

# **George M. Stancel, PhD**

Interview #8

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# George M. Stancel, PhD

Interview #8

## Interview Profile

### Interview Information:

Two interview sessions: 24 January 2012 and 29 February 2012

Total approximate duration: 4 hours

Interviewer: Tacey A. Rosolowski, Ph.D.

For a CV, biosketch, and other support materials, contact:

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### About the Interview Subject:

Dr. George M. Stancel (b. 1944, Chicago, Illinois) was recruited in 1972 to help establish the new University of Texas Medical School. Dr. Stancel is a Professor in the UT Medical School's Departments of Integrative Biology and Pharmacology, and Gynecologic Oncology. His research has focused on hormones, estrogenicity and carcinogenicity, and mechanisms to predict susceptibility to uterine cancers. He has served as Dean of the Graduate School of Biomedical Sciences of the University of Texas Health Science Center since 1999). In 2011 he was appointed Executive Vice President for Academic and Research Affairs of UT Health Sciences Center.

### Major Topics Covered:

Personal and educational background

Research: estrogen and uterine cancer

Transformation of laboratory science and laboratory technologies

Early years of the University of Texas Medical School; Building the Department of Pharmacology

Biomedical education, curriculum-building, ethics

The Graduate School of Biomedical Science

Role as Executive VP of Academic and Research Affairs

Leadership in multi-institution environments; multi-institution programs

The first uterine SPORE

Leading faculty; building collaborations

**University of Texas MD Anderson Cancer Center  
Making Cancer History Voices® Oral History Project**

**Research Medical Library: Historical Resources Center**

Original Interview Profile: George M. Stancel  
Submitted by: Tacey A. Rosolowski, Ph.D.  
Date revised: 3 June 2014

This four-hour interview with gynecologic endocrinologist Dr. George M. Stancel, Ph.D. (b. 1944, Chicago, Illinois), takes place in two sessions on 24 January 2012 and 29 February 2012. Dr. Stancel's has had both a research and administrative career. He is Dean of the Graduate School of Biomedical Sciences of the University of Texas Health Science Center (UTHC, appointed '99). In 2011 he was appointed Executive Vice President for Academic and Research Affairs of UTHC. Tacey A. Rosolowski, Ph.D. conducts the interviews, which take place in a conference room in the Vice President's office at the UTHC office tower near the main MD Anderson campus.

Dr. Stancel earned his B.S. in Chemistry at the College of St. Thomas, Saint Paul, Minnesota (1966). He earned his Ph.D. in Biochemistry in 1970 at Michigan State University, East Lansing, Michigan and went on to postdoctoral work in endocrinology in the Department of Physiology and Biophysics at the University of Illinois, Urbana. Dr. Stancel came to Houston in 1972 as an assistant professor of pharmacology, when he was recruited (for his "pioneering spirit") to help establish the brand new University of Texas Medical School. Dr. Stancel is a Professor in the UT Medical School's Departments of Integrative Biology and Pharmacology, and Gynecologic Oncology. When Dr. Stancel tells of coming to Houston to help build the new medical school, he notes that all of the individuals involved went on to high-level administrative roles.

Dr. Stancel offers the perspective of a researcher dedicated to education with a unique experience in institution-building and development. He talks about his research into estrogen and provides vivid descriptions of the transformation of laboratory science since the mid-seventies. Dr. Stancel has also had an impact on education and discusses curricula-building, educational philosophy and its practice at the Graduate School of Biomedical Science. He provides an interesting view of the inner working of institutions at all phases of their development. He is candid and complete in his responses and offers many vivid stories inflected with humor.

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## George M. Stancel, PhD

### Interview #8

### Segment Summaries

Interview Session 1: 24 January 2012

Segment 00A

*Interview Identifier*

Segment 01

*An Early Start on a Research Path and Critical Thinking*

A: Educational Path

0:01:35.4 to 0:19:39.8+

Story Codes

A: Character, Values, Beliefs, Talents

A: Personal Background

A: Inspirations to Practice Science/Medicine

A: Influences from People and Life Experiences

A: The Researcher

D: On Research and Researchers

In this segment, Dr. Stancel sketches the experiences that inspired him to pursue science and shaped his attitudes about education. After tracing his own educational track through chemistry, to biochemistry, to physiology, and to a first faculty appt in pharmacology he concludes: "If you get good training as a doctor of philosophy you are trained to think critically and that skill in experimental work transfers to a lot of different fields." He reflects on how key critical thinking skills are to the contemporary researcher –a recurring theme in these sessions and a keystone in his philosophy of education.

Segment 02

*Building a Department of Pharmacology in the New UT Medical School*

B: Building the Institution

0:20:07.0 to 0:40:05.8

Story Codes

A: The Researcher

A: Professional Path

C: The Professional at Work

C: Collaborations

C: Leadership

D: On the Nature of Institutions

A: Personal Background

In this segment, Dr. Stancel notes that his research path in endocrinology evolved at the time when the link between estrogen and cancer was first demonstrated. (He will speak in detail about his research in Session II.) Here, he focuses on his recruitment (in 1972) to help build a Department of Pharmacology in the brand new UT Medical School. He gives a vivid picture of this unique enterprise: building every dimension of a new school and new academic venture. He talks about the teamwork and trust required as the new faculty met an array of challenges, noting also that he immediately struck up connections with MD Anderson Cancer Center. Talking about this “remarkable time,” he brings alive the social life of the medical professionals (and their families) as they devoted themselves to building the new school.

#### Segment 03

##### *A Brief History of the Texas Medical Center and MD Anderson*

B: Building the Institution

0:40:06.9 to 0:54:51.3

#### Story Codes

A: The Researcher

B: MD Anderson History

C: This is MD Anderson

B: Building/Transforming the Institution

In this segment, Dr. Stancel sketches the history of the Texas Medical Center and MD Anderson (and how they came to be located in Houston) and clarifies the administrative relationships between the UT System, the UT Health Science Center, the Texas Medical Center, the Graduate School of Biomedical Sciences, and MD Anderson.

#### Segment 04

##### *The Graduate School of Biomedical Science: Creating A Unique Approach to Biomedical Education*

B: Building the Institution

0:54:51.3 to 1:26:43.3+

#### Story Codes

B: Multi-disciplinary Approaches

B: Building/Transforming the Institution

B: Education

C: Evolution of Career

C: Professional Practice

C: The Professional at Work

C: Collaborations

C: Leadership

C: Mentoring

A: The Educator

B: Beyond the Institution

B: MD Anderson and Government

In this segment Dr. Stancel talks about the environment of young institutions in place when he came to Texas in the Seventies. He talks about the founding of the Graduate School and recalls R. Lee Clark’s vision of researchers in basic sciences working alongside clinical researchers



and those delivering patient care (an early version of translational research). He observes that to bring this environment into being in the GSBS, the faculty faced dual challenges: building careers and defining the identity of an institution made unique by its relationship to a cancer center and a mission to promote interdisciplinary communication among cancer scientists from many areas. Dr. Stancel describes how the GSBS preserves interdisciplinary breadth of education while developing programs with focal points defined by faculty interests. He sketches the major tasks of the GSBS during each decade of its existence, focusing in particular on the challenge of lobbying the Texas legislature to allow the MD Anderson to award graduate degrees jointly with the Health Science Center --the first instance, Dr. Stancel, notes, of a dedicated cancer center becoming a degree-granting institution.

#### Segment 05

##### *Developing an Administrative Track and Dealing with Multiple Institutional Connections*

A: The Administrator

1:27:07.8 to 1:49:42.4

#### Story Codes

A: The Administrator

A: The Leader

C: Evolution of Career

A: Character, Values, Beliefs, Talents

C: The Professional at Work

C: Leadership

C: The Professional at Work;

C: MD Anderson History;

C: Understanding the Institution;

Dr. Stancel discusses his administrative track during the last forty minutes. He traces his various roles in the Medical School, culminating in his GSBS Deanship ('99), an appointment that made him "the Dean for everybody," both Dr. John Mendelsohn, president of MD Anderson, and Dr. David Low, president of the Health Science Center. He talks about the process of winning degree-granting status for MD Anderson. He tells a story to illustrate the kinds of dilemmas he works with as a Dean who must collaborate with multiple institutions. Dr. Stancel gives an overview of his responsibilities: reviewing of programs, building enrollments, improving academic planning processes, and integrating young faculty more effectively into their roles.

#### Segment 06

##### *Building Curricula and Creating Educational Opportunities by Leveraging Institutional Connections*

B: Education

1:50:20.0 to 2:08:16.8, end of session

#### Story Codes

B: Beyond the Institution

B: MD Anderson and Government

B: Education

C: Leadership

C: Collaborations;

In this segment, Dr. Stancel first talks about leveraging regional resources for biomedical education with training grants that draw build on the Gulf Coast Consortium (formed to broaden the educational/research resources available to students at six regional institutions). He then talks about the unique features of the education offered at the Graduate School.

Interview Session Two: 29 February 2012

Segment 00B  
*Interview Identifier*

Segment 07  
*Current Challenges in Biomedical Education: Duration of Degree Programs and Mentoring*  
B: An Institutional Unit  
to 0:11:32.4+

Story Codes  
A: The Educator  
C: Professional Practice  
C: The Professional at Work  
D: Understanding Cancer, the History of Science, Cancer Research  
B: Growth and/or Change  
C: Mentoring  
D: On Mentoring  
D: On Education

In this segment, Dr. Stancel first explains why the time to get a PhD in the biomedical sciences has increased and then talks about how the Graduate School is addressing the (national) challenge of reducing the length of time required to earn this degree. He then moves to the related issue of changes in mentoring of graduate students.

Segment 08  
*Issues in Graduate Education: Attracting and Retaining Women in the Graduate School; The Future of Biomedical Education*  
B: An Institutional Unit  
0:42:08.0 to 0:12:50.5

Story Codes  
C: Women and Minorities at Work  
C: Professional Practice  
C: The Professional at Work  
C: Mentoring  
D: On Education  
D: Understanding Cancer, the History of Science, Cancer Research  
D: On Research and Researchers  
A: Personal Background

In this segment, Dr. Stancel first observes that women had difficulty finding mentors in the early years of the GSBS (and recounts how the newly-created UT Medical School wanted to compete

for the best students with more established schools and so actively recruited women and tailored courses to what were perceived to be women's learning/working style). He explains discussing why the GSBS must have "a much deeper conversation with itself" about preparing students for careers outside of academia and how to foster innovation and creativity. At the end of this segment he mentions various books dealing with innovation and medical education.

Segment 09

*Evolution of Research on Estrogen and Sweeping Changes in Biomedical Science*

A: The Researcher

0:42:13.1 to 1:04:32.9

Story Codes

A: The Researcher

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

D: Cultural/Social Influences

B: MD Anderson Culture

B: MD Anderson History

C: Discovery and Success

D: Technology and R&D

C: Professional Practice

C: The Professional at Work

C: Discovery and Success;

A: Overview;

A: Definitions, Explanations, Translations;

Dr. Stancel next turns to his own research linking estrogen and uterine cancer. During his postdoctoral fellowship at the University of Illinois at Urbana he worked in the "hot contemporary area" of hormone mechanisms. He summarizes the shift in thinking about hormones at the time and the innovations that enabled detailed investigation of these substances and their relationship to cancer. Dr. Stancel was recruited for his work on steroid hormone action. He gives a vivid description of how technical innovations completely transformed his laboratory between 1972 and 2000. He describes several of the projects undertaken in his lab, including attempts to distinguish estrogenicity and carcinogenicity, successful demonstrations that hormones such as insulin and thyroid hormone would effect how a female animal would respond to estrogen, and work on mechanisms to predict susceptibility to uterine cancers. Dr. Stancel offers a lively anecdote of how the lab relied on-cutting edge equipment, such as the RT-PCR --a first reverse transcription polymerase chain reaction processor, the first at the UT Medical Center (and one of the first in the nation --their processor had serial #8), which they shared with others. At the end of this segment he describes the process of closing down his laboratory.

Segment 10

*The First Uterine SPORE Grant*

A: The Researcher

1:05:42.4 to 1:12:27.1

Story Codes

B: Education

C: Professional Practice

C: The Professional at Work  
C: Collaborations  
C: Discovery and Success  
B: Multi-disciplinary Approaches;

In this segment, Dr. Stancel talks his role (partnered with two junior faculty members at MD Anderson) on the first uterine SPORE grant (Specialized Programs of Research Excellence) in the country.

#### Segment 11

*The First Course in Ethics*

B: Building the Institution  
1:12:31.0 to 1:30:07.9

#### Story Codes

A: Overview;  
B: Education  
D: Ethics  
B: Building/Transforming the Institution  
C: Professional Practice  
C: The Professional at Work

In this segment, Dr. Stancel talks about his role on the Research Ethics Task Force. He stresses that as far as he knows the Graduate School of Biomedical Science is the first institution to offer a course in ethics and to require it. He explains why teaching ethics has been controversial, then talks about the plans to formally track the effect of this program and possible ethical dilemmas medical professionals will face. He vividly describes some of the teaching methods.

#### Segment 12

Executive Vice President of Academic and Research Affairs

A: The Administrator  
1:30:10.9 to 1:38:50.0+

#### Story Codes

A: The Administrator  
D: On Leadership  
C: Professional Practice  
C: The Professional at Work

In this segment, Dr. Stancel talks about his role as Executive Vice President of Academic and Research Affairs for the Texas Health Science Center (appointed in 2011). He observes that this high-level administrative work is much like “building a structure or a framework to help people” do their work more effectively and effortlessly. He foresees that future collaborations between UT Health Sciences and MD Anderson (and other institutions) will become more important as these institutions deal creatively with budgetary constraints and share resources and expensive equipment.

Segment 13

*Proud of Teaching; A Goal of Maximizing Intellectual Cooperation Between UT Institutions*

A: Character and Personal Philosophy

1:40:14.4 to end of session

Story Codes

A: Personal Background

A: Career and Accomplishments

A: Character, Values, Beliefs, Talents

C: The Professional at Work

In this segment, Dr. Stances shares some of his private life and perspectives. He talks about his long-time participation in the Ride for Multiple Sclerosis, a bike ride between Houston and Austin that hundred of people participate in, including many teams of Houston medical professionals. Among his professional achievements, he is most proud of developing new educational programs from scratch or significantly modifying them. He is also proud of having taught every single medical student who has come through the Texas Medical School, as well as teaching students in every school in the health science center, including graduate students at MD Anderson. He concludes the interview with a snapshot of what he would like to achieve in his remaining time in administration: a maximization of intellectual cooperation between all the University of Texas components and other institutions in Houston. He hopes that institutions might find ways of overcoming unhealthy rivalry and “build a better family” of biomedical intellectuals and institutions that might serve as “better stewards of public trust.”

## **George M. Stancel, PhD**

Interview Session 1—January 24, 2012

### **A note on 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.

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

*Tacey Ann Rosolowski, PhD*

**0:00:03.5**

I'm Tacey Ann Rosolowski interviewing Dr. George M. Stancel, dean of the Graduate School of Biomedical Sciences at the University of Texas MD Anderson Cancer Center in Houston, Texas. Dr. Stancel is also a distinguished professor in that institution and has a number of other appointments, which I will ask him to list in just a moment. This interview is being conducted for the Making Cancer History Voices Oral History Project run by the Historical Resources Center at MD Anderson. The interview is taking place in Dr. Stancel's office on the fifteenth floor of the University Center Tower on the MD Anderson main campus. Dr. Stancel was appointed to the graduate school—or dean of the graduate school in May of 1999. Is that correct? And last year he was appointed executive vice president for Academic and Research Affairs of the Texas Health Science Center in Houston.

*George M. Stancel, PhD*

**0:00:54.9**

The University of Texas Health Science Center.

*Tacey Ann Rosolowski, PhD*

**0:00:56.3**

University of Texas Health Science Center. Thank you. This is our first interview session. Today

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is January 24, 2012. The time is 2:58, and thank you, Dean Stancel, for devoting your time to this interview and to the oral history project. And for the record, if you could just list the other appointments that you hold simultaneously with the deanship.

***George M. Stancel, PhD***

**0:01:23.4**

Okay. I'm also a professor in the Department of Integrated Biology and Pharmacology at the UT Medical School, and I'm also an adjunct professor of gynecologic oncology at MD Anderson Cancer Center.

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Interview Date: January 24, 2012

## **Chapter 1**

**0:01:35.4 to 0:19:39.8+**

### **A: Educational Path**

#### **An Early Start on a Research Path and Critical Thinking**

### **Story Codes**

A: Character, Values, Beliefs, Talents

A: Personal Background

A: Inspirations to Practice Science/Medicine

A: Influences from People and Life Experiences

A: The Researcher

D: On Research and Researchers

*Tacey Ann Rosolowski, PhD*

**0:01:35.4**

Okay. Thank you. I wanted to begin with just some very general background for the record, so please tell me where you were born and when and where you grew up.

*George M. Stancel, PhD*

**0:01:47.1**

Okay. I was born in 1944 in Chicago, Illinois. I grew up in the Midwest and went to high school there in a suburban but sort of in the middle of the city suburb kind of high school—big urban high school—6500 kids in my high school. I went to college at a small liberal arts school in Minnesota, the [College of St. Thomas](#). I was a chemistry major there. I graduated from high school in 1962, college in 1966. Those were the days when you did college in four years. Okay? (laughs)

*Tacey Ann Rosolowski, PhD*

**00:02:17**

Yeah. (laughs)

*George M. Stancel, PhD*

**00:02:20**

I was a chemistry major with actually almost one course short of being a minor in math at the same time and then went to graduate school at [Michigan State University](#) in East Lansing. I got a PhD in biochemistry there in 1970, moved on to the [University of Illinois](#) in Champaign-Urbana to the Department of Physiology and got a postdoctoral fellowship there for two years with a fellow named [Jack Gorski](#), who was famous for his research on estrogen and related hormones.



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***Tacey Ann Rosolowski, PhD***

**0:02:54.9**

I was curious. You said you were one course short of having a double major, and I was curious why was that a kind of conflict for you? Should I go for that other course, have a double major? I mean was there anything—

***George M. Stancel, PhD***

**0:03:08.0**

No, actually what happened was the fall semester of my senior year in college I got taken ill, and basically I dropped out of school for a semester. And so basically I finished college in seven semesters, if you will; and if I would not have been ill that semester, I would have—just in the normal course of study that I had laid out, I would have gotten a double major.

***Tacey Ann Rosolowski, PhD***

**0:03:32.2**

It sounds like you got sick and you accelerated your studies basically. I think that says a lot about you. (laughter)

***George M. Stancel, PhD***

**0:03:38.9**

It was the plan. Rather than stay an extra semester to get the one or two extra—the one extra course I would have needed, I decided to just complete college with my classmates and go onto graduate school right away.

***Tacey Ann Rosolowski, PhD***

**0:03:53.5**

I see. Okay. Before we talk about the next phase, how did you get involved in the sciences? Was your family very connected up with the sciences when you were growing up?

***George M. Stancel, PhD***

**0:04:03.2**

Actually, no. None of my family is connected to the sciences whatsoever. They're all business people. Basically I got connected as one of those kids who had a couple of very good science teachers in elementary school and in particular when I was a freshman in high school. I had a biology teacher who was a very good role model—a very strong supporter and got me encouraged and interested in science, and she always had us doing little science projects on the side, and she was a very dedicated lady. And one thing led to another, and pretty soon I had a chemistry set in the basement and that sort of thing, and that was it.

***Tacey Ann Rosolowski, PhD***

**0:04:42.1**

What did she do that inspired you? And the reason I'm asking is because it sounds like you've

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ended up being a person who was really shaping educational experiences for other people, so I'm just curious about where that came from.

***George M. Stancel, PhD***

**0:04:54.4**

Well, what was interesting and what I do recall—and I recall it very well—was that we walked into class the first day, and unbeknownst to me it was an AP class, although in those days they didn't tell you it was an AP class. They just took the kids by whatever mechanism they selected to be in the AP sections, and they put them in with a particularly good teacher. And it might have been the first day or the first week—sometime early on—she just announced that you should start thinking about what your science projects would be, and it was not “Do you want to do a science project?” or “Would you like to do a science project?” It was “Begin to think about what your science projects will be this semester.” And she just said it so matter of factly that it just was the norm for everybody to think, “Oh, okay, we'll be doing a science project.” And then she had us doing projects, and she had a list of things we could pick from, and then she would stay after school and help us. And I still remember my project was that it was working with plants—with African violets—and shortly before I started high school, some people had discovered hormones that make plants grow. So the experiment she had suggested and which I wound up doing was to measure the impact of these plant growth hormones on the growth of plants. And so we would take two sets of plants—one control plant—and we would inject it in the stem with water or something like that, and then its neighbor we'd inject with these hormones, and after three months we got these huge violets. I mean, they were going to eat the classroom. (laughs)

***Tacey Ann Rosolowski, PhD***

**0:06:31.2**

(laughing) Horror film material.

***George M. Stancel, PhD***

**0:06:31.5**

That's right, the violet that ate Morton High School. And then the rest of the other plant was just sort of normal—the kind your mother would have on the kitchen sink or something like that—African violet that she'd pour a little water on once in a while. And it was so striking that just sticking just a couple of drops of this stuff—which I had no idea what it was at the time—but a couple of drops of this stuff into the stem of a plant would make this thing grow literally ten to twenty times the size of its normal sibling, if you will.

***Tacey Ann Rosolowski, PhD***

**0:07:04.1**

You ended up in endocrinology studying—(laughs)

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***George M. Stancel, PhD***

**0:07:07.9**

I wound up studying how female hormones make the reproductive tract and mammary tissue grow. Exactly.

***Tacey Ann Rosolowski, PhD***

**00:07:14**

That's amazing.

***George M. Stancel, PhD***

**00:07:15**

And that was somewhat serendipitous, but that's basically how I got started, and then I just happened to have the good fortune to have chemistry teachers and physics teachers that made it fun in high school. And once you sort of get the fever for doing these experiments and sort of trying to figure out how things work, it just grows. It grew on me, at least, and it turned out to be good for me.

***Tacey Ann Rosolowski, PhD***

**0:07:36.4**

What was it that got you so excited about that process? What appealed to you?

***George M. Stancel, PhD***

**0:07:43.2**

Just the idea that you could see a phenomenon that was so visible and then at the next—and then we didn't have time to do it, of course, but then we would talk with the teacher, and she could say, "Now how would you go about figuring out what was in that injection that you gave and making it even better, or how would you go about seeing how it could be used?" It just got me to realize that not only were these things intrinsically interesting but she also got us to think about the applications that come from understanding the science behind these observations and thereby thinking about how you go about unraveling all that science. And it became pretty obvious you could—in that case you could think about a lot of things—feed the world and this kind of thing, and that was before the [Green Revolution](#), for example. And even though I didn't go into agriculture, it's just an example the kinds of things that would get a thirteen-year-old kid excited.

***Tacey Ann Rosolowski, PhD***

**0:08:34.4**

Sure. That just impresses me as being an amazing young age to have that experience. Do you remember her name? It was a long time ago, but I'm just curious.

***George M. Stancel, PhD***

**0:08:46.1**

I will. I will at some time.

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*Tacey Ann Rosolowski, PhD*

**0:08:49.1**

That's fine. We can always edit it.

*George M. Stancel, PhD*

**0:08:50.5**

I haven't thought about it, but I will remember it. She was a short woman, only about 5 feet tall. I remember that. And it turns out—with hindsight now that I know what was going on behind the scenes—the reason I probably wound up in her class was that my mother, it turns out, was the secretary of the principal at the high school, and she had had that job since she graduated from the very same high school in 1930. And then she grew up and got married, but she kept that job as a secretary, so she knew all the teachers. And she basically ran around—and she knew the registrar, too, and she basically ran around behind my back, and she told the registrar what classes to put me into and what teachers to get for me.

*Tacey Ann Rosolowski, PhD*

**0:09:41.8**

So Mom was advocating for the quality of education.

*George M. Stancel, PhD*

**0:09:46.9**

Right, and so at times, for example, I would want to take a course in auto mechanics or something. What teenage boy doesn't? And I'd send that in, I'd check that off, and the next day my schedule would come back. There's no auto mechanics, but there's advanced math or something that I couldn't figure out how this all happened until years later. (laughing) Well, sure, she was running around behind my back and changing everything. It's funny, but that's the way it worked out.

*Tacey Ann Rosolowski, PhD*

**0:10:12.0**

How funny.

*George M. Stancel, PhD*

**0:10:12.8**

It worked out well.

*Tacey Ann Rosolowski, PhD*

**0:10:13.8**

How did it work then? You said it was serendipitous that you actually came to specialize in endocrinology. How did that all happen?

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***George M. Stancel, PhD***

**0:10:20.9**

Well, like many things, there's a story there, too. I was finishing graduate school in Michigan in East Lansing at Michigan State. And three or four months before I was going to complete my dissertation, I began thinking about where I'd go to do a postdoc. I decided I really would like to go to Boston, and there was a gentleman there who I was reading about his work, and I got very excited about. He was actually doing nutrition research, and I wrote him a letter, and I said, "I'm interested in being a postdoc in your lab." He said, "Come visit," so I went to visit, and I was very impressed, and I liked him, and he said he liked me. And so he said, "Okay, great, we can do this. What you need to do is go back to Michigan and write up a proposal for a fellowship, and we can submit that, and then hopefully it will be funded, and you can come to work here. And even if it's not funded, I'll be able to support you for at least a year or two." So I went back to Michigan, and I don't want to say which school in Boston this was or what the person's name was. But I went back to Michigan, and I worked very hard on writing this grant application and sent then the draft that I wrote to this person at this famous big name school in Boston and got no response and got no response and after several phone calls got no response. I was asking him to critique it so I could finalize it and send it off, and it finally occurred to me that I wasn't going to get a whole lot of attention going to this lab, and I took this as sort of a haughty, hoity-toity attitude about, well, if you're from the Midwest and you're going to come to Boston we're doing you a favor kind of thing. But don't bother us or expect to get too much help. That probably is an unfair and unkind assessment, but that was the reality. So finally I just said—I couldn't get this guy to respond to help me. I didn't see I had a future there, and I could see that was trouble, so I just wrote him back and said, "Thank you for considering me, but no thanks." So then I was sort of stuck. Here I was a couple of weeks literally from getting my PhD and no postdoc to go to.

