong woman who would speak her mind and stand up for what is right. She would also tell Dr. Holleman and his brother stories that captured lessons as they were growing up. He offers three stories that influenced him and that he says had an impact on the work on faculty health that he is doing at MD Anderson.

Chapter 04
Developing an Ability to Deal with Psychological Turbulence
A: Personal Background;

Codes
A: Personal Background;
A: Character, Values, Beliefs, Talents;
A: Influences from People and Life Experiences;
C: Formative Experiences;

In this chapter, Dr. Holleman talks about graduating from Apex High School [1973] and attending Harvard University. Dr. Holleman explains how he made that choice, unusual for his community.

Next, Dr. Holleman explains more about the dynamics in his family. Growing up in this environment, he says, enabled him as a counselor to treat people with personality disorders and depression.

Chapter 05
A History Major at Harvard and a Desire to Make a Positive Difference
A: Educational Path;

Codes
A: Personal Background;

A: Experiences Related to Gender, Race, Ethnicity;
A: Influences from People and Life Experiences;
A: Character, Values, Beliefs, Talents;
A: Professional Values, Ethics, Purpose;

In this chapter, Dr. Holleman provides background for his desire to study history and possibly enter politics. He explains that he has skills much like his father, whom he admired. He recounts formative experiences with desegregation and political action that shaped his desire to address inequality and suffering and make a positive difference for people. He gives more insight into his family's progressive values.

Chapter 06
A PhD Program and a Professional Focus on Ethics
A: Educational Path;

Codes
A: Professional Path;
A: Influences from People and Life Experiences;
C: Formative Experiences;
A: The Clinician;
A: Character, Values, Beliefs, Talents;
D: Ethics;
A: The Researcher;
C: Human Stories;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;

Dr. Holleman begins this chapter by explaining that his educational path took a turn because of his fiancée, Marsha Cline, who wanted to go to medical school: he explains how they made the choice to come to Houston. Next, he explains that while looking for work and a course to take, he was offered the opportunity to begin a doctoral program in the Department of Religious Studies at Rice University [Ph.D., 1986, Religious Studies]. This program led to his focus on medical ethics, a specialization he pursued with a Fellowship in Ethics at Baylor College of Medicine [1987-1988]. He developed expertise in primary care medical ethics. He gives examples of ethical issues that can arise and explains that his work changed practice at Baylor.

Completing his fellowship, Dr. Holleman explains, he advanced to faculty status as an Assistant Professor in the Center for Medical Ethics and Health Policy at Baylor College of Medicine [1988-1998]. He describes the theoretical and philosophical focus of the department, whereas his strength centered in communication with patients. He was tasked with starting the Medical Humanities program at and founded the Compassion and the Art of Medicine lecture series/course [in 1989] that is now in its 27th year.

Chapter 07
Discovering Work with Underserved Populations
A: the Clinical Provider;

Codes
A: Professional Path;
A: Influences from People and Life Experiences;
A: The Clinician;
A: The Administrator;
A: Character, Values, Beliefs, Talents;
D: Ethics;
A: The Researcher;
A: Professional Values, Ethics, Purpose;
C: Experiences of Injustice, Bias;
C: Discovery and Success;
C: Human Stories;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;
C: Formative Experiences;
C: Evolution of Career;
C: Professional Practice; C: The Professional at Work;

In this chapter, Dr. Holleman talks about a third formative experience that shaped his professional focus. He explains that he decided to volunteer at Ben Taub Hospital, a hospital for the underserved where Baylor medical students and residents were trained, in order to understand what his students in the humanities program were experiencing. He tells some anecdotes to show how his time there opened his eyes to the suffering of both patients and young doctors and led to his conviction that this was the population he should be working with.

Based on this, he explains, he started a home visit training program for residents and eventually added a program for conducting health visits for the homeless. He talks about the evolution of these programs and how they led to his decision to go back to school, as he was effectively running a community health center [the Search Center] and functioning as a coordinator and counselor.

Chapter 08
An MA in Counseling to Develop Expertise
A: Professional Path;

Codes
A: Professional Path;
A: Inspirations to Practice Science/Medicine;
A: Influences from People and Life Experiences;
A: The Clinician;
A: Professional Values, Ethics, Purpose;

C: Formative Experiences;
C: Evolution of Career;
C: Professional Practice; C: The Professional at Work;

Dr. Holleman explains that he "found himself" when he began his master's program [M.A., 1996, Marriage and Family Therapy] in counseling at the University of Houston -Clear Lake. He explains how earning credentials in counseling altered his roles at Baylor Collect of Medicine, where he became an Associate Professor in Family and Community Medicine [1998] and founded the Baylor-Star of Hope Center for Counseling [1998] in addition to fulfilling his previous roles.

He notes that the Department of Family and Community Medicine developed an expertise in psychosocial medicine because of the vision of the chair at the time, Robert Rakle.

Interview Session Two: 20 April 2017

Chapter 00B
Interview Identifier

Chapter 09
Time for a Change in Work Scene
A: Joining MD Anderson/Coming to Texas;

Codes
A: Personal Background;
A: Joining MD Anderson/Coming to Texas;
B: MD Anderson Culture;
B: Working Environment;
A: The Administrator;

In this chapter, Dr. Holleman explains decisions that led to him taking the job of Director of the Faculty and Health and Wellness Program at MD Anderson. He first summarizes the roles he was serving at Baylor College of Medicine in the 2000s, then explains why he quit that job in 2007.

Next he explains how he had become acquainted with staff in MD Anderson's faculty health program through collaborations with the "Compassion and the Art of Medicine" series he established. He talks about his reasons for taking the position at MD Anderson, including his interest in seeing the differences between working with homeless individuals and physicians. He explains how he discovered it was actually easier to work with the homeless.

Chapter 10
Discovering the Severity of Burnout at MD Anderson
A: Overview;

Codes
A: Overview;
A: Definitions, Explanations, Translations;
B: MD Anderson Culture;
B: Working Environment;
D: The History of Health Care, Patient Care;
D: On Research and Researchers;
A: Professional Values, Ethics, Purpose;
B: Institutional Mission and Values;
C: Dedication to MD Anderson, to Patients, to Faculty/Staff;
C: This is MD Anderson;
C: Professional Practice; C: The Professional at Work;

Dr. Holleman notes that he started at MD Anderson in January 2010, then discusses the severity of the burnout he discovered among the physicians and researchers (also a national problem). He details the sources of burnout among physicians that stem from turbulence in the healthcare environment and at MD Anderson: increased time spent on paperwork, sense of losing autonomy in the clinic, the need for child care, loss of a sense of meaning in the workplace. He notes that no formal studies have been done of faculty scientists, but summarizes findings from an informal survey: increased grant paperwork, shrinking grant funding, drop in morale, conflict with institutional leadership.

Chapter 11
The Faculty Health and Wellness Program: History and Evolution
B: Building the Institution;

Codes
B: MD Anderson History;
B: MD Anderson Culture;
B: Working Environment;
B: Critical Perspectives on MD Anderson;
B: Growth and/or Change;
A: Overview;
B: MD Anderson History;

In this chapter, Dr. Holleman sketches the history of the Faculty Health and Wellness Program and briefly describes the initiatives he set in place, including the Stressbusters Program designed to address physician burnout. He first notes that when he arrived at MD Anderson he saw the effects of faculty burnout, but has also never worked at an institution with more employee commitment to the institutional mission.

Next he talks about how he did a needs assessment through informal focus groups and began to hear about the serious morale issue among faculty, a problem that intensified when Dr. Ronald DePinho [oral history interview] assumed the presidency.

Chapter 12
Learning about MD Anderson Culture Inspires a Different Perspective on Burnout
B: MD Anderson Culture;

Codes
A: Personal Background;
B: MD Anderson Culture;
B: MD Anderson History;
C: Leadership; D: On Leadership;
A: The Researcher;
C: Critical Perspectives;
B: Working Environment;

Dr. Holleman begins this chapter by explaining that he was effectively offering the faculty resiliency training. He then devotes the rest of this chapter to explaining the "epiphany" he had as his experience of MD Anderson culture evolved.

Dr. Holleman recounts that, during training sessions, faculty would be "boiling" and would state that offering resiliency training was effectively "blaming the victims": defining burnout as a personal problem and individual responsibility, when in fact it had been created by systems within the institution. On realizing this, Dr. Holleman explains, he began to research burnout and mentally redefined his role as being an advocate for faculty to the administration. He confesses that he didn't feel comfortable in this role. He gives examples to demonstrate that burnout is a systemic rather than a personal problem.

Chapter 13
Advocating for Faculty with a Blog under Ronald DePinho
A: Contributions;

Codes
A: Personal Background;
C: Leadership;
B: MD Anderson Culture;
B: MD Anderson History;
B: Working Environment;
B: MD Anderson Culture;

B: Obstacles, Challenges;
B: Institutional Politics;
B: Controversy;
B: MD Anderson History;
A: Contributions;
A: Professional Values, Ethics, Purpose;
A: Critical Perspectives;
A: Character, Values, Beliefs, Talents;
A: Professional Values, Ethics, Purpose;

In this chapter, Dr. Holleman describes how he started the first faculty happy hours to create time for faculty to build connections. He then tells the story of the blog he started to give voice to faculty concerns, *The Faculty Voice*. A primary reason, he explains, was the strong fear among faculty of expressing their critical views of the institution and its leadership. He explains why this sentiment took root among the faculty.

Next he explains the reasons why the administration under Ronald DePinho demanded that the blog be taken down after he published an anonymous post on nepotism focused on Dr. DePinho's wife, Lynda Chin, MD. He explains his editorial standards in writing and publishing posts. He explains the reasons that the Legal Department gave for demanding that the blog be removed. He also talks about conversations he had with colleagues in the Department of Behavioral Science, in which they expressed concerns that his blog would have repercussions for his department. Dr. Holleman conferred with the Faculty Senate and a plan was made that it would be taken over and renamed, *The Sentinel*, but the publication foundered after a few months.

Chapter 14
Changes to MD Anderson's Culture and Ronald DePinho's Resignation
B: Institutional Change;

Codes
B: MD Anderson Culture;
C: Leadership;
B: Working Environment;
B: Institutional Politics;
B: Controversy;
B: Growth and/or Change;
B: Critical Perspectives on MD Anderson;
B: MD Anderson History; B: MD Anderson Snapshot;
B: Ethics;
A: Professional Values, Ethics, Purpose;
A: Critical Perspectives;

Dr. Holleman sketches the faculty's concerns about Dr. DePinho and Dr. Chin. He also sketches changes in MD Anderson culture that were created after Dr. DePinho assumed leadership of the institution.

He then notes that Drs. Emil J Freireich and Emil Frei are "veteran physician-scientists" who represent the old culture of MD Anderson. He talks about the first impressions of Ronald DePinho and then explains how Dr. DePinho's decisions shifted the culture.

Next, Dr. Holleman talks about Dr. DePinho's resignation and what appears to have led up to it. He notes that he is hearing a lot of optimism from the faculty now that Dr. Marshall Hicks has been named interim president. He also notes that the selection of the interim team represents a return to the old values of MD Anderson: a focus on patient care and clinical research under the stewardship of servant leaders.

Dr. Holleman and the interviewer discuss how, during this interim period, the institution will be rediscovering its core values. Dr. Holleman then sketches the positives as well as the negatives that Dr. DePinho brought to the institution.

Chapter 15
A Role as "Toxin Handler"
A: Overview;

Codes
A: Overview;
A: The Clinician;
A: Definitions, Explanations, Translations;
B: MD Anderson Culture;
B: Working Environment;
B: Ethics;
A: Professional Values, Ethics, Purpose;

In this chapter, Dr. Holleman reflects on the role he has served vis a vis the faculty during the last five and a half years. He notes that his job has been to listen to the faculty and reflect back what they are saying. He also tells an anecdote about learning the phrase, "toxin handler" to describe what his real job is. He defines this role more fully.

Interview Session Three: 27 April 2017

Chapter 00C
Interview Identifier

Chapter 16
Faculty Health and Wellness: Programs and the Anti-Bullying Task Force
B: An Institutional Unit;

Codes
A: Overview;
A: The Clinician;
A: Definitions, Explanations, Translations;
B: MD Anderson Culture;
C: Leadership;
B: Working Environment;
B: Building the Institution;
B: Institutional Politics;
B: Growth and/or Change;
B: Critical Perspectives on MD Anderson;
B: MD Anderson Culture;
A: Critical Perspectives;
C: Understanding the Institution;
B: Institutional Politics;

In this chapter, Dr. Holleman begins to sketch the range of traditional and non-traditional programs that Faculty Health and Wellness offers, then turns to one initiative in particular, the Anti-Bully Task Force. He defines what shapes bullying can take in the workplace and stresses the "emotional immediacy" that victims of bullying experience. He then clarifies that the Task Force was created in 2013 in response to the way Dr. Ronald DePinho handled his policy of raising the standards for promotion and tenure.

Chapter 17
Faculty Senate and Changes to the Shared Governance System
B: Building the Institution;

Codes
B: Working Environment;
B: Building the Institution;
B: Institutional Politics;
B: Growth and/or Change;
B: Critical Perspectives on MD Anderson;
B: MD Anderson Culture;
A: Critical Perspectives;
C: Understanding the Institution;

In this chapter, Dr. Holleman observes that representatives of the University of Texas System intervened in Dr. DePinho's style of addressing the promotions and tenure system. He explains that Dr. DePinho had diminished the role of the Faculty Senate, and UT System's Chancellor

McCrave expanded its original powers under the reorganized shared governance system. Dr. Holleman notes that the Faculty Senate continues to discuss and refine how this system should work. He praises Faculty Senate and observes that this new system has allowed new faculty leaders to emerge. He cites studies that have found that the effectiveness of leaders is dependent on burnout, and that empowering faculty leaders is key to reducing burnout at the institution.

Chapter 18
Faculty Health and Well Being: Programs and the Faculty Health and Well Being Committee
B: Building the Institution;

Codes
B: Working Environment;
B: Building the Institution;
B: Institutional Politics;
B: Growth and/or Change;
B: Critical Perspectives on MD Anderson;
B: MD Anderson Culture;
A: Critical Perspectives;
C: Understanding the Institution;
C: Funny Stories;
D: On the Nature of Institutions;
C: Leadership; D: On Leadership;

In this chapter, Dr. Holleman returns to the topic of the Program's offerings, then focuses on the Faculty Health and Well Being Committee, which he chairs. Formed in 2010, this committee is designed to "multiply the effect" of the Program by bringing together faculty who are interested in providing additional programs to faculty and to conducting research on topics related to health and well-being. He talks about the activities of several committee members. He then talks about the areas that he and the committee would like to see expanded, notably social events for young faculty and for young faculty and spouses/families. He tells stories to demonstrate how successful and needed social events have been in the past.

Next, Dr. Holleman notes that the Committee has recently included a new dimension in its mission: supporting the Faculty Senate and the Shared Governance System. He explains that such processes can address the problem of faculty health from the institutional level. He explains that the Committee wants to work more closely with Faculty Senate and that the Faculty Health and Well Being Program in general needs to develop its role in advocating for the faculty to leadership.

Finally, he talks about the current environment of change, created when Dr. DePinho tendered his resignation. He observes that interim leaders are focusing on "what the institution's calling is really about."

Chapter 19
Looking Ahead to Writing
A: Post-Retirement Activities;

Codes
C: Discovery, Creativity and Innovation;
C: Faith, Values, Beliefs;
A: Activities Outside Institution;
A: Career and Accomplishments;
A: Post Retirement Activities;
A: Character, Values, Beliefs, Talents;
A: Personal Background;

In this chapter, Dr. Holleman talks about his long love of playwriting. He talks about the plays that have been performed and his plans to work on others. He also talks about his plans to continue his academic study of physician burnout and he would like to write a book on life balance.

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Warren L. Holleman, PhD

Interview Session One: 1, April 12, 2017

About transcription and the transcript

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Chapter 00A
Interview Identifier

Tacey A. Rosolowski, PhD
[00:00:01]
It is about 38 minutes after 9:00 on the 12th April, 2017. And I am in the Reading Room of the Historical Resources Center at the Research Medical Library. And today, I'm interviewing Warren L. Holleman, for the Making Cancer History Voices Oran History Project, run by the Research Medical Library at MD Anderson Cancer Center in Houston, Texas. And I'm going to read some details. And if I get anything wrong, please do correct me.
[00:00:34]

Warren L. Holleman, PhD
[00:00:34]
Sure.
[00:00:36]

Tacey A. Rosolowski, PhD
[00:00:37]
So Dr. Holleman came to MD Anderson in 2010 as an Associate Professor in the Department of Behavioral Science in the Division of Cancer Prevention and Population Sciences. All good so far?
[00:00:48]

Interview Session: 1
Interview Date: April 12, 2017

Warren L. Holleman, PhD
[00:00:49]
Yes
[00:00:49]

Tacey A. Rosolowski, PhD
[00:00:49]
Good. Today he is a Professor in the Department of Behavioral Science, and serves as director of the Faculty Health & Well-Being Program, which you've done since 2010, am I correct?
[00:00:59]

Warren L. Holleman, PhD
[00:00:59]
Right.
[00:00:59]

Tacey A. Rosolowski, PhD
[00:00:59]
Okay, cool. Okay. So this is the first of two planned interview sessions, and I just wanted to say thanks.
[00:01:08]

Warren L. Holleman, PhD
[00:01:09]
Well, thank you for having me.
[00:01:09]

Tacey A. Rosolowski, PhD
[00:01:10]
For agreeing to dive into the process here.
[00:01:12]

Warren L. Holleman, PhD
[00:01:12]
Yeah. I hope I can say something interesting.
[00:01:14]

Interview Session: 1
Interview Date: April 12, 2017

Chapter 01
The Importance of Addressing Faculty Health
A: Overview;

Codes
A: Overview;
A: Definitions, Explanations, Translations;
B: The Business of MD Anderson; C: The Institution and Finances;
B: MD Anderson Culture;
B: Critical Perspectives on MD Anderson;
C: Understanding the Institution;
B: Working Environment;

Tacey A. Rosolowski, PhD
[00:01:15]
Well, I've really been looking forward to this. And I really enjoyed reading some of the background materials, because I went online and I looked at some of your articles. It really started to give me a different perspective on this dimension of the institution. I mean, that's kind of what the oral history project does, is kind of give windows into these—sort of take slices, if you will, almost like an anatomical chart through the institution. And this is definitely a new perspective. And in fact, since we're kind of talking in a general way, maybe just to start out, I could ask you this general question, which is, Why is Faculty Health and Well-Being important enough to warrant a department? And why has the institution made that kind of commitment to looking at this?
[00:02:07]

Warren L. Holleman, PhD
[00:02:09]
Well, I could give a longer historical answer, which I'm sure we'll get to at some point for MD Anderson. But just in general, I would say that our faculty are one of our most important resources. Keeping them healthy is one way to, just from a purely economic standpoint; it's good for the productivity of the institution. When faculty are not healthy, when they're distracted or demoralized and unable to focus on their work, then the mission of the institution suffers. I think there's also a moral reason, not just an economic one, in that institutions should care about the health of its employees, for its own sake.
[00:03:16]

Tacey A. Rosolowski, PhD
[00:03:17]
And as far as I understand and recall from my conversation with Ellen Gritz [oral history interview] a few years ago, looking at faculty health, and particularly the health of researchers, is

relatively new.
[00:03:34]

Warren L. Holleman, PhD
[00:03:35]
Yes. I think it's kind of obvious that when you're talking about clinicians that everybody's aware that being a doctor or a nurse is stressful, both in terms of dealing with serious illness and death, particularly in oncology. It's a really hard thing to do, to get up and do day after day, year after year. But it's not so obvious what the stressors and challenges of the scientists are. But they are there in terms of job security these days; NIH funding has been cut dramatically over the last decade or so. So they're in a situation where there's a high demand for success, but there's also a much harder path toward funding. So there's a lot of job insecurity and stress. Physicians have studied themselves very carefully over the past 10 to 15 years in terms of job burnout, job satisfaction, satisfaction with work-life balance, depression and suicide or suicidal ideation, and overall well-being. There have been a lot of good studies on that in the last decade. Ironically, biomedical scientists know virtually nothing. They don't know anything about their own health and well-being. And they're the ones who are supposed to be the experts on human health. And they've never studied themselves.
[00:05:35]

Interview Session: 1
Interview Date: April 12, 2017

Chapter 02
Growing Up in a Small Town in North Carolina
A: Personal Background;

Codes
A: Personal Background;
A: Experiences Related to Gender, Race, Ethnicity;
A: Influences from People and Life Experiences;
A: Character, Values, Beliefs, Talents;

Tacey A. Rosolowski, PhD
[00:05:36]
Well, you know, you've raised a whole bunch of issues that we're going to go into in depth as things unfold. But thanks for that overview. It was really nice and concise. Well, let's kind of go and start in the traditional place for an oral history interview. So let me ask you where you were born and when, and tell me a little bit about your family.
[00:06:01]

Warren L. Holleman, PhD
[00:06:02]
Sure. I'd be delighted to. I was born in eastern North Carolina, in what was then a small tobacco farming community, Apex. Since then, it has grown from—it was less than two thousand people when I grew up. It is now fifty thousand people. And *Money Magazine* selected it a year and a half ago as the best small town in America. Or, best town of less than fifty thousand, or something like that.
[00:06:32]

Tacey A. Rosolowski, PhD
[00:06:33]
So is that your memory of it when you were growing up?
[00:06:34]

Warren L. Holleman, PhD
[00:06:36]
No no no. It was—we were sort of the back corner of the county. We were near Raleigh Durham, Chapel Hill and the Research Triangle. But we were the last town in that area to be settled by all the newcomers who came in with the Research Triangle. When I was in high school, we were selected by HEW as a pilot project to study ways of improving vocational education. And we had a lot of teachers and researchers in our high school for a couple of years. And the reason we were selected, I think, was that we had such a low rate of students going to

college.
[00:07:21]

Tacey A. Rosolowski, PhD
[00:07:22]
Oh, okay. Kind of ironic, being so near to a research park and all that, Research Triangle.
[00:07:27]

Warren L. Holleman, PhD
[00:07:27]
Yeah. I think there were a lot of reasons. A big reason is, we were basically 50 percent white, 50 percent black. We were much more racially diverse than the other communities. And frankly, I think that was one reason that people were less likely to move there. And then there was just the—there was not as much money in our community as the other ones.
[00:08:05]

Tacey A. Rosolowski, PhD
[00:08:05]
Your parents' profession?
[00:08:05]

Warren L. Holleman, PhD
[00:08:06]
And that has changed a hundred percent now. I read somewhere that we have the highest rate of PhDs per capita than any place in the country now.
[00:08:14]

Tacey A. Rosolowski, PhD
[00:08:15]
Wow. That is a huge change.
[00:08:15]

Warren L. Holleman, PhD
[00:08:16]
Because all the other places filled up.
[00:08:17]

Tacey A. Rosolowski, PhD
[00:08:18]
Right.
[00:08:18]

Warren L. Holleman, PhD
[00:08:18]
And then they had to come to Apex. And also, Apex' town government changed and became much more forward-thinking and progressive. And now the community is anything but. It's a very progressive community. Progressive isn't the right word, but it's a very rich and highly educated community.
[00:08:43]

Tacey A. Rosolowski, PhD
[00:08:43]
Mm-hmm. What did your folks do?
[00:08:45]

Warren L. Holleman, PhD
[00:08:46]
My father was the attorney for the town. Small-town lawyer, who did a little bit of everything.
[00:08:51]

Tacey A. Rosolowski, PhD
[00:08:52]
His name?
[00:08:52]

Warren L. Holleman, PhD
[00:08:52]
Carl, C-A-R-L, Partin, P-A-R-T-I-N, Holleman. He was very involved in all kinds of civic activities in the community and in the Raleigh area, political activities and that sort of thing. Fairly progressive for that time and place. My mother was a nurse anesthetist. Kind of unusual at the time. She was the professional person.
[00:09:29]

Tacey A. Rosolowski, PhD
[00:09:30]
And her name?
[00:09:30]

Warren L. Holleman, PhD
[00:09:30]
Ruth—full name is Annie Ruth Warren, was her maiden name, and then Holleman.
[00:09:38]

Tacey A. Rosolowski, PhD
[00:09:38]
So that's where your first name comes from?
[00:09:40]

Warren L. Holleman, PhD
[00:09:41]
Yeah. Yeah.
[00:09:41]

Tacey A. Rosolowski, PhD
[00:09:42]
That's cool.
[00:09:42]

Warren L. Holleman, PhD
[00:09:43]
And Lee, my middle name, is her mother's maiden name.
[00:09:45]

Tacey A. Rosolowski, PhD
[00:09:46]
All right. Interesting. Okay. Now, are you—have brothers and sisters?
[00:09:51]

Warren L. Holleman, PhD
[00:09:52]
I have one brother. Technically, he's Carl Partin Holleman, Jr., but he goes by Toby.
[00:09:59]

Tacey A. Rosolowski, PhD
[00:10:00]
And let me just, since you like to play with your glasses, let me just put this paper underneath so it won't read on the recorder.
[00:10:09]

Warren L. Holleman, PhD
[00:10:10]
Oh, thank you. Thank you.
[00:10:10]

Tacey A. Rosolowski, PhD
[00:10:11]
I don't want to take away your toy. (laughs)
[00:10:12]

Warren L. Holleman, PhD
[00:10:12]
Well, I need something to have—
[00:10:15]

Tacey A. Rosolowski, PhD
[00:10:15]
I won't take away your toy, but now they won't make noise.
[00:10:17]

Warren L. Holleman, PhD
[00:10:18]
Oh, thank you. Okay.
[00:10:22]

Tacey A. Rosolowski, PhD
[00:10:22]
Yes. When I interviewed Steve Tomasovic, he jingled his keys. And he realized it, and then he was, like, "Oh, I'd better quit."
[00:10:27]

Warren L. Holleman, PhD
[00:10:28]
I didn't even think of it.
[00:10:28]

Tacey A. Rosolowski, PhD
[00:10:28]
I know. People don't.
[00:10:29]

Warren L. Holleman, PhD
[00:10:30]
And it's right next to the recorder, so...
[00:10:30]

Tacey A. Rosolowski, PhD
[00:10:30]
Yeah, people don't realize. They have these little things.
[00:10:33]

Warren L. Holleman, PhD
[00:10:33]
Well, we have a dialect in eastern North Carolina of clicking on some of the (clicking noise) on some of the words. So that's what that was. That's the sound.
[00:10:39]

Tacey A. Rosolowski, PhD
[00:10:39]
There we go. There we go. So you said you have a brother?
[00:10:44]

Warren L. Holleman, PhD
[00:10:45]
Yeah, Toby.
[00:10:45]

Tacey A. Rosolowski, PhD
[00:10:46]
Toby? Okay. And any other siblings?
[00:10:49]

Warren L. Holleman, PhD
[00:10:50]
No.
[00:10:50]

Tacey A. Rosolowski, PhD
[00:10:50]
Okay. Okay. So progressive family? Extravert? Social? How was—what was family life like for you?
[00:11:03]

Warren L. Holleman, PhD
[00:11:08]
Say—be a little more specific?
[00:11:12]

Tacey A. Rosolowski, PhD
[00:11:12]
Okay. Well, what was it like—
[00:11:12]

Warren L. Holleman, PhD
[00:11:13]
I'm not sure what to say.
[00:11:13]

Tacey A. Rosolowski, PhD
[00:11:13]
—what were you—what was sort of the atmosphere in your family, you know? Was it very educationally-focused? Sports focused?
[00:11:24]

Warren L. Holleman, PhD
[00:11:25]
Yeah. I would say for our community, it was educationally-focused. I think my mother really was hoping my brother and me would become doctors.
[00:11:36]

Tacey A. Rosolowski, PhD
[00:11:37]
Oh, okay.
[00:11:37]

Warren L. Holleman, PhD
[00:11:38]
And they expected us to make good grades, and that kind of thing.
[00:11:43]

Tacey A. Rosolowski, PhD
[00:11:43]
What about your dad? I mean, often lawyers and doctors run in families.
[00:11:48]

Warren L. Holleman, PhD
[00:11:49]
Yeah. And he would have loved for us to join him in his practice. We worked there in the summers oftentimes. And I think we learned a lot of law by working with him. But neither of us went in that direction. He was fine with that. I think my mom was more disappointed. She really—she was a more—dad was pretty laissez-faire and liberal, my mom was a little more controlling. She really wanted one of us to go into medicine, I think.
[00:12:22]

Tacey A. Rosolowski, PhD
[00:12:22]
What do you think the reason was for that?
[00:12:24]

Interview Session: 1
Interview Date: April 12, 2017

Chapter 03
A Strong Mother Tells Stories with Impact
A: Personal Background;

Codes
A: Personal Background;
A: Experiences Related to Gender, Race, Ethnicity;
A: Influences from People and Life Experiences;
A: Character, Values, Beliefs, Talents;

Warren L. Holleman, PhD
[00:12:25]
So this gets into a whole other can of worms, but my mother came from a really challenging family background. And very difficult. She ran away from home when she was 16 years old, and was on her own sort of after that, with some support from family and friends, other family and friends. And so she was a very tough woman. She sort of had to be tough, to do as well as she did. She was—so she was—she had a pretty hard view of life.
[00:13:12]

Tacey A. Rosolowski, PhD
[00:13:13]
And how did the medicine factor in? Did she feel—was it an economic thing about being a doctor? Or what was—what did being a physician represent to her as a strong woman?
[00:13:31]

Warren L. Holleman, PhD
[00:13:31]
I think she loved her career and loved being in healthcare. And it had sort of—the hospitals where she worked sort of became her family. In a sense, a family she didn't really have growing up. And she saw that as a very high calling, and a very successful professional life.
[00:13:57]

Tacey A. Rosolowski, PhD
[00:13:57]
Sure.
[00:13:59]

Warren L. Holleman, PhD
[00:13:59]
And it really rescued her from—as I understand it, she wanted to go to college, and she started there with some money from a brother of hers, but then couldn't continue. And the war came

along, World War II. And she was able to go to nursing school for free, because they needed nurses. Then from there she went into nurse anesthesia. And basically, the health professions opened up to her at a time when she couldn't afford anything else. And it really—and she embraced it. I think that she was the youngest nurse anesthetist ever to graduate, or ever to get a license in North Carolina at the time.
[00:14:44]

Tacey A. Rosolowski, PhD
[00:14:45]
Wow. That's very impressive.
[00:14:46]

Warren L. Holleman, PhD
[00:14:47]
Her friends at the hospital always called her, "baby." And you think baby, is that sort of, like, because she's a woman and a "babe," no. That was because she was so young. She talked her way into the program during the war. Usually a nurse would work as a nurse for several years, and then would go back to school and do this. But she just went straight from nursing school, I think.
[00:15:18]

Tacey A. Rosolowski, PhD
[00:15:19]
So what kind of impact did it have on you growing up, knowing this story about your mom, this strong, independent person who's kind of doing firsts so early?
[00:15:30]

Warren L. Holleman, PhD
[00:15:31]
Yeah.
[00:15:32]

Tacey A. Rosolowski, PhD
[00:15:33]
Yeah.
[00:15:33]

Warren L. Holleman, PhD
[00:15:34]
The joke is that my brother and me, especially me, the younger one, we were raised in the state mental hospital. So my mom worked in all the hospitals in Raleigh. She was—I learned after

she died—I was going through her stuff—she was the chair of the Anesthesia Department at Rex Hospital, which was the biggest hospital in Raleigh at one point. I never even knew that. And that was way back in the '50s or early '60s. But the place, by the time I came along, she was working mostly at Dorothea Dix, which was one of the largest psychiatric hospitals in the United States. They had a campus that looked like a college campus. It was probably one or two square mile—I don't know, maybe one square mile in Raleigh, and had two thousand five hundred patients, which at the time were called, quote, "inmates." Not a really good term. But when she couldn't get a babysitter, she would take me with her to work. And that was before HIPAA. And there were no rules. So basically I was free to play in the hallway around in the OR area. And they would put a chair in front of the OR door so I could stand on that and watch my mother in the operating room.
[00:16:57]

Tacey A. Rosolowski, PhD
[00:16:58]
Oh, man!
[00:16:58]

Warren L. Holleman, PhD
[00:16:58]
They even gave us, let us, my brother and me go up to the observation room, or deck, or whatever it was called, and watch the surgeries from there. I don't really remember that. That was because my brother was older, and once he started going, that was probably when I was three or four or five years old. There's a funny story that I don't remember, but my mom enjoyed telling, that one day we went up to watch the surgery. And it was a rather unpleasant visual experience. They were removing someone's eyeball. And they said my brother got kind of nauseated. They said I was banging on the glass saying, "Take the other one out! Take the other one out!" (laughter)
[00:18:01]

Tacey A. Rosolowski, PhD
[00:18:02]
So you can decide whether you want to believe that or not, right?
[00:18:03]

Warren L. Holleman, PhD
[00:18:05]
Yeah. Yeah. But when my mother died in 2010, I believe, or was it 2011? Ouch. My brother and me decided that at the memorial service we would tell some of the stories that she had told us, or her colleagues had told us about her from her work in the 1940s and '50s and '60s, and mostly in the psychiatric hospital. And it really—well, those in attendance really enjoyed them.

