ORAL HISTORY INTERVIEW
WILEY "CHIP" SOUBA
MAY 10, 2017

Q. I'm Chris Ellison and I have the pleasure today of interviewing a good friend of ours, Chip Souba, who was Dean of the College of Medicine from, Chip, what years?

A. 2006-2010.

Q. 2006-2010. And then went to Dartmouth in the same position?

A. Yes. I'm now spending my time as a faculty member at Dartmouth researching, writing about, and teaching leadership.

Q. We'll get to that in a little bit. We need to learn as much as we can about that. So where were you born?

A. I was born in Caracas, Venezuela. My parents, both Americans, moved to Caracas in 1952 because my dad's business took him there. My brothers and I were born and raised in Caracas. I'm the oldest child and I lived there through 9th grade.

Q. Great. And when you were 15?

A. We moved to northern New Jersey because the company my dad worked for was in New York. So I went to high school in Westfield, New Jersey.

Q. And then you must be bilingual?

A. I am. I speak Spanish fluently.

Q. And what's it like to live in Caracas, Venezuela?

A. It was wonderful as a child. It is, as you know, a different environment now. But back in the '50s and '60s, when I was growing up, it was wonderful. First of all, the weather is lovely. It was relatively safe. I went to a great school. To grow up in another culture,

where the people speak a different language, was a great experience. And one I've come to appreciate more as I've gotten older.

Q. Did you go to a public school?

A. I went to a private American school, K-9. I was one of two people that went all the way through K-9. Most of my classmates were expats that came with their parents to Caracas for two or three years.

Q. And did you have a favorite teacher when you were there?

A. I had a couple and I've stayed in touch with them. I haven't talked to them for several years because they had a big impact on my love of education.

Q. Did you play sports?

A. Yes, I played softball, football and soccer. Soccer, South American football they call it, is big in South America. And baseball is very popular in Venezuela. I was a Boy Scout as well. But my brothers and I got into our share of mischief.

Q. As most teenage boys do.

A. Absolutely.

Q. How many brothers and sisters?

A. I have three brothers, all younger.

Q. And where do they live currently?

A. They are all in Houston.

Q. Great.

A. We see each other several times a year.

Q. Then you came into the U.S. at age 15 and were in New Jersey at the time?

A. Yes.

Q. Tell me about that. What was that like?

A. It was a big change. I went from a private school where there was a close relationship between the teachers and the students to a very large high school. When I graduated, there were 75 students in my 9th grade class (in Venezuela). I enrolled in a 10th grade class of 1,100 students.

Q. Wow, that's a change.

A. Academic performance seemed to be less important to the students. It was probably the first time that I didn't feel that I belonged.

Q. What was it like walking into that environment on the first day?

A. I didn't know anybody because we had just moved. And I remember one of the kids drove his motorcycle up into the school and rode it down the halls. I had never seen that before.

Q. Welcome to America.

A. Yes.

Q. Did you continue to play sports, soccer or softball?

A. Only at the intramural level. And I continued to be a fan of sports. My high school won the state championships in football many years.

Q. Who was your role model? Did you have a role model in high school?

A. Well, my dad to a significant extent. He was a great teacher. And I'm fundamentally a teacher at heart. My father had this gift of being able to take the most complicated subject and make it understandable, which I've always said is a hallmark of a great teacher. Of course, there were certain teachers who I resonated with more than others. True mentor-mentee relationships are uncommon but very meaningful.

Q. Let's come back to that. I think that's really important. As you went through high school and then you were looking for colleges, where did you look?

A. I looked at a handful of schools. Because I went to a small high school (in Venezuela) where I knew all the students and teachers, and that was important to me, I was looking for a college that was small, where I could get to know my professors. I chose to go to Muskingum College in New Concord, Ohio. It was small. It was personable. It was the right place for me at the point in my life.