***Tacey Ann Rosolowski, PhD***

**0:12:42.1**

And this would have been in 1970 then.

***George M. Stancel, PhD***

**0:12:43.0**

This would have been in the fall of 1970. Right. And I started just talking to faculty members in my department at Michigan State, the Department of Biochemistry, and one of them just said, "Oh, I have a good friend who works at the University of Illinois, and he works on some very exciting stuff that's just new, breaking, cutting-edge science. He's studying these hormones, and he's figuring out the biochemistry of how they work." And he said, "Do you think that would be something you'd be interested in?" And I said, "Sure," so he made a phone call to his buddy in Illinois and said, "Could this guy, George, come and talk to you?" And he said, "Sure, send him over." So I went to Illinois, and this guy had just such a totally different attitude. He said, "Great, tell me about yourself, what you're doing, what you want to do." We had a good conversation. He said, "Okay, I'd love to have you come." He said, "Here's what we'll do. You come on board next month when you finish up your dissertation in East Lansing, and when you get here we'll

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decide if we want to write a fellowship or what, but I want you to come no matter what. You can count on me to support you for at least a couple of years as a postdoc.” This was such a different approach and different attitude, and this guy had a very laidback style, which is kind of interesting because he was a very famous guy. I didn’t quite realize how famous at the time.

***Tacey Ann Rosolowski, PhD***

**0:14:07.6**

And his name is?

***George M. Stancel, PhD***

**0:14:08.3**

His name was Jack Gorski.

***Tacey Ann Rosolowski, PhD***

**0:14:09.5**

Oh, this is Jack Gorski.

***George M. Stancel, PhD***

**0:14:10.9**

Yeah, and he eventually got elected as a member of the [National Academy](#) after I left his lab, and he was just a great mentor and a great person, and so it was sort of serendipity. If I had gotten feedback on the grant I was writing to go to Boston, I probably would have gone to Boston. I certainly would have and probably would have been in nutrition. Interesting. So life is strange. But I think that does illustrate a good point. It illustrates that if you get good training as a PhD, which is a doctor of philosophy—and the reason that it’s a PhD in philosophy not a doctor of chemistry or a doctor of biology is that you’re supposed to be trained to think critically. And if you’re trained to think critically that skill and how to do experimental work transfers to a lot of different fields, so I always tell the students at our school that’s the most important thing rather than the exact field you go into. That may change, and I use myself as a good example. I started life in chemistry, got a bachelor’s in chemistry, almost in math, got a PhD in biochemistry, did a postdoc in physiology, wound up going to my first and only faculty appointment in pharmacology. And it was fairly seamless to make those transitions. Now I had to read some extra background; but once you did that, it’s fairly easy to do experiments in biochemistry, physiology, or pharmacology; and I think a lot of that just stemmed from the good basic training I got early on.

***Tacey Ann Rosolowski, PhD***

**0:15:53.5**

Now one hears the phrase *critical thinking* a lot. How do you define that, and how do you know when you’re in the presence of it?

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***George M. Stancel, PhD***

**0:16:01.6**

Well, it's a lot like pornography. (laughs) You know what I mean. You know it when you see it, and you see it in different people in a little bit different ways and a little bit different times. But I think one of the telltale signs and one of the essential things is that you'll notice people that will look at an observation, and they will pause and think about what could be the underlying explanation for that observation. And then they will be able to begin to put together intellectually a series of ways they could answer that question, and no two people who are critical thinkers would necessarily do it the same way. But they would both be able to sit down and think about how can I start to explain that observation that somebody made or how can I—or what—how can I identify what is really an important problem in—you fill in the sentence—genetics or cell biology or pharmacology and then begin to think of a logical, reasoned approach to how to solve that question, that problem, and then have the sort of determination to stick with it. Now that's not really critical thinking, but that's important for success.

***Tacey Ann Rosolowski, PhD***

**0:17:33.1**

Uh-hunh (affirmative). I'm thinking, too, as you're describing critical thinking it's important for a number of reasons right now. I mean, one is simply in the lab you can marshal a lot of information that may be fairly disparate and bring it into the problem-solving process. But on the other hand, there's also the fact that technology is changing so quickly, and even some fundamental ideas about how biological systems work goes through these revolutions, and you have to be—it seems like today the researcher has to be poised to adapt very quickly to a new intellectual environment.

***George M. Stancel, PhD***

**0:18:06.7**

I think that's true and into all these new paradigms. I think it's very important to be able to pause and ask yourself, well, just how do we know that? I don't know if you have kids or not, but we used to play this game. We have three kids, and we used to play this game with our kids when they were not real, real little but before they got to high school. And we would go on family trips and things, and we would just—my wife and I—we'd say things, and then I'd ask them. I'd say, "Now, do you think that's a fact, or do you think that's an opinion?" Just to get them to start to think about, well, just because the book says something or because somebody says something is it really a fact that can be backed up by knowledge? Or is it merely somebody's opinion about things? And I think that's one way to start kids thinking early on about critical thinking. What's supportable by tangible, hard evidence and observation—something other than I think the moon is made of green cheese kind of thing.

***Tacey Ann Rosolowski, PhD***

**0:19:13.8**

Or I'd like to believe it's made of green cheese.

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***George M. Stancel, PhD***

**0:19:14.9**

Exactly, and I think once you get kids to start to think that way it sticks pretty quick, but you have to do it sort of intentionally.

***Tacey Ann Rosolowski, PhD***

**0:19:25.9**

Yeah, you do, and I think the other thing it does is make kids—and later on young professionals and even older professionals—begin to think self-consciously about how they think, and that's not something that we're normally taught in the educational system.

***George M. Stancel, PhD***

**0:19:39.8**

That's right. That's exactly right. And you think and you get to a point. Hopefully you realize how you approach thinking about things, and you get a little bit older, and you start to see how other people can look at the same set of information and think about it very differently. And you have to come to realize that's okay. It may be even good for the two of you to sit down, talk about things, and finally figure out how the other guy is thinking about it.



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## **Chapter 2**

**0:20:07.0 to 0:40:05.8**

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

#### ***Building a Department of Pharmacology in the New UT Medical School***

#### **Story Codes**

A: The Researcher

A: Professional Path

C: The Professional at Work

C: Collaborations

C: Leadership

D: On the Nature of Institutions

A: Personal Background

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

**0:20:07.0**

Well, I know we'll come back to this subject when we talk about you building programs, but I wanted to go back to that moment when you were selecting your specialization and then turning to cancer-related research and then eventually how you ended up being tapped at the end of your postdoc to come down to Houston. So how did that happen? How did you end up working in cancer?

#### ***George M. Stancel, PhD***

**0:20:29.7**

Well, because of the nature of the work I was doing as a postdoc in a Physiology Department—studying how these female hormones, the estrogens, worked. That was also just about the time that it was becoming clear that these hormones could in fact cause cancers. As a matter of fact, the observation that estrogenic chemicals could in fact cause human cancers was one of the first cases where something was really shown to cause cancer in humans. And this was the [diethylstilbestrol](#) or DES story that many people have heard about by now where women were treated back in the '40s and '50s with this drug diethylstilbestrol, which is a potent analog of the naturally occurring estrogens. It has the same biological activity, and women who got treated with the drug—they were treated when they were pregnant, and it was their offspring who then got a very, very rare type of vaginal cancer. And some physicians—I think the group was actually in Chicago—first noticed this and they said, “Gee, this is a very strange cancer. We hardly ever see this.” They somehow made the connection that they saw a couple of patients, and when they backtracked it just turned out they saw their mothers had gotten this diethylstilbestrol when they were being carried in their pregnancy, and the drug was given to—in fact, it was thought at the time that it would prevent miscarriages, which turned out not to be true at all. It

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was a case of not very good critical thinking that people did this. But at any rate, that was what happened, and it was one of the first clear examples, even though the incidence of the disease is really pretty small in terms of absolute numbers of women who got the cancers. Nevertheless, it could clearly be shown that this was likely to be a causal event. And then, of course, the whole story with estrogens and oral contraceptives and hormone replacement, and then that was linked to an increase in breast cancer and a bunch of other things. And that's still sort of overall a pretty complex story, but then it's just a question of—I was working on these things before it was so, so clear exactly how they were linked in to female cancers; and as it became clearer that they were, then it was natural that the stuff I was doing with normal tissues—we also started to think about how these hormones would act in tumors in animals and in people.

*Tacey Ann Rosolowski, PhD*

**0:23:04.8**

Interesting, so that began to jumpstart this whole—

*George M. Stancel, PhD*

**0:23:06.6** Yeah.

*Tacey Ann Rosolowski, PhD*

**0:23:07.5**

Okay. We'll get to that in a sec, but you were tapped to come to the medical school here in 1972, and how did that happen? How were you recruited? All those good things.

*George M. Stancel, PhD*

**0:23:27.2** Well, times have changed. (laughter) And when the students read this story they will probably cry. But to be honest—and this is a true story—to be honest I was sitting in the lab in Champaign-Urbana listening to the corn grow outside the window, and I got a phone call from a gentleman named Robison. His first name was Al, Al Robison, and he was at Vanderbilt, and he called me up, and he's a very well-known scientist for some of the work he did in another area. But he called me up, and he said, "My name is Al Robison." He says, "You don't know me, but I'm going down to Houston next year to help start a new medical school. I'm going to be the chairman of a brand-new department of pharmacology in a brand-new medical school at the University of Texas in Houston." And he said, "I'd like to offer you a job."

*Tacey Ann Rosolowski, PhD*

**0:24:33.9**

I hear the tissues being removed from the boxes.

*George M. Stancel, PhD*

**0:24:36.5**

(laughing) Exactly. And I said, "Well, that's very nice of you, but do you think we should meet and talk about it a little bit?" And he said, "Well, sure, we can do that." And I said, "Okay," and

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I said, “Why did you call me up? We never met.” He said, “I was in a meeting last week with Jack Gorski—an endocrinology meeting—and Jack is a very good friend of mine, and he is a well-regarded scientist. I told him I was moving to Houston, and I wondered if he had any suggestions about some young people that would be adventuresome enough to maybe move down to Houston and help me start a new program. And Jack Gorski gave me your name, and so I’m calling you. He spoke well of you, and he said not only would you be a good scientist, but he thought your personality was such that you would enjoy going to a brand-new place, even though it would have some challenges. Whereas some of his other people that were very good also—he didn’t think they had the right phenotype for that. Their personalities wouldn’t necessarily mix there.” So one thing led to another, and I got invited to come down here to Houston. Now since this was a year before the school was to start and since the school had just been approved by the state legislature, there was no building. There were no classrooms. There were no laboratories. There was no nothing, so there was no place to give a seminar. There was nobody to listen to a seminar. There was nobody to interview with except Dr. Al Robison and one or two other people. So basically he had invited me, and he had also invited two or three other people that he was trying to hire to come down for the weekend. So truth be known, we sat around drinking beer in the hotel all weekend talking about the science we wanted to do and about what it would take to start a new department and the challenges and the difficulties but the potential rewards. And so it was a group of four people that he invited down—four postdocs looking for jobs—and of those four, three wound up coming here eventually and wound up being some of the core faculty in that department and in that new medical school.

***Tacey Ann Rosolowski, PhD***

**0:26:57.7**

Who were the other two besides you who came?

***George M. Stancel, PhD***

**0:26:58.7**

The other two—there was a fellow named [Dr. Sam Strada](#). He is now the dean of the medical school at the University of South Alabama in Mobile. He was also chair of the Pharmacology Department there previously. And the other fellow was a guy named Joe Thompson, and he also was on the faculty here for a number of years. Then he moved on with Sam Strada to move to Alabama, and it turned out he was a professor and actually a vice dean there, and then he went into industry and helped start a startup company. So it was sort of interesting that of all the people who this Robison hired to a brand-new department without anything going for it at all, something like six or seven went on to be chairmen of pharmacology departments at other medical schools in the country, and that’s a pretty remarkable record. I mean, this guy I always admired. He had a—present company excluded—he was a good judge of character. (laughs)

***Tacey Ann Rosolowski, PhD***

**0:28:08.5**

How did that happen? What is your assessment of how that experience became kind of a

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fermenting ground for these people to go off and then flower in other areas? Mixing metaphors there. (laughs)

***George M. Stancel, PhD***

**0:28:22.3**

Yeah, exactly. And now this is speculative, because you could never prove this kind of thing. But those of us who were in that mix actually have talked about this. We've kept in touch, and our wives know each other, and we're each other's kid's godfathers and grandfathers and—not grandfathers, godfathers—that sort of thing. And the one thing that we would I think all agree upon—it may or may not have been the most important, but one of the things that we all agree was important to all of our success was that because we came to a brand-new place, we walked in the first day. There was no building, there was no lab, there was no library, there was no student grading policy, there was nothing. And so we had to work together to build all of those things not only within our own department but within a fairly small group of people in a brand-new school. And the experience of having to have at least once in your life thought about—well, how do you build a curriculum? How do you build a program that evaluates students? What do you want in your library? How should you arrange people in a new building you're going to build? How should you ensure a good transition from the first year to the second year? How can we build a research program while we're so busy teaching? And that exposed you to virtually all areas of the academic enterprise, number one. And number two, the thing I think it did— unquestionably it did—you had to learn to trust other people. It just was not possible that you could have done these things yourself.

**00:30:03**

So I remember. We would sit around in a conference room like this, and literally we'd say, "Students are coming next week. We've got to teach a course." (laughs) Literally we got there the week before the students, and we'd sit around the table, and we'd say, "Oh, okay. I'll do that lecture." And somebody would say, "I'll do that one," and nobody sat around and said, "Gee, I don't have any time to give a lecture." You knew there was nobody else. And I think it turned out it was a good group of people. But I think if anybody would not have pitched in and done their fair share right at the outset, they pretty well would have been ostracized and not gone very far in life. So I think it was an interesting combination of those things—of really having to do it all yourself, if you will, to start with. That exposure really gave you a vision of the whole academic enterprise. That's pretty difficult to do unless you've not grown up that way, unless you're there twenty-five years. But by then you're such an old fogey it doesn't make any— (laughs) you're brain dead anyway.

**0:31:14.8**

And then the second idea of—you realize pretty quickly you don't have a choice. You have to trust people, and the flip side of that is that you have to produce because they trusted you. And so you just had to really work hard at it, and you had to sometimes sacrifice your own research a little bit or whatever for these other common goals. And I think that combination of things is

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very, very unusual for people to get early in their careers. And again, as I think about that early group, we had people from there who went on to be chairman at the University of South Alabama. We had somebody who went on to be the chairman of pharmacology at North Carolina. Somebody went on to be the chairman of pharmacology at Kansas. I went on to be the chairman of pharmacology here at the UT Medical School. There are one or two others I'll think about in a minute, but it turned out at one time or another there were like five or six people that came from that initial group of only seven or eight that had gone on to be chairs of pharmacology around the country.

*Tacey Ann Rosolowski, PhD*

**0:32:22.3**

When Jack Gorski—or rather when Al Robison called you and said that he thought you were the right phenotype—had kind of the pioneering spirit if you were to take on an adventure of this kind—what do you think he was seeing in you? And did you see it? Did you know what he was talking about?

*George M. Stancel, PhD*

**0:32:41.6**

I wasn't sure quite exactly what he was talking about. To tell you the truth, I was a twenty-six-year-old kid. I started here on the faculty when I was twenty-seven, and I was more interested in running around the lab late at night doing experiments and then going out and drinking a couple of beers and talking about what was fun about it and coming back the next day and picking up and doing a new experiment. I guess I never really thought about it. I had done a lot of things. And I enjoyed—when I was a postdoc and a graduate student I had actually done some teaching. That was kind of the norm back in those days. If you went to a big state school you were a graduate teaching assistant. And I enjoyed that, and I guess I was kind of good at it, although I never really thought about it. I just did it, enjoyed it, and so forth. And the same thing—I was active in student government and that sort of thing, and I never much thought about it. I just took on these roles, or people asked me to help them do it or something, and I just was able to I guess multitask. I just never thought about it too much until after the fact.

*Tacey Ann Rosolowski, PhD*

**0:33:49.0**

Right. Were you single when you came here?

*George M. Stancel, PhD*

**0:33:52.0**

I had just been married.

*Tacey Ann Rosolowski, PhD*

**0:33:54.3**

And your wife's name is?

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***George M. Stancel, PhD***

**0:33:55.5**

My wife's name is Mary. And my wife's name is still Mary, and it's still the same Mary.  
(laughing)

***Tacey Ann Rosolowski, PhD***

**0:34:02.8**

Well, congratulations. That's a lot of continuity.

***George M. Stancel, PhD***

**0:34:07.6**

Right. But I think—there's another story. Okay. Another reason that I think I was—I don't think. I know I was successful, and I think these other young faculty were successful, too, when they helped start the medical school—was that to them it just wasn't a job. I mean, it was their life. And the connection to Mary is now coming. You've got to remember—Houston—1970, 1971, 1972. Most of the people that came here to start the medical school—and came to start many of the programs here and to build MD Anderson and many other places—some came from Texas. But the great majority did not come from Texas. Okay? The great majority came from Nashville; Chicago; Boston; Baltimore; San Francisco; Seattle; Minneapolis; Chicago; Champaign-Urbana; East Lansing, Michigan; Ann Arbor, Michigan; Columbus, Ohio—places like that. And most of them were very young because it was a little bit more difficult to get somebody who is famous and well established to come buy a pig in a poke and start a new school. You have all these young people who come in all together, and they bring their spouses with them; and of course, nobody knows anybody in town. My wife is from the Midwest also. Her family was in the suburbs of Detroit, so she moves to Houston. She's just been married three months. She doesn't know a soul. Except the first weekend she is in town, the chairman of this new department invites her and her husband to a picnic at his house and also invites all these other dozen new faculty to picnic at his house. So you have a dozen new faculty sitting off in one corner drinking beer talking about their experiments, and you have a dozen wives sitting around that don't know anybody else. So what do they do? They start to talk to each other. Pretty soon they're all best friends with each other. So here you have basically all these young people, and the guys are all now not just working with these people but Thompson, Strada—the other guys I went to see football games with and I went fishing with or played golf with. And my wife knew their wife, and when they had their kids my wife would babysit for them, and they would babysit for us, and we all sort of congregated in three or four neighborhoods because those were the places assistant professors could buy houses. And so we lived in proximity, so there was a sense of community. And because the friends of my wife were the spouses of my friends, we did all these things together. We'd go to the beach together, we had department picnics together, and we had gourmet dinners together—this kind of thing—that the gals planned.

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**00:37:18**

My wife was instrumental with these other wives in starting the Wives' Club, which is still alive and well and kicking. It's where I get all my real information about the medical school, by the way—the inside information, what's going to happen next week. (laughs) I find out—I'm not kidding. I find out from my wife when she comes back from the book club that the Wives' Club has once a month or something like that. "Did you know that?" "No, I didn't know that," and I think the dean of the then new medical school and the few chairmen that were around—the senior guys—they understood all this, and they actually were very supportive of these kinds of wives' clubs and faculty dinners and gourmet dinners. And the university and the institution became not a place you worked. It became you, and it was part of who you were. Your kids knew the kids of everybody else, and I think it'd be tough to do that these days for a lot of reasons just because you never have all this influx of people the same age who don't know anybody else coming all together all at once. But that was a pretty remarkable time, and I do seriously think the families played a big, big part of that.

*Tacey Ann Rosolowski, PhD*

**0:38:34.7**

In the sense of solidifying the connection.

*George M. Stancel, PhD*

**0:38:36.9**

Solidifying the connection.

*Tacey Ann Rosolowski, PhD*

**0:38:37.7**

Kind of providing the glue, if you will.

*George M. Stancel, PhD*

**0:38:39.4**

You had things to talk about. You knew everybody else's kids and vice versa. They babysat for you and so on and so forth. It was a really unique experience.

*Tacey Ann Rosolowski, PhD*

**0:38:50.1**

Yeah. So the whole discussions about work kind of wove in and out of that, and I'm sure it magnified the amount of time you actually applied brain power to the problems that were part of your professional area.

*George M. Stancel, PhD*

**0:39:01.9**

Absolutely right. I mean, I carpooled my first three years here. We couldn't afford a second car, nor could two of the other guys who lived in the neighborhood. So I carpooled for three years



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with two other guys in our department who lived in the same neighborhood. And what do a bunch of scientists talk about when they're carpooling back and forth? Yeah, sure, you talk about the Astros and the football team in town, the Oilers, once in a while/ But sooner or later you also wind up talking about "Hey, did you read that paper in the *Journal of Pharmacology and Experimental Therapeutics*?" Or "What are we going to do with this graduate student who can't seem to figure it out?" Or "Gee, three medical students flunked the test. What are we going to do about that?" It really was kind of interesting. It really became your life but not in a bad way, not in a focused way. You were connected to people, and then at work sometimes you'd say, "How's your kid doing, and how was their Little League game last weekend?" or that kind of thing. It really was an interesting lifestyle.

***Tacey Ann Rosolowski, PhD***

**0:40:03.4**

It sounds like a very, very special kind of time.

***George M. Stancel, PhD***

**0:40:05.8**

It really was.



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## **Chapter 3**

**0:40:06.9 to 0:54:51.3**

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

#### *A Brief History of the Texas Medical Center and MD Anderson*

### **Story Codes**

A: The Researcher

B: MD Anderson History

C: This is MD Anderson

B: Building/Transforming the Institution

#### *Tacey Ann Rosolowski, PhD*

**0:40:06.9**

There are a number of questions that I want to ask you about kind of continuing to talk about the fact that there was a medical school being created, all of this, and a graduate school. But I wanted to kind of pause for a sec and just fill in a couple of little pieces here about MD Anderson because you came as part of the medical school. Now when did you start making a connection to MD Anderson?

#### *George M. Stancel, PhD*

**0:40:34.9**

Right away. Right away, and one of the reasons for that was, as I've said a couple of times now, there was no medical school faculty when I was interviewing. So when I was actually interviewing for the job, one of the few places I could and did interview was with the dean of the graduate school because there was a graduate school here. It had been started in 1963, and the fellow who was the dean of the graduate school when I interviewed was a gentleman named [Al Knudson](#), who you probably have heard about previously, who did some extremely important work for which he got very famous here when he was here in Houston. And he was the dean of the graduate school, but he also had an appointment in cancer genetics at MD Anderson. So MD Anderson rightfully claims part of him as their own, and the University of Texas Health Science Center rightfully claims part of him as their own. And he is now in Philadelphia. He was the head of the [Fox Chase Cancer Center](#) when he left here. I don't know how technically oriented you want this to be, but he did really the pioneering work that led people to understand there must be something called a tumor suppressor gene. We think about genes that cause cancer. This is a gene that stops cancer; and if it weren't for these tumor suppressor genes, we'd all have been dead of cancer ages ago. So there's a set of genes, if you will, in humans—and all other animals probably—that actually are Mother Nature's way of preventing cancers. And mutations in those genes—when those go bad, that's when you catch certain kinds of cancers. To make a long story short, he was the person who did the genetic analysis of a certain kind of cancer called [retinoblastoma](#), and that led to the realization that there had to be something that was preventing

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genes in humans. I mean, this was a big-time, landmark discovery and a lot of people think—I mean, it is the kind of discovery that has the potential to win a Nobel Prize, and it could happen someday. It's of that magnitude. Now whether it does or not—the odds are always slim, but it's of that magnitude.

*Tacey Ann Rosolowski, PhD*

**0:43:07.4**

Now when was he starting to publish on that particular subject?

*George M. Stancel, PhD*

**0:43:10.8**

He was doing that work when he was here in Houston, so it would have been roughly 1970-ish, plus or minus.

*Tacey Ann Rosolowski, PhD*

**0:43:17.9**

And just an aside on your comment about getting technical. You can get as technical as you feel is appropriate because there's going to be a wide audience for these interviews.

*George M. Stancel, PhD*

**0:43:28.2**

Okay. So at any rate, I remember clearly when I came here there was nobody in the medical school to interview with. But Al Robison arranged for us to talk to Dr. Knudson, who was the dean of the graduate school at the time; and he had an associate dean whose name was [Tom Matney](#), who was an associate dean of the graduate school at the time; and their offices were over on Fannin Street in what is now the garage of the Hermann Professional Building. I don't know if you know that story or not. But that building is still standing, and it's still a garage, and it's attached to the professional building from the Hermann Hospital. And I don't know why they rented space there, but that was the space they rented for the graduate school dean's office. In those days people weren't so concerned about air pollution and what-not, and you'd open the door, and you'd get this whiff of smoke from somebody driving up through the parking lot. (laughs) We didn't have very good—what's the apparatus to take the pollution—we didn't have very good catalytic converters in those days, and you'd get this blast of noxious fumes and close the door quickly to keep the fumes from coming in.

*Tacey Ann Rosolowski, PhD*

**0:44:46.2**

Hold your breath. (laughs)

*George M. Stancel, PhD*

**0:44:46.5**

Exactly. But I remember meeting Dr. Knudson, and he was a big part of the reason I decided to

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come here. Because even though there was in fact no medical school, faculty, or labs, I could see that they had these great scientists like that running the graduate school. And he, of course, said, “Well, when you come to join the medical school, we’ll of course like to get you in the graduate school right away.” So that was a very big plus that he was here. And actually, some of the other people we did meet were from MD Anderson—some of the other scientists.