Many hearing them for the first time, older ones reminiscing. But most of her colleagues had died by then. But it really gave them a window into her personality. But also, I realized these stories really were formative for me. I saw how many of these stories shaped the career that I chose in healthcare.
[00:19:09]

Tacey A. Rosolowski, PhD
[00:19:10]
So tell me about that.
[00:19:11]

Warren L. Holleman, PhD
[00:19:11]
So I didn't become a doctor like my mom wanted, but actually, I really did—you want to hear a couple of the stories?
[00:19:17]

Tacey A. Rosolowski, PhD
[00:19:18]
Absolutely, yeah.
[00:19:19]

Warren L. Holleman, PhD
[00:19:19]
Well, I'll tell—the first one I'll tell is a funny one, but it still has a really serious point. But I also want to tell, at least tell one other that was probably the most related to the work I do now.
[00:19:35]

Tacey A. Rosolowski, PhD
[00:19:36]
Mm-hmm.
[00:19:36]

Warren L. Holleman, PhD
[00:19:36]
So as I told you, my mother grew up in a really difficult home situation. She had a very abusive father and stepmother. She had to really fight to—not just her, her siblings all had to be very tough. Many times she lectured me on, if I showed any sign of weakness or cried or anything, she would say, "If you're weak, you won't survive." She didn't allow crying or tenderness. That was a down side of this. She was not a tender person at all. She wanted you to be tough. So this kind of gives you a little window into her personality. So that era, as I understand it, at least in

this area of the country, the nurse anesthetist did the anesthesia. I don't think they had male MD anesthesiologists. And so the OR was surgeons and nurse anesthetists, and then the OR nurses. And so the Duke Medical School used the hospitals in Raleigh to train their medical students and their surgery residents. So she taught them all how to do anesthesia.

[00:20:58]
So there was one surgery resident who was—she was trying to teach him how to do a spinal tap, spinal anesthesia, and it involved sticking a needle in the spine. The patient was a young woman, 15, 16 year old, who was mentally retarded. And she didn't really understand what was going on. And he wasn't doing a good job. And he was inflicting a lot of pain on her. It's painful and scary to start with. But if you're not doing it right, it gets worse. So instead of—and so she was just sort of trying to get through the procedure by, I guess, praying. She's, "Jesus, help me Jesus, help me Jesus, help me Jesus, help me, help me Jesus, help me Jesus!" And instead of sort of backing off, as my mom was trying to get him to do, and let's think this through and start over, he kept just sort of trying harder, and making it worse. And her screaming, "Jesus, help me Jesus!" Like that. Finally, he had had enough. And he said, "Will you please shut up?" At that point, my mother—that went too far. So to that young surgeon with her mask on and everything, she pushed her way between him and the patient, pushed him away from the patient and said through her mask, "I don't believe she was talking to you. She was talking to Jesus, and you think you're God, but you're not!" She made that point. And that was kind of a story that everybody talked about, that kind of told the story of a dynamic of working in a mental hospital. The male-female thing, the power struggle, doctors, nurses, all that.
[00:23:05]

Tacey A. Rosolowski, PhD
[00:23:04]
Yeah. Wow.
[00:23:05]

Warren L. Holleman, PhD
[00:23:05]
But also it showed my mother's toughness. And she wasn't—and there was story after story of her standing up to—
[00:23:12]

Tacey A. Rosolowski, PhD
[00:23:13]
On behalf of the patient.
[00:23:15]

Warren L. Holleman, PhD
[00:23:15]
In this case, on behalf of the patient. Another thing she did that was really remarkable that I learned in her later years, at both the hospitals where—at the two big hospitals where she worked, Rex and Dorothea Dix, so in the 1940s and '50s and early '60s, there was a big problem with narcotics use by doctors. I don't think they realized how bad it was. So she was in charge of the narcotics. And her narcotics, in both hospitals, would disappear. Only about five people had keys, so she knew it was one of those five. And one was at Rex, one was at Dorothea Dix. These were in different time periods, I don't know the details. But in both cases she caught the perpetrator, and they both lost their careers over it. And that—I've heard—that's unusual. But in one case, it was a surgeon, the head of surgery. He lost his medical license and never practiced medicine again. He sold real estate, I think, after that. And she caught him, and she stood up to him. He was her boss, basically. And the other, it was the hospital administrator, who was a more of a business type. So she told me later in life how she caught them. She said, "I sort of figured out who I thought it was," but they say, "Well, you've got to prove it." So she announced to the five or so people who had the keys that there was—she was going to change the keys on the locker, and she would give everybody a new key. So she changed the keys, only gave the key to the person she thought was the thief, and then told the other three just to stay quiet. Or, I don't know what she told the other three, but she did not give them a key yet. And then when the stuff continued to disappear, she had proof.
[00:25:39]

Tacey A. Rosolowski, PhD
[00:25:40]
Yeah. Wow.
[00:25:40]

Warren L. Holleman, PhD
[00:25:41]
So I think she was pretty tough.
[00:25:44]

Tacey A. Rosolowski, PhD
[00:25:45]
Yeah, very tough. And, you know, doing the right thing. Focused on that.
[00:25:50]

Warren L. Holleman, PhD
[00:25:53]
My parents were both into doing the right thing. They were very—that's one of their strengths.
[00:25:57]

Tacey A. Rosolowski, PhD
[00:25:58]
So here you are in this family environment. You obviously admire these aspects of your mom very much. How did your own interests develop independently and (cell phone buzzes)—
[00:26:16]

Warren L. Holleman, PhD
[00:26:17]
Is that mine?
[00:26:17]

Tacey A. Rosolowski, PhD
[00:26:17]
I think that may be yours buzzing. It's okay. I was just trying to take the—do you need to take it?
[00:26:22]

Warren L. Holleman, PhD
[00:26:23]
No, I'm just going to turn it—
[00:26:24]

Tacey A. Rosolowski, PhD
[00:26:25]
Okay.
[00:26:25]

Warren L. Holleman, PhD
[00:26:25]
I thought I had it off, but it vibrates.
[00:26:26]

Tacey A. Rosolowski, PhD
[00:26:27]
Oh, it was just vibrating. I wasn't sure if mine was.
[00:26:27]

Warren L. Holleman, PhD
[00:26:28]
Yeah. So that should be off. Well, and I do—there is one other story—
[00:26:33]

Tacey A. Rosolowski, PhD
[00:26:33]
Oh, sure, tell it if you'd like.
[00:26:34]

Warren L. Holleman, PhD
[00:26:34]
—that really relates to the work I do now. At some point, let's be sure—
[00:26:36]

Tacey A. Rosolowski, PhD
[00:26:36]
If you want to tell it now, go right ahead.
[00:26:38]

Warren L. Holleman, PhD
[00:26:40]
Okay. Because the work I do now is kind of different than what I've done in most of my career. I'm working with trying to help doctors and scientists and other health professionals have better mental health, basically, because we do have a crisis now of both high burnout rates and high suicide rates among physicians. This is a cautionary tale that she told me, at least 10 or 20 times in my life. And I checked in with my brother a couple of months ago. I published this story, actually, and showed it to my brother. He said, "You're right. She told us this story over and over and over." So this story goes back to the 1940s. There was a Duke Medical student, we'll call him "B." I don't think we need to use his name, although I heard his name throughout my life. I think his wife is still alive, his widow, in South Carolina. I've always wanted to follow up with her. So in the 1940s, the Duke Medical School was kind of decimated by the war, because all the faculty headed off into the war effort. And they were short on faculty. There was this student there, we'll call him "B" who, as my mom put it, said he was the best student ever to come to Duke Medical School. And everybody agreed. He was just amazing. He was smart, he had clinical and surgical skills, he was a good teacher, he was a good administrative person, he got things done, and he had the nicest personality. And I got the idea he must have been good looking, because they all just loved him. And because of his skills and his personality, he kind of got recruited into a faculty role, even when he was a student. He would have the role of teaching the younger students, both didactically and clinically. Then when he became an intern and a surgery resident, he continued to—now was working primarily in these hospitals in

Raleigh where my mom worked. And he continued to have these multiple roles. He was doing his work, but he was also being a teacher. If the hospital had stuff they needed to get done, they would always ask him, because he would always get it done and he'd do it with a smile, and he was the nicest guy. And my mom said, everybody loved this guy. He was just—they never met anybody like him. And they all wondered, how does he manage to get so much done and do so well and always have a smile on his face, and always be so nice? They just never experienced that before.

[00:29:46]
One day, one morning early, they came into the operating room to prepare for surgery, and they saw the strangest site. The OR had basically been trashed. Somebody had had a rage in there, and the weirdest thing was, the OR table had been cut in half. So this was a steel table. And they thought, how could this have happened? Did a bunch of the patients at the psychiatric hospital get a hacksaw and just take turns sawing all night long? Well, the truth was stranger than that. It was the work of one man, one person, and it wasn't a patient. It was a doctor. And it wasn't any doctor, it was B. Dr. B. So they hospitalized him at Butner, which was the other psychiatric hospital in North Carolina. And a few days later, he was found dead in his room, he had hanged himself. So my mother never forgave the hospital for that. She blamed it—she said if you do a good job, people will keep asking you to do more, until you can't do anything else. So A, you've got to learn how to say, "No." You've got to stand up to these hospital executives, you know, this sort of thing. I think she's projecting her father. Her father was abusive, and she said, "You've got to stand up to these men." That was her point of view. And she said the hospital, that leaders need to learn that when they have a good worker, a good resource, they shouldn't just run it into the ground. The analogy I would—she didn't say it this way, but it's like they've got this fleet of Maseratis, but they drive them like clunkers, and they don't bother to tune them up, oil them, lube them. They just drive them into the ground. And she said, "Whoever your employer is, that's the way they'll treat you if you do good work. And you've got to stand up to them, and tell them what you'll do."
[00:32:16]

Tacey A. Rosolowski, PhD
[00:32:16]
Wow.
[00:32:17]

Warren L. Holleman, PhD
[00:32:17]
And that's sort of the way she was.
[00:32:19]

Tacey A. Rosolowski, PhD
[00:32:20]
That's an amazing story.
[00:32:21]

Warren L. Holleman, PhD
[00:32:21]
Yeah.
[00:32:22]

Tacey A. Rosolowski, PhD
[00:32:23]
Obviously had a huge—sticks in your mind still.
[00:32:25]

Warren L. Holleman, PhD
[00:32:26]
One of my regrets is that I didn't sort of follow up with some of her colleagues when they were still alive, and ask their memory of that. At the time my mother died, right before she died, she said that B's wife at the time had remarried and moved to South Carolina. And I wanted to try to find her. But I don't know if she'd still be alive. But she'd be probably 90 years old now.
[00:32:55]

Tacey A. Rosolowski, PhD
[00:32:57]
Well, that story obviously does have a lot of connection with the work you do now, for sure.
[00:33:03]

Warren L. Holleman, PhD
[00:33:03]
I think about that story all the time.
[00:33:06]

Tacey A. Rosolowski, PhD
[00:33:06]
Yeah. Yeah. Have you ever told it? In a professional context, like here at MD Anderson?
[00:33:11]

Warren L. Holleman, PhD
[00:33:12]
I should. I don't think I've ever told it at MD Anderson. I've told it a couple of other places. It's

such a painful story, it's almost too painful, you know?
[00:33:29]

Tacey A. Rosolowski, PhD
[00:33:30]
Mm-hmm. Hmm.
[00:33:31]

Warren L. Holleman, PhD
[00:33:32]
I don't know. You think I should tell it more?
[00:33:35]

Tacey A. Rosolowski, PhD
[00:33:35]
I don't know. I mean, I really don't know. It's, I think people would really connect with it. Whether or not they could handle what comes out when they connect with it is another matter.
[00:33:47]

Warren L. Holleman, PhD
[00:33:47]
Yeah.
[00:33:47]

Tacey A. Rosolowski, PhD
[00:33:48]
You know?
[00:33:48]

Warren L. Holleman, PhD
[00:33:48]
I did put the story in—I published it in a publication called KevinMD. It's a blog for doctors. It's a very—it's a good blog. It's the most widely read social media among doctors. And I got a lot of responses. I sent the link to my brother, because I was thinking, it's been all these years, do I remember this story correctly? Am I projecting something of my own in there?
[00:34:27]

Tacey A. Rosolowski, PhD
[00:34:27]
Sure.
[00:34:28]

Warren L. Holleman, PhD
[00:34:28]
He wrote back and said, "This is exactly the way I remember it. You're right, mom just drilled that in our heads, over and over and over."
[00:34:35]

Tacey A. Rosolowski, PhD
[00:34:35]
Yeah. Very interesting.
[00:34:35]

Warren L. Holleman, PhD
[00:34:36]
That's not a story we told at her memorial service, obviously, because that wasn't really about her. But it was a powerful story. I'd call it a "cautionary tale."
[00:34:49]

Interview Session: 1
Interview Date: April 12, 2017

Chapter 04
Developing an Ability to Deal with Psychological Turbulence
A: Personal Background;

Codes
A: Personal Background;
A: Character, Values, Beliefs, Talents;
A: Influences from People and Life Experiences;

Tacey A. Rosolowski, PhD
[00:34:50]
Well, tell me a little bit about—I feel like we're kind of aiming toward that story. Take us there. So how did your interests evolve when you were a young person? What were the subjects you were interested in studying? How were your talents evolving?
[00:35:16]

Warren L. Holleman, PhD
[00:35:17]
What I did not have a talent for was science. And that's the ticket to medical school. When I was a freshman in college, I was thinking about medicine. And I remember I struggled with chemistry, freshman chemistry. And after that, I said, "I'm not pre-med." I made a C. And that pretty much—it would take a lot of work to overcome that. I couldn't imagine organic chemistry if I was struggling with regular chemistry. So—
[00:35:50]

Tacey A. Rosolowski, PhD
[00:35:50]
Were you disappointed in that?
[00:35:51]

Warren L. Holleman, PhD
[00:35:52]
I think it was a reality check for me. I think I'd been to this tiny rural high school where not even that many kids went to college. And I was—did well there. And then I go off to college, and I'm taking chemistry with a bunch of really smart people, most of whom have already studied half the stuff we studied in the course in high school, you know?
[00:36:21]
Tacey A. Rosolowski, PhD
[00:36:19]
Yeah.
[00:36:20]

Warren L. Holleman, PhD
[00:36:21]
You know, and the stuff I had studied in high school didn't really prepare me for that.
[00:36:25]

Tacey A. Rosolowski, PhD
[00:36:25]
And then for the record, tell me about where you went to college.
[00:36:29]

Warren L. Holleman, PhD
[00:36:30]
So I graduated from Apex High School in 1973. I was one of 99 graduates, and in this rural farming community. Wonderful place to grow up, but not the most academically. And then I went to Harvard. So that was quite a jump for me.
[00:36:57]

Tacey A. Rosolowski, PhD
[00:36:57]
And how did that happen?
[00:36:58]

Warren L. Holleman, PhD
[00:36:59]
I would credit my brother. My brother was three years ahead of me. He had been in a summer enrichment program that the State of North Carolina had at the time called the Governor's School. It was a really good program. And one of his teachers said, "Everybody here should apply to at least one school out of state, just to expand your horizon. You don't have to go there, just apply there." So my brother said, "Okay, I'll apply to Harvard." And the funny thing was, the guidance counselor at the school said, "No no no, that's a waste of time," basically. But he said, "No, that's what I'm going to do." My brother was very stubborn. And he got in. So after he got in, I really had to—I was very competitive with him. I did everything for the next three years to try to get in there, and I got in. Yeah.
[00:38:05]

Tacey A. Rosolowski, PhD
[00:38:06]
Were your parents worried about your going so far from home? Or were there any kind of assumptions about what would greet you, going to Boston?
[00:38:16]

Warren L. Holleman, PhD
[00:38:17]
I think our dad was really proud of us. And he had to pay for it all, but he was very—he never complained about that at all. I think he was really proud. He had always hoped we'd go to Wake Forest. That's where he went, for undergraduate and law school. And my mother, actually, her nurse anesthesia program was at Wake Forest as well. So Wake Forest was a school we were pre-destined to go to. And when my brother got into Harvard, it kind of threw everybody for a loop. He had already received graduation gifts with Wake Forest on them, like, blankets. My mother, I don't quite understand this, but she made him give those gifts back. Saying, "If you're not going to Wake Forest, you can't accept the gift."
[00:39:10]

Tacey A. Rosolowski, PhD
[00:39:11]
Huh.
[00:39:11]

Warren L. Holleman, PhD
[00:39:11]
Yeah. That's my mom. And mom was—it was very hard for my mom. She really—this is a whole other story, but when my brother left for college, my mother really kind of lost it. I think she felt kind of abandoned, that sort of thing. I don't really understand it to this day. But she struggled with abandonment issues. It went back to the harshness of her childhood. And you would have thought that she—part of her was proud of us, but another part was wishing we'd stayed closer to home.
[00:39:56]

Tacey A. Rosolowski, PhD
[00:39:56]
Did growing up in a family like that—I'm just—a lot of people that grow up in families like that learn to be pretty sensitive to emotional currents, and read people.
[00:40:12]

Warren L. Holleman, PhD
[00:40:13]
Oh, yeah. I think—when I think about me going into mental health, being a family therapist, I mean, there are several reasons for that. One is, quote, "growing up in a psychiatric hospital," I was exposed to severe mental illness. My earliest memories are people who have thought disorders in a psychiatric hospital. Who has that? Secondly, because of my mother's difficult family situation, she had family members who had severe psychiatric illness, and I was exposed

to that. Sometimes they would live with us. So I was never put off by that. I was familiar with it. But then my mother's own challenges, I was very familiar with that. I think in the terms of—in family systems terms, in a way, I was a spousified child; I was sort of my mother's counselor, in a way, as I grew up. My father, the big event—the other big event—one was my brother going off to college. And then at the time my brother went to college, my father was getting really sick. And just a month after he went to college—I think my mother must have known this, and my father kept refusing to see the doctor. So he went to see the doctor in October of that year, a month after my brother had left, and was diagnosed with acute lymphocytic leukemia, and told that, "We will try to keep you alive for a month. You need to get your affairs in order, and we're very sorry." He wound up living for 21 years. He was one of the first miracles of what I would call—I'm not a physician, but what I would just call the "cocktail chemo approach," that actually Dr. Freireich [oral history interview], Dr. Frei, here at MD Anderson, developed. So when I came to work here, I thanked Dr. Freireich for saving my dad's life, indirectly.
[00:42:27]

Tacey A. Rosolowski, PhD
[00:42:27]
Wow.
[00:42:27]

Warren L. Holleman, PhD
[00:42:28]
And he had some funny things to say about it. So my father went to Duke for treatment and his doctor turned out, Dr. Silberman, had been Dr. Freireich's fellow at the NCI. And he did the cocktail treatment, and my father was sick for the next 21 years off and on, but he survived. He wasn't the healthiest you could be, but he survived and functioned quite well. So I think my mother had kind of a dual crisis. He lost her oldest son, he went far away, at the time that her husband was, she thought, dying. And so then at that point, I'll never forget, the day that my dad got this diagnosis, after her trying for about a year to get him to go to the doctor, he said, "I haven't seen a doctor since World War II and I don't need to see one now." This is a Southern male thing. So he finally goes. He called, or the doctor called, I'm not—the doctor was a surgeon in Raleigh. My dad kept refusing to see the doctor, but she talked him into seeing a doctor who was a surgeon, who wasn't the appropriate one to see at all, but it was somebody my father knew socially. And he was willing to see him. He did the bloodwork up and just called my mother and said, "I'm sorry, his white count is off the charts. He has no platelets. This is obviously acute leukemia. There's no real good treatment for it." It turns out he was at the very beginning of this cocktail treatment. So when she got that call, before she went to meet him at Duke, she gave me this little speech. She said, "It's you and me now, and you've got to take care of me." I was, like, 13, 14 years old.
[00:44:43]

Tacey A. Rosolowski, PhD
[00:44:44]
Right.
[00:44:44]

Warren L. Holleman, PhD
[00:44:45]
I didn't—I wasn't really ready for that. But after that, she really had conversations with me that she probably shouldn't have, and should have had with him. So in a way, I became closer to her. But on the other hand, to be honest, she treated me the way you might treat a spouse. She was also—could be really negative toward me, too. She had a love-hate relationship with me. Then when I went off to college and went far away, it was very difficult for her. That was her challenge. But everything I told you previously was also true.
[00:45:38]

Tacey A. Rosolowski, PhD
[00:45:39]
Sure.
[00:45:39]

Warren L. Holleman, PhD
[00:45:39]
She was a very strong, successful—in the professional world, she was incredible. And when she retired from that, she got involved in political and civic activities, and took on leadership roles and was very effective. She did some amazing things.
[00:45:55]

Tacey A. Rosolowski, PhD
[00:45:55]
Well, that's the amazingness of people. They're so complicated.
[00:45:58]

Warren L. Holleman, PhD
[00:45:59]
Yeah. Exactly.
[00:45:59]

Tacey A. Rosolowski, PhD
[00:46:00]

Something very contradictory.
[00:46:01]

Warren L. Holleman, PhD
[00:46:01]
Yeah. And being in her household, I knew that side of her. Most people didn't know that side of her.
[00:46:08]

Tacey A. Rosolowski, PhD
[00:46:09]
Well, and it teaches you that people in general have sides, and that's an obviously very important thing for you to know, as you became a professional.
[00:46:18]

Warren L. Holleman, PhD
[00:46:19]
Sure. Yeah. When I went into—became a counselor or a therapist, it was interesting that the two types of clients that most people did not want were clients who had personality disorders, like borderline personality, that kind of thing. And then the others, the person who's depressed and suicidal.
[00:46:43]

[00:46:45]
And I found I gravitated toward those. For about 10 years, I loved having those types of clients. I eventually got tired of it, or just fatigued by it. But I found that I had skills in that area. And I think that my mother gave me those skills.
[00:47:07]

Interview Session: 1
Interview Date: April 12, 2017

Chapter 05
A History Major at Harvard and a Desire to Make a Positive Difference
A: Educational Path;

Codes
A: Personal Background;
A: Experiences Related to Gender, Race, Ethnicity;
A: Influences from People and Life Experiences;
A: Character, Values, Beliefs, Talents;
A: Professional Values, Ethics, Purpose;

Tacey A. Rosolowski, PhD
[00:47:08]
Not surprising, yeah. So tell me how that happened, because in fact, you made the choice to get into counseling kind of farther along in your career.
[00:47:18]

Warren L. Holleman, PhD
[00:47:18]
Yeah.
[00:47:18]

Tacey A. Rosolowski, PhD
[00:47:18]
So you're at Harvard, and as far as I know from your CV, you were a history major?
[00:47:23]

Warren L. Holleman, PhD
[00:47:23]
Yes.
[00:47:23]

Tacey A. Rosolowski, PhD
[00:47:24]
So what was that about? Why that choice at that time?
[00:47:26]

Warren L. Holleman, PhD
[00:47:27]
I loved history. It was something I was good at. I was not good at math and science. This is—I was also a very slow reader. I think I had some issues there. So I would have loved to be an

English major, but a typical course you read two novels a week.
[00:47:53]

Tacey A. Rosolowski, PhD
[00:47:54]
Yeah, it's heavy.
[00:47:54]

Warren L. Holleman, PhD
[00:47:55]
I read one novel every two months. I think I enjoy it, I enjoy reading as much as anybody else, but I'm a very slow reader.
[00:48:03]

Tacey A. Rosolowski, PhD
[00:48:04]
So what were you thinking about, as you were in college and kind of visualizing your future? What were you seeing yourself becoming? Or did you not think about that at the time?
[00:48:12]

Warren L. Holleman, PhD
[00:48:13]
Well, I think law—my dad was a small-town lawyer, and really law was a small part of what he did. He had a lot of roles in the community and took on kind of leadership, and trying to make things better. I definitely saw myself as having that same skill set as my father. As an 18-year-old, you don't really, at I couldn't see myself working with him, though, because I was just in that stage where I was pushing myself away. Years later, it would have been different. So I couldn't see myself in that role. The other role that I really seriously considered was politics. I thought of myself as maybe a congressman or something, and I did some summer internships with my congressman, my senator, with that in mind.
[00:49:14]

Tacey A. Rosolowski, PhD
[00:49:14]
What was that motivation about?
[00:49:16]

Warren L. Holleman, PhD
[00:49:16]
I think it was largely a desire to make the world a better place. Being in a community where even a kid could see things that needed to be fixed, and feeling that that's the type of person who

can fix them.
[00:49:33]

Tacey A. Rosolowski, PhD
[00:49:34]
Were there specific issues that you were interested in? I mean, like today, kids get interesting in the environment. Was there a focus that you had? Or was it more of a general—
[00:49:44]

Warren L. Holleman, PhD
[00:49:45]
Well, I could say a couple of things about that. Without a doubt, the formative experience of my childhood outside my home was the racial desegregation of the schools. That occurred in my sophomore year of high school, 1970. It seems kind of late, considering that Brown versus Board of Education was 1955. And as I said, our community was basically 50 percent black, 50 percent white. I think even the first year we desegregated, there were more blacks than whites in school. And in a way, that really made for an easier desegregation, because there was no minority that was being taken advantage of so easily, at least. And I also think the teachers in our school and the principal did an excellent job of preparing us for that. And I was a part of the committees that prepared for the desegregation; I think it was called the Human Relations Committee. That was just an amazing experience. I remember at that time, there was a lot of uproar in North Carolina about desegregation. Some of the parents who—white parents who were most challenged wound up sending their kids to these private schools, which, ironically, often were called, quote, "Christian schools," which as kids, we could see that was really hypocritical.

[00:51:28]
And so when the Human Relations Committee started meeting, there was an assumption initially that—well, the new school was going to be at the, quote, "white school," and the black school was going to become a middle school. So the assumption was they'd come to our school, and everything would be the same; the school colors, the mascot. And I don't know who had the idea, probably the principal, but they said, "We should throw everything out and start over." I mean, that's kind of obvious. But at the time, the other communities didn't do that. We were the only one that did that. And it made a world of difference. Then it became an exciting thing, where black kids and white kids were talking about, "Oh, what about this color?" Or, "We could be like the Green Bay Packers." We wound up being the Green Bay Packers. We took Kelly green and yellow gold. Bart Starr, you know, was everybody's hero back then. We started over. Took new mascots on officers, we took co-presidents, co-chairs, and things were pretty fair. I mean, there were still problems, but nothing—I think our community handed it well. So while the school desegregation, which was basically run by the kids, went pretty well, the assumption that we kids had, the idealistic ones at least, was that the whole community was going to

desegregate now. The churches, the Scout troops, the Lion's Club, Town Council. Well, really, that didn't happen, even though we tried. And so we started a lot of—we were involved in a lot of activities to desegregate our churches, our Scout troops and things. And those were met with a lot more resistance, in some cases pretty dramatic. And we found out what the adult white people were really like, some of them.

[00:53:38]
But my parents were among the parents who were very supportive of desegregation and equality and fairness. So I've always had a lot of respect for them. They even stood up at times when it wasn't easy to stand up. And it would affect my father's business; it wasn't easy to do that. My mother, to this day I'm trying to find a letter to the editor she wrote to the local paper. She really took on some of the town leaders, at one point. And I need to find that.
[00:54:22]

Tacey A. Rosolowski, PhD
[00:54:23]
So I can see how this informed your kind of ideas about perhaps entering politics and becoming involved in that way.
[00:54:32]

Warren L. Holleman, PhD
[00:54:33]
And I need to tell you, since you're—this is really gratifying to me. Nobody's asked me these questions before. But one of my earliest experiences that I remember well—remember, and certainly my earliest political experience was in the first week of November, 1960. I would have just turned five years old. And John Kennedy was running for president. And in North Carolina, we had a candidate for governor who was the first sort of openly liberal Democrat, Terry Sanford, who later became a senator and president of Duke University. And so you had—so my father got my brother and me up at, like, 3:00 or 4:00 in the morning, the day of the election. Our cousin, who was really more like an uncle functionally, he was much older than me. He was sort of like my dad's little brother, even though technically he's a nephew. He took one side of town, and my dad and my brother and me took the other side of town. And my dad would drive us, and we'd put this little placard on everybody's doorknob, "Vote for Kennedy and Sanford." And they won.
[00:55:54]

Tacey A. Rosolowski, PhD
[00:55:55]
Oh, wow.
[00:55:55]

Warren L. Holleman, PhD
[00:55:55]
And we sort of felt like we were a part of that.
[00:55:56]

Tacey A. Rosolowski, PhD
[00:55:56]
Sure! Yeah.
[00:55:56]

Warren L. Holleman, PhD
[00:55:57]
Sanford then was by far the most progressive governor North Carolina has ever had.
[00:56:07]

Tacey A. Rosolowski, PhD
[00:56:07]
Wow.
[00:56:07]

Warren L. Holleman, PhD
[00:56:07]
And he did a lot of good things.
[00:56:11]

Tacey A. Rosolowski, PhD
[00:56:11]
Yeah. Yeah. I mean, just that message to send a child that you can have an impact, so many people don't feel that anymore. You know?
[00:56:19]

Warren L. Holleman, PhD
[00:56:19]
Yeah.
[00:56:20]

Tacey A. Rosolowski, PhD
[00:56:21]
But to get that so early, that's very cool.
[00:56:22]

Warren L. Holleman, PhD
[00:56:23]
It was really cool. One of my best memories of my dad.
[00:56:26]

Tacey A. Rosolowski, PhD
[00:56:27]
Yeah. Very neat. Very neat. So, what—
[00:56:32]

Warren L. Holleman, PhD
[00:56:33]
So that's why I had this—Terry Sanford was a hero. John Kennedy was a hero. Well, I didn't really know much about him. So I wanted to just kind of be like them. So politics seemed like one way to do that. My dad had run for the state House of Representatives, and there was a story there, too. In 1954, I think—no, '55, in there. He, at the time, he was kind of a hero of mine, too. I still have his little card, his "Vote Carl Holleman, North Carolina House of Representatives," blah blah blah.
[00:57:15]

Tacey A. Rosolowski, PhD
[00:57:15]
Wow, that's cool.
[00:57:16]

Warren L. Holleman, PhD
[00:57:17]
He lost. But he lost well. At the time, there was something called the "Southern Manifesto." It was kind of a litmus test to show that you were a segregationist. Everybody was asked to sign it. If you didn't sign it, you basically didn't get elected. My dad refused to sign it. The Southern Manifesto said, I disagree with Brown versus Board of Education, something like that. I'm a segregationist. You know, the Democratic Party, the Southern wing tended to be very segregationist. Then there were a few who were not, like Terry Sanford.
[00:58:01]

Tacey A. Rosolowski, PhD
[00:58:02]
I didn't realize that.
[00:58:02]

Warren L. Holleman, PhD
[00:58:03]
Yeah. So George Wallace would be a typical of the Dixiecrats. And that was—yeah. But then the Democrats were kind of bipolar; they had the Dixiecrat segregationists, and then they had the very liberal wing that was mostly from the North. But there were a few Southern liberals, too.
[00:58:26]

Chapter 06
A PhD Program and a Professional Focus on Ethics
A: Educational Path;

Codes
A: Professional Path;
A: Influences from People and Life Experiences;
A: The Clinician;
A: Character, Values, Beliefs, Talents;
D: Ethics;
A: The Researcher;

Tacey A. Rosolowski, PhD
[00:58:27]
So how did all that evolve in college? You did some of these internships with congressmen during your summers?
[00:58:36]

Warren L. Holleman, PhD
[00:58:37]
Mm-hmm.
[00:58:37]

Tacey A. Rosolowski, PhD
[00:58:37]
So what happened by the end of graduation? Because you ended up getting a degree in something quite different. Or, your PhD
[00:58:43]

Warren L. Holleman, PhD
[00:58:43]
I'm not sure what happened. One thing I know is I fell in love.
[00:58:47]

Tacey A. Rosolowski, PhD
[00:58:48]
Okay.
[00:58:48]

Warren L. Holleman, PhD
[00:58:49]
And the person I married, Marsha Cline, C-L-I-N-E. And I wasn't sure what I wanted to do. She knew she wanted to go to medical school. She was from Texas. Medical school at Texas schools at that time, I think, was $600 a year. I said, "Well, I want to pursue this either political career or go to graduate school in political science, or diplomacy or something," I didn't really know. So we both applied to different places. But once—and I remember at the time, I was applying for a job to work for my congressman. Because I had worked there in the summer, they said, "We like you. When you graduate, if you're interested, we'd love to consider you for a job." So at the time they didn't have an opening. They said, "Just be patient, something will open up. Just be patient. Come to DC, and within months, things will work out." Well, my wife applied to a couple of medical schools in DC, and they were $30,000 a year. In 1978, that was a lot of money. And Baylor, here in Houston, was $600 a year. So it was kind of a no-brainer.
[01:00:17]

Tacey A. Rosolowski, PhD
[01:00:18]
Yeah.
[01:00:18]

Warren L. Holleman, PhD
[01:00:19]
So we came here, and I just kind of lucked into—I didn't know what I wanted to do. I thought, well, I'll be the person who earns the money. With a liberal arts degree, I found I wasn't very employable. And I remember—this is serendipitous, but I was applying for jobs around Houston from Boston, and not getting anything. I was shocked at how unemployable I was. Coming from a small town, where I just thought I could do anything.
[01:00:57]

Tacey A. Rosolowski, PhD
[01:00:58]
Yeah, sure.
[01:00:55]

Warren L. Holleman, PhD
[01:00:55]
Nobody was even interested in talking to me. So meanwhile, I said, well, just to keep myself happy, I'll take a course—I had heard about Rice University. Sounded like a good school. So I wrote a letter to the chair of the Department of Religious Studies, saying, I'm moving to Houston, I'm going to be working, but I just would like to take a night course or something. Do you have anything like that? And he wrote me back and said, "What if we offered you a

scholarship and a fellowship, a teaching fellowship, and you just come here and be a full-time student?" And at the time, nobody would even return my phone call for these little minimum wage jobs, practically. So I said, "Okay."
[01:01:51]

Tacey A. Rosolowski, PhD
[01:01:52]
Wow.
[01:01:52]

Warren L. Holleman, PhD
[01:01:53]
I wasn't really thinking of myself in religious studies. So I got there the next year. I had never taken a course in [it], but I just kind of was interested [ ]. I found that there was an ethics professor there named James Earl Sellers. Dr. Sellers. And I just totally found myself when I took these classes. I said, this is what my life prepared me for, is ethics. It was really social ethics. It was all about studying race relations, and what justice and equality were, and all that stuff. So it was really good for me. Then when I got ready to graduate, though, the jobs were pretty scarce in most areas of ethics, except Medical Ethics. And Dr. Sellers said, "You've got to go where the money is." So I took a fellowship at Medical Ethics at Baylor.
[01:02:52]