Q. How big of a school was it?

A. When I was there, I think the freshman class was around 300 students. The total student body was about 1,200 total. Very small. And it's now about 1,700.

Q. Great. And what did you major in?

A. I majored in chemistry.

Q. All right. And did you always want to go into medicine?

A. No, when I went to Muskingum I thought I might go into math because I was good in math. It made sense to me. But then in my junior year, I participated in a month-long off-site rotation in a small hospital in Florida. It was game-changing. I got to see an autopsy. I watched a birth. That's when my interest in medicine was born.

Q. Which hospital?

A. I can't remember. It was a small community hospital but it was one of those moments when you say, "This is what I want to do." I also had an uncle who was a family medicine doc on the west coast who had a significant influence on me. There were four people in my senior class at Muskingum who went to Medical School. I went to the University of Texas medical school in Houston because by then my family moved from

New Jersey to Texas when I was 20. The other three students went to Ohio State University's medical school.

Q. Really? Small world. So you went to the University of Texas at Houston. What was that like? That transition, from college to medical school?

A. It was pretty much what I thought it would be in terms of work load. I chose to go to UT Houston because it was a relatively new school and my class size was about 70. And there were some novel curricular experiments going on. A number of my mentors came from medical school, as you probably would imagine. It was a three-year medical school at the time, and that worked great for me. One requirement, unusual at the time, was that each student get experience in research. We did our clinical rotations at the University hospital, Herman Hospital, and at MD Anderson Hospital, which is where I ended up doing a surgical fellowship.

Q. Fabulous. Did you do some research during that time?

A. During medical school we had to do a project. And that's where my interest in metabolism and nutrition was forged. I published two papers as a medical student. My love of academic surgery was sparked during that time.

Q. Yes. If I recall correctly, you were asked to come back to Texas and receive an award? Did you receive an award from the University of Texas?

A. Yeah, I received the medical school's distinguished alumnus award in 2007. I was also the commencement speaker at graduation that year. That's quite an honor, when your alma mater calls you back to speak. That will always be a special moment. I have great affection for the school. It now has around 250 students in each class.

Q. And then obviously you applied to residency programs. What was the application process like when you applied to residency programs?

A. I only applied to six programs. One of them was my program in Houston which is where I ended up staying. I had done research in the surgery department and had gotten to know some people that I liked and wanted to work with. And was told that I could go in the lab in the middle of my residency, which I ended up doing. And so it seemed like a very reasonable place to stay and train, not the least of which was I was close to my family.

Q. And did you do a straight five years?

A. No, I did three years of my surgical residency then took a hiatus. I went to the Brigham and Women's Hospital Boston to work with a surgeon named Doug Wilmore, Doug was and has been a very important mentor in my research career. I thought there was some value in getting another perspective. So I moved to Boston and enrolled in the graduate school. That's where I met my wife.

Q. Good move.

A. Yeah. Those were great years with a steep learning curve. I learned to think about problems differently.

Q. It just slows the pace down a little bit and allows you to frame things and think about it. Dr. Wilmore was a giant in metabolism and understanding fluid and electrolyte metabolism and nutritional things. So your initial research was in that area.

A. Yes. Doug, beginning in the '70s, studied how the body responds to catabolic stresses, major injury, burn injury, trauma and the like. And my interest in nutrition and metabolism fit with that. I ended up applying what I learned with Doug to a cancer model. I subsequently trained as a surgical oncologist. So I got very interested in the

kinds in questions like what regulates the altered amino acid metabolism that is characteristic of the cancer catabolic state.

Q. Great. And then the good part of that is, you met Lynne there.

A. I met my wife there.

Q. How did you meet? What were those circumstances?

A. I was making a little bit of extra money moonlighting in the Brigham emergency room. I was the doc one evening - Lynne was working in the medicine critical care unit at the Brigham. She suffered a needle stick and had to come down to and get the appropriate treatment for that. That's how we met. And the rest is history.