***Tacey Ann Rosolowski, PhD***

**0:45:19.0**

I was wondering if you could talk about what the relationship was and is between the UT Medical Center, the UT Health Sciences Center, the Graduate School of Biomedical Sciences, and MD Anderson Cancer Center. When I told [Stephanie Fulton](#)—who is director of the Research Medical Library—I was going to ask this question, which I felt I was asking for myself, she made me feel a lot better by saying, “I want to hear his answer.” (laughs)

***George M. Stancel, PhD***

**0:45:44.4**

Well, first of all, let’s back up a little bit. There is no University of Texas Medical Center. There is a Texas Medical Center. And let me ask you first, because this was the first thing. Do you know the history of the Texas Medical Center?

***Tacey Ann Rosolowski, PhD***

**0:45:57.0**

Not really, no.

***George M. Stancel, PhD***

**0:45:58.4**

Okay, do you know anything at all about it?

***Tacey Ann Rosolowski, PhD***

**0:46:00.1**

No.

***George M. Stancel, PhD***

**0:46:02.2**

It was a dark and stormy night. (laughter)

***Tacey Ann Rosolowski, PhD***

**0:46:05.1**

Okay, gotcha. (laughing) I’m visualizing it.

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***George M. Stancel, PhD***

**0:46:10.3**

To make a long story short, there was a gentleman whose last name was Anderson, and his first name was Monroe, and his middle initial was D, and he made a lot of money back at the turn of the last century. He was in the business of—I don't know the details, but somehow he controlled all the warehouses along the ship channel from where cotton was shipped out of. And cotton was and still is a major, major cash crop for Texas and was even more so back then. And Texas, by the way, produces far more cotton than any state in the union. Always has. Probably always will.

***Tacey Ann Rosolowski, PhD***

**00:46:52**

I didn't know that.

***George M. Stancel, PhD***

**00:46:53**

And there was this great market for cotton in Europe and other places in the northeast in the mills and so forth. So if you control the shipping of cotton out of Houston—this was where all the cotton came from—you could make a lot of money, and he did. He made a lot of money, and he was apparently a quite wonderful human being. Never married, had no heirs. So when he died, he left his estate to—he left his money to an estate, and basically he said the estate should use this money to do good things for people in the broad areas of education and research and medical care. I'm sure you'll dig into this a little bit more. To make a long story short, the first head of this foundation was a man named [Bertner](#), and you may know that word because there's a Bertner Avenue at the medical center. And Dr. Bertner and his buddies got together, and they said, "Okay, we've got this foundation. What are we going to do?" They said, "Well, to really fulfill the wishes of [Mr. \[Monroe D.\] Anderson](#) to make life better for people and improve education and healthcare and so forth, we could build a medical center in Houston." So they took this money, and they bought with part of it what is now the medical center—the land of the medical center. It was about three miles or so south of downtown, and at the time the stories were this was basically a mixture of grasses and pine forest and what not. But there were actually wolves roaming the area, and they tell the old stories. The only hospital that was here at the time was I think Memorial Hospital. It was Hermann Hospital at the time, not Memorial. It was Hermann, and they tell the stories about—the reason I knew about the wolves is the old timers would tell the stories about at night when they would take out the material from pathology and put it behind the hospital, the wolves would come up and bark and go through the garbage, basically. (laughter)

**0:49:04.5**

I don't know if that's true or not, but there are some fun books written about the medical center that tell that kind of a story. So anyway, they bought this land, and then they lured people down here. And the way they lured them down here was they said if you want to build a hospital, a clinic, a research outfit, a university related to the health sciences, a school, build it in the Texas

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Medical Center. We will give you (a) free land, and (b) we will give you some money to start your program. Again, I'm not the world's greatest expert on this, but I think it's pretty well established that MD Anderson was originally to be built in Austin as the state cancer center. Move to Houston. Free land and money to start it. Pretty good deal. Baylor College of Medicine, once upon a time, was up in Dallas, and there were some political machinations up there, and then the school split into two factions. And one faction, rather than building a new campus in Dallas, was lured down here. Free land. Give you some money. That grew into the Baylor College of Medicine. Methodist Hospital used to be in downtown Houston. When it needed to be rebuilt to meet code—oh, don't build it in downtown. Move it to the medical center. Free land. I'm embellishing a bit, but that's the essence of the story.

*Tacey Ann Rosolowski, PhD*

**0:50:34.6**

Yeah, I've heard the stories of R. Lee Clark's vision, and one of the reasons I was so excited about coming to talk with you is it just seems like this unbelievable period of time.

*George M. Stancel, PhD*

**0:50:48.6**

And this would have been actually back in the '30s, and this is the Texas Medical Center, and it is an independent organization. It controls what you can build where. There's codes, and you have to have approval of their governing board. They maintain the streets and the parking and some of that kind of stuff, the landscaping. Okay, that's the medical center. Then there is MD Anderson Cancer Center. That is a branch of the University of Texas. It started back in 1940-something as the state cancer hospital, and it grew and blossomed into what is now one of the larger branches of the University of Texas system. It has its own president, but it reports to the vice chancellor for health affairs of the University of Texas system. So that's Dr. [Ronald A.] DePinho's boss.

**00:51:47**

Now the University of Texas Health Science Center at Houston, which is not the Texas Medical Center—this is a collection of six schools and associated research institutes and what not: the medical school, the dental school, the school of public health, nursing school, graduate school, and a school we call health information sciences. And all of these schools were built and placed here—the graduate school and the dental school in the '50s and '60s, the other schools around 1970. And once the schools were built, the regents at the University of Texas figured out, well, we've got all these schools together. Let's make them into a university in Houston—a health sciences university—and we'll call it the University of Texas Health Science Center at Houston. And it will have a president, and that president will report to the vice chancellor for health affairs, who is the same as Dr. DePinho's boss and the same as the boss of the Health Science Center in Galveston and the one in San Antonio and the one in Dallas and the one in Tyler. So there are six health components in the University of Texas system. They all report to the same person in Austin. Right now the guy's name is [Dr. \[Kenneth I.\] Shine](#), but they all have their own

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presidents. They all have their own budgets. They all have their own buildings. They all have their own governance and so forth. The same—Baylor—again, they have land here, but they have to live within the codicils of the medical center. All these hospitals—the same way. You can't be a for-profit entity in the medical center. Those are sort of the relationships between all the different players, if you will. Make more sense now?

*Tacey Ann Rosolowski, PhD*

**0:53:34.8**

Okay. It does. It does.

*George M. Stancel, PhD*

**0:53:37.2**

And I think it's a great story because it shows that—to me it's a great story because it shows (a) that one person can change the world. I mean, a guy like Anderson clearly changed the world. He really did, and that's no exaggeration. Every year we see something like five-plus million patient visits here a year. We train I don't know how many tens of thousands of students here a year—residents, interns, fellows. We do like a trillion dollars' worth of research or something every year. I mean, it's just astronomical. If you took away the Texas Medical Center and all of its components—MD Anderson, Baylor, all the hospitals, the UT Health Science Center—the world would suffer greatly. It really would. Not just Texas and Houston but the world. And by the way—again, I'm not a historian, but I believe that the name Texas Medical Center was picked on purpose as opposed to the Houston Medical Center because the founding fathers wanted to send a message that they wanted this medical center to serve a much greater population than just the people in the city of Houston.

*Tacey Ann Rosolowski, PhD*

**0:54:47.0**

Which it seems like it always has.

*George M. Stancel, PhD*

**0:54:47.9**

It always has and increasingly so.

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## **Chapter 4**

**0:54:51.3 to 1:26:43.3+**

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

#### ***The Graduate School of Biomedical Science: Creating A Unique Approach to Biomedical Education***

### **Story Codes**

B: Multi-disciplinary Approaches

B: Building/Transforming the Institution

B: Education

C: Evolution of Career

C: Professional Practice

C: The Professional at Work

C: Collaborations

C: Leadership

C: Mentoring

A: The Educator

B: Beyond the Institution

B: MD Anderson and Government

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

**0:54:51.3**

Now I was kind of putting together a little timeline, I think based on some things that have come out of your office. And 1962 is the date that they have down as when R. Lee Clark announces that he wants to establish a graduate school or wants to go through the formal process of making that. And then the graduate school was activated in 1963, and there was the first dean, [Paul Weiss](#), in 1965. So why was R. Lee Clark so intent on creating a graduate school here?

### ***George M. Stancel, PhD***

**0:55:28.5**

You know, I can't speak to that from firsthand interaction with him, but the stories I've always heard—true of everybody—is that he really thought he was basically a man ahead of his time. And this was kind of a new—really a radical idea that you would train a PhD microbiologist or a PhD biochemist or a PhD geneticist side-by-side with somebody doing clinical research, somebody doing patient care. And his thought—which I always got second- and third-hand because I never talked to him directly about it—was that this was the way you could train people not only to be very good scientists but to use the very best science to sort of be involved in translating and improving human health. And in a sense, that's the big thing we're doing right

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now, [translational research](#). That's the buzzword across the world, and he was sort of a forerunner of thinking about that. He was clearly way, way ahead of his time, and I don't know of anybody else at that time that had the concept of a graduate school that would be part of a cancer center or a hospital. And yet he didn't want to make it sort of dumbed-down science. He wanted it to be the best science possible. He just wanted it to be done in an environment where the students and faculty would see the problems that their clinical colleagues have to deal with, have access to patient material so they could do experiments not only on mouse tissue but on human tissue—both normal and diseased tissue—and he thought that was important for progress.

*Tacey Ann Rosolowski, PhD*

**0:57:16.7**

Uh-hunh (affirmative). Now from your experience, when you came here in 1972 and this whole kind of pressure cooker situation is boiling, what was the significance in training people in research? Not only for the faculty but also to serve the growing prestige of the medical school, of MD Anderson. What was at stake in taking on this role? And I'm thinking in terms of the graduate school.

*George M. Stancel, PhD*

**0:57:47.4**

You mean taking my role in the graduate school?

*Tacey Ann Rosolowski, PhD*

**0:57:49.0**

Well, I mean, when you came the graduate school was—

*George M. Stancel, PhD*

**0:57:53.2**

Was nine years into existence, right.

*Tacey Ann Rosolowski, PhD*

**0:57:56.4**

But is that fairly young?

*George M. Stancel, PhD*

**0:57:57.7**

Very young.

*Tacey Ann Rosolowski, PhD*

**0:57:59.2**

Okay. And then we also have the medical school starting up, so it's really interesting to see these educational institutions in their infancy. What's at stake for the faculty and for the institution in building these educational organs?



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***George M. Stancel, PhD***

**0:58:15.6**

Well, for the faculty, it's their individual careers. You have a short amount of time, in a relative sense, to either make or break your career in academia. We have this tenure clock, and typically if you don't do something significant within five to seven years your employment is not likely to be continued, whether it's tenure or otherwise. You really do have your own—you're trying to build your career, and you have to prove to people that you can pull your own weight, and you can bring something to the mix not just be run of the mill or sort of be a utility infielder or something like that. But what does Stancel bring? What does Doe bring? What do they bring? Okay? That's how you're evaluated, so it was important for your own career. We also knew that it was important and it was an exciting, fun time to build the reputation of the institution, and clearly everybody was smart enough to know that the two are linked. If you went to a meeting in Boston or New York and you said, "Hi, I'm George Stancel, and I'm from the UT Medical School or from MD Anderson in Houston." If they looked at you and said, "Where's that?" or "What's that?" that was not very good for your career. But if they said, "Oh, yeah, sure. I read your papers all the time from the guys down there." So really it was pretty clear that these were kind of linked, and there was this sort of synergy here, and I like to tell the joke—which is not unique to me. I'm sure I picked it up from somebody else, although I don't remember who. I say that when we first came to Houston and we would call up a prospective faculty member on the phone, we'd say, "We'd like you to think about coming to Houston." They'd say, "Where?" And now when we call somebody up and say, "We'd like you to come and take a job in Houston," they say, "When?" (laughs) And that's sort of an interesting way to illustrate how the reputation of the place has grown, and it has, although it's still an odd thing. There are still places on the East and West Coast that just don't quite appreciate what we've got down here.

***Tacey Ann Rosolowski, PhD***

**1:00:39.2**

I moved here relatively recently, and when I tell people I've done that they're like, "Why? Why would you do that?"

***George M. Stancel, PhD***

**1:00:46.1**

Yeah, right. If you go take a survey of people in Boston and Miami and Seattle and Los Angeles and Chicago and you say, "What's the medical center in the world that sees the most patients every year?" People wouldn't say Houston. They don't know. When you ask them, "What medical center is bigger than the downtown of Fort Worth, El Paso, and San Antonio put together?" they would never say the Texas Medical Center, but that's true. They would never predict what the total research budget is down here. They would never predict the number of first-rate publications that come out of the Texas Medical Center. But then they come here, and they're really awestruck.

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***Tacey Ann Rosolowski, PhD***

**1:01:38.5**

Tell me a bit about—well, maybe I should ask you what makes sense to talk about now? Would you like to talk about your own research in pharmacology at the medical school and then come back to your role with the graduate school? Or do you want to continue with the theme of the graduate school and tell that story?

***George M. Stancel, PhD***

**1:02:04.5**

My thought would be probably more to tell the story about the graduate school.

***Tacey Ann Rosolowski, PhD***

**1:02:07.1**

Okay. I guess I'll ask you two questions. You have a period when your role began to accelerate, obviously before you were appointed dean. But prior to that, what did you see as being the real challenges? And I'm thinking here—I mean most people would have no idea, as you said, with your colleagues who came down here. They were getting themselves into a situation they had never anticipated. So for somebody who really has no experience of what it means to build an institution, what were you facing? What were the real challenges, and how did you go about solving those issues?

***George M. Stancel, PhD***

**1:02:42.4**

The first real challenge is in your profession—in your discipline, whatever it was. We knew whether you were at the medical school or MD Anderson, we just had to work hard and be good. That means publishing in good journals. It means going to meetings; and it means getting involved with professional groups, getting on editorial boards, being in professional societies—all those kinds of things. And I think a lot of us realized we just had to do this. If we didn't nobody else was going to do it, and we'd still be down here seen as a bunch of country bumpkins in Houston, even though that was far from the truth. It was something we just sort of took on, and at the same time we realized that we also did have to work to define our identity of our institutions. We didn't want our graduate school necessarily to be just like everybody else's graduate school. That wouldn't help us attract bright students from other places down here. It wouldn't fill a need that others weren't already filling. So we did think about all those kinds of things—both the education and the research—and then there was the whole institution building. What does it take? You can have good scientists running around the place, but how do you connect them? How do you bring them together? How do you develop curricula? How do you develop academic programs, processes, and all this kind of thing? These were all the big, hot issues back in the 1970s and things we all were talking about daily.

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***Tacey Ann Rosolowski, PhD***

**1:04:06.6**

Can I ask you for a little bit more detail about that question of how you wanted the graduate school here to be different, deliver a different experience? What were you looking around and seeing and what did you end up doing here?

***George M. Stancel, PhD***

**1:04:21.6**

Well, at that time back in 1970, the graduate school really did start out quite different. It was quite different because (a) it was within a medical environment, and (b) it was also quite different because of its philosophy of education—that you were trained as a biomedical scientist. You were not trained as a biochemist or a geneticist, and the concept was that everybody knew you couldn't know everything. But the idea was that you would get enough foundation and background in a variety of areas of science that you could go out and have a conversation with somebody who was in a field very different than your own because that was going to be important. We saw that was going to be important for science and research. I think there were some senior faculty when I got here who were very perceptive, and they realized that there was going to be a change in the world, and just by being in a particular discipline—that was still going to be important but that there was also a need for people who could go out, be good in their own discipline, but have a genuine communication with people in other disciplines.

***Tacey Ann Rosolowski, PhD***

**1:05:37.3**

Who were some of the senior faculty who were anticipating that change?

***George M. Stancel, PhD***

**1:05:41.3**

One that comes to my mind was [T.C.\[Tao-Chiuh\] Hsu](#). Al Knudson himself was one. There was an associate dean of the graduate school. His name was [Roger Hewitt](#). He was one. There was a—(whispering) what was his name? I'll think of it. The head of the biology department at MD Anderson. What was his name?

***Tacey Ann Rosolowski, PhD***

**1:06:22.5**

I can look that up.

***George M. Stancel, PhD***

**1:06:23.7**

I can see his face.

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*Tacey Ann Rosolowski, PhD*

**1:06:29.6**

Isn't that frustrating when that happens?

*George M. Stancel, PhD*

**1:06:31.0**

Yeah, exactly. Felix Haas. There was another, a microbiologist named Manley Mandel. There was a geneticist named Jack Schull. There was a neuroscientist named Harry Sperling.

*Tacey Ann Rosolowski, PhD*

**1:07:04.1**

That's an amazing number of people who were anticipating this change.

*George M. Stancel, PhD*

**1:07:06.8**

Yeah. Well, again, I don't quite think they sat around and they verbalized, "Now, these are the three"—but they sort of intuitively did this. There was a woman named Marjorie Shaw, a geneticist.

*Tacey Ann Rosolowski, PhD*

**1:07:21.3**

How did you begin to address—you meaning collectively—begin to address this intuition? What was put in on the ground?

*George M. Stancel, PhD*

**1:07:32.8**

On the ground was put in a requirement to have much more breadth in terms of your coursework and training than most contemporary universities had. And we still have maintained some of that, although not to quite the same degree. In 1972 there was a lot less science to know (laughs), but we still have maintained that tradition of trying to get some substantial breadth in the education of all the students. But then as science got more sophisticated and as the equipment got more complex, one of the things we had to do—and we did do—was we built formal programs. In the early days of the school, there was no program in biochemistry or program in genetics. You were a student of biomedical sciences. That was it. But as all these fields began to emerge and got to be so complex and sophisticated themselves, we realized that while we wanted to maintain some breadth, we had to develop focal points in all these disciplines to attract new people and so forth. And so we then progressed back in the '70s, and we developed a series of programs of focal points that grew out of the expertise of the faculty in various areas, and that sort of bubbled up from the bottom. It wasn't that the president said, "Thou shalt have now a program in this or that or whatever." Groups of faculty—really spontaneously with common interests—coalesced and formed these programs, and that took place in the '70s and early '80s.

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***Tacey Ann Rosolowski, PhD***

**1:09:15.6**

Now what was going on in the sciences at this time that necessitated this breadth of educational exposure for the students?

***George M. Stancel, PhD***

**1:09:26.1**

You mean the breadth of the specialization or the increased specialization?

***Tacey Ann Rosolowski, PhD***

**1:09:30.1**

First, it sounds like you wanted to give them breadth, and then it seemed like there was this necessity to specialize, even after they'd gotten that taste.

***George M. Stancel, PhD***

**1:09:38.0**

It was always breadth and depth. By definition, the hallmark of a PhD is the dissertation, and by definition that is a focused piece of work. Okay? So the idea was that's where the specialization would come—would be from spending two, three, four years working on a project in an area. And the breadth would come—it was thought—a lot more from taking a variety of courses not just courses in one discipline. But then with time we realized that it wasn't just enough to do a dissertation in that area. Each of the areas in which people were doing dissertations were expanding so fast that we needed to get more coursework and background information in all those disciplines, and the way to do that would be to have faculty coalesce who had expertise in these different areas and let them design the advanced curriculum, if you will, for those areas. That's sort of how that took place and then this was also—overlaid on all that beginning about 1980-ish was just this tremendous growth in the NIH in the '70s and '80s and tremendous increase in the size of the faculty. I mean when I came here, the graduate school faculty, when I joined it, had about one hundred people. You had a faculty meeting, which we did, and everybody came, and it was sort of like a New England town hall meeting. And now we have over six hundred faculty, but we still have the tradition of faculty meetings. We're having a meeting next month to decide what should be our stipend level for the students for next year. It's an open meeting. Everybody comes. Everybody who shows up gets one vote. Everybody can participate in the discussion. Now, all six hundred aren't going to show up. I'm predicting there's going to be seventy, eighty, a hundred people there. Because of our history and the way we started, we also have this governance philosophy on really the big philosophical issues. If we want to make a major change in the curriculum or a requirement for a different kind of test or something like this or how to write the thesis, these issues always get discussed by the entire faculty, we take a vote, and that's what happens. Now these are academic issues not administrative issues. I don't sit around and say, "Now do you think I should give the head of the admissions committee a raise or a program or should we fire him, get rid of his hiney and hire

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someone?” Those are administrative issues, okay? But the academic issues are still the purview of the faculty, and the faculty very jealously guards that.

***Tacey Ann Rosolowski, PhD***

**1:12:39.8**

That was in place from the beginning.

***George M. Stancel, PhD***

**1:12:42.6**

That was in place from the beginning, yeah.

***Tacey Ann Rosolowski, PhD***

**1:12:46.3**

So what were some of the phases that ensued? We have the beginning, trying to create this breadth, discovering that there needs to be more depth. What would you characterize as the main phases in the growth of the graduate school from that period to when you began, when you took over in 1999?

***George M. Stancel, PhD***

**1:13:07.1**

Well, there are all these things happening kind of at the same time, but one of the first things that happened in the '70s was—I would say the driving force—in the '60s the driving force was how to put together a very broad-based curriculum that would enable students to get a good overall training and yet specialize for their dissertation in one area. The age of the '70s, I think, was all these disciplines were emerging, and they were emerging because of enormous breakthroughs. I mean, in the '70s, for example, people first started to get the idea maybe you really could isolate a gene. If you would have said this when I was in graduate school they would have kicked you right out. “That’s heresy. You clearly don’t read anything, Stancel. Get out of here. We don’t want someone like you graduating from our school.” There were these enormous—you could actually think about sequencing a gene. You could think about sequencing a protein, and so there were these great changes, so people were then forming these programs. Then the '80s was the age I would say of—and there was still a fairly small faculty at this time; and beginning in the late '70s, early '80s, there was really a growth spurt. The medical school was established. It started hiring more and more faculty. MD Anderson was moving onward and upward and beginning to get more of a national reputation in research as well as patient care. It started hiring people, so now you had to go from a fairly small school of two hundred or less faculty to a bigger school in a period of ten years in the '80s. Then in the '90s there was this conversation about the governance of the school and how should the Health Science Center at MD Anderson play into this? How should they interact? That was sort of the hot ticket item in the '90s and because it—well, it may not be clear—it probably isn’t clear to you. Despite the fact that many of the faculty came from MD Anderson and the students were working at labs at MD Anderson, MD Anderson didn’t award the degree. I don’t know if you know all about that.

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***Tacey Ann Rosolowski, PhD***

**1:15:23.5**

Yeah, but I'd like your perspective on all of that and what that meant.

***George M. Stancel, PhD***

**1:15:27.2**

Of the history, okay. That happened because—my perspective on it is that when there was—let's put it this way. Before the University of Texas Health Science Center got formed, the dean of the Graduate School reported directly up to Austin, and the diploma said University of Texas Graduate School, then your name went on it. It didn't say Health Science Center. It didn't say MD Anderson. It said the graduate school because that was the way it worked. The dean of the graduate school reported to the chancellor up in Austin, just like the head of UT Austin reported to the chancellor in Austin and the head of UT El Paso. The graduate school was sort of independent. There was no conversation about does this belong to MD Anderson, or does it belong to the medical school? It belonged to the faculty of the graduate school. Then when they formed the Health Science Center—this was 1972, about ten years after the graduate school had been operating and just shortly after I came. I came just slightly before this happened, but it was the same year. The University of Texas system said, "Hey, we have a medical school in Houston. We have a dental school. We have a school of public health. We have a nursing school, a graduate school. Why are we having all these people report up to us? We've got all these deans, and they're beating on us for money all the time and complaining that they needed more buildings. Let's make a health sciences university in Houston. All these deans can report to this guy." So now all of a sudden the graduate degrees were awarded through the Health Science Center. I don't know why that was done, why the graduate school was put in there versus being at MD Anderson. I'm not sure about all the nuance there, but I think primarily because in the Texas Education Code, rightly or wrongly, MD Anderson was listed more as a hospital and medical research institution not a degree-granting institution, and it didn't have to be before because the graduate school gave the degrees. Then this became, again, as MD Anderson hired more and more faculty and it turned out more faculty are actually at MD Anderson than at the UT Health Science Center schools, human nature being what it is, people started to ask the question, "Why aren't we awarding the degree?" And of course, the simple answer was the regents didn't set it up that way. But nevertheless, this was an ongoing discussion and I think an appropriate one. And then along comes Dr. [John] Mendelsohn [Oral History Interview] about the time I became dean.

***Tacey Ann Rosolowski, PhD***

**1:18:30.8**

In 1996.



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***George M. Stancel, PhD***

**1:18:31.0**

Yeah, but he was thinking about this before I became dean, and he was thinking about what could we do to change this and make it clear to everybody that the graduate school really was embedded in MD Anderson as well as in the Health Science Center. And his idea about this was that we would just jointly award the degrees. And so shortly after I became dean in 2001, I spent a good deal of time working with him and the then-president of the UT Health Science Center and others at MD Anderson to actually go up to the legislature to get them to change the Texas Education Code so that MD Anderson would award the degrees jointly with the Health Science Center. And that took some doing because a lot of people thought somebody was trying to pull the wool over somebody's eyes. Things seemed to be working fine. Why do you want to change them? And Dr. Mendelsohn's answer—at least the one he always told me and I thought was really a very, very good answer—he said, “To me education is very important, and the ultimate way I can illustrate to our faculty and our benefactors and the state that it's important to us is to have our name on the diploma that graduates get. That would send a clear signal that this was part of our mission—not just a little bit but one of our core missions.” And that's what he told me, so he said, “George, I want you to work with people to see if you can do that.” And I said, “I don't want to do it for money or fame or fortune. I want to do it so I can go to our faculty and say, ‘Look guys, this is our job. If your name goes on this diploma, our institution, you're responsible for making sure students get a quality education.’”

***Tacey Ann Rosolowski, PhD***

**1:20:28.6**

So tell me about the process. What was involved in making that change?