Tacey A. Rosolowski, PhD
[01:02:53]
Right. I saw that on your CV, yeah.
[01:02:54]

Warren L. Holleman, PhD
[01:02:55]
And went into Medical Ethics for a few years, before I then went back to school and studied mental health.
[01:03:00]

Tacey A. Rosolowski, PhD
[01:03:01]
Okay. In '86, you got your PhD, and then you were in the Ethics program at Baylor College of Medicine, '87 to '88.
[01:03:08]

Warren L. Holleman, PhD
[01:03:10]
Yes.
[01:03:10]

Tacey A. Rosolowski, PhD
[01:03:10]
Yeah, okay. Okay.
[01:03:11]

Warren L. Holleman, PhD
[01:03:12]
Then I sort of went on the Baylor faculty as a, quote, "Medical Ethicist." And I did that for a few years. But I wanted to have more of a clinical role. I got interested in community health. All that stuff about justice and equality and fairness in terms of social justice issues were still on my mind. And I found that in community health, that's where they were trying to make healthcare accessible to all people. So, well, that's a whole other story, but when you're ready, I'll tell that story.
[01:03:51]

Tacey A. Rosolowski, PhD
[01:03:52]
Yeah, well, I guess, you know, that's a pretty long period of time. What were some of the key moments for you during that time, that you feel helped form you and crystalize your thinking in these areas?
[01:04:10]

Warren L. Holleman, PhD
[01:04:11]
Yeah. So when I got to Baylor, my focus was doing Medical Ethics in the primary care area. Most Medical Ethics at the time was in ICUs, ERs, specialty areas, and dealing with sort of the dramatic issues of death and dying. My fellowship was split between ethics and family medicine. So I developed an expertise in what I call "primary care Medical Ethics;" just the ethical issues that arise in an outpatient visit in an ambulatory clinic. There were a lot of things there that I thought were fascinating, that no ethicist was even thinking about.
[01:05:00]

Tacey A. Rosolowski, PhD
[01:05:01]
Such as?
[01:05:01]

Warren L. Holleman, PhD
[01:05:02]
The first thing that I had some success with in terms of publishing was, I noticed patients would come to the doctor's—so what I would is hang out at the nurse's station and just team up with the supervising physician who was supervising the residents. And I would just "cruise for cases," I would call it. And then we'd do case conferences on those cases. And I noticed over and over, patients were coming in, asking for sickness excuses. "My son is sick and unable to go to soccer practice or school today." "I am sick and unable to go to work today," that kind of thing. And I noticed there was no scientific basis for anything that was being done. It was just very—if you liked the patient you signed it, if you don't know them but you liked them, you'll still sign it. You'll have no way of knowing if they're even sick. I learned there's all kinds of abuses. Some doctors' offices were selling sickness excuses.
[01:06:06]

Tacey A. Rosolowski, PhD
[01:06:07]
Oh, my gosh!
[01:06:07]

Warren L. Holleman, PhD
[01:06:08]
Literally. There were nurses or—in one case there was a receptionist who, you wouldn't even see the doctor. She would sign the doctor's name for, like, $10 a pop. So everybody was going to that clinic for sickness excuses. That was the worst. But basically, we would have patients that would come in. One doctor would say, "Well, I'll sign it," and another doctor would say, "No, I won't sign it." There was no agreement on what the standards were. Then the next level up was what was called, at the time, "pre-employment evaluations." And pre-employment evaluations were just another thing that there were no standards for at all. And what got my attention, I remember this was the beginning—early in the AIDs epidemic. And a patient with HIV applied for a job as a secretary at a business. The resident said that the pre-employment examination gave him four choices. One, fit to work, no major problems. No problems. Another is fit to work, minor problems, but they can be addressed. Third was sort of fit to work if these changes are made, and then unfit to work. Something like that. So the resident goes around to the faculty saying, "Which box should I check for an HIV patient? He's currently able to work at this time"—that was before AZT and all that was working—"We know that within a year he won't be able to work." So he went to four faculty, and each one checked a different box.
[01:08:05]

Tacey A. Rosolowski, PhD
[01:08:06]
Oh, my gosh.
[01:08:05]

Warren L. Holleman, PhD
[01:08:06]
And I said, "Somebody needs to figure that out." So I sort of partnered with the family physicians and wrote papers about those things. And it wasn't the sexiest thing in the world, but it was a much more common experience for the average patient than being on an intubator in an ICU. Being intubated in ICU. So I thought it was very practical. And nobody else was writing about that.
[01:08:33]

Tacey A. Rosolowski, PhD
[01:08:34]
Did the papers that you did, and the areas where you worked at Baylor, did people change practice on the basis of that?
[01:08:41]

Warren L. Holleman, PhD
[01:08:42]
Yeah. So our department did, Family Medicine. And we changed everything, yeah. And I think we did a good job. So I felt I made a practical contribution there, as a person who wasn't really a doctor or anything. It's ethics—I like that. Ethics wasn't just cerebral or philosophical, or an exceptional situation; do you pull the plug or not—it was a very common, everyday that nobody had thought through.
[01:09:16]

Tacey A. Rosolowski, PhD
[01:09:17]
Interesting. Yeah. Yeah. So what were some of the other—
[01:09:22]

Warren L. Holleman, PhD
[01:09:23]
And by the way, it was at that time that—I forget how all this worked—I guess it was through the professional organization that there was a decision—I don't know if it was just in family medicine, or also general internal medicine, that doctors would no longer do pre-employment exams. They changed the whole definition. They called it "pre-placement exams," and they avoided all those ethical quandaries. They avoided doing all those things that were wrong,

basically. And I think our work had a little bit to do with that. So I've always been proud of that.
[01:10:00]

Tacey A. Rosolowski, PhD
[01:10:00]
Very cool. Yeah. Yeah. Well, I think you're right. People, when they think "ethics," it seems like such a lofty word that it's something you apply to those extraordinary circumstances. But, in fact, we live it every day.
[01:10:16]

Warren L. Holleman, PhD
[01:10:17]
Yeah.
[01:10:17]

Tacey A. Rosolowski, PhD
[01:10:18]
In sort of the micro—the tissue of social interaction, yeah.
[01:10:22]

Warren L. Holleman, PhD
[01:10:23]
The first paper I did on that was called, "School and Work Release Evaluations." That's not a very sexy title. My mentor at the time was a man at Baylor who was one of the top best known medical ethicists in the world. I think I can say his name. It's Baruch Brody. And I had tremendous respect for him, but I always felt I could never be him. He was a brilliant philosopher, and I was not at all, a philosopher. He's very cerebral. And I wrote this paper, and I was so proud of it. And I said, "I'm going to send it to JAMA." And he said, "You need a reality check, here." And then I said, well, I'll try another mentor. I went to this other famous person, and he gave me basically the same feedback. So I sent it anyway, and it got accepted immediately. (laughter) And so I always enjoyed that. But I think it was because nobody else was writing about it.
[01:11:38]

Tacey A. Rosolowski, PhD
[01:11:39]
Your mom would have liked that story.
[01:11:40]

Warren L. Holleman, PhD
[01:11:41]
Oh, yes. Yeah. Yeah.
[01:11:42]

Tacey A. Rosolowski, PhD
[01:11:44]
That's a good one. (laughs)
[01:11:45]

Warren L. Holleman, PhD
[01:11:46]
Yeah.
[01:11:46]

Tacey A. Rosolowski, PhD
[01:11:47]
Well, congrats on that. That's a pretty good publication.
[01:11:49]

Warren L. Holleman, PhD
[01:11:50]
I mean, there's always a lot of luck involved with those things.
[01:11:52]

Tacey A. Rosolowski, PhD
[01:11:51]
Sure.
[01:11:52]

Warren L. Holleman, PhD
[01:11:53]
But if you don't send it in, you know it won't be accepted.
[01:11:55]

Tacey A. Rosolowski, PhD
[01:11:56]
Yeah. You can't win if you don't play, as they say.
[01:11:57]

Warren L. Holleman, PhD
[01:11:58]
Exactly.
[01:11:58]

Tacey A. Rosolowski, PhD
[01:11:59]
Yes. Exactly. And you never know when the time is right for something. And obviously it was, with JAMA.
[01:12:06]

Warren L. Holleman, PhD
[01:12:07]
Yeah. I mean, I've always—I've had many thing rejected over the years that I thought should not have been, or should have been looked at more closely. Just rejected outright. But every once in a while, the opposite happens. You know? You're not expecting it, and it happens. It gets accepted. So I credit the editors. I know they must get hundreds of things—
[01:12:29]

Tacey A. Rosolowski, PhD
[01:12:30]
Sure they do.
[01:12:30]

Warren L. Holleman, PhD
[01:12:31]
—a week, and they sort of flip through them, and they have to make decisions very quickly.
[01:12:35]

Tacey A. Rosolowski, PhD
[01:12:35]
So tell me about kind of next turning point, big moments for you.
[01:12:42]

Warren L. Holleman, PhD
[01:12:43]
Yeah. So when I was embedded with the Ethics Department at Baylor, as I said, it was a very cerebral department. They had three of the top medical ethicists in the world there, they all came from philosophy backgrounds. I was totally out of my league with those guys. I was a very practical kind of person, and not cerebral, and not a philosopher. They would quote Heidegger and Kant, and I didn't quote them at all, especially in the hospital room. But what I was pretty

good at was sort of talking to the patient, and listening to the patient. And I remember one time, we were in a situation where it was really painful, and we were talking with the patient like it was a philosophy class. And I said something about, "Shouldn't somebody hold the patient's hand?" And I remember the Medical Ethicist there, who was my mentor, said, "We don't hold hands." And that was a seminal moment for me. And I said, "I want to be the person who holds hands." Because I thought that's one thing I'm good at. So that's one thing. I said, "Either I've got to find what's now called a "Clinical Ethics Department," which is what we have here at MD Anderson—they hold hands. Rather than a sort of Theoretical Ethics Department, which is what Baylor's orientation was. It was a great department, but it wasn't as clinically oriented. So that was the first thing. The second thing was, Dr. Brody, sort of recognizing that I wasn't like him, very wisely said, "Well, we've sort of got ethics covered here, except for the Primary Care Ethics. So you do that. But then with the medical students, instead of teaching in our Ethics curriculum, why don't you start a new curriculum in Medical Humanities?" And that was a very good fit for me. And I'm still, to this day, connected with some of the things we started at Baylor.

[01:15:03]
One of the things, I guess, that's lasted the longest, was a program called "Compassion and the Art of Medicine." I think it's in its 28th year now. And it started out as a lecture and performing arts series to try to introduce the medical students to the idea that medicine is an art as well as a science, and that a caring, empathic spirit is an essential ingredient to a healing relationship with a clinician, which isn't what I'd experienced in Ethics. So we had the typical speaker in that series was either a doctor who was kind of a role model of compassion; either through just the ways they interacted with patients, or maybe they had started something for underserved patients, that kind of thing. Worked with homeless patients. A doctor or a nurse. Another type of speaker would be a patient or family member who was articulate in reflecting on what it was about the care that made a difference. And some of those patients were actually artists. We had actors, sculptors, painters, photographers come in, and through their art they would tell their story. We had a lot of one-man, one-woman shows, either drama or comedy, talking about their experience at being a patient. And those are always powerful.

[01:16:44]
So it started as a lecture in performing arts series, open to the public. But within the first year or so, I realized—I don't remember exactly how this came about, but I applied to the Curriculum Committee to make it a course. So after some challenges, it was approved as an elective course. I remember I got a letter back from the Curriculum Committee saying, "Members of our committee do not—some members of our committee have reservations about the relevance of this to medical education." I wish I had saved that letter. Maybe I did. "But we're going to approve it and let you try." So that was the challenge I needed. I sort of became my mother then. And within three or four years, it was the largest course in the medical school, larger than any required course, because it was open to first and second-year students. So we got up to an

enrollment one year, I think, of 220 students. And there were only 160 per class.
[01:17:59]

Tacey A. Rosolowski, PhD
[01:17:59]
Wow.
[01:17:59]

Warren L. Holleman, PhD
[01:18:00]
So it became very popular. They then expanded it so that for a while there, in addition to the lectures, we had discussions afterwards, and then we had small group discussions. And then I would have reading assignments, and one or two papers. Became a full course.
[01:18:19]

Tacey A. Rosolowski, PhD
[01:18:20]
So what was the content when it expanded to course? The course format?
[01:18:24]

Warren L. Holleman, PhD
[01:18:25]
Nothing changed, we just would have discussions reflecting on the presentations, oftentimes with the speaker present, which was kind of cool. We would have a period where—so I would have second-year students serving as small group leaders, who had taken the course the year before, and they would split up in small groups at some point so that you could have a small group discussion of the issues. We would have a discussion guide for each class. And I would sort of bounce around to the different small groups. The content was the same. In addition, they would read a book or two by one of the speakers generally, or else on a topic related to one of the talks.
[01:19:12]

Tacey A. Rosolowski, PhD
[01:19:13]
And what did people—what did the students say was the impact of having this exposure to this material?
[01:19:20]

Warren L. Holleman, PhD
[01:19:21]
They felt that it humanized their medical education, that the first and second-years of medical school are mostly about didactics and information. They kind of come there thinking, "I'm going

to be a doctor," but the first year and a half to two years, it feels like a jolt. They're not—at that time, back in 1989 when this started, they weren't seeing patients at all. Now they do see a few patients from the beginning, which is wonderful. I'd like to think that maybe this had something to do with it. We had some other electives, actually, that got them to seeing patients, too. But anyway, they felt that this—typical response was, "This reminded me of why I went into medicine in the first place." Because at the time, there was nothing in the first two years, that all you were doing was learning the Krebs cycle and memorizing tons of stuff for tests. And you weren't working—the only patient you had was your cadaver, which wasn't exactly... Yeah. So anyway, that was an exciting time for me, because at first I thought, "What have I gotten into?" I don't really like Medical Ethics, and yet my title is Medical Ethicist. But I think the Primary Care Ethics was good. When I found that, I said, yeah, I don't feel comfortable in the ICU, I don't feel comfortable—I don't really like hospitals. But I loved the outpatient setting. And the second thing was, the Medical Humanities, I had a lot of freedom to experiment, and I started all kinds of different electives. And the one I told you about was the big one, but there were a number of small ones.

Interview Session: 1
Interview Date: April 12, 2017

Chapter 07
Discovering Work with Underserved Populations
A: the Clinical Provider;

Codes
A: Professional Path;
A: Influences from People and Life Experiences;
A: The Clinician;
A: The Administrator;
A: Character, Values, Beliefs, Talents;
D: Ethics;
A: The Researcher;
A: Professional Values, Ethics, Purpose;
C: Experiences of Injustice, Bias;

Warren L. Holleman, PhD
[01:21:16]
But then I still—the third formative experience, for sure, I said, well, if I'm going to—well, I started volunteering at Ben Taub Hospital. I had read this book called, *The Hospital*, by Jan de Hartog.
[01:21:34]

Tacey A. Rosolowski, PhD
[01:21:34]
Don't know it.
[01:21:34]

Warren L. Holleman, PhD
[01:21:34]
And my wife and I both read it, and it really changed our life. He had been a volunteer at Jefferson Davis Hospital, which was the predecessor to Ben Taub. And then he was at Ben Taub when they moved over there in 1962 or '63. And he wrote a book about his experiences as a volunteer nurse, nurse's aide. And I said, I want to do that, because I want to know—I mean, our students and residents were all training at Ben Taub and Jeff Davis, Ben Taub primarily at the time. And I said, how can I teach them if I don't know what it's like there? And that book, it inspired me. So I started volunteering there. And that really exposed me to both the suffering of the indigent patients there—I mean, the suffering because they were sick, and then on top of that because they had limited resources. But also, the suffering and challenges of the young doctors and nurses who worked there. It was a very challenging environment. And—
[01:22:44]

Tacey A. Rosolowski, PhD
[01:22:45]
Tell me a little bit about what it was—
[01:22:46]

Warren L. Holleman, PhD
[01:22:47]
So that made me want to get more clinically involved. So I eventually went back to school. Just, you know...
[01:22:53]

Tacey A. Rosolowski, PhD
[01:22:54]
I was curious, what were some of the things that you witnesses among the patients and among the young doctors that affected you so much?
[01:23:03]

Warren L. Holleman, PhD
[01:23:04]
One memory that I think about often, a 12-year-old boy—okay, so a little back story. When I went there to volunteer, something happened that was exactly what had happened back in 1963, when this group of volunteers tried—when they started wanting to volunteer in the hospital, the head of volunteers refused to let them volunteer, because they did not want to expose the general public to some of the suffering and the problems in the hospital. And they kept trying to push them into administrative roles. So I went there to volunteer, and they said, "Okay, we're going to assign you to work in the little store." So I said, "Okay, I'll start there, but I really would like some patient contact." They said, "We can't do that. Too many legal problems with that." And it turned out, there was a whole lot of politics going on with the volunteer office that I could not believe. But anyway, I started working in the store, and I became friends with the head of volunteers. And I said, "Isn't there something I can do?" And he said, "Well, we have this one thing. We have this room that's full of magazines, because we used to have a "magazine girl," and we stopped having that. And people kept donating magazines. If you'll go in and organize those magazines, I'll let you be the magazine girl." (laughter) I said, "Perfect!" So I have a cart, I go around and I give patients magazines, and I talked to them. That was a godsend. So I think I was the only volunteer at Ben Taub who actually talked to real patients.
[01:25:00]

Tacey A. Rosolowski, PhD
[01:25:01]
My god.
[01:25:01]

Warren L. Holleman, PhD
[01:25:02]
And I was doing my magazine girl routine, and I came across all kinds of things. But one memory was, a 12-year-old boy, and I said, "Could I get you a magazine? And how are you doing?" He said, "I'm so hungry." I said, "Oh, well, let me see if I can get you some food." And he said, "I don't think so." So I went to the nurse's station, finally, I get their attention. "No, he can't eat, he's waiting for surgery." I said, "Okay." I go back to him. He's been waiting for surgery for two days. He had broken his arm, but because he was low priority, he wasn't dying,

he kept getting bumped. I thought, when I was 12 years old, not eating for two days? That would have killed me!
[01:25:48]

Tacey A. Rosolowski, PhD
[01:25:49]
Yeah.
[01:25:50]

Warren L. Holleman, PhD
[01:25:51]
I just could not believe it. And they said, "Well, we think we're going to work him in today. So we don't want to—if he eats, then he has to wait another"—whatever the waiting time is. And I just could not believe they were treating this poor kid—and he didn't have any parents there, any family members. He was there by himself. So I kept coming back to him, and he was always there by himself. And I just couldn't believe it. I'm guessing his parents were working, they couldn't get off work. And he was just sort of lost in the system. So I've always remembered that kid. There were several things like that. But that's a very vivid memory. I'll tell you another memory that I—so I was teaching Medical Ethics, and I'll never forget this. I was pushing my cart down the hallway one day, and I heard this screaming coming from a room. "We're not going to kill you!" And I thought, what? You don't say that in a hospital! "I said, we're not going to kill you or anything." And then he said, "Just sign the piece of paper. That's all it says. It's called a 'consent,' 'informed consent.'" So I had studied informed consent, you know, in the ivory tower.
[01:27:05]

Tacey A. Rosolowski, PhD
[01:27:06]
Right. Sure.
[01:27:06]

Warren L. Holleman, PhD
[01:27:07]
And I knew that informed consent wasn't really signing a piece of paper, it was the conversation that the doctor or nurse had with the patient. And the paper was just the documentation of that conversation. And so he was—this young doctor was breaking every rule in the book. On top of that, so I just stood in the doorway and watched. It was a frail, elderly woman who was scared to death. She was very sick, very scared to death. They wanted to do some procedure, some test, which I'm sure she needed. But instead of sitting down and holding her hand, and doing it the right way, he just crammed this piece of paper in front of her. And she froze. And it was just like that young surgeon and that was trying to stick the needle in the spine of that mentally retarded teenager. He was just—the more she resisted, the harder he pushed.
[01:28:02]

[01:28:03]
Which is so wrong. So I never forgot that experience. And I thought, this is the way informed consent is done, they shouldn't even have informed consent, if that's what it is. You know? So—
[01:28:21]

Tacey A. Rosolowski, PhD
[01:28:22]
How long did you volunteer there?
[01:28:23]

Warren L. Holleman, PhD
[01:28:24]
It was more than a year, it was less than two years, when I said, this is the population I want to work with. So at the time, Family Medicine department had a requirement that all the trainees do home visits. So I said I want to get more clinically involved, and I want to work with not just private patients. So I volunteered to run the Home Visit Training Program. And the Home Visit Training Program was usually to elderly people, and it was about not only providing better medical care for them, but to help the residents understand how your living situation affects your health. So we developed this psychosocial questionnaire, sort of checklist, of things to discuss with the patient about how they're—everything from their living situation, their culture, their religion, everything affecting their health. And it was the coolest thing. We'd go for two or three hours and just talk with a patient. And the residents would always leave that saying, "I didn't know how important all this stuff was." So that got me out in the community, and that sort of introduced me to community health, and to some of the community health centers around the city where our Baylor doctors worked. From there, one of the residents said, "Instead of doing home visits like this, for my home visit, could I do home visits to the homeless?" So this was around 1988, 1989, when the term "homeless" was really just coming into vogue, and the government

was giving grants for healthcare. They started this thing called "Healthcare to the Homeless." So it turned out this resident, her name was Idalyn Cyprus, her mother was Shelly Cyprus, who started the SEARCH Center for the Homeless downtown. She was a social worker; she had just started that. That was the first multi-service program for homeless people that wasn't—other than sort of the traditional gospel missions. It was more of on a social work model.

[01:30:53]
So we started—Idalyn and I went down to that center, and we stuffed our backpacks with medical supplies. Well, initially we just took our questionnaires, and we just wanted to interview them about their health. That was amazing. We started bringing other residents and trainees along; medical students, nurses. These interviews were just—you could have published every one of them, it was just incredible. We learned so much. But then, we couldn't just do that. So we started stuffing medical supplies in our backpacks and taking that down there. And if they'd say, "Look at my foot," and they'd have a big open wound, we would dress it, you know. Then one thing led to another, and we started going on the outreach van around the city. For the next several years, we would go—we literally did home visits to the homeless. We went out to the little communities where they lived; in the woods, under bridges and buildings, with our medical supplies. And we built a relationship with them. And they would let us talk to them and treat them. Eventually, some of them would come indoors to our clinics for more extensive care. So I really got excited about that. So we wound up starting a clinic at the SEARCH Center. It was really—I'm really proud of that. We were caring for thousands of people a year within a very short period of time. And our goal—so I was running a health center now, community health center, with no training or credentials. I found that my role was generally—I was somewhere between a nurse and a psychologist. I was the one who was there all the time. The residents and doctors would rotate through, and nurses and psychiatrists. But I was always there, so the patients knew me. The returning patients.

[01:33:07]
So I was often functioning as the liaison, kind of the coordinator of care. But I was also in a kind of a counseling role, because so many of their issues were relational and psychological. That's when I decided to go back to school and get this master's degree in family therapy. That really opened up a new world for me. I started—I would write grants to pay for our clinic, and I would write into the grant that we needed a marriage and family therapist. Of course, homeless people

need a marriage and family therapist, which is kind of funny, because most of them don't have marriages or families. That's the whole reason they're homeless.
[01:33:51]

Tacey A. Rosolowski, PhD
[01:33:52]
Right. Right.
[01:33:52]

Warren L. Holleman, PhD
[01:33:53]
So I had myself working there as a clinician, mental health clinician, but also being the administrator.
[01:34:01]

Interview Session: 1
Interview Date: April 12, 2017

Chapter 08
An MA in Counseling to Develop Expertise
A: Professional Path;

Codes
A: Professional Path;
A: Inspirations to Practice Science/Medicine;
A: Influences from People and Life Experiences;
A: The Clinician;
A: Professional Values, Ethics, Purpose;
C: Formative Experiences;
C: Evolution of Career;
C: Professional Practice; C: The Professional at Work;

Tacey A. Rosolowski, PhD
[01:34:02]
So you—let's see, you did the MA in Marriage and Family Therapy. You got that in '96, and that was at Clearlake? You were at Clearlake?
[01:34:12]

Warren L. Holleman, PhD
[01:34:13]
Yes. So I was working at Baylor and working in this Homeless Center. I think that started in 1990 or '91. Then I would go—mostly the classes were at night at Clearlake.
[01:34:28]

Tacey A. Rosolowski, PhD
[01:34:28]
Now, you said that opened up a whole new world for you. Did you mean intellectually, or more in terms of—you're nodding, so... (laughs)
[01:34:36]

Warren L. Holleman, PhD
[01:34:37]
I think I really found myself there.
[01:34:39]

Tacey A. Rosolowski, PhD
[01:34:39]
Huh.
[01:34:39]

Warren L. Holleman, PhD
[01:34:39]
I'd say that in the Medical Humanities work, with the med students, I kind of found myself there. But in healthcare, if you have some type of healthcare clinical degree, you just feel a little more an interior part of the system. I just became more part of a clinic. And in community health, I think, yeah, I could not have functioned in community health very well without that training. And of course, homeless—what I discovered was, the number one mental illness among homeless people is depression. Most people think it's schizophrenia. But schizophrenia is more florid and more visible. But the hidden depression is everywhere. So as a family therapist, I had the skills to help with that, you know, in conjunction with psychiatrists. So I could help people who were depressed. That was probably the lead—that was the leading reason that men became homeless, in my experience. That they then might turn to alcohol and drugs as well, but depression was at the root. With women, it was usually family violence. I mean, I hate to generalize, but those were the most common things. Again, because of my mother's horrible background in terms of her childhood and everything, I felt I had some comfort in working with that, too. So working with homeless people was a really good fit for me, community health in general.
[01:36:22]

Tacey A. Rosolowski, PhD
[01:36:23]
How long did you do that work?
[01:36:25]

Warren L. Holleman, PhD
[01:36:26]
I think I was at the SEARCH Center for about eight years, usually two to four half-days a week. Then after that, I started a new clinic, a counseling center at Star of Hope Transitional Living Center for Women and Families. So that, the focus of that was—the SEARCH Center Clinic was one-stop shopping. That was medical, psychological, social work, drug counseling, nursing, dental, psychiatry—everything. The focus at Star of Hope was psychological services. That was women and children, primarily. They were all coming from situations involving domestic violence, childhood abuse, that kind of thing.
[01:37:25]

Tacey A. Rosolowski, PhD
[01:37:26]
Now, were you also—what were you doing on those other half-days?
[01:37:31]

Warren L. Holleman, PhD
[01:37:31]
I was teaching the medical students the Medical Humanities curriculum. I was working with the residents in terms of—actually, no longer the home visits. But I was still teaching Ethics, Primary Care Ethics to the residents. I would teach a monthly ethics conference. I would do what we call "tandem supervision," where I would supervise the residents in their clinics in tandem with an MD. And the MD—they'd consult with the MD with their medical questions. They'd consult with me with psychology questions, communication questions. How do I broach the subject with the patient? I would literally follow them into the room a lot of times. Other times I'd watch them on a video monitor. Other times, we wouldn't watch, but they'd just come to us for questions.
[01:38:24]

Tacey A. Rosolowski, PhD
[01:38:25]
So did the MA, which gave you kind of a deeper grounding in the theory of communications, that must have—did that have an influence on your roles working with the residents? Was that formally recognized by your department that, oh, now Dr. Holleman can do X because of the MA?
[01:38:46]

Warren L. Holleman, PhD
[01:38:46]
Oh, yes.
[01:38:47]

Tacey A. Rosolowski, PhD
[01:38:47]
Okay. Mm-hmm.
[01:38:48]

Warren L. Holleman, PhD
[01:38:48]
It expanded my skillset for sure. I felt more—before that, I sort of felt I was practicing medicine without a license, because in a homeless shelter, if there wasn't anybody there to help them, I would try. But I knew that wasn't ideal. So once I got that degree, I could now teach psychology to the residents. Because of the clinical work I was doing, I really did—I think for a while there, I really had a pretty strong knowledge of how to treat certain types of mental illness. But in the context of family medicine, I also developed some expertise in how to address psychosocial issues in the context of a medical visit. Like, they come with a sore throat, but the basic question after you treat the sore throat is, "You've had a sore throat before. Why did you come today?"

Almost always, there's some other issue.
[01:39:57]

Tacey A. Rosolowski, PhD
[01:39:58]
Right. Right. Absolutely.
[01:40:00]

Warren L. Holleman, PhD
[01:40:00]
So that was one of the things—I was just a small part of this. But the department I was in at the time developed a real expertise in psychosocial medicine. That was pretty exciting.
[01:40:12]

Tacey A. Rosolowski, PhD
[01:40:13]
Was that unusual at the time, that a department was doing that?
[01:40:20]

Warren L. Holleman, PhD
[01:40:21]
Yeah. At the time, the model that most people use was what we call the "biomedical model." And we tried to promote what we called the "biopsychosocial model."
[01:40:33]

Tacey A. Rosolowski, PhD
[01:40:33]
Interesting.
[01:40:34]

Warren L. Holleman, PhD
[01:40:35]
And it was a part of the national movement to do that in primary care, especially. In the primary care specialties. But we were part of that. Baylor Family Medicine had several psychologists on faculty.
[01:40:49]
Tacey A. Rosolowski, PhD
[01:40:50]
Okay. I was going to ask you why you thought that department was particularly quick to embrace it?
[01:40:55]

Warren L. Holleman, PhD
[01:40:56]
Our chair at the time, that was his—I'm not sure why, but he really embraced that and promoted it. He wanted that to be kind of his special emphasis.
[01:41:08]

Tacey A. Rosolowski, PhD
[01:41:08]
Interesting. Who was that?
[01:41:09]

Warren L. Holleman, PhD
[01:41:10]
Robert Rakel.
[01:41:11]

Tacey A. Rosolowski, PhD
[01:41:11]
I'm sorry, the last name again?
[01:41:13]

Warren L. Holleman, PhD
[01:41:13]
R-A-K-E-L, Rakel.
[01:41:15]

Tacey A. Rosolowski, PhD
[01:41:15]
Oh okay, Rakel.
[01:41:16]

Warren L. Holleman, PhD
[01:41:16]
His son, he's still around, but he's retired. But his son, David, actually has become a leader in integrative medicine.
[01:41:24]

Tacey A. Rosolowski, PhD
[01:41:25]
Oh wow, okay. Well, wow.
[01:41:25]

Warren L. Holleman, PhD
[01:41:25]
So it's kind of expanded. Yeah.
[01:41:26]

Tacey A. Rosolowski, PhD
[01:41:27]
Yeah. Absolutely. And I'm just noticing, it's 20 after 11:00, so I know you have to run to your next commitment. But I wanted to thank you for chatting today.
[01:41:36]

Warren L. Holleman, PhD
[01:41:37]
Yeah. This wasn't as bad as I thought it would be. (laughs)
[01:41:40]

Tacey A. Rosolowski, PhD
[01:41:40]
I told you, trust the process. (laughs)
[01:41:45]

Warren L. Holleman, PhD
[01:41:46]
Thanks.
[01:41:45]

Tacey A. Rosolowski, PhD
[01:41:45]
Sure thing.
[01:41:47]

Warren L. Holleman, PhD
[01:41:48]
You're good. Very good. You made me feel comfortable. I don't know if this—telling all these personal stories, I don't know if that's really what you wanted.
[01:41:54]

Tacey A. Rosolowski, PhD
[01:41:54]
Yeah. Yeah.
[01:41:55]

Warren L. Holleman, PhD
[01:41:55]
Okay. Because I love telling them. My kids are getting old enough, they might listen sometimes now. But by and large, you know, you said, why don't I tell that story in my lectures. I think I told about B. I think I did tell that maybe when I first got here. And I was shocked that it didn't just totally resonate with everybody. Or maybe I just didn't pick up on it.
[01:42:29]

Tacey A. Rosolowski, PhD
[01:42:30]
Or maybe they didn't know how to react.
[01:42:30]

Warren L. Holleman, PhD
[01:42:31]
Yeah.
[01:42:31]

Tacey A. Rosolowski, PhD
[01:42:31]
Let me just do my closing off here—
[01:42:33]

Warren L. Holleman, PhD
[01:42:33]
I'm sorry.
[01:42:33]

Tacey A. Rosolowski, PhD
[01:42:34]
No, that's fine. I just wanted to say for the record that I'm turning off the recorder at 21 minutes after 11:00. Thanks again.
[01:42:42]

Interview Session: 1
Interview Date: April 12, 2017

Warren L. Holleman, PhD
[01:42:42]
Yeah.