Q. I guess the rest is history. So was it love at first sight?

A. No, it wasn't love at first sight but first impressions were positive.

Q. Lovely young lady.

A. Yes. We just had our 34th anniversary.

Q. Well, congratulations. That's great. So you were at Houston, then you went to Boston to Brigham, spent some time with Doug Wilmore. And then what happened? You obviously had a great mentor.

A. After I got my doctorate at Harvard I went back to Houston to finish my surgical residency. I had to do years four and five. So I didn't lose my much of my technical skills because my research involved surgery on dogs. But I had to relearn all the antibiotics. Matthew, my son, was born at the end of my chief year. I did my fellowship at MD Anderson where I got advanced surgical training in oncology. It was just wonderful.

Q. Who was your Chair of Surgery?

A. Charles Balch was the Chair of Surgery at MD Anderson at the time. He had just taken over. Dick Martin was chair when I was a junior resident and student. MD Anderson is a world-class institution that is one of the University of Texas' crown jewels.

Q. Yes, it's on that miracle mile, the medical mile, of Houston. Impressive. Was that a two-year fellowship?

A. I did one clinical year because I got some credit for my research. I finished training when I was 34. I was ready to get a job.

Q. Okay. And then what was your first faculty position?

A. My first position was in the Department of Surgery at the University of Florida. I went there for one reason. Ted Copeland, who had been a mentor of mine in Medical School and was a junior resident at the MD Anderson, had just taken the chairmanship there.

Q. So you ran into Dr. Copeland in Medical School and at MD Anderson?

A. Yeah, and I've known Dr. Copeland for 42 years. I met him when he and Stan Dudrick had just come to UT Houston from Penn. Shortly after Dr. Copeland went to the University of Florida, he wanted to recruit someone to join the surgery department in Gainesville to beef up the research in the department. I remember him saying to me, "Come and get the lab going. That's your academic currency. Do all the big cancer surgery at the VA [Veterans' Administration]. Don't worry too much about covering your salary with clinical income." It was a perfect place for me to start. You know, one of the things I always say to young people is, "When you're taking your first job after your fellowship, who your boss is, is vitally important."

Q. You picked well.

A. Yes, we're good friends. I owe him a great deal.

Q. He has a reputation of being a fabulous mentor. And did that inspire you to get interested in leadership?

A. I think so. One of the vivid memories I have was I would pop down to his office at 5 or 5:30, not infrequently, a couple times a month, and stick my head in the door to see if he was there. And he would almost always say, "Come on in," and we'd talk. And we'd talk about things like good leadership and how to create something powerful and meaningful. I always enjoyed having those conversations.

Q. Yeah, you really connected with Ted Copeland for sure. What were some of the other faculty who were at the University of Florida?

A. When I first got there the former chair, Ed Woodward, was still around. Kirby Bland was the number two guy in the department, the vice chair. Ted ran the department that was like it was a family. We had an annual softball game, and he and I would often go fishing together.

Q. Where did you go?

A. Well, we usually would go over to the gulf, over by the Suwanee River, to catch redfish. Very memorable.

Q. And would you go a few times a year, on weekends?

A. We'd go Saturdays several times a year. We almost always were successful in catching fish and we always has a good time. That's where my son Matthew learned to fish.

Q. When you were at University of Florida did you develop the special interest in surgical oncology?

A. Yes. I was at the VA, so a lot of GI [gastro-intestinal] and liver cancer. Later in my career I moved more towards breast because breast is a manageable practice for a chairman to have. But at My favorite part has always been teaching the residents to operate.

Q. And you had students?

A. Oh yes.

Q. You always tried to get the best students to take on the surgery.

A. Very vivid memories of those experiences. I've always said, to be able to leave even a small imprint in a positive way on the people that you come in contact with in your life, that's a good deal.