***George M. Stancel, PhD***

**1:20:33.6**

We literally had to go up and talk to some of the Senate and House committees, and I don't know how much you're into higher education, but I'll just share with you a comment that a very wise man gave me years ago when I was first getting into administration. He said, “George, don't ever make the mistake of thinking that the University of Texas is first and foremost an educational institution. It's first and foremost a political institution.” And that is kind of true. It's a public entity. It's funded, so basically to change the Texas Education Code you have to get literally an act of Congress passed so that MD Anderson could be—it could be written into the education code that they were allowed to administer degrees jointly with the UT Health Science Center. And of course, everybody wanted to know, well, is this going to cost extra money? We had to explain to them, no, it's not. The faculty who are now there are ready, they're teaching, and they have students in their labs. It's just a way of acknowledging that they're actually doing part of the work, so the institution's name should go on the diploma. And then somebody said, “Well, is this going to mean that there's going to be less support for the medical school?” No, there's going to be no less support. MD Anderson is not asking for money. They're asking for recognition for their education, and so there were all these kind of questions. And I don't know if you've ever testified before a legislature or whatever in a hearing, but you get about three



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minutes to explain things that take you three hours to think about, much less explain (laughs). And there's a subcommittee on education, and there's a subcommittee on this and that, so I learned the road to Austin pretty well going back and forth, and it was okay. It was an experience. I got to know some people up there, and I got to work with some good people at MD Anderson. In particular there was a guy who I think should be explicitly noted. He did a lot of work to get us recognized, and that was [Steve Tomasovic](#). I don't know if you've heard his name yet.

***Tacey Ann Rosolowski, PhD***

**1:22:39.3**

Yeah, he was the first person I interviewed for this project.

***George M. Stancel, PhD***

**1:22:41.5**

And I think Steve worked behind the scenes, and I don't think to this day the faculty at MD Anderson appreciate just how hard and long he worked to help convince the legislature that it was appropriate for MD Anderson to jointly award these degrees; and that's because he's a bit of a quiet, shy, retiring kind of guy and not one to talk about his own accomplishments and whatnot, but we would not have done what we did without him, period.

***Tacey Ann Rosolowski, PhD***

**1:23:14.1**

What has the effect been for MD Anderson of being able to put their name on diplomas? I mean, I assume there's been—not only are the faculty gratified and contented that their efforts are being recognized, but what effect does that have on the graduates who are going out and looking for jobs? And what effect does that have on the reputation of MD Anderson?

***George M. Stancel, PhD***

**1:23:39.2**

Clearly it's important for the reputation of MD Anderson because it indicates to the world that MD Anderson is not simply a hospital and clinical research center but that they are a full-blown academic institution, a health sciences university, if you will. Now it's kind of an unusual one, and people can't quite always immediately understand it because they award their degrees jointly not individually. But I think it really has done a lot for recognition nationally and in the state that MD Anderson does have this commitment to being a full-blown academic institution not just one that does clinical research and one that takes care of patients but that does the education part, too.

***Tacey Ann Rosolowski, PhD***

**1:24:25.1**

Does that also work to enhance the reputation of the faculty who are teaching and who are mentoring these graduate students? There's that whole cycle of everybody taking advantage of these networks.

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***George M. Stancel, PhD***

**1:24:34.7**

Yes, I think it does, and I think that when they build their own careers, they start here as assistant professors, and they move onward and upward. And maybe they get ready at some point in their lives to go be a chairman someplace or a chairwoman someplace. They now have it in their background. They're not just coming from a cancer center where they just did research. They were directly, personally involved in the educational program. I think that's to their benefit as they move onward and upward. I think it's important for every institution that some fraction of their faculty move onward and upward and leave the place. Not that you want to see everybody leaving, but if nobody ever leaves, no one is trying to steal away your faculty, you're probably not nurturing them very well.

***Tacey Ann Rosolowski, PhD***

**1:25:22.3**

Now I've written down 2001 as the date when the degree granting status was in place. Is that correct?

***George M. Stancel, PhD***

**1:25:27.8**

Yes, that's correct.

***Tacey Ann Rosolowski, PhD***

**1:25:28.7**

Okay. I wasn't sure if that was the date or that was the date that you began advocating for it.

***George M. Stancel, PhD***

**1:25:32.6**

Yeah, we began advocating for it before, and there was a local member of the legislature from Bellaire. I'm trying to remember what his name was. I mean it really was a big deal. Up on the stage we had this huge mockup of a diploma. It was eight feet by ten feet, and we had it covered with the silk shroud kind of thing, and we had the cord on the side you pulled, and it opens up. And actually, we still have that, and we put it in the foyer every year at graduation. Students love to have their picture taken in front of that with their parents. It's a diploma that's about as big as this wall, and it's just made out of cardboard, but it looks really professional. Kids love it. At any rate, what was his name? I forget. We invited him, and we invited a member of the Board of Regents to come, and the two of them sort of cut the ribbon and pulled the cord, and the drape fell down, and everyone jumped up and down. It was the first time anybody had a diploma with the name of both MD Anderson and the UT Health Science Center on it.

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***Tacey Ann Rosolowski, PhD***

**1:26:41.2**

That is an amazing landmark.

***George M. Stancel, PhD***

**1:26:43.3**

Yeah, it really was kind of interesting, and I think to my knowledge it may well have been the first time—I couldn't swear to this but certainly the first time that I heard of a dedicated cancer center that became a doctoral degree-granting institution.

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## ***Chapter 5***

**1:27:07.8 to 1:49:42.4**

### **A: The Administrator**

## **Developing an Administrative Track and Dealing with Multiple Institutional Connections**

### **Story Codes**

A: The Administrator

A: The Leader

C: Evolution of Career

A: Character, Values, Beliefs, Talents

### **C: The Professional at Work**

C: Leadership

C: MD Anderson History;

C: Understanding the Institution;

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

**1:27:07.8**

Tell me about the growth of your involvement with the graduate school before you were appointed dean in 1999.

### ***George M. Stancel, PhD***

**1:27:19.1**

I started out like every other assistant professor, having students in the lab and teaching some courses. And again, for whatever reason—maybe it was the reason Gorski recommended to Robison to hire me—I got put on some committees, and I probably made the mistake of actually attending the meetings and doing some of the work (laughs).

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

**1:27:44.8**

Amazing how they tap you to do stuff when you attend the meetings.

### ***George M. Stancel, PhD***

**1:27:48.1**

Right, so next year I got made the head of the committee, that kind of thing, and one thing led to the next, and so I was the chair of the curriculum committee. I'm a member of the executive committee. We had a couple of big faculty retreats, and the dean then—a guy named Bill [R. W.] Butcher—asked me to chair a couple of committees for self-studies that would do a self-study and make a report at these faculty retreats, and I did that. And one thing led to another, and I actually never had the career goal of being a dean. I mean, I just never thought about it yes or no.

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I was the chairman of pharmacology at the medical school. I was also an associate dean at the medical school, and that's an interesting story how that happened, too. And since you're looking for stories, you said how did I get into administration. I got into administration pretty early on in my academic career. And now that I'm thinking about it, it started in the medical school, and the way it started in the medical school is also one of these interesting, serendipitous stories. It would have been back in the 1980s—middle 1980s—so I had just been made a professor, I guess.

*Tacey Ann Rosolowski, PhD*

**1:29:18.8**

That was tenure? You got tenure then or a full professor?

*George M. Stancel, PhD*

**1:29:21.7**

I made full professor. No, no, it was before then. It had to have been before then. It was when I was still an associate professor. The medical school was searching for a dean, and I got put on the search committee at the medical school. And this is a sad but true story that the head of the search committee was a very senior, famous guy. He got taken ill and died during the search for the dean. So the president of the university—of the Health Science Center—then needed to get a new chair of the search committee. He tried to talk some of the senior people on the committee into taking over the chair, but one had just bought a pair of oxen and had trained them, and one had a wedding to go to, and you know how that goes. (laughing) They all had a story to tell.

*Tacey Ann Rosolowski, PhD*

**1:30:23.6**

That pair of oxen is a Texas story, though. (laughing)

*George M. Stancel, PhD*

**1:30:25.5**

Right, it's a Bible story—a biblical story, actually. I forget where in the Bible it comes from, but it's a story why they couldn't go to the wedding or something. At any rate, so then the president finally—I kind of knew him vaguely. He said, "Well, George, would you do this? I hate to ask you. You're a fairly young person, but I can't find anybody else to do it." I said okay, so I wound up chairing the search committee for the dean of the medical school. I get to naturally spend a lot of time with all the candidates. So the guy who gets the job turns out to be a family practice doctor, and by his own admission he doesn't know much at all about education or research. He's a family practice doctor. He's big in the [Texas Medical Association](#)—wonderful guy, good choice and all that but just knows he needs help in the areas of education and research, especially basic science. So who is he going to ask to help him do this? Well, he starts thinking. He says, "Gee, during the whole search process there was this Stancel guy who is a basic scientist, and he seemed to be pretty loquacious," and yada, yada, yada, and so on and so forth. "And I sort of liked him, and he treated me well during the interview process. I fooled him, too." And so after

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he'd been dean for just a couple of months he comes to see me. He says, "George, I knew when I took the job I needed some help. I'd like you to be my assistant dean for research at the medical school."

*Tacey Ann Rosolowski, PhD*

**1:32:06.8**

That was 1986 to '89 you held that position.

*George M. Stancel, PhD*

**1:32:09.1**

Right, and so I said okay, I would. It turned out, sadly, he was on the job about six months and he died. (laughs) So then a new dean was hastily appointed.

*Tacey Ann Rosolowski, PhD*

**1:32:25.5**

I hope this is not telling a story about burnout rates at the medical school. (laughs)

*George M. Stancel, PhD*

**1:32:32.8**

No, no, no, it was sad. The guy had a heart murmur and went to sleep one night. He was in his middle sixties, didn't wake up, and we should all be so lucky. Anyway, so then the new dean came on board, and he was pressed into service quickly. He came to me, and he said, "George, I've got to get all this other stuff going. I don't know what I'm doing, so I'm going to ask you to do even more stuff." So that's how that all happened, and then I became chair of the Pharmacology Department.

*Tacey Ann Rosolowski, PhD*

**1:33:04.3**

In '90 to '92.

*George M. Stancel, PhD*

**1:33:05.4**

Yeah. Exactly.

*Tacey Ann Rosolowski, PhD*

**1:33:07.6**

And then '92 to '96 you were interim chair and then chair—'92 to '96.

*George M. Stancel, PhD*

**1:33:12.1**

Right. So I got sort of into all this administrative stuff just by happening to be in the wrong place

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at the wrong time. I think life is like that. That's my philosophy. You can have the best-laid plans, and I think it's just serendipity. Being in places is important sooner or later.

***Tacey Ann Rosolowski, PhD***

**1:33:29.0**

But you decided to step up, too, and use your talents in that area.

***George M. Stancel, PhD***

**1:33:33.3**

Yeah. I enjoyed it, and people seemed to think I did a reasonably good job of that, and of course I enjoyed it.

***Tacey Ann Rosolowski, PhD***

**1:33:39.0**

What's your style as an administrative person?

***George M. Stancel, PhD***

**1:33:43.3**

Definitely an opinion seeker, look to the counsel of a lot of people. Sometimes you have to act quickly and so forth but I really think I try to—I may go out of my way—sometimes too much—to try and really survey opinion and make sure everyone feels they've got at least a chance to say what's on their mind. A consensus builder, I guess.

***Tacey Ann Rosolowski, PhD***

**1:34:10.5**

That kind of goes back to what you were talking about earlier with people trusting one another and having each other's backs in a sense. It's interesting, the continuity there. You were then—from '96 to '97 you were also vice chair of the Department of the Integrated Biology, Pharmacology and Physiology. And then in '99 you were appointed dean. What was that segue from the focus in administrative work within the medical school and then going into this much more highly placed position in the graduate school? How did that all happen?

***George M. Stancel, PhD***

**1:34:49.6**

It turned out that the gentleman who had been my predecessor was a guy named Butcher. He'd been the dean for a long time—about seventeen years—and for whatever reason he and the president at the time—a fellow named Dr. [M. David] Low, president of the Health Science Center—and I didn't know the inside story, and I wasn't going to stick my nose into it—decided that it was time for a change in the graduate school. And so he stepped aside, retired, and actually moved out of town. He's well into his eighties by now, so he was ready to retire, and he'd had a good career and so forth. And then they formed a search committee, and the search committee was at first unsuccessful, so they wound up with an interim dean for three years.

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***Tacey Ann Rosolowski, PhD***

**1:35:43.8**

Why do you think they were they unsuccessful?

***George M. Stancel, PhD***

**1:35:46.6**

For whatever reason—and at that time I wasn't sort of even thinking about it. They just couldn't attract the kind of candidate that they thought they would attract.

***Tacey Ann Rosolowski, PhD***

**1:35:57.9**

But they did know what they wanted.

***George M. Stancel, PhD***

**1:36:00.6**

That may have been part of the problem. When you come to interview for a job and everybody you talk to gives you a slightly different take on what the job is—and I think I had a bit of a sense that that was happening in the late '90s—and part of it might have been, too, that Dr. Mendelsohn was new, and when you're just a new president it's hard. Sometimes people don't know how to read you as what's this guy going to be like as a president. How is he going to treat a dean? So there was that. But for whatever reason the search stalled, and they said, "Okay, we'll just have an interim dean for a while," and they had an interim dean for two or three years—for two years—and then they said, "It's time to restart the dean search," and they restarted it. And for whatever—and I initially was not a candidate, and for whatever reason the candidates they again saw didn't seem to be too appealing to people, so the person who was then the vice president here—who basically had my job then—was a guy named [Tom Burke](#), and he and his counterpart from MD Anderson both knew me, and basically they took me out to lunch and said, "Would you put your hat in the ring and be a candidate?" And I was sort of, again, pleased. I can't say I wasn't that two very senior guys thought that I'd be a good dean, and so we talked about it, and eventually I did put my name in the ring, and one thing led to another and I interviewed.

***Tacey Ann Rosolowski, PhD***

**1:37:35.4**

Why did you decide to go for it?

***George M. Stancel, PhD***

**1:37:38.3**

At that time it was a logical progression. I had been a chairman, and I'd been an associate dean. I knew the place, and I thought that this was such an unusual place at the time—and it still is unusual—that I felt I could do a good job because I knew all the nuances and all the history, and it was a time when there was a lot of change in the UT system and everybody else; and I thought



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it would be good to have somebody who knew the background, knew the players, knew the people and I think I felt—again, without being too pretentious about it—I thought I had a reputation of sort of a fair, decent person, both with the faculty at the medical school and at MD Anderson because I had been around so long and had worked with so many of them in different kinds of settings, courses, committees, student groups, whatever. I wound up being one of the finalists for the job, and the presidents asked me to take it on.

***Tacey Ann Rosolowski, PhD***

**1:38:37.1**

When you got the job, what were your goals?

***George M. Stancel, PhD***

**1:38:43.4**

One of my goals was to definitely strengthen the relationship between MD Anderson and the Health Science Center. I could see this was a time—remember, the degrees were being granted only by one place, and I could see that it wasn't a personal thing. The faculty at Anderson weren't resentful of the faculty at the medical school or anything. They just really felt that they were involved. They were doing as much as anybody and that they believed in the graduate school. They wanted the recognition, and I think there were some difficult conversations about that, but I thought that it was important to try and bring the groups even closer together. I thought it was important to try to build greater support in both institutions from the graduate school. The faculty was growing at that time. There were four hundred faculty when I joined. There are over six hundred now, so there's a fifty percent increase. And I could see that if the school was going to continue to grow they needed to have more financial support and increase the size of its incoming students, and to do that I had to get that support from the president, so I built that into my package request, and they were very good about that. They said, "Well, sooner or later we'll get it to you," and they were. I could see that we had to start some more formalized reviews of programs rather than just have groups of faculty doing things. I thought it was important to have a bit of a more rigorous academic review so we sort of improved—I thought improved the process of academic planning and reviews and started using more outside reviewers and things like that in our review of our individual programs. And I thought we also needed to start to do a better job of bringing young faculty on board and integrating them, so we've tried to do that—trying when people come on the faculty rather than just say, "Okay, you're on the faculty." We tried to give them a little guidance and direction about what we expect and tried to give their bosses some idea about what to expect and support. So these were the kinds of things I set as sort of personal goals, and I think we've at least been partially successful in all those ways.

***Tacey Ann Rosolowski, PhD***

**1:40:50.7**

Now when you took on the deanship, John Mendelsohn was president. Did you have conversations with him about how he saw—what goals he had for the graduate school? Was there a connection there in terms of—

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***George M. Stancel, PhD***

**1:41:05.8**

Yeah, and of course, I talked with him and I talked with the president of the Health Science Center. It was a guy named David Low, and at that time, even though Anderson was not formally involved in granting the degrees, the two presidents were gentlemen, and they treated each other as being very much involved and equally involved, and I very much felt it was my job to be the dean for everybody, both Dr. Mendelsohn and Dr. Low.

***Tacey Ann Rosolowski, PhD***

**1:41:33.0**

Now you mentioned earlier that some of the conversations between people who represented MD Anderson and those who represented the Health Sciences Center—that those were some difficult conversations, and I appreciate you may want to have some sensitivity in the way you represent that. But I'd like to get more of a sense of where that tension stemmed from. What were the issues that were grating a little bit there that you had to finesse?

***George M. Stancel, PhD***

**1:41:58.3**

I think the issues were the ones we've talked about—that you have faculty doing things. Their students are getting trained in their lab, and then the name of their institution doesn't go on the diploma. I think we could have finessed that okay. The biggest one, to be honest about it, is the egos of the people involved. It will probably not surprise you when I tell you that a lot of people that rise to high places in academic life and politics and business and law and medicine have big egos and don't want to play second fiddle to anybody. I want my own school. I want my own diploma. I want my own this. And that was really the difficulty, and to be honest about it, I'll just say it. There were some people who just didn't want to be partners. Oh, yeah, we want to be partners my way.

***Tacey Ann Rosolowski, PhD***

**1:42:53.4**

(laughing) Ain't that the perfect world?

***George M. Stancel, PhD***

**1:42:55.5**

Right. Exactly. And come on. That's just human nature. I never took anything personal. You want people to want to be involved, and you want people to feel like they're in control. People who aren't are probably not going to be real aggressive in their own research and their own teaching, but then how do you balance that? And that really became sort of the juggling act. I don't know if you want to say it—I wouldn't want you to say it that way but people who—you can say probably in a way that people who were here will know what was going on. (laughs) And there just had to be a lot of good-natured sitting down at the table and talking about things.

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How are we going to work with two presidents, two institutions, two budgets, two personnel departments? And there was just a lot of that to work through. Actually a lot—to be honest, and I wouldn't say it, please, but just so you know there was a tremendous—and remains a tremendous issue with the legal departments.

*Tacey Ann Rosolowski, PhD*

**1:44:01.2**

Actually would you like me to turn off the recorder while you—

*George M. Stancel, PhD*

**1:44:04.6**

No, I don't mind that. I'm not going to say anything dirty, and it's not anybody's fault. But let me give you an example. Lawyers are like noses. (laughing) Everybody's got one, but they're all different, and any lawyer would tell you that. We had a simple issue, once upon a time, which caused me an enormous amount of headache. The lawyers at one of our partners—it doesn't make any difference which one it was. There was a change in the Social Security withholding laws, and one group of lawyers said, "Oh, these new laws don't apply to graduate students getting a graduate stipend, so we don't have to withhold any Social Security for them." So that meant that their paychecks immediately got increased by about a hundred bucks a month, which to a graduate student is a pretty big deal.

*Tacey Ann Rosolowski, PhD*

**1:45:20.3**

I think I remember that law.

*George M. Stancel, PhD*

**1:45:21.4**

Lawyers at our other parent institution said, "Oh, no. Oh, no. Our reading of that law is that it applies to graduate students, so we're going to withhold a hundred dollars from their stipends if you work in our institution." Students talk to each other. So the first weekend, the students from one institution are out drinking beer with the students from the other, and they're all having a good time. They're all friendly and jovial. They know each other, and they're trying to find girls or boys, whatever the case might have been. And so one says, "Oh, did you guys get a hundred dollar increase this month in your paycheck?" "What?" And so you can imagine. I had half of the students in my office on Monday morning going bananas. "Well, the dean's office favors the graduate students over there, and they're screwing us," and this and that. And then of course, they tell their faculty, and the faculty are, "What are you doing over there? Now they're going to get all the good students over on that side of the street because they get a hundred bucks a month more," yada, yada, yada. And then you go try and talk to the lawyers. Oh, no, this is the way—oh, no, this is—and what are you going to do?

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***Tacey Ann Rosolowski, PhD***

**1:46:40.8**

So what did you do in that situation?

***George M. Stancel, PhD***

**1:46:42.9**

Yeah, I forget but—

***Tacey Ann Rosolowski, PhD***

**1:46:44.9**

(laughing) You repressed it.

***George M. Stancel, PhD***

**1:46:48.9**

Yeah, but eventually—but it took an unbelievable amount of time and energy, and students felt irate on the one hand, and faculty felt irate because they thought it made the labs of other students more attractive to the incoming students. And there's this natural, friendly, not unhealthy competition to get the students to come to work with you. I don't want to say it but it's—I wouldn't say slave labor but it's some good, hardworking folks for not such a high wage. So you can imagine. And then the two legal departments get at it, and then I'm trying to get the presidents to—can't you get these guys—come on, George, I've got to deal with the legal department to get this twenty-seven zillion dollar deal closed on the hospital. I can't get crossways with the guy because of a hundred dollars a month for a graduate student. So you're stuck there in the middle; and to be honest, it ain't a big enough deal for the presidents to get involved, and I wouldn't ask them because they've got better things to do. But now I'm stuck. You take the point, and it becomes a big deal to students and faculty.

***Tacey Ann Rosolowski, PhD***

**1:48:00.1**

Oh, yeah. Yeah, I remember being a graduate student. A hundred bucks is a lot of money.

***George M. Stancel, PhD***

**1:48:04.0**

And especially if the people in the other department are getting it but you're not. And parking comes up just now at MD Anderson this week. One of the graduate students—the president of the Graduate Student Association sends out a note to all the graduate students. “MD Anderson is going to make a deal with us to help us get better parking, but it's only eligible if you work in a lab at MD Anderson.” So now there's this tsunami coming the other way. (laughs) They're getting better parking than we're getting. It's this kind of stuff, and so you spend a lot of time and ninety percent of your energy solving these kinds of brushfires, which don't really solve any big problems. But this is the kind of challenge that this particular job has involved.

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***Tacey Ann Rosolowski, PhD***

**1:48:57.7**

A lot of detail and silly, gritty, logistical stuff on the one hand but then it sounds like some pretty cerebral stuff—(laughs)

***George M. Stancel, PhD***

**1:49:06.8**

There's some high level stuff, too. Right. Exactly.

***Tacey Ann Rosolowski, PhD***

**1:49:10.9**

I guess you can't be bored.

***George M. Stancel, PhD***

**1:49:13.4**

That's right, and of course, and you're with these people that haven't got to be chairpersons or professors or whatever in some endowed position because they're a shrinking violet. They know how to debate and argue and beat the table, and if they don't like what you tell them then they try to go around your back and this kind of thing, and I would do the same thing. It's just the way it is.

***Tacey Ann Rosolowski, PhD***

**1:49:37.0**

Uh-hunh (affirmative). Yeah, working. What? The world be great if it weren't for people. (laughs)

***George M. Stancel, PhD***

**1:49:42.4**

Yeah, but having said all of that and having lost a lot of sleep over all of that, I do have to say six months or two years later—whenever, when we do solve the problem with the stipends and the hundred dollar difference—that's kind of good, and then the students say, "Oh, we didn't mean it Dr. Stancel, the things we said, and we love you now." (laughter) I don't want to say it's all pain and no gain. After all is said and done and you solve a problem one at a time, it can be a pretty good feeling, too, and pretty rewarding.

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## **Chapter 6**

**1:50:20.0 to 2:08:16.8, end of session**

### **B: Education**

#### ***Building Curricula and Creating Educational Opportunities by Leveraging Institutional Connections***

### **Story Codes**

B: Beyond the Institution

B: MD Anderson and Government

B: Education

C: Leadership

C: Collaborations;

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

**1:50:20.0**

How about some of that work on the other end with developing the graduate education at both the doctoral and postdoctoral levels? And I don't know how you want to talk about this, but I was really interested to read about the training grants that—are the training grants that you administer part of the graduate school? It sounded like they were this really interesting kind of initiative to—I'm wondering if you could talk about those a little bit, and maybe we could expand on that mission of the graduate school for education.