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Warren L. Holleman, PhD

Interview Session Two: 20 April 2017

Chapter 00B
Interview Identifier

Tacey A. Rosolowski, PhD
[00:00:00]
It is 20 minutes of 10:00 on the 20th of April, 2017. And I'm sitting in the Reading Room of the Historical Resources Center for my second session with Dr. Warren Holleman. So thank you so much for coming in.
[00:00:17]

Warren L. Holleman, PhD
[00:00:18]
Thank you for having me again.
[00:00:19]

Interview Session: 2
Interview Date: April 20, 2017

Chapter 09
Time for a Change in Work Scene
A: Joining MD Anderson/Coming to Texas;

Codes
A: Personal Background;
A: Joining MD Anderson/Coming to Texas;
B: MD Anderson Culture;
B: Working Environment;
A: The Administator;

Tacey A. Rosolowski, PhD
[00:00:20]
I'm glad to resume our conversation. And as we were strategizing a little bit beforehand, we ended up last session with you talking about getting your masters, and how that changed your role at Baylor. And we've got quite a long period to cover between that and starting at MD Anderson. So I thought maybe you could focus in on what were some of the activities that you undertook during that period that you feel really put you on track for the job here, because it is a slightly different focus. So how did that all happen during that period, if you will?
[00:00:59]

Warren L. Holleman, PhD
[00:01:00]
Sure. So at Baylor, once I got my clinical license as a family therapist, I sort of expanded my skillset and my experiences. I was now working in a clinical capacity as a counselor in our community clinics. I was also doing psychosocial supervision of our family practice residents in mostly our community clinics as well. And I was working as a clinic administrator of two different community clinics over those years, primarily with homeless patients, both street homeless in one and women and families in another. Women and children in another. So I was exposed to—oh, and then the other thing I did was to work with medical students, primarily in teaching Medical Humanities courses to them. So I would say the things that I did that particularly prepared me to come to MD Anderson were that when I worked with family prac—I worked very closely with family practice residents. I would follow them for a half day at a time, go with them to see their patients, and I got a feel for both the clinical challenges they faced, and then the personal challenges, being young physicians trying to juggle their young families with their work, and that kind of thing. Medical students—the same type of thing. I got to know them and they were trying to form a career identity, but also develop a personal identity and a family life, and that kind of thing. So when I did come to MD Anderson, I think that that was good preparation, to work with MD Anderson faculty on some of the same issues.
[00:03:28]

Tacey A. Rosolowski, PhD
[00:03:28]
I mean, I'm struck with how you were really looking at the whole person. You always seemed to be concerned about that, about the whole person.
[00:03:38]

Warren L. Holleman, PhD
[00:03:38]
Yeah. I've had a very fortunate career, in that I've been able to do some of these things I consider fun things and look at kind of the big picture, sort of what they used to call a "renaissance approach" to things. Then on top of all that, I had a lot of experience counseling people with mental illness and with relationship issues. So when I talked to our faculty here in that role, I think I feel confident that I can identify the problem, and either help them address it, or get them to someone who can.
[00:04:27]

Tacey A. Rosolowski, PhD
[00:04:28]
So tell me about the process of coming to this position in 2010. When did you start thinking, oh, I want to make a move? And why did that happen?
[00:04:42]

Warren L. Holleman, PhD
[00:04:43]
Looking back, there were a couple of things that happened. One was that around 2007 or maybe '08, I quit my job at Baylor. I don't know if I told you that.
[00:05:01]

Tacey A. Rosolowski, PhD
[00:05:01]
No! (laughs)
[00:05:02]

Warren L. Holleman, PhD
[00:05:02]
So my mother was in North Carolina, and she was becoming more frail, I guess, or more—she needed more help than she had in the past. She was an extremely independent woman, and she insisted on being at home and being as independent as possible. But it helped that I could—I was going there a lot. And I finally got tired of juggling my job and that. So I had gone to part-time in my job for a while, then I just quit the job entirely. Secondly, at the time, I wanted to finish a book I had started 35 years earlier on the history of my hometown with my brother. So

going to North Carolina, spending time with my mom, also gave me a chance to work on that book. Thirdly, I just needed a break from—I think I had a pretty intense time of, especially, clinical activity. Counseling is a profession that I've found very rewarding. But after a few years of it, I needed a break.
[00:06:28]

Tacey A. Rosolowski, PhD
[00:06:28]
It's got pretty high burnout rates, doesn't it?
[00:06:31]

Warren L. Holleman, PhD
[00:06:31]
Yeah.
[00:06:31]

Tacey A. Rosolowski, PhD
[00:06:31]
Is that what you were—were you experiencing that, or—?
[00:06:34]

Warren L. Holleman, PhD
[00:06:35]
I can't remember. I think I was going to experience it if I didn't make a change. I think that was pro—I don't remember—I have experienced burnout in my career. I probably was more in the situation of knowing that if I kept it up much longer, I would be in that situation. The other thing was, my wife and I had made an agreement when we first had children that we would take turns working part-time, because we just couldn't handle—we couldn't both work full-time and take care of the kids. We didn't have the energy for that. So we're not good multi-taskers, like some people. I was in a period of working part-time anyway. And by this time, I think our last child had gone off to college, but I kind of loved working part-time and having a chance to do other things.
[00:07:44]

Tacey A. Rosolowski, PhD
[00:07:44]
What are your kids' names?
[00:07:45]

Warren L. Holleman, PhD
[00:07:46]
Annie and Tom. Nice, old-fashioned names.
[00:07:56]

Tacey A. Rosolowski, PhD
[00:07:57]
So tell me how that period evolved, and what led you back to MD Anderson? Or, to MD Anderson?
[00:08:06]

Warren L. Holleman, PhD
[00:08:07]
Yeah. So I had been running a program at Baylor called Compassion in the Art of Medicine. And one of the things we did to leverage our resources was to collaborate with other institutions to bring speakers in. We could afford more speakers if we collaborated. And one of the groups we had collaborated with was the Faculty Health Program at MD Anderson. MD Anderson at the time had what they called "Stressbuster Programs." So we had collaborated for three or four years on one program a year. And so I got to know Janis Apted, who's now Janis Apted Yadiny, who was the director of Faculty Development, and Katrina Allen, who is now Katrina Wright, who was the program manager for Faculty Health. So when they had an opening in this position, they asked if I would be interested in applying for it. And I had been on my own for a couple of years, not working. And I was ready to come back and try something new.
[00:09:57]

Tacey A. Rosolowski, PhD
[00:09:58]
Okay. So that was 2010. Was it a big deal going back to work full-time?
[00:10:05]

Warren L. Holleman, PhD
[00:10:06]
It was a deal. A medium deal.
[00:10:08]

Tacey A. Rosolowski, PhD
[00:10:08]
A medium deal. (laughs)
[00:10:09]

Interview Session: 2
Interview Date: April 20, 2017

Warren L. Holleman, PhD
[00:10:09]
I had really enjoyed my freedom. I enjoyed being, quote, "a writer," and having that freedom. There was no income involved, but I was very fortunate. My wife was providing our income. On the other hand—I said this kind of as a joke at the time, but I was also serious. I wanted to see the difference between working with the homeless population and working with a population of physicians. And as it turned out, the homeless people were a lot easier to work with, in some ways. They were a lot more available. In our clinic, they almost always made their appointments, believe it or not, and the ones who came in were really—it was a very rewarding experience, because they knew they had problems, and there would be progress. With physicians, the challenge was, they were so busy. Just catching them for more than 10 minutes at a time was a challenge. And I don't see that as them being, quote, "non-compliant," I see that as just part of what being a physician these days is. It's just working all the time. And if they do have mental health problems, or just career challenges that they would like to talk about with someone, it's not that easy for them to block—for some of them to be able to block out time to talk about them.
[00:12:00]

Interview Session: 2
Interview Date: April 20, 2017

Chapter 10
Discovering the Severity of Burnout at MD Anderson
A: Overview;

Codes
A: Overview;
A: Definitions, Explanations, Translations;
B: MD Anderson Culture;
B: Working Environment;
D: The History of Health Care, Patient Care;
D: On Research and Researchers;
A: Professional Values, Ethics, Purpose;
B: Institutional Mission and Values;
C: Dedication to MD Anderson, to Patients, to Faculty/Staff;
C: This is MD Anderson;
C: Professional Practice; C: The Professional at Work;

Tacey A. Rosolowski, PhD
[00:12:01]
So tell me about when you came here. And I'd kind of like to get a sense of what you were seeing in the institution, and what—well, let me ask you that first. What kind of temperature were you taking of the institution at the time? The culture for physicians, for researchers? Tell me about that.
[00:12:25]

Warren L. Holleman, PhD
[00:12:26]
Yeah. I came here, I think, in January of 2010. And as has been documented well in the research literature, this was the time that we were beginning to become aware of how serious the physician burnout problem was. And in the years since then, it's become much—even clearer. And it's even worse than we thought. So this current era is a really bad time for physicians in mental health, nationwide. And MD Anderson is no exception. I think the rationale for my position in the first place was that being an oncologist was particularly stressful, because you're dealing with seriously ill patients and death. And that's true. But the real drivers of burnout have now been shown to be primarily other things.
[00:13:52]

Tacey A. Rosolowski, PhD
[00:13:52]
What are the sources?
[00:13:53]

Warren L. Holleman, PhD
[00:13:54]
Well, they have to do with ways that the physician's job has changed in the last 10 to 20 years. The physician work overload is a driver. When I started in this business, our clinic would close at 11:30 in the morning and wouldn't reopen until 1:00. And there was a time in the middle of the day to catch up on paperwork, to meet with colleagues, to go jogging—
[00:14:31]

Tacey A. Rosolowski, PhD
[00:14:32]
Eat lunch.
[00:14:32]

Warren L. Holleman, PhD
[00:14:32]
And believe it or not, they ate lunch. We would eat lunch. We would have noon conferences, discussions. There was a collegiality, camaraderie, teamwork, doctors, nurses, everybody together a lot of times. Nowadays, the typical doctor carries a power bar in their pocket and they munch it between patients. Or if they do stop to eat, it's five minutes, ten minutes, tops. So and along with that work overload, it's the way the job has changed. They used to have a sense of control or autonomy. They used to feel that they kind of ran the clinic, along with the nurses. Nowadays they feel more like employees in a corporation. Somebody else—an administrator runs the clinic, and they're told, "You need to see so many patients per hour," or per shift, or per day, or per week. They have all of these, quote, "productivity quotas," and quote, "targets." These are business terms that have been brought into the medical world that are really foreign to healthcare professionals. Healthcare professionals are motivated to provide quality of care for their patients. And they're being told now that what we really care about is quantity of care. And these values are foreign to our value system, and they—losing control of the clinics, the job overload—these drive burnout.

[00:16:28]
There are other factors as well. Paperwork and, quote, "bureaucracy" have increased. The electronic health record, hopefully it will improve as time goes on. But the average doctor now spends up to 75 percent of their time doing non-clinical work.
[00:16:52]

Tacey A. Rosolowski, PhD
[00:16:52]
Wow.
[00:16:53]

Warren L. Holleman, PhD
[00:16:53]
A lot of that paperwork, electronic health record. So they're only spending 25 percent of the time at the most doing what they really feel called to do. They want to go in the room and talk with the patient, and try to help the patient. And they're being told, one, the administrators are telling them, "You've only got 10 minutes per patient," or, "12 minutes per patient." Secondly, you've

got to spend most of that time documenting rather than providing treatment. So that's not very rewarding.
[00:17:32]

[00:17:33]
And a fourth—so that's a driver of burnout. Another is, burnout seems to be a little higher among young physicians. And the belief there is there are more work-home conflicts. You've got young children. You may be—yeah. That's the primary thing. So institutions that are more attuned to the need for accessible, flexible child care and other services that help young families tend to have lower rates of burnout. And then finally, I would just say that when all of these changes took place over the last few years, the meta effect was a loss of meaning. So instead of going to work, caring for sick and suffering people and trying to provide comfort and pain relief and/or healing, they feel like they're just trying to make money for the institution. So the job becomes more about money than meaning. And that's a driver of burnout. And I would also add that there are really two epidemics right now; physician burnout is the new one. That's the one that's now—as of three years ago, the rate was 54 percent among U.S. physicians. Very carefully studied, and that's an accurate number. And it will be restudied this year. And we'll see if it goes up even more.
[00:19:41]

Tacey A. Rosolowski, PhD
[00:19:42]
Wow.
[00:19:42]

Warren L. Holleman, PhD
[00:19:42]
It's the majority of physicians have an occupational disease, if you can call it that, that impairs their level of—affects their level of energy. They're emotionally exhausted—if they're burned out, by definition, they're emotionally exhausted. And when you're emotionally exhausted, you're also socially exhausted. Are you really connecting with your patients and your colleagues? Or are you just trying to get through the day to get a paycheck? And—
[00:20:16]

Tacey A. Rosolowski, PhD
[00:20:16]
Probably compromises their ability to connect at home and with friends, too. I mean, it's not like the problem lifts when you leave the institution. So they can't—I mean, am I correct here?
[00:20:27]

Warren L. Holleman, PhD
[00:20:27]
Oh, yeah, and—
[00:20:28]

Tacey A. Rosolowski, PhD
[00:20:29]
So you can't recharge.
[00:20:29]

Warren L. Holleman, PhD
[00:20:30]
Right. That's the definition of burnout. You're so tired that when you get out the next morning, your night of sleep hasn't recovered you. So it's going to have a big impact on your family, your own health. But the other epidemic that's really an old one is physician suicide. Physician suicide rates, whereas we have very accurate numbers on burnout—I think suicide is so taboo and hidden that we don't have really accurate numbers. But if you look at causes of death by occupation, for physicians, with most diseases, physicians have the same causes as everybody else. But two things physicians have much higher; one is suicide, and one is, quote, "accidents." And most people think "accidents" are a euphemism for suicide. So physician suicide rate is astronomical. At least 400 physician in the U.S. die of suicide each year.
[00:21:45]

Tacey A. Rosolowski, PhD
[00:21:46]
Wow.
[00:21:46]

Warren L. Holleman, PhD
[00:21:47]
So anyway, but the new kid on the block in the last 10 to 20 years has been the burnout. And so that's a national problem, it's not just MD Anderson. But we have it bad here, too. Then among our faculty scientists, nobody has ever taken the time to study their mental health or their rate of burnout. I did a very kind of brief study, but about the only thing that's ever been done, and

found that the morale of scientists, just like the morale of physicians, has dropped pretty dramatically over the past 10 years or so. The drivers there, there are some of the same drivers, and some are different. The elephant in the room is that about 10 or so years ago, the NIH reduced funding for research. I think maybe 10 or 12 years ago, you had three times greater chance of getting a grant application funded than you do now. So now, it's one third what it was just a decade ago. So for faculty scientists whose careers are based on the ability to get grants, that's a dramatic change. And that has everybody worried and scared, and looking for alternative careers. Even some very successful scientists are having trouble getting funding. And the other drivers of low morale that we've found in our study were the paperwork and bureaucracy. Like the physicians, the scientists felt a calling and training and desire to do science, to do research. But they've found themselves spending all their time filling out forms and doing paperwork. To apply for a grant, our institution has dozens of hurdles you have to jump through. Get signatures here, and fill out forms there. Many of the faculty feel that we have a lot more of that than other institutions, and we could streamline that. And there's been an effort to do that.

[00:24:36]
And then the third driver of burnout among the scientists was a conflict with institutional leadership. That, again, is a national trend. All of three of these are national trends. Someone wrote a book that got a lot of attention called, *The Fall of the Faculty*. And we had the author here at MD Anderson, and his name escapes me. But there's been a tendency over the past decade or so for universities to increase the size of their administration without increasing the size of the faculty. And the scientists, just like the clinicians, feel that they're more employees working for the administrators, rather than being independent scientists and having the administrators there to help the scientists be successful. That's what they said. They said, "In the old days, we felt the administrators were our friends. They were helping us do our job well. Now we feel like they're in our way, and we're having to work for them. Every one of them has a different class we have to attend, or a form we have to fill out." Busy work.
[00:25:56]

Tacey A. Rosolowski, PhD
[00:25:57]
Now, you mentioned when you were speaking about the clinicians that kind of the meta effect of all of these drivers was a basic loss of meaning, and repeated that with respect to the research faculty as well. It strikes me that if meaning is what these individuals are truly after, there's a nice fit between one aspect of the culture of MD Anderson in that, which is that people really understand the mission of the institution and really buy into it. Now, what were you seeing with that when you arrived? What temperature were you taking of kind of the dedication to the mission?
[00:26:44]

Warren L. Holleman, PhD
[00:26:45]
Yeah. That is a great point. I think when I arrived, I saw two almost opposite moods or feelings. On the one hand, I was besieged by unhappy faculty telling me the things I just told you, about all these drivers of low morale. And that just it used to be really fun to work here, and exciting. Now the bad stuff is almost greater than the good stuff. It's not so fun. But at the same time, I've never worked at a place where I saw people more committed to the mission of the institution. And many people have said this, but I'll say it too. From day one—well, first of all, if you've been here, you know this is a really big institution. It's just hard to find your way around. If you stand at the intersection of any place for more than three or four minutes, you'll see someone show up there who's kind of lost. And you'll see some other employee pop in there and say, "May I help you?" And that's just a little thing. But I think that says something about the character of the people who work here and the commitment to the mission. And when I saw even the president of MD Anderson do that, Dr. Mendelsohn [oral history interview], I said—and other executive leaders, that made quite a positive impression on me. But not just them. Any staff, any faculty. It's just part of—almost—I remember going back to my department and saying, "Is this part of the job description to always be giving people directions?" They said, "No, people just do it because they know it's important and it helps."
[00:29:03]

Tacey A. Rosolowski, PhD
[00:29:04]
Yeah.
[00:29:05]

Warren L. Holleman, PhD
[00:29:06]
The other way I saw the dedication to the mission was, some nights we'd have an activity, or I would work late, or I would come in late. For me it was kind of exceptional to be here late, but I would see people who were here routinely late. Typically I would be in the faculty office building, Pickens, and I would see doctors coming back from the clinics, from the hospital, primarily. I would say, "Well, gosh, you must have had a late day." And they'd say, "Well, this is pretty typical." And I'd say, "Oh, well, you're going to get to go home and see your family, I guess, before they get to bed?" "Well, I have a grant due in three days, so I'm going up to my office now to start my research work." And I'd say, "That's dedication." Now, from a work-life balance perspective, I worry about their health. But there's no worry about their dedication to the mission. They're trying to help patients in real time during the day, and then at night they're saying, "I've seen this pattern with my patients. I wonder if I wrote a grant and did this kind of experiment, if this kind of approach might work better than that type of approach." So they're always trying to improve things. That was pretty impressive. And the scientists primarily—the basic scientists are not in this building, so I didn't see that as much. But I know that's very

intense work as well.
[00:30:51]

Interview Session: 2
Interview Date: April 20, 2017

Chapter 11
The Faculty Health and Wellness Program: History and Evolution
B: Building the Institution;

Tacey A. Rosolowski, PhD
[00:30:52]
Now, when you assumed the role of director of Faculty Health and Wellness, why were you hired? You know, what was your mandate? And what—because sometimes there's a difference between what you've officially been told to do and kind of what you would like to do. So I'd also like to hear if there are some differences there.
[00:31:11]

Warren L. Holleman, PhD
[00:31:12]
Right. Well, I mean, I don't think I was particularly qualified for the job. I never worked with faculty in this capacity before. On the other hand, this is a unique program. It's really the only program in the country that I know of that has a full-time faculty member dedicated toward promoting the health of the faculty. So you're not going to find a lot of people around the country who do this. There are clinics that focus on physician health. There's one in Houston, the Gabbard Center does that. Baylor Psychiatry, I think, has a focus on that, physicians, mental health. But so in a way, I wasn't particularly qualified. I guess the reason they hired me was, they had enjoyed working with me on programs. And they knew I ran programs as part of my job at Baylor, and they liked the way I did that. Then on top of that, I had the counseling credentials and experience and license. So they knew I could be a counselor and a coach for our faculty.
[00:32:33]

Tacey A. Rosolowski, PhD
[00:32:34]
Now, was the position vacant? Or were they creating a position?
[00:32:38]

Warren L. Holleman, PhD
[00:32:38]
It was vacant. They created the position, I think, in 2003.
[00:32:41]

Tacey A. Rosolowski, PhD
[00:32:42]
Okay.
[00:32:42]

Warren L. Holleman, PhD
[00:32:43]
The first director was named Thelma Jean Goodrich. She was a psychologist. She had left, I would guess, around 2006, and the position had been vacant for a couple of years.
[00:33:00]

Tacey A. Rosolowski, PhD
[00:33:00]
Wow.
[00:33:01]

Warren L. Holleman, PhD
[00:33:01]
Maybe 2007, you could check on that, or we could check on that. It had been vacant. They formed a search committee, and I was one of the people who applied for the job.
[00:33:16]

Tacey A. Rosolowski, PhD
[00:33:16]
Mm-hmm. Now, how did the department start?
[00:33:19]

Warren L. Holleman, PhD
[00:33:20]
Back in—Thanksgiving weekend, 2001, a very popular senior faculty member, a surgeon, died. And the cause of death was suicide. That sent some shockwaves around the community here. Did we talk about this last time?
[00:33:51]

Tacey A. Rosolowski, PhD
[00:33:52]
Yeah, we did in relationship to my interview with Ellen Gritz [oral history interview], so, but...
[00:33:57]

Warren L. Holleman, PhD
[00:33:58]
Should I tell the story?
[00:33:59]

Tacey A. Rosolowski, PhD
[00:34:00]
Yeah, tell the story.
[00:34:00]

Warren L. Holleman, PhD
[00:34:00]
I can't remember which parts I told or not.
[00:34:01]

Tacey A. Rosolowski, PhD
[00:34:02]
But that's right, and I don't have perfect memory, and it's your perspective anyway, so we've never captured that. So... (laughs)
[00:34:06]

Warren L. Holleman, PhD
[00:34:06]
Okay. So I'll start that over, then. So Thanksgiving weekend 2001, a very popular senior member of the faculty died. I believe he died in his office.
[00:34:21]

[00:34:24]
And the cause of death was suicide. People came back to work on Monday and they started hearing that this terrible thing had happened. And it sent shockwaves around the community, because it was jolting that he had died, and then the cause of death was also jolting. Then thirdly, a lot of people here worked very closely with him on a daily basis. So he was a friend. He was just a part of their routine and their life, and suddenly he was dead. And that was jolting. But then, on top of all of that, there was a perception that the institutional leadership did a bad job of communicating about what had happened. They sort of had a veil of secrecy, it was as though they didn't know what to say, so they didn't say anything. And so people were saying, "I come to work and work with him every day in surgery. And you're not even telling me the cause of death. That's weird. How can we just go back to work with these questions hanging over our head?" So a group of faculty became upset about this. Ellen Gritz was one, and I think Georgia Thomas, who is now director of Employee Health. I think Walter Baile [oral history interview] was involved, who is head of the ICARE programs, psychiatrist. I think Jan Yadiny [oral history interview], who is the head of Faculty Development, and a couple of others. And they went to Dr. Mendelsohn and to his executive committee, and they complained. They said we think that while you don't need to go into the details of his suicide, we have a right to know the cause of his death and just the basic facts, the fact that he's dead, and that he took his own life. And to his Dr. Mendelsohn said, "You're right. We didn't know what to do. We didn't

handle it very well. Form a committee. We'll give you a budget. Write up a protocol of how to handle these things better in the future." And they did. And the institution has used that protocol since then. And the committee eventually—the committee started having, quote, "stressbuster" activities for faculty. And they formed focus groups to identify the faculty needs, work-home conflicts were a big one. And then eventually, they hired a director of Faculty Health. They got the funding to do that. I think that was 2003, and that was Dr. Thelma Jean Goodrich.
[00:37:51]

Tacey A. Rosolowski, PhD
[00:37:52]
Okay. Okay. So when you took over, what was the state of the department? What was being offered, and what were you tasked to do?
[00:38:02]

Warren L. Holleman, PhD
[00:38:02]
Well, there had been a gap of a couple of years with no director. But Katrina Allen was—I think her title was program manager at the time. She was running what we call the "stressbuster programs;" concerts, Houston Grand Opera would come in each year with their young artists and give a performance. In collaboration with us at Baylor, they had established a tradition of having a pianist come in every year named Richard Kogan. And he was a psychiatrist who was also a concert pianist, and he would give a combination of a concert and a lecture. He would pick a different composer each year and play their music and talk about how their life and their health and their mental health affected their music. And they would have folk dance groups come in, different types of concerts and performances. So they were doing those things under the auspices of the Faculty Development department. So when I came in, we did more sort of informal focus groups, needs assessment, and began to expand their program.
[00:39:37]

Tacey A. Rosolowski, PhD
[00:39:38]
What did you hear in these focus groups?
[00:39:41]

Warren L. Holleman, PhD
[00:39:42]
Okay. Well, the first thing I heard was what I talked about earlier, was there were serious morale issues among both the faculty doctors and the faculty scientists. And there's no way to sugar-coat that. That was even before Dr. DePinho came. Then when he came, there were more morale issues that basically he brought with him. So I came about—I think about a year before Dr. DePinho. So there were serious issues that were part of a national trend that our faculty were

experiencing when I first came. I would say on top of that, when Dr. DePinho came, his focus and his personality helped create more morale problems for faculty.
[00:40:39]

Tacey A. Rosolowski, PhD
[00:40:40]
You have a very interesting perspective, because you've been here through this time of transition in the institution. As I have, I started working with the institution in 2011.
[00:40:54]

Warren L. Holleman, PhD
[00:40:55]
Yeah.
[00:40:56]

Interview Session: 2
Interview Date: April 20, 2017

Chapter 12
Learning about MD Anderson Culture Inspires a Different Perspective on Burnout
B: MD Anderson Culture;

Codes
A: Personal Background;
B: MD Anderson Culture;
B: MD Anderson History;
C: Leadership; D: On Leadership;
A: The Researcher;
C: Critical Perspectives;
B: Working Environment;

Tacey A. Rosolowski, PhD
[00:40:57]
Sometimes when you're in it, it's hard to see the changes. But you can see the changes. It's a very—your evaluation of all of this is very valuable. Now, I had a question. You talked about the focus groups and everything, and some of these activities that were existing. How well, how much do faculty take advantage of the kinds of things that were available in 2010, and prior to your arrival? Did people know about it? Did they take advantage of it?
[00:41:34]

Warren L. Holleman, PhD
[00:41:35]
Well, as I said earlier, faculty are very busy people. I can't really comment on how active they were before I came. My sense is probably the way it still is, is they're so busy they can't come to a lot of the things they'd like to come to. It's a little bit ironic when I was comparing to the homeless situation, this is my point, is that their problem is that they're being overworked. That creates challenges for their work-life balance, for their mental health, for their relationships, for their job satisfaction. But the very things that might help address that, they don't have time to do. Or it's hard to find time.
[00:42:29]
Tacey A. Rosolowski, PhD
[00:42:30]
Yeah, and it's a systemic problem. Trying to find time in the cracks to put on Band-Aids, basically.
[00:42:36]

Warren L. Holleman, PhD
[00:42:37]
Right. That's exactly right.
[00:42:39]

Tacey A. Rosolowski, PhD
[00:42:39]
Yeah. Yeah.
[00:42:42]

Warren L. Holleman, PhD
[00:42:42]
So and I should clarify, with the—I never did, I guess, formal focus groups as they had done back in 2002 or so, or '03, whenever that was. But I did various ways of gathering information and assessing needs. I interviewed department chairs. I had a structured interview. I guess that's a needs assessment. I would go to various departments that would invite me, and talk about faculty health, and then open it up for conversation. Pretty much invariably, there would be a lot of angst. Then the other thing I did was, I would have these noon sessions where I would talk about burnout, work-life balance, things like that. But I would reserve a lot of time for discussion. I got a lot of angst there. The other thing I did was, a few times I set up a table in the Skywalk between the hospital and the faculty center. Did I talk about that last time?
[00:44:04]

[00:44:05]
And people would just sit down and tell me on the fly what was bothering them.
[00:44:10]

Tacey A. Rosolowski, PhD
[00:44:11]
Wow.
[00:44:12]

Warren L. Holleman, PhD
[00:44:12]
And so those were sort of the ways I gathered information. Then, of course, one-on-one counseling, and just hallway conversations.
[00:44:19]

[00:44:21]
There was a kind of an epiphany that happened. My first year here, I told Katrina, let's just plan as many noon sessions as we can. If 10 people come, that's great, 20 or 30 come, that's great.

But not to get big groups, but groups where we can connect in a real way. And so I would come—I think I was hired to do what's now called "resiliency training." Back then, maybe they were starting to call it that. But the idea that if you learn a few stress management skills, if you have good work-life balance, if you take a vacation now and then, then you can do all of this ridiculously hard work and be fine. So I would go in, teach stress management tips and resiliency tips, and invariably, after a few minutes, somebody would start boiling in the room. And they would say something like this: "You say I need to exercise and eat my vegetables. You're not my mother, okay? I believe in exercise, but right now, with my schedule, if I were to exercise, the only time I could possibly do it would be 4:00 in the morning, because I have to be in surgery," or whatever, "at 5:30 or 6:00. And if I do that, I can never leave here before 6:00 or 7:00 or 8:00. If I did that, I would never see my children, because I would be going to bed at 7:00 in the evening," you know. So anyway, there was no time. "How am I going to eat my vegetables when we don't have time for lunch, and the faculty cafeteria we did have was just taken away? The most I can take for lunch is five or ten minutes. It feels like you're blaming the victim. You're telling us it's our problem, and that we need to do all these things so that we can work harder for MD Anderson. Why don't you go talk to our executive leaders and tell them that they're the ones causing the problems and not us, and stop blaming the victims." That really hit home on a number of levels. One was, I had just spent the last eight years directing a clinic that was primarily for women who were coming from situations of domestic violence, as well as childhood abuse, sexual and physical. And so the last thing you would say to a woman who is coming out of a violent situation is, "It's your fault. You should never have been there in the first place." That would be the wrongest thing you could possibly do, right?
[00:47:51]

[00:47:54]
And I get into a situation that I think's totally different, and I've really made that mistake with them, with the doctors. And so that got my attention. So I started reading the literature on burnout. The most influential book was Christina Maslach's book, *The Truth About Burnout, How Institutions Cause Stress in their Employees*, the subtitle was something like that. And she said exactly what the faculty had been telling me. She said, "The typical institution has a high burnout rate, and they try to fix it by offering a stress management course, or building a fitness center." And she said, "Fitness centers and stress management are great. But you will not reduce burnout rates by doing that. To reduce burnout rates, you've got to change the working conditions. Burnout is caused by bad working conditions, a bad job environment." That's exactly what the physicians were saying. They were saying, "We used to have time for lunch." "We used to be able to say who was hired in our clinic, or how the clinic would operate. Now we just show up and have to do what they say to do." "We used to have this much paperwork. Now we've got 10 times more paperwork." These are all factors that have to be addressed, and only our leadership has to support that in order to make that happen.
[00:49:36]

Tacey A. Rosolowski, PhD
[00:49:36]
So how did this affect you? You know, starting to do research on burnout, and having that epiphany about blaming the victim?
[00:49:46]

Warren L. Holleman, PhD
[00:49:47]
Well, it meant that I was no longer a wellness coach, and now I had to be an advocate to the administration. And I didn't feel comfortable in that role, and I still don't. I think, frankly, whoever comes after me should be someone who is really good at working with institutional leadership to bring about culture change, not a person who's not solely a, quote, "wellness coach." Ideally you do both. The individual has things they can do, but the institution has to do things. But if you read the literature on burnout the last few years, physician burnout, it's very clear that the key drivers of burnout are controlled by—are the institutional drivers. The systemic drivers, not the individual behaviors. My little joke that I use, I have a couple of examples—putting a fitness center in a health institution and thinking that's going to solve the burnout problem would be the equivalent of putting a spa in a sweatshop, and saying, "Oh, these 18 hours a day you work is causing you problems? Well, go to the spa in your time off." That's going to fix it. That would be very insensitive and dumb. So the fitness center is a great resource. It gives people—if they have, like, a meeting is cancelled, they can run down there for 45 minutes and get on the elliptical trainer and get some exercise. That's great. And that's going to help improve their health. But it's not going to reduce the problem we call "burnout," because that has to do with working conditions.