Q. Good learning lesson. So you and Lynne and Matt went to Gainesville.

A. We went to Gainesville, and Matthew was raised in Gainesville. He's still a die-hard Gator fan.

Q. That's great, that's great. How long were you at the University of Florida?

A. I was at the University of Florida about six years. I had no real desire to leave. I was blessed to be able move up academically quickly, becoming a full professor in about five years.

Q. That's pretty quick. What happened then?

A. Out of the blue, I got a call from Jerry Austin, the chair of surgery, at the time, at the Mass General [Massachusetts General Hospital in Boston]. He and Andy Warshaw wanted to create a more academic division of surgical oncology. Dr. Austin is another life-long mentor, someone I would call for advice. I remember Dr. Copeland had gotten a phone call from Dr. Austin about me during the recruitment process. I suspect Dr. Copeland didn't want me to leave the University of Florida. After two visits to Boston, I

met with Dr. Copeland and he said, “Tell me about the offer. What’s the job? What are the resources? What are they paying you?” And I said, “This is the position, this is the title, these are the resources, the recruits and all that.” And he looked at me and said, “You have to take that job. That place can do things for you that we can’t.” I tell that story because that it embodies Dr. Copeland’s interest in the well-being of his people. And I’m forever grateful for that because you and I know of circumstances where it’s been much more difficult. So we moved to Boston where I served as Chief of Surgical Oncology.

Q. But he recognized a great opportunity for you.

A. It was a great opportunity, and it’s an institution that has enormous credibility. I was able to take my research to another level because I could recruit people who brought new techniques and ideas.

Q. Was Dr. Wilmore still in Boston at that time?

A. Yes. Doug was still in Boston. He was still at the Brigham, so he and I connected and talked and stayed in touch. It was great going back to Boston. The traffic was a nightmare. I had to get up at 4:00 in the morning to get to work before the traffic became too heavy. So I’d go to bed at 9 or 10 PM. You adjust your day and your time. I was able to recruit some fabulous people. In fact, my first recruit is a wonderful guy, Ken Tanabe, who became the division chief after I left MGH. I have always been very proud of what he’s accomplished. And I’ve always said that you want to train people or develop people who do better than you’ve done. Ken is a great surgeon, a great scientist, and a fine person.

Q. But then you had another opportunity after that.

A. After about seven or eight years at MGH, I began thinking about being a department chair. Dr. Austin suggested that I look at the surgery chair position at Penn State Hershey. It was a different kind of job. It was a state institution, not as prestigious as MGH. But it seemed like a good fit. There were no shortage of challenges. There were big challenges to deal with, not the least of which was the relationship between Penn State and Geisinger [Medical Center in Danville, PA].

Q. I had forgotten that they had merged at one point. How long were they together?

A. They were merged for three years.

Q. Three years.

A. The de-merger was not pretty. And I had to learn how to lead in some really difficult times. It was a terrific learning experience. I made some mistakes. But I cut my teeth and that was good.

Q. You had a great opportunity, and obviously the mentors that you had worked with had a huge impact on you.

A. They were available to talk to.

Q. And so you developed, you got through that challenge. And you built up the department there over how many years?

A. Seven years as chair. A couple things happened that, in hindsight, were very significant. The most important, in my mind, was the recruitment of Darrel Kirch to serve as CEO, Senior Vice President and Dean. Darrell is now President and CEO at the AAMC [Association of American Medical Colleges]. Darrell was a different kind of leader; he put enormous emphasis on the values that the organization would live by. What kind of culture are we going to create? And I learned a lot from that. He continues to live that

way today. He would say that you recruit, promote, advance, fire, and hire according to the values. And he's a fabulous mentor, too.

Q. Really had to kind of start from scratch so to speak.

A. Yes. We were able to reinvent the medical center, which was enormously fulfilling.

Q. Well, then you had another challenge come up and were asked to take on the Dean's role at Ohio State.

A. Right. The Ohio State position came up in about the beginning of 2006. Fred Sanfilippo was the Senior Vice President [of Health Sicnces and CEO of the OSU Medical Center] at the time. He invited me to interview and eventually extended an offer. You, Chris, were Chair of the department and head of the practice plan. While we had known each other through surgical societies, we got to know each other well.