### ***George M. Stancel, PhD***

**1:51:00.3**

Okay. One of the things that over the years the institutions here in Houston have done—MD Anderson, the University of Texas Health Science Center but also Baylor and Rice, the University of Houston and the medical branch in Galveston—one of the things that we've done—and actually I've been involved with a fair amount as dean of the graduate school—is facilitating student and faculty interactions at all these different institutions. We have formed here in Houston an organization called the [Gulf Coast Consortia](#). I don't know if you've heard about this or not. It's kind of a unique deal. It was started originally as a two-way partnership between Baylor and Rice, and I have to give them the credit for starting it. And basically then it grew over the last—starting about 1995 or so to 2000, 2003. It grew to involve the six schools I just mentioned—Rice, Baylor, UT Health Science Center, MD Anderson, University of Houston, and the medical school in Galveston—to form this coalition, this consortium, for research and for education. And basically what we do is that we have an agreement between all these institutions that any student at any one school can take any course at any other school no charge. No charge. So for example, we might have a graduate student here at our school who might be working in a laboratory of somebody at MD Anderson or the laboratory of somebody at the medical school. And that student, for whatever reason, wants to take a course in bioengineering. Well, we don't

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have an engineering department. Rice has got a very good engineering department, so I just call up the dean over there and say, "I'm going to send Susie over or Johnny over. They want to take Biomedical Engineering 101," or you pick the number. "Okay, thanks," and that's it. They have to go and sign a few forms, but they don't have to pay any extra money. They don't have to do anything that takes any significant amount of time. They stroll across the street. They take the course. They get their grade. We get the grade sent back here. Everything is fine. If one of their engineering students in bioengineering wants to learn something about human disease, they might want to take a course in pathology, but they don't have any Pathology Department at Rice. They come walking across the street here. I get a call from their dean. "Can we send Susie over to take pathology?" "Send them over." They come over. I mean, if you think about it, this is pretty phenomenal that you just increased the size of your curricula offerings six fold without spending a penny. Then we also said, "Oh, if it works so well for courses, why don't we do the same thing for training grants?" So what we do is we write a training grant to a foundation or to the government, and we say, "We're going to make you a good deal. If you give us this money, we're going to be able to invest it not only in students at Rice or at MD Anderson or at Baylor or wherever. You give us this money and we're going to be able to pick the best students at six schools to support their doctoral dissertation. Not only that, but in the process we'll give them some seminars, and they'll all get to meet people. So the best biochemist from Rice and the best biochemist from Anderson and the best biochemist from Baylor and the best biochemist from the UT Health Science Center and the best from the University of Houston will all be coming together once a month to eat pizza and hear a seminar about biochemistry and explain to each other what they're doing. Wouldn't this be great?"

#### **1:54:56.4**

And NIH says, "You're right. This would be great." And plus we get to put together an application for a training grant that has far more star quality of the faculty because we take the best six from each place, so that helps us get funding. And so then we have these training grants, and for legal reasons the grant has to be to one school. So I've got these grants that I'm the head of in pharmacology or whatever, and I use the money though. I say to the deans of all the graduate schools, all six, "Send me your very best applicants." And then we have a faculty committee, and we pick the very best ones no matter where they're getting their degree from, and we bring them into our training program, and we support their training. We pay their stipend. We give them a thousand dollars a year to go to a scientific meeting. It's good for everybody, and you wind up with these mega grants that the government loves because they're spreading the wealth. We love it because we get the students from all the schools to get mixed up and learn from each other; and of course, the faculty love it because they get to have some of the students' stipend paid for. It's sort of a win-win-win, and it makes us able to compete, to be honest, with some of the schools in the Boston and San Francisco areas that, to be dead honest, we probably wouldn't compete with without that sort of cooperation because, again, we can pick the stars from each one of our places and put them together.



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***Tacey Ann Rosolowski, PhD***

**1:56:34.0**

So you're bringing the brightest students around here.

***George M. Stancel, PhD***

**1:56:36.6**

The brightest students and the best faculty together.

***Tacey Ann Rosolowski, PhD***

**1:56:38.4**

Now just the designation of a training grant, is that an official NIH designation?

***George M. Stancel, PhD***

**1:56:47.6**

Yes. NIH has a specific kind of grant called a training grant, and many big foundations—the American Cancer Society—will have a training grant. The [Burroughs Wellcome Foundation](#) will have a training grant, and it's a traditional thing where the training grant provides money for the faculty to pay the stipends of the students working in their labs. It's a whole seminar series to develop specialized courses—these kinds of things—student travel.

***Tacey Ann Rosolowski, PhD***

**1:57:15.1**

Now the two that you have administered—one is for eight pre-doctoral trainees in the area of clinical and translational science, and then another one was in new drug discovery and development.

***George M. Stancel, PhD***

**1:57:36.3**

Yeah, the new drug discovery one in development has now ended.

***Tacey Ann Rosolowski, PhD***

**1:57:40.6**

It's now ended. Okay. Oh, that's right. I see the dates. That was '09 to '10, and this one is going to be ending. Or is it just ending?

***George M. Stancel, PhD***

**1:57:52.1**

Which one is that?



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***Tacey Ann Rosolowski, PhD***

**1:57:53.9**

Let's see. There was one that ran from September of '06 to June of 2011, and that was the clinical and translational science.

***George M. Stancel, PhD***

**1:58:03.2**

That's just been renewed, so that will be good for another five years.

***Tacey Ann Rosolowski, PhD***

**1:58:07.1**

Great! And that's the same, the clinical and translational science. Now I guess it's a recurring theme both as we've been talking and also in other conversations that I've had in these interviews about what this interdisciplinarity looks like. What does it mean to sit down—sit in a room, in a lab, whatever, with people from other disciplines and go through that process? So I'm wondering if you could talk a little bit right now about how you see that being really fundamental to the mission of the graduate school/biomedical sciences in the five minutes that we officially have left. So maybe that's something we should save for next time. (laughing) I just checked my watch. I apologize.

***George M. Stancel, PhD***

**1:58:50.6**

It's okay. I'm going to be here for a while yet. You probably are going to be doing something for a while, too, so I'm not concerned about it. You want to frame that question just to be sure—

***Tacey Ann Rosolowski, PhD***

**1:59:01.2**

Yeah, I was just noting the recurring theme of interdisciplinarity, and so I just was wondering if you could address how the graduate school is—what they are doing to put that on the ground just with the experiences of the students.

***George M. Stancel, PhD***

**1:59:18.0**

Well again, the first thing is that when the students walk in their first year, we still have this element that they have to take a series of courses in a broad set of areas, and it's not a common curriculum. In other words, all the students don't take the same thing, but it's what I call a selective curriculum. Imagine you go into a restaurant, and you open the menu, and there are ten kinds of salads. You only pick one, but they're all salads. And then for an entrée there are ten entrees, but you pick one. And then you pick one dessert, you pick one beverage. The same way here. We divide our courses up into broad areas, something related to quantitative biology, and there are a series of courses. It could be statistics, but it could be a lot of other things where the course is about dealing with quantitative data. We have another broad area we call molecular.

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It's where the course really teaches people to think about molecules. Maybe if you're a molecular biologist, it's the molecules that make up genes. Maybe if you're into nutrition the molecules that are involved in metabolism—whatever. But the student deals with molecules. We have another set of courses that we put in the broader area of what we call cell biology. They deal with thinking about an attacked cell and how it functions, not how isolated molecules function. Then we have a fourth general area we call systems biology where the course teaches people how systems work together. So there might be a course on the endocrine system. There might be a course on the nervous system, the immune system. It might be just a general physiology course that talks about how the whole body works together. And so we tell the students the first year, thou shalt take one course from each of these areas, but you don't have to all take the same course. There are options, but we want you to be able to think about numbers. We want you to think about molecules, think about cells, and think about systems so that when you specialize your next year you—in solving your research project—we hope will have at least enough information that you feel comfortable going to talk to people in these different areas, if you need to, to get their help for your research.

***Tacey Ann Rosolowski, PhD***

**2:01:59.7**

How long did it take you to put together that four-area system?

***George M. Stancel, PhD***

**2:02:02.3**

Oh, that's one of these kind of moving targets, but I would say the system we now have probably took us about fifteen years to evolve to what it is.

***Tacey Ann Rosolowski, PhD***

**2:02:18.7**

How come it took that amount of time? I'm just interested in what the conversations were.

***George M. Stancel, PhD***

**2:02:26.0**

Just the conversations, well, should that course really qualify? Does that really teach the student to think about cells or not? Is that the major focus or not? It's just an honest academic debate, every year some get added in, some get dropped out, and it's taken a while just to get that titrated the way the faculty think is good. And the menu is a living document. We change the menu periodically.

***Tacey Ann Rosolowski, PhD***

**2:02:54.0**

Sure. It makes sense. It's also responsive in a sense to what the faculty are doing and what's going on in the general research environment.

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***George M. Stancel, PhD***

**2:03:00.6**

Then the other thing we do the first year—even if the student walks in the door and says, “I read about this famous Dr. Stancel, and I know I want to work in his lab, and I don’t want to fool around. I want to work on his study.” We’ll say, “Well, Dr. Stancel, of course, is wonderful.” That’s the first thing. (laughing) We confirm—a good teacher—you always confirm. I don’t know if you know the education theory, but you always confirm. (laughs) My wife taught me that. She’s a preschool teacher, and when the kid messes up the toys in the room you say, “Oh, Johnny, I see you threw the blocks all over the room.” Seriously, it’s the first thing you’ve got to say before you say, “No, we don’t do that, Johnny.” You have to acknowledge that you know what they did. Anyway, my wife has taught me a lot about how to deal with faculty. I can tell you that. She teaches three year olds. (laughter) That is true. You can quote me on that. (laughter)

***Tacey Ann Rosolowski, PhD***

**2:04:03.6**

That’s a lesson, too.

***George M. Stancel, PhD***

**2:04:05.0**

That’s exactly right. So where were we? Oh, yeah. Even if the student wants to work with me we tell the student—we say, “No, you can’t. You have to wait until at least the end of your first year before you pick who you’re going to work with, and it’s important that you experience different laboratories, different professors, because not only do they do different kinds of experiments but they have different styles. They think about things differently. They organize their labs differently. They give people different degrees of responsibility, so we require you your first year to spend ten weeks in three different laboratories working on three different mini projects so that you can see not only different techniques and learn different things but you can see different experimental models. You can see how different people organize their lab. You can see how different people—how much freedom they give, flexibility they give their people in their labs. That’s an important part of the background you need to get to get a broad exposure to the research laboratory before you commit to somebody for five years.”

***Tacey Ann Rosolowski, PhD***

**2:05:15.2**

That’s also supporting all of those goals of critical thinking you were talking about so early.

***George M. Stancel, PhD***

**02:05:24**

Exactly. Right.

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***Tacey Ann Rosolowski, PhD***

**02:05:25**

And what happens on the side for the students? Do you have some kind of set of assignments that ask them to reflect on that experience and compare the different laboratories to kind of take a meta-perspective and digest a little bit, synthesize what they've gone through?

***George M. Stancel, PhD***

**2:05:47.5**

Not exactly, but I'm trying to push the faculty to do exactly that—basically develop a portfolio and write some reflective papers and those kinds of things. Strangely enough, for being critical thinkers, this is kind of a strange concept to scientists. I know it's much more prevalent in the liberal arts, but I think it is very important, and I think we haven't done enough of it historically. And this is one of the things we just went through—a big accreditation—and I learned a lot in the process just about this kind of stuff, and I'm trying to push the faculty. Again, faculty don't always move too quickly. It's sort of almost like a mass of ants or something. (laughs) They go around. You've got to throw some sugar over there to get them moving that direction. (laughter)

***Tacey Ann Rosolowski, PhD***

**2:06:45.7**

That's a good image.

***George M. Stancel, PhD***

**2:06:45.8**

I don't want to say we manipulate them but—

***Tacey Ann Rosolowski, PhD***

**2:06:48.9**

Well, you do what you've got to do, right? (laughs)

***George M. Stancel, PhD***

**2:06:49.5**

That's leadership. (laughs) At any rate, I'm really encouraging them. And I think once you explain—get people to think about that I think, yeah, that they see, oh, yeah, they do that, but they do it almost subconsciously. They don't think about it, and I think by helping them think about it the idea is, of course, they'll get farther faster.

***Tacey Ann Rosolowski, PhD***

**2:07:12.6**

Oh, yeah. You get so much more innovative power when people are aware of what they're doing.

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***George M. Stancel, PhD***

**2:07:16.3**

And it also helps us as faculty if we see what they write. Not to grade them, but it helps us see, gee, they're all missing something here. I haven't seen one kid say this, or they're all getting that, so we can get off that kick. They're getting it anyway, and teach them something new.

***Tacey Ann Rosolowski, PhD***

**2:07:33.3**

Right. It's a little bit after 5:00. Would you like to close off for today?

***George M. Stancel, PhD***

**2:07:37.9**

Yes.

***Tacey Ann Rosolowski, PhD***

**2:07:39.9**

All right. It's about five minutes after 5:00. Thank you for your time today.

***George M. Stancel, PhD***

**2:07:43.4**

You're welcome.

***Tacey Ann Rosolowski, PhD***

**2:07:43.8**

It was really a pleasure, and maybe we can make an appointment for another session.

***George M. Stancel, PhD***

**2:07:46.6**

Absolutely. I'm more than happy. I'm a big believer in history. I like to read history, actually. I think it's important to get these oral histories down there. Where else are you going to hear all these lies? (laughter) All this revision. I mean, when I go, this revision, this history is all gone. Come on.

***Tacey Ann Rosolowski, PhD***

**2:08:04.6**

It's true. It's true. Well, that's the whole point. Talk about the critical perspectives. You've got to get everybody's perspectives out on the tape.

***George M. Stancel, PhD***

**02:08:12**

Absolutely. Absolutely.

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*Tacey Ann Rosolowski, PhD*

**02:08:14**

All right, well, thank you very much.

*George M. Stancel, PhD*

**2:08:13.4** I hope you enjoy—

**2:08:16.8** (End of Audio 1)

## **George M. Stancel, PhD**

Interview Session 2—February 29, 2012

### **Chapter 00B** **Interview Identifier**

*Tacey Ann Rosolowski, PhD*

**0:00:01.9**

This is Tacey Ann Rosolowski, and I am in the office of—(laughs)

*George M. Stancel, PhD*

**0:00:07.1**

George Stancel—

*Tacey Ann Rosolowski, PhD*

**0:00:09.9**

Yes, I know. George Stancel. I'm just saying yes, there are so many people on this.

*George M. Stancel, PhD*

**0:00:15.1**

—at the University of Texas Health Science Center—

*Tacey Ann Rosolowski, PhD*

**0:00:16.0**

That's right. And Dr. Stancel is—

*George M. Stancel, PhD*

**0:00:18.7**

—vice president's office. He's also the graduate school dean temporarily.

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## **Chapter 7**

**0:00:21.8 to 0:11:32.4+**

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

#### ***Current Challenges in Biomedical Education: Duration of Degree Programs and Mentoring***

#### **Story Codes**

A: The Educator

C: Professional Practice

C: The Professional at Work

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

B: Growth and/or Change

C: Mentoring

D: On Mentoring

D: On Education

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

**0:00:21.8**

You've got it. Okay. All right. We got it. So now Javier knows how to sort this all out. And we talked most of last session about your role as dean of the Graduate School of Biomedical Sciences. I wanted to ask you just a couple of followup questions. One thing that was very interesting to me. I had looked over the UT report from the Task Force on Doctoral Education, and one of the issues was the time in which it took to receive a degree. I was interested in some of the themes that were coming up about that discussion. I wonder if you could talk a little bit about that. That was in 2007, and I'm thinking the graduate school may have evolved since then, so I wonder if you could just kind of bring us up to date on that.

#### ***George M. Stancel, PhD***

**0:01:12.4**

Yes. One of the main points was that—and this is a national conversation—was that the time it takes to get a PhD in science, and I suspect in most other fields, has expanded substantially. So when I was a graduate student back in the 1960s, 1970-ish, it was pretty standard that a PhD in science would take you someplace between four and five years. If you had reasonably good luck with the experiments turning out and you didn't break too many test tubes and such, you could typically finish your degree in four years. If you hit some minor speed bumps in the lab or whatever—you can't always predict how the experiments come out—it would be five years. For example, it took me four years and one extra semester—so four years and three months, four months—to finish my degree, which was pretty much the norm. Nowadays it's pushing seven years on average to get a degree in the biological or biomedical sciences.



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***Tacey Ann Rosolowski, PhD***

**0:02:14.2**

What created the increase over the years?

***George M. Stancel, PhD***

**0:02:16.1**

Probably a combination of things, and one of the things was simply that to get what was considered a good, complete piece of scientific work expanded in scope. In other words, you had to do more to say that in 2000 this is now the expectation for what a dissertation should be versus what it was in 1970 because you could do a lot more things. You had a lot more mouse models. You had a lot more different kinds of instruments. You could measure different things. Whereas in the old days, if you will, you might have one or two instruments or approaches to measure some parameter. Now you might have four or five, and they might all be a little bit more complex, so they gave a richer output but not a complete output unless you did them all.

***Tacey Ann Rosolowski, PhD***

**0:03:11.1**

So the expectation was that you use all the instrumentation available in order to check or—

***George M. Stancel, PhD***

**0:03:16.9**

Yes, or to get the most complete possible answer. And it doesn't mean in every single case that was true, but generically I think that was true. We realized the more you learned the more possibilities there were to interpret certain kinds of data. So you had to do more and more experiments to rule out certain things and to rule in certain things. Just the capability increased, so naturally people want to have a good story. They said, "Why don't you do that?" or "Now we can do this," and so the expectation grew that you would have to do more and more.

***Tacey Ann Rosolowski, PhD***

**0:03:51.7**

Is there also an influence from the fact that the understanding of different kinds of mechanisms of disease and treatment have become a lot more complex and linked to other systems?

***George M. Stancel, PhD***

**0:04:06.2**

Exactly. That's a big part of it. And then a big part of it, too, is the experimental work. One of the big things that's happened in biology and biomedical science is the ability to engineer animal models. So if, for example, you want to study the function of a gene—well, first of all, when I was in graduate school nobody had ever isolated a gene. It was not possible. And so you discussed genes as sort of little capital A's or lowercase A's on the blackboard, the way you probably did when you had high school biology and you talked about the pink and white flowers

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and all that. All of a sudden, in the 1990s it became possible to take a mouse and to either take that gene out of the mouse starting with the egg or to put extra copies of that gene into the mouse or to put altered copies of that gene into the mouse. Now admittedly, this takes a little time because you don't just snap your finger and you get the mouse. Sometimes you have to breed multiple generations of the mice to get the gene in the right orientation and the right number or whatever. And so these kinds of things all of a sudden took a long time, and that's what I meant by now you could do that. So now just to say, "We isolated a new gene," people say, "Who cares about that? We want to know what the gene does." So you have to make a mouse that's got no copies of the gene and see what the mouse can or can't do differently now or how you could alter that gene with some environmental factor or radiation or drug or whatever.

*Tacey Ann Rosolowski, PhD*

**0:05:44.1**

So where are you going and where is the graduate school going in thinking about how to rein in the time required for the degree completion?

*George M. Stancel, PhD*

**0:05:53.3**

That's a good question. There are actually a couple things you can do. One of the things you can try to do is you can try to make sure that the students don't spend any more time in the classroom than they used to. So for example, just because maybe I took a hundred courses or a hundred credits doesn't mean today's student should take a hundred. Maybe they can take fifty, because now when they want to know something they don't have to go back to their old class notes. They go to Wikipedia. So we think about that. The second thing we think about is in the olden days we just sort of let the students and their advisors percolate along, and now maybe we sort of track them a little bit and help them—not track them to be intrusive but to say, "Hey George, you've been at this now three-and-a-half years, and we don't see any reports that you're publishing anything. What's going on here? How can we help you?" And I think that's a part of it. And we try to get different kinds of people and better kinds of people on committees to help the students. We try to ask the student—well, not try. We require now the students to do things like take their qualifying exams sooner, because we feel that if you're doing your job correctly as a teacher, you should be able to tell in two or two-and-a-half years if somebody really has got the wherewithal and the drive and the interest to really complete a doctoral dissertation. And if it takes you four or five years to do that before they actually get to the point of being a candidate for the degree, you're not doing a good job. So we start to put timelines on that. You've got to get this step completed by two-and-a-half years instead of having no timeline on it. So it's a combination of all those kinds of things. And what I can say is that since we started doing these things four or five years ago, the time to degree has not gotten any longer, and our time to degrees are in fact shorter than the national average. The national average, again, is close to seven years. It may even be over seven years now. The average for our degree is about five-and-a-half years, which is very comparable to the best schools in Texas and the best schools in the country, because

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everybody has been trying to do this kind of thing. You don't want to have all gray hair by the time you get out of graduate school. That comes fast enough when you get a job. (laughs)

***Tacey Ann Rosolowski, PhD***

**0:08:26.1**

Absolutely. (laughs) I'm curious about the mentorship issue, because you talked about how you're trying to get faculty to kind of intervene at certain moments. So what's the graduate school's philosophy about mentorship, and how do you support that for both the faculty and for the students in terms of their expectations?

***George M. Stancel, PhD***

**0:08:48.1**

Of course mentoring graduate students is a lot like raising kids. Each one is different, and you can't do it in a cookie-cutter fashion. But what you can do—and what we do try to do—is that when somebody thinks they want to take a graduate student into their lab, we actually give them what we think are the things they know what—this is what you're getting in to. And before you take that student, you should understand what the expectation is. We call it a compact. So it's not like a legally binding document, but we actually have a compact. It's a list of twenty points or so that we give to the student and the faculty member. And we say, "Now the two of you go have a conversation about this before you sign up to do a PhD in so-and-so's lab." There are things that probably are not rocket science. For example, we say the expectation is that the mentor will meet formally with the student at least two to three times a year to give an overall progress report and feedback to the student so he or she will know how they're doing. We tell things to the student like, "You have to share in the responsibility for your own degree and take the primary role in doing it." And you say, "Well, I know that," but you'd be surprised how many people never have this conversation with their boss or never ask their mentor before they become their mentor, "How long do students typically take in your lab to get a degree?"

***Tacey Ann Rosolowski, PhD***

**0:10:16.7**

Yeah. I think a lot of students don't even know what to ask.

***George M. Stancel, PhD***

**0:10:19.3**

What is your mentorship style? Do you like to have the students go off in a corner and dream up their own ideas and then come periodically and check with you? Or do you like to start them off working on things that you think have a high probability of success and then eventually let them get a little bit more off on their own? People have different styles, and that can take more time or less time if you get in a situation where your style is not compatible with your boss'. So again, really the only thing you can do is force people to have the conversation and point out to them the things that are going to matter. You can't determine how long it's going to take the mouse to breed seven generations to get what you need, but you can do these other kinds of things.

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***Tacey Ann Rosolowski, PhD***

**0:11:01.7**

Right. Do you find that the mentorship model has changed over the years? When I think of mentorship, I think of one faculty member, a wise individual, kind of having a very close relationship with one or perhaps a handful of novices in a field. And I'm just thinking that now with people being spread so thin in their professional lives that that may not be practical. I'm wondering if you've seen a change.

***George M. Stancel, PhD***

**0:11:32.4**

I think there is a change. I think that when I was a student—again, which is always what you hark back to—the mentor was the person that either late on Thursday night or Saturday morning when you weren't exactly doing an experiment, the faculty member would be sitting at their desk, and they'd be doing some reading or thinking or planning or whatever, and you could just (makes knocking sound) on the door and, "Hey, can I speak with you for a few minutes?" And that would turn into a ninety-minute conversation, and that would cover everything from what courses you might want to take next semester to, "Gee, you might want to go read this paper that just came out," or, "What are you going to do next year when you finish your degree?" It was much more of a spontaneous thing because people weren't so pressed for time. It was a much more relaxed thing. You did a lot more drinking coffee together and talking about things. And eventually, this would also drift off into life issues and things like that. But I think it really was just people had more time to do it, and now it's just very different. Everyone is stressed for time more than anything else, and I think that really is an issue.

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## **Chapter 8**

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

**0:42:08.0 to 0:12:50.5**

*Issues in Graduate Education: Attracting and Retaining Women in the Graduate School; The Future of Biomedical Education and Its Students*

### **Story Codes**

C: Women and Minorities at Work

C: Professional Practice

C: The Professional at Work

C: Mentoring

D: On Education

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

D: On Research and Researchers

A: Personal Background

*Tacey Ann Rosolowski, PhD*

**0:12:50.5**

It occurred to me that—mainly because it’s an issue that I confronted certainly when I was getting my own graduate degree—the sort of differences in mentoring for men and women. When I was looking through your CV, I noticed there were a lot of women’s names on the list of individuals whose work you have directed, for example, and I was curious about that—why I saw a lot of women’s names. What is your experience at the graduate school with women coming through? What’s happened over the years with them reaching parity and getting the time for mentors?

*George M. Stancel, PhD*

**0:13:29.3**

I never thought about it too much until you just said it, because I just never thought about it. I would say that in the past I think there was a greater dichotomy in the way men and women would approach mentors. And I think no matter what else is said, people may have different mentors, but I think people always want to have a mentor that sort of looks and acts a little bit like them—at least one or two. And frankly, that was hard.

*Tacey Ann Rosolowski, PhD*

**0:14:03.4**

For women you mean?

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***George M. Stancel, PhD***

**0:14:05.2**

For women, yeah, because there simply weren't many women on the faculty when I started as a faculty member of the graduate school. There simply were not. I'm trying to think in our own department, for example, which we started in 1972, there were in fact no women. The first class of medical students I taught was thirty or forty students, and I believe it probably had at most two or three women. Looking back when I was in graduate school myself, I would say the majority of women who started in the PhD program probably wound up getting a master's degree or maybe not finishing. There was a relatively small fraction that went through and finished their PhD. At that particular time, especially when you're a student or a fellow, you don't think about it too much. If anything, maybe you wished there were more women around. (laughs)

***Tacey Ann Rosolowski, PhD***

**0:15:05.6**

Right. Sure. (laughs)

***George M. Stancel, PhD***

**0:15:07.9**

And probably vice versa—that more of the women wished they could have stayed around or would have stayed around or whatever. But over the years that's changed a lot in the sense that now both the graduate school and the medical school are predominantly women students. Something like sixty percent of our students now are women, and this has been a trend for a long time.

**0:15:33.4**

As a matter of fact, now that we're talking about it, there is an interesting story about that. I remember talking to one of our first deans of admission at the UT Medical School, and this would have been back in the 1970s when there were still not many women coming into medical schools. And the fellow's name was [Richard DeVaul](#), who was our associate dean for admissions in the medical school at the time. He subsequently went on to be the dean at West Virginia of the medical school and the dean at Texas A&M Medical School, and he's now retired. He was a psychiatrist. He had a conversation with me once upon a time and he said, "You know, our school is relatively new." At that time we were maybe four or five years old. And he said, "So we need to have a strategy how to compete effectively for good students with older established medical schools, because they've been around for a long time. They've got their alumni, and undergraduate professors recommend them to their students." So he thought, what unique niche could we carve out for ourselves that would in fact help us attract students preferentially to other schools? And he came to the interesting conclusion that we should try to attract the brightest women students out there.