[00:51:46]
The other example that just has hit me over the years is that if you put me in the boxing ring with Muhammad Ali, you know, at the prime of his career, how long do you think I would last? Maybe eight seconds, six seconds, nine seconds. That's probably what you would guess, something like that. So if I do resiliency training and have the best coach in the world, then how long am I going to last? Well, then I might last 12 or 13 or 14 seconds. But it's not going to—eventually, I'm going to burn out. So when we do all of these interventions, like we try to improve the quality of the food in the cafeteria, we have a fitness center, we have a stress management class—I just taught one yesterday, I believe in it. I believe it helps you manage stress. But I don't think it will reduce burnout in a population that's got a bad working environment. It may delay the onset of the burnout.
[00:52:54]

Tacey A. Rosolowski, PhD
[00:52:53]
Serious problem. Very serious problem.
[00:52:56]

Warren L. Holleman, PhD
[00:52:56]
It will—yeah. It'll help you cope with your stress in your life. But job burnout really is related to your job, not to your mental toughness.
[00:53:10]

Interview Session: 2
Interview Date: April 20, 2017

Chapter 13
Advocating for Faculty with a Blog under Ronald DePinho
A: Contributions;

Codes
A: Personal Background;
C: Leadership;
B: MD Anderson Culture;
B: MD Anderson History;
B: Working Environment;
B: MD Anderson Culture;
B: Obstacles, Challenges;
B: Institutional Politics;
B: Controversy;
B: MD Anderson History;
A: Contributions;
A: Professional Values, Ethics, Purpose;
A: Critical Perspectives;
A: Character, Values, Beliefs, Talents;
A: Professional Values, Ethics, Purpose;

Tacey A. Rosolowski, PhD
[00:53:11]
Now, given that this is the context that you walked into as director in 2010, I can't help but think that it must have been frustrating for you to discover this, that some of the things that you were doing or going to do were going to not be able to stem the tide, essentially.
[00:53:39]

Warren L. Holleman, PhD
[00:53:40]
Yeah.
[00:53:40]

Tacey A. Rosolowski, PhD
[00:53:41]
Yeah.
[00:53:42]
Warren L. Holleman, PhD
[00:53:43]
Well, I mentioned last time my mother and my father. And I think I did kind of invoke the spirit of my mother and my father. That was—I knew I was getting older when that happened,

because my mother was somebody who wasn't afraid to take on—to speak truth to power. My father was a person who was very diplomatic. He got things done by bringing people together and getting them to talk. He was a community organizer. He never called himself that, but that's what he did. If there was a problem in the community, he would get the groups together and they would talk about it. So they both had a skillset that was relevant here. So I did sometimes try to channel them. That was one of my personal things.
[00:54:37]

Tacey A. Rosolowski, PhD
[00:54:38]
What were some of the things that you did to address the situation?
[00:54:41]

Warren L. Holleman, PhD
[00:54:41]
I think probably the thing that was the most visible was, we started a blog called *The Faculty Voice*. [*Document included at the end of this file.*] Are you familiar with that?
[00:55:01]

Tacey A. Rosolowski, PhD
[00:55:01]
Hm-mmm.
[00:55:02]

Warren L. Holleman, PhD
[00:55:02]
Oh, okay. I actually—we shut it down about three years ago. But I copied everything onto a Word file.
[00:55:11]

Tacey A. Rosolowski, PhD
[00:55:11]
I think you sent that to me and I did read through it.
[00:55:14]

Warren L. Holleman, PhD
[00:55:14]
Oh, okay. That's it.
[00:55:14]

Tacey A. Rosolowski, PhD
[00:55:14]
But I wasn't aware of it at the time.
[00:55:16]

Warren L. Holleman, PhD
[00:55:15]
Oh, okay. Great. So I thought, well, if nothing else, people come to me and talk to me. That's private. But in an aggregate way, I can try to reflect what faculty are thinking and provide a voice. So I started writing this blog called *The Faculty Voice*. I tried to say things like, a lot of faculty are concerned right now about X, Y or Z. And a lot of the things I've told you in this interview are things that would have been in the blog.
[00:55:57]

Tacey A. Rosolowski, PhD
[00:55:58]
So are there some other activities that you undertook to bring people together?
[00:56:05]

Warren L. Holleman, PhD
[00:56:05]
I think another thing we started doing that sounds kind of not so serious, but actually made a difference, was that we tried to create social connections for faculty. We started a happy hour the first Friday of each month. Faculty would come and connect that way.
[00:56:41]

Tacey A. Rosolowski, PhD
[00:56:41]
Why do you say that it seems like it wouldn't be much? How did it make a difference?
[00:56:46]

Warren L. Holleman, PhD
[00:56:47]
Well, I mean, a skeptic would just say, "Oh, you're just giving parties."
[00:56:50]

[00:56:50]
But for a group of faculty that works really hard, A, and then B, in a large institution where everybody is, quote, "siloed," they often have—especially the younger faculty don't know people in other departments at all. So they feel a little bit alienated from the institution, and then from the leadership. So if you can have a party, informal happy hour they can stop by on the way

home, Friday afternoon, they can talk with their colleagues that they work with but don't have much time to decompress with. So they can decompress at the end of the week with people they trust and work with. Secondly, they'll meet a couple of people from some other department that might lead to a collaboration or a friendship. Or they might find that their children are in the same school, and a connection there. Sometimes research collaborations have been fostered in this environment. And then a lot of times, institutional leaders will pop in, and they get a chance to talk to them.
[00:58:08]

Tacey A. Rosolowski, PhD
[00:58:08]
I think I went to one, maybe it was when Bob Brigham had first been hired? I can't recall, exactly.
[00:58:19]

Warren L. Holleman, PhD
[00:58:20]
Okay.
[00:58:19]

Tacey A. Rosolowski, PhD
[00:58:20]
But I know that there was someone who was a leader who came and addressed the group.
[00:58:25]

Warren L. Holleman, PhD
[00:58:25]
Yeah.
[00:58:25]

Tacey A. Rosolowski, PhD
[00:58:26]
Yeah.
[00:58:26]

Warren L. Holleman, PhD
[00:58:26]
So sometimes Katrina will start an hour early with an institutional leader or issue, and we'll kind of have a little mini town hall. Twenty or thirty people will come. And then at 5:00, we open up the bottles of wine and start eating and drinking and talking.
[00:58:54]

Tacey A. Rosolowski, PhD
[00:58:54]
Yeah. I know there were games the night that I was there. It was sort of—it was really a nice environment, because they were just stupid board games, or card games.
[00:59:03]

Warren L. Holleman, PhD
[00:59:04]
Yeah.
[00:59:04]

Tacey A. Rosolowski, PhD
[00:59:04]
It showed people in a little bit different light, a little more creative. Kind of breaking the usual professional persona, which helps make people feel like they're getting to know each other a little more.
[00:59:15]

Warren L. Holleman, PhD
[00:59:15]
Yeah. I thought the board games was a crazy idea. I think Katrina came up with it. And we don't put them out there all the time. But we go through phases where people really get into them.
[00:59:28]

Tacey A. Rosolowski, PhD
[00:59:28]
Yeah.
[00:59:28]

Warren L. Holleman, PhD
[00:59:28]
And Scrabble is one. I've seen—I once watched a game where one of our executive leaders was playing two young faculty, and they were ripping him apart. (laughter) But I thought that was kind of cool. The most popular game these days is, I think it's called Jango?
[00:59:51]

Tacey A. Rosolowski, PhD
[00:59:52]
Oh—
[00:59:52]

Warren L. Holleman, PhD
[00:59:56]
You pile these blocks on top of each other, and then you have to pull them out one at a time. People love that!
[01:00:00]

Tacey A. Rosolowski, PhD
[01:00:01]
Oh, yeah. Well, you've got a bunch of surgeons who are really good at hand skills.
[01:00:04]

Warren L. Holleman, PhD
[01:00:04]
It's pretty incredible. And then of course chess is popular. I think if you look at the personalities of our faculty, we're weighted more to the introvert side. So a party is a little bit intimidating. And if you have an activity, and if it's kind of a geeky activity, like that Jango, or chess, they love it.
[01:00:37]

Tacey A. Rosolowski, PhD
[01:00:37]
Yeah. No, I think it's a very—it was a very pleasant environment. So but it's interesting that that was something that hadn't been done before, you know?
[01:00:51]

Warren L. Holleman, PhD
[01:00:51]
Uh-huh. Yeah.
[01:00:51]

Tacey A. Rosolowski, PhD
[01:00:51]
I didn't ask you what the effect of the blog was. What impact did you feel that had?
[01:00:59]

Warren L. Holleman, PhD
[01:01:00]
A lot of people really liked it. They felt that they were being heard, and that what they were thinking and feeling and experiencing was being, quote, "published," so that—in other words, validated. And published and disseminated, so the institutional leadership could know what they were thinking. So there was quite a sense—I've never worked at a place like MD Anderson where there was just such a strong sense of fear of expressing your opinion. It just feels like a big corporation. So people would come to me or just among themselves and whisper things, how they really felt. But they didn't feel safe articulating that for some reason.
[01:02:07]

Tacey A. Rosolowski, PhD
[01:02:07]
Are there fears—
[01:02:07]

Warren L. Holleman, PhD
[01:02:08]
And this was a way of doing it in an aggregate form.
[01:02:11]

Tacey A. Rosolowski, PhD
[01:02:12]
Are the fears well-founded?
[01:02:11]

Warren L. Holleman, PhD
[01:02:12]
I think some are. Some could get to bordering on paranoia sometimes. But there are a number who feel their email is being monitored, their phones are being tapped, that kind of thing.
[01:02:29]

Tacey A. Rosolowski, PhD
[01:02:29]
By the administration of the institution?
[01:02:30]
Warren L. Holleman, PhD
[01:02:31]
Yeah. I mean, I hear that a lot. And I think, gosh, that says something about the place where you don't have any trust. So—
[01:02:42]

Tacey A. Rosolowski, PhD
[01:02:42]
Now, is that a new feeling with Ronald DePinho's coming in? Or was that also present under John Mendelsohn?
[01:02:49]

Warren L. Holleman, PhD
[01:02:50]
I think it was present even under John Mendelsohn, to some extent. But I think it got worse under Ron DePinho.
[01:03:01]

Tacey A. Rosolowski, PhD
[01:03:02]
I mean, I have to say that I've noticed some of that in interviewing people, speaking off-record, not that that's not an advisable thing to do at times. But when they've shared certain things, I've thought to myself, huh, that didn't seem like a very inflammatory thing to say.
[01:03:24]

Warren L. Holleman, PhD
[01:03:25]
Right.
[01:03:25]

Tacey A. Rosolowski, PhD
[01:03:25]
They felt that they couldn't say even that on record.
[01:03:28]

Warren L. Holleman, PhD
[01:03:29]
Right.
[01:03:28]

Tacey A. Rosolowski, PhD
[01:03:29]
So it was kind of interesting.
[01:03:31]

Warren L. Holleman, PhD
[01:03:32]
Yeah. Well, I think--
[01:03:33]

Tacey A. Rosolowski, PhD
[01:03:33]
I hadn't had a large context to put that in. So now that you say that there's this unusual level of anxiety about speaking your mind, it kind of makes more sense.
[01:03:47]

Warren L. Holleman, PhD
[01:03:47]
I think it speaks to feeling like this is a big corporation that's not very transparent. And that's true. I mean, I still don't understand where some of the clinical revenue goes to, you know. Why are we so having such struggles? They're not very transparent. When there's a lack of communication, there's a lack of trust. And I mentioned people worrying that their email or their phones were being monitored. I mean, that seems a little bit strange, because who would be the people doing this? How could they afford to hire people to do this? On the other hand, since I've been here, there've been a couple of incidents where people had some pretty strong evidence that actually did happen.
[01:04:37]

Tacey A. Rosolowski, PhD
[01:04:37]
Wow.
[01:04:37]

Warren L. Holleman, PhD
[01:04:38]
So it probably does happen occasionally, enough to make people generally worried about it.
[01:04:49]

Tacey A. Rosolowski, PhD
[01:04:50]
Now, you mentioned that the blog was taken down. Tell me why that happened, and why.
[01:04:56]

Warren L. Holleman, PhD
[01:04:56]
Right. The specific trigger, as I recall, was, we published a blog that was critical of Lynda Chin,

who was the wife of Ron DePinho, the president.
[01:05:17]

Tacey A. Rosolowski, PhD
[01:05:17]
And this was what year? Or when?
[01:05:18]

Warren L. Holleman, PhD
[01:05:19]
Probably about three years—maybe 2013, maybe, or '14, in there. And as I recall, we had a standard of professionalism that we would not publish ad hominem comments, or disrespectful—we would not be personally disrespectful. But we would express concerns about issues.
[01:05:47]

[01:05:49]
And I don't remember the specific one, but the general criticism of her was that—and Dr. DePinho—was that—was the issue of nepotism, and that she had special privileges that other faculty did not that were unfair. And the day we published that, I got a call from the legal office saying that someone had filed a complaint about our blog, and that we had broken some rule, institutional rule. The institutional rules that you could not publish a blog without your name—you could not publish an anonymous blog. And someone who had written that, they said, "I don't want my name on it because I don't feel safe." So it was done respectfully. I thought it was proper. But it was anonymous. So it was pretty clear to me that Dr. Chin or Dr. DePinho had initiated that. So that was one thing. Related to that was colleagues in my two departments where I worked, including my bosses, had come to me and said, when you criticize our leadership, I'm afraid that's going to have a—there will be retaliation against our department, or against your colleagues in the department. So if you're from, say, Behavioral Science department and you criticize the president, other faculty in Behavioral Science are afraid he's not going to favor Behavioral Science. And I had to—I had never thought of that. It sounds simple, but I'd never thought of it that way, because I think I was invoking the spirit of my mother, in particular. And I thought, well, if they're thinking that about me, my own colleagues—I thought I was advocating for them. But they think it's better to fly under the radar. So I thought, well, could you just take me out of the department and let me be a free-floating faculty? And that wasn't a possibility. Then I went to the Faculty Senate, and I said I can't continue this, because my own colleagues are worried. And I don't want them to lose their grants or their jobs, so could the Senate take over the blog? Because the Senate would be immune, because it's not any one department. So that was the agreement, although that never really happened. There were a few publications. They revived an old publication called *The Sentinel*, but it only lasted for a couple of publications.
[01:09:16]

Tacey A. Rosolowski, PhD
[01:09:17]
And was the idea that it would be published not—people would put their names on it to get—
[01:09:25]

Warren L. Holleman, PhD
[01:09:26]
Yeah.
[01:09:26]

Tacey A. Rosolowski, PhD
[01:09:27]
I mean, I guess I'm going back to the question of whether or not the original, *The Faculty Voice* actually did break any institutional rules, and how the Faculty Senate was going to alter—
[01:09:39]

Warren L. Holleman, PhD
[01:09:40]
Right.
[01:09:40]

Tacey A. Rosolowski, PhD
[01:09:40]
The format of it.
[01:09:41]

Warren L. Holleman, PhD
[01:09:42]
Yeah. I can't remember. I—
[01:09:43]

Tacey A. Rosolowski, PhD
[01:09:43]
That's fine, yeah. I was curious.
[01:09:46]

Warren L. Holleman, PhD
[01:09:47]
I mean, I published a lot of things under my name. But I always felt pretty safe because I would—I wouldn't necessarily—if it was a little bit dicey, I might, instead of saying, I think—I

might say "I think" or "I believe"—but I might just say, "A number of faculty I've talked to have expressed this concern."
[01:10:07]

Tacey A. Rosolowski, PhD
[01:10:08]
Mm-hmm.
[01:10:09]

Warren L. Holleman, PhD
[01:10:09]
And my job was just to bring this out. And so technically, I wasn't even saying whether I believed that or not. And I thought that was a good way to do it. I'd have to go back and look to see who had—but the trigger was that something had published something anonymously.
[01:10:31]

Tacey A. Rosolowski, PhD
[01:10:32]
Mm-hmm.
[01:10:32]

Warren L. Holleman, PhD
[01:10:33]
But I had developed, as editor, I developed my own editorial standard which I thought was good, which was, I reserved the right to edit anything that comes in. And I frequently would take out ad hominem language. And I got criticized by faculty for doing that. I got some really strong criticism. "No, I wanted to say that Dr. DePinho is a"—whatever. And I'd say, "No, we don't say that. You have to say what your concern about Dr. DePinho is." And I got criticized for that from the faculty side. I thought I had worked out a nice compromise, but apparently there was some rule about anonymity.
[01:11:21]

Tacey A. Rosolowski, PhD
[01:11:21]
Yeah. Yeah. Interesting.
[01:11:22]

Warren L. Holleman, PhD
[01:11:23]
I think if they had not—I personally think my approach was better than theirs. But anyway—
[01:11:32]

Tacey A. Rosolowski, PhD
[01:11:33]
But effectively, it—
[01:11:33]

Warren L. Holleman, PhD
[01:11:33]
I said, "I take responsibility for everything that's in here. If you find something that's unprofessional, you let me know." And they couldn't—they never found anything.
[01:11:45]

Tacey A. Rosolowski, PhD
[01:11:46]
So essentially, it kind of drifted away. It turned into *The Sentinel*, but then it just didn't go any further.
[01:11:50]

Interview Session: 2
Interview Date: April 20, 2017

Chapter 14
Changes to MD Anderson's Culture and Ronald DePinho's Resignation
B: Institutional Change;

Codes
B: MD Anderson Culture;
C: Leadership;
B: Working Environment;
B: Institutional Politics;
B: Controversy;
B: Growth and/or Change;
B: Critical Perspectives on MD Anderson;
B: MD Anderson History; B: MD Anderson Snapshot;
B: Ethics;
A: Professional Values, Ethics, Purpose;
A: Critical Perspectives;

Warren L. Holleman, PhD
[01:11:51]
And if you'd like, I think I could summarize what the main concerns of the faculty were.
[01:11:55]

Tacey A. Rosolowski, PhD
[01:11:55]
Yeah, sure.
[01:11:56]

Warren L. Holleman, PhD
[01:11:58]
I'd say two types of concerns; one were the ones we've been talking about that are not just at MD Anderson, the concerns that clinicians have about overwork, being treated as, quote, "workforce members" rather than professionals, professional healers. Losing control of their clinics, having all this paperwork and bureaucracy. Then on the science side, the research side, the concerns that I wrote about over and over were, what can we do to support faculty who are losing NIH funding? Not because of a lack of quality, but federal changes. What can we do to reduce the bureaucracy? What can we do to improve the relationship between faculty and administration and leadership? Those were the sort of things that are not just at MD Anderson, they're concerns at every institution. In addition, though, there were specific concerns with Dr. DePinho and Dr. Chin and some of the people they brought in with them. By far, the one that created the greatest degree of anger was the sense that the ethics rules that applied to all the rest of us did not apply to them. When they came in, there was a nepotistic relationship that was never addressed.

It just seemed so wrong. She got all kinds of special privileges because she was married to him.
[01:13:49]

Tacey A. Rosolowski, PhD
[01:13:50]
Now, what department was she hired into?
[01:13:52]

Warren L. Holleman, PhD
[01:13:52]
She was the director of the big research institute. She was given a very high salary to run the—
[01:14:05]

Tacey A. Rosolowski, PhD
[01:14:05]
This is the Institute for Applied Cancer Science?
[01:14:07]

Warren L. Holleman, PhD
[01:14:08]
Yes. I'm sorry, Institute for Applied Cancer Science. And—
[01:14:11]

Tacey A. Rosolowski, PhD
[01:14:12]
So she didn't have a faculty grounding, or a departmental grounding?
[01:14:18]

Warren L. Holleman, PhD
[01:14:18]
She probably did.
[01:14:18]

Tacey A. Rosolowski, PhD
[01:14:19]
She must have done.
[01:14:20]
Warren L. Holleman, PhD
[01:14:20]
I don't know. Yeah. So one of the concerns was nepotism, and she didn't help it by her behavior. She would be very rude to other faculty and other employees. She would cut in line

for coffee, just do little things that were insensitive and privileged and entitled. When people would say, "Wait, what are you doing?" She'd say, "Well, do you know who I sleep with?" That was her standard line. That just wasn't a very smart thing to say.
[01:14:59]

Tacey A. Rosolowski, PhD
[01:14:59]
Well, and it's extremely tone-deaf to the culture here.
[01:15:02]

Warren L. Holleman, PhD
[01:15:02]
It was arrogant.
[01:15:02]

Tacey A. Rosolowski, PhD
[01:15:03]
Yeah, it was. Absolutely.
[01:15:04]

Warren L. Holleman, PhD
[01:15:05]
I mean, I'm happy to say that, because that's the way—I think that's accurate. And it had a tremendous impact on the culture here. This has been a place that was really collegial. And they brought in their friends from the Northeast, and created this sort of culture war between the newbies and the veterans.
[01:15:30]

Tacey A. Rosolowski, PhD
[01:15:31]
Now, tell me a little about that.
[01:15:32]

Warren L. Holleman, PhD
[01:15:33]
Well, the veterans were people who were dedicated to the mission of MD Anderson, and planned to spend their whole career here. And the typical, quote, "veteran faculty" was a physician who also did clinical research. Of course, we were known as the number one cancer center in the world, and we were also known as doing the best translational research, I think, around. So these were the people who were treating the sickest cancer patients and coming up with new treatments and new innovations and better treatments all the time. Dr. Freireich [oral history

interview] would be the paragon of that type of physician scientist, just incredible what he accomplished with Dr. Frei, in terms of curing childhood leukemia. And I think that was the model of the MD Anderson faculty. And I think the veterans here thought we had a pretty good things going. When we had problems, we were getting more bureaucracy, as I said, things like that. But still, we were a great place to work. And then when Dr. DePinho was hired—
[01:17:03]

Tacey A. Rosolowski, PhD
[01:17:04]
Let me just—before you go into that, I wanted to ask you kind of how—what did—I'm sorry, I'm having trouble asking this question. When Dr. DePinho was hired and prior to his arrival, what was the attitude toward people? When he came down and gave some of those original presentations to faculty, what was the buzz about who this new person was who was coming to take over from John Mendelsohn?
[01:17:34]

Warren L. Holleman, PhD
[01:17:35]
Yeah, well, there was a lot of positive buzz, because he brought a fresh vision. He had a lot of energy and enthusiasm. He was a very sort of charming and persuasive speaker. And he had a vision of curing cancer, which engendered a lot of debate, just to use those terms, because that's—many felt it was overreaching.
[01:18:09]

Tacey A. Rosolowski, PhD
[01:18:09]
And this is referring to the Moon Shots Program.
[01:18:11]

Warren L. Holleman, PhD
[01:18:12]
Yeah. But the idea that we're going to do everything we can to find new cures was a great idea. I think a lot of the basic scientists were excited, because basically it was felt that his mandate was to raise the bar of our basic sciences departments. And the problem was, many were worried that he would raise the bar of basic sciences at the expense of what we had always been so good at. And that's exactly what happened. Many of our top physician scientists left after he came, because they felt marginalized. And when he would bring in somebody, some friend of his from the Northeast and say—and give them a salary that was double or three times what someone here was making who was doing similar work, that felt demeaning—
[01:19:23]

[01:19:24]
And it created these two cultures; one was called the F-O-R, Friends of Ron. No, F-O-R-D, FORD. Friends of Ron DePinho. And then the veterans, the people who had always been here. That was very unfortunate. I learn all that I've learned from musicals, and from Oklahoma, the ranchers and the farmers should be friends. That was what I said. We should raise the bar of everybody. But the clinicians felt that instead of being here to spend half their time seeing patients and half their time doing research, now they were asked to spend 80 percent or even 90 percent, or even 90 percent of their time seeing patients to generate more income, to pay for the Moon Shots. And that was their fear, that this would happen. And that's exactly what happened. And I didn't come here just to be a cash cow. I came here to cure cancer myself. That was the sense. So there was an excitement because he was going to raise the bar on the basic sciences side, but there was a fear that he'd do that at the expense of the clinical enterprise. And I think that is what happened.
[01:20:46]

Tacey A. Rosolowski, PhD
[01:20:47]
Now, what's your read on kind of the feel of the institution right now? And just for the records, I mean, Dr. DePinho submitted his resignation, and it was, what, three weeks ago? Three and a half weeks ago? Something like that. You know, did you have a sense that this was coming, you know—well, first I'll ask you that. Did you have a sense? Did people kind of know that that was coming?
[01:21:19]

Warren L. Holleman, PhD
[01:21:20]
Yeah. I kind of knew it was coming. It came a little faster—I predicted March 31st. I think it happened March 15th—I don't know.
[01:21:32]

Tacey A. Rosolowski, PhD
[01:21:33]
Now, what were the signs you were seeing that told you that was coming?
[01:21:38]

Warren L. Holleman, PhD
[01:21:39]
Some of it was just pure intuition. When the audit was published, and I think that was maybe February, of Dr. Chin's breaking a lot of financial rules, just the fact that the UT System was beginning to audit her activity, a number of us knew—a number of us believed that she was

breaking a lot of rules. She had broken a lot of rules. But we didn't know whether the leadership in Austin was going to look into it. So when they published the audit, the first thing was not even the results of the audit, it was just the fact that she was being audited, showed that somebody cared.
[01:22:41]

[01:22:42]
And that was very gratifying. Because when you work for an institution, you want to believe that it has integrity. And we have a number of integrity rules around here, compliance rules. And we follow them to the letter. We're required to. But then there's always the perception that our top leaders were given exemptions for everything. So now we learned that maybe that was no longer the case. And that was very gratifying, I think, to a lot of faculty. So when I found out that she was being audited, that her activity had been audited, I just felt good about that. I felt better about working here, and I think a lot of people suddenly felt better, that integrity still matters. And then secondly, I started learning about our new chancellors and vice chancellors, and they're people who—from all I can tell, they're people who really value integrity. And they like to—they think leaders should practice what they preach. And—
[01:23:55]

Tacey A. Rosolowski, PhD
[01:23:56]
Now, we're talking about Chancellor McRaven.
[01:23:57]

Warren L. Holleman, PhD
[01:23:58]
Yeah.
[01:23:58]

Tacey A. Rosolowski, PhD
[01:23:58]
And vice chancellors, I haven't heard their names. Who are some of the people?
[01:24:01]

Warren L. Holleman, PhD
[01:24:01]
Well, the one that's relevant for us is Dr. Ray Greenberg.
[01:24:06]

Tacey A. Rosolowski, PhD
[01:24:06]

Okay.
[01:24:07]

Warren L. Holleman, PhD
[01:24:08]
Vice chancellor for Health Affairs. I guess I was referring primarily to Chancellor McRaven. He had come here a couple of times to meet with faculty. And he talked about how leaders—he expected leaders to walk the walk. And so that began to make us think that a new sheriff was in town, and this was somebody who would help us, whether Dr. DePinho stayed or went, he would ask our leadership to follow the rules. So that was great. But then when the audit came out and it was just so damning of her activity, I think five of six projects that she funded were done without following the rules. I personally felt that that was just—that meant that—how did she get away with that, and none of the rest of us could? So that would mean that the president was involved in some way. And so I thought that it's just a matter of time now before they make a change.
[01:25:37]

[01:25:39]
And I think that's what most people believed. I used to think it was just the faculty who felt that way, but I started talking with staff, and they all felt that way, too. I'll tell you what, in the last year, the prevailing thing that people would say is, it really hurts your morale to work at a place where you are doing things the right way, but all you ever see in the newspaper is that MD Anderson is breaking this rule or that rule. And the fact is, MD Anderson is not breaking the rule. Most of us are following the rules. It's just a few individuals. And that was a real morale killer. And so the average person who worked here wanted—I think they wanted Dr. DePinho to leave because he—they would say, "My friends read the newspaper, and they say, 'What are you doing over there? You guys are just doing whatever you feel like.'" And they say, "No, we all are doing the same thing we've always done, it's just a few people at the top." But the newspaper wouldn't—the image was that—
[01:27:00]

Tacey A. Rosolowski, PhD
[01:27:00]
Sure.
[01:27:00]

Warren L. Holleman, PhD
[01:27:00]
Yeah. That we were all wasting state tax money, and that kind of thing.
[01:27:04]

Tacey A. Rosolowski, PhD
[01:27:04]
Now, what are you kind of hearing now? You know, Marshall Hicks has stepped in as interim, and there have been—you know, there's an odd mood around the place, you know, what are you picking up now during this interim period?
[01:27:23]

Warren L. Holleman, PhD
[01:27:24]
Well, I'm picking up a lot of optimism. I think that the interim leaders are very well liked and well-respected. And Dr. Hicks and the others, I don't think they could have done a better job of picking who they picked.
[01:27:54]

Tacey A. Rosolowski, PhD
[01:27:54]
What do people like Marshall Hicks and the others represent?
[01:28:01]

Warren L. Holleman, PhD
[01:28:01]
I think they hearken back to the, what I call "the veterans." The physicians who put patient care first, and then have clinical research as a close second, and are here to promote those things, and are not here just to promote their careers, or their own fame or egos. And they're what Chancellor McRaven and his group calls "servant leaders;" leaders who see it as their job to help those under them be successful. Not to come here and just sort of cherry-pick money for my pet projects, which is the feeling—whether it's fair or not—which was the feeling of the DePinho administration.
[01:29:16]

Tacey A. Rosolowski, PhD
[01:29:16]
Now, there's Dr. Hicks, and who else is he working with at this point? REDACT $$ That's okay—
[01:29:22]

Warren L. Holleman, PhD
[01:29:23]
This is embarrassing. I'm blanking on the—please don't put this on there, but—
[01:29:29]

Tacey A. Rosolowski, PhD
[01:29:29]
Well, I can pause it. Hang on just a second.
[01:29:30]

(break in audio)

Tacey A. Rosolowski, PhD
[01:29:31]
Back on again.
[01:29:31]

Warren L. Holleman, PhD
[01:29:32]
Okay.
[01:29:32]

Tacey A. Rosolowski, PhD
[01:29:32]
Okay, so the person, the COO is—
[01:29:36]

Warren L. Holleman, PhD
[01:29:36]
Yeah. So the interim president is Dr. Marshall Hicks, and the COO is Dr. Steve Hahn. And there's a strong sense that they are—that they represent what the best of MD Anderson, in terms of being good clinicians and good researchers, doing—good patient care is the most important thing, and then doing research that improves treatments is important. And being here as servant leaders to help—they're not here to promote their own egos or their own careers, primarily. They're here to serve others. And to help the rest of us be successful, so to speak, or to accomplish the mission in the institution. I think there's a strong loyalty to the institution. They're not going to be here for three years and then go off somewhere else. So then they have their character, their personality. I mean, if you passed them in the hallway, they'd look at you and say, "Hello." You sense that if you had a problem, you could share it with them, and they'd listen. You'd trust them with it. They would care about it. It's not that some of our other current leaders aren't that way as well. I'm just saying these are the two new ones who've come in to fill up this vacuum for right now. I think there's a sense they were very good choices.
[01:31:26]

Tacey A. Rosolowski, PhD
[01:31:27]
Yeah, when Dr. DePinho submitted the resignation, I was thinking to myself, you know—I was wondering what message was going to be sent by the choice? I thought, yeah, MD Anderson is going to want to go back to its core values. And that's certainly—
[01:31:46]

Warren L. Holleman, PhD
[01:31:47]
That's what I've been trying to say the whole time. They represent the core values.
[01:31:51]

Tacey A. Rosolowski, PhD
[01:31:52]
Yeah. Yeah, they really have, yeah.
[01:31:54]

Warren L. Holleman, PhD
[01:31:55]
Yeah. And I think a number of our other executive leaders do, too.
[01:31:57]

Tacey A. Rosolowski, PhD
[01:31:58]
Oh, absolutely. Yeah.
[01:31:58]

Warren L. Holleman, PhD
[01:31:59]
It's just I think that for whatever reason, I don't think Dr. DePinho fully represented them. And I think—yeah. In the effort to shoot the moon, we kind of lost track of our core values, or our core identity.
[01:32:24]

Tacey A. Rosolowski, PhD
[01:32:25]
Yeah.
[01:32:25]

Warren L. Holleman, PhD
[01:32:25]
That's the perception.
[01:32:28]

Tacey A. Rosolowski, PhD
[01:32:28]
Yeah. I mean, it's kind of an interesting period, because—I mean, there are obviously a lot of very, very negative things that happened during the six-year period, that almost six-year period that Ron DePinho was here. But I mean, I think there were some positive things that were done, certainly. But if it's almost as if the—if you will, the downfall is helping the institution understand better what it's really about, and make some hard decisions about what to focus on the future. It's an interesting process to see an institution going through.
[01:33:16]

Warren L. Holleman, PhD
[01:33:16]
Yeah.
[01:33:18]

Tacey A. Rosolowski, PhD
[01:33:18]
Painful, but, you know—
[01:33:20]

Warren L. Holleman, PhD
[01:33:21]
Well, you're right. This could really help us all realize who we truly are. I think when Dr. DePinho was hired—I think there's a temptation to blame him for everything, and I don't think that's fair. I think he was hired with a mandate to raise the bar on basic science.
[01:33:39]

Tacey A. Rosolowski, PhD
[01:33:40]
Absolutely.
[01:33:41]

Warren L. Holleman, PhD
[01:33:42]
And that's what he was trying to do. But is that the type of person they should have hired in the first place? Or, would he have been the person to hire at a research—if we had been a research

institute and not a cancer treatment center, he would have been the choice. But we're a cancer hospital, you know. I mentioned earlier that I think—you ask why he was hired in the first place, and I said that his vision of curing cancer was very attractive, especially to our scientists. And to people around the state, you know, everybody wants to cure cancer. But the other reason that I think he appealed to the leadership in Austin at the time was that he pointed out that there could be a financial windfall from the type of research that our faculty do, and that we weren't capturing those revenues. That we could develop drugs and develop inventions that would be very lucrative. And there are a lot of—in Texas, a lot of business people and entrepreneurs sit on the Board of Regents, too. That was attractive, too. Why are we running a nonprofit when we could be making billions of dollars? So most people were probably like me, we didn't feel qualified to assess the risk to benefit ratio. When you try to develop a new drug, it's kind of a long shot, it takes a lot of investment. But if you hit the mark, you make a ton of money. That's sort of like shooting the moon, too. Either you make it or you fail. But anyway, the financial aspect was also very attractive. So there was the scientific achievement and the financial. Those two made him a very attractive candidate.
[01:36:15]

[01:36:17]
But I think that the Board of Regents and the chancellors at the time forgot that that's not really what MD Anderson is. We're a place where patients come for care. And then our best research is the research that's based on—is empirical, our own patients. Not looking at lab rats, and trying to develop things through the lab. So our core values, our core identity, we lost track of those.
[01:37:00]

Tacey A. Rosolowski, PhD
[01:37:01]
And DePinho certainly made a number of—I mean, even if we took out the ethical considerations, he made a number of pretty serious leadership mistakes. The not listening, not communicating, not being as aware as he needed to be that there was a culture here. The north-south distinction and also an East Coast—Texas distinction was really an important chasm to work across, you know?
[01:37:35]

Warren L. Holleman, PhD
[01:37:36]
Yeah.
[01:37:36]

Tacey A. Rosolowski, PhD
[01:37:36]
All of those things. It's just kind of a general insensitivity to those issues.
[01:37:40]

Warren L. Holleman, PhD
[01:37:40]
Exactly. I think I was asked—one time, after *The Faculty Voice* closed down, I was wondering if I would ever be asked my opinion on his leadership. I think I was asked one time. And I had prepared—I tend to go on for hours on this, so I said, I've got to have a 30-second elevator speech. Somebody said, "What's your assessment of Dr. DePinho's leadership?" I knew I had about 30 seconds. And part of me said, well—part of me was thinking, should I really say this? So I said, "What the faculty tell me is, A, they question his integrity. He's had conflicts of interest in terms of his business, and then there's a nepotism concern with his wife. So there's a lack of trust in his integrity as a leader. And secondly, the faculty feel that he doesn't listen. We've had a number of attempts to create venues where he's there to listen to our concerns. And invariably, he winds up lecturing us. It's clear to us he doesn't listen well."
[01:39:14]

[01:39:17]
So I got that in 30 seconds. I've always been glad I said that, because I felt my job is to hear the faculty and reflect back what they're saying. I think the majority of the faculty, that those were the two concerns.
[01:39:38]

Tacey A. Rosolowski, PhD
[01:39:39]
Mmm.
[01:39:40]

Warren L. Holleman, PhD
[01:39:42]
I think the ethics thing, in a sense, it wasn't even his fault. He should have never been given waivers in the first place.
[01:39:52]

Tacey A. Rosolowski, PhD
[01:39:52]
Yeah.
[01:39:52]

Warren L. Holleman, PhD
[01:39:53]
I mean, it was the people above him that set up that faulty system.
[01:39:57]

Tacey A. Rosolowski, PhD
[01:39:58]
I mean, they also approved hiring his wife within the institution, too. That was part of the package.
[01:40:02]