Q. How did your experience at Ohio State impact your career?

A. At Ohio State, I really got to learn the inner complexities and workings of a large University that has 18 colleges, five of which are health science colleges. What I learned once again was that if you get the right people on board, and they put their oar in the water at the same time and row in the same direction, you can create an awful lot of good.

Q. Yes. What do you think you're most proud of during the time that you were Dean and Vice President at Ohio State?

A. I was asked to serve as Interim CEO for a year when there was considerable uncertainty. I think we were able to create an element of stability while the search for a new [University] president and SVP [Senior Vice President of Health Sciences] was underway. I've always tried to kind of leave the faculty and the students and the people that I work with with some sort of sense that there are things in life that are

fundamentally more important than how much money you make or how many grants you have, how many titles you have.

Q. I remember when you were here, this just came up at lunch, and you had always asked the question, what do you stand for? Where did that come into your vernacular or your thinking about culture and about people's place in an organization?

A. At the end of the day, all you've got is what you stand for, what you are committed to. If you are only committed to your own agenda, life is not as fulfilling as it is when you're committed to a future bigger than you are. Earlier in my career, the stand I took was too "me" focused. It was measured by my CV. And I found that to be a stand that wasn't particularly authentic or powerful for me.

Q. It's a good message.

A. It's not your money. It's not your titles. It's what do you stand for. If you can get lots of people standing for things that are bigger than they are, you can really do a lot of good.

Q. You're an expert in leadership, really. I think given your experiences leading a surgical oncology unit at Mass General, Chair at Penn State, Dean and Vice President at Ohio State, Interim CEO at Ohio State, and then to Dartmouth, where you took the Vice President role and Dean. What was that like relative to Ohio State?

A. Dartmouth is the smallest of the Ivy League colleges. Instead of having 18 colleges, we've got four: Medicine, Business, Arts and Sciences, and Engineering. The University does not own the teaching hospital like we do here. Dartmouth does not enjoy the luxury of the support for the academic mission from the hospital that you enjoy at Ohio State. But the people are great and, at the end of the day, I bet on people rather than strategies.

Q. That's true with the whole academic medicine. It's changed dramatically.

A. I don't know if I'm an expert in leadership. I'm a student of leadership. As best I can tell, the prevailing implicit leadership theory is still very much grounded in this notion that leadership is about a person in charge. That paradigm must change if we're going to be successful in today's flatter organizations. We need people who have no formal authority, who are not in charge, to exhibit good leadership behaviors all the time. That little "l" leadership is what carries the day.

Q. I think that's really a good point. And as you reflect back on your career, over the time, how has academic medicine changed? From when you first started at University of Texas to now, what have been the forces that have affected academic medicine? And where is it today, and do you think is going to continue to produce the greatest young physicians and knowledge?

A. I've seen several big sea changes. One obvious one is that the funding model has changed dramatically. I may be mistaken but I think I heard somebody say when I was a medical at UT Houston, that the Department of Surgery got 94 percent of its budget came from the state. Those numbers have flipped today, more or less. The way that plays out in the lives of the faculty is, they have to earn their salary by way of clinical work. That puts research and education on the hot seat. Second, the amount of bureaucracy, paper work and regulation has gone way up. The burnout rate is 50 percent. I want people to still experience the joy that you and I experienced, that pulls us into the profession in the first place. I don't want to see a patient become a number. That's why humanism in medicine programs are so vital. Kudos to what you're doing at OSU in that arena.

Q. Chip, thank you very much for spending the afternoon and letting us get to know you better and for your words of wisdom.

A. Thank you, Chris.

Q. Thanks for coming, Chip. I really appreciate it.