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***Tacey Ann Rosolowski, PhD***

**0:17:10.0**

Wow! That's pretty astonishing.

***George M. Stancel, PhD***

**0:17:11.7**

Yes, it was. I'm remembering this now. He was a psychiatrist and he said, "If women feel that—if we can make women applicants feel that we're a warmer place for the women, we're more welcoming of women students, then they'll come here. And so we can re-attract great talent if we do that. We'll try to do that niche." So how do you do that? Well, part of his philosophy was, he said, "Well, women tend to be more group oriented and less individualized in the way they approach things and their reward system, so let's do what we can to minimize person-to-person competition in the school." And how can we do that? "Well, let's have pass-fail instead of A, B, C, D, E, F." So we had, for many years at the start of the medical school, a pass-fail system. I don't know if that's widely known, but in the back rooms—the smoke-filled rooms of the medical school, if you will, because he smoked cigars as it turns out—that was his idea. He said, "One of the ways we can attract bright students here preferentially to other schools that have advantages we don't have, let's go after the brightest women. And let's do these little things like that that we can send a signal to them that this will be a place that accommodates sort of the personalities, learning styles, group dynamic that tend to be a little bit more in women than guys maybe, at least so they won't feel uncomfortable. They won't feel like they have to be the gunner in the class to come here and always on edge because these high profile gunslingers out there who are the ace football players from high school or college or something like this." And we did that. And the other thing we did, we started a retreat for incoming students. So the week before school would start, what we did was we invited all the students who were going to start class next week. We brought all of them in. This was for a lot of reasons, but one of the reasons was to make it a warm, welcoming environment.

***Tacey Ann Rosolowski, PhD***

**0:19:32.4**

Yeah, like a community kind of situation.

***George M. Stancel, PhD***

**0:19:33.9**

Yeah. And we let them all bring a significant other if they wanted, and we packed the whole group off to Camp Allen, which is a summer camp for the Episcopal Church Diocese here in Houston. We had one of our faculty members, who was an Episcopal priest, that moonlighted as a biochemist in the medical school—or vice versa, however you want to look at it. A very interesting guy. His name is [Henry Strobel](#), still on the faculty. He came with me in 1972. And so that was the whole idea. And the way this was planned was that the rising second-year students were in charge. They planned the group sessions, the topics, the social activities, whatever for this weekend retreat that everybody was invited to. They invited faculty to come, and they



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invited faculty to bring their children, so I would go with my wife and our little kids. And the second-year students would babysit the kids, and my wife would talk to some of the spouses or girlfriends of the medical entering class. And what few women faculty we had, we'd make sure they were there and available. We actually thought about these things, and a lot of people didn't ever see that. They just didn't know what was going on. But there was a conscious effort behind the scenes to in fact go after good women students.

*Tacey Ann Rosolowski, PhD*

**0:21:03.1**

And what was the result?

*George M. Stancel, PhD*

**0:21:04.9**

The result was that we early on—I don't have the numbers in my head, but my recollection is that we were ahead of the game in terms of recruiting women to schools. It didn't happen overnight, but it happened, and we were a little bit ahead of the curve. Now everybody has caught up. But that was actually our philosophy and probably one of the things that helped jump start the school in its early days.

*Tacey Ann Rosolowski, PhD*

**0:21:31.4**

It's very interesting, very interesting. And how did that all work or play out in the graduate school?

*George M. Stancel, PhD*

**0:21:38.7**

I was not the dean of the graduate school at that time, and I don't know if the graduate school ever really had a conscious effort. I think the graduate school now has about sixty percent women also, but I think that probably happened more as a part of a national movement. I don't think the graduate school was necessarily ahead or behind. I think it was just part of more women coming. It was Take Your Daughter to Work Day and all these kinds of things back in the '70s and '80s, and I think a lot of the young gals in junior high got more interested in things like that. People convinced them they could be a scientist if they wanted. A lot of interesting stuff.

*Tacey Ann Rosolowski, PhD*

**0:22:25.2**

Yeah. What changes, if any, do you see on the horizon for the graduate school at this point, whether to be more competitive or to go through necessary structural changes? What do you see? Or do you see it kind of maintaining its course and being successful in that way?



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***George M. Stancel, PhD***

**0:22:50.8**

That's of course the question that we need to think about and we do think about. I wouldn't pretend to have any real magic bullets, except I would say that one thing I do feel very—there are a couple things I feel pretty strongly about. One, we simply do have to change the way—we have to change our philosophy of what career we're preparing the students for. Again, historically, most graduate schools were set up to train the next generation of graduate school faculty members and professors. And we will always need some. I think there's no question. I'm just going to pick a number out of thin air. Probably I'm going to guess something like a quarter of our graduates will go on to become university professors. Maybe it's twenty percent, maybe it's thirty. But there will always be some people who retire, people die, new schools get started. The population of Texas is increasing, so on and so forth. But it's clear the majority are not. And so what are we doing and what should we be doing to train them? And I don't think we should water down the training they get in science. But what can we do to make sure that they are at least aware of and have skills to be scientific writers, to go and to be genetic counselors, to go into patent law, to go to teach in community colleges, to—? You fill in this. Complete the sentence. I mean the idea of a doctor of philosophy is different than the idea of a doctor or a PhD in chemistry. A lot of people have gotten confused about that through the years, but the reason the degree is a doctor of philosophy is that you're supposed to allegedly be trained to think and solve problems. And I think we've done a good job in that regard, and the evidence that I take for that is that if you go look in any biochemistry department in the country these days, you will see a high fraction of people on that faculty didn't get trained in a biochemistry department but in a genetics department or in a cell biology department or in some other department. If you go and look in departments of neurobiology, you will see that a lot of people got their PhDs in departments of biochemistry or genetics or pharmacology. And that really tells me that we have been successful in training people as doctors of philosophy. You rarely see a pediatrician go into brain surgery, and that's because they're trained as a professional pediatrician. That's not the least big derogatory; it's just they're given sort of a defined skill set, and their focus is on taking care of children. And the surgeon is trained to perform operations on people.

**00:25:55**

And that's the difference between professional education and academic education. It doesn't mean that the professional education is not challenging, you don't have to be as creative, or anything like that. It just means it's a different occupation. And that's why I think you do see PhDs in science that are going from one department to the other like crazy. And nobody ever notices. I have a PhD in biochemistry. I was chairman of pharmacology in the medical school. I've taught physiology, biochemistry. I've taught nurses. I've taught pharmacists. I've taught medical students and graduate students. I think it would be hard—if that didn't happen, that would tell me we weren't training people correctly. But I think the skill set we're missing giving them is more things like communication skills with the public. We're not teaching them to think necessarily how to apply science outside of the traditional science departments. And I think we

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need to figure out how to do those kinds of things better and certainly to make them aware of what kind of opportunities you can go into with good training in science.

*Tacey Ann Rosolowski, PhD*

**0:27:13.0**

It's kind of funny. As you're describing the situation, it's almost as though academic medicine kind of creates a brain drain, because you're educating these people who are incredibly bright. But because of their own, in a sense, ignorance or blindness about how their skills could be laterally transferable, they're not getting out there into the marketplace.

*George M. Stancel, PhD*

**0:27:32.6**

I think that's exactly right, and I think it's more that they just don't think about it. And if nobody ever put the seed into your mind that gee, maybe you could be very successful as a writer of science textbooks or articles for the public, you just don't think about it. Okay? Or that you can go out and have an idea and start up your own biotech company. That's something they don't teach you in graduate school in chemistry or biology.

*Tacey Ann Rosolowski, PhD*

**0:28:10.0**

Is there buy in from the faculty about that?

*George M. Stancel, PhD*

**0:28:12.4**

Yes. The problem is there's buy in, but then what do I do about it? And the problem becomes this. You're my graduate student, and I'm paying your stipend and your benefits and tuition off of my research grant. Now if you're working in my lab, you're helping me get my next research grant—get it renewed. If you're off for the weekend or for three days or two afternoons taking a seminar on possible careers—as in science writing—well, my research grant is subsidizing the science writing community, and that economic model is not going to work because the guy in the lab next to mine is not letting his students go to that half-day workshop. So in two years, he's going to get his grant renewed and I'm not. That may be a bit of an overstatement, and clearly if students take off one afternoon it's not going to make a difference. But if you do too much of that—

*Tacey Ann Rosolowski, PhD*

**0:29:27.7**

Yeah, I can see what you're saying.

*George M. Stancel, PhD*

**0:29:28.9**

—that gets to be a problem. Plus there's the ethical issue. The government gave me that grant to

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do research to cure diabetes or—complete the sentence. And now I'm sending somebody off, while they're getting paid, to do something that's not related to what I said I was going to do with those grant dollars. Now it doesn't mean it's useless or that it's not good, but it's just not what I said I was going to do with those dollars. I think that becomes almost a silent ethical question. And nobody has figured out how to get around all that because the state doesn't give you enough money to support the training of students, and everybody is in the same boat. If you're a kindergarten teacher it's true. If you're a professor at graduate school or medical school it's true. And it may be the fact it's not the legislature's fault. People don't want to pay taxes so that's—but the reality is when you walk in to teach a student, you have got to generate from your grants and your practice part of the support for that enterprise, and therein comes the rub—that you can't have the students running off doing other kinds of things.

***Tacey Ann Rosolowski, PhD***

**0:30:49.8**

Uh-hunh (affirmative). Are there any other challenges that you see the graduate school confronting in the near future?

***George M. Stancel, PhD***

**0:31:00.1**

I think we do have to do something about the length of time it takes people to get their degrees—even five-and-a-half years. I'll give you one person's opinion. I think our expectation has maybe gotten a little out of hand. We shouldn't expect that a PhD dissertation now is a completely polished, all-encompassing, state-of-the-art report about some particular project. You have to do something, and it has to be good, and it has to be meaningful to prove that you can do research. That's what the degree is all about. But it's almost a little inconceivable to me that if we really worked hard at it we couldn't help the student do that or not, because success might not be one hundred percent in, say, four years. If you think about that, four years working with somebody. You're sitting in your office and they're outside your door at the bench, and you walk by them seven times a day going to the restaurant or the men's room or the ladies' room or whatever. And you talk with them once a week or once a day and look at their data. It's almost inconceivable to me that if you could focus on that—and maybe that's the rub. Maybe you don't have the time to focus on it, but I do think that it's really conceivable to train people for a doctoral degree in four years. Maybe even less. In Europe they do it. Of course, their approach is very different. You go in the lab for three years. At the end of three years they say, "Okay, stop. Write down what you've done, why you did it, what it means, how you analyzed it, and give us the references. You've got six to twelve months to do that. And we're going to get the faculty in the conference hall, and you're going to tell us what you did, and we're going to say it's worthy of a PhD or not." Now the expectation is that you have to—we have graduate students coming out of graduate school that are publishing ten, fifteen scientific articles.

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***Tacey Ann Rosolowski, PhD***

**0:33:17.5**

Based on their dissertation?

***George M. Stancel, PhD***

**0:33:19.1**

Right. That was just unheard of when I was in school. If you got one or two good articles, that was considered a scientifically good contribution. It's a piece of work that proved you can do it. "Okay, you did it. Congratulations. Here's your diploma." Now you see students with literally fifteen, twenty publications—not all but some—and I think it's just taking too long.

***Tacey Ann Rosolowski, PhD***

**0:33:48.8**

Yeah. I really don't mean to be flippant when I say this, but having gone through that process myself, I got to the point—and then when I was in a faculty position and worked with graduate students—I thought to myself, there really reaches a point where the best dissertation is a done dissertation.

***George M. Stancel, PhD***

**0:34:03.6**

Right. Exactly. There's no question about it. No question.

***Tacey Ann Rosolowski, PhD***

**0:34:05.8**

Because nothing is ever going to be perfect, and you just have to say, "The end." You really do. Just move on to another part of your life.

***George M. Stancel, PhD***

**0:34:14.4**

Exactly. I think that's well said. The same way in science, English, or whatever. What was your degree in English?

***Tacey Ann Rosolowski, PhD***

**0:34:21.9**

Comparative literature, actually.

***George M. Stancel, PhD***

**0:34:23.7**

You all have a special problem there because you're so heavily involved teaching the undergraduates—at least in English or history or whatever. And let's face it. There's little reason for the faculty to want you to stick around.

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*Tacey Ann Rosolowski, PhD*

**0:34:34.3**

Yeah, but some of it is just inefficiency. It took me eight-and-a-half years to get mine, and that's an average in my field, if you can believe that. I look back and I say, "That's incredible. It's ridiculous."

*George M. Stancel, PhD*

**0:34:45.8**

That's right.

*Tacey Ann Rosolowski, PhD*

**0:34:47.0**

It's crazy.

*George M. Stancel, PhD*

**0:34:47.7**

Your kids are in high school when you finish graduate school. (laughter)

*Tacey Ann Rosolowski, PhD*

**0:34:50.3**

Yeah, really. It's crazy.

*George M. Stancel, PhD*

**0:34:51.0**

It's nuts whether you're a man or a woman.

*Tacey Ann Rosolowski, PhD*

**0:34:53.3**

Well, and especially given the less than a handful of jobs that are available for people in that field. It's nuts.

*George M. Stancel, PhD*

**0:35:01.1**

Okay.

*Tacey Ann Rosolowski, PhD*

**0:35:03.3**

Okay. Anything else that you wanted to add about the graduate school at this point?

*George M. Stancel, PhD*

**0:35:08.6**

No. I think the graduate school is going to have to have—or I hope it has, I think it should have—a much deeper conversation with itself about the future, about all these things we've been

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talking about, than it has typically had in the past. I think when you do get stressed, whether you're a person or an institution, you tend to push the same button that's always gotten you through in the past. We'll work harder. We'll work smarter. We'll do something. Well, guess what, folks. You can work as hard as you want. You can't work more than twenty-four hours a day. And I think we're pushing up against that.

*Tacey Ann Rosolowski, PhD*

**0:35:46.7**

Yeah. And it's also true that people can get seduced into thinking a lot about crisis management and sort of lose the long-term planning motive.

*George M. Stancel, PhD*

**0:35:55.2**

Exactly. That's a terrific point. I just think that we don't spend near enough time on really strategic planning. We come into the meeting and, "I think this," and "I think that," and "That's a bunch of baloney," and "Stancel, you don't know what you're talking about," or "Stancel, that's a great idea." "Okay, time to go. What are we going to conclude?" "Okay, that's it." And then we literally are basing decisions that have really long-term implications on pretty flip kinds of conversations and meetings without the data you really should have or the thought that goes into it, and we're just getting forced to do that. But I think General Motors is probably in the same boat. (laughs)

*Tacey Ann Rosolowski, PhD*

**0:36:40.5**

It's the nature of organizations, too.

*George M. Stancel, PhD*

**0:36:42.1**

And Apple computers. Well, yeah, but I mean, everybody is running faster these days. If you're not competing with California's system, you're competing with Toyota, or you're competing with whoever—Dell or Apple. I think part of it is a societal issue.

*Tacey Ann Rosolowski, PhD*

**0:36:59.9**

But it's a very interesting task to be taking an institution that's really about forming the minds of the next generations of people who are going to be defining what science is in this country—or at least part of that generation—

*George M. Stancel, PhD*

**00:37:13**

Yes, it is.

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***Tacey Ann Rosolowski, PhD***

**00:37:13**

—and to think about who are these people? Who are they going to be? What is the contribution they're going to make?

***George M. Stancel, PhD***

**0:37:19.0**

And how do you train them? There's a lot of people who think—and I'm one of them—that to some degree we beat creativity out of people, despite what we say about being careful thinkers and all this kind of stuff. You do see a lot of people that, finally, just to get out of graduate school, say, "I'll just do whatever it takes, what the boss says or his favorite theory, and I'll do something that will sort of look like it confirms that." Unfortunately, I think we have some of that. And there is now a great school of thought about how can we, in fact, teach people to really be more innovative and creative in their thinking?

***Tacey Ann Rosolowski, PhD***

**0:37:59.7**

It's been kind of interesting, as I've interviewed individuals for this project, that you're only the second person who actually uses the word *creativity*. Everybody else talks about innovation. It's almost as if you don't use the word *creativity* in science because it sounds too arty, or it brings up certain nuances that just are really not part of precision and method that when—whereas it is creative.

***George M. Stancel, PhD***

**0:38:30.5**

It's an interesting difference in words.

***Tacey Ann Rosolowski, PhD***

**0:38:32.0**

It is an interesting difference.

***George M. Stancel, PhD***

**0:38:33.2**

Innovative could mean you're just more the engineering kind of thing; whereas creative might be really a new machine or the new concept.

***Tacey Ann Rosolowski, PhD***

**0:38:41.1**

Right. I'm not saying they mean something different. I don't think they do.

***George M. Stancel, PhD***

**0:38:43.5**

They overlap somewhat, but they may mean a little bit different.

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***Tacey Ann Rosolowski, PhD***

**0:38:47.2**

Yeah. It's kind of like when I'm watching football and you hear guys talking about quickness when really what they mean is they're watching somebody be really graceful on the field. But you don't want to say that about a guy. But I think when someone is talking about innovation, given the context, they often are talking about creativity. But I was just struck that you and actually Frederick Becker used the word creativity and—

***George M. Stancel, PhD***

**0:39:13.0**

We're both old. (laughs)

***Tacey Ann Rosolowski, PhD***

**0:39:17.3**

I'm interviewing some people who are older than you are, and they don't. But I just thought it was an interesting choice of words because creativity, I think, is just a basic human quality that creates excellence no matter what kind of field you're in.

***George M. Stancel, PhD***

**0:39:31.5**

Yeah, I think it is. I don't know if we had this conversation either, but one of the things that's made me acutely aware of that is my wife. Did we talk about my wife?

***Tacey Ann Rosolowski, PhD***

**0:39:40.5**

Yeah, a little bit about her educational experience.

***George M. Stancel, PhD***

**0:39:42.6**

She was a preschool teacher, and that's her big thing. She tries just to get kids to come out of their shell if they're a little shy and just get them to do things and get them engaged and then let them try to be creative. Her sort of main point is if you just let them alone and give them a stimulating environment, they will sort of naturally—some of them—come to be creative about things and in ways that an adult might not see as creative. But for a three year old is pretty creative. And I think you could make a good case that we've beat this out of a lot of people through the traditional educational system.

***Tacey Ann Rosolowski, PhD***

**0:40:22.6**

I agree a hundred percent.



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*George M. Stancel, PhD*

**0:40:24.6**

There is a woman here—I don't know if you've ever met her or talked to her—not at MD Anderson but at the School of Public Health. Have you ever met [Dr. \[Roberta B.\] Ness](#)?

*Tacey Ann Rosolowski, PhD*

**0:40:31.5**

I have not met her, but go ahead and talk about the initiative that she's—

*George M. Stancel, PhD*

**0:40:36.7**

Right. Have you ever seen her book?

*Tacey Ann Rosolowski, PhD*

**0:40:38.1**

No. And the title of that is?

*George M. Stancel, PhD*

**0:40:41.6**

We'll fix that.

*Tacey Ann Rosolowski, PhD*

**0:40:43.4**

(laughs) Okay.

*George M. Stancel, PhD*

**0:40:45.6**

This time you can borrow that one.

*Tacey Ann Rosolowski, PhD*

**0:40:47.5**

Okay, cool.

*George M. Stancel, PhD*

**0:40:48.2**

How did you like that one?

*Tacey Ann Rosolowski, PhD*

**0:40:49.4**

Oh, the [Conversation with a Medical School](#)? I liked it very much. I also like the way it's written with the kind of biographical snapshots of different people.

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*George M. Stancel, PhD*

**0:40:57.3**

Right. The author is still in the neighborhood.

*Tacey Ann Rosolowski, PhD*

**0:41:00.2**

And that is [Bryant Boutwell](#).

*George M. Stancel, PhD*

**0:41:03.5**

Right. You might talk to him. He's a writer by training. He used to write for the newspaper, and then he worked for R. Lee Clark as a writer. He's a very interesting guy. He actually is a historian, too. That's his avocation. He's in town.

*Tacey Ann Rosolowski, PhD*

**0:41:33.7**

He has a nice way with narrative and puts together—

*George M. Stancel, PhD*

**0:41:37.8**

Yeah. He would really give you some insights into backroom conversations at Anderson back in the '70s.

*Tacey Ann Rosolowski, PhD*

**0:41:45.2**

That's cool. I'll have to get in touch with him.

*George M. Stancel, PhD*

**0:41:47.8**

He's a real enjoyable guy. You could use my name.

*Tacey Ann Rosolowski, PhD*

**0:41:50.0**

Okay, nice. Thank you.

*George M. Stancel, PhD*

**0:41:51.1**

If you can't find his contact info, call me and I'll get it for you.

*Tacey Ann Rosolowski, PhD*

**0:41:53.9**

Okay. Thanks a lot. Thank you.

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*George M. Stancel, PhD*

**0:41:55.9**

But he also had some stuff in there about Anderson, too.

*Tacey Ann Rosolowski, PhD*

**0:41:57.6**

Yes, he did.

*George M. Stancel, PhD*

**0:41:59.7**

All right. Anyway, okay, so let's not digress too much.

*Tacey Ann Rosolowski, PhD*

**0:41:59.9**

Okay. Is there anything else you wanted to add about the graduate school? Or do you want to move on about your research area?

*George M. Stancel, PhD*

**0:42:08.0**

No, I think we could go on and on and on, but I think you've got plenty of meat here.

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## **Chapter 9**

**0:42:13.1 to 1:04:32.9**

### **A: The Researcher**

#### ***Evolution of Research on Estrogen and Sweeping Changes in Biomedical Science***

### **Story Codes**

A: The Researcher

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

D: Cultural/Social Influences

B: MD Anderson Culture

B: MD Anderson History

C: Discovery and Success

D: Technology and R&D

C: Professional Practice

C: The Professional at Work

C: Discovery and Success;

A: Overview;

A: Definitions, Explanations, Translations;

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

**0:42:13.1**

Okay, great. We haven't talked at all about the research that brought you to Houston, and I'm wondering if you could talk about what you were doing when you first arrived and kind of sketch the arc.

### ***George M. Stancel, PhD***

**0:42:30.3**

I don't recall. Did we talk at all about this last time or not?

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

**0:42:33.2**

About?

### ***George M. Stancel, PhD***

**0:42:33.9**

About research and my research and how I got my job here.

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***Tacey Ann Rosolowski, PhD***

**0:42:36.4**

Yes, we did talk about that, how you were recruited, but we kind of dove right into what the situation was with the new medical school and the new graduate school.

***George M. Stancel, PhD***

**0:42:44.0**

Right. Okay. So at the time I came out of my postdoc at Illinois, I was working on a hot, if you will, contemporary area, which is how hormones work—the mechanisms by which hormones work. And I don't think it's much of a stretch to say that prior to that time, people really did not have a clue how hormones worked. The fundamental issue was that hormones are present in such small quantities that it was very difficult to even detect them in the bloodstream in humans or animals, much less figure out what they were doing. And that all changed about the time I was in graduate school, because there was a chemist at Chicago who figured out how to radioactively label hormones, and then you could track around minute quantities of them by just looking at the radiation rather than having to track them by chemical analysis—take a blood sample and see how much of hormone X was in that blood. You'd have to be taking gallons of blood from people to get enough hormone X with standard chemical technologies like chromatography and things to be able to measure that. So that caused a great change. Now we could actually try and understand how hormones were working, and that led to some phenomenally exciting discoveries. This was shortly after oral contraceptives came on board, for example. I don't know if we talked about that or not. That was not something I did directly, but it was what got me interested and excited at the time—that as people were learning about how these steroid hormones—estrogens and progestins—were working and you could actually now isolate them and synthesize them in a lab and do all sorts of things. You could see with a little bit of imagination—it didn't take much if you thought about it—the world was about to change. All of a sudden, a family could decide how many kids they were going to have and when they were going to have them. This was a totally foreign concept to our generation of parents. It was inconceivable. You either had kids or you didn't have sex. That's what it was. (laughs) I would make the case that the advent of oral contraceptives whether you—I don't know what your religious biases or preferences are or any of that kind of stuff—

***Tacey Ann Rosolowski, PhD***

**0:45:18.2**

I'm all for it.

***George M. Stancel, PhD***

**0:45:19.9**

But say what you will. Whether you're for it or against it, it changed the world. It changed the world. Arguably to my way of thinking, one of the biggest, if not *the* biggest changes in the latter half of the twentieth century. Women could now plan their careers without having to have unanticipated interruptions. They still had plenty of issues that guys don't have, but if you think

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about that, it changed the world. And then the other thing it enabled us to do was to start to understand diseases like breast cancer, prostate cancer, uterine cancer in ways we never could and to make predictions about how to treat those kinds of cancers and how to diagnose them. This was the general kind of work that we were all working on back at that time, and it turned out I was recruited here because I was working in that area—the steroid hormone action. And shortly after I got here, Baylor recruited some very famous people in that area who, to be honest, did much more than I did—far more. There was a guy named [Bert O'Malley](#)—just like it sounds, a good Irish boy—and that made it even a more attractive place for me to be. And MD Anderson also was starting to attract people because many of these hormone analogs are used in the treatment of cancer. So the drug tamoxifen, which was one of the first anti-hormones to come on the market, works by blocking the growth-promoting effects of estrogens in uterine and breast cancers. And so MD Anderson, of course, was hiring people to work on the clinical aspects of this, too. And so there was a great team of people—collection of people—in Houston in this broad area, which was important for me and one of the reasons that kept me here.

***Tacey Ann Rosolowski, PhD***

**0:47:12.9**

Who were some of the people that you were connected with at MD Anderson?