Warren L. Holleman, PhD
[01:40:03]
And that was a huge mistake. Now, he should have had the moral intelligence to realize himself that that wasn't smart. But really, that was set up by the people who hired him. Then as far as not listening, I think half of that was that he's so enthusiastic about research that he always—if you get the group of people together, he wants to share with them his vision. And that's attractive, to have a visionary leader. But the flipside of that was, he was not just a researcher, he was a leader. And leaders have to listen. And it would be more powerful to create a vision of the whole group. Let us give input to the vision so that we feel we own it, too.
[01:41:01]

Tacey A. Rosolowski, PhD
[01:41:02]
Absolutely.
[01:41:02]

Warren L. Holleman, PhD
[01:41:03]
And we never felt that he wanted to know that. When I'm in a good—when I'm being charitable, I would say that it was because he was just so excited about his vision. But when I'm realistic, I think he also had some problems with ego and—
[01:41:29]

Tacey A. Rosolowski, PhD
[01:41:29]
And some skills he never developed.
[01:41:29]

Warren L. Holleman, PhD
[01:41:30]
Yeah. He just really didn't care what I thought. I think he thought he was smarter than me and the others, and he didn't want to know what we thought. That was the conclusion most people reached, was—you know, we were number one in the world before you got here. Shouldn't you want to hear what we think? Don't you want our input? There was just this sense of, "No, I'm not really interested in what you think, because I'm smarter than you are, and I'm going to bring in these people who are smarter than you are."
[01:42:11]

Tacey A. Rosolowski, PhD
[01:42:13]
Well, it'll be interesting to see how things evolve, for sure. For sure. We're almost at 11:30, and I will need to stop then. But it would be great if we could schedule another shorter session, to just do some final tie-up.
[01:42:30]

Warren L. Holleman, PhD
[01:42:31]
Sure. Sure.
[01:42:32]

Tacey A. Rosolowski, PhD
[01:42:32]
Is that okay with you?
[01:42:33]

Warren L. Holleman, PhD
[01:42:33]
Yeah.
[01:42:33]

Tacey A. Rosolowski, PhD
[01:42:33]
Okay, great. Do you want to stop for today, then?
[01:42:36]

Warren L. Holleman, PhD
[01:42:36]
Sure. What—
[01:42:37]

Tacey A. Rosolowski, PhD
[01:42:38]
It's 25 after 11, so let me just say thank you.
[01:42:42]

Warren L. Holleman, PhD
[01:42:43]
Has this been helpful for your project?
[01:42:43]

Tacey A. Rosolowski, PhD
[01:42:44]
Yes. Oh, absolutely, yeah. Absolutely.
[01:42:45]

Warren L. Holleman, PhD
[01:42:46]
Okay.
[01:42:45]

Tacey A. Rosolowski, PhD
[01:42:46]
Absolutely. No, you're the first person that I have spoken to about this particular period, and it's a really important period for the institution, and to get the read on what's been transpiring in the last year, so...
[01:43:00]

Interview Session: 2
Interview Date: April 20, 2017

Chapter 15
A Role as "Toxin Handler"
A: Overview;

Codes
A: Overview;
A: The Clinician;
A: Definitions, Explanations, Translations;
A: Professional Values, Ethics, Purpose;
A: Critical Perspectives;

Warren L. Holleman, PhD
[01:43:01]
Could I say one more word while it's on my mind?
[01:43:02]

Tacey A. Rosolowski, PhD
[01:43:02]
Absolutely. Absolutely.
[01:43:03]

Warren L. Holleman, PhD
[01:43:03]
As you've been asking me these questions, I've been—I want to make it clear that I don't have any formal—that my main job or contribution in all of this has just been as a listener, and maybe trying to reflect back what I'm hearing. And I was talking with someone named Kevin Grigsby, he's a director of leadership at the AAMC. I was asking him, is that my job? You know, I was trying to get some insight as to what I was doing. And he said, "You're the Toxin Handler." And I said, "What do you mean?" He said, "People have written papers on this." So he gave me a couple of references. The Toxin Handler. He said, "Every institution needs to have one or more people whose job it is to process the toxin. And when people are feeling low morale, or feeling that something isn't right, they need somebody to share that with. And then that really helped me understand what my job was, because I had no formal leadership role. I'm not in the—on the Shared Governance Committee, or anything like that. But I do bring that toxin in a—I sort of process it and aggregate it, and bring it to leaders. So that's sort of the way my job kind of evolved.
[01:44:51]

Tacey A. Rosolowski, PhD
[01:44:51]
Really interesting. I'm glad you added that.
[01:44:53]

Warren L. Holleman, PhD
[01:44:54]
Yeah.
[01:44:55]

Tacey A. Rosolowski, PhD
[01:44:56]
Yeah. Well, thank you very much. And I just wanted to say for the record, I'm turning off the recorder at about 27 minutes after 11.
[01:45:02]

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Warren L. Holleman, PhD

Interview Session Three: 27 April 2017

Chapter 00C
Interview Identifier

Tacey A. Rosolowski, PhD
[00:00:00]
All right, we are recording. It is about 24 minutes after 10:00 on the 27th of April, 2017. And I am sitting in the Historical Resources Center Reading Room with Warren Holleman for our third session together. I'm Tacey Ann Rosolowski. Thanks for coming in.
[00:00:25]

Warren L. Holleman, PhD
[00:00:26]
Thank you.
[00:00:26]

Tacey A. Rosolowski, PhD
[00:00:27]
Managing to come in after—
[00:00:29]

Warren L. Holleman, PhD
[00:00:30]
Yeah. Thank you. This has been a refreshing experience for me, thinking back over things and trying to put them in perspective.
[00:00:39]

Tacey A. Rosolowski, PhD
[00:00:39]
Cool. Great. Well, I really appreciate your candor. Also, unusual insights that you've shared about the faculty. I did go and kind of investigate more about burnout and suicide and all of that, yeah. You really shed a light on all of that. This is a really interesting and important contribution to the oral history project. Plus it was just fun to talk to you.
[00:01:08]

Warren L. Holleman, PhD
[00:01:08]
Yeah. Same here. Thank you.
[00:01:10]

Interview Session: 3
Interview Date: April 27, 2017

Chapter 16
Faculty Health and Wellness: Programs and the Anti-Bullying Task Force
B: An Institutional Unit;

Codes
A: Overview;
A: The Clinician;
A: Definitions, Explanations, Translations;
B: MD Anderson Culture;
C: Leadership;
B: Working Environment;
B: Building the Institution;
B: Institutional Politics;
B: Growth and/or Change;
B: Critical Perspectives on MD Anderson;
B: MD Anderson Culture;
A: Critical Perspectives;
C: Understanding the Institution;
B: Institutional Politics;

Tacey A. Rosolowski, PhD
[00:01:10]
So today I had just a few additional questions, and we strategized a little bit ahead of time. And the first one I wanted to ask you was sort of a follow-up. When we were talking about your various activities once you came to MD Anderson, you kind of quickly moved to this epiphany moment when you realized the severity of the burnout issue here. I kind of got the sense that part of the epiphany involved you coming to the realization that you were sort of trying to put a finger in a dike, you know, that there was only so much that you as an individual with these programs could actually do. I totally appreciate that perspective. But I didn't want to lose sight of the fact that you also did develop some things here. However, in the grand scheme, they may not be able to accomplish what you would like to see happen for the faculty, and for their long-term well-being. So I wanted to make sure that you had an opportunity to tell me about some of those programs. And I know, for example, I attended a program that you contributed to Survivorship Week, so that's one of them. I'm just wondering if you could speak about that and maybe some of the other things that you've done.
[00:02:28]

Warren L. Holleman, PhD
[00:02:29]
The way I view it, we have kind of a dashboard of offerings, or a menu of offerings. On the one hand, we do some rather traditional academic activities, and then on the other hand, we do some

not-so-traditional. Then we offer some programs and services for individuals, and then for groups. Then we try to intervene not only at the individual level, but also at the institutional level. So I could give some examples of each of those.
[00:03:06]

Tacey A. Rosolowski, PhD
[00:03:07]
Yeah. Yeah, sure.
[00:03:07]

Warren L. Holleman, PhD
[00:03:08]
On the traditional academic side, there's the presentations and there's publications. So for presentations, I do grand rounds presentations, on topics like burnout and stress and work-life balance. We've organized a lot of panel discussions on various topics. Bullying has turned out to be a very popular and needed topic.
[00:03:41]

Tacey A. Rosolowski, PhD
[00:03:41]
Can I ask you briefly about that? Because honestly, when I saw that on your CV, I was, like, what?
[00:03:46]

Warren L. Holleman, PhD
[00:03:46]
Yeah.
[00:03:48]

Tacey A. Rosolowski, PhD
[00:03:48]
So tell me about that. What does that—what form does that take?
[00:03:51]

Warren L. Holleman, PhD
[00:03:51]
Yeah. So, the term "bullying" was kind of a new term to me, a new-old term. I thought of that as a junior high concept. But it's the term often used to refer to incivility toward coworkers. And it comes in many forms. But in my counseling and in my just hallway conversations, I've become very aware that a lot of people who work here have experienced incivility in various ways. In many cases, severe enough that it's had a significant impact on their careers, or on their

satisfaction of their jobs. So we decided to offer—we brought in a speaker, Kevin Grigsby, who is one of the leaders in the AAMC, Association of American Medical Colleges. He's kind of a national expert on this issue. He gave a lecture. We packed Hickey Auditorium—that's a lot of people. So we said, well, let's do it again. So maybe six or nine months later, or a year later, he came back. Same thing happened again. So we said, well, let's talk about it again. Let's keep trying to go deeper and find solutions. So the third time, we organized a panel of some of our institutional leaders. And Kevin was the moderator. And that was very well-attended as well. Our panelists did an excellent job. I thought that was effective in terms of bringing to their attention the, I guess, the emotional immediacy of this issue to those who have experienced it.
[00:05:51]

Tacey A. Rosolowski, PhD
[00:05:51]
Could you give me some examples of what a 'bullying light' might look like, and kind of what the more extreme versions might be?
[00:06:03]

Warren L. Holleman, PhD
[00:06:03]
Sure. I'll give a staff example and a faculty example, say. On the staff side, I think of those individuals who've experienced bullying from their supervisors. They had a supervisor who, for some reason or another, best I can tell, just didn't like them. Not because of their job performance, but some personality type of clash. Or perhaps even the supervisor felt threatened because the worker was talented. Duh. I'm, of course, just hearing one side of the story. But I've talked to several who've told me a story like that. So the supervisor sets out to sabotage the career of the supervisee, which is just the opposite of what you want. You want a boss and a mentor to be a champion of your career, and to give you the skills to succeed. And in a functional organization and a resilient organization, you would have supervisors who saw their job as to make those under them successful. But you get this dysfunctional thing where people are basically doing the opposite of what they're supposed to do. So if you're a young person coming to work at MD Anderson, you're idealistic. You want to make cancer history, and all of that. You really care about the mission of the organization. And you get in this situation where you're just treated like trash. It's very discouraging and disheartening and demoralizing. And in a sense, you've got the job of your dreams. But you've got the boss of your nightmares, you know?
[00:08:05]

[00:08:07]
So that's a typical thing. Of course, the best thing to do is to identify those bad bosses and either get rid of them, or if they're rehabilitatable, to rehabilitate them. But that doesn't always happen. It's a tough thing to do that. So that's one type of scenario. Another type that's really been

brought to my attention is, the junior faculty member, say, on a clinical rotation—I'm sorry, who's working as a consultant for the week, they're doing the hospital service for their department. So they're being called in by other departments to consult, to give advice on how to manage some aspect of a particular case. And several have told me that when they do that, although the majority of the people they consult with treat them respectfully and professionally, there's always one or two who don't. They say that just ruins everything. They say, 'I've been through my medical school, my residency, my fellowship, and now I'm a faculty member at the job of my dreams, MD Anderson. And I'm doing the best work I can. And I just know the two days [before]—I start the service on Monday, Saturday and Sunday I can't sleep, because I know somebody is going to treat me rudely. So sure enough, say Tuesday night I'm called in on a case, and I'm on another case, and so I get there in 30 minutes. Some senior faculty from another department is waiting for me. Instead of giving me a chance to explain that I couldn't run off from the other case, they say something derogatory toward me. And I feel like a piece of shit. And I'm doing the best I can. And I know they wouldn't say that to me if I was, A, a senior faculty, or B, maybe if I was—something else was different about me demographically, or whatever. They feel some permission to treat me like dirt.' So it's experienced by our faculty, by our staff. It's just a lack of professionalism. People have always—they've always been jerks and unkind people. It's not a new problem, I don't think. But it is dysfunctional. And—
[00:10:57]

Tacey A. Rosolowski, PhD
[00:10:57]
Is it more prevalent now? Because I noticed on your CV, there was a task force that was established in 2013, the anti-bullying task force. And was there concern at that time that there were more complaints?
[00:11:15]

Warren L. Holleman, PhD
[00:11:15]
Yeah. So there were, as I recall, 2013 had the elements that I just described. There was another element. There was an effort by Dr. DePinho to, as he put it, raise the bar on tenure, promotion and tenure. And many felt that was really just an excuse to get rid of certain faculty in order to bring in other people that he wanted, generally from the Northeast. I hate to keep using that geographic reference, but—
[00:12:16]

Tacey A. Rosolowski, PhD
[00:12:16]
Well, no, I think it is the intercultural or clash with regions is a very real thing here.
[00:12:23]

Warren L. Holleman, PhD
[00:12:23]
Yeah. Yeah. So I believe this is what gave rise to this. So there were certain faculty who went up for promotion and tenure, and it appeared that they had met the requirements or exceeded the requirements. In a couple of cases, they were voted almost unanimously, or unanimously, I think, by the committee.
[00:12:44]

Tacey A. Rosolowski, PhD
[00:12:44]
Yeah, there was one that was unanimous.
[00:12:47]

Warren L. Holleman, PhD
[00:12:48]
By the committee. And then lo and behold, Dr. DePinho didn't approve it. He rejected it. And that seemed very unfair. It seemed illegal, really, because we were a member of the American Association of University [Professors]. And it's kind of a union for faculty. So it really broke the rule. And it felt like what people often call "bullying" or "incivility," a faculty member has given their best, and they've done or exceeded what they were asked to do. And yet for some [reason]—usually they'll come up with some reason that it's not a very good one, or we can't say this, but we know something that he did that was bad, so we're not going to approve it. And that seemed like a form of bullying, too. So there's another example, I think there's sort of culture conflict between the new faculty and the veterans, was a piece of this too.
[00:13:53]

Tacey A. Rosolowski, PhD
[00:13:54]
So what were some of the discussions that you had in the task force that was created?
[00:14:00]

Warren L. Holleman, PhD
[00:14:02]
I can't remember that far back the details. Even if I could, I think those would be confidential.
[00:14:10]

Tacey A. Rosolowski, PhD
[00:14:10]
Confidential, sure.
[00:14:10]

Warren L. Holleman, PhD
[00:14:11]
But I think it was just an effort to get together some concerned faculty and perhaps administrators, to see what we could do to make sure that we had as civil and fair a culture as possible. So as we know historically, the Faculty Senate did advocate for those faculty. There may still be some advocacy going on now, I'm not sure exactly how all that is played out. I know in the case of one faculty member who had a similar experience but was not talked about, because [in] his or her case, the vote was not unanimous. It was, like, 13 to 2, or something. There was a solution that was worked out that was very beneficial to that faculty member, that another department chair said, "You can move to my department, because you're a great faculty member. I'd love to have you in my department." So this person was able to leave the department where his or her chair was jerking them around, basically.
[00:15:32]

[00:15:33]
So we were not in the role of—we weren't governing or anything, but we were trying to brainstorm solutions. And over the next couple of years, of course the shared governance process came about. And that has—that really gives us all hope that problems like this can get a fair hearing from now on.
[00:15:56]

Interview Session: 3
Interview Date: April 27, 2017

Chapter 17
Faculty Senate and Changes to the Shared Governance System
B: Building the Institution;

Codes
B: Working Environment;
B: Building the Institution;
B: Institutional Politics;
B: Growth and/or Change;
B: Critical Perspectives on MD Anderson;
B: MD Anderson Culture;
A: Critical Perspectives;
C: Understanding the Institution;

Tacey A. Rosolowski, PhD
[00:15:56]
Would you talk about the shared governance system a bit?
[00:16:00]

Warren L. Holleman, PhD
[00:16:01]
Sure. I'm not a part of it, obviously, so I don't know a lot about it. But I can give the perspective of a faculty member who's been a cheerleader for it.
[00:16:12]
Tacey A. Rosolowski, PhD
[00:16:13]
Sure.
[00:16:14]

Warren L. Holleman, PhD
[00:16:15]
So I think shared governance was theoretically in place, historically. It's a part of the UT System way of doing things. But it kind of had a demise over the last few years. Then when Dr. DePinho came in, I think there was a perception that he very deliberately marginalized whatever governing role the Faculty Senate might have. And so as I think I discussed before, Chancellor McRaven reinstituted and reenergized the shared governance process, and said, "I want the president's office and the executive leaders to partner with faculty leaders, and to work together to fulfill the mission of MD Anderson. And since then, they've been reinvigorating shared governance throughout the UT System. In fact, there's a group that's touring around and talking about what shared governance should look like. It's kind of a dance, because the president of each institution has sort of—I'm not sure if they have the right, but they do push

back, or they might push back. So they're not trying to bully the president into changing the governance, they're trying to make it a collaborative process. But the chancellor has made it very clear in his memos to the presidents—which are public—that he wants some type of shared governance model. And what shared governance is, is you identify faculty leaders, that can be division heads, department chairs, leaders in the Faculty Senate, other leaders in the institution—they don't even have to be faculty. Say, the head of HR, or something like that. And they meet, I think, a couple of times a month to guide the institution, and to guide the president, really, on what they think needs to be done. And I think it's a great idea. I think it's evolving still. Just this past week, the Faculty Senate discussed a proposal to tweak the system. There's a concern that maybe the Shared Governance Committee is too large, and so it's hard to get things done. So they had a proposal for how to make it smaller, but still be representative.

[00:19:17]
I think the amazing thing the Faculty Senate leadership has helped bring about in collaboration with the chancellor is that they've really reinvigorated the leadership role of our institutional leaders that are not executive leaders. I'm talking about division heads especially, and perhaps department chairs. MD Anderson is so big, there's 70-some departments. So that's a big group. But there are only a handful of divisions, I don't know, maybe eight or nine. What the Senate—I think the wisdom of the Senate leadership was when they were given sort of the support, Chancellor McRaven, to be a part of the leadership of MD Anderson, they realized that they weren't the only group that had been marginalized. The division heads had been marginalized. It was just—the division heads sort of had this role of kind of carrying out the will of the president, rather than giving input into the decision-making process. That's my perception. I may be wrong, but that's my perception. Here you've got eight or nine of the people who would be viewed by anyone in the world as leaders in their field, people who, if you're the head of a particular division, in all likelihood, you know more about what goes on in that field, than just about—than only a handful of people in the whole country, if not the world. So you're really tops in your field. You're really good at what you do. But you're not really being given any—you're not being given a lot of power. Power is not quite the right word, but you're not being utilized. You're kind of being treated as just sort of a deputy for the executive group, for the president.

[00:21:38]
So I think the Faculty Senate leaders started meeting with the division heads and saying, "We're in this together. We all have the same goals. Let's work together." And that happened. And that was a very impressive process. So I think from a distance, I mean, say—I don't know if you even want to go there. But this blog that Len Zwelling writes, people who read that might just see this as an attempt to overthrow the president, you know, or to limit his power. I don't see it that way at all. I see it more as an attempt to invigorate the leaders who were there, like the division heads and department chairs, and the Senate leaders.
[00:22:31]

Tacey A. Rosolowski, PhD
[00:22:31]
Well, it seemed as though under Dr. DePinho, there was a demotion, in a sense. Not practically, but in terms of the influence of division heads, they were demoted. Their role was changed. So rethinking that, now that Dr. DePinho is gone, that makes perfect sense, that there would be kind of a recoil; all right, now let's get out of this and move to something different. I don't know if I would hold to the conspiracy theory thing, either. It is a natural process that the institution is going through, kind of reorganizing all the wheels.
[00:23:13]

Warren L. Holleman, PhD
[00:23:14]
Yeah. Yeah, exactly. And I wasn't here very long before Dr. DePinho came, so I can't speak to the role of the division heads before that. But it just seems natural that you would want them to be giving a lot of input into the governance.
[00:23:34]

Tacey A. Rosolowski, PhD
[00:23:34]
Well, it seems—
[00:23:35]

Warren L. Holleman, PhD
[00:23:35]
As well as the department chairs.
[00:23:36]

Tacey A. Rosolowski, PhD
[00:23:36]
Sure. I mean, it seems very healthy. Yeah.
[00:23:40]

Warren L. Holleman, PhD
[00:23:41]
And to circle it back to my mission, there's been a really, I think it's going to be an impactful study out of the Mayo Clinic, [ ] Tate Shanafelt and his group, showing that the effectiveness of your leaders, your supervisors—for faculty, your [ ] department chairs—is directly proportional to the level of job burnout. So if you have a good department chair, one who has just basic leadership skills, and the institution is supporting that chair's efforts to make their faculty

successful, then you're going to have lower burnout scores by your faculty.
[00:24:37]

Tacey A. Rosolowski, PhD
[00:24:38]
Yeah.
[00:24:39]

Warren L. Holleman, PhD
[00:24:39]
So equipping and empowering our faculty leaders, department chairs, section heads is really the key to reducing burnout and improving job satisfaction among physicians.
[00:25:00]

Tacey A. Rosolowski, PhD
[00:25:01]
Creating a much more functional institution, for sure.
[00:25:03]

Warren L. Holleman, PhD
[00:25:04]
Yeah. Because if they are equipped and empowered and trained and good, they can identify the drivers of burnout and low job satisfaction and address them.
[00:25:18]

Interview Session: 3
Interview Date: April 27, 2017

Chapter 18
Faculty Health and Well Being: Programs and the Faculty Health and Well Being Committee
B: Building the Institution;

Codes
B: Working Environment;
B: Building the Institution;
B: Institutional Politics;
B: Growth and/or Change;
B: Critical Perspectives on MD Anderson;
B: MD Anderson Culture;
A: Critical Perspectives;
C: Understanding the Institution;
C: Funny Stories;
D: On the Nature of Institutions;
C: Leadership; D: On Leadership;

Tacey A. Rosolowski, PhD
[00:25:19]
Well, I'm glad we talked about that. I mean, it adds more to the conversation we had last time about changes in the institution. But I didn't want to lose the train of thought; you were kind of talking about programs that you had set up. So you were talking about some of the more traditional ones. What are some of the kind of more innovative things that are program offerings in Faculty Health?
[00:25:42]

Warren L. Holleman, PhD
[00:25:43]
Well, we offer various mind-body classes. We have a meditation class, or mind fitness class, some people might call it. We have a tai chi class. We used to have a yoga class, but there are so many yoga classes taught here now. We were obsolete. There wasn't a need for us to offer that. But the mind-body fitness stuff that we do offer, the meditation and the tai chi are kind of unique.
[00:26:22]

Tacey A. Rosolowski, PhD
[00:26:23]
How well supported do you feel the program is by the executive leadership, by division heads? Do you feel that people view it as being important?
[00:26:38]

Warren L. Holleman, PhD
[00:26:38]
Well, that's a good question. I do. I think they value what we do. Sometimes when I'm in my low moments, I wonder about that, because they have a lot of priorities on their plate, and we're not on the top if their priority list, which is very understandable. But when I to talk with them about what we do, they express strong support. I think they appreciate that we do—I think they appreciate what we do, yes.
[00:27:18]

Tacey A. Rosolowski, PhD
[00:27:19]
How do you see, or how would you like to see, the program evolve? I know you're going to be retiring soon, but what do you foresee as being something that's important, and healthy for the institution?
[00:27:34]

Warren L. Holleman, PhD
[00:27:35]
So I think—let me talk about what we are now, and then I'll say how I'd like us to evolve. So if I could, I'll drop back and summarize those things we do now.
[00:27:48]

Tacey A. Rosolowski, PhD
[00:27:48]
Mm-hmm. Sure.
[00:27:48]

Warren L. Holleman, PhD
[00:27:48]
So we do traditional presentations, from grand rounds to panel discussions, things like bullying and incivility. We do a lot of panel discussions on work-life balance topics. We just did one on the challenges of parenting a child with autism. We have a lot of parents who are struggling with that.
[00:28:12]

Tacey A. Rosolowski, PhD
[00:28:12]
Wow.
[00:28:13]

Warren L. Holleman, PhD
[00:28:14]
And then we do other traditional academic stuff like research and writing, dissemination of information. The formal academic studies, editorials, commentaries, blogs, things like that. Then we do the non-traditional stuff that I mentioned, such as the meditation and the tai chi, retreats. Then I do individual counseling, consultations, coaching—that kind of thing, one-on-one. Then we have our social engagement activities, such as faculty happy hours, we have a parent support group. We have social events for junior faculty. We have social events for faculty spouses and partners. So there's that social support focus. Then the final area—and this is what I'd like to expand on for the future—is what I call our committee activities. Our committee members are kind of our multipliers. Many of them do things that expand our influence dramatically. One of them helped found what's called a Meaning in Medicine group, where doctors and med students get together and talk about what gives their work meaning, which is a very empowering experience. Another one does research and writes papers on surgeon burnout. Another gives workshops around the country on burnout for primarily, I think for women and minority faculty.
[00:30:05]

Tacey A. Rosolowski, PhD
[00:30:05]
Now, I'm having a hard time kind of seeing—so is this just a—this is a group of people who are interested in areas that are under the umbrella of Faculty Health and Wellness, and they're deciding to do some additional focus on this? Is that how the committee's constituted, or—?
[00:30:21]

Warren L. Holleman, PhD
[00:30:22]
Oh, so what I'm trying to do is to explain how our committee functions.
[00:30:29]

Tacey A. Rosolowski, PhD
[00:30:29]
What's the name of the committee?
[00:30:30]

Warren L. Holleman, PhD
[00:30:31]
It's called the Faculty Health and Well-being Committee. And I'm trying to make the point that what Katrina and I do, and the faculty help the program, isn't the whole story, that many of our committee members do other activities that we support—
[00:30:53]

Tacey A. Rosolowski, PhD
[00:30:53]
Okay, got you.
[00:30:54]

Warren L. Holleman, PhD
[00:30:54]
—that multiple our effectiveness. So our committee is an attempt to bring together faculty and administration, but mostly faculty, who are fellow travelers on this journey, who do the types of things that are within our mission. So what I was wanting to do was to give you some examples of what they do, to multi—and that we support them, or I work with them in doing. And then that would feed into answering your question about where to go in the future. So our committee consists of about 15 people. And most of those people have some type of focus that they—focused activity that they do. The focused activity that they do, they feel sort of an individual calling to do, that multiplies our effectiveness. So I was listing Henry Kuerer as a surgeon, who's done some lead—very influential research on surgeon burnout and surgeon job satisfaction. Ken Safire is an anesthesiologist, who's taught workshops literally all over the world on stress reduction and meditation and work-life balance. He also helped organize what's called a Meaning in Medicine group, of physicians and med students and residents, who talk about factors that give their work—they encourage each other in maintaining a sense of their calling and meaning in medicine. Shine Chang teaches workshops through the AAMC on burnout, and she goes all over the country doing that. Dr. Georgia Thomas teaches workshops through the Texas Medical Association on burnout and other related topics. Several of our younger faculty on our committee, particularly Susan Schembre, Rachel Lynn and Laura Pageon organized something that eventually became known as the Focus on Junior Faculty, which has done a great job of helping our younger faculty learn—become assimilated into MD Anderson and learn career skills that helped them get promoted and enjoy their careers. And Focus on Junior Faculty recently became an official institutional committee, so we sort of feel like we're the stepparent of that.
[00:34:07]

Tacey A. Rosolowski, PhD
[00:34:07]
Yeah.
[00:34:08]

Warren L. Holleman, PhD
[00:34:09]
And we're very excited about that. I'm sure I'm leaving out—one of our committee members, Susan Chon, developed a little card that you put in you ID badge, that gives you the numbers to

call if you need help in various areas of mental health and support. And—oh, Dr. Akhila Reddy organized a support group for parents with children who have special needs. The prevailing special need is autism, but there are children with various disabilities and developmental disorders. That's turned out to be just an amazing process. The parents, we meet twice a month, and we sort of describe it as an information-sharing group, because there's so many—when your child is diagnosed, there's just so many questions and it's so complicated, knowing where to get help. So they help each other out. Invariably, there's emotional support that goes with it as well.
[00:35:24]

Tacey A. Rosolowski, PhD
[00:35:24]
Sure.
[00:35:25]

Warren L. Holleman, PhD
[00:35:25]
And there's about 15 parents, mostly faculty, involved with that. In fact, it's gotten so popular, there are others who want to join, and it's too big. So we're going to work with work-life wellness division, and they're going to start a second group, primarily for staff.
[00:35:46]

Tacey A. Rosolowski, PhD
[00:35:47]
Oh, wow. That's amazing.
[00:35:48]

Warren L. Holleman, PhD
[00:35:49]
And so these are some examples. I'm sure I'm leaving out some good ones. So we've had these—
[00:35:56]

Tacey A. Rosolowski, PhD
[00:35:57]
I was going to ask, are there certain other need areas that you see among the faculty that you hope, oh, I wish a committee member would join and take this on?
[00:36:07]

Warren L. Holleman, PhD
[00:36:08]
Mm-hmm.