***George M. Stancel, PhD***

**0:47:16.7**

It wasn't so much—I was more connected with the people at Baylor, actually, in terms of the research. But in terms of the seminars and the intellectual environment and the instruments I could go to use, they were all over the place—at Baylor, at MD Anderson—and they would come to my place and vice versa. And it really was a wonderful environment and still is—that most faculty members in the medical center feel that if they want to go get some help with a piece of equipment or borrow something, people at MD Anderson, Baylor, University of Texas are all very helpful to each other—far more so, to be honest, on an individual faculty level than at the institutional level. And it's not that at the institutional level people don't want to work together or don't work together; it's just there are a whole host of issues. The patient can only go to one hospital or the other, so there's an inherent competition. There are only so many philanthropists in town that both presidents can court. When you're talking about sharing a piece of equipment, you don't have those kinds of issues that get in the way. You just do it. And I don't mean to imply that there were negative interactions between the leadership; it's just that there are different kinds of interactions. You have to be more parochial and take care of your own institution in some ways first. You can't give certain things away the way you can when you're sharing in the lab.

***Tacey Ann Rosolowski, PhD***

**0:48:48.5**

And again, it goes back to that importance of establishing your networks and leveraging them.

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***George M. Stancel, PhD***

**0:48:52.5**

Yeah, exactly. And then I had an active lab and had plenty of students and had great fun and trained people that went on to work other places, including some who went on to work at Baylor and who were quite successful. I managed to do that up until about five or six years ago and then just got—to be honest was not able to keep up with the science, with doing administration. I just didn't think it was a good idea to keep a lab open if you didn't have time to work with the students and fellows and really be competitive and be good at what you were doing.

***Tacey Ann Rosolowski, PhD***

**0:49:26.5**

How would you describe the phases that your own work went through over the course of the time when you did have your lab open?

***George M. Stancel, PhD***

**0:49:33.8**

It was like night and day, like night and day. If you would have come into my lab in 1975 or 1980 and taken a picture with your Polaroid camera (laughs)—going all around and taking pictures of the instruments and the tools we had and so forth—and then you came back in 2000, you would not have been able to see that it was the same place even though the physical address on Fannin Street was the same. If you showed these pictures to people, it was like night and day. You have to remember. When I started here there was no email. You typed your grants on a typewriter. There was no PowerPoint. You gave your lectures on a blackboard with chalk. (both laugh) To the students these days, you don't even bother talking about that anymore because they look at you like, "What are you talking about? What is chalk?" (laughs) Seriously. The point, though, is what you could actually do and the certitude you had with the science and the research you were doing was just inconceivable. I tell people if my students in 1980 would have said what they were going to be doing ten, fifteen years later, I would have kicked them right out of school. I would have said, "You're absolutely nuts. Haven't you learned anything? Come on. There's no way. That couldn't happen." And now students come in and they do it in a week, much less four years.

***Tacey Ann Rosolowski, PhD***

**0:51:28.2**

Amazing.

***George M. Stancel, PhD***

**0:51:31.9**

The instruments, the reagents. When I was in school, if you wanted reagents in the lab you had to make them yourself. Now you go and buy them. The catalog is that thick. Just buy them. Of course you need the money, (laughs) so that's a little bit of a problem, too. But your ability to do

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things and the certitude you'd have about measurements you make and its meaning is just incredible. You can't even imagine the difference.

***Tacey Ann Rosolowski, PhD***

**0:52:01.6**

Did the focus of your research morph over the course of the years as science changed?

***George M. Stancel, PhD***

**0:52:08.5**

Oh, absolutely. Absolutely.

***Tacey Ann Rosolowski, PhD***

**0:52:09.8**

How would you describe those changes?

***George M. Stancel, PhD***

**0:52:11.8**

One of the big changes, you started to be able to actually ask scientific questions on samples from one mouse or one patient. So one of the things I started doing when I first came here was just basically starting to understand what determined how cells, tissues, and organs could respond to hormones. And you might have to have ten control animals and ten you injected with a hormone, and you'd take out the tissue you were interested in and pool it all together so you got enough and grind that up, and maybe you could make one measurement or something. In 2000, I could get a piece of tissue that was maybe half the size of a fingernail clipping off your pinky. I could grind that up, and I could measure quantitatively the expression of a hundred genes. And if this sample was from a Pap smear of a woman I could—not with a hundred percent accuracy—but I could say, “The odds are better than even that this woman is going to have cervical cancer and this one is not.” And I could do that for a hundred patients—a hundred genes in each one—in three or four days.

***Tacey Ann Rosolowski, PhD***

**0:53:55.3**

Wow.

***George M. Stancel, PhD***

**0:53:57.7**

And when I started, the idea of doing it in a human was impossible because I would have had to take the whole organ, and that wasn't going to happen. (laughs) There were ethics panels that didn't like that kind of stuff. And the amount of material you'd have to get from a pig or a cow or a mouse was—



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***Tacey Ann Rosolowski, PhD***

**0:54:14.6**

(both laugh) I'm sorry. I'm still laughing about the not liking it. (laughs)

***George M. Stancel, PhD***

**0:54:17.6**

Patients hate it, too. Volunteers were scarce. (both laugh) When you look back at it even now, unless you stop and actually think about that, it's astronomical. And the things that now people just talk about routinely—I mean somebody just—where was it that I read now? For fifteen hundred dollars you're going to buy a machine that is going to sequence your entire genome overnight or in a day or something like that.

***Tacey Ann Rosolowski, PhD***

**0:54:53.2**

That's pretty amazing. I'm sure it will be in Hammacher Schlemmer or whatever that high-end gadget catalog is. (laughs)

***George M. Stancel, PhD***

**0:55:00.2**

Yeah, that's right.

***Tacey Ann Rosolowski, PhD***

**0:55:04.6**

Do it for all your friends.

***George M. Stancel, PhD***

**0:55:05.5**

Buy a new DNA sequencer for Christmas from the Neiman Marcus catalog.

***Tacey Ann Rosolowski, PhD***

**0:55:09.0**

Have it as the centerpiece at your next cocktail party.

***George M. Stancel, PhD***

**0:55:14.0**

Exactly. (both laugh) Instead of having palm readers, you're going to have geneticists sequence your DNA. Don't laugh. It is kind of humorous on the one hand, but that's what's going to happen.

***Tacey Ann Rosolowski, PhD***

**0:55:25.6**

It's another career for people looking for—(laughs)

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***George M. Stancel, PhD***

**0:55:26.3**

Well, of course now the problem is we get all this sequence data and we don't know what to—and how do you sort it all out? It doesn't pop up and wave a red flag that here's the red flag that says I'm going to have a stroke or whatever. You've got to know where to look.

***Tacey Ann Rosolowski, PhD***

**0:55:44.9**

Now was your main focus on uterine cancer?

***George M. Stancel, PhD***

**0:55:47.2**

My main focus was on uterine cancer. Right.

***Tacey Ann Rosolowski, PhD***

**0:55:50.0**

Okay. I had written down from one of the materials I was looking over as I was preparing for the interview that you were interested in the difference between estrogenicity and carcinogenicity.

***George M. Stancel, PhD***

**0:56:00.1**

Right.

***Tacey Ann Rosolowski, PhD***

**0:56:05.1**

I was curious if you could describe what that means.

***George M. Stancel, PhD***

**0:56:09.3**

Yes. Something that's carcinogenic is sort of like what it sounds. It will cause a tumor to be formed. Something that's estrogenic means it has a biological action, like an estrogenic hormone, which would cause mammary gland growth, cause the lining of the uterus to grow every month, and that sort of thing. And of course, I think you're probably aware that there's pretty good evidence that the more estrogens a woman sees in her lifetime or, for that matter, a man—people don't realize men get breast cancer, too. They don't get uterine cancer but they do get breast cancer—a little bit at least—determines whether they are going to get breast cancer or not or uterine cancer or not. So the question is, is the molecule estradiol carcinogenic because it's estrogenic? Or could we take that molecule, which is what the ovary produces naturally, and could we tweak it—chemically modify it, change its structure—so that it would get to be an estrogen but not a carcinogen? Because if you could do this, then what you could do was you could make an analog of the naturally occurring hormone, and you could give it to postmenopausal women to maintain their bone strength, decrease their hot flashes without

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increasing the risk of breast cancer or endometrial cancer. You could give it to young girls—twenty-two I'm calling a girl but (laughs)—you could give it to young women, and they wouldn't have to worry that when they were fifty-five they were going to get some kind of cancer. They could use it for family planning purposes or whatever they wanted, and they wouldn't worry about it. And this was the question. Was it possible to—these were two different biological activities, but were they inseparable or were they not based upon chemical structures? So we did a lot of work by looking at the biological effects of compounds that were basically modified forms of estradiol.

*Tacey Ann Rosolowski, PhD*

**0:58:43.0**

And what were your findings?

*George M. Stancel, PhD*

**0:58:44.7**

They were inconclusive, actually. That still remains a question that is unanswered, although some people are starting to think that maybe we can separate those two activities. And the same is true for men with androgens. Could we separate something that would be useful in people who were starved and malnourished to increase their muscle strength without increasing their risk of prostate cancer?

*Tacey Ann Rosolowski, PhD*

**0:59:21.6**

Interesting. Yeah.

*George M. Stancel, PhD*

**0:59:23.7**

The votes are not totally in yet, but we may be making some progress in these areas. And again, it's because we're learning more about not just what happens when you shoot the thing into an animal and you wait and see what happens a year later but trying to understand the molecular basis of it so you can dissect that and figure out how you can trigger certain molecular events in response to a hormone but not others.

*Tacey Ann Rosolowski, PhD*

**0:59:51.5**

How would you characterize your own contributions in the field—to this work?

*George M. Stancel, PhD*

**1:00:00.2**

I guess I would say that we really helped to define factors besides the hormone itself that contributed to what its biological effects are going to be. So we did a lot of work showing that the levels of other hormones like thyroid hormone or insulin would in fact affect how a female

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animal responded to estrogens. We did a fair amount of studies showing how to prevent some of the growth-promoting effects of estrogens by giving other agents—derivatives of tamoxifen and that chemical class of agents. We did a lot of work more recently with trying to develop mechanisms to predict women who would be susceptible to certain kinds of uterine cancer or not based upon endometrial biopsies that we would get from physicians—again not conclusive, but I think we certainly did a lot to develop the methods and to get people to start to think about that. I think we were some of the first ones to be able to do that kind of stuff. Again, just because we were at the Texas Medical Center. We had access to equipment that was unique at the time and whatnot.

***Tacey Ann Rosolowski, PhD***

**1:01:15.4**

What sort of equipment was particularly—

***George M. Stancel, PhD***

**1:01:16.9**

Technically, some of the stuff that we had—some of the first people in the medical center to have were automated RT-PCR. That's RT slash PCR—just the initials. It enabled us to do very large amounts of analyses for rapid numbers of genes being expressed in very small pieces of tissue. We had a bunch of robots that would do the work. (laughs) Not a robot like R2-D2. (laughs) Have you ever seen a robotic lab?

***Tacey Ann Rosolowski, PhD***

**1:01:55.2** Yeah.

***George M. Stancel, PhD***

**1:01:56.7**

Where the pipetter picks up ten test tubes and puts them in a rack and then it takes—we would program it on the computer what to do, and then we would go drink coffee and then zip, zip, zip—then get these tubes and do the analyses, and then we'd go and see it print out on the computer screen. We did some of the first of that kind of stuff in Houston—in terms of hormone responses and things like that.

***Tacey Ann Rosolowski, PhD***

**1:02:17.1**

Wow. And was this equipment that you purchased for your own lab, or was it equipment that you shared?

***George M. Stancel, PhD***

**1:02:23.2**

It was actually equipment that we got grants to purchase and that we shared with others. So the first instrument that did this—most instruments have serial numbers, and the instrument that

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would first do this, which was automated high throughput RT-PCR—reverse RT. PCR—polymerase chain reaction. RT—oh, jeez. This is terrible.

*Tacey Ann Rosolowski, PhD*

**1:02:50.5**

I can look it up online.

*George M. Stancel, PhD*

**1:02:51.9**

I forget the acronym. Okay. (both laugh) There is a machine that would run these things through ninety-eight samples at a time in one of these little plastic dishes you may have seen with the ninety-eight little wells in it, and we had the machine with serial number eight.

*Tacey Ann Rosolowski, PhD*

**1:03:08.5**

Wow.

*George M. Stancel, PhD*

**1:03:10.6**

I think the first seven were out in California at a company called Genentech, and we had machine number eight, and it was the first machine in the Texas Medical Center that could do this. We actually got a grant from a drug company to do this. And once we got the machine, we then made it available for other people to come and use, and we helped them do that. And actually we—the group of us—there were two or three of us who did that together. We were actually quite proud of that. We thought that was the way senior faculty members should do things.

*Tacey Ann Rosolowski, PhD*

**1:03:47.6**

Who were the people you partnered with for that?

*George M. Stancel, PhD*

**1:03:50.4**

It was a guy who is now in the medical school still. His name is [David Loose](#). There was another guy who now is at Texas A&M whose name was [Peter Davies](#). It's D-A-V-I-E-S but pronounced Davis, which is the Welsh pronunciation. The three of us actually worked together for about ten years doing this, and one of the early machines we bought is still in duty over at the medical school. When I left the lab, I just bequeathed the instruments to the medical school.

*Tacey Ann Rosolowski, PhD*

**1:04:25.4**

What was the process of closing down your lab? What was that like?

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***George M. Stancel, PhD***

**1:04:32.9**

What we did was we phased out the people, and we let them know so they had plenty of time to go and do other things. I'm actually pleased to say that the last several people who were with me before I left actually wound up in terrific places—doing good things, having good jobs—very successful. And then it was sort of a graded kind of thing. To people I was collaborating with I said, “You can use that bench to work if you have need for space.” I gave the equipment bits and pieces away, and what you couldn't give away you had the trash man haul off. You have to go through all your old notebooks and see what needs to be published yet, then you go through your freezers, and you think about all the samples you had and who could use these samples. We tried to give those to people and that sort of thing. So actually, from the time I decided to actually stop writing grants and doing active experiments to the time I completely closed the door and gave the key to the boss—the head of the department at that time—it probably took the better part of a year and a half.

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## **Chapter 10**

**1:05:42.4 to 1:12:27.1**

### **A: The Researcher**

#### ***The First Uterine SPORE Grant***

### **Story Codes**

B: Education  
C: Professional Practice  
C: The Professional at Work  
C: Collaborations  
C: Discovery and Success  
B: Multi-disciplinary Approaches;

***Tacey Ann Rosolowski, PhD***

**1:05:42.4**

Wow. I noticed that you were involved with something called the [SPORE](#) (Specialized Programs of Research Excellence) research program.

***George M. Stancel, PhD***

**1:05:51.7**

SPORE. Yes.

***Tacey Ann Rosolowski, PhD***

**1:05:54.1**

I wonder if you could describe a little bit what's involved with that.

***George M. Stancel, PhD***

**1:05:58.2**

Okay. The SPORE program is a program of the National Cancer Institute. I forget again the acronym. Specialized—

***Tacey Ann Rosolowski, PhD***

**1:06:09.1**

I just found it on my notes. Specialized Programs of Research Excellence.

***George M. Stancel, PhD***

**1:06:14.8**

Right, okay. And what they do is they define areas around individual kinds of cancer. So we had a SPORE grant in uterine cancer. Two or three other places might have had SPORE grants in breast cancer, SPORE grants in pancreatic cancer. And the idea was that you would bring

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together teams of people—basic scientists, clinicians, statisticians—and you would have sort of a group approach to a big problem like uterine cancer or something. So the way this worked, it was actually kind of interesting. I would never have done that myself. To be honest, I was not quite suited to do that myself. But at this point in time when this first started, I was more into working with animal models and things like that. So there were two relatively junior faculty members from MD Anderson, one whose name is [Karen Lu](#), and the other whose name was [Russell Broaddus](#). Russell, as it turns out, had been a medical student and a graduate student at our school, and I had taught him as both a medical student and a graduate student. He then went on to get his board certification as a pathologist, and he was a specialist in uterine cancer. Karen Lu is a surgeon who specializes in uterine and ovarian cancer—trained at Johns Hopkins and terrific. So they came to see me—oh, this would have been maybe 2000 roughly—and they had this idea. They said, “Nobody in the country has a SPORE in uterine cancer. I’m a pathologist who is interested in uterine cancer,” and “I’m a surgeon who is interested in uterine cancer.” “We have this idea we’d like to get a SPORE in uterine cancer. Would you help us?” And actually to be honest, I told them—they were two young people—I said, “If you want my advice, don’t do it. Worry about building your own careers first, getting your own reputation. Then you can try to build this big group. If you try and build this big group project, it’s going to take a lot of your time and energy, and the group will get credit for it. And it’ll be a great thing, but you won’t get any credit for it. Not that you won’t get any, but you won’t be rewarded as much as if you got credit for things you did more or less on your own.” And they didn’t listen to me, so they went ahead, the two of them (laughs), and they started this application. And it turns out, to be able to be eligible for these big mega grants, you have to have a certain number of people who already have grants related to the cancer that you’re trying to get this group together for. You have to have X number, and I was one that they needed to get X number. Plus neither of them had that much experience in the basic biology of uterine cancer—animal models—which I had. So I was not—I can’t take credit for being the lead. They were the leaders of it. They did most of the work, but I agreed to be part of it and help them where I could. It was actually terrifically gratifying to see that one of your students from graduate and medical school was now doing a project that was kind of the boss and you were sort of trailing along behind trying to help but really not being the major player—that they were doing it. And I didn’t think they’d get the grant, but they did. And then it was fantastic. So that’s how that all happened.

***Tacey Ann Rosolowski, PhD***

**1:10:12.1**

I was curious why they felt so strongly about doing a collaborative project of this kind in the face of all of these logical reasons to build their own individual careers.

***George M. Stancel, PhD***

**1:10:24.7**

They were better people. (laughs) To be honest, they realized that these diseases like uterine cancer—to really make the maximum progress it was going to take a team effort. We hear the expression *team sport* and that kind of thing. They realized that and they just said, “Okay, if



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that's what it takes. We're more interested in doing that than building our own individual careers. And if we lose a couple of years of our own time doing this, we're willing to take that risk for the potential of the good that will come from it." So they did, and I have a high regard for both of them. They're still both very active, and I'm sort of drifting away from that. But I'm very pleased that I helped them with the initial writing. I helped them with the initial science. I helped them with some mentoring for some of the young people they were trying to get into the area. But compared to what they did, it was a small contribution.

*Tacey Ann Rosolowski, PhD*

**1:11:22.8**

What have some of the outcomes been from that initiative?

*George M. Stancel, PhD*

**1:11:27.0**

They've trained a number of people. Part of these SPORE grants is you get training. They've been able to get people who were not interested in uterine cancer; they gave them starter grants to get into it. They were able to do a number of things including starting some clinical trials to see if there could be newer, better treatments for uterine cancer. They've started an annual meeting of people from all over the country interested in uterine cancer who now come to Houston, and they pay for the speakers and the conference. They've gotten junior faculty at MD Anderson up and running because they were able to jumpstart their careers with little mini grants from this big mega grant. So they've done really a lot of things. They made Houston, MD Anderson, have the first uterine SPORE grant in the country—I think the only one.

*Tacey Ann Rosolowski, PhD*

**1:12:17.4**

Wow. That's amazing. So a real site of activity for jumpstarting thinking in the field.

*George M. Stancel, PhD*

**1:12:24.1**

Yeah, absolutely.

*Tacey Ann Rosolowski, PhD*

**1:12:26.4**

Excellent. Good thing to be part of.

*George M. Stancel, PhD*

**1:12:27.1**

Yeah, absolutely.

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## **Chapter 11**

**1:12:31.0 to 1:30:07.9**

### **B: Building the Institution The First Course in Ethics**

#### **Story Codes**

B: Education

D: Ethics

B: Building/Transforming the Institution

C: Professional Practice

C: The Professional at Work

*Tacey Ann Rosolowski, PhD*

**1:12:31.0**

There were a couple other things that I know you wanted to talk about before we move on to the vice presidency of Research and Academic Affairs. One of them was your involvement as a member of the Research Ethics Task Force, which is an activity that you had between 2000 and 2007. So if you could talk about what was involved in that.

*George M. Stancel, PhD*

**1:12:58.3**

Okay, so a little background on that. The graduate school has had another first in its history, as far as we know. As far as we know. There could be some school someplace in upstate New York that I'm not aware of or whatever that did this before we did. I don't know. But honestly, to our knowledge, our graduate school was the first graduate school to not just offer a course in ethics for PhD scientists but to require one. Did we talk about this?

*Tacey Ann Rosolowski, PhD*

**1:13:39.5**

Uh-hunh (negative). No.

*George M. Stancel, PhD*

**1:13:40.8**

Okay. Again, this was my predecessor as dean, a guy named Bill Butcher, who had this idea back in the 1980s. And he did in fact implement that, and there was actually a lot of initial pushback from the faculty.

*Tacey Ann Rosolowski, PhD*

**1:14:03.1**

Why?

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***George M. Stancel, PhD***

**1:14:05.7**

“You can’t teach ethics. If you don’t have it by the time you get to college, you’re never going to get it. Your mommy and daddy need to teach you that. You need to learn that in church and in Cub Scouts and Girl Scouts. You can’t teach ethics. Everybody knows that. You can talk about it, you can give a test on it, but you can’t teach it. You’ve either got it or you don’t.” And he thought that’s not right. He thought that even if you couldn’t get people’s behaviors changed, you really were obliged to at least point out the issues to them and give them some tools to start to think about how to approach those issues—if they chose. You couldn’t make them do it. And it’s not just do the right thing ethics, but how do we decide who goes on the paper in what order? Is there an ethical component to maintaining your data for a long time for sharing it with people? Then there are the issues of when should you use animals. How many should you use? How do you balance that? Even though it’s not a human life, it’s probably something that we want to be careful about and judicious and not give any pain and so forth. But yet sometimes you have a quandary. How are you going to study pain medication if you don’t somehow injure an animal? And how do you weigh the pros and cons? There’s no answer, of course, but at least get them to think about it. And of course there are a lot of principles about human research. So there are a lot of things here. Conflict of commitment. You get paid by the university when you’re a professor. Well, does that mean you can take off every Friday and go give a seminar at the drug company and get a thousand dollars for it when you’re on company time? A lot of faculty didn’t think that this was something we should be talking about too much in public. (whispers) We don’t need to be talking about that. (both laugh) It’s okay. We’re doctors. It’s okay. (laughs) Anyway, Butcher said, “No, no. We’ve got to do this.” So he did that, to make a long story short. And then the university hired a very famous ethicist, whose name was [Stan Reiser](#), and got him to head up an ethics program on the campus. He started this program that you just referred to where he got together people from all the schools and started to get them to think about what sort of ethical concepts and principles do we need to teach not just to graduate students but to medical students and nursing students, and what can we do in terms of crossing those boundaries and getting people to understand the ethical dimensions and issues faced by people in other biomedical professions. And that’s what that group was about. Basically it was a think tank, and we’d get together and we would—for my part, because I was in the graduate school at that time and dean, most of my individual concern was how we would write cases and use examples in our own ethics course. But then there were other people in the group from nursing or medicine. We would meet monthly or whatever it was, and we would talk about that. That’s an area which has continued to grow and develop at the Health Science Center in particular, and we’ve actually done some very interesting things with that right now. Actually just recently—I say we; it’s the royal we. (laughs) You know, the regal we. What it means is that some of my faculty members have written a book. (laughs) Do you remember when you were growing up? Did you ever read these action comic books?

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***Tacey Ann Rosolowski, PhD***

**1:17:49.5**

I didn't read a lot of comic books, but I may recognize the name.

***George M. Stancel, PhD***

**1:17:53.7**

Well, I use the word comic but they weren't exactly. Action/adventure books, stories, where you start out reading and you get to the end of the fifth page or something, and it says, "How do you think this story is going to end?" or "How do you want to proceed?" "Do you want to get on the plane and go to Paris with this guy you met, or do you want to go back to Smalltown, Indiana, or whatever?" (laughs)

***Tacey Ann Rosolowski, PhD***

**1:18:19.6**

No-brainer there. (both laugh)

***George M. Stancel, PhD***

**1:18:24.2**

And then if it says this, you go to page ten; if it says this, you go to page fifteen. It's one of those kinds of things where you sort of get involved with creating the narrative of the story as you go. So these three faculty members—with input from all the schools—wrote an ethics book that is like that. And now all the students in the Health Science Center have to do it, and this includes the graduate students who work at Anderson. It's about a four-hundred-page book, but it's big print, and you don't have to read the whole thing because you're jumping around like this. It walks them through a bunch of issues that are real, practical kinds of things that people get involved with and have issues people have to face.

***Tacey Ann Rosolowski, PhD***

**1:19:10.7**

Can you give an example?

***George M. Stancel, PhD***

**1:19:12.1**

Yeah. Of course, it's written with a lot of student perspective. So there's a student epidemiologist, she is working with people at the School of Public Health, and they are doing a study on treatments of oral cancer. There's a dentist involved who is the oral pathologist who looks at these things. The faculty members are using data to convince the FDA to let them enroll more patients in this study, and the graduate student in epidemiology says, "Well, that doesn't look exactly right to me. I don't remember that that's the way that result turned out." What does the student do? Does the student run to tell the dean about it? You go to page thirty-nine. Does the student say, "I'm near the end of my dissertation. I'll let the next one worry about that." Go to page fourteen. Or does she put in an anonymous phone call to NIH? And so they track through

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and see what happens. And then you pose another set of things. It's almost like a little bit of a mystery story to see how it's going to end. There's a story about a patient who comes in to see the doctor, and it turns out that the nurse is a neighbor of the patient. Three weeks later, the patient hears something from a neighbor and concludes wrongly that the nurse told the neighbor. This creates a big ethical dilemma, and everyone is yelling at each other and so forth. A family brings their daughter to the doctor for a school exam or something. And as good doctors are often wont to do, if the teenager is sixteen, seventeen, they'll pull the kid aside and say, "Is there anything you want to talk to me about without your parents around?" So the girl says, "Yeah, I'd like some oral contraceptives." Now the doctor tells the nurse to write the prescription, and the nurse says, "Well, those are my neighbors and I don't feel good about that." She doesn't tell the doctor she's thinking this. "Should I tell my next-door neighbor, who is her mother, and we share everything? The kids are growing up." So there's some real sort of interesting things that play into this about medicine and dentistry and epidemiology and stuff, and that's sort of an outgrowth of that. I'm not involved actively with them anymore. I just don't have the time. But it's sort of a tradition we started, and I think it's actually very useful and important.

***Tacey Ann Rosolowski, PhD***

**1:22:25.9**

What sort of effects have the classes had on the student body or thinking? Have you kept track of kind of what people do with this information and thought process?

***George M. Stancel, PhD***

**1:22:43.5**

Well, we've only, about two or three years ago, realized that we ought to be doing that, because the philosophy always was, "It's difficult to teach ethics and behavior and yada, yada, yada." People bought into that eventually, but people didn't sit around and think about how we might at least see if it sunk in. So just a couple years ago, we started to ask that question amongst the faculty. We said at least one of the things we could do is since students do this when they're taking their coursework in the first year, we can fast-forward four or five years later when they get up to give their dissertation defense, and we can get the faculty to listen to what they say about certain things. If they used animals in their research, did they explain how they decided how many animals they had to use? If they used human material in their presentation, did they take a minute to explain how they got the [IRB](#) (Institutional Review Board) approval to get the human samples? If someone asked them a question about, "What was in the informed consent for those patients?" If they said, "I have no clue. I just got the samples in a box," that was one thing. But if they said, "Oh, yeah, well, informed consent—if the child was under twelve it had to be signed by an adult, and there had to be a witness, and yada, yada, yada," something sunk in. So we sort of have a little series of checkboxes. Did the student appear to recognize the ethical issues involved in their research? During the course, without prompting, did they discuss one or more points about the use of humans, animals, data collection, sharing, whatever? We might plant a question. "Gee, George, I saw that your paper had four authors. What did each of them do? And how did you think about what position to put them in?" You could ask that question at a

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science seminar. And did they say, “The advisor told us how to do it,” or did they say, “Well, we sat down and we thought about who did the critical experiment or who did most of the experiments or whatever or who wrote the grant.” If they could at least just talk about it, then we’re getting some confidence that it’s doing some good. And we are now collecting this. And of course, what do you do? You can’t sit around anymore with a shoebox full of index cards. You’ve got to have a computer and a database. So we’re doing all that. It takes time and energy and expense, but we’re actually now starting to think of ways we can actually see if this sort of material sinks in.

***Tacey Ann Rosolowski, PhD***

**1:25:43.4**

It’s a fascinating issue because of course the dilemmas only get more and more complex as people—

***George M. Stancel, PhD***

**1:25:48.3**

Absolutely. We ain’t seen nothing yet. We ain’t seen nothing. Perinatal diagnosis of which of these fertilized embryos sitting in the Petri dish is going to turn out to have a genetic defect and which isn’t. And which ones do we throw away? I don’t know if you saw this thing that just came out in *The New York Times* on Monday. They have their science editors publish their stuff. It came out last Monday in one of their science columns that it now turns out we think—one guy thinks (laughs)—that postmenopausal women do in fact have stem cells in their ovaries that, if you tweak them just right, they can turn into a new egg. So Great-Grandma could have a baby if she wants, or at least we could get an egg out of her.

***Tacey Ann Rosolowski, PhD***

**1:26:47.0**

I did see that.

***George M. Stancel, PhD***

**1:26:48.1**

And maybe we could put it in a younger gal to carry it, but she could—from the biological point of view at least—be the mother of a child. I mean, who would have thought that? Not that any eighty-five year old would want to.

***Tacey Ann Rosolowski, PhD***

**1:27:05.0**

And one never knows, actually.

***George M. Stancel, PhD***

**1:27:07.8**

But even if she didn’t want to, suppose this was somebody with an IQ of a hundred eighty-five?

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Or had the world's greatest soprano voice? Or came up with a new theory of logic? Or brought the Palestinians and the Israelis to the peace table in the Middle East? Well, now you want to think about that a little bit. I'm not so sure what you'd want to do, but I'm sure somebody would think about that. Or the greatest pianist we ever heard—got magical fingers. Or the greatest brain surgeon. Fingers move fantastic tying off those little arteries. Never saw that before.

***Tacey Ann Rosolowski, PhD***

**1:27:53.9**

The questions the next generations are going to have to think about.

***George M. Stancel, PhD***

**1:27:58.7**

Absolutely. So anyway, I think there's going to be—it's not even possible to think about the questions we're going to have to face. You asked about the graduate school. And so I think increasingly, the graduate school is going to have to be thinking about how we make both the students and the faculty aware of what the issues are without giving them the answers, because I doubt there are pat answers. Getting them to increasingly think about it just because they're going to have to.

***Tacey Ann Rosolowski, PhD***

**1:28:24.2**

Yeah. It's the skills of how to mull it over and how to have a conversation, too.

***George M. Stancel, PhD***

**1:28:31.0**

Just because of what you can do. Fifty years ago you wouldn't have this conversation. "Are you nuts? What's this stem cell business?"

***Tacey Ann Rosolowski, PhD***

**1:28:41.3**

Yeah. It kind of goes back to the education about communication, too, because there are so few models in the culture of how to have a conversation about these kinds of contentious issues.

***George M. Stancel, PhD***

**1:28:51.5**

That's right. The cultural relation component of communication—I think that's important, too, because half of our graduate students in the country are from China—not half but honor students is about a third.

***Tacey Ann Rosolowski, PhD***

**1:29:05.4**

Interesting.



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*George M. Stancel, PhD*

**1:29:08.6**

To them, plagiarism—hey, no big deal. (both laugh) “That’s what we were taught to do.” I don’t take that much as an excuse, but it’s something that’s got to be addressed. Okay. We’re running out of time. I’ve got to go in a couple minutes here.

*Tacey Ann Rosolowski, PhD*

**1:29:22.7**

Oh, okay. I’m sorry.

*George M. Stancel, PhD*

**1:29:24.6**

That’s okay. We’re having a good time doing it, so it’s all right.

*Tacey Ann Rosolowski, PhD*

**1:29:26.9**

There was also the Health and Human Spirit Initiative that you were involved in.

*George M. Stancel, PhD*

**1:29:33.8**

Right. That was a similar one, but the idea there was more to think if there’s actually—that’s more about identity formation and how you get people to think about, for lack of a better term—it’s not religious but it’s a spiritual, cognitive component to their actions and thinkings, and how might that be important in a lot of ways—how you treat your colleagues, your students, implications as for your work, and so forth.

*Tacey Ann Rosolowski, PhD*

**1:30:02.8**

Now was this run through the graduate school?

*George M. Stancel, PhD*

**1:30:05.0**

No. This was a university-wide thing.

*Tacey Ann Rosolowski, PhD*

**1:30:06.0**

A university-wide thing. Okay.

*George M. Stancel, PhD*

**1:30:07.9**

I was far less involved with that than with the ethics stuff, though.



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## **Chapter 12**

**1:30:10.9 to 1:38:50.0+**

**A: The Administrator**

**Executive Vice President of Academic and Research Affairs**

### **Story Codes**

A: The Administrator

D: On Leadership

C: Professional Practice

C: The Professional at Work

*Tacey Ann Rosolowski, PhD*

**1:30:10.9**

Okay. I had a couple of other questions. How much longer? I don't want to take your time if—

*George M. Stancel, PhD*

**1:30:17.2**

What were the questions?

*Tacey Ann Rosolowski, PhD*

**1:30:22.0**

We needed to cover the appointment to the vice presidency, and then I had a few kind of human interest-y type questions, and if we're kind of—

*George M. Stancel, PhD*

**1:30:34.4**

Okay. Let's do the vice presidency thing first. What do we want to talk about about that?

*Tacey Ann Rosolowski, PhD*

**1:30:39.0**

You were appointed in 2011 executive vice president for Academic and Research Affairs, the Texas Health Science Center. I wanted to know kind of what your role is and what your goals are in assuming that role.

*George M. Stancel, PhD*

**1:30:55.5**

Okay. Basically, this is the position that enables and fosters the faculty in all the schools of the Health Science Center to be able to do research and deals with academic issues, such as credentialing of faculty, appointments of faculty. The registrar's office falls under my purview, student aid, scholarships—all those kinds of things—student rules of conduct, faculty rules of

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conduct. All those things are on the academic side. And then the research side is how do we ensure that the library is sufficient? How do we ensure that the core facilities that the people from all the schools use are sufficient? How do we pay for them? How do we stimulate grants for them? Who operates them? How do we manage our space? How do we determine how much space this year is going to go to cardiology versus microbiology? All these kinds of issues—all the reporting to the state about numbers of students, about the degree programs they're in, about new programs, about how we evaluate programs. This is all the academic and research side of it. How do we build research partnerships with Baylor and with MD Anderson? We want to buy a new cyclotron. How much are we going to pitch in? What are the legal arrangements? Who is going to get to use all of that? Before we let somebody go out and start up a biotech company with discoveries they made here, what are they going to have to assure us or not assure us? And how do we make sure that the university gets a fair return on what they paid for your salary here? And so on and so forth. How do we make sure that we do anything that involves human subjects research in an ethical way? That committee bubbles up to me. The use of animals all bubbles up to me. The compliance issues all bubble up to me. The research misconduct, sadly, bubbles up to me. That's sort of a snapshot of the job.

**1:33:05.0**

My goals are really pretty simple—he said pretty simple (laughs)—to take as much of that off the plate of the individual faculty members as possible; to give faculty members the tools to deal with those things in their individual teaching and research; to cut down as much as we can the amount of paperwork and redundancy in all of that; to get some of these different groups to talk to each other so that once the faculty member does it once, we have it, and we can keep it, and we can disseminate it when people want it. If you're a faculty member around here, you probably get asked for your CV a hundred times a year. I'd like to create a big faculty database where we get it once; you update it once a year; and whenever anybody needs it, we push a button, and it goes to them. So basically, to enable the faculty to do what they do best and the students to do what they do best. And our challenge—and the fun for us intellectually—is figuring out systems and approaches that will save them time and energy, because even though we can do so many more things these days, the reporting requirements are just astronomical. If you want to use one mouse, you might have to fill out twenty pages of paperwork. (laughs) If you want to do human subjects research, same thing. I'm not saying we should not do that. I'm saying we have to help people do that so they can worry about actually designing the experiments and doing them the right way. And that's a big challenge, and you have to have done the research to understand what the issues are there. So that's sort of a quickie thing of what I'm doing now. As the world changes, should the criteria for promotion to professor and tenure be the same as it was twenty-five years ago? Should we have tenure? Do we need tenure? The courts now give protection against willy-nilly dismissal of faculty members for political reasons or personal reasons that weren't in place fifty years ago. How does that change?

**01:35:20**

If you go to Houston Independent School District, eighty percent of the students are Hispanic.

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What percentage of students in your dental school are Hispanic? What percentage are Vietnamese? It's not eighty percent. It's not even close. So how are we going to fix that? Does it need fixing? Well, the state of Texas tells us it does. The Supreme Court might tell us a little different, but how do we sort that out? We can't deny that we're a public institution and that the face of Texas is changing. How do we make sure that as the face changes that the new faces have a chance to get the education they need, too? And that's not so easy when you think about it. These are sort of some challenging problems that we think about a lot up here and don't have always the good solutions, but at least that's what we do. The other thing we do which is, I think, related to MD Anderson in this job is my office will be a point of contact for interfacing and interactions with MD Anderson in all these areas moving forward. There are joint projects we should do. We do have some joint buildings. We share a library. We share a graduate school. We have some core labs that people go back and forth to use. Part of what I do is talk to my counterparts at MD Anderson. [Ray DuBois](#)—I don't know if you've talked to him yet or if he's on your list or not to talk to. He's the provost over there. Or Steve Tomasovic before he retired. These are the kinds of things that I would have to work through all those issues with him. What about the legal agreements? There's a student enrolled in the graduate school, but he or she works in a laboratory at MD Anderson for two years and then switches to a laboratory in the medical school. There are different fringe benefits. There are different legal issues and things you've got to do on both sides of the street. How do we make it easy for students to do that if their education is served best by doing that?

***Tacey Ann Rosolowski, PhD***

**1:37:44.4**

Amid all of the description that you've just given me, I kind of see a philosophy of what it means to be an administrator. (both laugh)

***George M. Stancel, PhD***

**1:37:55.2**

Stay low and move quick. (both laugh)

***Tacey Ann Rosolowski, PhD***

**1:38:01.1**

It's kind of designing the architecture in which other people move to—

***George M. Stancel, PhD***

**1:38:06.5**

That actually is not a bad analogy. I think the one of being an architect is building a structure and a framework that will support people going up and down the stairs to the second floor, flushing the toilet, turning on the faucet, opening the refrigerator door, or that kind of thing.

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***Tacey Ann Rosolowski, PhD***

**1:38:23.4**

Or opening up the skylight. It's everything.

***George M. Stancel, PhD***

**1:38:26.1**

Exactly. But it sort of is its own kind of fun. There's a certain amount of drudgery involved, but to think about it is kind of fun.

***Tacey Ann Rosolowski, PhD***

**1:38:38.1**

Yeah. I can see that hearkening back to that phone call you got all those years ago when you were the kind of pioneering spirit of somebody who would enjoy working as a team and setting up new things. It kind of seems like you've come full circle.

***George M. Stancel, PhD***

**1:38:50.0**

So anyway, that's a quickie view of the role of the vice president. I do think that's going to be more and more important vis-à-vis MD Anderson in the future, because I think we're both University of Texas components. And even though our missions are different, there is a lot of overlap. And I think increasingly all public institutions are going to be forced by the legislature and by the UT system to do more together—at least in theory—that should be more efficient and effective. In reality, there's always political issues and personal issues, but I do think the system and the state is going to be expecting all of the institutions—not just Anderson and UT Health Science Center but all throughout the whole state—to do more together and to try and find economies of scale and to try and interact. Do we really need the same thing on both sides of the street? Do we really need an animal care facility at MD Anderson and one at the Health Science Center? Maybe today we do, but twenty years down the road should we be planning to build one halfway between the two places? That's going to be more cost efficient and effective. I don't know the answer to that question, but somebody should ask that question. So you had a couple of other questions you wanted to ask.

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## **Chapter 13**

**1:40:14.4 to end of session**

**A: Character and Personal Philosophy**

*Proud of Teaching; A Goal of Maximizing Intellectual Cooperation Between UT Institutions*

### **Story Codes**

A: Personal Background

A: Career and Accomplishments

A: Character, Values, Beliefs, Talents

C: The Professional at Work

*Tacey Ann Rosolowski, PhD*

**1:40:14.4**

Yeah. First of all, I wanted to shift and kind of ask about the run for multiple sclerosis.

*George M. Stancel, PhD*

**1:40:25.3**

The ride.

*Tacey Ann Rosolowski, PhD*

**1:40:26.7**

The ride. Yes. But before I did that, I wanted to ask if there was anything else you wanted to add more on kind of the business side of the operation of the graduate school or the vice presidency.

*George M. Stancel, PhD*

**1:40:39.2**

No. I mean, I think you're never going to get an encyclopedia, but I think it's fun to get some vignettes. I think you get a flavor of the place. I think that's more important.

*Tacey Ann Rosolowski, PhD*

**1:40:48.1**

Okay. So tell me about this ride between Houston and Austin that you take part in every year.

*George M. Stancel, PhD*

**1:40:58.5**

Okay. What would you like to know about it?

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***Tacey Ann Rosolowski, PhD***

**1:41:00.2**

What is it? Because I don't know how many people actually do know what this is all about.

***George M. Stancel, PhD***

**1:41:05.9**

Well, a lot do in Houston but probably a lot don't. Anyway, the way this all started was way back before I got involved—probably, I'm guessing, twenty, thirty years ago—there was a group of people in Houston. I don't know much about the details or the specifics. Fun runs were the thing and all that sort of thing—and still are—and they decided, "Let's have a bike ride to raise money with a bunch of people who like to ride bikes." They wanted to do something that would really get people's attention, so they said, "Let's not just ride around the block, but let's do a big deal. Let's do something that really will get people's attention. They'll donate a penny a mile or whatever." And they said, "Let's ride to Austin." I don't know how they decided to ride to Austin, but I can make a guess. Being a fisherman, you become very acutely aware of the wind direction, and the prevailing wind in Houston is out of the southeast. If you look at a map, you start in Houston, and you point yourself toward Austin, if the prevailing wind holds true that weekend when you ride, you tend to have a wind behind you. And while there are some gently rolling hills, it's not like the Rocky Mountains where you've got hills that mere mortals can't do but it takes Lance Armstrong to do. So I'm just guessing about the wind now, but that certainly is true. So they started this ride and—

***Tacey Ann Rosolowski, PhD***

**1:42:46.6**

What's the official name of it?

***George M. Stancel, PhD***

**1:42:48.3**

The [MS 150](#). It's sponsored by the [MS Society](#). Then this thing just grew and grew and grew. People started doing it. They heard about it from their friends or whatever. I got involved about ten years ago, and the reason I got involved is I used to jog a lot and play basketball a lot. But you get to be a little bit older and my knees just started hurting, so my kids bought me a bike one year for Father's Day, and I started riding my bike just for exercise. And then they read about it in the newspaper, and they started kidding me. "Dad, why don't you ride to Austin?" They were kidding. "Ho, ho, ho." I said, "Okay, I'll do it." So then I did it the first year. Then it's sort of like everything else. You just make it as a goal for yourself to do. I think I raised the first year two or three thousand dollars' worth of donations from my friends. So I just keep doing it every year, and now one of my sons has done it with me a couple years back. One of my other sons and my daughter-in-law are planning on doing it with me this year. You start out in Houston on Saturday morning. You ride halfway—which it's actually about a hundred sixty or a hundred seventy miles—not a hundred fifty—but one-fifty sort of had a nice ring to it, I guess. You ride to La Grange, which is more or less halfway, and there's a big campground there—county

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fairgrounds—and all these teams pitch these huge, big circus tents, and then you sleep there. And then you get up the next morning and you ride into Austin. The ride-in is at the state capitol. It's like a marathon, if you've ever seen a marathon. You might be a runner. Are you?

***Tacey Ann Rosolowski, PhD***

**1:44:29.7**

I am a runner but not in competition.

***George M. Stancel, PhD***

**1:44:31.7**

You look like you would have the physique of a runner. There's a clock there, and there's a thing you ride under, and people are taking pictures and all this kind of stuff. There's all sorts of people with MS who come from all over the state. They're clapping and ringing bells. There are thousands of people. And you end up right at the state capitol, and the tradition is then you take a picture sitting on your bike with the state capitol in the background. So my wife and kids who weren't riding with me would always be there at the finish line. They'd be taking pictures and so forth. It was sort of like a family thing. It didn't hurt either that, truth be told—this campground place that you sleep on the ground in sleeping bags, and it's noisy because the twenty year olds are playing rock music and drinking beer all night, and so you don't get much sleep if you're my age. So I wasn't too keen on this thing to start with, but it turns out we have some good, close friends who have a ranch just outside the campground. (laughs) So guess where yours truly stays overnight? (both laugh)

***Tacey Ann Rosolowski, PhD***

**1:45:35.1**

That's nice.

***George M. Stancel, PhD***

**1:45:41.4**

It is nice. And so with our kids and our friends, it's gotten to be sort of a family event. The ride now is up to 13,000 people, so you ride with 13,000 of your best friends. It's in the springtime—April in Houston—

***Tacey Ann Rosolowski, PhD***

**1:45:57.3**

So it's coming up.

***George M. Stancel, PhD***

**1:45:57.9**

—which is coming up. It's always the time when most years the wildflowers are at their peak. So you drive through these wonderful back roads with these absolutely magic fields of blue and

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orange from the Indian paintbrushes. I don't know if you've ever been through the hill country when—

*Tacey Ann Rosolowski, PhD*

**1:46:17.6**

I haven't. I'm looking forward to doing that this year.

*George M. Stancel, PhD*

**1:46:19.6**

You should do that. You ride through all these small towns, and for some of these towns it's a huge event. Some of these towns like La Grange, where people stay at the halfway point, that weekend is the biggest economic influx for the city for the whole year because people cater things. They bring in food. They set up the tents. They give you massages. They bring in Cokes and drinks. You can imagine in the morning cooking pancakes for 13,000 people.

*Tacey Ann Rosolowski, PhD*

**1:46:48.6**

It sounds like a real great celebration.

*George M. Stancel, PhD*

**1:46:51.9**

It is. And it's sort of turned into a social thing as well as a biking thing. Some people ride real fast, and some people just poke along and don't care how long it takes them to finish and this kind of thing. So it's really kind of fun. Plus you're doing something for a good cause, and you meet nice people. But it's really an impressive thing if you ever see it because you join teams, and everyone's got a jersey with these colors. We have a Team UT that's got people from MD Anderson, the medical school, and the medical school in Galveston all on one team. We get a certain kind of colored jersey. And you'll have a team that will have maybe a couple hundred members—maybe a thousand, like ConocoPhillips or the big engineering or Exxon. They'll have teams that might have five hundred to a thousand people. And the hospitals will have teams. So it's sort of a fun kind of a thing. It's sort of like the Rose Parade (both laugh) where the bands have the different uniforms. Some teams try to ride together and some not. It's kind of fun. So I do it now just for exercise and to have a goal, because if you don't do that it's easy to turn into a couch potato. So it's kind of fun.

*Tacey Ann Rosolowski, PhD*

**1:48:10.0**

I have just a couple more questions.

*George M. Stancel, PhD*

**1:48:12.4**

Sure.



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***Tacey Ann Rosolowski, PhD***

**1:48:12.9**

The first one is what do you feel most proud of having done over the course of your career so far? And then the second part of that is what do you hope to achieve in the time that you're going to be spending in this institution?

***George M. Stancel, PhD***

**1:48:30.3**

Well, you know, that first question people ask me a lot, and I volunteer that. I guess one of the things I'm proudest of is having been able to develop—in many cases from scratch—brand new educational programs; and if not develop them from scratch, significantly modify them. And I tell people—I don't know if I told you this before—I came at the start of the medical school, so I've taught every single medical student that's been to the University of Texas Medical School—every one. I'm also proud of the fact that I have taught students in every school in the Health Science Center at one time or another—dentistry, nursing, medicine, public health, graduate—and that includes the graduate students at MD Anderson, of which I'm very proud. I've had a big role—even though the graduate school was—the medical school we had to build up from scratch, so that was from ground up—not only the programs but the classrooms, the audio-visual, all that kind of stuff. The graduate school really went through a time of change in the '70s when I first came here. We went from having sort of one general program to having programs in different areas—figuring that all out—so that again was a lot of educational design and planning with all of that. I've taught every graduate student who has been involved in pharmacology in the graduate school. So those are sort of really neat, fun things. And in education, I'd count not only students but junior faculty and trainees. The story about the SPORE grant—those two people were kind of like trainees. I consider the post docs and the graduate students who work in the lab. So I think the quantity, quality, and the having started some of these programs from scratch and/or significantly modifying them along the way I really think is the single thing I would point to that I really enjoyed the most and I guess I would say I'm the proudest of.

***Tacey Ann Rosolowski, PhD***

**1:50:36.7**

And what do you hope to achieve before you retire?

***George M. Stancel, PhD***

**1:50:45.8**

Well, I guess what I would really—and I don't know what people would say about this. They'd maybe say it's pie in the sky. I guess really what I would like to see is a maximization of intellectual cooperation between all of the University of Texas components in Houston and all of the other academic components in Houston—so MD Anderson, the medical school, Rice, University of Houston, Baylor College of Medicine. I think that if we don't figure out ways to be more interactive and effective with each other you can have—there's rivalry and then there's

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sibling rivalry. You can have some rivalries that can be—in some ways you can say good but where there's a winner there's a loser. And then you can have sibling rivalries where at times it can be pretty fierce but overall, in the long run, it really builds a stronger, better family. And I think we've historically had a lot of the first kinds of rivalries in Houston. It's the way of the world. We want to be number one. Everyone is fixated on this. No one's ever sure exactly what that means. (laughs) Number one what? Graduate the most students? Give the best education? Do the most research? What does that mean? The most research dollars? The most cures? And there's been sort of a lot of that, but everyone wanted to be number one. But to be dead honest about it—and you're going to have it on tape—sometimes I think that the way people think they're going to be number one is by pushing the person down. I have to say I think there's been some of that. And so I guess moving forward, I would like to see that we do a better job of not pushing the other guy down but really pausing and thinking about ways we can really do things together and not just to be singing “Kumbayah” around the campfire but doing things together for the right reasons and how we can do that to be more efficient and effective. I think we have not always been the best stewards of public trust and funds and those kinds of things, and I think we just need to do a far better job of that. The business model of one company versus there's only room for one oil company in town—that doesn't work. I think we've gone too far in that direction in academics.

*Tacey Ann Rosolowski, PhD*

**1:53:38.5**

Is there anything else that you'd like to add before we close off the interview today?

*George M. Stancel, PhD*

**1:53:42.0**

No. I've enjoyed it. It was a lot of fun. I think you ask good questions. I'm dying to read the history you're going to wind up writing. I hope you finish it before I leave town, whenever that might be. What is your timetable?

*Tacey Ann Rosolowski, PhD*

**1:53:55.9**

Why don't I close off the recorder? It's almost 5:30, and I'm terminating the interview now. I just wanted to say thank you for taking the time.

*George M. Stancel, PhD*

**1:54:07.3**

You're welcome. Okay.

**1:54:17.6** (End of Audio )