[00:36:09]

Tacey A. Rosolowski, PhD
[00:36:09]
What are the areas like that?
[00:36:09]

Warren L. Holleman, PhD
[00:36:10]
Yeah. A couple of things. Well, Focus on Junior Faculty started with a concern about the social needs of junior faculty. It kind of evolved into focusing more on the career needs. It's done a great job on the career needs, but it hasn't done as much on the social needs. So I'm hoping in the future there will be—some of the young faculty leaders will take that on. I mean, they do some things. They've had this great event at Saint Arnold's each year, have a good turnout. But they've tried to do breakfasts and lunches once a month, once every other week, and it's just so hard for anybody to commit to anything because of their busy schedule, particularly clinicians.
[00:37:07]

Tacey A. Rosolowski, PhD
[00:37:08]
Yeah.
[00:37:08]

Warren L. Holleman, PhD
[00:37:08]
And those on the south campus are a mile away. So it's hard to do those things, but I'm hoping they'll keep experimenting with that. Another need is to expand the social activities, particularly for young faculty and their spouses or partners. There's a group called the Faculty Family Organization that does those things, and we've always partnered with them. And we really like what they do. But we could do more. And I'm hoping that maybe the Junior Faculty Organization, if it develops this social activities mission, a second mission maybe would work more closely with the Faculty Families Organization, because that's an external organization to MD Anderson; it's sort of the spouses and partners. And if there's a way to connect them more closely to MD Anderson, that would be good.
[00:38:17]

Tacey A. Rosolowski, PhD
[00:38:18]
It's a big institution.
[00:38:20]

Warren L. Holleman, PhD
[00:38:20]
Yeah.
[00:38:21]

Tacey A. Rosolowski, PhD
[00:38:21]
You know, and you combine that with just how busy everyone is, it's so difficult to make connections and find support.
[00:38:28]

Warren L. Holleman, PhD
[00:38:29]
Yeah. I mean, I think about—see, the way organizations work, and the Faculty Families Organization is a great example—that was started probably 30 years ago, maybe. And the people who started that are still active and they do great things. But they're all my age, or older.
[00:38:49]

Tacey A. Rosolowski, PhD
[00:38:49]
Right.
[00:38:50]

Warren L. Holleman, PhD
[00:38:51]
Or older. And so they have a need to evolve more activities for the younger faculty. And the things they've done have been wildly successful. They had something I thought was crazy; it was a video game night to try to reach out to the children of faculty. I said, "Nobody's going to come to that." It was on a Sunday night, the first Sunday night in September, people have school the next day. Two hundred and twenty people came, I think.
[00:39:22]

Tacey A. Rosolowski, PhD
[00:39:23]
Oh, my gosh!
[00:39:23]

Warren L. Holleman, PhD
[00:39:23]
Yeah. We had a movie night, and we really messed up. The person who picked the movie

picked a totally inappropriate movie, and—
[00:39:38]

Tacey A. Rosolowski, PhD
[00:39:38]
What was the movie?
[00:39:38]

Warren L. Holleman, PhD
[00:39:38]
Some movie about—some action movie about going into outer space and killing a lot of people.
[00:39:44]

Tacey A. Rosolowski, PhD
[00:39:45]
Oh, yeah.
[00:39:45]

Warren L. Holleman, PhD
[00:39:45]
It was a popular—I don't remember. It was a popular movie among teenagers. But we were trying to appeal to elementary age, and we just needed a little cartoon, or—
[00:39:56]

Tacey A. Rosolowski, PhD
[00:39:56]
Right.
[00:39:56]

Warren L. Holleman, PhD
[00:39:57]
You know. Yeah, it was very inappropriate. Very violent, and even sexual at times. But anyway, we still got, like, 125 people came.
[00:40:10]

Tacey A. Rosolowski, PhD
[00:40:10]
Wow.
[00:40:10]

Warren L. Holleman, PhD
[00:40:11]
And the parents who didn't approve of the movie just took their kids off and did something else, you know, there were other activities. So we've done a couple of movie nights. I'd like to see us do a lot more of that.
[00:40:22]

Tacey A. Rosolowski, PhD
[00:40:23]
Yeah.
[00:40:23]

Warren L. Holleman, PhD
[00:40:23]
And maybe we need to recruit members to our committee who would help us make that happen.
[00:40:29]

Tacey A. Rosolowski, PhD
[00:40:29]
So there's obviously a huge need and desire for that.
[00:40:31]

Warren L. Holleman, PhD
[00:40:32]
Well, if you think about MD Anderson faculty and fellows, the vast majority of our fellows are from other countries. And I would bet that a high percentage of our faculty are from other countries, especially new faculty. And so, they certainly are—even if they're not from another country, they're from another city or state. So they're new to MD Anderson, they're new to Houston. If they're young, they don't have the money that the senior faculty have.
[00:41:03]

Tacey A. Rosolowski, PhD
[00:41:03]
Right.
[00:41:03]

Warren L. Holleman, PhD
[00:41:04]
And so when you provide a free movie night for families, and on top of that you get to socialize with other colleagues, that's a perfect activity.
[00:41:17]

Tacey A. Rosolowski, PhD
[00:41:17]
Yeah. Yeah.
[00:41:17]

Warren L. Holleman, PhD
[00:41:18]
Yeah. And that's why I think it was so successful.
[00:41:20]

Tacey A. Rosolowski, PhD
[00:41:21]
Well, and it kind of goes back to those old company picnic things, that really got people together. It does solidify friendships. So many people that I interview who talk about coming to Houston, maybe in the early '70s, or even in the late '60s in some cases, and they talk about starting up something entirely new, and inevitably part of the conversation is about how they would get together with their families. All the families of people involved in this project would get together, and they all became friends. And there was a social extension outside of the work. That was possible, because everybody knew each other. But now it's so much more difficult. But that's a natural thing, and a really helpful thing.
[00:42:05]

Warren L. Holleman, PhD
[00:42:05]
Right. So that's what I hear also from the senior faculty. MD Anderson used to be one building.
[00:42:10]

Tacey A. Rosolowski, PhD
[00:42:11]
Right. Right, sure.
[00:42:13]

Warren L. Holleman, PhD
[00:42:14]
And if a doctor was seeing a patient for a certain type of cancer and the patient also was having, say, a problem with digestion, they could walk down the hall and there'd be a gastroenterologist, and they could say, "Could you help me here?"
[00:42:31]

Tacey A. Rosolowski, PhD
[00:42:32]
Mm-hmm.
[00:42:33]

Warren L. Holleman, PhD
[00:42:34]
Now you send emails and you wait a week for a response. We've become so big that it's harder to make connections. We've closed the faculty dining hall about five, six years ago, the things that used to hold us together. We're miles apart, literally. The South Campus, where a lot of the researchers are, is about a mile from here. So it's just harder to get together. Even from a work perspective, I'd say the genius at MD Anderson was the cross-fertilization of these scientists and physicians, and people could just stop in the hallway, and say, I keep seeing this problem clinically. I'm wondering how we could design a clinical trial to see if this solution works better than that solution. But things have gotten so big and so bureaucratic, it's a little harder to just do that stuff. So anyway, I've kind of gotten far afield, but...
[00:43:37]

Tacey A. Rosolowski, PhD
[00:43:38]
No, no, I thought it was very relevant. I was curious if there were other areas that you hoped would be developed through this committee.
[00:43:45]

Warren L. Holleman, PhD
[00:43:46]
Yeah. So I've mentioned a few, but I haven't mentioned the big thing. One thing we've done in the last couple of years is, we've realized that the Faculty Senate and the shared governance process are really the voice of the faculty now. We're not the voice, of course, but they are. And they've been given an institutional imprimatur to do that, it's their job. So we've realized that while our focus has been primarily assisting the individual in building resilience and health, we're addressing half of the equation. The other half is, what can the institution do to improve—make our work culture more positive and healthy and productive and all that. So the Faculty Senate is the group that's taken the lead there, and has helped establish the shared governance process. So with that in mind, we've placed a couple of Faculty Senate leaders and liaisons onto our committee, and they give us regular reports on what the Senate is doing, and many of our members are also members of the Senate. So actually, there's a lot of cross-fertilization. So we've changed our job description to include supporting the work of the Senate. We support our Senate leaders personally, you know, just stopping and asking, "How are you doing," because the work they do is very hard. They go to tons of committee meetings on top of their regular faculty jobs. They're involved in highly conflictual situations which would be demoralizing to most of

us, and we want them to feel that we appreciate what they do. So we try to support them sort of on a personal level. And we try to provide input. We try to be sort of a focus group for them. They come to us and say, "Do you think the morale has improved after this change, or has it gotten worse? What's your sense of the faculty needs right now? What would be the best way to approach this?" They'll sort of seek our input. And we offer them that—we're sort of their ears.
[00:46:24]

Tacey A. Rosolowski, PhD
[00:46:25]
Sure.
[00:46:26]

Warren L. Holleman, PhD
[00:46:26]
We're a committee of 15 people who share their values and their priorities, and—
[00:46:33]

Tacey A. Rosolowski, PhD
[00:46:33]
And also, through your connections, have a finger on a pretty wide spectrum of pulses within the institution, to kind of test or see what's going on.
[00:46:42]

Warren L. Holleman, PhD
[00:46:43]
Exactly.
[00:46:44]

Tacey A. Rosolowski, PhD
[00:46:44]
Yeah.
[00:46:44]

Warren L. Holleman, PhD
[00:46:44]
Their other group, of course, is the executive committee of the Faculty Senate. That's their real institutionally—in terms of the design of their organization, that's their official leadership group. But I would say we're kind of an unofficial second sort of focus group and support group for them.
[00:47:13]

Tacey A. Rosolowski, PhD
[00:47:13]
Oh, interesting.
[00:47:13]

Warren L. Holleman, PhD
[00:47:14]
So as we look toward the future, I think I would say our program and our committee have done a pretty good job of providing programs and services for individual faculty who are working very difficult, challenging jobs. But we need to do better in terms of advocating for faculty to institutional leadership. So the way that we've decided to do that is to support the Faculty Senate and its leaders, and the shared governance process. So going forward, I would hope our committee links more and more with the Faculty Senate. I don't know, whoever comes after me in terms of leading the program will decide how to do that. Right now it's an informal process, it's not written down on any organizational chart. They may want to formalize it more, that's up to the future leaders. But I think that's our growing edge, is, we've done everything we can to support individuals in very difficult circumstances. But we have not done everything we can to change the culture and structure and leadership of the institution. So individual, institution.
[00:48:45]

Tacey A. Rosolowski, PhD
[00:48:46]
Yeah. Yeah.
[00:48:46]

Warren L. Holleman, PhD
[00:48:47]
That's sort of the simple two-part focus.
[00:48:50]

Tacey A. Rosolowski, PhD
[00:48:51]
Yeah. Yeah, very interesting. Well, I'm really glad you sketched that out.
[00:48:54]

Warren L. Holleman, PhD
[00:48:55]
Yeah.
[00:48:56]

Tacey A. Rosolowski, PhD
[00:48:57]
In some ways, it might be a really opportune time. I mean, obviously you've seen that—
[00:49:03]

Warren L. Holleman, PhD
[00:49:03]
Oh, yeah.
[00:49:03]

Tacey A. Rosolowski, PhD
—with Chancellor McRaven coming in. And it could be a very fertile time to bring out some of these changes.
[00:49:08]

Warren L. Holleman, PhD
[00:49:08]
You're probably not expecting to hear this, but from right field, I guess, one book that has influenced me in my whole life, it's way in the background, I read it decades ago, it's *The Prince* by Machiavelli. And of course, that book has some political implications that are not good. But the book also has a lot of wisdom in terms of how to get things done for leaders. And I think about that a lot. As you mentioned, sometimes a crisis can create an opportunity for change, and I think that's exactly what's happened here. I think Dr. DePinho's approach was to be—oh, there's a popular term for it now, where you try to change things—disruptive.
[00:50:09]

Tacey A. Rosolowski, PhD
[00:50:09]
Mmm.
[00:50:10]

Warren L. Holleman, PhD
[00:50:11]
There are leaders who kind of proud of being, quote, "disrupters." And I think he was kind of a disrupter. And I think he really did stir up some things. And I think that the benefit of all that is that it's helped us to refocus on what MD Anderson is all about now and in the future, and that some really good leaders have risen up from the ranks. And I think right now, we have Marshall Hicks, and Steve Hahn in the executive leadership in the interim process, and those are excellent faculty leaders who represent the best of MD Anderson. There are a lot of others out there, too. And people like that were just sort of in the shadows the last few years, and not being fully utilized. Then faculty leaders that were not department chairs or division heads, like Julie Izzo

from the Faculty Senate and Ann Killary and others, have stepped up and also helped us figure out who we are and where we want to be, and helped direct us toward the shared governance process, and toward getting back to the things we do well in the part of our core identity. So this has been a crisis, and we still have a bit of a financial crisis. But in the long run, I think we're going to do very well, because it's helped us to rediscover who we are and who we want to be.
[00:52:07]

Tacey A. Rosolowski, PhD
[00:52:09]
Yeah, thanks for that evaluation. That's very thoughtful, yeah.
[00:52:18]

Warren L. Holleman, PhD
[00:52:18]
Feeling optimistic.
[00:52:20]

Tacey A. Rosolowski, PhD
[00:52:21]
Well, good. That's a good thing to feel! (laughter) I hope it lasts.
[00:52:25]

Warren L. Holleman, PhD
[00:52:26]
Yeah. Yeah.
[00:52:28]

Interview Session: 3
Interview Date: April 27, 2017

Chapter 19
Looking Ahead to Writing
A: Post-Retirement Activities;

Codes
C: Discovery, Creativity and Innovation;
C: Faith, Values, Beliefs;
A: Activities Outside Institution;
A: Career and Accomplishments;
A: Post Retirement Activities;
A: Character, Values, Beliefs, Talents;
A: Personal Background;

Tacey A. Rosolowski, PhD
[00:52:28]
Well, I also wanted to ask you kind of what you are looking ahead to, after retirement, and what's that going to be like for you?
[00:52:39]

Warren L. Holleman, PhD
[00:52:40]
Yeah. Well, I think as I mentioned earlier, I mentioned how my father was kind of a renaissance man who was very involved in all kinds of civic and community activities. I think I inherited that from him. I have lots of interests beyond my job description. So I'm looking forward to doing some projects that I've kind of put on the back burner.
[00:53:11]

Tacey A. Rosolowski, PhD
[00:53:12]
Well, one thing that you've demonstrated here is, what a great storyteller you are. And I've had the pleasure of listening to you tell stories at The Moth, so there's that.
[00:53:22]

Warren L. Holleman, PhD
[00:53:23]
Thank you.
[00:53:24]

Tacey A. Rosolowski, PhD
[00:53:24]
So there's that.
[00:53:24]

Warren L. Holleman, PhD
[00:53:25]
Yeah. So one, okay, let's—so first, as an artist, I want to tell more stories. I have a couple of thoughts about how to develop that further. And the other artistic side of me is telling stories through playwriting. I've written several plays, but I haven't really had time to develop them. Theater isn't just writing a play in your study or on your sofa, it's getting into a real theater with real actors and directors, and developing the play through rehearsals and developmental process, and I haven't had time to do that.
[00:54:06]

Tacey A. Rosolowski, PhD
[00:54:06]
Now, a play of yours was—wasn't one of your plays performed, however?
[00:54:10]

Warren L. Holleman, PhD
[00:54:10]
I've had several plays performed.
[00:54:12]

Tacey A. Rosolowski, PhD
[00:54:12]
Oh, okay. Cool.
[00:54:13]

Warren L. Holleman, PhD
[00:54:14]
Yeah.
[00:54:15]

Tacey A. Rosolowski, PhD
[00:54:15]
What are some of the titles?
[00:54:17]

Warren L. Holleman, PhD
[00:54:17]
"Beyond the Pale" is—it's evolved from a play that was originally titled, "The Prime of Her Life." "The Prime of Her Life" was first—it's a play about a Russian family in 1911, struggling with a serious illness of the patriarch of the family, the demise of the family, so to speak, not only from the illness but from the impending Russian revolution. And it's about their relationship with his nurse, who's a Jewish girl from Ukraine, which was then called The Pale, The Pale of Jewish Settlement. It's about the interaction between those two cultures and the relationship between the patriarch's daughter and the Jewish nurse, who were both about 19 years old. And it's two young women who have seen the deaths—who are dealing with the death of their fathers, their families and their cultures. And they're trying to sort of fight for their future, and figure out where that's going to be, and how that's going to be. So that play was first performed at Meredith College in North Carolina, about 15 years ago. But since then I've gone back to the drawing board and rewritten it, many times, and workshopped it many times in various workshops. And the workshop is where you have actors read a play, and the audience and actors give feedback. And it helps you rewrite the play.
[00:56:15]

Tacey A. Rosolowski, PhD
[00:56:16]
And develop a tough skin.
[00:56:17]

Warren L. Holleman, PhD
[00:56:18]
Yeah. It's funny, I cherish it, because it helps a lot, yeah. As long as—yeah, I'd be careful not to present a play in a workshop that I didn't feel pretty good about.
[00:56:30]

Tacey A. Rosolowski, PhD
[00:56:30]
Yeah.
[00:56:31]

Warren L. Holleman, PhD
[00:56:32]
So anyway, most recently, Wordsmyth Theater in Houston did a workshop with it. And it got a really positive response. And they wanted to partner with me to write a grant for the National Endowment for the Arts, which I did. And in June, I'll find out if I got the grant. I made it

through the first hoop, or hurdle, and now we'll see if I make it to the end and get funded.
[00:56:58]
Tacey A. Rosolowski, PhD
[00:56:58]
Cool!
[00:56:59]

Warren L. Holleman, PhD
[00:57:00]
A little bit of nervousness, because the Trump administration has said they want to stop funding for the National Endowment for the Arts. But I don't think that would—I think that would affect the next year's cycle, I'm hoping, if that happens. But any rate, so if I get that funding, then we will partner with a local theater to do what's called a "developmental production," and then that would—should lead to what's called a "full production." So that's pretty cool.
[00:57:32]

Tacey A. Rosolowski, PhD
[00:57:33]
Yeah. That's very cool.
[00:57:34]

Warren L. Holleman, PhD
[00:57:35]
And I've been working on this play my whole adult life. So then another play that I've been working with for a long time, up until recently was titled, "The Comity of Eros," C-O-M-I-T-Y, of Eros. "Comity" means bringing together of two people by Eros, love. So it's obviously a play on the words. Now I'm calling it, "All's Swell That Ends Swell," because that was a one-act play, and it was performed in several theaters around the country. But I've decided to expand it into a full length play. And I haven't had time to develop that yet. But once I retire, that's going to be a priority. I've written the second act, and the second act has been workshopped by itself. It was at a Pittsburgh New Works Play Festival last year—two years ago. But I've never put the two acts together into a full length. And that's a parody of Shakespeare's romantic comedies; it's written in Elizabethan English, more or less, in verse. Mostly iambic pentameter. And it's very silly, but it's about typical Shakespeare romantic comedy; two lovers who are very clumsy and do everything wrong, and somehow it all still works out in the end. And third project is a musical version of that—
[00:59:17]

Tacey A. Rosolowski, PhD
[00:59:17]
Oh, that's cool.
[00:59:17]

Warren L. Holleman, PhD
[00:59:18]
—with a high school friend of mine, who's a very talented musician. In fact, we're getting together in June to work some more on it. We've written about nine songs, we have about five to go. Then we'll try to turn that into a musical. I had a very short play that was performed in Houston last summer, called, "The Existential Crisis Hotline." You know, they have hotlines for everything else, why not for an existential crisis?
[00:59:53]

Tacey A. Rosolowski, PhD
[00:59:54]
Why not?
[00:59:56]

Warren L. Holleman, PhD
[00:59:56]
And then the other play, which has been presented—it's been presented once in a festival in Bangor, Maine, and it's called, "Waiting for Boudreaux." [Think] "Waiting for Godot" [ ] set in Beaumont, Texas. [ ]
[01:00:13]

[ ]

Warren L. Holleman, PhD
[01:00:15]
Those are my plays. So that's my artistic projects that I hope to focus on.
[01:00:20]

Tacey A. Rosolowski, PhD
[01:00:20]
Yeah. That's great. It sounds like it's very creative, invigorating, all of that good stuff.
[01:00:27]

Warren L. Holleman, PhD
[01:00:28]
Yeah. Then I still have a couple of semi-academic projects that I haven't finished. One is, I've

written about half of a manuscript of a book on physician burnout, and I want to finish that. It's just a review of the research that's been done to discover the causes and solutions. So it's a very academic kind of evidence-based book. The other book that I want to write is on what most people call "work-life balance," and I call it, "life balance." And I've done lots of workshops and commentaries and blogs on the topic. I'd like to put them together into a book.
[01:01:24]

Tacey A. Rosolowski, PhD
[01:01:24]
That really sounds like a great palette of things to look forward to.
[01:01:32]

Warren L. Holleman, PhD
[01:01:32]
Yeah, so if I can live another 10 or 20 years, I'll get all those done.
[01:01:34]

Tacey A. Rosolowski, PhD
[01:01:35]
You'll finish all that? (laughs)
[01:01:36]

Warren L. Holleman, PhD
[01:01:37]
Yeah, right.
[01:01:37]

Tacey A. Rosolowski, PhD
[01:01:38]
And probably figure out projects for 20 years after that, too, right?
[01:01:42]

Warren L. Holleman, PhD
[01:01:43]
Oh, yeah. I have all kinds of hopes and dreams. I would like to run the Grand Canyon.
[01:01:49]

Tacey A. Rosolowski, PhD
[01:01:50]
Really?
[01:01:50]

Warren L. Holleman, PhD
[01:01:51]
I want to start on one end, run down across, and up.
[01:01:55]

Tacey A. Rosolowski, PhD
[01:01:55]
Oh, that's funny.
[01:01:55]

Warren L. Holleman, PhD
[01:01:55]
And maybe even turn around and come back.
[01:01:56]

Tacey A. Rosolowski, PhD
[01:01:57]
That's funny.
[01:01:58]

Warren L. Holleman, PhD
[01:01:58]
That's one of my bucket list.
[01:01:59]

Tacey A. Rosolowski, PhD
[01:02:00]
That's cool. Well, it's been really, really great talking to you.
[01:02:04]

Warren L. Holleman, PhD
[01:02:04]
Yeah, it's been great talking with—you're a good listener! I feel like I should pay a therapist for this. I don't know—I don't think I can ever remember anybody listening to me for this long. (laughter) At The Moth you get five minutes.
[01:02:23]

Tacey A. Rosolowski, PhD
[01:02:23]
Right. Oh, yeah. Oh, yeah. Then you get the bell when you're running out of time.
[01:02:27]

Warren L. Holleman, PhD
[01:02:27]
That's extraordinarily gratifying to have everyone's attention for five minutes. But it's only five minutes.
[01:02:32]

Tacey A. Rosolowski, PhD
[01:02:33]
It's only five minutes, that's right. Well, I wanted to ask you if there was anything else that you wanted to add at this point. You know, lingering, "Oh my God, this is for history," kind of moments.
[01:02:42]

Warren L. Holleman, PhD
[01:02:43]
I'll think of that five minutes from now.
[01:02:44]

Tacey A. Rosolowski, PhD
[01:02:44]
(laughs) You can send me an email. I'll append it to your interview.
[01:02:47]

Warren L. Holleman, PhD
[01:02:48]
I mean, if you want—if you think of anything else, or if something else happens—
[01:02:54]

Tacey A. Rosolowski, PhD
[01:02:54]
Here we go.
[01:02:56]

Warren L. Holleman, PhD
[01:02:57]
I mean, I think things are evolving. I mean, there's still questions about how well the NCI will

be funding, and the NIH. And in my case, the NEA.
[01:03:08]

Tacey A. Rosolowski, PhD
[01:03:08]
The NEA. Yeah, absolutely. Oh, I know. It's the country and the institution are both works in progress, for sure.
[01:03:16]

Warren L. Holleman, PhD
[01:03:16]
Yeah.

Tacey A. Rosolowski, PhD
[01:03:18]
Yeah. Well, we'll have to stay tuned.
[01:03:19]

Warren L. Holleman, PhD
[01:03:20]
Yeah.

Tacey A. Rosolowski, PhD
[01:03:21]
Well, thanks so much!
[01:03:22]

Warren L. Holleman, PhD
[01:03:22]
Thanks.
[01:03:22]

Tacey A. Rosolowski, PhD
[01:03:22]
It's been great. (slap) We're doing a hand-slap here, for the benefit of the recorder. And I'm turning—
[01:03:28]

Warren L. Holleman, PhD
[01:03:29]
And I'm doing the Funky Chicken, but you can't see it. (laughter)

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[01:03:32]

Tacey A. Rosolowski, PhD
[01:03:32]
Here we go! You are, after all, a comedy writer.
[01:03:36]

Warren L. Holleman, PhD
[01:03:36]
Yeah. That's right.
[01:03:36]

Tacey A. Rosolowski, PhD
[01:03:36]
So I'm turning off the recorder at about 27 minutes after 11:00.

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Dr. Holleman provided entries the the blog *The Faculty Voice* to supplement his transcript.

October 2012 Archives

Status Update

By Warren Holleman on October 31, 2012 9:44 PM

Thanks for all your kind notes--on and offline--about the Faculty Voice. I wanted to let you know what's going on.

For the next month or so, the Faculty Voice is going to semi-hibernate. Let me explain.

With all due respect to the people of the northeast, you might say that we, too, were hit by a perfect storm.

As you know, we were recently asked by the "powers that be" to stop publishing truly anonymous blogs.

Meanwhile, I was asked by some members of the Faculty Health & Well-Being Committee to stop moderating the blog. They feared that our penchant for talking about controversial subjects might invoke for them and for our program the ire of MD Anderson's leaders. To my knowledge this hasn't happened, but as we know, the fear factor often trumps good intentions. The committee needs some time to talk this through.

There is a third factor: me. I've been moderating the blog for nearly two years, and I feel the need for a break.

A few weeks ago I approached the ECFS (Executive Committee of the Faculty Senate) about the possibility of taking over the leadership of the Faculty Voice. That way the blog could continue to function but under fresh, new leadership. The ECFS was supportive and eager to help. They are in the process of developing a plan to continue providing a forum for faculty to voice their concerns and should be ready to announce the details in a couple of weeks.

Meanwhile, I will publish an occasional blog until the Senate is ready either to take over or offer a new venue for communication. If you are interested in helping moderate or edit the blog--or other media--I encourage you to contact the ECFS, your departmental senator, or me. We want to keep this conversation going.

Comments (0)

Bye-bye Blog

By Len Zwelling on October 29, 2012 2:07 PM

I have just learned that the days of the Faculty Voice as an outlet for faculty and non-faculty opinions about matters of currency for us all are numbered.

Apparently , there is a little-known MD Anderson rule that outlaws the publication of opinions in social media outlets by anonymous and pseudononymous authors. Putatively this is because the institution wants to know who is criticizing it thus making the decision of those seeking anonymity wise indeed. This also proves once again that the anonymous bloggers are all wiser than I am. Furthermore, Dr. Holleman, who has done such a superb job of keeping this blog alive for all these months, is being encouraged to step away from his electronic duties and stick to his other area of expertise in faculty health and well-being. Clearly the powers that be do not feel this blog is part of faculty health.

Obviously, my posts are usually not anonymous, but I have sought the ambiguity of anonymity on occasions when I felt the opinions I expressed might be offensive to some folks with power over me. This is in spite of the fact that I believe the most important American right of all is the power to offend others. We would be a lesser country without the Will Rogers, George Carlins, Shelly Bermans, Lenny Bruces, Richard Pryors and Sara Silvermans of the world and MD Anderson would be a lesser place without strong, opinionated people expressing their outrage at the behavior of their colleagues or their unease with wrongs being perpetrated upon them. To me, these people are what make MD Anderson and the United States great and we will all be less for the loss of a forum for their expressing their opinions, even if they are anonymous. I am not sure what the administration fears about anonymous expressions of feelings or thoughts, but clearly these are a threat when reduced to an internal blog.

It has been fun writing these posts and especially fun hearing from you on-line or in person about what I have written. I liked those disagreeing with me the most as I learned the most from them. And those of you who have stopped me in the hall and encouraged me, I really want to thank a great deal. As a writer, I have learned that you never really know if anyone is reading what you write, so thank you so much for speaking up, even if you disagree with a position I have taken.

Thanks Warren for all of your efforts. You have done very well by your colleagues and have sacrificed much to keep this going. That a silly ruling that probably never was seen by the Faculty Senate before passing into the Handbook and that the very people we count on to lead are cowed into asking you to stop your work is cause for great despair. Whatever happened to academic freedom? What ever happened to freedom itself?

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Editor's note: Thanks Len for the kind words, and I appreciate as well your many insightful and challenging contributions to the blog. I'm reminded of that funny line from Spamalot: "I'm not dead yet." The Faculty Voice is definitely in a period of transition, and where it will lead, I don't know. With reference to Len's comment about "the powers that be," in fairness to the 20th floor, I should make it clear that these transitions are not due to any direct pressure from them.

Comments (4)

By georgia thomas on October 30, 2012 8:36 AM
It sounds as if author anonymity can be preserved by Warren at the time of blog posting. That would only entail another checkbox in this "Leave a comment" section. I see nothing wrong with Warren being able to validate that a comment is truly coming from an MD Anderson employee by asking that a work e-mail address be included in submissions.

By LZ on October 30, 2012 12:05 PM
Georgia:

Obviously, neither do I, but I think we can safely assume that if the rule was generated to be able to track the source of comments, that alone would inhibit some people from being as frank as they might otherwise be or from commenting at all.

In essence, the rule is imposing the allowed degree of anonymity and, as I believe Warren is no longer going to be the webmaster, there is no telling who will be overseeing the presumed anonymity and who has access to bloggers' identities. My point is: why does anyone need to know as long as the rules of civility are followed?

I sign most of my posts, but not all. There are some things I write where my identity might actually bias the opinion of my opinion. Believe it or not, I have detractors. Many. Thus, I have posted anonymously although Warren is usually aware of my identity. I cannot say that I will be as forthcoming if someone else is running the blog.

My point was simple. This was a good addition to "faculty health" run by a dedicated and extremely competent and trust-worthy member of the faculty. Why did someone have to mess with a good thing?

Len

By Non-Faculty Member on October 30, 2012 2:51 PM

I've thoroughly enjoyed this blog and will be sorry to see it go, if it does. I think it's useful in ways that the "big" survey (it's not that big!) and these other tools can never be. Faculty Voice will just be another casualty of our increasingly omnipotent (and in my opinion, destructive) bureaucracy. I only wonder where and when that will all end.

On a personal note, I am not averse to commenting under the new guidelines. However, like Dr. Zwelling, I'm not sure I'd trust anyone else to run this.

By Kenneth Sapire on October 31, 2012 1:13 PM
I think that it may be premature to pronounce the end of this Faculty Voice.
After all,as Warren comments,he "is not dead yet."And this is not Warren's Blog.It belongs to the Faculty .That is us.Those prolific and not.Those Anony Mouses and not.

Its wll known from our Faculty Health meetings,hospital center surveys,literature reviews and conversations in hallways,lounges and homes that there is a significant load of Stress,Burnout and Anxiety within our House and that of american Healthcare,and in the Faculty center and Clinics.
My sense is that the administration would actually be interested in having this type of blog maintained.It provides invaluable insight into so many aspects of our work life balance and imbalances.
After all its a good way for everybody to have a pulse on the ongoings of our work teams.
We can continue to hope that some literate soul will keep the postings moving along and helping us relieve the tensions we have.
Personally I would encourage Warren to keep going as he has our trust and cofidence.But if he has no more energy,perhaps the Faculty senate would be a good option to keep the Faculty's words moving along in conversation.
We have no common meeting hall,dining room or place of general assembly.In fact this is it .Its our only common meeting place.
And if we lose this we lose the ability to communicate effectively and understand what is going on.
Probably one of the simplest ways of dealing with the findings of our BIG SURVEY is to have an open forum like this.
Unless the Chronicle or other social sites replace this venue.And we have little confidence in these being any more useful or valuable.
So I would encourage Warren and Faculty Health/FAA to engage further and continue to find representative avenues and 21st century solutions to perpetuate these important coversations and points of view.
We almost have ,no choice!

Anonymity, Freedom, and Fear

By Warren Holleman on October 27, 2012 10:35 AM

You may be wondering why I haven't posted any blogs lately. There are a couple of reasons, one of which I'll address today.

On June 11, I was notified by the Compliance Office that someone had filed a Hotline complaint (an anonymous complaint, by the way) against the Faculty Voice for posting anonymous blogs, in violation of MD Anderson's Social Media Policy. The policy states that bloggers must identify themselves to the Communications Office.

Two days ago I was notified of the Compliance Office's ruling: "the current practice of allowing bloggers to anonymously transmit posts to the Faculty Voice is in violation of these *Terms of Use*."

I wrote back to both the Compliance and Communications offices, arguing the case for changing the policy, or at least granting the Faculty Voice a waiver. Here's what I said:

With regard to the UT system's social media policy, my concern is that the UT system has over-reached in terms of restricting academic freedom, which is what makes us a university and not a corporation. And even if we were merely a corporation, I would argue that the benefits of allowing anonymous blog postings outweigh the harms, as long as there are editorial standards of respect and professionalism.

Looking down the road, I see one possible result of forbidding anonymous postings is that someone will establish an external blog or Facebook page. That would assure freedom of expression that we academics consider to be our right. But then MD Anderson faculty concerns would be out in the open for the public to see. The Faculty Voice functioned as a middle way, allowing freedom of expression but also maintaining standards of professionalism.

(Note: My response was in error in at least one respect--the social media policy that we violated was not that of the UT system but of MD Anderson.)

Here is the response I received from the Compliance Office:

The issues Warren raises below are more appropriately considered by the Communications Office with guidance from Legal Services/UT System.

Here is the response I received from the Communications Office:

We don't intend to change the social media policy at this time, but we all need to ensure compliance with current policy and the Internal Blogs Terms of Use.

I want to point out that the policy does permit anonymous blog postings, but the person submitting the post or comment must identify themselves to the Communications Office (or the blog moderator in this case, since this blog is managed outside of our office) and the moderator must verify that posts are written by the identified author.

So, the bottom line is that there will be no more truly anonymous postings and comments, and this will have a big impact on the Faculty Voice. Most faculty do not feel safe openly expressing their concerns, opinions, and suggestions.

This isn't just about academic freedom or freedom of speech. It's also about freedom from fear. When I came to MD Anderson three years ago, my job was to assess the health and well-being of the faculty. One of my most vivid impressions of the organizational culture was the fear factor and its impact on individual morale, job satisfaction, and the relationship between faculty and administration. I wish I could say that things are better now, but that just isn't the case.

One of my objectives in starting the Faculty Voice was to reduce this fear and thus improve faculty health, well-being, and morale by creating a safe place for conversation about faculty concerns. Call me naïve, but I believed that as we faculty expressed concerns about particular problems and issues, our friends on the administrative side would join the conversation by acknowledging our concerns, expressing empathy, presenting their perspectives, and engaging in a solution-focused dialogue. That hasn't happened, at least here in the blog, so in that sense the Faculty Voice has failed.

Instead, many of my friends on the administrative side view the blog as a place where a small contingent of disgruntled faculty vent, gripe, and whine. They assume that these views do not represent the "silent majority" of our faculty. To those on the administrative side I would say this: I believe you are wrong. I think the concerns expressed in this blog are representative of the faculty. Last year I interviewed 19 of our department chairs, most of whom sounded an alarm about low faculty morale. The recent morale survey by the Faculty Senate will be published soon, and it will offer additional insight.

I think you are also wrong in another respect. Not only do you tend to caricature the faculty, but you also tend to caricature the blog. I have observed that, for many of you, your knowledge of the blog is based on reading only the most extreme posts and comments that you email to each other. If you logged onto the blog and read more representative samples, you'd see that we focus mostly on solutions, not problems. You'd see that we love this place as much as you do and are just as committed to its success--if not more so.

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As moderator of the Faculty Voice, I wish I had done a better job of "selling" the blog to the administration in general and the executive leadership in particular. This did not happen, but there are many other good ways to reduce the fear factor and to improve health, well-being, and morale. Let's get together, and let's get it done.

3 Comments

By Anonymous on October 27, 2012 11:36 AM

Warren,

As the administrator of the Faculty Health Committee I would encourage you to "keep calm and carry on."

Your work is obviously much appreciated by the faculty at large.Though we may not be able to write anonymously,you can continue to keep the emails and identities private as the blog administrator.The writer can still post under an anonymous name if they so choose based on the information given.

So if you would,keep this post anonymous,simply to illustrate and show how it works.

I would urge you not to be discouraged .

As a naturalised American I remember having to work with censorship and fear as we lived our lives,and why indeed should things be different here?

Where in the world is there true democracy?

What work environment is truly free?

Perhaps the Faculty Health group should work through a process,and put a proposal through to the Communications Office for a waiver ,as you have suggested.After all they seem to be receptive to discussion.Perhaps the Faculty Senate would support this action too?

Regardless,the work you have done ,as you are doing and will do has been invaluable for us as faculty to understand the daily difficulties and workings of our departmental groups and we have a fundemental understanding of the level of anxiety fear and discomfort that seems to be pervasive in the Instituition.

However,it's clear from the Big Survey that we complete every cycle that this is not news .The Survey reflects what is manifested in the Faculty Blog.It interesting that the survey is Anonymous through an outside agency and garuantees anonymity for all 19000 employees.What does the Comminications Office reflect on that?Seems at odds with the principles.

The Instituiton voices its intention on improving this aspect of our work environment found routinely flawed in the Big Survey.

ie" We dont feel safe saying what we feel around here."

Yet there seems to be a disconnection between the intention of creating a safe space and community at work,and the regulation of this blog.

You have been instrumental in engaging the Voice of the faculty,and pointing a direction of cultural change.

I urge you to:

Keep calm and carry on,for if we want our leaders to understand the change we seek,we too will need to find a way to

cordinate that change,within ourselves and our community.
Keep this and my identity ...
Anonymous

By Warren Holleman on October 29, 2012 8:13 AM
"Anonymous" is right. The institution still permits postings by individuals who identify themselves to the blog moderator. "Anonymous" contacted me directly and identified himself/herself to me, which then made it kosher (as I understand the rules) for me to publish his/her comment but not his/her name. A simpler way to do this is to include your name in the "Name" box but then begin your comment with a request that the blog moderator not publish your name. Of course, this could be traced.

A couple of you have submitted comments this morning that I can't publish because you didn't tell me who you are. If you are okay w/ telling me who you are, then I'll run the comments as long as they fit our guidelines (professional, respectful, criticizing policies or practices but not ad hominum attacks on individuals or personalities).

By Patsy Concepcion on October 31, 2012 8:27 AM
I am not a faculty member but have been reading the Faculty Blog regularly. I found the postings informative, inspirational and eye-opening.

I thought that it was a great forum to vent, share information, etc. while having the option to remain anonymous.

But as the saying goes: All good things must come to an end. I am sorry that the blog is changing and that you will no longer be at the helm.

Thank you for the work that you have done.

Male Breast Cancer - entering a world of pink

By Warren Holleman, Ph.D. on October 22, 2012 9:09 AM

A few days ago I wrote a post recommending a blog by Suleika Jaouad, a remarkable young woman being treated for AML at Sloan-Kettering. Little did I know that my friend and colleague Oliver Bogler, whose office is just ten steps from mine, had just launched his own blog tracing his journey through cancer treatment.

As most of you know, Oliver was diagnosed with breast cancer on September 23. As most of you also know, Oliver is a prolific writer and savvy with social media. He is journaling about his experiences via an informative and entertaining blog, titled: "Male Breast Cancer - entering a world of pink." You can journey with Oliver by clicking on this link: http://malebc.posterous.com

Check it out--let's show a colleague our support.

Comments (0)

Women, leadership, and academic medicine

By Warren Holleman, Ph.D. on October 19, 2012 10:06 AM

Do women faculty have the same leadership opportunities as men? That question arose a couple of weeks ago in a lively blog conversation stimulated by Len Zwelling's post about women in space.

One of our readers suggested we take a look at a study published recently by the *Journal of General Internal Medicine*, titled "Experiencing the Culture of Academic Medicine: Gender Matters, A National Study." The study assessed the culture of academic medicine with regard to gender equality and identified a number of factors contributing to the lack of advancement and leadership opportunities for faculty women.

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The research focused on similarities and differences in the perceptions of the culture of academic medicine by male and female faculty.

There were no significant differences between men and women in these areas:
• levels of engagement;
• leadership aspirations;
• feelings of ethical/moral distress;
• perception of institutional commitment to faculty advancement; and,
• perception of institutional change efforts to improve support for faculty.

On the other hand, there were significant differences in these six key areas:
• female faculty reported a lower sense of belonging and relationships within the workplace;
• self-efficacy for career advancement was lower in women;
• women perceived lower gender equity;
• women were less likely to believe their institutions were making changes to address diversity goals;
• women were less likely than men to perceive their institution as family-friendly; and,
• women reported less congruence between their own values and those of their institutions.

The authors conclude that "faculty men and women are equally engaged in their work and share similar leadership aspirations. However, medical schools have failed to create and sustain an environment where women feel fully accepted and supported to succeed."
The challenge before us is to level the playing field and to better utilize the leadership talent of women faculty. The contribution of this study is to indicate six specific areas to focus our efforts.

How might all this apply to MDACC? One way might be to use a "solution-focused" approach. In other words, take a close look at those departments and divisions where women hold more of the leadership positions and ask what is being done differently there, particularly with regard to the six key areas identified by the study. Then we can make an intelligent effort to "expand" that solution to other departments and divisions.

What are your thoughts?

Comments (0)

The 2012 Faculty Morale Survey

By Jean Bernard-Durand, M.D, Chair, Faculty Senate on October 18, 2012 10:54 AM

The deadline for the Faculty Morale Survey is quickly coming to a close. A survey is a method for collecting quantitative information about items or issues in a population and its success is based on the recruitment of a good sample population of the faculty at large. On behalf of the Executive Committee of the Faculty Senate, I am requesting your assistance in completing this very important survey . I am well aware of your time constraints, however our future at MD Anderson is dependent on a unified faculty body to assure that our voice can be heard at all levels of our institution. The success of faculty research and clinical revenue generation is dependent on the emotional and mental health of all of us. In order to move forward with a new mission strategy, it is imperative that we obtain as large a representation of our faculty as possible.

Some of you have expressed concern regarding the confidentiality of the survey, and even fear of retaliation from completing the survey. This survey originated from the Executive Committee of the Faculty Senate and is meant to convey our voices and concerns to senior management. We have the opportunity to make a difference by showing our commitment to this institution and giving the body at large a voice. If you still have anonymity concerns we can provide additional steps to assure your privacy simply print out the survey and drop into interoffice mail to Karen Fukawa in the Faculty Senate Office, unit 412.

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Thank you for your continuous support in helping address the faculty concerns

"NOT EVERYTHING THAT IS FACED CAN BE CHANGED, BUT NOTHING CAN BE CHANGED UNLESS IT IS FACED"

JAMES BALDWIN

Comments (0)

Do you have a child with a disability?

By Warren Holleman on October 17, 2012 10:50 AM

It's challenging to juggle our job responsibilities with our family responsibilities. And it's particularly challenging for parents whose children have developmental and learning disabilities.

These children often need closer supervision, and more time, energy, and patience. Sometimes they require sudden trips home or to school or day care in the middle of the workday. This is difficult when you work at a busy place like MD Anderson.

There are many forms of childhood disability. Some involve mental challenges, others involve physical challenges. Examples include autism, ADHD, dyslexia, mental retardation, cerebral palsy, Tourette's syndrome, and visual and hearing impairments.

Are you a parent of such a child? Would you be interested in a monthly faculty support group? If so, please contact Akhila Reddy, MD (asreddy@mdanderson.org) or Warren Holleman, PhD (wlholleman@mdanderson.org). Postdocs and mid-level providers also welcome.

Comments (5)

Acting--Thank You

By Len Zwelling on October 15, 2012 10:35 AM

Jon Lovitz used that line in several SNL skits in which he played an actor, "The Master Thespian", overwhelmed with his own theatricality. Acting in academic medicine means something entirely different.

Acting in academia is a term used to modify the description of an administrative position of putative authority in two ways. First, it means that the job is not yours. For the most part, you are a caretaker, keeping a chair warm. Although it is certainly possible to successfully compete for the permanent job from an "acting" position, more often than not, once the permanent position is filled, the acting administrator gets a thank you and a good-bye.

Second, it describes what you probably cannot do--act. Usually the acting or ad interim (fill in the job title here) is expected to keep the lid on things until his or her superiors can determine the permanent holder of the position. New initiatives are not usually on the agenda of an acting leader.

Acting leaders are not expected to act or lead, so usually the best plan if you find yourself in such an unenviable position, is to keep a very low profile while trying to maintain your real job so you can find a place to land once your "acting" career is over. If you really want the job permanently, it's probably still best to do your politicking quietly and not presage what you would do if you got the job except to the search committee. Why? Because if you initiate what you plan to do when permanently appointed while you are only acting and it blows up or your boss undermines those plans (a common occurrence, as the boss is really the acting leader and may like it that way), your chance of permanent leadership is over.

Good acting leadership consists of weighing a series of mostly downside risks and avoiding as many as possible by not acting. I think that is a reasonable description of what usually transpires in academia.

Today, MD Anderson finds itself in a particularly dicey leadership situation. The Provost is acting. The Head of Surgery is acting. Ditto the leadership of Lung and Head and Neck Medical Oncology, Breast Medical Oncology, Plastic Surgery, Biochemistry, Gyn Oncology, Computational Sciences, Experimental Diagnostic Imaging and Health Services Research. The Vice Chancellor for Clinical Research is trying to overhaul that infrastructure while also leading the largest Division in the institution with two acting department chairs. That makes his Division the biggest users of the infrastructure he will be controlling. That seems like a conflict of interest to me. That Acting Provost I mentioned is also leading a busy Division and department, too. He's reporting to himself in most of his other roles. In fact only four of the Division Heads are just (as if that weren't hard enough) Division Heads. Just to keep things interesting, the new chair of Cancer Biology isn't actually here yet.

Does this make sense to you?

Me, neither.

We have serious matters facing the institution that will necessitate adjustments in strategy and possibly a bit of austerity if:

• reimbursement for clinical services continues to come under pressure,
• the payer mix becomes unfavorable if Medicaid is expanded in Texas,
• the 1115 Medicaid waiver really is no net gain for Anderson,
• NIH grant money remains tight and or gets even more scarce if sequestration is put in place and
• the downstream effects of some recent less than complimentary press adversely affects philanthropy.

We will need leaders who really can act, not a bunch of acting leaders.

Let's leave the acting in Hollywood or Broadway. This is Texas. Let's get some non-acting leaders in place so they can act before ad interim becomes ad nauseum.

Comments (2)

Customers or patients? Customer service or patient care?

By Walter Baile on October 11, 2012 9:32 AM

I have noticed that the term customer service has crept into our lexicon more and more and I would like to comment on its use. Our behavior toward those we serve is now described as "customer service" and we are expected to have good "customer relations". This term in my opinion is very misleading and distorts the nature of our relationship with our patients as well our and their responsibilities in receiving treatment at MD Anderson.

The word "patient" derives from the Latin word patiens meaning "one who suffers". It defines the core mission of medicine and medical practitioners to "relieve suffering" even when there is no actual "fix" for the disease. The word patient also defines our ethical responsibilities toward those who suffer because it is implicitly assumed in illness that the sick are more helpless and psychologically vulnerable and therefore there is an unequal relationship between health care provider and patient.

This clearly stated duty toward the patient is not found in business interactions where other persons are 'customers' .Business providers do not have a legally binding code of ethics nor do even other professions such as lawyers have duties toward their clients as stringent as we have toward our patients. Thus certain of the obligatory duties of doctors, nurses and other medical professionals to protect privacy, avoid harm first and receive updated regular professional training are not found in business practices. Notable is the fact that JCAHO does not use the word "customer" or "client" in describing our or our hospitals' responsibility toward those we serve.

In my opinion it lowers the value of our profession and the status of the patient to call them "customers". Moreover the focus on making patients happy through "customer service" overlooks the fact that medical practice is fraught with

uncertain outcomes and not all our patients will be happy. It also overlooks the fact that our patients have responsibilities also (other than to pay their bill). We expect them to be compliant with their treatment, keep their appointments and conform their behavior to hospital standards.

I feel we can aim toward effective relationships with patients which reflect empathy toward their suffering, express kindness and compassion, acknowledge their effort as patients and respect their rights as patients without use of the word "customer". In fact the bottom line is that acknowledging suffering is indeed what makes us uniquely healers, even at times when we cannot cure the disease, a distinction that makes us stand out among all of the professions as we provide "patient service".

Walter Baile is Professor, Behavioral Science and Director, ICARE (Interpersonal Communication and Relationship Enhancement)

Comments (18)

Do you know Suleika Jaouad?

By Warren Holleman on October 9, 2012 7:00 PM

She's a remarkable young woman who writes honestly and openly about her experience of cancer--and its treatment. You can follow her on the NY Times Well Blog.

It's not often that an insightful 24-year-old sits down and tells you what it's like to be a cancer patient. We're more likely to see the persona portrayed on the outside, not the real self on the inside.

For example, what is it like to graduate from college one day, with the sun shining and the birds singing, and the next to find yourself, as she puts it, "incancerated"?

The first time I was hospitalized after my cancer diagnosis -- one year ago this month -- I was placed in isolation in a drab room where the windows didn't open. An electronic bracelet was strapped to my wrist, and I was issued a backless hospital gown. A triple-lumen catheter was surgically implanted in my chest to create a central line through which chemotherapy and fluids would be administered. I was all tied up, with both limbs connected to a monitor holding a ring of hanging IV bags.

She completes her incanceration, then is riding in a taxi when she sees another young woman riding her bike, enjoying that sunshine. What thoughts go through her head?

She's about my age, tan, her blond ponytail moving in the wind. Someday I'll ride a bike, too. When I'm well enough. But for some reason I find myself thinking about how silly I would look in a bike helmet. A sick, skinny girl with bony elbows and peach fuzz for hair - and a ridiculous oversize helmet.

Then, there's the guilt. Lots of guilt.

I feel guilty when I start feeling sick or get a fever. I want to apologize, for I know I will soon make the life of my loved ones hell. My mother will have to drive four hours in the middle of the night to take me to the hospital in New York City. Family will have to take sick days from work. After long days at the office, my boyfriend will spend night after night sleeping between two hospital chairs. My father will "hold down the fort" at home (this translates to lonely nights spent worrying by himself and feeling very far away from my hospital room).

What about positive thinking--there's so much of it in the cancer world. It can help us cope, she says, but those who live exclusively in the "positivity spin zone" are living in denial. We often praise cancer patients for being so resilient, but we should also give them space to feel their fears.

I'm not a negative person, and I'm certainly not trying to set up a school for negative thinking, but today I'm giving myself permission to step out of the spin zone of positivity -- to stare down fear, anxiety and dread without the guilt that I might be giving up or not fighting hard enough.

It's so hard to get inside the head of another human being. Heck, it's hard to get inside our own heads--denials and defenses, fears and hopes, and suppressions and repressions being such powerful forces.

In Suleika's case, however, it's easy--not for her, but for the reader. She does all the heavy lifting and allows us the gift of following her interior journey.

One more thing: I'm learning things from her blog that have nothing to do with cancer. Suleika's blog is about living with cancer, yes, but really it's about living. Period.

(Note: Photo used by permission of Suleika Jaouad.)

Comments (1)

The Danger of Social Proof in Academia

By Len Zwelling on October 8, 2012 1:46 PM

Recently, a close friend and expert consultant told me about social proof. This is the phenomenon of individuals in groups gravitating to the group's conclusions or behaviors in difficult or uncomfortable ethical or social situations. It is group think on a grand scale.

The danger of social proof is that when leaders are taking wrong courses or advocating policies or beliefs that are detrimental, dishonest or illegal, no one will speak up because even though each individual in the group knows the leader's actions are wrong, each looks around and sees no one else objecting so through passivity allows bad directions to be taken without seeming objection. Fear takes over. No one wants to stand up or stand out. The individual takes on the behavior (or lack thereof) of the group rather than express his or her opinion.

Eventually, this leads to the group throwing up its hands in disgust and saying the system is rigged and there is nothing anyone can do to make a difference. Of course, this is perfect for the misguided leader as he or she gets to carry on with his or her plans unopposed and state that he or she heard no objections. The group members rationalize their impotence when they alone are responsible for it, for they each knew better and did nothing.

As they say in the NYC subway, "if you see something, say something!"

In cancer research today, there is a generally accepted view that a reductionist approach to individual human cancers will lead to better therapies. This is usually the "-omics" argument where better and better characterizations of the genetics and/or biochemistry of a patient's tumor will lead to individualized therapy. Lynda Chin makes this case dramatically in her TEDMED talk from April 2012 available on line.

However, if you query some cancer biologists, they will tell you a different tale. While the genetic variations found in human cancers may indicate their therapeutic vulnerabilities, they may just as well reflect an underlying instability of the cancer's genome. In other words, the mutations are effects not causes. Furthermore, as Fidler and Kripke described 30 years ago, cancers are very heterogeneous, genetically unstable and in constant flux making any single

genetic or biochemical signature of a human cancer likely a subset of the whole thing in space and time. This could easily explain the mostly so-so results from clinical trials based on genomic analyses and targeted therapy.

Finally, it is evident that the tumor microenvironment is every bit as important as the cancer cells themselves in altering the aggressiveness and metastatic potential of any given cancer. Murine models of human colon cancers injected into a mouse's back really are not adequate replications of the clinical situation faced by medical oncologists. Again, the need for the use of orthotopic animal models has been amply demonstrated by Fidler.

So the question is when are we as a faculty going to promote a meaningful discussion of alternatives to the reductionist approach of molecular cancer characterization and therapeutic discovery that currently dominates the institutions' thinking? After all, we are supposed to be academics who argue over even the smallest of points. Why are we not actively discussing this huge one? Is it social proof? Are we afraid to stand up and say that this reductionist view may not be correct so let's test it against other viewpoints?

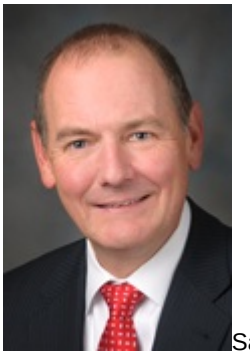
Are we really ready to declare the solution to the cancer problem one of engineering and technology as opposed to basic science and translational discovery? At times like these I always ask: WWFD?

What would Fidler do?

Comments (2)

Next Friday's Happy Hour

By Warren Holleman on October 5, 2012 10:53 AM



Save the date! I want to invite all faculty, along with their spouses and guests, to our next Happy Hour on Friday, October 12 -- one week from today. This Happy Hour will be a little different from the others--think of it as a "two-for-one" special.

Interview Session: 3
Interview Date: April 27, 2017

The goal of all our monthly Happy Hours is to promote collegiality and social support among the faculty in a fun, informal setting. This time, however, we hope to take a step toward addressing a second objective: to enhance communication and trust between faculty and our executive leadership, so that we can work more effectively together to make improvements and solve problems.

Our schedule will be as follows:
• 4:30-5:00pm - Meet the new Provost
• 5:00-7:00pm - Happy Hour - Game Night

So, in addition to the usual stuff, this is a chance to get to know Dr. Tom Buchholz on a more personal level. And, to ask questions and share ideas, either during the Q&A or one-on-one afterwards.

Those who have been coming to Happy Hour may have had this opportunity already; Tom has attended on many occasions as "one of us" - a member of our faculty. Based on the data that Welela Tereffe (Radiation Oncology) and I have collected so far, it's safe to say that Tom is a terrible Scrabble player.

But we do think he'll make a great Provost.

Here's one reason why. Yesterday, Dr. Buchholz met with the Research Council and expressed a sensitivity to many current faculty concerns. Take a look at his goals:

- Representation and Communication
  - represent faculty in the executive committee
  - represent the executive committee to the faculty
  - enhance communication
- Be efficient and fair in making decisions
- Improve chair and faculty recruitment processes
- Strategic advancement of research and education
- Implement an institutional faculty mentorship program
- Define standards for % clinical effort of faculty

Faculty have expressed a lot of frustration lately about poor communication, trust, and transparency vis-à-vis the "administration." And, in particular, the erosion of shared governance. Let's take advantage of this opportunity to build a bridge.

And then, of course, let's have some fun. It is in this spirit that I conclude with a really bad poem:

All work and no play? Let me be blunt.
Jack's a dull boy 'cause dat dawg won't hunt.

Perk up, Jack. Don't look so dour
Friday's comin'. Time for Happy Hour.

Check out our two-fer special idear:
"Come for the Provost, stay for the beer."

Comments (0)

It's All About Relationships

By Len Zwelling on October 4, 2012 8:09 AM

One of the first things we were taught as Robert Wood Johnson Foundation health policy fellows during our orientation period was the importance of the 4 P's in Washington, DC. The 4 P's are policy, process, politics and personality. I have listed these in ascending order of importance.

Policy is the least important P on Capitol Hill because every office, whether Republican or Democratic, has already decided its position on every major issue. Thus, I found out quickly that all of my experience in medicine was of little use to the office in which I worked. All I could offer was a realist's view of medicine and the effect of policy on physicians' and scientists' lives. This was of little concern to the staff of an office in the US Senate with a host of constituencies and lobbyists to please.

Process is dictated by the Constitution and the rules of the Senate. The best one can do to use process to influence the outcome of a bill is to know it better than the other side. Nancy Pelosi's ramming of the Senate version of the Affordable Care Act through the House to prevent the formation of a conference committee to iron out the differences between the House and Senate versions of the ACA is an example of the skillful use of process. This became necessary when the late Senator Kennedy's vacant seat was filled by a Republican, Scott Brown, giving the Republicans sufficient numbers of votes to block all legislation from coming out of a conference committee.

Politics is more art than science and, as we know, it often makes for strange bedfellows. Today's opponent on a bill can be tomorrow's co-sponsor on another piece of legislation. This used to guarantee civility among the members.

This is no longer the case and has created a toxic political environment that has tied the Congress in knots and plunged the approval rating of our legislature to all-time lows.

But all of this can be overcome by personality--the personal relationships between and among the legislators. One of the reasons the ACA took so long to be passed was the absence of Democratic leadership with long-standing relationships with significant Republican leaders. This occurred because the ultimate relationship Senator, Ted Kennedy, was fatally ill and Tom Daschle, a former majority leader with many good relationships on the Hill, had not paid his taxes and had to withdraw his name from consideration to be President Obama's Secretary of HHS and health czar.

It was argued in the New York Times (September 25) that President Obama's influence in the Middle East is hampered by his lack of relationships with the many leaders in that part of the world. Helene Cooper and Robert F. Worth quote a US diplomat about the President: "He's not good with personal relationships; that's not what interests him".

Relationships are everything in all fields of human endeavor. I would bet that the most significant things you have ever done and the ones you hold most dear are ones that were accomplished through human relationships.

I would also argue that Mr. Obama's cool relationships with the Congress have negatively affected his ability to get legislation passed and have contributed mightily to the perception of him as an intelligent but aloof leader. In essence, he had not spent enough time in Washington to develop relationships on which he could depend once he became President. Joe Scarborough made this very point recently on his morning news show.

The lesson here is a clear one. As MD Anderson launches a highly publicized push to affect the cancer problem within the walls of the institution as well as via external collaborations, the interpersonal relationships among those pursuing this lofty goal could well determine its success or failure. Far more than sequencing genes, molecular arrays or high throughput technology, the ability to communicate and give consideration to all those involved by all the others involved, especially the leaders, may be more important than the most brilliant of plans and the largest of donations.

And perhaps the greatest support for this idea is the one moon mission that went so very wrong. Without the cooperation and relationships between the three astronauts on Apollo 13 and the men and women back on Earth, it is doubtful that the mission would have ever been made into a movie--especially one with a happy ending.

Comments (0)

Bullying and Incivility: A Case Study

By Warren Holleman and Karen Fukawa on October 1, 2012 9:52 PM

On September 12 we published "Taking the Bully by the Horns." The next day I received an email response from Karen Fukawa, Project Manager for the Faculty Senate:

I just read your post on the blog and couldn't agree more, bullying is rampant here at MDACC. I just passed my 10 year anniversary and still cringe at the memories of my bullying manager who caused me to contact EAP and in turn visit a psychiatrist on Holcombe daily for many months just to get through my days. That was back in 2002. Ironically it was that same bully who caused me to look elsewhere and bring me to a position that I have held for nine years and wouldn't give up for all the "tea in china." However, that bully is still here, has been promoted several times and is still bullying people. It's time to take these bullies "by the horns" and make our work culture a friendlier environment.

I followed up with Karen and asked her to describe the types of behaviors she experienced from this abusive individual.

These usually came in the form of veiled threats: "I hired you; I have the power to fire you." She would come in on the weekend and have her young (middle school age) children leave me hand-written notes telling me what they wanted me to get done when I came in on Monday morning. She would remove files and other items from my desk and then berate me for losing them even though I could see the file sitting on her bookcase behind her. If I stopped by a co-worker's desk on the way to the rest room to say good morning she would call me into her office and tell me the co-worker's manager had complained and didn't want me in that area. She would have me work for days on a project and if the VP gave the project praise she would take credit. If more work was needed on the project she would make me stay late knowing I rode a van pool and I would have to call a taxi to get me home--I live about an hour's drive from MDACC.

On one occasion she removed a file containing about $300 of parking tickets that I was responsible for (we reimbursed faculty for meetings with these). When it was returned half the tickets were gone and she then accused of me of stealing them. But I called her bluff and called UT Police and reported them missing myself and the issue was ultimately dropped.

I would walk into a conference room to a meeting I was supposed to staff, and she would literally (no kidding) close the door in my face and give me a nasty look and say "You're not needed. Go back to your desk." Then when she got out of the meeting, she would chastise me and write me up for missing the meeting. And then the threats would start again: "I have to put you on a performance improvement plan; this is the first step in your termination; I suggest you start looking for something else, outside of the institution as you won't be eligible to work here anymore."

I know a lot of these incivilities sound minor but there was a lot of undermining, veiled threats and just general meanness, and when it is all combined and ongoing, it wears you down. As a single parent with a mortgage and two young children and this being my only income, it could be pretty terrifying to be threatened that you may lose your only source of income.

She always did her bullying behind closed doors. She would call me into her office and pretend to be writing something. She wouldn't look up but would say "sit"--like I was a dog rather than an employee. I would sit there sometimes for 5 to 10 minutes before she would stop what she was doing and then look at me; then the mind games would begin.

On one occasion I was hired as the Executive Assistant to a new chair who had just arrived at MDACC--I still have the email where this chair told me how much he was looking forward to my coming on board. When I went to my boss to give her my resignation, she asked me what the position was. Being naïve, I told her. She contacted the DA of that department and must have told them terrible things about me because the next day they rescinded the offer... I guess she wasn't finished torturing me as she seemed to get some kind of kick out of it. I could tell you enough stories to fill pages and pages of this stuff.

Interestingly, while taking the required Employee Law & Practices training for Managers, the section on bullying has a table showing 14 examples of bullying; I experienced 9 of those listed with this person. I mention this as even I wasn't sure if the incivilities I suffered at her hands would be officially classed as bullying, but there they were... clear as day!

Fortunately for Karen, she later found another new position in another part of the organization and since then has loved her job. But unfortunately for others, nothing was done to extinguish the behavior of the bully, so other MDACC employees have had to work in an abusive environment.

I asked Karen if she knows for sure that the bully is still acting abusively. Here's what she said:

She [the bully] did this to my successor who called me a few months later at the advice of a co-worker and I told her to go to the same department head that I went to with my problem. This department head gave my former boss 30 days to find a new position, which she did. I know of at least two other people who worked for her in the department she transferred to. She bullied them as well, so much that they too had to transfer to another department. And still it continues....

By the way, the psychiatrist I visited on Holcombe told me that most of their patients were from M.D. Anderson and that bullying is one of the most common reasons that these patients came for help. That was back in 2002.

Did/does this individual bully faculty as well as staff?

This individual would not try to bully faculty, as they were her "bread and butter." She would only prey on subordinates. Here's an example: There was a time when we were going to hire an additional staff person; my boss narrowed the candidates down to two. I interviewed both of them also and she asked me which one I preferred and why. I told her the one I preferred was the one I felt I could delegate work to and felt confident it would be completed in the manner we expected, the other I was concerned about as this position would deal with faculty and she appeared afraid of her own shadow. My boss chose the latter and when I asked her why she said... and I quote "because I can manipulate her."

Do you have any recommendations for extinguishing abusive behaviors such as this?

I think it should be required for all managers to go through some form of anti-bullying training. I also think at our new employee orientations they should have some sort of presentation on how to recognize bullying. I think sometimes it is so subtle that people don't realize it's actually happening. I know there are some DAs who bully their faculty and those faculty are not even aware of it until it becomes blatant. This spoils the reputation of those great DAs we have out there who do all they can to help our faculty in fulfilling the mission of our institution. M.D. Anderson is an awesome place to work, I feel honored to be in the company of such greatness, I just wish we could really have a good "clean up" around here and throw these bullies out on their "horns" and it would be a much happier work environment. Watching these bullies walk away without a mark on their record, a promotion, nice fat pay increase and on to their next victim... well, that's just like rubbing salt in a wound.

Comments (13)

13 Comments

By Anonymous on October 2, 2012 10:10 AM
What a tremendous and courageous read. Thank you to you both.

By Le Olam-Lo-Od on October 2, 2012 11:45 AM
I am very aware of Ms. Fukawa's plight with regard to the bullying she describes. Her description is accurate. I can attest to it. That alone is outrageous. What is more outrageous is how well it was hidden from the VP to whom Ms. Fukawa refers and how the bully has managed a lengthy career jumping about MD Anderson one step ahead of the picadors. Truly, we are in a "bully market". Bring on the bears.

LOLO

By J. Izzo on October 2, 2012 11:54 AM
Absolutely courageous!!! Kudos to both!

By Ms. Ellaneous on October 2, 2012 1:19 PM
Bullying in the institution is indeed rampant and goes unchecked or worse ignored. The main reason? Some of the bullies are in a position of power. They are not held accountable for their behavior because "they get the job done." Our core values somehow do not apply to them.

I went through almost a similar experience as Karen and came out of it with a broken spirit which took a while to heal. The Ombudsman Office although sympathetic was lame and what was worse, the HR rep took my bully manager's side and acted as the second bully. It was a nightmare.

I would not hold my breath to see if the bullies will ever be dealt with in this institution. It is what it is.

I am now in a great working environment where the staff are treated with dignity and respect. Our director consistently sets this tone and leads by example. Alas, she is an exception to the rule.

Thank you both for bringing this issue, often swept under the rug, to light again.

By anonymous on October 2, 2012 1:41 PM
I agree, this is excellent! It is typical of bullies to be selective about who they bully. They are very aware of the power structure and also exploit the personal circumstances of their victims.

My bully bullied me for years, mostly behind closed doors and in subtle but fear-inducing ways. I was later asked why I put up with it for so long. Well, I was single, with no relatives to fall back on, so I as worried about my livelihood. I think that my bully was very aware of that and kept undermining my confidence to the point where I felt that nobody else would want me.

By Stand-Up-Against-Bullying on October 2, 2012 1:52 PM
Karen and Warren - This is an anatomy of bullying! Thank you Karen for all the excellent examples of workplace abuse and intimidation.

Not that I claim professional expertise, but it is ironic how often victims of bullying end up in psychotherapy and/or on medication for psychological trauma, while in my real-life experience, it is the bully who has a clinical or sub-clinical mental problem, for which he/she is often not being treated at all, because he/she does not feel that he/she needs any help. The mental issues on the bully side often fall under the category of personality disorders, which again may or may not be full-blown. Antisocial personality disorder is the best example of a mental disorder associated with damage done to others (as opposed to damage done to oneself). Mind you, having a personality disorder does not absolve anybody of responsibility for their abusive behavior. It is nobody's choice to have a personality disorder, but it is pretty much a choice what you do about it and how you deal with it if you have it.

Of course, we have to completely abstain from labeling specific individuals with psychiatric labels, but when thinking about bullies collectively, it may be helpful for the victims to read some of the literature written by mental health specialists for lay audiences about harm done to others by certain categories of personality-disordered individuals.

By Kenneth Sapire on October 4, 2012 1:33 PM
Warren,
thanks for putting this topic back into the forefront.Obviously there is a problem .Perhaps we can through our organisational leadership /ombuds office/HR office have some kind of reporting and monitoring program for this practice to be evaluiated and for a process to be established to deal with ,train or remove from these positions ,those people who are being "the bully".
Obviously this is a diffucult topic to address,but we should start somewhere.Soon!
Kenneth Sapire

By StopBulliesAtWork on October 4, 2012 4:31 PM
I just read your comments in the Faculty Voice and want to say thank you, Karen. I too have been on the receiving end of bullying while employed at M D Anderson. Thank God, I am not in that situation now, but reading your story brought back some sad memories. I have seen several administrative assistants in tears because bullies will jump on people for even smallest mistakes.

What I find interesting is that the faculty are much kinder to the “help” than the office managers on up who are not faculty.

When I was being bullied, I went to HR and was told there was nothing they could do. What is HR good for other than to replace the people who can’t take it and quit because the bully never leaves! The only advice I received from HR was just “start looking for another position and leave the department”. I know that HR receives complaints about the same bullies again and again. But . . .are their hands tied?

Maybe we should have a shaming website that shows the bully's picture with a sign that says,
"I bully people who report to me".

By anonymous on October 5, 2012 3:26 PM
Again (I say, "again", because this was brought up earlier in the discussions about bullying) - where is Institutional Compliance on all this?!? If HR does not do its job for bullied staff, and faculty as victims are completely unprotected, isn't it time for Compliance to step in? Bullying violates Principle Two and Principle Nine of the Institutional Code of Conduct, not to mention our Core Values.

By BullyBuster on October 10, 2012 9:06 AM
Thank you Karen for your blog.

How about doing what our society does with known sexual predators and have the proven bullies identified so that future employees and colleagues will know about them and where they reside within the institution?

By anonymous on October 15, 2012 1:11 PM
"I know a lot of these incivilities sound minor."

I want to let you know - no they don't! This is appalling behavior from the bully, and shows likely signs of a personality disorder such as BPD. Such people shouldn't be in position of power! Thanks for your courage.

By Anon on October 17, 2012 5:34 PM
Having been a victim of bullying in a previous role, I can certainly sympathize with those who have to endure it on an ongoing basis. I made the decision to leave the role and start fresh at another organization, which just happens to be MD Anderson. I got lucky and found an environment here that truly supports my growth and development and has allowed me to once again flourish as a professional and family man. It certainly wasn't an easy decision, having to take a step back, career wise, but the long term future is bright.

I think it becomes easy to blame someone in HR or Compliance for not taking action. Having worked with these groups both now and in the past, I can certainly vouch for them. They are supportive in their roles as advocates for employees, but can only influence those in decision making positions if the decision makers are willing to make the tough choices.

Should the decision maker take action against a director, executive, faculty member who is considered a productive member of this organization? More often than not, the director/executive/faculty member is simply counseled and asked to behave and mind their p's and q's. As we all know, people can change their behaviors for a short time

before they revert back and start behaving badly again. HR/Compliance receives additional complaints which are shared with the decision maker who then counsels the offender and the behavior improves before the cycle starts again…

Simply put, unless this organization starts to address the issue of bullying head on…those who are bullying will continue…

By StopBulliesAtWork on October 18, 2012 1:16 PM
Thank you, Anon, for giving us a brief insight into how we handle bully behavior. If HR/Compliance can only report this behavior to a bully's decision maker, maybe it's time for some of the decision makers to bear some responsibility. I would guess in many, many of these cases, the decision makers are already aware of the bully's behavior. They may have chosen to ignore it or they may not know what to do to stop the behavior.

Just asking a bully to mind their p's and q's and then allow them to repeat it again and again is an insult to people who come to work everyday and offer their best to the institution.

Yes, it maybe easy to blame HR/Compliance, but where else can someone go to report the problem?